> **IFSW Europe Poverty Watch Report 2020**
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> **THEMATIC FOCUS 2020: IMPACT OF COVID-19 on access to social services (EPSR Principle 20) & Government Action on people facing poverty.**
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1. Introduction

The International Federation of Social Workers (IFSW) Europe is a European organisation member of EAPN. The Federation represents Social Work Associations from 50 countries including all EU member countries.

IFSW has been involved in various pieces of research to look at the impact of Covid-19 from a social work perspective:

- There has been a Global survey to which respondents from 19 European countries replied - Ethical challenges for social workers during covid-19 and beyond"[1].
- IFSW Europe gathered information from members to do an impact assessment for EAPN on Covid-19, EU and national policies on people in poverty and vulnerability in Europe[2].
- IFSW Europe sent the EAPN Poverty Watch survey to members to collect further data for this report. 11 country members have replied – Austria, France, Malta, Denmark, UK, Germany, Netherlands, Romania, Azerbaijan, Italy, and Armenia with some additions to the report from Ireland.
- Some country members have also conducted ongoing surveys and questionnaires to collect evidence. For example, the UK association had over 2,500 members who have taken part in an ongoing Covid-19 survey.

The information below is a summary of what members have said in the Poverty Watch survey with specific examples. There is much more detailed information available in each report which it has not been possible to include.

IFSW Europe has a focus on the role of social work and social care. Human rights and social justice are critical in any social workers thinking and actions. Social workers often advocate on behalf people requiring social protection and assistance and see first-hand the impact of Covid-19 on access to social services and people facing poverty and inequality. Social workers work in communities with people to find positive ways forward in the challenges they face in their lives. There are variations in the roles and statutory responsibilities but generally in Europe, the task of social workers is to identify and protect vulnerable children and adults and provide preventative, care and support services alongside health and other service providers (in public, private and charitable/non-governmental sectors) and to ensure effective co-ordination and joint working.

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[1] IFSW Ethical Challenges for Social Workers during Covid 19- A global perspective 29 June 2020
Sarah Banks, Tian Cai, Ed de Jonge, Jane Shears, Michelle Shum, Ana M.Sobočan, Kim Strom, Rory Truell, María Jesús Úriz, Merlinda Weinberg
https://www.ifsw.org/ethical-challenges-for-social-workers-during-covid-19-a-global-perspective/
[2] https://www.ifsw.org/social-workers-response-to-covid-19-in-europe/?fbclid=IwAR1qAUTpPmN0f8GeDRClhRfRFb7fMXJ5-VQyod_VZr90Z-fNUbAUZ9QC6d8

IFSW Europe's main messages are that:

1.The impact of the pandemic has hit hardest the people with whom social workers often work – those who are already vulnerable, marginalised and living in poverty. The closure or curtailment of essential services makes it more difficult for people to get the support they need.

2.The needs and demands are exacerbated as people face unemployment, family stress due to confinement in the home, bereavement, ill-health, isolation, increased racism and prejudice, and lack the resources to overcome such challenges and disadvantage.

3. In many countries in Europe, the pandemic is exposing cracks that have been in the health and social welfare systems for years due to austerity and policies of marketisation and under-funding. The crisis has highlighted problems caused by a serious shortfall in the level of funding for social services and public health in most countries and by treating health and social care as separate and unequal systems.

4.The pandemic is demonstrating the serious consequences of health, social and economic inequality, as experienced by large numbers of people in our communities. It has become a social justice issue. It is impacting on human rights as well as the economy. The widening of already existing inequalities means that those who need most support through access to adequate health, social service, housing and education are not receiving it and are struggling most to deal with the catastrophic economic consequences of the pandemic. Economic health cannot be achieved without social health.

5.The organisational structure of health and social care systems varies between countries but in a pandemic health, care and social work staff groups face the same threats of infection. The distinction between what is termed 'health' and 'social' services also varies widely and is in many senses arbitrary. So, for example, the task of basic nursing in hospital can be the same as providing social care in a residential home or a private residence.

6.The IFSW Global study concludes that Covid-19 and measures to control and prevent its spread have restricted the services and responsibilities usually carried out by social workers, while generating new needs and demands. Underlying social problems and inequalities have been exacerbated, which current service provision or existing funding priorities may not recognise.

> "In the latest weeks I've listened to a lot of people crying … and I can't stay near those people ... and often and always I asked to myself if I can cry with them. For them. (Social Worker, Italy)[3].

2. **The Impact of COVID-19 on social services and government policy on people experiencing poverty.**

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[3] IFSW Ethical Challenges for Social Workers during Covid 19- A global perspective 29 June 2020
Sarah Banks, Tian Cai, Ed de Jonge, Jane Shears, Michelle Shum, Ana M.Sobočan, Kim Strom, Rory Truell, María Jesús Úriz, Merlinda Weinberg
https://www.ifsw.org/ethical-challenges-for-social-workers-during-covid-19-a-global-perspective/

The sections below draw on the information from IFSW Europe members feedback on the impact of the virus and identifies the main themes. There are examples from different countries, with the country identified in brackets. There are also quotes in italics from countries and the IFSW Global Research on Ethical dilemmas. When speaking of people who use or need social work services, we have adopted the term 'service users'. This terminology is contested, and usage varies between countries and organisations – including 'clients', 'patients', 'customers', 'consumers', 'people with experience', 'experts by experience' or simply 'people'. To avoid cumbersome or ambiguous language, we will use the term 'service users' (except when we are quoting a respondent who used a different term). We recognise that the people we are referring to are people first and users/potential users of services second[4].

2.1 What are *the main difficulties/challenges for specific groups, which are hardest hit?*

2.1.1 Most of the IFSW Europe respondents described difficulties for all groups in accessing social services and benefits

Across Europe, many social services and other community-based services were closed or had limited access to services. This was exacerbated by the fact that social workers were not considered to be key workers and did not have Personal Protective Equipment (PPE) (Malta).

Although considered essential, often community services and care centres did not benefit from additional financial resources and were not a priority in being equipped with protective equipment making it difficult to continue to provide support (Romania).

> A social worker in a social welfare centre in Greece reflected on the inadequacies of welfare support for citizens facing turmoil, and the implications of this for social work support: "This new normality requires a high sense of ethics and empathy, towards citizens that are worried about the situation afterwards … awareness and vigilance is much more preferred than the comfort of being complacent and stagnant" (Greece).

Elderly people living alone could not access the social services, and the existing staff of social services could not adapt quickly to the necessary outreach activities to identify and support them in their home (Netherlands, Romania).

People suffered because of the combination of lack of access to support systems and access to health services. People living on the streets have lost access to the system regardless of age. For homeless people there is hardly any testing (Germany). Also, children and families with special needs who were not recognised and had to wait to be referred to health examination for the right support (Denmark).

There are concerns that people have not been able to access services or benefits that they have a right to. For example, in France, there are regional differences in access but overall, many benefits have been very difficult to reach. This includes

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[4] IFSW Ethical Challenges for Social Workers during Covid 19- A global perspective 29 June 2020
Sarah Banks, Tian Cai, Ed de Jonge, Jane Shears, Michelle Shum, Ana M.Sobo?an, Kim Strom, Rory Truell, María Jesús Úriz, Merlinda Weinberg
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Family Allowance Funds (CAF), the Agricultural Social Mutual Insurance (MSA), Pole Employment and the Primary Health Insurance Fund (CPAM). Sometimes administrations have set up support hotlines and decisions have been taken despite the circumstances. "*Entitlement to the Revenue de Solidarité Active has been "forced" in order to ensure a minimum of resources for recipients. However, no information was transmitted concerning the subsequent regularization of rights for potential claimants. Recipients will have to reimburse with little room for negotiation*" (France).

"In the area of benefits for the unemployed, a well-known weakness in the statutory regulations became particularly evident where there is free discretionary scope for granting benefits. In addition to positive individual cases with creative solutions, a larger number of negative arbitrary decisions were reported (Austria)".

2.1.2 People on low and insecure incomes fell very quickly into poverty and ill-health

All responses described the increase in poverty because of the catastrophic impact on the economy, particularly in tourism, hospitality and culture. People living at the edge of poverty lost all possibilities for income. In Italy people lost their jobs, had no money and their needs increased (Italy).

The Austrian and Romania Associations said Covid-19 created a second group of vulnerable people in society in addition to the traditional target group of social work. Members reported that Covid-19 had a much stronger impact on poor people, women and young people for several reasons:

- The accessibility of existing services was much harder.
- People living in poverty became the most vulnerable to get the virus and not to be able to access medical services and care services. The virus is the highest in poor/disadvantaged areas.
- Poor people had no chance to use basic solutions like home delivery of food (as it is much more expensive than normal shopping) and many had to resort to food banks.
- Lower paid workers often are the ones who lose their jobs or have fewer hours with a decrease of salary. These are often women and young people (Austria, Romania).

2.1.3 Residential homes became isolated and older people and those with disabilities were seriously affected

Older people in residential care have had an extremely high mortality rate from Covid-19. People with a learning disability have had a higher than average mortality rate (UK). Many countries including the Netherlands, France and Romania said that this was due to the lack of PPE as hospitals had priority. The role of social workers in assisting with the prioritising of discharge of hospital patients to unsuitable home conditions or residential care homes, without knowing if Covid-19 was present, was particularly distressing.

As well as the lack of PPE other factors such as acute underfunding throughout the past decade, second- class status for care workers and profit seeking by some private providers have combined to undermine the care sector. The recruitment crisis

in care homes is in large part due to low wages and lack of recognition that it is a skilled job working with some of the most vulnerable people in society.

Service users in residential homes were isolated from community-based services and family members (Malta, Ireland, Romania) and elderly people and people with severe disabilities were extremely lonely as they could not get in touch with their loved ones (Netherlands, Romania).

In the field of disability, the closure of establishments has created great difficulties for individuals and their parents. There has been a significant drop in para-medical and educational care. Parents have had to face everything alone. The need for respite care is great (France).

"A couple are coping with a 17-year-old child with severe learning difficulties and autism. She is mobile and sociable but with significant behaviour problems including violent outbursts at home. She normally attended school but that closed for several weeks. Respite care also stopped which meant the parents were coping with her on their own for weeks, including increasingly violent behaviour. This eventually resulted in them calling the police on a regular basis because they could not manage the behaviour and she was a threat to her younger sister. Respite care has now restarted on a less intense basis. It has proved difficult to reach agreement about a residential care placement which is clearly needed although there has been some progress. The parents' health is under very severe strain." (UK)

2.1.4 The closure of schools and other services has created high risk for children, particularly in poorer families and those with children with disabilities

The closure of schools put a huge pressure on families and left vulnerable children at a high risk of abuse (Malta, Romania). It was difficult, particularly at the beginning for children to access emergency care and assistance in safe and protective way (Armenia, Romania).

"the challenge of distinguishing between 'children in need' and 'children at risk' and prioritising the latter. This meant de-prioritising work with children in need, who would usually have been offered early help services, so potential warning signs of abuse and neglect may go unnoticed, and children in need might become children at risk without a social worker knowing" (UK).

Our UK member recognised the findings of some Department for Education research to understand the impact of coronavirus on children's social care[5] with the figures mirroring their survey of members. The information makes for concerning reading in relation to the health and wellbeing of children and young people. Many of the harms to the children we work with have been hidden from view during the pandemic. These stored up harms include domestic violence, parental substance misuse,

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[5] DFE Vulnerable children and young people survey 26 August 2020

https://www.gov.uk/government/publications/vulnerable-children-and-young-people-survey?utm_source=6c16dbc8-7f2d-4dd6-9a6b-e1a5a9b8d086&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

mental health issues and sexual harm, which have gone to some degree unnoticed due to lockdown leading to a lack of monitoring from professionals, including in schools.

Vulnerable children (e.g. children with safeguarding issues) less likely to attend schools in the current circumstances which impacts on protection and education.

2.1.5 Increase in domestic violence

Most members reported the risks from increased domestic violence. Children in families where domestic violence is known missed the school as a safe place. There was more stress in families, resulting in more violence. Communication by victims with teachers and social workers was difficult, as victims are controlled in everything they do (Netherlands).

It was more difficult to access placement in crisis centres and to get emergency care and assistance in safe and protective way (Armenia). Victims of domestic violence were unable to access professional help and support and were locked in their household with the perpetrator (Malta). There were more signals of domestic violence, and less possibilities for the victims to look for help (Netherlands). Higher domestic abuse was recorded (UK).

2.1.6 Black and Minority Ethnic (BAME) individuals were disproportionately affected by death and illness. BAME staff in care sector and social services were disproportionately affected by risk (UK).

BAME individuals and EU nationals were disproportionately affected by loss of jobs and unemployment with over representation in service jobs / jobs with zero hours contracts (UK).

2.1.7. Homeless people and people in poor quality, overcrowded housing most affected

"Homeless people are the most affected. Although measures have been taken to suspend evictions, now that time has passed, this is now being resumed. The number of people is rising" (Germany).

The Danish Association reported that the main challenges were for the most vulnerable homeless people or people with severe drugs and mental problems, who needs help from a social worker to get in touch with the health and social system.

"For far too many years, the state authorities have allowed the municipalities to do with solutions to homeless people with shelters, with a mattress on a floor along with many other homeless people. Instead of making sure there was always a free bed surrounded by 4 walls where one could go in and close the door. It is particularly serious when we know that life on the streets and in crowded hostels greatly increases the risk of corona virus infection… And then you have to create the homes and housing communities that can provide a dignified framework for life even for the most vulnerable homeless. If both municipalities and the state had taken the responsibility that rightly rests with them, there would have been room for homeless people from the street, from the couches and where people have otherwise had to stay, could be accommodated in a hostel" (Netherlands).

In the UK, the social work Association fully supports the findings of the [Children's Commissioner's Office report](#)6 revealing the experiences of the thousands of children who had to live in Bed and Breakfast temporary accommodation during the covid-19 lockdown. The report highlights the damaging effects eviction and homelessness can have for vulnerable children.

Housing squalor, overcrowding, housing insecurity and homelessness are among the causes of the unprecedented rise in the numbers of children referred to social workers because of safeguarding concerns, and the large rise in numbers of young children and teenagers needing to come into care.

2.1.8 Refugees and migrants are more vulnerable:

Migrant workers are over-represented in low paid employment, including care services which are at the forefront in fighting Covid-19. Refugees and asylum seekers housed in overcrowded settings, are also at particular risk from Covid-19. These groups are vulnerable to similar risks as other groups in the population, such as isolation and mental health problems, poor housing conditions, poverty and lack of access to health and social services. Many also suffer from racism and their basic human rights are regularly ignored.

Also, vulnerable unregistered migrants who only have access to the health system if they have an acute disease are one of the hardest groups who are hit from virus. They normally depend on drop-in centres and other help from NGO´s as they are not allowed to get social security from the system (Denmark).

The plight of asylum seekers in camps in many countries has also been highlighted by social workers. People are living in appalling conditions, unable to leave overcrowded camps.

2.1.9 Lack of support for people with mental health issues:

Significant groups in the community face long-term social isolation because services have been stopped e.g. rehabilitation services were stopped for a while (Armenia). It is recognised that this can cause or worsen mental health problems which can be mitigated by social intervention.

"Abusers need medical treatment with methadone so that withdrawals do not push them out into the street to retrieve drugs" (Netherlands).

There are concerns about people who are in residential facilities such as those receiving mental health support, substance abuse support, or residential care for people with learning disabilities, as well as older people. For example, in Denmark, Norway and UK, as in many countries, personal group therapies, day care centres have been closed and meetings for people with mental health problems have been cancelled and replaced with phone or Skype calls. This could lead to an increase in the number of psycho-social related admissions to hospitals in the coming months.[7]

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[6] Children's Commissioner No Way Out- children stuck in B&B August 2020
https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/08/cco-no-way-out.pdf
[7] https://www.esn-eu.org/news/social-services-and-covid19-supporting-frontline

Residential homes for people with mental health issues in Ireland were closed to visitors, including family visits which led to significant isolation and distress (Ireland). Suicide rates have risen in many countries.

2.2 Impact of social distancing and lockdown

2.2.1 In all countries, unemployment is rising pushing people into poverty with more people in need of social protection.

In Germany there is short-time work, which keeps the job for a limited time, but the income is decreasing. Precarious employment relationships are particularly affected by the closure. Unemployment is rising, from less than 4% to over 6% (Germany). The unemployment rate among young people 15-25 years is now 11%, as average is 4.3% (Netherlands), the expectation is that it is getting worse (all countries).

There are concerns for temporary workers who will not have access to unemployment insurance payments due to lack of sufficient hours worked. The same applies to self-employed workers. Some self-employed entrepreneurs are in great psychological distress when faced with the uncertainty of resuming their activity and the loss of their businesses (France).

The lowest paid workers are often women and young adults. This group are more likely to have jobs with the biggest health risks and economic risks during the crisis according to The Resolution Foundation Thinktank[8]. Out of 8.6 million key workers in the UK, women were twice as likely to be in these roles. Parents are also more likely to be key workers including up to 2 in 5 working mothers. Women form the bulk of the health and social care workers, family carers and low-paid workers such as cleaners and workers in grocery stores.

These areas are on the frontline in dealing with Covid-19, so women are at a higher risk of contracting the virus. Lone parents are more likely to be women and closure of schools impacts women more than men. There are also more women in the industries that have been ordered to close such as hospitality and retail.

2.2.2 Home-schooling - schools and families were not prepared for this and it left many parents feeling unable to cope. Some examples of the impact:

- This had a massive impact on the stress levels within the family (Malta).
- Many families do not have enough rest in their often small and overcrowded houses to do the home schooling properly. Not all parents are able to help their children with schoolwork (Netherlands).
- Not all children could be reached with home schooling and (about 5.000) could not be reached at all, especially in the bigger cities (Netherlands).
- Schools have been offering restricted services. Vulnerable children (e.g. children with safeguarding issues) less likely to attend schools in the current circumstances. This impacts on protection and education.
- One of the main challenges was that the notification and referral for children with special needs was low during the shutdown. It emphasises how important our

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[8] https://www.resolutionfoundation.org/our-work/coronavirus/

close working relationship with teachers and educators is. They are the eyes of the social worker and they cannot act if they do not get notified about the vulnerable children (Denmark).

"Social workers have seen some children and families who do not normally have problems: Single parents, a mother with depression who needs recovery. Families where it is crucial that the children go to school so that the adults can cope with the role of parent" (Denmark).

2.2.3 Digital inequality became more apparent and created problems in accessibility of education for children and for other vulnerable groups who could not access essential services

Lack of access to equipment and the internet made it difficult for social worker to keep in regular contact and ensure safety in high risk cases such as domestic violence, mental health, children in crisis, etc. Social work had to be done mainly by digital means, but the poorest families, people with learning disabilities, lots of elderly, migrants with language problems do not always have the (financial) means for digital contact or the experience of using it (Netherlands, Ireland).

In many countries people who need support of the social services had to submit the request online. This left service users who did not have access to internet particularly isolated and vulnerable (Romania, Malta). Technical problems prevented people from being able to register on the official website to receive unemployed social allowance. Many applications were rejected based on spurious reasons (Azerbaijan).

2.2.4 Face to face services have had to close

In most countries, services such as day care centres for people with learning disabilities, elderly people, people with psychiatric problems and others were closed. Also, there was no access to family members in residential care:

- They missed what is so important for their wellbeing (Netherlands).
- The most disastrous effect of "social distancing" took place in residential services for elderly and hospitals, where contacts between close family members were prohibited and people died isolated and alone (Austria, Ireland).
- The accessibility of social services was reduced and made more difficult. Some authorities completely stopped the provision for social services for up to three months (Romania, Austria).

3. Do Government actions help?

3.1. Many members reported there were helpful **financial interventions** by government e.g.

- About 20 economic and social assistance programs were introduced by government to help individual citizens and business to overcome social and economic obstacles caused by crisis programs (about 26,000 companies and 1.1 million people benefited from the support estimated about 76 billion AMD) (Armenia).

- There were temporary measures for financial support for flex workers. Entrepreneurs could get some compensation for loss of income. There is a regulation for employers to help them to keep employees in. There are the regular regulations for social benefits for those who are entitled. Evictions from houses were temporarily postponed, just as the cutting of electricity and water by people who did not pay their rent or bills (Netherlands).
- There is a 130 billion euro economic stimulus and investment package from the German government. This is certainly unprecedented, as it contains a range of measures for different sectors of the economy, which will boost the economy. It's not a question of cutting back, but of strengthening demand (Germany).
- Sustained series of interventions e.g. funding for furloughing of staff. Government debt has increased substantially to pay for these and other ameliorative activities (UK).
- Emergency financial aid to cover the cost of living, Payments could be deferred on request until the end of 2020 (rent payments, loan instalments, liabilities to the tax office or social security), Reduction of the lowest level of income tax from 25 to 20 percent, Reduction of value added tax for specific areas. The government's measures are largely sensible and efficient. However, they particularly affect the middle class and have massive weaknesses for socially stressed groups (Austria).
- An example of government targeting vulnerable people is in Denmark: *"Initiatives for approx. 215 million DKK to ensure that socially vulnerable children and adults and people with disabilities can get the best possible time through COVID-19. The main elements of the agreement are: 131 million DKK for special assistance to vulnerable children and adolescents who are, for example, relatives of people with alcohol or drug abuse. 37.6 million DKK to strengthen efforts for vulnerable adults such as homeless people, victims of violence, people with abuse and people with mental disorders. 35.7 million, to combat loneliness among people with disabilities. 10 million DKK to support the social engagement of colleges and culture, sports and associations. Three new social partnerships where the organizations are invited to take part in. The task is to provided the government with advice how to secure the vulnerable groups in the time of crisis. The Danish Social Work Association DASW takes part in all three."*
- A Covid-19 Pandemic Unemployment Payment was made available to provide a decent income for people who were losing jobs because of the crisis. (Ireland)

3.2 In the previous impact assessment report for EAPN in May 2020 IFSW Europe reported on some countries deciding to **declare social services as essential** to preserving life, health, public safety, and basic societal functioning. The following categories of essential services were identified[9]:

- community social services that deliver food and goods.
- social service that provides and supports a place for someone to live (e.g. night shelters, family homes, residential centres for elderly and people with disabilities, residential centres for children).

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[9] https://www.ifsw.org/social-workers-response-to-covid-19-in-europe/?fbclid=IwAR1qAUTpPmN0f8GeDRClhRfRFb7fMXJ5-VQyod_VZr90Z-fNUbAUZ9QC6d8

- Crisis support for people who are unsafe (e.g. shelter for victims of domestic violence).

4. **What's missing?**

4.1 All our respondents said **help for low income households**.

"We are talking about poor families with children who live just above the subsistence level. The adjustment of the benefits from SGB II and the associated benefits is missing. The calculated shopping basket for people receiving benefits from the state has remained the same" It does not take into account that children are at home and needing more food, support and resources. e.g. the school's laptop can be borrowed for home schooling, but access to the Internet is not available which this example shows the structural weaknesses of society (Germany).

- The actions were helpful, but not for all. Not all groups could benefit equally especially some migrant workers, the undocumented people who just started the job did have no access to financial support as they did not fit in the conditional terms. More poverty and severe debt problems are to be expected (Netherlands).
- The Government actions were focused on providing economic support. But they did not do it quick enough and not considering all people and needs. The actions were for specific situations, not for common vulnerabilities. Therefore, many people are excluded from the support provided.

  "The poverty is growing in Italy. A lot of people that had a job and a manageable life turn now to ask support of social workers for finding jobs or receiving financial support. In Italy so far only 30% of companies have received funding promised to them during the lockdown. It is very hard to discuss about employment of those that lost their jobs. Without financial support, people are at high risk of losing their homes because they cannot pay their rent. At the moment social workers and social services does not have new support scheme for the growing population in need" (Italy).

- Real issues about whether Govt has done enough, and the necessity of continuing various interventions. For example, restrictions on some migrants receiving financial support were eased, but are now being put back in place, which will result in destitution for many (UK).
- The Government actions were focused on providing economic support. But the low-income households are not being targeted. We are talking about poor families with children who live just above the subsistence level. A number of legislations were released but they focused on economic support for companies (and here the resources finished quickly) and the most vulnerable people have not been visible (Romania).

4.2 Government actions on health and care were mixed.

On the positive side health systems were often "transformed to address effectively the pandemic and for now even if the numbers of cases in Armenia are relatively high. No person without healthcare is left" (Armenia).

The government offered financial assistance to workers affected by Covid-19. This was a helpful short-term measure. The health directorate of Malta was excellent in

managing the pandemic and in keeping the country informed on the developments (Malta).

The spread of the Corona Virus could be quickly brought under control in Austria, because on the one hand the information from neighbouring countries (Italy) was taken seriously and on the other hand the political decisions (lockdown) were made quickly and far-reaching (Austria).

The Austrian health system has been developed to a high level of quality and comprehensive coverage. It is accessible to everyone. All the parliamentary parties have agreed on several initiatives to best help the vulnerable and vulnerable groups through the crisis. The agreement was concluded following the parties' agreement on April 17 on the first phase of a controlled reopening (Austria).

What was missing from health and care responses?

Governments providing resources but often too late and missing out on vulnerable groups. This included testing and PPE for people living in residential/ nursing homes, vulnerable people in the community and staff including care workers and social workers.

The outbreak of the epidemic and lockdown were not controlled well, which followed a rapid increase in the cases, including critical cases (Armenia).

The government was slow to react with support for families with children and did not recognise social workers as key workers which left many service users isolated (Malta).

"In some places social work has been identified as a core key service and in others it has been ignored and social workers have themselves been locked down and unable to assist." (UK)

The actions of the government: The period between announcement (political decision) and actual implementation was up to 10 weeks for some "emergency" aid (Austria).

4. Actions taken by IFSW members

4.1 Lobbying and influencing government policy and legislation. The aims have been to maintain open access to social services and provide additional services for people who have been adversely affected by Covid-19. Members have lobbied for legislative changes to make the provision of social support possible without diluting people's rights. They have also lobbied for the necessary protective equipment and testing within the sector. This has involved working with government departments and other NGOs to take a partnership and community-based approach.

These are some examples of the results of lobbying:

4.1.1 Cooperation with government and partners initiated social assistance programs in this period which helped to ensure effective provision of assistance to families without overlaps. Coordination meetings were conducted, and special database of

beneficiaries was developed to ensure effective communication among 30 partners (Armenia).

4.1.2 Ongoing surveys/consultation with members produced policy recommendations often focused on securing the rights of vulnerable groups during the crisis (Armenia, Romania, Denmark). In Denmark, this resulted in the municipalities taking more action to house the homeless by giving NGO`s money from the aid package from the Danish Parliament to take care of the most vulnerable. Emergency places were provided and the rules about getting social security paused, making it much easier for the social worker to keep in touch with the clients in the way they wanted and not the way the system demands (Denmark).

A social worker describes so: "It has been good for both us and the citizens that the right and duty in employment efforts has been put out of force under the corona. It has been great that the normal, very process-oriented workflow has been replaced by a free space, where I as a social worker have been able to use my professionalism and my knowledge to a greater extent" (Denmark).

4.1.3 Promoting social justice for people who are currently excluded. https://www.dbsh.de/der-dbsh/sonderseite-corona-pandemie.html. This resulted in the campaign initiative being presented in various media outlets including television (Malta).

4.2 S**upporting social workers** to cope with working in the pandemic. This has included:

- issuing a **wide range of guidance to members on the complex and frequently changing government advice including making decisions based on the IFSW ethical framework**
- Regular **webinars, training and awareness raising** on topics such domestic violence during the quarantine regime, the role of social protection in combating pandemic There were regular **digital meeting on ethical issues.**
- **Publication of articles**
- **The cooperation with other associations** (like psychologists, nurses, knowledge institutes, etc.) on how **to adapt, innovate and change their practices (France).**

The results were:

- Extremely positive feedback from members and the wider profession (UK).
- Positive feedback from people supported who have taken a very positive view of the listening, exchange and support times offered (France).
- The development and publication of ethical guidance for social workers and social services working in during the pandemic.
- Sharing of practice and creative ways to stay in touch with people and volunteer groups in the neighbourhoods with the development of informal networking.
- Visibility of the social problems that people are facing and the needs for support.
- Call for international support and to make the needs and the struggles visible at the international level.
- Members supported other countries such as Italy - "We struggled to support social workers to provide support to those facing with the sudden death of loved ones because of Covid-19" (Italy).

5. Any examples of promising practices

Covid-19 has meant significant changes to the way we work and interact with people who need services and each other. **There are several examples of good practice in the previous impact assessment.**[10] Others in this report include:

- Some innovative practices to reach out to service users using technology e.g. the opening of a chat function for victims of domestic violence has been helpful.
- Some flexibility introduced to systems which meant that people felt more in control.

> " *Normally, our work with resource course citizens is very much governed by legislation, but during the corona, it has been so good that we and the citizens themselves have been able to decide when contact was needed, and the fact that the conversations have been voluntary and especially focused on care, has given us a completely different relationship with the citizens. The relationship has become stronger and the citizens have shown a different commitment. This applies, for example, to one of my citizens with schizotypal mental illness and an alcohol abuse on top. We have always had a good dialogue, but he has been difficult to move. Without all the normal demands of the job centre, he has been given peace of mind to think about what is best for him, and he has now taken the initiative to seek out more psychiatric help and has been more committed to participating in an employment-oriented effort* (Denmark).

- The coordination meetings with partners really proved to be an effective tool which ensured no overlap of assistance from one side, from the other side it helped to keep the continuity of services by uniting the human and material resources (Armenia).
- Support and organizing of local volunteer groups to help the lonely and people who could not leave their homes, with shopping, cooking, dog walking, phone calls, etc. It strengthened the **cohesion in neighbourhoods** and teaches us that in future plans we have to think of these powerful interventions.
- Continuation of the possibility to develop of partnership work. Encouraging mutual aid networks between people (France).

The Corona crisis makes it clear that we must be able to manage such system failures and shortcomings. The rapid and far-reaching steps taken in the first phase of the epidemic show that this can be done. When there is a political will to make targeted investments with social and health investments, the social workers in the field have both the courage and the ability to find new ways (Denmark).

6. Recommendations

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[10] https://www.ifsw.org/social-workers-response-to-covid-19-in-europe/?fbclid=IwAR1qAUTpPmN0f8GeDRClhRfRFb7fMXJ5-VQyod_VZr90Z-fNUbAUZ9QC6d8

1. Adequate social protection for all

All our respondents have said that more people are being pushed into poverty and there must be a robust social protection system in every country that provides an adequate income for all. "We expect that the poverty level will grow with more working poor needing support" (Romania) and "The social protection system should take into account this new risk for the population" (France).

"Social security must have a level to secure a decent life for all - so no special rules to reduce social benefit. There should be more focus to help than control and sanction" (Denmark).

In the short-term there must be the necessary support for people who are facing a loss of resources so that they do not fall into poverty e.g. women and young people, self -employed, temporary workers and people in precarious jobs. There is a need to develop a strategy and procedures on how social protection systems will act during emergency situations, including how they will interact with other systems - health, social services, education, etc.

2. Improve access and increase funding for universal, quality health and social services

The responses highlight the vital role of social safety nets, the need for universal services such as health care, social care, housing, and communications, all of which are exacerbated in a health care crisis. In the long term, social legislation must be further developed. Any policies must be made "pandemic" safe based on research and evaluations including in the field of social work (Germany).

Public services in many countries have seen successive cuts in funding over the last ten years under austerity policies. Short term investment and support to deal with the current crisis must be followed by a longer- term strategy and commitment to address inequalities and fund coordinated, responsive and flexible services. Participation by service users and people experiencing poverty is crucial to this process.

There must be investment in social services at the community level to meet increasing needs caused by the stored up harms during the pandemic including domestic violence, parental substance misuse, mental health issues and sexual harm, which have gone to some degree unnoticed due to lockdown and lack of monitoring from professionals, including in schools. Social workers are expecting a surge in referrals as children return to school and the emotional impact of lockdown impacts on mental health.

There should be appropriate support and funding for residential sector and care workers (both in the residential sector and those who work in the community) to ensure assistance for older persons, persons with disabilities and those who recover from Covid-19.

3. Provide adequate social housing for all and combat homelessness

The underlying issue of an inadequate supply of appropriate social housing is long-standing: it should be a political priority. The right to adequate and secure housing is

a human right. This right should include the right to decent quality housing as well as to security of tenure.

Families with children should not be housed in temporary accommodation longer than absolutely necessary and there should be an extension to the ban on evictions.

It is important to recognise the harmful implications for children and young people's education, stability and development of poor housing and multiple moves of tenancy caused through homelessness or insecure housing. These moves detract from school attendance and continuity of education and can severely detract from children and young people's educational development.

4. Invest in community and relationship-based services

Support community development organisations to develop the resilience of communities during and after Covid-19. Service should be accessible both face to face and online and in places that people use on a day to day basis. Key workers should be recognised by providing them with the necessary protective equipment, digital technology and other resources to do their jobs. Social workers have a critical place in working alongside family members and with housing and public health colleagues and the voluntary sector to avoid some of the worst consequences of Covid-19.

 "It is important to provide support to people that are struggling with the basic needs, such as food, housing, and education" (Italy).

5. Address low status; increase wages; and improve working conditions for workers providing essential services.

6. Enable digital and technical access for all.

7. Implementation of the Child Guarantee to support children and parents in the short and long-term including access to social services.

8. Maintain people's rights

Governments need to prioritise maintaining access to rights and establish a continuity plan for public services where rights have been curtailed. In the longer term, governments should resolve some of the system failures and neglects that we as a society have known for a long time and unfortunately have become accustomed to living with (Denmark).

9. Fair access to resources for refugees and migrants

There should be changes in legislation/policy that would allow migrants with no recourse to public funds access social welfare systems and payments.

Many social workers are involved in working with unaccompanied refugee children and would agree with the Missing Children in Europe Recommendations[11] that this

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[11] Keeping the Child's Best Interests at the Heart of Relocation Key recommendations for EU action concerning the ongoing initiative to relocate unaccompanied children from Greece

crisis has highlighted the need more than ever to have a child -centred framework that does not have unintended harmful consequence for any children involved in re-location. This demands that stakeholders work together.

All migrants should have the right to "necessary" health care and not only emergency treatment. Socially vulnerable unregistered homeless people with particular health requirements may be entitled to publicly supported accommodation of longer duration.

Employees and volunteers in social organisations feel that they are charged by immigration control agencies with the responsibility of controlling and clarifying the basis of residence among those seeking help, rather than peoples' protection and wellbeing. It is contrary to their ethical foundation not to help the person standing in front of them asking for help and in need of help.

10. Include Social Services in Principle 20 of the European Pillar of Social Rights – Access to services

7. Conclusion

This report has touched on the impact of the pandemic for a wide range of people in 12 countries, seen from a social work perspective. The impact of Covid-19 has been devastating for the families of people who have died or been ill and the large numbers of people who have become unemployed, pushed into poverty and socially isolated.

This pandemic has laid bare **the serious consequences of health, social and economic inequalities,** as experienced by large numbers of people in our communities. The widening of already existing inequalities means that those who most need support are not getting it and are struggling to cope with the consequences of Covid-19.

We have seen the impact of austerity and the underfunding of social welfare systems. This has left people without the services and financial support they need. It has left key workers in all sectors facing the epidemic often without the necessary protection, resources and guidance.

This is an opportunity to change our priorities. The key determinants of health lie outside the health sector so a holistic, rights- based approach should be taken to address them – housing, education, food, income, social services and a stable eco-system. The crisis has shown us that we need to build safer, fairer and more sustainable infrastructure, if we want to have a more resilient and equal society. This includes adequate social protection and adequate income for all.

The pandemic has given rise to a renewed emphasis on the importance of community based public services. Investment is needed in community-based solutions and the participation of people in developing them. The participation of all stakeholders in change, including service users and people experiencing poverty, must be a key element in order to be transformative.

It is important that the EU and Governments listen to the messages coming from social workers and the social care sector and responds by ensuring there is

additional investment in front line social services and social care during a second wave of Covid-19 and the future recovery.

The European Pillar of Social Rights must be at the heart of the future of Europe with policy requirements for social protection, adequate minimum income, health and social care, housing and access to services including social services available for all. The United Nation's Sustainable Development Goals should be the framework for recovery following this pandemic.

Fran McDonnell 17/09/2020