

THE IMPACT OF COVID-19 ON PEOPLE EXPERIENCING POVERTY AND VULNERABILITY

*REBUILDING EUROPE WITH A
SOCIAL HEART*

ANNEX 2: COUNTRY ANNEX

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THE IMPACT OF COVID-19 ON PEOPLE EXPERIENCING POVERTY AND VULNERABILITY. REBUILDING EUROPE WITH A SOCIAL HEART

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1. HEALTHCARE MEASURES TAKEN BY GOVERNMENTS DURING COVID-19

1.1. Austria

The government banned its nearly 9 million citizens on March 16 from entering public spaces except in certain situations, such as pharmacy, grocery store and ATM trips. All sports fields have been shut, but people are still permitted to go on runs or take walks outside with the people who also live in their apartment or house. Groups of more than five people are not permitted in public. Restaurants, bars and cafes have been ordered shut. Only supermarkets and food delivery services are available for who need food or groceries. Those who do not comply face fines of up to €3,600. The borders with neighbouring Italy and Switzerland have been shut, with train and air travel significantly cut back. On 14 April, Austria began relaxing its lockdown measures. The closure of hospitals and healthcare centres due to COVID-19 led to the cancellation and postponement of other medical treatments and procedures. This situation particularly hit people with chronic illness, mental health problems and with low-income. There were problems in long-term care because many caregivers could not get to people's homes.

1.2. Belgium

During the lockdown, people without legal permission to stay were no longer required to process an application to be entitled to urgent medical assistance. However, not all local authorities respected this new regulation. Since 4 May it is compulsory to wear a face mask on public transport. Face masks are also strongly recommended in public places where it is difficult to keep social distance. Not wearing a mask on public transport is heavily fined. VAT on hand gel and masks was reduced from 21% to 6%, but this did not make them more affordable. For people living in poverty, obtaining this material is not an easy task, both financially and logistically. The government was going to give every citizen one free mask, but many are still waiting for it, and one mask is only useful for two or three days maximum. There is usually a higher co-payment to stay in a single room, compared to a double room in hospital. Since COVID-19 patients are required to be isolated, the government decided not to charge the extra cost to these patients. The government pays for COVID-19 testing. These, however, are exceptions to the big picture, where patients will still have health problems in the long run, which will lead to increased costs in their daily lives. The lockdown can be a very heavy mental burden and can cause feelings of anxiety. For this reason, the Walloon government decided to provide psychological help to support the population, professionals and residents of institutions. Several Walloon social services will recruit 141 additional psychologists, who will be responsible for helping any person in need. A budget of 8.6 million has been earmarked for this purpose. Such a measure should be extended to the whole country. Different governments have granted extra money for nursing homes, psychiatric care institutions, homeless shelters, online or telephone helpdesks. At the beginning of the crisis, non-urgent medical appointments were cancelled. There is a concern that those particularly vulnerable patients will not be registered for care and will face bigger problems. Residential care centres for the elderly suffered very badly. The contrast between the well-running hospitals and the limited resources with which other sectors had to cope was shocking. Guidelines were drawn up to bring as few infected people as possible from these residential care centres to hospitals, while these centres just did not have enough equipment to provide their residents with the right care or to protect their staff and the other residents. The same problems happened in psychiatric hospitals, in the centres for people with disabilities and also affected front-line workers such as home nurses. It is estimated that almost half of the people that died from COVID-19 in Belgium lived in an elderly residential care centres.

1.3. Croatia

The Government issued certain economic measures in order to alleviate the situation and then almost all economic activities stopped. The payment of rent and fees was postponed for 3 months. Companies that had lowered the intensity of work had income support for workers if they kept them. NGOs - mainly the Red Cross and Caritas - opened more public places for food delivery. Care homes for the elderly were not open for visitors, family members or friends. Hospitals had special sections for COVID-19 patients. Primary healthcare departments were the first to detect the virus. In such a situation, people experiencing poverty were left out because of the lack of public transport and their poor digital skills. People with disabilities were at risk of losing their regular therapies. Children from very poor families were at risk of not participating in online education.

1.4. Czechia

The government declared a month-long state of emergency on 12 March, shutting the borders to foreign nationals and putting everyone in the country under quarantine. At the beginning of April, the state of emergency was extended until 30 April. Under the initial quarantine measures, all people were required to stay at home except to carry out essential duties, which did not include personal exercise. The government also implemented a strict mask requirement, so everyone should cover their mouths with a medical mask, self-made mask or scarf when leaving their homes. Starting on 26 March, people were allowed to leave their homes, but not in groups larger than two people, except for families. On 7 April, individual outdoor sports were once again allowed to take place. Masks were no longer required when exercising outside, provided people keep a distance of 2 metres. Social care and healthcare proved to be inadequate. They failed with regard to prevention (outreach medical support is not enacted) and in care services for socially excluded people (it is difficult to provide adequate care for them, distributing food or providing medical care are not paid by health insurance).

1.5. Denmark

Denmark was among the first European countries to introduce lockdown measures, starting on 13 March. In mid-April, a very slow and gradual reopening was initiated, but if there are indications that the number of infections increases too fast, it will be reversed. In an attempt to reduce the economic impact of the pandemic, the government has introduced large economic packages with the support of all parties in Parliament. Nevertheless, it has been estimated that there will be a decrease in GDP of 3–10% in 2020. A large part of the normal functions of the healthcare system was paused in the last weeks of March and the whole of April in order to prepare for the treatment of COVID-19 patients. The lockdown measures were more related to protecting the most vulnerable groups, than to freeing up the hospitals' capacities to treat the virus.

1.6. Finland

On 16 March, the Finnish Government declared a state of emergency due to COVID-19, announcing the issuing of a decree which implemented the Emergency Powers Act. The measures were scheduled to be in place until 13 April, after approval by the Parliament of Finland, but were later extended to 13 May. All schools (not including early education and most government-run public facilities (theatres, libraries, museums etc.) closed. Critical personnel were exempted from the Working Hours Act and Annual Holidays Act, both in the private and

public sector. At most 10 people could participate in a public meeting, and people over the age of 70 should avoid human contact if possible. Outsiders are forbidden from entering healthcare facilities and hospitals, excluding relatives of critically ill people and children. The capacity of social and healthcare was increased in the private and public sector, while less critical activity was decreased. The government cancelled or postponed non-urgent services and restricted the use of some services. The increase in remote services did not compensate for this reduction. Visitors were not allowed into long-term care facilities.

1.7. France

The French government imposed a strict nationwide lockdown on 17 March, banning all public gatherings and telling residents to stay inside except for grocery shopping and other essential tasks. Along with closing all non-essential shops, open-air markets were closed. People in France were also required to fill out a form stating their reason for leaving the house. Outdoor exercise was only permitted once a day and had to be done alone and not exceed one hour. Families were allowed to take walks but must remain within 1 kilometre of their homes. Walking the dog was allowed. Those breaching lockdown rules incurred fines of between €135 and € 3,700 as well as up to six months in prison for multiple violations. The lockdown was extended from 1 April to 15 April in March as cases continued to surge. The measures were extended once more on 13 April to 11 May. The government created centres to isolate and treat the infected street people and increased hospital beds for severely ill patients. They kept performing tests to avoid contagion.

1.8. Germany

Unlike other European countries, Germany stopped short of ordering its over 80 million population to remain at home — instead opting for strict social distancing measures which were issued on 22 March. Public gatherings of more than two people were banned, except for families and those who lived together. Restaurants were told to close unless they offered food delivery and pick-up. Hair salons and other non-essential shops were told to shut. Exercising alone outside was allowed, albeit with at least a 1.5-metre distance between others. However, the states of Bavaria and Saarland put their residents on lockdown, telling them to stay at home. Schools across the country were closed until the end of April. Visits to elderly care homes were no longer permitted. Under the de-escalation plan, Germany's federal states will take on more responsibility for deciding on further relaxation of restrictions, for example on reopening bars, clubs, gyms, amusement parks and brothels, but must also react immediately if infection rates increase.

1.9. Hungary

On 11 March, the Hungarian Prime Minister declared a national emergency for the country. The state of emergency was extended indefinitely on 30 March when lawmakers passed a bill granting the government the power to do so. Under the new law, the Prime Minister has the right to rule by decree for as long as the state of emergency is in effect — sparking alarm from rights groups. The new law also dictates harsh punishments for those who violate lockdown measures. People convicted of spreading false information about the COVID-19 pandemic face up to five years in prison, while those violating curfew or quarantine face up to eight years. Prior to the passing of the law, the Prime Minister announced a 14-day lockdown that was slated to run until 11 April. A nationwide curfew was indefinitely extended on 9 April. Under the lockdown measures, people were still allowed to go to work, shop for food and exercise outside but they

were not permitted to gather in groups. Hungary already shut its borders on 17 March, barring foreign citizens from entering the country. Due to these rigid rules, the population had to stay at home and telework (of course, those who could). All the schools, kindergartens and nurseries were closed, and the government also implemented rules on social distancing and mask-wearing. The political decisions are in favour of the economic actors and employers, not the employees. The political framework has become very antidemocratic, soldiers have become members of managing bodies of the hospitals and services, like the Hungarian Post. The main spokesman in relation to the COVID-19 is a police officer.

1.10. Iceland

The response to the pandemic by Icelandic health authorities focused on early detection and contact tracing and social distancing measures such as a ban on assemblies of more than 20 people. On 24 January, the Directorate of Health announced preventive measures to curb the spread of the virus. As of 16 March, no official social distancing measures or limitations or bans on public gatherings were in effect. However, organisers cancelled or postponed a number of upcoming events. The government adopted immediate measures to protect the sick and the elderly. Bans and restrictions on visitations were enforced in all healthcare services. The increase of staff in healthcare and social care was assured with enough funding. The isolation of those infected was ensured.

1.11. Ireland

Ireland does not have a universal health system but instead has a two-tier system where those who have the means to buy private health insurance gain fast tracked access to diagnosis and treatment, usually in the private healthcare system. This results in great inequality in the Irish healthcare system. There is a Sláintecare programme being slowly implemented to create a single-tier universal system, where access is based on need, rather than ability to pay. One of the main actions taken by the Government to address COVID-19 was to take private hospitals into the public system in order to increase the capacity to cope with hospital and critical care for those with COVID-19. While there have been difficulties in achieving this it has, at least temporarily, created a single-tier system where every person has equal access. However, the prioritising of COVID-19 has had a negative impact on the other health needs of people. While it was reported in the media that people who needed medical care were allowed to access the hospital system it appears that many stayed away, with previously over-crowded wards suddenly having numbers of empty beds. In reality, from mid-March breast and cervical cancer screenings were paused, potentially leading to a delay in treatment for those who will eventually be tested as positive. Operations were also cancelled causing a backlog as hospitals began to re-start normal services. Some socially marginalised groups such as those in homeless and emergency accommodation settings, Travellers and Roma, asylum seekers in Direct Provision and refugees have been named as 'vulnerable groups' for the purposes of COVID-19. Many of these live in congregated and overcrowded situations, placing them at higher risk from COVID-19. Naming them as 'vulnerable groups' gives them priority for testing and for the provision of spaces to self-isolate in cases of infection.

1.12. Italy

The government issued a nationwide lockdown on 9 March, ordering its 60 million residents to stay at home. Schools, universities and all non-essential businesses were closed, while supermarkets, banks, pharmacies and post offices allowed to remain open. Travel within Italy was banned except for health reasons or urgent matters. The population were only permitted to leave the house under certain circumstances, including solitary exercise close to home, going grocery shopping or going to the doctor. They must print out a certificate at home declaring their reason for leaving the house, which would be checked by police. Those who violate the lockdown faced fines of between €400 and € 3,000, or up to three months in jail. At the end of March, there were demonstrations by citizens who claimed they had not received government financial aid and were desperate for food and to cover necessities. The deadline was extended until 3 May. Law Decree N.34 of 19 May 2020 stated that until the end of the year healthcare companies could hire up to 8 nurses for every 50,000 inhabitants in a freelance mode or with a coordinated and continuous contract, provided that they were not employees of accredited public or private health facilities, as well as freelance social workers for the multidimensional assessment of patients' needs and integration with local social and socio-health services. From 1 January 2021, healthcare companies can hire up to 8 nurses for every 50,000 inhabitants, with a permanent contract. The "National Fund for persons who are not self-sufficient" increased by 90 million for 2020 (20 million for projects for personal autonomy). The "after us" (Law 112/2016) increased by 20 million by 2020. For semi-residential structures of social-welfare, socio-educational, multifunctional, socio-occupational, health and social-health nature for people with disabilities, who must face the burdens deriving from the adoption of personal and user protection systems, the "Support Fund for semi-residential structures for people with disabilities" was established. It guarantees the recognition of allowance to the managing structures.

1.13. Lithuania

On 12 March, the Government of Lithuania ordered all public indoor events of more than 100 attendees to be cancelled and the closure of all educational institutions including kindergartens, public schools, and universities for two weeks with a recommendation to utilise online learning. All museums, cinemas, and gyms were also closed. The Lithuanian government initially declared quarantine from 16 March to 30 March, but it was extended several times and is currently set to end on 16 June. When the quarantine restrictions were eased, the Ministry of Health did not allow doctors to work in more than one facility. This caused a shortage of doctors on duty. There was a shortage of protection for all people, including doctors, social workers, etc. Planned operations and other health services were suspended, and this might have negative consequences for a lot of people. It is also important to mention that this health crisis revealed a sad picture of institutional care. They became epicentres of COVID-19 outbreaks, and this caused many deaths in Lithuania. It accelerated discussions about accessibility of services at home versus institutional care; protection and dignity of people living there.

1.14. The Netherlands

The Government initially ordered a lockdown to last until 6 April. On 31 March, the Prime Minister extended what he called the "intelligent lockdown" to 28 April. This means bars, restaurants, museums, schools and universities remained closed for three weeks longer than they had planned. Public gatherings and large-scale events were banned in the Netherlands until 1 June. Among the population, there was an awareness of the high dependency for medical material on countries like China, India and the USA and there is a growing discussion in the

political arena on how to bring this back to the EU. The fact is that the austerity measurements of the last decade are now causing a lot of problems in medical equipment, medicine and even nurses in ICU. The government brought the number of ICU beds back to 1,100, they had to scale up to 2,200 and even asked Germany to take in Dutch patients.

1.15. North Macedonia

First and foremost, from a linguistic point-of-view, when words like crisis and pandemic are used and interpreted to define the situation, all of the individuals, groups, communities are affected and are part of it in a direct or indirect way. In the attempt to eliminate the virus and gaining immunity on a national level, the measures and the ad-hoc policies are striving to safeguard the health of every individual, while the effects of the measures impact the health of vulnerable groups either directly or indirectly by affecting their channels of support (people, institutions, services).

At the beginning and in the midst of the pandemic, the government actions were focused on the prevention of the incidence of the virus and the spread of it. Various informational materials were produced, consisting of methods, practices and activities in order to stay healthy and protected from the virus by keeping physical distance, enforcing healthy lifestyle, the importance of the use of masks and gloves. The information was streamed across national television channels, as well as in hard copies or internet brochures. The encouragement of new health-cultural approaches may alter community life in North Macedonia, and ultimately endanger collectivist solidarity.

The impact, once again, will be felt by older people as they are the most vulnerable group, from a health standpoint and the target of multiple policies and activities. The most significant measure is the specific curfew that was implemented for older people over the age of 67, where they were obligated to spend most of the day in their homes. The virus earned itself the epithet “elder”, acknowledging that older people are the group that is most affected by the virus and are the highest risk for negative health consequences. Restricting their movement was focused on preventing their contracting the virus or creating an outbreak in the group which has the highest risk. As a result of the curfews and the lockdowns, some older people already have mental health problems and, for many, symptoms of anxiety and depression have started to manifest. The government set up national helplines for psychological support, where someone who can't cope with the situation that they are in, can phone in and receive psychological support for the acute mental distress they are experiencing. Primary focus is also given to people living with chronic diseases. Having a chronic disease increases the probability that the virus will have more severe health consequences and lead to a life threatening situation. The government quantified which people who are living with chronic diseases can take an absence of leave from their work or work from home until the situation is no longer life threatening for them. Their absence from work will not have an effect on their work status or interrupt their monthly income.

The government also acknowledged the importance of the health of mothers and children. A full set of recommendations was prepared for GPs if they are in contact with a pregnant patient who is asymptomatic or symptomatic of the virus. The recommendations consisted of full treatment and regular check-ups in pre-natal care during the pandemic. From a social perspective, to ensure care in the post-natal period, the period of maternity leave was prolonged until further notice. While being on prolonged maternity leave, the beneficiary will not be ended or changed, lasting till the person starts work again.

People who are living with rare diseases, are subject to another set of recommendations. These are in line with the WHO (World Health Organisation) recommendations for physical distance, individual hygiene maintenance and healthy habits. Also included are the reasons for which they can take paid leave from work. Furthermore, the methods in which they can consult the medical practitioner or how they can access proper treatment are detailed.

1.16. Norway

On 12 March, a national lockdown was announced. For two weeks, schools, kindergartens, fitness centres, hair salons etc. were closed. Sports and cultural events and gatherings were cancelled. These measures are in line with the those introduced in other European countries such as Denmark and Italy. The government established the testing of healthcare workers and groups most at-risk. A two-week quarantine if one had symptoms or after arriving in Norway from a foreign country. Two weeks of isolation were established if a test showed infection with the virus. At the healthcare level, the priority was given to the handling of the pandemic over all treatments, which were postponed. There was a strong recommendation to workers to telework, if they could. Social distancing – first keeping two metres apart and a maximum of 5 people together, and from 7 May a maximum of 20 people together and 1 metre apart (50 at organised events) were allowed to gather.

1.17. Poland

The country closed its borders on 13 March, barring most foreign nationals from entering the country. Restaurants, bars and other businesses deemed non-essential were also shut. The Polish Prime Minister tightened lockdown measures on 24 March, forbidding people from leaving their homes except to do essential activities, including grocery shopping, walking the dog, going to work and taking care of elderly relatives. There was also a ban on public gatherings of more than two people, except for families. The Polish government also capped the number of people allowed to take part in religious services. No more than five people were allowed to attend funerals or other services. There were also restrictions in place on how many people are allowed to board public buses and trams. Starting on 19 April, restrictions for certain shops were lifted. Schools remained closed until the end of April. The government implement a lot of new measures in healthcare mainly in reaction to shortages of protective equipment, preparation of ICU beds, special hospitals for COVID-19 cases. There were several COVID-19 outbreaks in nursing homes, and the government responded with emergency measures such as sending quasi-military troops to help.

1.18. Portugal

The government established the exemption from the collection of user fees, in the diagnosis and treatment of disease COVID-19, users of the National Health System referenced by the NHS24 line or units to provide NHS care. An exceptional regime for the composition of medical committees was set in order to assess the incapacity of people with disabilities. Visits to institutions such as Residential Structures for the Elderly (ERPI), Residential Structures for the area of Mental Health or Integrated Continuous Care Units (UCCI) of the National Network of Continuing Care (RNCCI) (long term care) were suspended. There was a cancellation of activities in various social responses, but in the social facilities of the disability field, namely in the responses of the Centre for Occupational Activities, the reception was guaranteed to users whose parents were considered essential workers, and food support was also ensured for their users in economic need. In educational, social, and cooperative facilities, food support was

provided to students in more vulnerable situations. A measure to support the emergency reinforcement of social and health facilities, of a temporary and exceptional nature, was created to ensure the capacity of public institutions and the solidarity sector to respond with activity in the social and health area. The objective was to reinforce these organisations with alternative human resources since there was a reduction in their staff number. It is intended to integrate: the unemployed (regardless of whether or not they are registered in the National Employment Institute); workers with a suspended contract or reduced working hours (lay-off); workers with part-time employment contracts and students and graduates aged 18 or over. People integrated in these institutions will be entitled to a complementary monthly grant. Individual protection equipment was also ensured for all recipients, as well as food and transportation, in case the organisation was unable to guarantee it. The government created a State of Emergency Monitoring Structure coordinated by the Minister of Internal Affairs. Among other things, this structure follows the “national COVID-19 screening test programme” (also created in the meantime) that was targeted at the elderly. They recently warned about the situation of unlicensed care homes. They also considered the situation of migrant workers, refugees and applicants for international protection, a group with difficulties in terms of language, housing conditions and insertion in the labour market. They followed several situations of contagion in hotel units that accommodated refugees and asylum seekers and testing was reinforced. The Order No. 3863-B / 2020, of 27 March, aimed to reduce the vulnerability of the immigrant population in an irregular situation (or at risk of an irregular situation due to expiry of visas or other documents) in the national territory due to the current pandemic context. By regularising the processes pending in the SEF at the date of the declaration of the State of National Emergency, essential rights are safeguarded for this population (health, social support benefits, signing of lease contracts, signing of employment contracts, opening of bank accounts and contracting essential public services).

1.19. Serbia

Serbia has implemented one of the strictest set of lockdown measures in Europe, with the President declaring an open-ended state of emergency on 15 March. A 12-hour police-enforced curfew is in place for most citizens, while residents over 65-years-old face a 24-hour curfew except on Sundays. All borders were closed for passenger traffic, including all commercial flights. Public transportation throughout the country has been suspended and all public parks have been closed. The President has assumed full power under the emergency measures. The martial law was introduced, and the response was very restrictive. In the area of healthcare, the government opened new facilities for accommodating COVID-19 cases, but these facilities did not have adequate standards. The government was late in providing protective equipment for healthcare workers and others who were exposed on the front line of the pandemic. The healthcare system was transformed to prioritise COVID-19 cases and other medical needs were completely neglected, except emergency cases which were very narrowly defined (for example, women victims of violence were not admitted for physical injuries).

1.20. Slovenia

On 13 March the new government took office and established the Crisis Management Staff of the Republic of Slovenia in order to contain and manage the COVID-19 pandemic. All non-urgent medical examinations were postponed; public transport stopped, and all unnecessary services were suspended. The prices of safety equipment were frozen, to prevent inflation due to lack of supply. The government no longer tested all possible cases, but only those who were hospitalised to quarantine them. The government imposed strict sanitary rules, such as frequent hand washing and hand disinfection, interpersonal distance of 1.5 metres, wearing a mask in

public enclosed spaces. For some vulnerable groups (e.g. Roma people, Roma children, homeless people) it was difficult to follow hygienic rules. Homeless people lacked access to drinking water. In elderly care homes all visits and social contacts were restricted during the pandemic, which also negatively impacted the lives and health (physical, social, emotional) of the elderly. In terms of long-term care there haven't been any changes during pandemic. However, before COVID-19, there had been many public debates on the system of long-term care in Slovenia. There were already two proposals of law, although it seems that no government puts long-term care as a priority on the political agenda. On 15 May, 2020, Slovenia became the first European nation to declare the end of the COVID-19 pandemic within its territory.¹

1.21. Spain

The COVID-19 pandemic posed an extraordinary public health challenge, with tens of thousands of deceased people. In the last weeks of March and first weeks of April the stress level of the health system reached its peak, with the collapse of numerous healthcare units. One of the reasons for the big spread in the country is attributed to a late reaction and intervention. The WHO stated severe warnings in February 2020, which should have provoked a consequent reaction, a massive prevention strategy, that would have avoided the high level of infections and deaths that Spain currently has. The statement of the State of Alarm, approved on 14 March, was taken when Spain had 120 deaths, and more drastic confinement and detention measures were introduced than in other European countries. For example, in Italy a similar strategic reaction was taken when the country had 366 deaths, in France with 148 and in the United Kingdom with 281. However, the Spanish Government has been widely criticized for ignoring the experiences of countries where the virus had struck before and for treating the virus as an "external threat". One of the most evident problems was the lack of common health measures with respect to the population residing in institutions. In some regions, especially in Madrid and Catalonia, nursing homes accumulated very high numbers of deceased people. The Prosecutor's Office has opened an investigation in the different territories, as the regional governments have the competences to supervise them. At the state level, the main measure adopted was to order the Army to help disinfect the buildings. On the other hand, the statistics of deceased and infected in centres for minors, reform centres, prisons and internment centres for undocumented migrants are unknown. In these cases, the competences belong to the central state, but until very late no protective measures were taken with these institutionalised population. In May, COVID-19 infections and deaths among health personnel, a problem that has hit Spain with special virulence, were still very high (43,325 infected). About 20% of all the COVID-19 cases registered are healthcare workers, this is 10 points more than in Italy and places Spain well above the other European countries. Many professionals wait to undergo a test that reveals whether they carry the virus or have already passed through the infection. They thereby continue to do their normal life and their work, which can help to spread the virus. Health care unions are taking the authorities to court for not protecting healthcare workers properly. The lack of protective gear forced doctors and nurses to use garbage bags in place of medical gowns during the peak of the pandemic. During the first two months of the pandemic, the availability situation of PPE can be classified as chaotic, with a general shortage of basic elements such as face masks and gloves, aggravated by disputes over purchases between the central government and the Autonomous Communities. In general terms, these problems could derive from the lack of foresight regarding the management of the pandemic, whose problems had already been observed (at least) in Italy, a neighbouring country. Housing conditions and confinement of moderately ill people favoured the negative impact on people living in poor housing. The Spanish government published an *Action guide for people with chronic health conditions and older*

¹ Al Jazeera, May 15th, 2020, "Slovenia first European nation to declare end of pandemic at home", at <https://www.aljazeera.com/news/2020/05/slovenia-european-nation-declare-pandemic-home-200515084142959.html>

persons in confinement situation of Alarm status for COVID-19. In this Guide, the “entire society” is presented as co-responsible for self-care and the care of others. The document emphasises adherence to treatments and the maintenance of healthy habits, such as eating well, hydrating and maintaining strict hygiene. However, there is a difficulty in carrying out self-care in poor or overcrowded housing, in which more than 25% of the population live. Even worse, the lockdown has caused families of several members to live together with scarce personal space due to the fact that lack of income obliged many to leave their rented houses. The health guidelines remarked that those who were not seriously ill should be treated at home, which promoted contagion among families living in poverty. This problem is particularly serious in the case of people living in rural settlements or in substandard housing and shacks. These circumstances affect the Roma population the most, 86% of them being in poverty before the COVID-19 pandemic. Among the many effects of the current pandemic, it is worth highlighting those related to the interruption of basic health services for different reasons (reallocation of resources, logistics and supply problems, recommendations for postponement of non-urgent services, fear of the population to go to health centres, etc.). Among them are the vaccination programmes, which are suffering significant falls in numbers and delays. Although health coverage is universal, in Spain this may be attributed to various reasons such as the closure or decrease in the activity of numerous health centres or for fear of the spread of the new COVID-19 and the general recommendations for physical distancing and avoidance of health centres. Preliminary reports of vaccination coverage in several Spanish Autonomous Communities show a significant drop in childhood vaccinations. Planning is currently underway to put into practice a plan to reopen the activity and reduce confinement and social distance in different phases of the de-escalation, until the arrival to the “new normal”.

1.22. Sweden

It is difficult to evaluate the effects of the COVID-19 pandemic at this time. The situation is constantly changing so it is difficult to give a correct picture of what is happening. In general, the whole of society was affected. Everyone was affected in some way medically, psychologically, economically, socially, etc. The guidelines that exist for quarantine, social distancing etc., applied to everyone. As far as possible, citizens were encouraged to work from home and to avoid travel and physical contacts. So far, it has worked relatively well. But as time goes on and the weather gets warmer, there is a risk that compliance will diminish. For example, several restaurants that do not maintain the rules regarding distance between guests etc. have been forced to close.

1.23. United Kingdom

According to Funding For Context, in 2018/19, total health spending in England was £129 billion, with a planned rise to £134 billion by 2019/20. Of this, £115 billion was spent on the NHS in England. The Government announced an increase of £20.5 billion by 2023/24, as the NHS was under severe funding pressure due to population rises and ageing, staff costs and new treatments. In 2018/19, 67% of acute hospital trusts and 47% of NHS trusts were in deficit. At his March 2020 budget, the Chancellor said: “whatever it needs, whatever it costs, we stand behind our NHS”. To deal with the crisis the Government initially increased health and care funding (Coronavirus Response Fund) to the NHS, Local Authorities and others, by £5 billion, and wiped out the accumulated debt of the NHS. In April, the Government almost tripled the fund to £14 billion. The £6.6 billion of the fund which went directly to the NHS was focused on freeing up hospital beds by improving hospital discharge procedures (thus a large part of the Local Authority element of the fund was to support more care at home) as well as buying equipment such as ventilators and PPE. Access to routine healthcare was reduced for conditions other than

COVID-19, as Government cleared hospital capacity for COVID-19 patients, e.g. by cancelling cancer and IVF treatments and elective surgery, e.g. for hip replacements. General practitioner (primary care) surgeries were closed, with remaining consultations taking place mainly by telephone or on-line. In the first weeks of the pandemic, referrals to hospital dropped sharply. There were 55,000 excess deaths in five weeks (i.e. 55,000 more than usual for this time of year) but 20,000 were not noted as COVID-19 being a factor. This excess could be due to lack of access to health services, including interrupted treatment plans and cancelled investigations, as well as people who were ill choosing not to go to the GP or hospital, given government messaging on not overloading the health service, or people not feeling safe to go to hospital. There were changes to national guidance on access to healthcare for very sick patients, which resulted in some additional deaths of those who were given only palliative treatment, or discharged to home or care homes, at greater risk of contracting COVID-19, or giving it to others, because they were not tested either before leaving hospital or after arriving at home or the care home. The described situation also happened in countries as **Italy** and **Spain**.

2. MINIMUM INCOME AND SOCIAL PROTECTION

2.1. Austria

The government adopted various measures to support the economy and people, but mainly this support did not target the poorest. The argument was that people experiencing poverty were poor before the crisis, so for them, the situation stayed the same. But this argumentation missed out that minimum income and other social benefits were too low before as well, and that the crisis made the situation for people experiencing poverty even harder (losing the support of social services, not getting childcare etc.). One measure is the support of short-time work, so employees can work only part-time, the rest is paid by the state (so they earn about 90% of their original salary). More than one million employees were in short-time work. This measure prevented people from losing their jobs and receiving only unemployment benefits, which are lower. Another measure was the support of self-employed people (mostly financial support by banks with credit guarantees of the state), although those with low earnings did not receive support. Shortcomings: the credit guarantees are mainly support from banks, the self-employed had to pay back the money and get into debt. There was a precarious working situation already before the crisis, now the precariousness is higher. Another measure was the family “hardship-fund”. Originally it was intended to target only families in which one partner lost their job due to COVID-19. Because of the harsh criticism and intervention of EAPN Austria, the government changed the regulations and included families with a partner who could have been unemployed before the crisis and also recipients of Minimum Income. This is really a measure which affects the situation of people experiencing poverty. Another important measure was the governmental decision that unemployed people would not lose their unemployment benefits during the crisis (normally after a certain time period the unemployed only receive so-called “emergency aid” which is lower than the unemployment benefit). However, despite the criticism, the national and regional governments did not change the regulation for Minimum Income. In Germany, for example, the government decided to dispense with the proving of income and shortened the waiting period (which is up to three months).

2.2. Belgium

In Belgium, a good system of temporary unemployment was introduced. This benefit was also slightly higher than the normal unemployment benefit. However, for people with low income or in part-time jobs, this was often insufficient to make ends meet. For people with precarious employment contracts such as artists, students, people in the platform economy, (...) this temporary unemployment was often not accessible. In Belgium, the unemployment benefit decreases over time. As it is impossible for many people to look for a job today, this decreasing feature of the benefit has been temporarily halted. Home visits and controls in connection with granting or maintaining several other benefits were also temporarily suspended. Self-employed workers who were obliged to interrupt their activity as a result of the lockdown measures received financial assistance. Extra money was granted to the local administrations responsible for providing citizens assistance, so they could better give material, social and medical care or psychological assistance to clients who lost part of their income because of COVID-19. Extra federal money was given to food banks. People who suffered a loss of income due to COVID-19 were entitled to a postponement of their mortgage payment. Temporarily unemployed people with social housing were entitled to pay less rent. There was a ban on evictions and gas, electricity and water could no longer be shut off. However, the bill will have to be paid after the crisis ends.

2.3. Czechia

In Czechia, a child-care allowance for parents with children under 13 years of age was set up², as well as a child-care allowance on agreement to perform a job, or to be self-employed. Special social benefits were implemented, such as the exemption to pay for social insurance until August 2020 for self-employed persons. The benefits were higher compared to people on minimum wages (first two months 25,000 crowns, then 15,000 crowns).³ The “Kurzarbeit” was intended to prevent dismissals, as the government pays 60-80% of the salary to the employer. It’s called the “Antivirus programme”.⁴

2.4. Denmark

The conditionality (people have to apply for jobs or advance their availability for the labour market) of income support was paused.

2.5. Finland

The unemployment security was temporarily improved (including the abolition of the deductible period) and extended to entrepreneurs. Not only is the treatment of COVID-19 free of charge for the patient, but the patient receives an “infected daily allowance”. The procedures for social assistance have been simplified. The “temporary pandemic support” was paid to parents who took care of their child, unpaid, at home. It was also available to people arriving in Finland from abroad who were placed in quarantine-like conditions and who therefore had to take unpaid leave from their work. Students could receive “student benefits” even if their studies did not progress due to COVID-19.

2.6. France

In France, a bonus of €250 for people experiencing poverty was paid on 15 May and a similar allowance for precarious, young people, whether they were students or not. Partial unemployment and sickness measures for childcare have cushioned the shock. The generalised teleworking favoured by government announcements was useful. Ticket services (€7.5 per day), the very large increase in the number of accommodation places and the creation of specialised centres helped as well.

2.7. Germany

In Germany, overall, responses have focused on tax-related liquidity assistance, the “Protective shield” for business and the economy, and more flexible compensation benefits. Among the employment measures, were the Act to Improve the Regulation on Short-Time Working, the refund of Social Security contributions, the reduced hours (Kurzarbeitergeld), the retrospective effectiveness.⁵ Employers are to receive full reimbursement of social security contributions. However, this only applies to companies that fall within the scope of the ‘Act of short time working’. Emergency aid for the self-employed was established.

² More info: <https://www.mpsv.cz/web/cz/osetrovne>

³ More info: <https://www.mpsv.cz/web/cz/osvc-info>

⁴ <https://www.mpsv.cz/web/cz/antivirus>

⁵ More information: <https://home.kpmg/xx/en/home/insights/2020/04/germany-government-and-institution-measures-in-response-to-covid.html>

2.8. Greece

In Greece, companies could not dismiss their workers due to the lockdown. Owners of enterprises affected by the lockdown were given compensation. Workers were compensated for lower or no pay. Rents were lowered in some cases for businesses. Loans and mortgages were frozen.

2.9. Hungary

In Hungary, the government raised the number of people who could receive a work scheme from 100,000 to 200,000.

2.10. Iceland

In Iceland, some payments were added to benefits, the disability allowance, pensions and municipal assistance. An increase was made in child benefits. A rise in the number of vouchers for after school activities for low income families was set up as well.

2.11. Ireland

In Ireland, the Government introduced a new non-means tested COVID-19 Pandemic Unemployment Payment of €350 per week for a period of 12 weeks, and potentially extended, for those who lost their jobs due to COVID-19. This is a positive move as the existing welfare levels for unemployment and other welfare payments of €203 per week in not adequate to provide people with a decent living. However, recipients of the new COVID-19 payment could not access secondary benefits available to other recipients of welfare payments on a means-tested basis. The level of the new payment highlights the inadequacy of the existing welfare support, which are proving even more inadequate as costs during the COVID-19 crisis increase. The Government did increase the number of weeks so those on existing welfare payments could receive the fuel-allowance and also introduced a temporary increase in the weekly rate for an adult dependent on a welfare recipient so that the combined welfare income for the couple is €350. In order for employers to keep employees on their payroll, the Government also introduced a new temporary COVID-19 wage subsidy scheme. This is for employers who lost significant levels of revenue and could not otherwise pay the wages. This now operates on a system based on the previous weekly average take home pay for each employee.

2.12. Italy

In **Italy**, due to the Law Decree 34 of 19 May 2020, households in conditions of economic necessity as a consequence of the epidemiological emergency from COVID-19 were granted an extraordinary allowance called Emergency Income or "Rem". Rem applications are submitted to the CAF Office by June 2020 and the benefit is paid in two instalments, equal to the amount recognised. The Rem amounts to between €400 and €800 based on family size. Those who have an ISEE (annual income) of up to €15,000 and movable assets between €10,000 and €20,000 euros can take advantage of this, depending on the family composition.

2.13. Lithuania

In Lithuania, the measures were the following:

- 1) Parents staying at home to look after children during the quarantine period were eligible for full sick leave benefits.
- 2) The government contributed to maintaining jobs with subsidies to employers who declared downtime and paid at least the minimum monthly wage when the full-time rate was agreed, which was very important in order to prevent unemployment.
- 3) Benefits for all self-employed people were introduced. Monthly payment is equal to the minimum consumption basket.
- 4) In order to protect those who had lost their jobs from a sudden drop or loss of income, a temporary jobseeker's allowance was introduced. The new benefit would be paid for a maximum of 6 months, but not beyond 31 December 2020.
- 5) A one-off benefit of €200 for the elderly, disabled, widows and orphans was established.
- 6) It was agreed to increase the amount of social assistance, to provide more support for single people, to pay higher benefits after employment, and to reimburse for a larger share of housing heating costs.

2.14. North Macedonia

In North Macedonia, the guaranteed minimum help, part of the financial assistance scheme and the basis of the minimum income, was implemented in the system of social protection as a reform of a previous financial assistance scheme. It will provide better coverage, greater financial support and a professional rehabilitation or orientation. Defined by the two-fold approach, it contributes to the activation on the labour market and financial support for the beneficiaries to be able to regain their place and role in the community and society. As the minimum income was implemented and replaced an old model of a welfare benefit, the criteria to be a beneficiary was also modified. The occurrence of the pandemic on a national level brought about economic, social and cultural challenges. Most affected by them are the people who are living in poverty, the unemployed, and people with temporary jobs or low paid jobs. Even at the beginning of pandemic, to prevent reaching a financial crisis employers started terminating the contracts of people with atypical jobs (e.g. zero-hour contracts) or not renewing contracts and giving them an opportunity to keep their job. The situation was very difficult also for people who are beneficiaries of the guaranteed minimum income who are struggling to find a job when the demand on the labour market is reduced and the economy is predicted to take a downfall. Avoidance of physical contact and the restrictions made it difficult to access the necessary institutions to maintain their status.

In the past and present period, the government modified the criteria for the guaranteed minimum help in different ways, making it easier for people to access or maintain their status. For those who have entered the system, the process for justifying their material status is postponed in the following months. These amendments were made in order to provide the financial support in a shorter period for people who became unemployed or lost other income. Another set of amendments to the criteria were tailored to expand the coverage of people who can become beneficiaries and earn the right to a guaranteed minimum income. The expansion allows all those who are living in the household and have missed the deadline to report their unemployment status, to keep their right. Included in the amendments are also the people who have changed their status to unemployed willingly. In conclusion of the writing for the amendments of the criteria, it is also worth mentioning, easing the process of acceptance by allowing some real estate not to be taken into consideration when the process of becoming a beneficiary is ongoing. Throughout the pandemic period, the government gradually

implemented specially designed and tailored economic “packages” or measures, so they can help on multiple levels, fields affected by financial insecurities. At the moment of writing, there has been an accumulation of 25 adhoc, concrete economic measures. For the purposes of the survey some of them are worth mentioning, in an attempt to portray the situation on a national level. First and foremost is the measure in which the private sector is supported financially by the government on a monthly basis. All the companies who are struck by the crisis can become eligible for the support if they keep their workers and ensure their jobs. The support is focused towards the payment of workers’ monthly wages. Depending on their work status, a calculated threshold is set at the highest value that the government can support in covering the wages. The aim of this support is to stimulate companies during the period of the pandemic and by focusing on the wages of the workers, not only does it help in keeping their jobs it also helps in the coverage of the health protection. Some percentage of the gross wage contributes to the health protection of the worker and the family of the worker. Stimulating financial support for the wages of the workers allows all families’ health to be protected and have access to the healthcare system in the midst of a health crisis. There are similar measures for self-employed people who are financially struck by the crisis. They can also apply for financial support from the government and have ongoing support during the pandemic. Most self-employed people are either working alone or employing 1 to 2 members of the family. Often it represents the main income in the family or the household. The financial challenges do not only affect the person who is self-employed but also the family or the household. If a closure is forced, it can result in losing the income of the whole household.

2.15. Norway

In Norway, the measures were the extension of the time period on temporary benefits (work assessment allowance and financial assistance) as well as the removal of some conditions and documentation requirements. In the case of financial assistance, the easing of some entry requirements has led to more effective payouts. The extension of the unemployment benefit scheme to ensure higher payouts (100% of one’s salary up to 600,000 NOK annually the first 20 days, then 80% up to 300,000 annually and 62.4 % of 300,000 to 600,000 annually) and better coverage for all workers (temporary workers, freelancers, self-employed etc). The sickness benefit was temporarily improved. A provisional doubling of the care-allowance scheme was introduced as well. At the same time, it became clear that a parent could use caring days due to the closure of schools and kindergartens. For example, if a person initially had a claim of 10 days, this was extended to 20 days. Care days could be transferred freely between parents when absence was due to COVID-19.

2.16. Poland

In Poland, for all the workers with children, the government introduced an additional care benefit for children up to 8 years (up to 18 for children with disabilities). The government presented a new emergency benefit for atypical workers and the self-employed at the level of 80% of minimum wage. What is striking is that this support is more generous than unemployment benefits, not to mention social assistance benefits for the unemployed.

2.17. Portugal

In Portugal, the measures were the following: the automatic extension of the Social Insertion Income, as well as unemployment benefit or social supplement for the elderly. A simplification of the procedure for granting of social insertion income, not depending on the signing of the

insertion contract. The extension of unemployment benefits which were about to be suspended. Setting-up of a measure which aims to include people who are excluded from the social protection system. Exceptional financial support for employees who had to stay at home to look after their children up to the age of 12, of 66% of the basic remuneration (33% paid by the employer, 33% paid by Social Security), only applicable to one parent, but they can alternate; Extraordinary support for reducing the economic activity of the self-employed and deferring the payment of contributions. Extension of FEAD; enlargement and simplification of processes to access the programme. The guarantee of social protection for trainees and trainers in the course of training activities, as well as for beneficiaries engaged in active employment policies who were prevented from attending training actions.⁶

2.18. Serbia

In Serbia, one of the main measures implemented by the government was to distribute €100 per adult citizen as an effort to improve their financial situation and increase domestic spending. The measure itself was criticised for not being targeted to those in need. The effects of it are to be seen as the process of enlisting for support is still under way. This is so called ‘helicopter money’. Other measures: Delay of taxes and social contributions for employers, with reactivation of obligation no earlier than 2021. Delay of payment of tax on profit in the second quarter. For those who provide a donation, exemption from VAT. Three minimum basic salaries/benefits paid from the national budget to the self-employed, micro, small and medium enterprises. Partial support for salaries of employees put on hold in big enterprises. Financial support schemes for businesses through the Fund for development and moratorium on payment of dividends by the end of 2020 (with exception of public enterprises).

2.19. Slovenia

In Slovenia, recipients of social assistance also received a supplement for large families, the possibility to stay at home with the child and get 80% payment. The same for those “shielding” or waiting at home for work.

2.20. Spain

In Spain, the government took a series of measures which were presented as a “social shield”. The regulations to mitigate the effects of the COVID-19 crisis and the measures related to the State of Alarm had a triple focus: 1) to avoid the loss of the habitual residence; 2) to grant access to extraordinary income to workers in precarious conditions, including domestic workers, through the temporary extraordinary subsidy and 3) to provide more temporary income to households with total income below a defined amount, by the postponement of debt by mortgages, debt by personal or consumer loans, property rent, utilities bills (electricity, gas, Internet). These are the main policy measures related to employment and income support: Companies affected by the lockdown were allowed to apply for ERTES (temporary employment regulation file), an existing instrument which prevents layoffs and grants 70% of gross wages to workers. Layoffs were banned during the state of alarm. Unemployment benefits were extended to those workers whose temporary contract ended after the declaration of the state of alarm and were not entitled to this benefit, the “exceptional circumstances allowance” (the only requirement is the minimum duration of 2 months of the former contract). A €700 / month income support was implemented for those self-employed who could prove a steep fall of

⁶ The Government gathered the various extraordinary measures to be applied during this period in a single portal: <https://covid19estamoson.gov.pt>

income during March and April. A new benefit for care and domestic workers who were contributing to Social Security and who lost their work due to the crisis was established as well. Payment of mortgages and rental income for vulnerable families were deferred. Suspension of evictions and the extraordinary extension of the leases of habitual residence, in the case of vulnerable households. Expansion of the group of potential recipients of the electric social bonus. Sanction of the Minimum Vital Income, with a federal scope, especially aimed at households without income and in severe poverty. The homeless, those with insecure housing, without a formal rent contract, households living in rented rooms, undocumented migrants and asylum seekers are barely or not protected by the “social shield”.

2.21. Sweden

In Sweden, the socio-economic consequences were enormous. Unemployment is rising sharply, and many have been hit very hard financially, especially those groups who for various reasons have been excluded from the right to unemployment benefits and sickness benefits. The government made many efforts to change regulations so that more people will be covered by the social security system during the current crisis. To a great extent, the social security systems still work well to provide financial support to those who are eligible for the general benefits of unemployment and illness. The difficulties were greater for those who were dependent on individual, need-tested remuneration, among other things due to longer treatment times and difficulties in reaching attorneys. These problems would grow as more and more people consume their own financial reserves and are forced to seek help. More than two out of ten state that they have had worse personal finances after the COVID-19 outbreak. About the same number expect a deterioration in the coming six months, according to a survey by the Enforcement Authority. The worst affected are the unemployed, self-employed and single parents.

2.22. United Kingdom

In the United Kingdom, there was new support for workers in businesses closed down due to the Government Coronavirus policy response (lockdown). This was support for businesses but was protecting about one-third of the United Kingdom workforce's incomes; without it there would have been a massive increase in poverty due to unemployment. There was also other direct support for businesses affected by COVID-19 and the policy response, some grants or loans. The aim of the *Job Retention Scheme* (JRS) was to retain workers' connection with their employer, making it easier to 'bounce back' after the crisis. Employers could claim for 80% of their employees' wages, plus employer's national insurance and pension contributions, capped at £2,500 per month, if they have put workers on paid leave (furloughed), rather than made them redundant. The employee must have been on the payroll from 19 March (a more generous date than first announced, but there are still some people who have fallen through the net). Employees made redundant after 28 February, or who stopped working for the employer, or who were on a fixed term contract, could be reemployed and put on furlough. Employees who had more than one employer could be furloughed by each employer. Furloughed employees could undertake voluntary work or training, as long as it did not benefit their employer. Importantly, employees who were asked by the Government to 'shield' (stay at home for twelve weeks because of their vulnerability to COVID-19) or who had caring responsibilities, could be furloughed. Ditto for employees on maternity, paternity, adoption and bereavement leave. The scheme was initially for three months till June, but has been extended, with more contributions after that from employers (probably 25%, plus employers' national insurance contributions), until the end of October 2020. The scheme is predicted to cost the Exchequer £40 billion just until June. The scheme had much more take-up than the government expected, and is now

supporting more than 7.5 million workers, one-third of the United Kingdom workforce. Employers must claim, not employees, and the employer pays the furloughed employees' wage. The scheme has been widely praised by employers and trade unions. Shortcomings: one is that the employee is not allowed to do any work for the employer. There was a widespread demand to amend it so that gradually employees could do some paid hours for their employer and the scheme would support the remainder of their time; this may happen when the scheme is reviewed. There were some reports of fraud, for example employers insisting that employees continue to do work for them, yet they claimed from the JRS, but employees were too afraid to complain or report their employer, for fear of losing their jobs in the coming recession.⁷ The *Self-employment Income Support Scheme*: there are five million self-employed people in the United Kingdom, many of them sole traders. They can claim a grant of up to 80% of their average monthly trading profits, paid out as a single instalment covering three months (therefore not payable till June 2020), capped at £7,500. As with salaries paid under the JRS, the grant income is subject to tax and national insurance. People claiming under the scheme can continue to work, start a new trade or volunteer. Self-employed people are eligible if their business has been affected by COVID-19, or if they have been asked to shield, or are taking sick leave due to the virus. 95% of small self-employed businesses are covered, but some people have fallen through the net, with no income and no access to a grant. However, by 11 May, only two-fifths of self-employed workers had applied or intended to apply to the scheme. This included only 35% of the lowest income 40% of self-employed. Some shortcomings of the scheme are that 1) it does not provide cash until June, when some traders will already be in severe difficulty. 2) People were not eligible if they are a limited company, paying themselves through dividends. 3) People were falling through the net because it is common, especially for mothers, to spend some hours as an employee and some hours self-employed. They could end up ineligible for any support if their employer did not furlough them, so they continued to be paid to do some work, and their self-employed work collapsed, but they were not deemed to be primarily self-employed. An example is someone who works in physical education and in gyms or as a personal trainer. 4) People whose status changed during the last year, could find they fell through the gaps of the schemes for self-employed and employees. *Social security (insurance-based)*: Statutory sick pay (SSP) for employees was not improved. It was just £94 a week, but it could now be claimed without waiting four days. "Social assistance minimum income": 1) Universal Credit: There was an uplift in the standard allowance in Universal Credit (including the basic element in Working Tax Credit) of £20 a week for one year, but only for new claims. Universal Credit covers all those in need of social assistance: e.g. the unemployed fit for work (insurance-based benefits are only for the first six months, after which unemployed workers join the income-tested Universal Credit system) the unemployed not fit for work, those with caring responsibilities, etc., 2) Legacy benefits were not uprated. 3) Local Housing Allowance was increased to cover the bottom 30% of rents in any area, for new and existing claimants. 4) Self-employed people have been given better access to Universal Credit. The Minimum Income Floor has been temporarily suspended. There was no change in support to asylum seekers, who were suffering from the closure of usual NGO and faith group sources of support, including for food, and higher costs. Some major limitations of the social assistance support: 1) Families: Two-thirds of families on social assistance (minimum income) benefits before COVID-19 were on legacy benefits and did not gain from the uplift to new claims for Universal Credit. 2) Tax Credits, which top up low in-work

⁷ There are variations in employment status due to COVID-19 and the policy response: A Resolution Foundation study found that by early May, between 3 and 4% of employees had lost their main job due to coronavirus and 15% had been furloughed (21% in the private sector). However, 30% of the lowest paid fifth of workers have been furloughed, compared to 8% of the highest paid fifth of workers. While demographic factors per se were less important than atypical worker status, the study shows that non-parents (4%) were more likely to lose their job than parents and BAME people (each 2%) and single parents (1%), and that overall there was no difference between men and women except that women were slightly more likely to be furloughed (15% compared to 14%); other authors have found a bigger difference in the likelihood of men and women being furloughed. The Resolution Foundation authors concluded that one in eight workers fear their job will be lost, and that a longer-term comprehensive support package will be needed to support the labour market.

incomes and are part of Universal Credit, retained the £2,500 per annum threshold for changes in income before there are changes in the Universal Credit Award. This can severely disadvantage those of the 7.5 million workers furloughed on 80% of their former income, who are low paid and whose incomes are not topped up by employers. 3) Rents and Local Housing Allowance support for rents: although increased rent support would cover the bottom 30% of the rental market, this only takes it back to the level of support before the four-year freeze on the nominal value of all working age benefits which ends this year. 4) The minimum additional support needed for families is the same uplift extended to legacy social assistance benefits and to insurance-based unemployment benefits. *Improving other support for children:* 1) Regarding digital exclusion, the government committed to buying and providing devices and 4G routers for some poor children, but only in certain year groups, facing important examinations. 2) Free School Meals replacement scheme. Where local authorities have introduced food vouchers, uptake is not great and access to the vouchers is not working well. Cash directly to families should replace the Free School Meals voucher and in-kind support. 3) Very vulnerable children: Only a few percent of the most vulnerable children (i.e. those with care plans etc.) are attending school and schools seem to have lost a lot of contact with them. Extra cash can help these families, but it really is necessary as well to support Local Authorities and NGOs to do outreach work. *Temporary support for housing and insurance costs:* 1) Mortgage and insurance 'holidays' (payment deferral). 1.5 million mortgagees took up the offer of a 'mortgage 'holiday''. These must be paid back later. Initially for three months, the mortgage holiday has now been extended to six months. The amount deferred, with interest, must be paid back over the mortgage term. For many people with long remaining mortgage terms, the increase may not be much, for those nearer the end of their term, repayments will be higher. The similar schemes for car and other insurance will usually have a higher monthly increase in payback, because the terms are shorter. Taking up these payment 'holidays' is financially risky. Borrowers struggling to meet payment dates and the terms on their loans or using more than 90% of the allowance on a credit card, will find their credit score negatively affected. It is likely poorer people will have severe problems in affording the higher repayments, especially if they have lost some hours of work, or even their job, resulting in debt. Providers may anyway refuse to give these 'holidays' to people they think cannot repay. 2) Renters were not given this three-month relief. 3) Three-month protection from eviction for housing debt. This applies only to people with mortgages. Renters have only one month's protection. At present though, evictions cannot take place in practice and anyway must be applied for through the courts, which are not working at full capacity. Those renting within a private household (e.g. renting rooms) have no eviction cover at all.

3. CIVIL SOCIETY ORGANISATIONS

3.1. Austria

In Austria, the lockdown measures also had a big impact on NGOs which work directly with vulnerable people or provide services, as in women's, youth and homeless shelters. Many organisations had to adapt themselves and could not be reached as easily as before. The government provided COVID-19-funds to support enterprises and the self-employed, which were also accessible for social, cultural and environmental NGOs in a second step.

3.2. Belgium

In Belgium, many of the social organisations and NGOs called upon by people living in poverty had to close their doors. As a result, people living in poverty became more dependent on themselves for administrative steps, had less easy access to services, and suffered more from loneliness. In determining the exit strategy, there is insufficient involvement of civil society stakeholders. Therefore, there is concern that the reopening of these different NGOs will not be a political priority. In the beginning, the foodbanks were closed, but then they began distributing food again (instead of implementing a new system in which people could receive financial resources to purchase their necessary goods in regular supermarkets).

3.3. Croatia

Croatia has indicated the cutting of NGO funding.

3.4. Czechia

In Czechia, the government measures implied the blockage of social activation services for families and low-threshold services for children and young people, and of day cares services for the elderly and disabled people. Wrongly, NGOs were not considered specifically while making political decisions.

3.5. Denmark

In Denmark, some NGOs working with vulnerable people received extra funds from the government in order to help people in need. Moreover, private funds have funded activities for elderly or otherwise isolated people.

3.6. Finland

In Finland, NGOs were forced to close many of their face-to-face services. The economic situation of NGOs producing services on the market worsened considerably. Only in May there was a government decision that they would get support likewise other service producers. A large part of social and health NGOs received their funding from "Veikkaus" gaming revenues. "Veikkaus" gaming machines have been closed during the crisis and this affected the future funding of the NGOs. The magnitude of the impact depends on whether the losses are compensated from the state budget. The Ministry of Social Affairs and Health opened additional funding for NGOs to alleviate the psychosocial impact of the crisis as well as implement food aid.

3.7. Germany

In Germany, the NGOs only partly managed to get into the rescue parachute. The impact meant the provision of less social services and hardly any food expenditures. Consultations with people in poverty were reduced.

3.8. Iceland

In Iceland, the crisis forced NGOs to be more flexible in terms of delivering services. For example, many who did not have a car had difficulties in providing assistance, due to the worsening of public transport and limited movements.

3.9. Ireland

In Ireland, both local and national NGOs continued to work, but in a new way in order to respect social distancing, and remotely with those who were in lockdown. While the Government funding for most NGOs continued, their funding was negatively impacted, particularly in the case of charities relying on public collections. The Government recently introduced a new fund to bolster the resources of community and voluntary organisations providing direct services. Advocacy organisations were both advocating short term measures to address the impact of COVID-19 on those most marginalised and also for longer term change.

3.10. Lithuania

In Lithuania, some NGO programmes were at the risk of being cut off because funding was transferred to other subsidies. A number of them may not survive it or will become bankrupt. Most NGOs were not offered protective equipment, so they faced a lot of difficulties in providing essential services. Many reported relapses of people at risk of social exclusion as face-to-face services were suspended and online services were not so effective. Lastly, the majority indicated that there were clear signs of food insecurity among their clients.

3.11. The Netherlands

In The Netherlands, client services had to be limited and were only available online. EAPN Netherlands wrote a letter to the State Secretary asking for a yearly increase of €150 million for local anti-poverty policy. The State Secretary answered that “they did not consider it necessary”, but that they would keep an eye on the referred development and the fact that municipalities had to decrease their spending and start austerity measures, which would harm the local poverty support.

3.12. Poland

In Poland, shelters for homeless people were managed mainly by NGOs and there was a lot of mobilisation to get additional help from government and private donors. As a result, the government allowed the organisations to utilise some of the measures devised for employers, such as the exemption from social insurance contributions.

3.13. Portugal

In Portugal, the activities of the FEAD programme were extended to more families, although the organisations continued with the same staff and resources.

3.14. Slovenia

In Slovenia, the governmental support for the NGO sector started to decrease and there were signs of funding cuts, on which organisations are dependent. With the approval of the Second Anti-Corona Intervention Law, the Slovenian Parliament adopted additional restrictions on the issue of building permits; this was unfortunate for environmental organisations, as it had practically impossible conditions for their participation in the procedures where environmental impacts are also assessed.

3.15. Spain

In Spain, there were cuts to core funding for social NGOs that participate in territorial subventions. There have been stoppages, delays, cuts and reformulations to meet the socio-health needs generated by COVID-19. These funding problems generated an increase in the provisional suspension of workers (ERTE) in non-essential services, and in layoffs. Some NGOs had to close, as they did not receive the funds already granted by the regional Administration. The impact of lockdown on client services generated an increased demand of basic emergency aid, hygienic kits, food and rooming for homeless people. The demand for food through the food banks increased as many families lost their income (from atypical jobs and the unregistered economy), and did not receive any cash support or were waiting for this support to appear. The new stock of food came from donations and reorganisation of NGO expenditures.

3.16. Sweden

In Sweden, the effects on mental health of COVID-19 are tangible to many. There is increased mental ill health among vulnerable groups, and it is believed that suicide risk increases due to loneliness, isolation and financial problems. The incidence of domestic violence is increasing. There is also a great concern about the situation of children and adolescents, psychosocially and educationally. Many support functions and care resources are closed. Many clients are risk groups and therefore do not dare to personally seek contact with the social services, which makes their opportunities for support more difficult. Many activities are closed and individuals left unsupported to cope, or to move on and improve their situation. This helps increase the mental health problems.

3.17. United Kingdom

In the United Kingdom, many charities experienced an increase in need. Many NGOs were not able to meet need because their volunteers were sheltering (e.g. older volunteers), or their staff was furloughed because they could not continue to do their work safely. Yet others, for example in child protection, were continuing to work in circumstances where access to families was more difficult and may be less safe. All charities that relied on events, or shop sales, which were cancelled and closed, and donations, which dried up, saw a collapse in income. Oxfam, a very large charity, made 1,500 employees redundant and closed offices in 18 of 66 countries. Many small charities may not survive, and even some of the largest charities are in danger. Very small voluntary organisations, especially those led by Black, Asian and minority ethnic groups (BAME),

may face the highest risk of closure. BAME communities have suffered a higher rate of infection by COVID-19, including a much higher death rate, and organisations have therefore also been more affected by the painful impact on their communities and by staff absence to self-isolate. There have been on-line financial collections for NHS workers, 'NHS charities together' has raised £300 million, and volunteers have provided often free local food services for NHS workers, but much of this may be money diverted to a national service that has reduced other charitable giving. The Government provided some support that NGOs could access. Some NGOs were eligible for grants to retail and hospitality businesses, and grants distributed by local authorities, and some were eligible for government business interruption loans. Some could furlough staff, but for others, the crisis meant they had more demand for their services. But many NGOs could not access any of these sources. Late in the day, Government provided £750m to NGOs, largely for front-line COVID-19-related work. Relations between the NGO sector and this Government were not good, not helped by the view of most social NGOs that Universal Credit is contributing to a rise in poverty and destitution. Government would prefer mergers, and fewer, more biddable charities. Relations with many Local Authorities are not much better, after ten years of increased responsibilities and reduced powers and funding. Both Local Authorities and NGOs will struggle to provide services and meet need during the recession and unemployment to come, which will magnify all social and health problems.

4. GOOD PRACTICES

4.1. Austria

In Austria, on the local level, the food delivery from local suppliers in small communities; the fact that different organisations started to sew masks and that free music concerts were given in front of elderly homes. Specifically, payments of family “hardship fund”, also for recipients of Minimum Income (€150 per household) and families with adults who were unemployed already before the COVID-19. 2) Another practice was the delivery of borrowed computers and laptops for pupils who did not have devices to benefit from digital education.

4.2. Croatia

In Croatia, good practices were the delivery of protective equipment to social services and that all employees from residential social services of the Moravian-Silesian region were tested.

4.3. Czechia

In Czechia, NGOs managed to deliver protective equipment when the government failed to buy them. Volunteers sewed face masks and manufactured face shields. They delivered face mask or groceries to seniors (Orel Zlín, women from Zubří sewed 6,500 face masks for seniors and hospitals; members from trade unions helped with delivering them).

4.4. Denmark

In Denmark, the local authorities cooperated with local NGOs on handling some of the problems for the most vulnerable – especially homeless people, who suffered from closed day shelters and less access to official information. Specifically, a good practice was the utilisation of empty houses for homeless people during the pandemic.

4.5. Finland

In Finland, the NGO working for the homeless VVA did not lock down, they just restricted the number of participants coming at the same time to services and the staff used protective equipment in face-to-face services. Group functions were transferred online by many NGOs (i.e. The Finnish Blue Ribbon). Online cafés received individual customers to help them make applications. Psychological sessions were given online to prison inmates, by the Finnish Foundation for Supporting Ex-offenders. The city of Helsinki collected an information group of homeless service providers which gathered three times a week and made decisions based on that knowledge. Elderly people were called by the municipalities and asked if they needed any help or services. The church and parishes also took part in this campaign. The Government’s “COVID-19 situation group” constantly collected information (also from NGOs) to support decision-making.

4.6. France

In France, there was a wave of associative solidarity around the distribution of aid.

4.7. Germany

In Germany, NGOs delivered advice and some financial support to people experiencing poverty; some stayed open, but with reduced access.

4.8. Hungary

In Hungary, many campaigns were organised in order to provide food, cleaning materials, distribute electronic devices such as tablets and laptops for children. Independently from the government, some local authorities provided gloves and masks for health and social workers and for the general public as well.

4.9. Lithuania

In Lithuania, there was initiative from a famous “influencer” and his team to collect money and buy protective equipment for hospitals, to provide social care and social service institutions including NGOs. An online platform to mobilise volunteers in different regions and fields was set up. Civil society has been very active, and some municipalities have been able to take advantage of this and cooperate; this might have long-term influence for their collaboration. Government bought computers or tablets for all children.

4.10. The Netherlands

In the Netherlands, different civil society’ experiences showed what voluntary work means for society and especially the importance of the work delivered by informal caregivers.

4.11. North Macedonia

In North Macedonia, local governments established crisis centres for the pandemic and most of them supplied their citizens with food and sanitary products. It is very important that the Red Cross and its network of equipment and volunteers were taken as a partner, so that anyone who needs help can be reached. Several municipalities have established intensive cooperation with Food Banks, delivering food supplies to vulnerable groups. The UNDP in cooperation with the NGO Sonce from Tetovo mediated the temporary employment of 270 Roma in 15 municipalities, in order to provide support to their family income. Their engagement is related to disinfection and cleaning, and these are people who are in long-term unemployment or are difficult to employ. SOS lines have been opened for psychological support of various target groups (children, people in self-isolation, people with disabilities, etc.) and the functionality of the system for protection against domestic violence has been strengthened (through civil society organisations, contact telephones, UN Voman, MLSP, MOI, CSW).

4.12. Norway

In Norway, there were outreach efforts (such as going from door to door) to disseminate information, especially from immigrant organisations. New services were provided by NGOs, for example a free helpline for questions about the social protection system. Some foodbanks reported an increase of food supplies (and of better quality than before), as more businesses see the value of the work they do during the crisis.

4.13. Portugal

In Portugal, some NGOs reorganised their services to give new responses to the need for protective equipment (for example, producing face masks). EAPN Portugal has launched the SOS Roma Communities Campaign that donated 659 hygienic and protective kits to 659 families.⁸ An NGO that established a social restaurant started to provide 200 meals per day to homeless persons, fulfilling a gap caused by the closure of services promoted by other NGOs.⁹ There are many organisations that have maintained or increased their food support, which was also extended to other audiences (middle-class families who saw their income reduced). Although the Hotel and Restaurant sector was the most affected by the pandemic, this sector has also spurred some initiatives with civil society to guarantee a hot meal for the most vulnerable people: this is the case of the School of Hotel and Tourism of Porto that together with the Associação Saber Comprender and the Projeto Porta Solidária prepare hot meals to be distributed to people who are homeless or who resort to these responses in situations of loss of income and reduction of income. “Solidarity Boxes. Take what you need, leave what you want” is how the Caixa Solidária movement works, a wave of solidarity that quickly spread across the country to help those most in need in this time of uncertainty caused by the COVID-19 pandemic. The sisters Teresa and Isabel Ponte created the “Porto Solidário”, which delivers food to those who need it most. The “Projeto Bombêuticos” was born in Vila Nova de Gaia to deliver medicines to those most in need to stop the pandemic through the partnership between the Pharmacy of São Paio and the Volunteer Firefighters of Carvalhos. Ricardo Santos (Commander of the Carvalhos Volunteer Firefighters) and José Nicolau (Pharmacist) decided to join forces to put the movement into practice.

It was possible to continue paying training grants to trainees in projects, even though they were temporarily suspended. Some municipalities deliberated about the exemption of rents for economic and social agents in spaces provided and / or rented by the municipalities, as well as the distribution of masks to the most vulnerable people and led the creation and organisation of field hospitals for the recovery of users with COVID-19 (i.e. Oporto Municipality). “Fundão Mask” - Fundão Municipality, in the Castelo Branco district, distributed reusable masks to the population as a measure to combat the spread of the virus. The programme is based on the collaborative network “# Fundão Mask”, which was created in March by the Matriz project, in conjunction with volunteer seamstresses, residents of the Fundão Migration Centre and with the local authority and companies. This network has now been extended to parish councils in the municipality and to the wool and clothing industry, and will allow for the increase of capacity for the production of masks, which are made in accordance with the rules of public organisations and with technical monitoring by the Textile Department of the University of Beira Interior. The municipality therefore intends to distribute a total of about 24,000 masks to vulnerable people as well as the wider population.

4.14. Serbia

In Serbia, several associations were packing and distributing food to pensioners under the movement ban. Several NGOs denounced the decrease of human and citizen rights during the martial law. Many NGOs continued providing support to refugee camps even during the pandemic. Many initiatives run by civil society organisations, aimed to contribute to the effective response to the COVID-19 pandemic effects on communities and vulnerable groups in particular; ranging from e.g. granting or crowdfunding programmes for local organisations to informal initiatives to help homeless people.

⁸ <https://www.eapn.pt/campanha/38/campanha-sos-comunidades-ciganas-relancada-a-1-de-maio>

⁹ <https://etaste.pt/coronavirus/resistir-e-um-restaurant-prepara-refeicoes-para-sem-abrigo>

4.15. Slovenia

In Slovenia, charitable food packages were distributed in cooperation with Preprosto.je.¹⁰ Another good practice was the use of the digital platform OPIN.ME for child participation.¹¹ Other important practices were the opening of homeless shelters during the pandemic crisis even without state funding¹² and the free telephone line for pastime devoted to the elderly.¹³ Local childcare for children whose parents had to go to work (volunteers) was established. There was a local, regional and national call for more volunteers, who helped very quickly with food distribution, urgent supplies for the elderly (plus social companionship) and computers.

4.16. Spain

In Spain, the SJM Claver Association published a *Guide for domestic workers in COVID-19 times*, which was distributed online, with the intention of reducing the contagion among caregivers and helpers.¹⁴ The Spanish Red Cross launched a very ambitious assistance plan for vulnerable people called “Responde” (the Red Cross “responds” against COVID-19). From the beginning of this crisis, they ensured the maintenance of essential programmes and intensified the activity with the most vulnerable people through:

- 1) a “Special follow-up Campaign”, by telephone monitoring of 400,000 people who participated in their social intervention programmes, already identified as especially vulnerable to COVID-19; this campaign was designed to inform, help and detect needs.
- 2) Making available their logistic capacities to the health authorities (human and logistical resources, accompanying health personnel, collecting of samples, transfer of infected people, and psychosocial support teams).
- 3) Distribution and delivery of food and kits with basic goods.
- 4) Communication and awareness campaigns through all its channels, open to the society, and a free online course on COVID-19 developed by the Red Cross which already had 200,000 students.¹⁵ Caritas Madrid launched the campaign “Charity does not close: become a supporting neighbour”, which recruited volunteers for assisting and accompanying vulnerable people, and incorporated food and goods distribution.
- 5) The Women Institute launched a contingency plan against gender-based violence during COVID-19, which incorporates the possibility of alerting the police by WhatsApp, using geolocation. The plan includes a series of measures to prevent a possible increase in gender-based violence.¹⁶

4.17. The United Kingdom

In the United Kingdom, there has been a rapid growth in local mutual aid groups, which brought food and other necessities, or did small tasks, for local people who were shielded or sheltering and supported food bank delivery. However, many of these worked independently of existing charities, which was not necessarily efficient and did not sustainably improve matters when many of these volunteers returned to their jobs. This is not quite a good ‘practice’, but a “good example” of solidarity: 750,000 people responded to a call to volunteer to support the National

10 <https://preprosto.je/pages/skupaj-lahko-pomagamo-druzinam-v-stiski>

11 <https://opin.me/en/>

12 <http://www.kraljiulice.org/>

13 <https://www.cvekifon.com/>

14 <https://sjme.org/guia-para-personas-trabajadoras-del-hogar-en-tiempos-de-covid-19/>

15 <https://www2.cruzroja.es/-/lanzamos-el-plan-cruz-roja-responde-frente-al-covid-19>

16 . Ministerio de Igualdad, Instituto de la Mujer y para la Igualdad de Oportunidades (2020), La perspectiva de género, esencial en la respuesta a la COVID-19. [http://www.inmujer.gob.es/disenio/novedades/IMPACTO_DE_GENERO_DEL_COVID_19_\(uv\).pdf](http://www.inmujer.gob.es/disenio/novedades/IMPACTO_DE_GENERO_DEL_COVID_19_(uv).pdf)

Health Service and their local communities. Local NGOs such as Derbyshire Unemployed Workers aimed to continue to campaign and provide services, often online, and reconfigure their offices to provide in-person services while meeting social distance and hygiene rules in small spaces. This is despite losing income from events and collections, such as their well-known May Day event.

5. VULNERABLE GROUPS AFFECTED BY THE PANDEMIC OF COVID-19 AND THE RELATED POLICY MEASURES TAKEN BY GOVERNMENTS

5.1. Austria

- **Single parent families** (mostly women), who face extreme situations due to lockdown measures: they have to home-school their children, devote themselves full time to childcare (loosing other family support), telework or jeopardise their jobs etc.
- **Atypical workers** (Internet platforms, temporary jobs) and self-employed workers (who are always at risk of losing their jobs and income).
- **People working in culture**, in general under precarious conditions, with irregular income and working contracts, and the overall complicated insurance system available for the self-employed.
- **Homeless people**, as the lockdown restrictions, quarantine in “emergency sleeping-places”, losing NGO support (soup kitchen, medical support on the street, street workers etc.)
- **Irregular migrants and asylum seekers**, being in quarantine, unclear information (language problems), more stigmatisation through populist politicians (“migrants are bringing COVID-19 to Austria”); impossibility to participate in society; unclear future prospects (no jobs); precarious living situations, often 2-4 people in one room and not enough space to keep distance from others.
- **Elderly people living in involuntary loneliness and living in nursing homes**, especially those with low income. A big step back was losing social networks, contacts and support. In nursing homes, the separation (for example, during dinner people have a very important opportunity to have contact with others) leads to more isolation and loneliness.

5.2. Belgium

- **Low income households.** Even before the health crisis, people living on benefits had to make ends meet with an income far below the EU poverty line. Although their income did not decrease due to the crisis, they saw their expenses rise (for example, the prices of food and other basic goods), the food banks closed their doors, they consumed more energy, Internet and telephone, and many had extra health costs. It is also much more difficult to claim for benefits, as many social institutions have closed their doors and can only be reached by telephone. Also due to the increase in applications, it takes much longer to process them. Both the federal and regional authorities have taken many measures to prevent more people ending up in poverty. For example, a system of temporary unemployment was introduced and people who saw their income fall as a result of the crisis can obtain a moratorium on the payment of their loans. So far, people living on benefits have not received any additional financial support and because they are often unable to demonstrate a loss of income, they are not entitled to these exceptional measures. People in precarious working conditions often do not qualify for temporary unemployment which makes them particularly vulnerable to increased poverty.

- **Vulnerable children and young people** were one of the most affected groups during the lockdown. Children who were already struggling before the outbreak of COVID-19 are only lagging further behind their peers. A survey responded to by vulnerable young people showed that 81% of the respondents had problems with their school assignments, almost 66% did not have a laptop or a computer at home, 76% had too little space at home and 61% had no one in the neighbourhood who could help with school tasks. Thirty percent of the interviewees felt targeted by the police and 60% of the youngsters were afraid to go out and receive a fine. More than half of the respondents reported they felt unhappy.¹⁷ Both during the lockdown and during the exit strategy, young people and children are a too-often forgotten target group.
- **Homeless people** don't have the possibility to stay at home. Although in some areas additional facilities were set up, there was a lack of coordinated policy. In several places, the number of homeless people in need of quarantine exceeded the available posts. There was insufficient accommodation and assistance for vulnerable homeless people (with chronic diseases and/or mental health problems); in this way, they could become a danger to themselves, as well as to others. Although at the regional level a temporary ban on evictions has been called for, reports of imminent evictions are still being produced, as well as reports of homeless people being chased out of public spaces and harassed by the police, without being escorted to a shelter.
- **Migrants and asylum seekers.** Undocumented migrants do not have easy access to health care. The procedure for urgent medical assistance is often complex. They do not always know where to go and what to do in order to claim their right to health care. The COVID-19 crisis is causing increasing confusion and concerns about access to health care. The lockdown measures have removed most forms of informal work that undocumented, long-term residents of Belgium are forced to take up, in order to secure a minimum subsistence income. Certain types of foreigners, such as EU citizens who have not been in Belgium for a long time, are not entitled to Belgian Social Security. Many of them lost their jobs and either did ask for financial assistance, nor are they entitled to it. For newcomers, there are big problems. In order to submit a residence application, there is compulsory proofing (copies of identity cards, photos, official documents, etc.). As many of these public administrative services were closed, it was very difficult for people to gather and present this documentation. Moreover, it was virtually impossible to demonstrate various conditions (willingness to work, subsistence conditions of 120% of the living wage, etc.) to keep a residence permit. The proper course of Justice was not assured as well, regarding timing, appeals, etcetera. Asylum seekers could only submit an asylum application online. A place in a refugee centre was not always guaranteed. When someone was granted the refugee status, this person is obliged to leave the refugee centre and find regular housing after 2 months, but due to the COVID-19 situation, this was impossible as the rental market was not working.
- **People with mental health problems.** The anxiety provoked by the context of this crisis, the high uncertainty that the population has to face in daily life, the disease that strikes many people, the risk and reality of death, the after-effects of the disease, the unknown timing of the recovery, the fear of immediate and medium-term consequences in material and family life, among others, are difficulties which affect the entire population, but misfortune breeds in the weakest. The impacts on wellbeing, on a state of "hidden, latent depression" already

17 Uit De Marge, "De impact van de COVID-19- maatregelen op kinderen en jongeren in maatschappelijk kwetsbare situaties. Hoe overleven kinderen en jongeren in kwetsbare posities de lockdown?" At <https://www.uitdemarge.be/wp-content/uploads/2020/05/DOSSIER-De-impact-van-COVID-19-op-kinderen-en-jongeren-in-kwetsbare-situaties-3.pdf>

very present in our society, on this ongoing test of nervous resistance, on ways of compensating/decompensating, on mental health in the broadest sense, are obvious. Although these impacts can affect all social classes, the most fragile groups are and will be the most negatively affected, due to their structural deprivation, social exclusion, permanent tension and the fact that they are forgotten or abandoned by society. It would be one more violence to consider solutions solely from the perspective of mental illness and psychological/psychiatric intervention. Caution is called for so that this health crisis does not reinforce the “psychiatrisation” of poverty.

Lucie is on an early pension, after a depression. She has a small pension of €1,200. Before COVID-19, she volunteered in a community centre.

“The centre where I volunteered payed my monthly subscription for public transport. I don't receive this anymore. I also can't count anymore on the small volunteer allowance, I received for my work there. When I was at the centre, I always receive a free meal, as the centre also organised a cooking workshop. Now that all is gone, it's hard for me to make ends meet.

I am lactose intolerant ...But because the prices in the supermarket went up, I couldn't buy what I needed anymore, so I didn't eat well. This is why my stomach is upset and all the stress hasn't helped.

I also have a problem with my gutter, I can't afford to call anyone, and I patched it up as best I could. I pray every day that it doesn't rain too much because I don't know how long my gutter will last.

My neighbour has a vegetable garden and in exchange for the vegetables, I give lessons to her child who is in primary school. I started making home-made cleaning products. I don't watch television anymore because it made me so depressed with all this information on a loop. I am reading my old books again.

Unfortunately, I am not so positive about the future. The association where I was doing my volunteering, is it going to reopen? Will we face another lockdown? I'm afraid to go back to solitude because it took a lot of courage to push the door of this association and to trust in human beings again. I think we must learn from this situation that solidarity is important at all levels. On the other hand, I don't have the impression that the government knows this word.

BELGIUM, Lucie, Female, 55, Liège.

5.3. Croatia

- **Elderly people.** The main problems referred to were isolation, the risk of not accessing services and food, as well as physical and mental support.
- **Homeless people.** They did not have their basic needs covered, for example they could not access shelters or food, they could not comply with the hygienic measures or take care of their health.
- **People experiencing poverty.** The pandemic led to a greater risk of not accessing social and rehabilitation services, as well as the increase of financial problems.
- **People with disabilities.** They could not access services and specific therapies.
- **Doctors nurses and front-line staff.** The biggest issue was their intense exposure to the virus and therefore the higher contagion rates.

"The fear is getting into even deeper poverty, the survival problems of children (one child losing his job, the other is unemployed for longer period before COVID-19). The fear of infection by Corona.

We have addressed the humanitarian NGO charity.org for additional support, but it was rather difficult to get supplies because at the time of Corona crisis there were more people in need; many have lost jobs and had become poor.

For me, personally, there was no measure that could meet our needs as one of my children had lost a job and that had lowered our income (the Government had ensured financial support only for certain part of economy where the overall income was lowered). For persons at the edge who hardly survive, the loss of a job is an enormous challenge.

My wish and hope are that the situation will change, that the pandemic will disappear, and we shall go on with our normal way of living. I hope that the same scenario will not be repeated in Autumn and Winter... And if it happens that it will not have the same intensity as the current situation.

First of all, people should respect measures proposed in order to as quickly as possible get out of crisis. Second, I hope that the Government will ensure additional measures of support for those that are deeper in poverty situation and in debts."

CROATIA, Jasna, female, 68 years old, Zagreb.

5.4. Czechia

- ***Socially disadvantaged families*** faced difficulties in accessing social activation services.
- ***Children from socially excluded families.*** They had worsened access to education (insufficient competence of parents to help with their studies, lack of computers and difficulties in connecting to the Internet or unsuitable housing conditions). However, the problem with proper access to education is now also seen in middle-class families as well.
- ***Homeless people*** experienced difficult access to health and social services, as well as the loss of financial resources because they were not begging money from tourists and passers-by. They suffered from an increased stress because of the fear of infection from other people on the street.
- ***The elderly and the chronically ill.*** There were difficulties in placing seniors in a social services home (the capacities were already full before the crisis, and then they became completely insufficient). Visits were prohibited in LDN and hospitals, with a negative impact on mental health.
- ***Women at risk of losing their jobs,*** caring for children and elderly parents, carrying the household chores; many suffered from gender-based violence.

"We live with a partner and four children. The partner could not go to work at the factory due to the virus. We began to have a shortage of baby food, diapers and food for everyone. We had to borrow money to rent. I wrote to various charities about food. A friend looked for occasional jobs but found nothing much.

We did not have to go to the employment office and provide new documents for benefits. Maybe a friend will get a job in a factory again so he can make money. I hope the charity will provide me with more food.

We would like more money in benefits."

CZECHIA, Kristýna, female, currently on a maternal leave, 23 years of age, Svitavy.

"At first, I had a problem wearing a scarf, but I got used to it. I was not afraid of infection. At the beginning of the pandemic I was lying in a hospital with another disease, there I was not afraid of infection, I felt safe. Since I live on the street, I had a problem that I had nowhere to hide, because the department stores, waiting rooms and libraries were closed and the city police drove us homeless everywhere.

I was happy to take the opportunity to be in the Mother Teresa Asylum House all day, where we were allowed to stay soon after the beginning of the emergency. I have been here for almost two months and I am happy to be here. I don't miss anything.

Measures of support? I didn't know anything at first, until I came back from the hospital. Specifically, I can't name anything.

I try to exercise every day so that I don't have to walk on a cane, I will continue to take care of my health, I'm not afraid of COVID infection. I think I have strong immunity.

I think that everyone should continue to be careful and follow the government's recommendations so that the disease does not return to us."

CZECHIA, Aleš, male, 53 years old, homeless, Hradec Králové.

5.5. Denmark

- **Precarious, temporary workers** who work outside the trade union coverage were struggling with increasing unemployment. They had not benefitted from the support packages for companies and wage compensations.
- **Homeless people's** healthcare often relies on the daily contact with social workers. Chatting about their situation and their challenges gives information about whether a person should seek health care, which they in general are reluctant to do, unless they are advised to.
- **Mentally ill people** have suffered from increasing anxiety, especially those who are already diagnosed with anxiety.
- **Immigrants and second-generation immigrants** are hugely overrepresented in the unemployment statistics. This group has several negative characteristics that make them particularly vulnerable to losing their job. This includes lower education, language barriers, little job experience (especially among the women) and more health issues. Moreover, according to the "Statens Serum Institut" under the Ministry of Health, immigrants from non-Western countries made up for 18% of the COVID-19 contagion, even though they only accounted for 9% of the population. These were primarily from Middle Eastern countries. The reason is not properly studied, but the hypotheses are the following: 1) The Danish language is poor among some groups, making it difficult to understand the official guidelines on COVID-19. 2) People live closer together in smaller apartments and neighbourhoods, thus increasing the infection risk. 3) A larger proportion have chronic diseases, which worsen the symptoms.
- **Children with early mental health problems** had potentially suffered from less access to help due to the closure of schools and social services, and the lack of access to local psychological workers.

5.6. Finland

- **People with substance abuse and mental health problems** face the same problems as homeless people. There were not drugs available, so the misuse and the violence to get them became more terrible. Rehabilitation involving face-to-face treatment was interrupted, with potentially fatal consequences. The number of mental health problems has grown, so have loneliness and insecurity. People with mental health issues were prone to react more strongly in the COVID-19 situation. One risk group is lonely young people with no job or education. There have been interruptions in face-to-face therapies, peer groups and other services. There were more online services, but they did not work for everyone. There were not enough mental health services before the crisis; there are currently even less, as the need for them has grown.
- **Elderly people with multiple illnesses and people with physical disabilities and long-term illnesses.** Elderly people over 70 are a very heterogeneous group. Many were suffering from loneliness, anxiety and had lost the meaning of life because most of their normal activities were denied or had stopped. Being mainly indoors, by themselves, caused a drop in their physical and mental condition and health. People with dementia are extra vulnerable. Elderly people in care, in nursing homes, faced the risk of getting COVID-19 and also the risk of dying alone, without the company of their loved ones. For people with long-term illnesses there was a bigger risk of becoming seriously ill with COVID-19 and protecting themselves from the virus brought extra expenses. This is worrying, as the cost of healthcare and medicines is too much even for the healthy. There was a risk that chronic diseases will get worse because there are less health services available than normally, and there was also a risk in using those which were available. Experts from the Finnish Institute for Health and Welfare reported that the services needed are accumulating and the queues were getting longer. This had a negative impact on the wellbeing of many groups of people. Persons with disabilities and with low income had mostly stayed or isolated at home. There were problems in getting protective equipment for their personal assistants and this was why they had not always gone to work to take care of the person with disabilities. The limitations caused by the pandemic in support services, as well as the COVID-19 itself, put a great deal of mental and physical strain on the caregivers who also had to look after their family members. Therefore, the situation was also stressful for the person being cared for.
- **Homeless people.** The overall condition of homeless people deteriorated; more of them were forced to be out in the streets and public places during day and night. Many daycentres and libraries closed so it was difficult to find a place to eat, wash and rest, as well as to find information about the changes in services, such as the food banks, which was provided digitally. Homeless people could not take care of their hygiene and don't have enough food. Shelters and housing services were mostly open but more crowded, which increased the risk of contagion. Because of this risk, friends and relatives could not offer them a place to stay overnight. Undocumented migrants are often homeless and faced similar problems as described above.
- **People experiencing poverty.** The number of people in poverty is growing. Many lost incomes and are striving to make ends meet. This is a source of severe stress. The corona crisis has shown that the level of basic social security is too low. People living depending on it have no chance to cope with extra costs: buying food in reserve or protection and hygiene products needed. The crisis has also brought up shortcomings in the coverage of the social security system and temporarily some new groups are entitled to unemployment benefits. The need for food aid has increased while its implementation has become more difficult.

After the initial complications, organisations, parishes and municipalities created new co-operation and operating models in this field. The COVID-19 crisis is causing more costs for families as schools are still closed. The children are mostly at home and the students have returned to their hometowns, consequently families have more food expenses. Municipalities have provided food to students absent from schools in varying ways. Single parent families in particular have challenges in coping. Also, the risk for livelihood problems is high if they get furloughed or fired. As a result of rising unemployment and furloughs, the crisis has increased people's over-indebtedness. Closure of libraries and other common spaces, such as service centres, made it more difficult for poor people to apply for benefits. Due to the COVID-19, the services were managed mostly through the Internet. Longer applications are hard to make on the phone alone. Fewer long-term unemployed or poor people had the opportunity to scan or print at home. This increased the worries of low-income people about their livelihood. The massive applications are said to have delayed the processing of benefits. For low-income people, without savings, delays in getting their benefits translated into hardships to buy food and pay their rent.

- ***Children in families with problems (substance abuse, mental health etc.) and who are left neglected or at risk of violence.*** There are children in families with a parent who has mental health or substance abuse issues, who were in a more vulnerable situation as they did not have the support from day care, school, sports or other activities hobbies or the support of their grandparents for over two months. Domestic violence has been growing.

"I have a teenage daughter with special needs that has to attend school from home. The spending on food increased significantly until schools started delivering food packages, or you could pick them up from school. Many food banks were closed but the family has got some food help home from NGOs. The problem with these is that she has severe allergies and cannot always use all the food we get. It is hard not to be able to influence the food delivery, you have to be pleased with what you get.

As being herself of risk group, Anna-Maija cannot go around looking for special offers etc. The teenage daughter had to stay longer periods than normally with her father to get enough food – teenagers eat a lot. The child is always number one so Anna-Maija has eaten less. She applied for social assistance because there was no school food but didn't get any (during the Summers the family has to cope without school-food as well).

Anna-Maija hasn't got a smart phone or a scanner and as the libraries and day centres were closed, she has had problems in getting annexes for social assistance applications. She has many illnesses and as being in the risk group cannot travel to different places, where she could do the scanning, buy food etc. Because of her allergies she cannot wear a mask in spring. All this has caused a lot of stress for her and her daughter.

Older people get help to buying food and their medicine is brought for them, but not Anna-Maija's age group. Her daughter cannot help by going to pharmacy as she is underage. The pharmacies have a home delivery but Anna-Maija can't afford to use it. It has also been a problem that all the flea markets have been closed, as they buy many things second hand.

Anna-Maija's daughter's hobbies ceased so she has more free time but no money to do anything special. Cosplay is her hobby and she would need some money to get wigs, make clothing etc. She would have time for it but the flea markets where one can get material are closed and the money scarce.

Her strategy is "Asking friends for help. Being active in many NGOS and getting food help and also mental support from them. Also actively bringing up problems people experiencing poverty face in the Corona situation: contacting politicians with friends from NGOs...

...The price of food is rising because of Corona. This should be taken into account in social assistance. Also, other risk groups than older people should get help in running errands. Getting a pension, even if it was small, one would know that the sum that one is getting every month.

"The level of social security benefits should be lifted. It should be ensured that everyone could afford the equipment and broadband/wifi to use digital services."

FINLAND, Anna-Maija, female, 56 years old, Helsinki

5.7. France

- **Homeless people.** They no longer had access to food because volunteers, often elderly, were no longer active, since the start of the crisis. Service tickets were put in place, which was positive, but the distribution was still uncertain. The shelters were struggling to function, isolating people with illnesses while they were busy, lacking social workers who did not have priority childcare or who had difficulty getting to their workplace due to the minimum functioning of public transport. Among them, people in squats and slums were the most affected: no access to water and hygiene, some public fountains closed at the start of the crisis.
- **Elderly people in institutions.** For the staff, it was difficult to isolate the sick. Moreover, the number of staff started to decrease as the pandemic progressed. The elderly faced high risk of dying and very high mortality, yet despite this they were cut off from family visits to prevent the spread of the disease.
- **Women and children who are victims of domestic violence** suffered an aggravated situation due to the confinement. Fortunately, solutions put in place by the government facilitated discreet calls or reports.
- **Children in poor families** without computers, who lost the possibility of being fed through the canteen meals, with parents worried about losing their job or their salary, cut off from school and living in overcrowded small apartments.
- **People with chronic diseases on the street:** lack of face masks for staff and for them to protect themselves, as well as migrant workers in overcrowded and ill-equipped homes.

5.8. Germany

- **Homeless people** who did not have the possibility to live individually and thereby unconsciously endangered others.
- **Older people in nursing** homes who were lonely and were not allowed to receive family members or friends.
- **Families who live in bad housing conditions** and were not allowed to have contact with others.

"My problem during the COVID-19 crisis was to find a good accommodation. I have used my experience as a homeless person. The government did not provide support for the homeless people. My short-term needs and aspiration: That I can live my life the way I want again. The de-escalation should be available as soon as possible."

GERMANY, Schneider, man 56 years old, Cloppenburg (for the moment)

5.9. Greece

- **People with disabilities** who were forced to stay at home and therefore deprived of specialised therapies and education. The new scenario included the exhaustion of caregivers and the implementation of on-line therapies (tele-rehabilitation is not yet recognised by the Ministry of Health), but there were families who did not possess technological devices and suffered from this digital gap. Another challenge was the re-launching of support services during the lifting of lockdown rules.
- **Mobile populations.** One of the gigantic challenges of the Greek government was to deal with the overcrowded mobile population on the Greek islands, mostly Lesbos, Chios and Samos. Due to the EU-Turkey Agreement, asylum seekers could not leave the islands and go onto the mainland. As a result, there were thousands of people confined to the islands with minimum or without access to basic services, hygiene, water and food. No COVID-19 cases were reported on the islands. On the mainland, cases were reported on two camps and a hotel utilised by asylum seekers. Lockdown and confinement were imposed on every asylum seekers' facility. Measures were taken immediately, and the virus has not spread. Civil Society Organisations have been supporting mobile populations with information and services.
- **Gender based violence.** There have been reports and front-line recordings of increase in cases of gender-based violence and domestic violence. Regarding asylum seekers and refugees, there are reports and data which support the increase of such violence on the islands (Lesbos, Chios, Samos, Kos and Leros) as well as at the camps on the mainland. These incidents include physical violence, emotional violence, rape, trafficking and involuntary juvenile pregnancies. Although there is not sufficient data, there are indications of transactional sex as well.

"I was anxious to keep strict hygiene rules, washing my hands all the time. I was not allowed to get out of my house only for a few reasons. I faced traffic restriction, I could not visit any family member or friend. I live alone and I felt isolated and depressed. My job contract ended and the renewal of it delays due to COVID-19 crisis. I pay a bank loan for my house which now I cannot pay for long time.

I was wearing face mask that covers mouth and nose. I was trying to avoid overcrowding. I stayed home as much as possible. I was working from home till the end of April 2020 when my job ended. Used telephone and video calls more often to communicate with family, friends and colleagues. I was trying to do e-shopping where it was possible.

Personally, I didn't receive any support from the government. I happened to become unemployed in the middle of the crisis, late April 2020. The government gave a kind of benefit (€800) to the employees who lost their jobs due to the lockdown of the companies. They also gave a benefit of €400 to some of the unemployed people, to the newly unemployed, not to all...

The government reduced V.A.T. on public transport tickets and non-alcoholic drinks from 1 June until 31 October 2020...

...In the short term, I will need to get free masks. I am waiting to get the unemployment benefit of approximately €400 per month. I have to reduce my expenses to minimum. I need the banks to freeze the payments of the loans for unlimited time, till we get the money to pay back. It is not possible for me to survive on unemployment benefit and pay the bank at the same time. I hope the extra economic allowance to be increased as soon as we get the EU funds agreed to be given to all the countries affected by the COVID-19 crisis. I hope the unemployment allowance to be increased in amount and time. I hope the government to reduce V.A.T. on all basic products

If we have to keep on the face masks, the government should provide them to the vulnerable people for free. The payments of the bank loans for housing should be frozen for a number of people experiencing poverty and other vulnerable people for a long time.

The government should increase the economic allowance for everyone who have been affected of the COVID-19 crisis, the unemployment allowance, include more beneficiaries to economic allowance and reduce VAT on all products."

GREECE. Dimitris, male, 54 years old, unemployed, Athens.

"The biggest problem I faced due to COVID-19 was the lockdown of my small, very small business. I am the owner of a photocopy and printing office. I offer my services to the students, the tutors, individual clients and small firms. Since, I was not allowed to run my business for more than 2 months I faced a financial problem.

Following the orders of my government, I had to stay at home. So, I left a notice at my office window and a message on my telephone recorder saying which is my email address and my home number. This way, I hoped to have some work still to come to me.

The Greek government set a couple of measures to support businesses that had to close temporarily. For about 3 months we were allowed to pay 60% of the rent of our office. Plus, we were benefitted by €800 for the income we lost in the lockdown. Of course, this amount it is very little as an income for 3 months.

My short-term needs are to survive financially and to keep my small business. I think there will be no money for any vacation this summer. I have to stay at the office and work all day. I hope my work to come back and run again, so I can live on.

In the short term, we need to continue to pay a lower rent, but this is something bad for the owners. We also need to get a small income again, at least as high as the unemployment benefit. In the long term, I think the government should get prepared for a possible comeback of the COVID-19 crisis."

GREECE, George, male, 46, disabled, Thessaloniki.

5.10. Hungary

- **Medical staff, nurses and front-line workers.** Those who work in different health and social services were not fully protected at the beginning of the crisis. In Hungary the number of victims of COVID-19 was low, as there were very rigid rules enforced from the very beginning of the pandemic. People could stay at home, and they mostly followed the rules. Most of the victims were older people suffering from other chronic diseases, living in nursing homes.

"The problem are the rising prices in little shops, problems in free meal delivering for children, losing jobs...We have been active before COVID as well, in our village, we could create an NGO, so we could be partners of donation campaigns. I also applied for different funds as a civil actor.

Our village didn't receive any extra help from the government, just from donations given by ordinary people.

We have to get prepared for the next phase of COVID. We have to save some money, we hope that the government will learn the lessons well from this first phase, because we were just lucky.

We need fixed, easily distributed local social transfers; we need better coordination methods, we need micro-regional pandemic plans, mostly for segregated areas, where people have chronic diseases, malnutrition problems, drug, alcohol-addictions, etc.

In the long-term, we need sustainable strategic plans and actions, alternatives to the public work scheme."

HUNGARY, "X", woman, 32 years old, in a small village in the countryside

5.11. Iceland

- **People experiencing poverty**, particularly those living by themselves in social exclusion or isolation.
- **Single parents** with poor safety nets.
- **Foreigners** who are excluded by language or culture.
- **Workers in atypical jobs**, part time, with limited or without contracts, in precarious work and Internet based platforms.
- **Front line workers** with low salaries and usually unskilled.

5.12. Ireland

- **People in residential care facilities, particularly older people in nursing homes.** As the COVID-19 virus took hold in Ireland it became clear that those in residential care settings were particularly vulnerable and experiencing high levels of infections and mortality rates. Centres were under-resourced and did not have access to adequate Personal Protection Equipment. The Irish Health Service Executive has now reacted sending in additional staff providing medical enhanced advice and testing and providing PPE. However, as of the 6 May deaths in residential care facilities accounted for more than 62 per cent of the 1,375 deaths.
- **People in overcrowded accommodation.** Many Travellers, Roma, people in the asylum system, homeless (including emergency) accommodation etc were living in overcrowded conditions. These people were particularly at risk because they could not comply with social distancing regulations and many had underlying health conditions. These groups had been recognised as vulnerable groups by the Government in relation to the COVID-19 crisis, but the approach varied across them. Additional social housing for those over 70 was set up in homeless accommodation, so that they could have their own room. Particularly in Dublin, some families in emergency accommodation were moved to more longer-term social housing in the rental market. Travellers and Roma who tested positive for COVID-19 could avail themselves of facilities set up by the Government to facilitate people to self-isolate. It is not clear to what extent the lockdown was keeping a level of hidden homelessness from

view, which would become clearer as it is lifted and people can seek support or make their situations known (e.g. overcrowding, couch-surfing etc). In Ireland the majority of asylum seekers live in Direct Provision centres. This involves various types of buildings, but all with congregated settings, where in most cases individuals share rooms with strangers. The Government facilitated some asylum seekers to move from mixed use facilities to hotels and also opened four facilities where asylum seekers could self-isolate. However, many asylum seekers continued to live in centres where social distancing was not possible and where sharing of rooms was the norm for single people. Many Direct Provision centres have been reported as having clusters of contagions. In one situation, over 100 asylum seekers from a number of centres around Dublin were moved to a closed hotel in a town in the south of the country. There was a well-publicised major COVID-19 outbreak in this centre. Those who tested positive were able to move out, but despite calls from the residents, advocacy organisations and people from that town to close the centre, this did not happen.

- **Travellers and Roma.** There have been COVID-19 related deaths in the Traveller and Roma communities, both of which already had poorer health outcomes than the general population. However, there was no ethnic identifier being used to gather data related to testing, so the exact impact is difficult to monitor. Travellers and Roma also experience high levels of educational disadvantage. This disadvantage was further reinforced through the closure of schools and dependence on distance learning, without access to any additional supports. Many had limited access to technology to engage with schools, lack of adequate space to study and experience intergenerational educational disadvantage, meaning that many parents are not well equipped to support their children's learning. Unemployment is also high among Travellers and Roma who face many barriers accessing the labour market. The closure of most businesses and a sharp increase in unemployment posed increased challenges to Travellers compared to the wider population.
- **People on low incomes.** The incomes of many were already inadequate for them to afford a decent standard of living. The main welfare payments are below the poverty line and what is needed for most households to meet what is needed under reference budget standards. Before the COVID-19 crisis poverty levels were still higher than before the 2008 crash and 1 in 7 people were in material deprivation and 14% were still in poverty. Many families were already dependent on food banks. A survey published by the Central Statistics Office over April 2020 on the Social Impact of COVID-19 shows that 37.5% of respondents reported a negative impact on their household's ability to meet their financial obligations and almost half of these reported major to moderate impact. It must also be noted that many of the essential workers were those who were earning on or close to minimum wage (€10.10 per hour), including retail workers and care assistants. These groups were putting themselves and their families at a greater risk of infection from COVID-19. However, their income was not reflecting the essential role they played in maintaining vital supports and services. Those who became unemployed as a result of COVID-19 could access an enhanced Payment of €350 per week. This helped reduce the impact on poverty. However, those who were already on welfare support remained on their existing payments. The main welfare payments were €203 per week. This payment was made every two weeks instead of weekly, leading to problems with financial management for some families. Many experienced an increased cost of living due to COVID-19 lockdown measures and food banks and those providing emergency food support were experiencing an increased demand. School children in families on low incomes faced additional educational challenges which further increased the disadvantages most already experienced. This related to lack of access to technology, the space to study, inter-generational educational disadvantage etc. Increased mental health issues were experienced by many people as a result of dealing with the impact of COVID-19 measures. A survey on the social impact of COVID-19 reported an increase in the

percentage of respondents who felt downhearted or depressed, rising from 13.4% in 2018 to 32.4% in April 2020. Mental health was a particular issue for those experiencing other forms of disadvantage, who had access to fewer resources or spaces during the lockdown phase.

- **People with disabilities** who require access to a Personal Assistant service faced particular issues related to the continuity of their service while protecting the health of both the person with disability and the Personal Assistant. There are issues in relation to access to Personal Protective Equipment (PPE) and continuity of services if either contracted the virus. Disability organisations are working with the Health Service Executive which is responsible for overseeing the Personal Assistant service to address the issues and ensure people with disabilities are provided with the correct and up to date information.
- **People with addictions.** The impact of COVID-19 temporarily limited access to safe and inclusive spaces and people tried to manage their addiction in homes that were often overcrowded, with unsuitable conditions and where family relationships were under strain. A significant number of people in addiction were homeless and living in hostels. People with addictions and their households also generally experience multiple additional problems. During the COVID-19 lockdown these problems were exacerbated. These include access to health care, mental health issues, domestic violence and child welfare issues. There was also the direct issue of restricted access to drug supply. This resulted in unsupported withdrawals and dealing with chaotic and risky drug use, as well as drug users putting them and family members at risk of contracting COVID-19 in their attempts to access drugs. Community Drug Projects could not play their usual face-to-face role in supporting drug users and were focused on mitigating the risks arising from COVID-19 by maintaining contact and engagement with their participants to the greatest extent possible through outreach and phone/online contact. The expertise of these community organisations is also critical to informing the response of state services during COVID-19"

5.13. Italy

- **Elderly people**, that in Italy represent the largest part of the population. The ones who suffered the most were those living in nursing residences in Lombardy. Many people died of COVID-19.
- **Doctors, nurses and hospital staff**, especially in Lombardy, the epicentre of COVID-19 in Italy, were infected and died as well.
- **People with illegal work.** Among them migrants, the majority of whom have no social protection or decent housing.
- **Homeless people** were very exposed to the virus.
- **Women victims of gender-based violence**, who were forced to live 24h with their abusers due to the lockdown measures.

5.14. Lithuania

- **Children living in poverty or social exclusion.** While income is declining, there is a growing need for food security. For many children the only warm meal was taken at school or at the day centre. Additional dry food packages could not compensate for it. Since the beginning of the quarantine, there were a lot of signals about food shortage. Up to this date, not all children have the tools needed for online learning. There is an urgent need to provide children with high-capacity computers and the Internet. It is also important to evaluate the ability of computers to withstand the loads of remote platforms. Some old computers or tablets are not able to do that. It should be noted that a single computer is often not enough for children from large families. It is necessary to record whether all children have access to online learning platforms and whether they participate in lessons. Education inequalities have always been a serious issue in Lithuania and now this problem will sharpen even more and will have long-term consequences.
- **Victims of gender-based violence / Women living with their abusers.** According to the Lithuanian Police Department, the number of domestic violence crimes in Lithuania increased by 20% in the three weeks after the quarantine was enforced. It is also likely that during the quarantine many victims did not call to get help. In addition, the healthcare of people who have suffered physical injuries was very restricted. Psychological and social help were also fragmented, many victims refused to be consulted online as they didn't feel safe doing it at home, etc.
- **People with disabilities and their families** are particularly vulnerable to poverty and are at risk of losing their jobs because of the COVID-19 crisis. Many social services were suspended (day care and education centres, etc.). People with disabilities faced extremely high social isolation and many of them dealt with higher health risks. Their families suffered difficulties because they were isolated and had to take care themselves of young people or adults with intellectual / psychosocial disabilities in quarantine conditions. This also put huge emotional burden and sometimes meant loss of work-related income.
- **Elderly people** were exposed to higher health risks. They suffered from social isolation as well. While measures were lifted, the elderly remained isolated. There were signals of discrimination such as workers in pre-retirement age being fired, or unwelcoming signs for elderly people installed in public places.
- **People who work in flexible forms and self-employed.** Most institutions faced reduced workloads following the suspension of activities. Self-employed people experienced the same, being forced to stop jobs, which led to a complete loss of income. This could be especially challenging for those with a variety of liabilities, such as loans, and who have dependents. The Ministry of Social affairs did an impact analysis which shows that the absolute poverty rates will increase the most in the groups of young people (age 18-24) and people with pre-retirement age.

"I have a disability and I participated in the programme to change my qualification. I started to work in accounting but lost my job as soon as the quarantine started. I am not sure if it was because of the quarantine or not. It was my probationary period and one day they just came to me and said that I have to go. I asked why but never got a concrete answer. One time they mentioned that it was because of the COVID crisis, the other times they said that I make a lot of mistakes at work. Then I asked what mistakes and they didn't say anything! Then we had a conflict, I asked them to put on paper why they were firing me, but they refused to do it. So, it was very painful and upsetting for me. Even now I don't know what I did wrong..."

...I filed a complaint to the Labour Disputes Commission where these matters are being resolved. So, my complaint is still being processed but as far as I know, they still cannot name a concrete reason why they fired me. I still don't know what mistakes I did make. I wouldn't have complained but they really hurt me with how they fired me. I felt insulted.

Well now I still get my disability benefit as before. I also registered to the Employment Agency. I heard about jobseeker's allowance on the news, but I am not sure if I will get it. I don't understand anything about it. I really hope to find a job soon. To be employed, leave the house, communicate with people. But you know, it was never easy for me to find a job. Now it is even more difficult. I also don't want to work remotely, at least not for a few months. I just started to work in accounting, and I need someone to consult with, to ask questions. So... this quarantine is very unfortunate for me for this matter.

I am not sure how, but the state should pay more attention and help to maintain work for people. Of course, additional benefits or other help for those who suffered during quarantine would be also good. As for me, I get my disability benefit, but it is just for food and housing, but people should also have other things. They should have normal lives which also means some entertainment, to have hobbies. It brings just another quality of life. But of course, you need money for this. Even you just buy a book. It is also quite a luxury.”

LITHUANIA, Jelena, 33 years old, female, Vilnius

5.15. The Netherlands

- **People with disabilities**, because they risked being isolated, which could also worsen mental problems. They no longer had the normal household support, since support workers were not allowed to come. They lost their 'normal' daily routine. They were afraid to go to a doctor or hospital, so they delayed some problems, because of fear of infection. Partners, who already give informal care and are often of older of age, carried an extra burden. Moreover, this group was particularly vulnerable with regard COVID-19.
- **People with mental health and addiction problems**. They ended up in isolation, as their usual structure disappeared: social workers and aids were only available online, which did not work well. The lack of physical contact increased the feeling of loneliness, which could activate anxiety, fear and depression, and even cause a relapse.
- **The elderly** suffered increased loneliness, because of the isolation. Very often, they do not have the skills or possibilities to use social media. They missed their household aid, which was a human contact as well. They lost their independence since they were depending on others, for example to bring them food. They also had financial complications while trying to shop online or by phone. They are particularly vulnerable to health problems, even more if they were in nursing homes, with a clear lack of enough health protection and “crowded” facilities.
- **Atypical workers** were the first to lose their low paid jobs and will face big problems in finding their way into the new labour market once the crisis is over. There are employers who would like to keep all the flexible workers on board, but it means that they have to bring down the number of hours, which immediately reduces their income. One of the major problems is that these workers are not entitled to benefits, although this is now under revision. Internships are lost, since there is no work to execute. For some this may even mean that they have problems in finalising their education degree.

- **Household violence** increased during these months. Children in a vulnerable position had no way to escape. This also counts for women and sometimes men. Victims are isolated, afraid, suffering and if they ask for support, what they get is very limited and the safe houses are crowded.

His parents earn the minimum wage.

"I can't go to school because of COVID-19, because I have a medical condition that place me in a high-risk group. I have Autism, I am blind, have bad hearing and a rare disease that I burn insulin very fast. Because of this last disease I had a feeding tube for around 11 years. Now I don't need it anymore because I eat solid food. I have a large wound from the removal of the feeding tube, that means I need surgery which has been delayed for a maximum of 6 weeks because of COVID-19. It really hurts every day because when I eat or drink as some of it comes out of my wound combined with gastric juices. Because I need surgery I can't go to school anymore, but my classmates can after the relaxation of the lockdown rules. I really miss my friends at school, but the surgeon doesn't want to take any risks that I can get COVID-19. I don't have much contact with other people beside my parents.

I can't do much about the situation, but I try to make the best of it. I do my homework at home, with some help from my parents. My teacher comes every week to bring my homework and to check my homework. I received from school a typewriter for braille so I can do my homework. And further, I try to call my friends with voice calls with the help of my parents. My parents have saved some money for me to buy a second-hand iPhone 7, there are apps on the phone that allow me to call without help of my parents. In my free time I listen to my Audiobooks and play darts in the shed.

I hope the government can help me with speeding up the surgery. At the moment the COVID-19 patients get a lot of priority, I understand that they also need a lot of help from the doctors, because they can die from the disease. But I also need help from a doctor so I can have the surgery. When I have recovered from my surgery I can go back to school, to play with my friends again, I really miss them.

The proposal I make is to have medical treatment outside COVID-19; that the hospitals help other patients as well."

THE NETHERLANDS, Ties, boy, 11 years old, Groningen.

5.16. North Macedonia

- **Elderly people** are targeted as the group who is the most affected by the pandemic and its impact on the social life and health protection. Older people face chronic diseases, multiple diagnoses and physical deterioration as a natural process. Being chronically ill elevates the possibility of having a more serious encounter with the virus and more serious consequences. To protect the health of older people, more restricted measures were taken, for example a longer curfew for their mandatory stay at home. Being socially isolated affected the mental health of older people, developing anxiety or depression. Furthermore, the social isolation and physical distance disrupted the natural support they had on a daily basis from family, neighbours, friends, acquaintances and left them searching for alternative support from services, municipalities, and NGOs.
- **Atypical workers.** The economic impact of the pandemic first struck the people who are working in temporary jobs or with temporary employment contracts. During the pandemic people whose agreement expired or was on the verge of expiration, did not have it renewed or prolonged. The status of the people changed to unemployed, with an enormous probability that even when the pandemic ends, their status will remain the same. If the contract was still enforced, a pressure was noticed on the employer's side, and a stance taken that when the state is regaining its balance, they will be employed once again.

- ***Victims of gender-based violence*** are becoming more vulnerable during the pandemic. The national restrictions and the curfews “trap” the victims in their homes with the person who commits the violence. It is estimated that there is going to be an increase of cases reported for gender-based violence and an increase in the overall risk of gender-based violence. Moreover, the additional support from a shelter centre, or an institution is scarce during the pandemic.
- ***Self-employed people*** are people who have started up their own small business, self-supporting, and financially sustainable and socially secured. They provide different products and services from which they obtain profit for the business and income for themselves. In the midst of the pandemic, numerous small businesses were forced to temporarily close because of the movement restrictions, physical distance and not having the regular clientele. During the lockdown of the business, these people tended to use funds from their savings austerly, being their only source of financial support. Prolonging the lockdown only leads to more drainage from their savings and increasing material deprivation. Also questionable is if these businesses are going to open up again, having seen such a decrease in profits during the pandemic. This leads to demotivating self-employed people who again face the difficulties they have experienced as well as new ones.
- ***Roma people are also facing severe difficulties nationally.*** The majority of the Roma ethnic group are actively part of the non-formal (grey) economy. Their activities in the non-formal economy are usually the only or main source of their income. Collecting plastic, metal and after that selling it or being part of a non-formal bazar allows the Roma people material support for them and their families. In the period of the pandemic, when the effects are being felt economically, socially and culturally, it affects marginalised groups the most. The movement restrictions and the curfews limit the activities of the people on a daily basis and limit the mobility and the time frame of the Roma people in collecting the plastic or metal and, by default, their daily income from it. The Roma people during the pandemic, are being cut off from their main or only source of income, which is worsening their material deprivation and poverty. From a health standpoint, looking at it from the prism of a generational approach, horizontally and vertically, many Roma family generations live together as one household. That means there is a bigger risk of contraction of the virus, by default creating “opportunities” for the contractions to multiply.

5.17. Norway

- ***Children in families experiencing poverty and children with other vulnerabilities*** There is an overrepresentation among the newly unemployed people with low income and low education. In addition, families with children appear to be more at risk than families without children. Children in families whose incomes are below the poverty line have access to fewer resources than children in families with parents of higher socioeconomic status. Smaller dwellings, parents being more exposed to layoffs and unemployment or already living on benefits, means that they are struck harder than others by the consequences of the virus. Vulnerable children and adolescents may live in families with substance abuse or mental health problems, in families with a high level of conflict or problems related to violence. There have been reports of children and adolescents that already were exposed to domestic violence who were more exposed to violence and trauma as a result of more time spent at home. Vulnerable children may also be children with special care needs or disabilities or children and young people with a short residence time in Norway. Other vulnerable group are youth who commit offenses. Restrictions due to COVID-19 on schools, kindergartens, leisure facilities and support services meant that some children and young people could no

longer meet their basic needs. Many parents felt unable to help their children with home schooling, both due to a lack of digital skills, and in the case of immigrants, also due to the lack of Norwegian language skills. Lack of computer equipment, such as many in one family sharing the same PC, is also problematic for some. The effect of long-term home-schooling and limitations on important services will reinforce the differences between children of parents with low socioeconomic status and/or problems at home and of others without these issues.

- **Immigrants.** Due to language barriers and digital illiteracy, it was extremely difficult to reach older immigrants with important information and other measures. This also created a gap that complicated the contact with the Labour and Welfare administration and prevented people from accessing the existing assistance measures. Differences in living conditions, education and income levels lead to health differences. Statistics show that immigrants have lower education, earn less, more often live in persistent poverty and in overcrowded dwellings, compared to the rest of the population. The immigrant population lives and works under conditions that make them more susceptible to the COVID-19 virus.
- **People with low income and low education** often have occupations where they meet many people and are more exposed to the virus. Bus drivers, cleaners and shop staff are in this category, which experienced increased risk of infection. In addition, they often work in the service professions where most people have been laid off, such as hotels and tourism, restaurants and bars etc. Before this crisis, they were the lowest paid and are now among the hardest financially hit by the governmental measures. Also, these groups generally live in smaller dwellings, which increases the risk of the virus spread. Those with weak ties to the labour market, such as temporary workers and those working in staffing agencies, are struggling financially.
- **Those who already stood outside working life and the education system** have extra difficulties during the COVID-19 crisis due to the socio-economic conditions already described. The substantial current unemployment rate– the highest registered in 75 years – may result in a more difficult labour insertion for those who were already outside of it. These include people with disabilities, immigrants who lack the skills demanded in the Norwegian labour market, young adults in the NEET group, people struggling with mental health issues and people coping with substance abuse.
- **People who face issues with substance abuse and people with mental health issues.** People who needed assistance and hospitalisation due to deteriorating mental health and active substance abuse were put on hold in the healthcare services. In general, these groups were in a situation that makes it difficult for them to follow the government's guidelines. Addicts out in the streets, in the big cities, cannot easily keep social distance. There is a concern about rising drug prices in the illegal market which would turn into more violent conflicts, while the risk of overdoses is higher than before.

"I was laid off from my temporary job and lost my income. I have submitted an application for unemployment benefit but have not received the payment from NAV [the Labour and Welfare Administration]. I had to move from my apartment to live with my parents who now support me. It has been difficult to get in touch with NAV.

I have applied for new jobs without success and applied for unemployment benefits, but without receiving any money. And I moved home to my parents...

...My short-term aspiration is that things get normal, that I get my job back, that I can go on vacation. To get enough money to support myself. That it would be ensured that NAV can process applications more quickly so that people receive their money."

NORWAY. Kristine, woman, 29 years old, Oslo

5.18. Poland

- **Workers who lost their unregistered jobs.** They do not have the right to unemployment benefit, and can only get very low social assistance benefits. However, it is not automatic: there are many conditions and obligations for the unemployed people who receive social assistance benefits.
- **Social assistance recipients before the COVID-19 crisis.** Due to the increasing number of new claimants for social assistance and low resources of local governments, cash benefits are lower now than before crisis.
- **Some atypical workers** with civil law contracts are not eligible to the crisis benefits for atypical workers due to the obligation of their employer to participate in the application procedure.
- **Homeless people** living rough, outside the shelter system, have fewer possibilities to obtain casual work or charity assistance due to the crisis, much less, other people on the streets with the social distancing measures. Homeless people living in shelters lost their jobs and are less protected against COVID-19 than other people in institutional care.

5.19. Portugal

- **People in low-wage or precarious jobs.** In a situation of emergency and closing, even if temporary, of companies, these are the ones who are more easily released from their duties. The people in precarious jobs were the first to be dismissed, with very short notice of dismissal, and in many cases without being able to access the unemployment benefit. For the people in low wages, but with a permanent or long-standing job contract, the layoff procedures or the cut in overtime pay had an important impact on the household budget. It is important to highlight that in 2018, in a context of employment growth and increase in revenue, 10.8% of employed people were at risk of poverty. Depending on the type of contract they may have access or not to the unemployment benefit. The effect of unemployment in housing is high: in April the main Portuguese banks received more than 210,000 requests for moratorium customers in difficulties to pay rents/credits because of the new pandemic.
- **People living on benefits** Considering the low adequacy of the minimum income, there are a lot of beneficiaries in the informal economy that were seriously affected. Many of these people try to balance their family budgets using odd jobs and the informal economy, which proved to be very difficult to get during the lockdown.
- **Low-income families in poor housing** include single parent families, but also households whose members have lost work or have seen their wages cut.

- **Homeless people and people living in poor housing conditions** faced multiple situations that increased their vulnerability due the pandemic, which also provoked the reduction of volunteers who support them. Temporary responses to support this population also need strengthening in terms of technical staff.
- **Roma population** living in tents or precarious housing were an endangered group: they suffered from food shortage, bad sanitary situations and poor living conditions which increased the risk of infection.
- **Children and adolescents in poor households** who began distance learning. Many of these children do not have electricity, internet connection or adequate IT equipment. Even if they have a PC or laptop, there would be a chance that other family members need it for study or for teleworking. This situation could have a considerable impact on the education of these children increasing inequality in education.
- **Elderly people living in nursing residences and living alone** in vulnerable situations, isolated, were quite affected by the lockdown measures, as the situation has increased their isolation and can have considerable psychological and mental effects. The situation in nursing residences was quite serious, which demonstrated the great gap between health and social care. The institutions also suffered from the reduction of staff and funding, as well as the difficulty in accessing protective equipment. The pandemic also highlighted the situation of illegal care homes.

"It had a negative impact in general. In terms of housing, nothing changed because I did not pay anything. In health, on a psychological level, yes because I feel more stressed and I end up discharging on my child and the people who live with me. I am tired, I can't distinguish the weekdays and the routines have completely changed, the most basic routines: I go to bed late, I wake up late.... It moved me a lot on the social level because before it was difficult to find a job and now it will be even more. I already know that the most vulnerable people like me are going to get into a crisis."

My strategy: I cut some things, for example I make food, dishes to yield more using the same gas, light and water.

I didn't have support, for example, in basic goods, but I also don't think I need it. But I had the support of a person from the Vila Real Parish Council because I received a notification of parental regulation and that person from the parish council advised me not to leave the house and that he was going to try to articulate with social security. So, I managed to send everything by email with the help of the Parish Council. The family doctor of my son also called me because we had an appointment that was delayed because of the quarantine. I spent a lot of money at the pharmacy to buy medication for my son's adenoids. In addition to this institution, I had contact with the EAPN PT regional network, who always asked me if I needed support or coordination with other institutions. I didn't have a single contact from the SII team (Social Insertion Income process), not a phone call (...) Then I have friends and family and we keep talking more to combat isolation and loneliness.

Are the measures pointed by the government adequate? I think they are adequate compared to Angola, my homeland. My problem is more the behaviour of people that is not appropriate. Measures could have been taken by the government to combat people's behaviour to avoid social contact. They could put volunteers or technicians to monitor these behaviours. I also think it's been so long (in quarantine) that they should be setting up spaces to see if we're immune and do tests. Especially in isolated villages because how do people move here?

I'm fine, we're not sick. But I hope and, I suppose that if I get sick, I think I have to talk to ** (technician who accompanies the SII) to help me. The team didn't even call, there was no contact. We don't know if they're working or teleworking. I'm glad I'm independent but I feel an isolation on the part of the SII team even more because I have a disability. He knows I have it. He knows I live alone, and they could have called. It was fine."

PORTUGAL. Female; Vila Real

5.20. Serbia

- **Older population (65+) was completely forbidden to leave homes.** They could go to supermarkets once per week, early in the morning, to buy supplies or they had to rely on the network of volunteers who provided supplies. The social care services were cancelled, so they were left without home assistance, neither social nor medical. The services which were increasingly transferred to online communication, including delivery, information, access to different forms of support, were not accessible to the majority of them as only a few have digital skills.
- **People in vulnerable employment.** According to a survey conducted in mid-April by SeConS, member of EAPN Serbia, 8% of people who were employed in February 2020 lost their jobs. Almost half of them (46%) got fired because the employer ceased the operation, 20% had a temporary contract which expired and new contracts were not offered to them, 12% left the job because they could not organise child care or care for older or sick persons at home, 11% got fired or left the job because they could not organise transport to work, and 5% for other reasons. The highest share of those who lost their job was among workers employed in the hospitality and tourism sectors, construction, and personal services. Also, the job loss was more prevalent among the informally employed, people employed with short term contracts and the self-employed. People employed in micro and small enterprises were affected much more than people employed in big enterprises. Also, people employed in the private sector were more affected than people employed in the public sector.
- **Roma population living in substandard settlements.** This is one of the most excluded groups, which suffered the consequences in multiple ways. They are mainly employed in informal temporary jobs which were interrupted, or they work in public communal services and were exposed to health risks. As schools were closed, children were left without access to education, since it was transferred to TV and digital channels, requiring significant support by parents and depending strongly on the availability of technology and digital literacy.
- **Women victims of gender-based violence** were faced with a very challenging situation due to the lockdown, cancellation of public transport, transfer of work from home in the majority of services and due to the much firmer control of perpetrators during the curfews and lockdowns. Services were also transferred to online channels, providing psychosocial and legal support by phone or different applications or internet portals. Referral to shelters was stopped in many cases as there were no clear protocols how to admit women and prevent infection in the shelters or there was no possibility to organise a period of isolation of the newly admitted women during the incubation period. Referrals were also more difficult as public services did not function regularly. There was no multisectoral coordination in the system of protection, and courts were working with minimum capacity, issuing only emergency measures, but leaving on hold other proceedings related to VAW.
- **Homeless people.** There are no data, nor systematic and reliable insights. However, due to the curfew regime and lockdowns that sometimes lasted for days, this group was expected to be extremely vulnerable, without shelters to stay in.

5.21. Slovakia

- **Elderly people** were 25% of the infected and deceased people, although in Slovakia only 28 people died in total. 1,515 persons were infected and 1,200 recovered. The main reason for such good results is the prioritisation of health, the performance of a very good team of experts and good dissemination of their instructions through the media. Borders and schools closed very early during the outbreak. Self-disciplined seniors stayed at home and suspended family meetings with young children, grandchildren and friends. Most of the deceased elderly were the from social centres.
- **Roma** communities were immediately controlled and tested after the first infections, but the COVID-19 could not be stopped.
- **Working poor and self-employed.** Although some of them received some support from the EU, the future is gloomy.
- **Single parent families.** Schools and day care centres were closed at the beginning of the pandemic, this prevented the parents from working as usual. Schools are partially open for 50% of children since 1 June. Unemployment is rising, factories and companies are closing, and there is high uncertainty about the future of the car industry, on which the Slovakian labour market is very dependent.

"I faced eyes health problem and one eye operated before Coronavirus. Next week I should have been operated again for the second eye. But hospitals were closed for other diagnosis, only opened for COVID-19 infected people. So... for 2 months I couldn't see, one far distance, the second dark. I am a pensioner, living alone. My children live and work abroad. After one month I was able leave my home for shopping. My mental health was very bad. After months some people visited me and helped me for shopping. Though in my past my life I was senseful and satisfied, after COVID-19 I became very fearful. A few days ago, when hospitals opened also for other diagnosis, my second eye was found to be fine.

I survived thanks to some people who contacted me and helped me. I understood that we are in a bad, dangerous situation. I did my best to survive with very simple living conditions for two months. I knew that some people in Western countries are in worse situation than me in Slovakia. I became patient to wait for the second eye operation, to see.

Compassion and empathy with others abroad helped me.

Our government did its best to protect people before the pandemic in Slovakia, that is why hospitals were transformed for patients with COVID-19. We were sure the new Prime Minister is very sensitive and emphatic with seniors, Roma communities, single mothers, tired nurses, sisters, doctors, policemen, helping soldiers, etc. As soon as possible the hospitals were again opened for all, because of the strong power of our team of experts.

My need was to see as soon as possible and not become ill with Corona. Today I hope I will reach my previous mental health and be helpful to my family, children, grand-children, people experiencing poverty. I help people again step by step.

I propose to transform the health system to become more useful for all and not only for businessmen with health and the pharmacy industry. If we have not enough personal equipment in the hospitals, not enough protective uniforms, etc.... It is important be independent from China and produce these by us in the EU. There should be more cooperation among EU member countries in health equipment, etc. In healthcare this will be a good exchange, if necessary. Vienna is very close to my town Senec-Bratislava. I could visit an Austrian Hospital next time and not to wait blind for one here."

SLOVAKIA. Milka, woman, 65 years old, Senec near Bratislava

"During my work in Great Britain I became ill with COVID-19. But without symptoms. So, I returned bringing some members of my family home to Slovakia, and I returned back (ill) for a second group of family members. And when they tested me, my family members and neighbours in Krompachy had already become ill with COVID-19. And because of our way of living and meetings other neighbours became ill, circa 34 persons. All the Roma village was closed. For one month. And many problems appeared such as less food, no shopping in the village, no traveling, no income from seasonal jobs. Many soldiers rounded the village. And policemen. It was a hard time for all Roma community, and we lost trust, one day free and moving for shopping, for job, for other friends and common events. Thanks to our community worker Vladko who gave us optimism I survived, and we became all healthy. Nobody died and we learned new hygienic habits, we became disciplined and not running to other villages through the mountain. We understood how important it is to listen to instructions.

Our government helped very much. They created a camp with doctors, nurses, volunteers and living nearby for some days to test us, to help us be disciplined and obedient. When some people became still ill, we all stayed in quarantine the next week. We gave trust to our government that one day nobody will be ill. Some moving shops were opened, and even postmen brought pensions to the village under strong hygienic law. Teachers came again to our village to teach children when schools were closed. After finishing quarantine.

I wish to keep trust and be helpful to my village. Thanks to this event next Roma communities will keep rules and hygiene better than I before. I hope that the British and their Prime minister are aware how we suffered because of them not listening to experts and epidemiologists.

It was good that our government focused on health, healing us, and giving us new habits, new cooperation between the majority and us. It is possible that we change our way of living. Our children prefer education and it is time to teach them and give our young people jobs."

SLOVAKIA. Josef, man, 56, Krompachy

5.22. Slovenia

- **Vulnerable children.** They were and still are some involved in home schooling, without proper IT equipment. It was especially difficult for children in poor families, who could not get a warm meal at home (elementary schools in Slovenia provided a warm lunch). Under strict measures kindergartens and elementary schools reopened on 18 May for children from grades 1 to 3, and secondary schools for young people in the last year of school. This means that the majority of children and young people continue with home schooling. Elementary schools also started to provide lunch for children from grades 4 to 9. The national helpline TOM telephone (helpline for children and young people) detected more contents on family conflicts, psychological issues, depression and destructive behaviours and loneliness. Another concern is domestic violence (victims of violence cannot move away from the perpetrator). COVID-19 increased social inequalities among children.
- **Self-employed workers (entrepreneurs).** The market was shut down, except for essential sectors. A lot of different business were forced to close their doors for two months, losing their monthly income. In March more than 2,080 entrepreneurs could not pay all of the costs related to their economic activity and had to close. In April another 1,694 services disappeared. The government offered a financial help package which included a sort of universal basic income of €350 for March, and €700 for April and May, for those who could prove that their income had decreased at least 25% in March and 50% in April and May in comparison to February 2020, due to COVID-19. This financial help package included the exemption of tax payments for April, May and June. Unstable working conditions, lower incomes and uncertainty of the future affect health conditions: headache, high blood pressure, musculoskeletal disorders and on the other hand depressed, anxious feelings and suicidal thoughts. Those conditions double the chance that the person ends up unemployed, in bad physical and psychical condition and poor.

- **People earning minimum wage very often live in poverty.** During the pandemic and government restrictions this group of people received termination of work agreements for business reasons which means even greater poverty in the country is expected to follow.
- **Unemployed people** did not receive specific government support measures, although the unemployment rate is raising. It is getting harder to maintain a job, let alone to find a new one. Welfare options are scarce and insufficient to enable a decent living.
- **Elderly people.** There is an important contribution of the elderly in caring for sick and dependent family members. Many elderly people are actively involved in volunteering: in Slovenia every third inhabitant (32%) who is 55 years of age or more is an active volunteer (in the EU this share is 27%). Slovenia ranks among the countries with the highest at-risk-of-poverty rate for pensioners over the age of 65, in particularly elderly women. During the pandemic the highest number of deaths were reported in homes for the elderly, which proved to be by far the weakest point. On the one hand, the risk of infections in nursing homes is high in itself. The average age of elderly in care homes is over 80 years and a good three-quarters of residents are completely dependent on care. The pandemic confirmed once again that we need structural changes in elderly homes and new public system of long-term care.
- **Victims of gender-based violence.** The government did not declare any special measures to protect these victims. Non-governmental organisations, which are working with women and children and the Police noticed that - at the beginning of pandemic - intimate partner violence remained unreported (no safety at home for the victims).

"I was locked up in prison for two and a half years and released just a week before COVID-19 pandemic was announced. It was a disaster. Prison authorities in our country don't have a plan for us convicts. They open the gate, give you a bit of money and say you are free. Many of us don't have anywhere to go, nobody to turn to. Corona crisis made it all worse. Since it's hard to get a job fast if you have a criminal record, we have to fend for ourselves as best one can. Social transfer funds we get from the state (around € 400) is the only income we got to make a new start and it's not easy I'll tell you. There are also no halfway house programmes in Slovenia. Rents are sky high, so I knew I'll end up homeless and eventually be forced on my old paths. For the first two weeks I was a rough sleeper, streets were empty, people were scared, and I was a nervous mess.

Then I got a bed in a homeless shelter but the biggest thing I got there was support. I was able to find a room just as the restrictions were loosened. I could hardly do it without the help of the NGO. It's not just about COVID-19. All things related to released convicts striving for a decent and better life without crime work against them instead of in their (and the public's) interest.

I couldn't do much by myself and was truly struggling. I had to look for help at different NGOs and humanitarian organisations that were still working without interruptions. Governmental offices were mostly closed. Regarding my case I got a €150 Corona Crisis Bonus. That was it.

Most of all I want to reconnect with my daughter. She's kind of angry at me for being locked up. I want to take care of her properly, so my first aspiration is finding a paying job. Regarding my case there's a big need for programmes regarding convicts reintegrating into society."

SLOVENIA. Boštjan, male, 42, Ljubljana

"I was homeless when coronavirus restrictions took our lives over. My only income and my job were was the sale of a street paper. Due to restrictions that was no longer possible. Even if I could work, there was nobody. I could not sell the paper since Ljubljana became the city of ghosts. Mantra #stayathome also hit me hard. I'm partly invalid and I got no home to go to. Other homeless people are basically part of my common household, so we spent time together near our squats...

Nonetheless, the police were dispersing us every chance they got. I didn't know where to go or what to do. Even public toilets were closed and drinking water access denied.

I couldn't do much. Fortunately, a homeless shelter for the time of the Coronavirus crisis was opened in co-operation with the NGO and the municipality. I got everything I needed there free of charge: boarding, food, basic medical help... Even stranded tourists could stay there if necessary.

I got a bonus of €150 due to the crisis. I want to take care of my leg so I could walk properly. If I can achieve that than my life would be much easier. I believe I could find a job and rent a room in that case.

I noticed a lot of working people struggled as well. COVID-19 revealed the vulnerability of workers who are employed for full time. Working relationships should be regulated in favour of employees instead of employers."

SLOVENIA. Alexander, male, 45 years old, Ljubljana

5.23. Spain

- **Elderly people.** Thousands died from COVID-19 in nursing homes, thousands got infected and suffered severe health after-effects. There are some criminal investigations going on to determine the penal responsibilities of the directors of some of these facilities and of the regional authorities that designed protocols that ordered that the elderly remained in the nursing homes despite the fact that they needed respirators and hospital assistance.
- **Front-line workers.** They suffer both the highest rate of infections and deaths. Their jobs were not well-paid before. In some cases, as cleaners and supermarket employees, they were considered low-skilled and had bad labour conditions.
- **Homeless people (roofless, living in squatters and settlements)** were the ultimate expression of social exclusion and did not have a home to go to, in order to take care of themselves in the event that they caught the disease, nor did they have resources to maintain hygiene. On the other hand, sleeping in shelters, usually with many other people at risk, implied greater exposure to the disease. The arrangements made by regional governments - in charge of social policy and therefore of the assistance to vulnerable groups - were heterogeneous. There is no record of how many homeless persons have been infected.
- **Single-parent families, mostly women, living in poverty.** Half of the Spanish single-parents are at risk of poverty and exclusion, but with the pandemic they had to cope with children at home and keep on working, without additional help, and very few savings. They lack options to acquire care services through the market or to assume extraordinary expenses, such as meals for the children, who had meal scholarships before the pandemic.
- **Incomeless households,** not receiving benefits, nor salaries, that mostly earned their income from the unregistered economy. There are more than 1 million people (570,000 households). The most vulnerable people continue to go out to work since their families need to get some money every day to buy food. These households do not qualify for the crisis protection measures, which targeted those who lost their jobs or ceased their activity

as self-employed workers. The new “Ingreso Mínimo Vital” (MI) is focused on this type of households, that are living in severe poverty.

- **Roma community**, one of the most marginalised and poor minorities in Europe with the poorest health and the lowest life expectancy, is probably the one that suffers the impact of COVID-19 in an extreme way. The Spanish Roma, as well as that of other parts of Europe, has met the pandemic from an exceptionally disadvantageous position. According to a study, “more than 80% of this community lives in poverty, and almost 50% have a monthly income of less than €310. This community also experiences higher levels of COPD, obesity, and diabetes, and is more likely to experience serious health problems that may impact the survival of these individuals to COVID-19.”¹⁸ Poor housing conditions in urban centres or slums, residential segregation in ghettos specially built for it, and overcrowding disproportionately affect the Roma community, the report attests. More than 60% of Roma live in multigenerational homes, with two or more nuclei of related families living together in small apartments. This makes it extremely difficult to avoid contagion through self-isolation. In addition, almost 44% of Roma men and 27% of Roma women obtain their income through street sales, either in open-air markets or on foot. Mandatory quarantine makes it impossible for large numbers of these families to earn a living. In addition, many have little access to the limited financial aid that the Spanish government provides to self-employed workers. All these factors combined place large sectors of the Roma community in a highly vulnerable situation. According to a statement from the *Fundación Secretariado Gitano* (EAPN Spain member), of March 24, 2020, approximately 47,000 people lack basic food or the necessary supplies to survive.
- **Undocumented migrants and asylum seekers**. A part of this group has been afraid of being detained by the security forces due to their illegal situation and, therefore, they have decided to stay at home, without even going out to make purchases to cover basic needs. On Wednesday 18 March, Spain closed its borders allowing entry only to nationals and residents. Consequently, the Centres for Internment of Foreigners (CIE) are closed, as it is not possible to deport the inmates. On the other hand, administrative procedures were paralysed in general, also those related to the documentation management of migrants and asylum seekers. On social networks, false job offers began to appear for foreigners. For immigrants with a health work profile who were in a regular situation, the Government announced the granting of an “express” work permit (to at least 200 doctors and nurses). Meanwhile, street vendors, commonly known as the “manteros”, organised in Catalonia to produce masks and gowns, a solidarity initiative that joins the “manteros food bank” that has delivered food and basic necessities to more than 150 vulnerable families. Minors who have migrated alone continue to be intern in the juvenile centres, supplementing the educational dynamics that they usually do with various activities offered by their educators, their references and their points of support.¹⁹

“I live on minimum income in a shared flat. Anxiety has increased a lot day by day due to the very restricted lockdown at home, for 50 days approximately, with the only exception of shopping at the supermarket or the grocery, and without knowing when it will finish.

I’m a man that likes reading and culture overall. So, the first days of lockdown were not a problem for me, because I learnt a lot of new things, to be honest. Also, communication online with family and friends, with people of the organizations that support me and with whom I often collaborate really helped me a lot...

18 Gay y Blasco, Paloma and Félix Rodríguez Camacho, María (2020), COVID-19 and its Impact on the Roma Community: The Case of Spain, in Somatosphere, March, at <http://somatosphere.net/forumpost/covid-19-roma-community-spain/>

19 “El Coronavirus también afecta a los migrantes”, El País, March 30, 2020 at https://elpais.com/elpais/2020/03/27/migrados/1585311484_330092.html

...I am waiting on the future Minimum Income Scheme that Prime Minister Sánchez wants to set up. I'm a beneficiary of a Minimum Income Scheme from my Autonomous Community and only receive an amount of 457 euros, absolutely not enough to survive at all. I hope that this Minimum Income Scheme can be enough -at least in the amount of money- to survive with some decency, improving what I receive from my Autonomous Community. I also hope this could be a permanent measure, and not a temporary one.

People in situation of poverty must have masks and individual protection equipment for free (it is only happening in some Autonomous Communities, and not in the overall country). The Minimum Income Scheme (from the State level) must be complementary with benefits from Autonomous Communities. They must try to relieve the burden of bureaucracy that beneficiaries of these regional Minimum Income Schemes have to suffer, indeed."

SPAIN. Antón, man, 50 years old, A Coruña

5.24. Sweden

- ***Elderly people in elderly homes are the ones who have been hit hardest by the infection***, with a horrendous number of deaths as a result. The average age of those who died due COVID-19 is 81 years. Bad staff and hygiene practices are believed to be a contributing cause. The problems stem from factors that have been around and are not primarily linked to the strategy to counter the spread of the COVID-19. However, access to adequate protective equipment and tests for COVID-19 infection has been insufficient and thus has contributed to infection in, among other, care facilities.
- ***Asylum seekers and refugees' situation is made more difficult***. One group that has been affected but not highlighted as much is asylum seekers, newly arrived and paperless, where many suffer from longer processing times and difficulties in obtaining a residence permit. Mental illness and insecurity and livelihood problems increase and the opportunities for a good establishment of life in Sweden become more difficult.

5.25. United Kingdom

The groups most vulnerable to COVID-19 disease are overlapping categories – for example older male security guards who are of Black ethnic origin are multiply at risk relative to a younger female white manager.²⁰

20 The United Kingdom population is 66,435,600 million. According to the Office for National Statistics, from 1 March to April 30, there were 33,841 deaths in all settings where COVID-19 was mentioned on the death certificate. The rate for England was higher than in the other three nations of the United Kingdom. For example, the death rate in England till the end of April was 587.4 per 100,000, but 480 per 100,000 in Wales. The United Kingdom number of deaths is the highest in Europe, but currently the fourth highest by deaths per 100,000 of population. The United Kingdom has the highest number of excess deaths in Europe, 55,000 at May 8, compared with the same period the previous year. This is likely ultimately to be the most accurate means of estimating the additional impact of COVID-19. In the United Kingdom, the first three months of the year had a lower death rate than the previous year, probably due to a mild winter and a mild flu season. Deaths then rose above the last year average from mid-March. COVID-19 became the most frequent underlying cause of death in April, deaths then rose exponentially, peaking on 17 April. The United Kingdom has several specific problems that slowed and impeded response to COVID-19 virus. These include high urban density, especially in England and especially in London; eighteen million people travelling just through Heathrow airport, an international hub, untested, as the pandemic took off; a health system with no spare capacity after ten years of austerity, running on a smaller percentage of GDP funding, with fewer doctors, nurses and support staff, fewer intensive care beds and low stocks of protective equipment, compared to most rich countries. Ten years of austerity had also increased health and economic inequality in the United Kingdom, the care sector was in funding crisis and the job market had been deregulated, leading to an increase in low pay jobs without employee protections. As an expected COVID-19 surge drew nearer, under Government agency instruction, the NHS effectively shut down for non-COVID-19 access, likely to have led to deaths from other causes, and lack of attention to care homes and discharge from hospitals may have seeded the virus into them. The response was slowed by a complacent Government which won the December 2019 election by an 80-seat majority, based on 'getting Brexit done' and still focused on that and promoting Blitz spirit British exceptionalism. There has seemed to be a lack of focus and sufficient step-up in preparatory and protection measures

- **Older people and people with comorbidities.** Death rates increase after age 55, again after age 65 and are very high for over 80s and people with co-morbidities (which overlaps a lot with older people). The majority of COVID-19 deaths are amongst people aged over 65 (29,495 out of 33,408). People over age 85 are one-third of deaths, but only 2% of the population.
- **Children are at lower risk of severe disease.** There were no deaths in April in children under aged 14. In 90.4% of deaths the person has had at least one pre-existing condition. The ONS data from death certificates shows the most common pre-existing conditions are dementia and Alzheimer's disease, present in 20.4% of all COVID-19 deaths. Recent, more provisional, data from the NHS suggests that between 31 March and 12 May, a quarter of all NHS patients (26%) who died in hospital and had been infected with COVID-19, had diabetes. The NHS data also shows 18% had dementia and 15% had chronic pulmonary disease.²¹
- **Men** are almost twice as likely to die of COVID-19 as women. In April, across England, the age standardised death rate from COVID-19 at 8 May for males was 781.9 and for women 439.9, per 100,000.²²
- **Black and minority ethnic people.** The highest death rates are for people of Black and then South Asian ethnic origin, amongst whom people of Pakistani and Bangladeshi ethnic origin are more at risk than people of Indian origin. ONS data until 10 April showed that compared to people of white ethnicity, Black males were 4.2 times more likely to die from COVID-19-related illness and Black females 4.3 times more likely to die of it. Using the 2011 Census, the ONS adjusted for age and other socio-demographic factors and self-reported ill-health and disability, making the adjusted figure for COVID-19-related deaths of Black men and women 1.9 times that for people of white ethnicity. For Pakistani and Bangladeshi men is 1.8 and for women, 1.6.²³
- **People working in certain occupations, likely to be public facing.** Three in four workers whose jobs involve frequent contact with people are women; black and minority ethnic groups (BAME) are also over-represented. However, occupation is not the only factor likely to be involved in COVID-19 risk. Women have significantly lower death rates from COVID-19 than men, while BAME people, especially people of Black, then Pakistani and Bangladeshi origin, are over-represented compared to white people. Healthcare workers are most likely to be exposed, but their death rate is not greater than the general population, possibly linked to better infection control, e.g. some protection from PPE. Male and female care workers' death rates are significantly higher than people of the same age and sex in the

and the United Kingdom was late into lockdown, in terms of cases, deaths and community transmission, before lockdown was implemented on 24 March 2020. There are ongoing difficulties with centralized control, public procurement of PPE (personal protective equipment), messaging on easing lockdown, and with development and use of tracking apps and tracking and tracing procedures and assessing safety as lockdown eases. An editorial in the British Medical Journal of 15 May 2020 stated that "the United Kingdom's response so far has neither been well prepared nor remotely adequate" (Scally G, B Jacobson and K Abbasi (2020) The United Kingdom's public health response to covid-19: too little, too late, too flawed, BMJ 2020;369:m1932 doi: 10.1136/bmj.m1932, British Medical Journal, May 15.

21 Lintern, S (2020), Quarter of people who die from COVID-19 in England have diabetes, The Independent, May 18 briefing, accessed at: <https://www.independent.co.uk/news/health/coronavirus-deaths-diabetes-england-covid-19-a9514761.html>

22 Campbell, A and S Caul, Deaths involving COVID-19, England and Wales: deaths occurring in April 2020, ONS, 15 May, accessed at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvedinCOVID-19englandandwales/latest#characteristics-of-those-dying-from-covid-19>

23 Part of the difference by ethnicity is not yet explained by ONS. However, a study by Liverpool and Edinburgh universities, presented to SAGE (the Government's Scientific Advisory Committee on Emergencies, of which one of the study authors is a member), but not yet published, suggests that adjusting for differences in deprivation and existing illnesses eliminates the difference between death rates for BAME and white people. That suggests that BAME people are more at risk due to inequalities of poverty and ill-health. ONS, updated 7 May at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusrelateddeathsbyethnicgroupenglandandwales/2march2020to10april2020>

general population: 23.4 deaths per 100,000 for men compared to 9.9 deaths per 100,000 in the male population, and 9.6 per 100,000 for women, compared to 5.2 per 100,000, for women in the general population. The highest death rates from COVID-19 were amongst low paid working men: male security guards' death rate is 45.7 per 100,000 men, then male taxi drivers and chauffeurs, 36.4 deaths per 100,000 men. Chefs, cleaners, bus drivers, also have relatively high death rates. Nearly fifty London transport staff have died of COVID-19.

- ***People living in areas of deprivation.*** In England and Wales, the COVID-19 related death rate up to 17 April was 32.6 per 100,000 but 85.7 (age-standardised) in London, over twice the rate of the next most affected region. The eleven Local Authorities with the highest age-standardised mortality rates were all in London, in poor boroughs. The rate in Newham was 144.3 and then Brent 141.5. In the most deprived areas of England, the age-standardised death rate till mid-April was 55.1 per 100,000. In the least deprived areas, it was 25.3. In Wales the comparable figures were 44.6 and 23.2. The ONS statistician noted that death rates are usually higher in poor areas but COVID-19 is taking them higher. Regionally, London, the West Midlands and the North West are the most affected. Each of these has high density urban areas and large poor cities or boroughs.

The Groups most affected by the policy response to the pandemic (the effect may be positive as well as negative) are:

- Those whose health condition puts them more at risk of severe COVID-19 illness, asked to stay in their homes, including people whose treatment schedule has been put in abeyance while hospitals deal with COVID-19 patients. People in residential care and nursing homes and people receiving care in their own homes are severely at risk. Between 2 March and 1 May there were 45,899 deaths of people in care homes in England and Wales, of which 12,526 deaths were from COVID-19 (including care home residents who died in hospital, over 4,000) representing about one-third of all deaths of men living in care homes in the period, and one-quarter of deaths of women. There were 1,458 deaths in Scottish care homes, about 45% of all deaths in Scotland from COVID-19. Northern Ireland has not produced comparable figures. Care home residents are more at risk than the general population due to ill-health and age and receiving services from people who may be working in more than one care home. Deaths peaked in the week of 24 April. Figures so far are likely to underestimate the scale of the problem and up to half of all deaths may have been of care home residents, in the care home or in hospital.
- ***'Frontline' and 'key' workers*** – in health and care, security, food processing and distribution, transport and logistics, who have continued to work as key workers, often in insecure work and without employee protections.
- ***Furlough schemes and risk of unemployment.*** 7.5 million people have been 'furloughed' on 80% of wages up to £2,500 per month. This Job Retention Scheme costs upwards of £40 billion over three months. As there are people already on social assistance benefits and around three million public sector workers whose incomes also come out of Government revenue, currently about half of the United Kingdom labour force is supported by government funding.
- ***Children and young people,*** due to school closures and consequent risk of rising inequality. As well as the effect of isolation on mental health, home schooling capacity varies greatly amongst families. Digital exclusion: there are one million children in the United Kingdom who do not have adequate access to electronic devices and broadband. Online classes

provided by schools and by public institutions such as the BBC and a new online academy instituted with government support, are not therefore easily accessible to many families, and libraries too are closed. There are families sharing devices or reliant on pay phones and struggling to pay to top them up, or to pay electricity bills, but most advice and services and access to social benefits must be done online. Children in receipt of Free School Meals. These are children from households with the very lowest incomes. The school meal may be their only, or only hot meal, of the day. Some schools also provide a cold breakfast. These children already suffer 'holiday hunger', a gap that charities and schools try to fill, and are at even greater risk of hunger during lockdown, especially as families' food and utility bills rise and incomes fall. The Government launched a scheme, with implementation locally, to provide a substitute for the school meal. But there are few places providing cash direct to families. Very vulnerable children: As well as children of key workers, very vulnerable children were intended to remain in school. Very vulnerable children are those at risk, with care plans, in care and similar. But few children have gone to school.

- **Women** are taking on more of the burden of domestic care when everyone is at home, and more of the burden of home schooling and contact with others in the extended family, often while continuing to do full time paid work, whether at home or in the workplace. Women who are pregnant, miscarried, or new mothers have sometimes had less good antenatal access, though it is still possible to see a midwife, and have more anxieties about the risk of COVID-19. Single parents are suffering from isolation and lack of access to their usual support network. Women and children are likely to be most of those at risk of domestic abuse.
- **Homeless people.** In March 2020, the Government announced a total of £3.2 million in emergency funding to help 'rough sleepers' or those at risk of sleeping rough, to self-isolate during the pandemic. This is in addition to its existing funding and strategy to end rough sleeping during this Parliament. The funding is available to all local authorities, as reimbursement of their spend, and can be directed to front-line NGOs. 95% of street homeless people have been housed in rooms in hotels, which are otherwise empty. Central Government cash to implement this 'housing first approach, has been successful in keeping COVID-19 from spreading amongst street homeless people. Agencies and NGOs working with homeless people have used the opportunity to support access to health, benefits and progress to reintegration. However, the central Government has suggested that no more money will be forthcoming and that Local Authorities (local government) must take over funding this scheme. Local Government has been given extra cash overall to address the COVID-19 impact, but it is not sufficient for the work and there is no unused other resource given the decade of austerity cuts to their budgets. It seems likely that after this very promising new start, many people will be discharged back to the streets.

"As an asylum seeker I feel worried and I ask myself when will this pandemic end and how long can I survive like this? It could be a slow death for an asylum seeker. We are aware of the effort of the government to eradicate this pandemic. But let them also remember that there are people who do not receive 80% of their salary in this time of crisis. Because we were never allowed to work. We have just £37.50 for all our needs. When I go to the shop, I can't afford the food there as the prices have gone up. I see people with masks outside, but I don't have money for this. Before we had charities we could go to and eat there or get food from food banks, but we can't access these now. Before I could access wifi at the charities I visited but now I can't go out and we don't have internet in the asylum accommodation. I am worried about my family back home and how to stay in touch with them yet it is not possible to pay for a top-up for my phone as the minimum amount is £10 which is too much out of £37.50. One more effort from the government would help to save asylum seekers from this threat. Ensure that all in the United Kingdom have access to basic food and support and healthcare regardless of immigration status. The future United Kingdom will need the contribution of all".

UNITED KINGDOM. Testimony provided by The Migrant Voice, a member of EAPN England

6. NEGATIVE POLICY CHANGES

6.1. Austria

In Austria, the negative changes were the closure of hospitals and healthcare centres due to the COVID-19 cases. This especially hit people with chronic illness, mental health problems, and with low-income. The lockdown restricted access to many social services (closing of childcare services, schools, youth centres, street-work, day centres etc.) and access via telephone or e-mail could not replace the personal contact. There was no possibility to visit people in hospitals or nursing homes, which contributed to their anxiety and feeling of isolation.

6.2. Belgium

In Belgium, there was insufficient certainty about who will pay the (long-term) health costs of COVID-19 patients. The cancellation of non-urgent medical appointments can lead to non-take up and greater problems in the long run. The government has not (yet) provided free face masks to the population.

6.3. Croatia

In Croatia, the problems were the isolation of the elderly population, the cuts to services (for example, persons with disabilities at risk of not having access to needed therapies), and that children without digital tools could not follow online education.

6.4. Czechia

In Czechia, to prevent the spreading of the virus, social activation services and centres for youth were closed, which had a negative impact on families. Because kindergartens were closed too, lots of hospital staff or social workers had to stay at home with their children and could not be at work, where they were needed. Ambulatory services or day care services for the elderly or disabled people were closed, while the necessary alternative care was not available.

6.5. Finland

In Finland, the negative outcomes referred to the interruption of rehabilitation services, which had a negative impact, for example for people with substance abuse. The aggravation of the situation of homeless people, when many facilities were closed or took only a limited number of overnight stays, was also problematic. Child protection notifications decreased when schools and kindergartens were closed and their emergencies remained within the families, without receiving the proper help unless they were able to ask for it themselves.

6.6. France

In France, elderly people died in very worrying numbers, the caregivers were exhausted and are at risk of burnout and breaking down. The access to face masks, hydroalcoholic gels and protective equipment remained very complicated, which created a climate of fear for the front-line workers.

6.7. Germany

In Germany, the negative aspects were the situation of the elderly in retirement homes, and the restriction of childcare and social services.

6.8. Iceland

In Iceland, there was limited access of “next of kin” with patients needing assistance or special care.

6.9. Ireland

In Ireland, there was a failure to recognise the high risk for those in long-term residential care settings resulting in delayed interventions by health services and a high level of infections and deaths. Over 60% of deaths have been in long-term residential settings. People were not able to attend social services and can only access them online or by phone support, with limited face-to face services where staff can call to people’s homes. This included community organisations where staff were also adapting to engaging with people remotely. The closure of childcare services has negative impacts on both children and parents. It also impacts on the ability of some front-line health workers to be available to work, particularly as they cannot access family and other support for childcare. Attempts to put in place a specific and temporary childcare measure for these workers has so far failed.

6.10. Lithuania

In Lithuania, though there was a growing need to expand, some social services programmes were in danger of being cut due to the cost of other measures. Since many social services were suspended, people who face social risks are now in an even more vulnerable position than before.

6.11. the Netherlands

In the Netherlands, it was a positive initiative that the government offered financial support to employers and asked them not to make people redundant. Unfortunately, a lot of big players acted in the opposite way. Atypical workers do not have access to a benefit. There is a new regulation that will provide for this support, but it is not yet in place. The self-employed were entitled to a monthly benefit maximum. The possible benefit is conditioned by the earnings of the partner or spouse.

6.12. North Macedonia

In North Macedonia, regarding education, teaching was interrupted and switched to online learning, which was a particular problem for poor families. The Government cut funds that were intended to finance civil society organisations, although there was an announcement that they would be reallocated to another fund related to COVID-19.

6.13. Norway

In Norway, hospitals were temporarily closed for patients in need of non-urgent treatments. The consequences of the lack of a national stock of protective gear became evident. This led to a shortage and a need to ration what there was. The difficulties faced by social care workers and social services in reaching out to users with low or lacking digital or language skills was an example of the negative consequences of the digital divide. The temporary closing of essential services for vulnerable groups (such as family protection offices, health centres for youth, as well as day care facilities and meeting places for homeless people and injection rooms for drug addicts) was negative as well. The personal assistance service for people with disabilities was temporarily shut in many municipalities, leaving users unprotected.

6.14. Portugal

In Portugal, the large gap and a lack of coordination between health services and social services continued to be evident. The scarce monitoring and evaluation of nursing homes and other facilities for elderly people was remarkable. The impact of some confinement measures (i.e. closure of schools and day nurseries) on social workers led to gaps in the support for some groups in extreme social exclusion conditions (i.e. homeless) and increased the demand for some social support measures (i.e. food support). Greater difficulties in accessing health, namely consultations and routine exams, were detected. They were due to the fact that most health professionals were assigned to units that exclusively treated COVID-19 patients.

6.15. Serbia

In Serbia, access to services was very restricted. The complicated education system required a lot of resources and parental engagement, which were not available to children from vulnerable groups. Another negative outcome was the isolation and lack of support of the older population.

6.16. Slovenia

In Slovenia, there was a pronounced increase in unemployment, poverty and social exclusion. Many children did not have the support system in their home environment, for example parents cannot support their home-schooling, do not have computers or internet access. There was an increase of domestic and intimate partner violence as well.

6.17. Spain

In Spain, with regard to medical care, the worst situation was the overload of the intensive care units (ICU), which occurred in the cities with larger populations, and significant exposure to the virus of health professionals, as they did not have adequate protective equipment. Although there is a positive consensus in preventing the repetition of these circumstances in future, it is still a challenge to reconsider and review the public investment in healthcare in order to address the deficiencies exposed. With regard to social services and NGOs, recognition of their work as "essential services" was late and generated many mobility problems. Social services and NGOs need to be involved in future reconstruction plans to ensure that the variables of social justice and care for the most vulnerable is incorporated. With regard to families, poverty has been radically exposed, with long lines to get food and overwhelmed food banks. This poverty is evidence of important deficits in the social protection system, but also of the enormous weight

of the shadow economy and precarious employment, which has made millions of people lose their real family income within a period of days.

6.18. United Kingdom

In the United Kingdom, the most striking negative changes were the government's lack of transparency and inclusivity, the weak implementation of policy and most especially the insufficient specific attention and oversight to protecting vulnerable people - in care homes and receiving care in their own homes - which likely resulted in many more deaths than otherwise. The United Kingdom was at least one - and probably two weeks - too slow to introduce the lockdown, which might have saved 30,000 of the deaths from COVID-19. Additional negative aspects were: the weak centralised procurement, with pandemic stocks of personal protective equipment having been run down over at least the last four years; being too late into world markets to easily access needed supplies; and fragile logistics for distribution, which continued, especially in care homes and for workers outside the health and care sector. As there were over 15,000 privately run care homes, distribution was more of a challenge, but the care sector appeared to have been a much lower priority than the NHS. The result was an appalling illness and death toll amongst residents of care homes and their staff. It also appeared that the less expensive care homes had worse outcomes, though more evidence is needed. The most vulnerable and disadvantaged, including people in poverty and BAME people, suffered the highest mortality rates. While not a change, it is exacerbated by the policy response to COVID-19. In advance of the expected surge in COVID-19 patients, there was a lack of access to primary and hospital care for non-COVID-19 patients, except emergencies, which likely increased the death rate.

7. POSITIVE CHANGES

The respondents also highlighted positive outcomes, changes and hopes for the future, from the lessons learnt during the COVID-19 crisis in their countries. The overall benefits of adequate and timely investment in universal public services and adequate social protection systems and the problems with the privatisation of public services were highlighted during the crisis. Also, the importance of ensuring that the design and delivery of the public services and social protection systems need to systematically tackle rather than reinforce inequality. Many highlighted the evident and urgent need to grant a good quality, universal, affordable accessible, integrated public health and care service. Other shared positive experiences were the positive reappraisal of healthcare and social care workers, the immense capacity of civil society self-organisation and collaboration with the authorities, the role of volunteering and the importance of food and goods but also social proximity to those in need.

7.1. Austria

In Austria, first, the new appreciation of workers in the healthcare system is perceived as positive. Second, the increase in empathy and co-responsibility for each other, the strengthened society with the increase in neighbourhood help. Third, the increased consciousness (and concern) about the vulnerability of the elderly and people with diseases in our society.

7.2. Czechia

In Czechia, first, the rapid, reactive and good adaptation of the healthcare system (hospital wards transformed in order to isolate patients with COVID-19), which prevented their capacity to become overloaded, like in many other countries. Second, the knowledge that the early isolation of people suspected of infection was effective. Third, the conviction that there should be a combination of health and social care arrangements for the most vulnerable.

7.3. Denmark

In Denmark, the respondent remarked as positive that the national strategy was designed partly to protect the most vulnerable in terms of poor health, not wealth.

7.4. Finland

In Finland, first, the development of digital services and the quick support measures to ensure the capacity of healthcare to treat COVID-19 patients was seen as positive. Second, the new kind of cooperation rapidly put in place between NGOs, municipalities and parishes to help - for instance - elderly and homeless people.

7.5. France

In France, first, the perception of social distance as a support to fight the virus. Second, the fact that French shelters have been equipped with computers to help educate children. Third, the fact that migrant workers' homes will be renovated.

7.6. Greece

In Greece, first, the development of an infrastructure for homeless and drug users by the Municipality of Athens. Second, home care and help provision were reinforced. Third, the digitization of responses to the crisis (although there is room for improvement).

7.7. Hungary

In Hungary, first, the praise for the services provided by the healthcare system and the health workers, but not because of the government decisions, but due to the devotion and dedication of the staff. Second, that such an appraisal and recognition could be extended to the social services and the NGOs, who played a key role in handling the crisis.

7.8. Iceland

In Iceland, first, the importance of the special task force immediately formed to monitor the need for social protection across systems, which will hopefully lead to improvements in the near future. Second, the technical solutions which were found to replace physical presence, giving increased opportunities for participation of those with limited capabilities. Third, the vulnerabilities of systems were highlighted and brought to light and solutions have been found for some of those.

7.9. Ireland

In Ireland, first, taking private hospitals into the public system and creating a single-tier health system. Second, naming of many socially disadvantaged groups as 'vulnerable groups' for the purposes of COVID-19, therefore fast-tracking them for testing and for the provision of spaces to self-isolate in cases of infection. In Ireland the education, healthcare and social protection systems struggled during the pandemic.

7.10. the Netherlands

In the Netherlands, first, it became clear that all the appointed heroes earn a very low wage: the discussion has started on how to increase their wages. Second, we see a wave of solidarity growing amongst neighbourhoods and groups. This is very positive and needs to be encouraged and preserved after the crisis. Restaurants, farmers and factories offer the products that they cannot sell to food banks and others or even create meals to distribute themselves. Hotels, sometimes even elegant ones, offer rooms to homeless people (despite the sad motive, it is great to see all of this happen).

7.11. North Macedonia

In North Macedonia, tablets and online vouchers for students from vulnerable categories, from private donors and from Telekom have been awarded. With respect to employment and the labour market: employees with chronic conditions, pregnant women, single parents, people with disabilities who have escorts - completely blind people, people in wheelchairs and people with moderate and severe intellectual disabilities, were free from going to work, but continued to take their whole salary. Regarding housing, although the recommendation was to stay at home, not all citizens had a home, so the entire capacity of the Shelter for the homeless people

was mobilised and the Red Cross's mobile activity increased and food, disinfectants, masks and gloves were distributed to people living on the streets. The payment of rent for social housing has been postponed for all users. Support was given to pay energy bills: families receiving GMI received an energy efficiency allowance for April and May, even though the heating season was over, and their receipts had to be cut. Food support was also implemented, in cooperation with the Centres for Social Work, Ministry of social labour distributed food packages for GMI recipients, in addition to the family budget. For all unemployed or low-income employees, the Government awarded one-time vouchers for buying domestic products or tourism to the amount of €150. Regarding debts, the Law on Enforcement (until the end of June) was stopped by an ordinance of the Government, for both private people and companies for all cases where the procedure has not started. Delays in the payment of loans to the bank were also allowed. With respect to taxation, legal entities that perform catering, tourism or transport activities that have suffered damages in their operations due to the implementation of the measures for dealing with COVID-19, were exempted from paying the profit tax. NGOs support: The government established a weekly communication system with organisations working on social issues and labour rights and representatives of inspectorates. Other matters: Vouchers for young people between the age of 16 to 29, who are in active education, received a one-time voucher of €50 for the purchase of domestic products.

7.12. Norway

In Norway, many services have developed new ways of working on digital platforms through the crisis, which - despite the difficult circumstances - enabled them to deliver important services and information to a large part of the population. Some of the new solutions might become permanent improvements after the crisis. The highly skilled staff in social services have shown an ability to adapt to the crisis that has enabled a solid response towards the pandemic and its consequences, including in the health sector.

7.13. Portugal

In Portugal, first, the bureaucracy for the regularisation of migrants was reduced. Second, there was a VAT reduction for face masks and gels and an exemption of fees for users of the National Health System. Third, there was a good coordination and cooperation between the national government and the local authorities (municipalities).

7.14. Serbia

In Serbia, first, the improved coordination between the health institutions provision of health equipment, esp. new virus testing laboratories, can be identified as positive. Second, the same holds true for the improved distant learning for pupils in primary and secondary schools.

7.15. Slovenia

In Slovenia, one of the most remarkable changes was the increased financial help: the crisis supplement for people who worked (in the office or from home), the retirement supplement (for those with low pensions), the supplement for university/tertiary sector students, the maintenance of 80% payment for those waiting for work at home, or not being able to work because of taking care of a child. It was also provided by the exemption of paying for kindergartens for children (when children were not in kindergarten). Second, the increase in volunteering and intergenerational support; young people were helping elderly, bringing them

groceries and keeping certain social contacts. These initiatives came from local communities and people who organised them themselves.

7.16. Spain

In Spain, there is a greater consensus in considering that it is essential to increase and improve the public and universal health system. Preparedness for emergencies and epidemics is reappraised and now considered crucial. Health personnel have increased their consideration in public opinion and are considered as the “new heroes”. There is a greater consensus that it is necessary to protect the most socially vulnerable groups (“We won't leave anyone behind”, putting a “social shield” to protect the vulnerable and in poverty).

7.17. Sweden

In Sweden, the crisis can also provide opportunities, in the sense that many of the positive measures adopted could be sustained after the crisis. A lot is about new ways of working, shopping and socialising that reduce the risk of infection, but this also benefits the environment and the individual in the form of reduced stress and increased flexibility. The positive effects include that some people in vulnerable situations receive increased support. For example, many homeless people have been given increased opportunities for housing to reduce the spread of infection. This, in turn, has positive effects for individuals leading to a more secure situation in life, reduced vulnerability, and the possibility of reduced abuse. The perception that the individual should be prevented from being sick and unemployed through low compensation has changed. Instead, the unemployment benefit levels have been raised and more people can receive benefits. The opportunities for sick leave have also been expanded. It is desirable that these temporary improvements be made permanent.

7.18. United Kingdom

In the United Kingdom, there was additional funding for the NHS and a lower risk (for now) of further privatisation. Free access was granted for migrants to COVID-19 treatment. Regarding the NHS, social and care staff: Staff dedication in appallingly difficult circumstances (though dedication is not a change, it should be acknowledged in the crisis circumstances); the ability of the NHS to rapidly make extra beds available, including by taking over private sector beds. There is more evidence from this pandemic of the need for a single tier integrated health and care service, better funding and spare capacity.

8. AUTHORITARIAN TRENDS

8.1. Austria

In Austria, the war analogy was not utilised in the sense of “war against the virus”, but in the sense of “the biggest crisis since world war II”. The increased surveillance is only on a very small scale, there is a stronger police presence on the streets. In the beginning the government wanted to oblige people to use the “Stop-Corona-app”, but now it is voluntary (the Austrian version of Stop-Corona-app received quite good feedback from “data protectionists”). The risk of authoritarianism is there to a degree. There is some sort of “personality cult” around the chancellor. Relevant parts of society are calling for “a strong hand” in who will lead us in this crisis. This goes in the direction of authoritarianism. But the question is if parts of the “Corona-laws” (for example the restrictions in the right to demonstration) will be extended after the summer; this must be observed critically. The government framed the information given to society in a less neutral way than a transposition of the laws; for example, people were led to think that it was illegal to visit others in private. There is a problem of uncritical media as well.

8.2. Belgium

In Belgium, the war analogy is not clear. Regarding the increased surveillance, there was more control, especially at the beginning of the lockdown. A lot of young people, in particular those with a migrant background, felt that they were extra targeted by these controls. An administrative fine of €250 could be given if someone was in a public space without a valid reason. This was a huge amount for people who were struggling financially. In Brussels there was a fatal crash in which a young person lost his life after the police chased him as part of the COVID-19 control. Concerning the risk of authoritarianism, it is not evident, but it is striking that the populist political parties on the right end of the spectrum, which are often associated with more authoritarian rhetoric and aspirations, are now heavily criticizing the current lockdown measures.

8.3. Croatia

In Croatia, the war analogy was not very prevalent, and no increased surveillance or authoritarian trends were perceived.

8.4. Czechia

In Czechia, the war analogy exists in the political discourse, but it is more random than regular (and thus the legitimisation of extraordinary measures). After a few weeks, the state came up with the concept of “smart quarantine”, including the app E-rouška, which maps contacts with other potentially infected people via Bluetooth; participation is voluntary. Monitoring of the population exists under certain conditions (voluntary/ encrypting of personal data), but it cannot be considered as excessive. For about two or three weeks fathers could not be present at the birth of their children. Now it is the decision of each maternity hospital. It looks like most people understood and support the reasons for the guidance and regulations of the government.

8.5. Denmark

In Denmark, the war analogy was not used by the government, but by experts or the media. The government is working towards increased surveillance, using data from healthcare apps. There have been proposals on more police surveillance through tele-data, but it has not gone through the Parliament. There has not been a transparent and democratic dialogue among the political parties about the reopening of the country; the governing party has been hiding important information from the rest. The most remarkable form of control during the lockdown was social control. The authorities made quite vague guidelines, which increased individual responsibility, but also raised the level of social control. Moreover, punishment for “Corona-related” violations, which again is quite a vague formulation, was heavily increased.

8.6. Finland

In Finland, none of these trends were observed.

8.7. France

In France, the use of the war analogy was real. Regarding the increased surveillance, a system of contacts tracing, which could give place to the spread of the virus, is in preparation. There is no perceived trend towards authoritarianism.

8.8. Germany

In Germany, the war analogy was rarely used. However, the increased control measures by the authorities and the police is evident. Obviously, these measures have led to the restriction of human rights, such as the right to demonstrate.

8.9. Greece

In Greece, the war analogy was utilised. There was a rise in surveillance as a form of implementation of the lockdown measures, but there is no perceived authoritarian threat.

8.10. Hungary

In Hungary, the war analogy was used by the government, although - since 2010 - this has been a recurrent narrative. There is an increase in surveillance and control. Regarding the authoritarian threat, the answer of the Hungarian respondent is crystal clear: “We have become a fully non-democratic country in the last three months.”

8.11. Iceland

In Iceland, the war analogy was not utilised but the government repeated the phrase “we are all in this together”. This was quite insulting to people experiencing poverty, who looked at government handouts to all kinds of projects that they were not a part of, while not much was done to protect them or meet their needs. Many were angry and felt left out. Regarding the issue of surveillance, there is a government tracking app that people could download to their phone to track possible sources in case of infection. Many have been concerned about this app but there are no special concessions for data exploitation. The use of the app is voluntary so

only those who trust it have downloaded it on to their devices. Authoritarian trends are not manifesting. Those rights have been well protected in Iceland and voices of opposition to them have been few and marginal.

8.12. Ireland

In Ireland, there was no real use of 'war analogies' to justify measures, but legislation has been introduced to enhance the powers of the policy in enforcing restrictions on movement. These powers are time limited. There have been mixed views on the need for these enforcement powers. There have also been reports that in some situations the police have used them to negatively target some social groups.

8.13. Italy

In Italy, there was a clear use of the war analogy: "We are like in war but this time the enemy is invisible" This discourse happened more during the quarantine period. Many cars were controlled, following the geographic and social limits of circulation. The right of assembly was not working, and the gathering of people was banned. Regarding the authoritarian threat, there is a worry, "not so much for Italy but for those European countries where democracy is not so strong".

8.14. Lithuania

In Lithuania, the war analogy was not used so much by the government as by the media and the public. To present "doctors as front-liners" is quite a common association. Also, there were suggestions by some public figures to hand over the control to army commanders. This was widely discussed in the media. Increased surveillance was not so evident. However, there are concerns regarding the authoritarian threat, as the government tended to bypass the Parliament with the decisions which should be made there. Therefore, some decisions were not transparent and democratic enough and this emergency situation could not justify this procedure in any way. What is also important to mention is the rise of fake news and different conspiracy theories which also threaten democracy in many ways.

8.15. The Netherlands

In The Netherlands, the government never spoke about a war situation. Media used it sometimes, also to make clear how vulnerable persons felt, especially the elderly. The special COVID-19 app could be seen as a threat to personal freedom. However, it is clear that this app will never be mandatory.

8.16. North Macedonia

In North Macedonia, the "war analogy" was utilised in the political discourse during the period when the number of infected people began to increase dramatically. The Prime Minister held a major press conference at which a state of emergency was declared, and he used rhetoric as if the country was at war. The tone, the words and the measures had the spirit of extreme military readiness to fight the virus. The pandemic affected North Macedonia during the period of the dissolved Parliament (completely dysfunctional) and coalition - technical government (with appointed opposition ministers or deputy ministers in several ministries). This caused problems

in the normal functioning of the state, including the handling of the pandemic. All decisions were made with special decrees and in a declared state of emergency. In this context there were restrictions on movement and other activities that were adopted, by recommendation of the Commission for Infectious Diseases, composed of prominent medical experts. Due to the difficult situation, the President of the country and the National Security Council were also active.

8.17. Norway

In Norway, the government did not use the war analogy. The only extra surveillance takes place through a virus tracking app which is voluntary to download. There has been a broad debate about the data it gathers and the possible consequences. The app currently has 1.4 million users, but the numbers are dropping, partly due to scepticism in the population and partly because it does not work as well as intended.

8.18. Poland

In Poland, there was no war analogy while fighting the COVID-19. Regarding the increased surveillance and control, there were several events of repression against social protests due to social distancing orders. People participating were sentenced to high fines. During the crisis there was a renewal for the civic initiative in the Parliament to restrict the right to abortion, but it was removed by the ruling party to additional discussion in committees.²⁴

8.19. Portugal

In Portugal, the war analogy is not currently present, but it was during the emergency stage. There was surveillance of those people infected with the virus and those that did not respect the quarantine. Some attacks on workers' rights could be highlighted. The State of Emergency removed the right to strike (any profession and not just essential services in this context). In the second or third renewal of the state of emergency "the right of workers' commissions, trade unions and employers' associations to participate in the drafting of labour legislation, in so far as the exercise of such right may delay the entry into force of urgent legislative measures for the purposes provided for in this Decree, may be limited in terms and conditions of consultation" was suspended. This decision could have limited the rights of workers and may have contributed to abusive situations. For example, there was a new situation where the police were called to demobilise a group of workers who were at the door of a factory or a company that declared financial insolvency, with the intention of preventing them from withdrawing the goods. The police intervened and the trucks left with important assets to guarantee the payment of damages. On the other hand, the simplified layoff programme itself was applied by companies with significant profit margins, causing the social protection system and workers to be harmed to reduce the impact on these companies.

²⁴ By early 2020, judges who criticized the government's overhaul or simply applied European Union (EU) law correctly were subjected to disciplinary action. Such an attack on a core tenet of democracy—that there are legal limits on a government's power, enforced by independent courts—would have been unimaginable in Europe before PiS made it a reality. Zselyke Csaky (2020), Nations in Transit 2020 at <https://freedomhouse.org/report/nations-transit/2020/dropping-democratic-facade>

8.20. Serbia

In Serbia, the war discourse is very prominent among representatives of the Serbian government. At the beginning of the martial law, there was an action to distribute national flags to households, instead of distributing masks and gloves. The authoritarian threat was already there. There was no democracy in Serbia prior to the pandemic, but the country is currently in a more authoritarian situation than before. There are only a few media out of the control of the ruling party, all media with national coverage are strictly controlled, political clashes are on the rise, citizens protests are confronted by organised supporters of the ruling party and SeConS was harshly publicly attacked by the President for the publishing the survey results according to which 200,000 people lost their jobs during the pandemic and martial law. According to the Freedom House Index of Democracy Serbia was downgraded from a flawed democracy to hybrid regime.

8.21. Slovenia

In Slovenia, the war analogy existed within the government. The limitations of movement definitely hindered the criteria of an open society. For a few weeks people were not allowed to cross their local community (municipality) borders apart from for work or to help a close relative in need. There was an increased authority of the police, in movement control (borders, within the country – between municipalities). There is a proposal to introduce mobile phone tracking for the purpose of preventing the spread of the virus. The culture of political communication worsened during the recent months with the new government in Slovenia. There was limited media freedom, as journalists were not allowed to attend the government press conferences. There are some signs that the new government, which was appointed at the beginning of the crisis, would like to muffle one of the biggest media companies, RTV Slovenia (for example, the Prime Minister attacks RTVS on a regular basis via Twitter; some of this content is quite offensive and he personally attacks - especially female - reporters).

8.22. Spain

In Spain, the war analogy was constant during the toughest weeks of the pandemic. Examples: "We are at war against the COVID19". "We battle against this virus together". There is also a campaign: #EsteVirusLoParamosUnidos. At the press conference of 11 April, 2020, after meeting with the presidents of the autonomous governments, President Sanchez expressed: "When we win this war - and we are going to win it, I am convinced - we will need all the forces of the country to overcome the post-war period". At another point, he added: "Today, we face a formidable enemy". In fact, a good part of the discourse has been articulated around the "union" versus the "disunity" and the "us" against something external that does not understand borders or ideology, such as the virus. A clear positioning of "everyone" against the common threat. In another part of his speech, he referred to the de-escalated policy for which he called for "communion of all" and, above all, "not to be alone to win this war", appealing in this case to the rest of the political and social forces so that "together" they can "rebuild" what was destroyed. The warrior language allows the Government to claim the greatest sacrifices, even the loss of individual freedom. Prestigious Spanish historians have criticised the use of war-like language in relation to the health crisis, recalling that the current situation "has nothing to do with a war." It was quite alarming to watch the systematic presence of the military or high

positions of state armed forces at the daily press conferences on COVID-19.²⁵ Regarding the increased surveillance, the fight against the COVID-19 included the Royal Decree 463/2020, of 14 March, declaring the “state of alarm”, implementing in it (and in subsequent resolutions) different measures that have directly and indirectly affected the fundamental rights of citizens: on the one hand, those of a generic nature that affect the entire population (such as confinement); and on the other, those, still more restrictive, that affect people infected with COVID-19 or who were in a quarantine situation (such as forced stay in hospital or total confinement). The vast majority of the population not only understood the need to apply the state of alarm and the strict regulations, but stoically complied with them despite the individual costs. However, despite this generalised exemplary behaviour, there was little news about those who did not comply and therefore contributed to the possible spread of the COVID-19. The declaration of the state of alarm did not allow limiting rights and freedoms beyond what is considered in article 11 of Organic Law 4/1981, of 1 June, on the “states of alarm, exception and siege”. In no case, moreover, can rights be suspended, but only can measures that condition their exercise be adopted. The right to data protection derives from article 18.4 of the Constitution so that even in states of emergency and siege it cannot be suspended. The app for COVID-19 tracking also generated concern in Spain.

8.23. United Kingdom

In the United Kingdom, the war analogy was repeatedly used by the Prime Minister and his Cabinet, who referred to the ‘Blitz spirit’, though less so recently. The 75th anniversary of Victory in Europe day merged the solidarity with the National Health Service and reducing infection of COVID-19, with victory teas, 1940s music and dress, and flags and bunting. The link was made even closer by the remarkable then 99-year old Captain Tom, a second World War veteran who raised £30 million for the NHS by walking 100 laps of his garden with his walking frame, before his 100th birthday. There was much ‘macho’ talk by the Prime Minister, of ‘wrestling the coronavirus to the ground’ etc. Recent quarantine rules for international travel have rather cast foreigners as a threat, especially by certain media, when it is the United Kingdom which has the highest COVID-19 death rates. The weekly Thursday evening ‘clap for carers’ began in unity but took on a politicised element of support for Government and ceased at the end of May. The Government is currently testing a tracking app for COVID-19, on the Isle of Wight, a part of the United Kingdom. The app centralises data collected from smartphones in the course of tracking and tracing, on a Government server. There have been various privacy and “mission creep” concerns raised. There may also be problems with its effectiveness. The Government may shift to using the decentralised app created by Google / Apple, where data only transfers between phones. Recently, the app has been touted more as a support to physical tracking and tracing. They have recruited 21,000 track and trace personnel, but training is ongoing. Regarding the authoritarian threat, the populist approach of this Government, which has included elements of press manipulation and bypassing of Parliament, is expected to continue and perhaps strengthen as we approach a hard Brexit or crash-out of Europe on December 31, 2020. The Government has also shown itself and others that in the current crisis it can impose draconian restrictions on freedom of movement and have them accepted by the population. Whether the expected depression and high unemployment will increase the populist approach, or diminish it, is not clear yet, but more likely the former.

²⁵ “Historiadores rechazan el uso de lenguaje bélico contra la pandemia de COVID-19: Esto no es una guerra”, El Mundo, April 27, 2020, At <https://www.elmundo.es/cultura/2020/04/27/5ea6cc6e21efa0eb0c8b4593.html>” Carmen Iglesias, Gonzalo Pontón and Xosé Manoel Núñez Seixas

9. SHORT- AND LONG-TERM RECOMMENDATIONS BY COUNTRY

9.1. Austria

Short term: (At least temporarily) higher amounts of Minimum Income. Easier access to the so-called “help in special living conditions” (regulated in the framework of the Minimum Income legislation, but still a benefit which most people do not receive in case of special needs). Higher “family bonus” for people who receive unemployment benefits. (At least temporarily) higher unemployment benefits. Supporting low-income people and small enterprises.

Long term: Investing in social infrastructure (good childcare, support to social organisations). Using the crisis for social-ecological transformation, especially in view of taxation and tax legislation. Re-introduction of the inheritance tax and of property taxes. Improvement of the Minimum Income scheme to make it adequate and accessible.

9.2. Belgium

Short term: Direct financial support for vulnerable households. People living in poverty, vulnerable groups and the organisations representing their interests must be given adequate access to the policy process and be sufficiently heard when governments and administrations formulate policies in the context of the current health crisis. Rights must always be guaranteed, especially in times of crisis. Sufficient attention must be given to the most vulnerable in our society, such as the homeless, people without legal residence, people with low incomes, people who have difficulty reading and writing, people with disabilities.

Long term: All minimum income benefits must be lifted above the EU poverty threshold. At all times, it must be avoided that people with limited incomes have to pay the costs of this crisis. There is a need for fair taxation in which the strongest shoulders bear the heaviest burden. We need a robust Social Security; its erosion must stop once and for all. The current crisis has made it very clear how important our Social Security is as a buffer against economic shocks. The money that goes to Social Security should be seen as an investment not as a cost.

9.3. Croatia

Short term: Social services should be put in place in order to serve people in need. The participation of civil society and NGOs should be granted in the planning and implementation of the activities and programmes in social sector.

Long term: Reform of the social sector, with an inclusive policy and open method of governance towards the civil sector. Eradication or reduction of poverty.

9.4. Czechia

Short term: A new legislation prevents trade in debt of poor people by introducing the territoriality of executors, i.e. a judge appoints one executor for the city/district where the debtor lives (“territoriality principle”) and for all cases a debtor (i.e. they are no longer split up between different executors). Legislative arrangements which would allow people to stay in insolvency if they cannot work due to the COVID-19. Long term irrecoverable executions (10+ years). The focus should be placed on helping people with very low incomes. The minimum wage

should be raised quickly to be adequate for families to afford a decent living, including their housing rent. Quickly re-open and social activation of family services, low-threshold services for children and young people. Greater delegation of competency to regional and local administrations in monitoring the COVID-19 spread. The government should support the 'middle social class' and small entrepreneurs and prevent that there is no taking advantage due to the pandemic.

Long term: Increased assistance to non-profit and religious organisations that provide social services, refund the cost of buying of protective equipment, including face masks. There is a need to recompensate social service providers for the losses suffered during the time that social services were closed. A systematic financial support from the government to the social sector is also necessary for workers from non-profit organisations to earn a decent wage. It is important to implement the law about affordable and social housing, as the lack of it leads to poverty and homelessness: homeless people usually cannot work, therefore they fall into debt. Moreover, their family is separated, mothers with children living in reception centres, fathers often living on the streets, with a severe negative impact on children and their education and training. Concerning the minimum wage, the benefit system should be under constant review in order to respond to the person's unfavourable situation and is also an incentive for a later labour market insertion. Over time, social benefits should be significantly lower than the minimum wage, but at the same time, people on benefits should be able to afford a decent life – food, basic needs. It is necessary to introduce social legislation that will be able to effectively mitigate the effects of the COVID-19 crisis. The debt issue must be addressed and trade in debt of poor people by introducing the territoriality of executors (see above) should be prevented.²⁶ It is key to invest public budgets in the support of the life, work and businesses of people affected by the consequences of the pandemic. And it is also important to adopt a long-term social programme based on the European Pillar of Social Rights to prevent people in an economic crisis from getting into an undignified social situation caused by the effects of pandemic.

9.5. Denmark

Short term: Maintain large financial help packages compensating for wages, which were delivered. Stronger focus on financial aid for those who are not organised. Expand the education possibilities of people with low education attainment by granting them economic compensation.

Long term: Campaigning for wider organisation of the employment market, in order to avoid people losing their job without rights or salary in the future.

9.6. Finland

Short term: An adequate livelihood of the most vulnerable groups must be ensured. Extra support must be provided for poor families. Adequate food aid and the services of the homeless must be secured. The wellbeing of children and young people must be granted by safeguarding resources for child protection, mental health services and support services for education at various school levels. There is a need to invest extensively in active labour market policy. The use of wage subsidies must be safeguarded and increased in order to increase employment. Employment opportunities for asylum seekers must be maintained and the conditions for obtaining residence permits must be facilitated. There is a need to invest in low-threshold services, outreach social work and active inclusion measures. New ways must be found to

²⁶ A judge will appoint an executor to be where the debtor lives, one executor, even if the debtor has more than one debt, which means that there will be one executor in the vicinity of his residence who takes care of all the debtor's debts. EAPN Czechia is actively talking about it with the Parliament.

reduce loneliness. Resources need to be increased for financial and debt counselling, as well as NGOs providing economic counselling and social lending.

Long term: In the coming years, a variety of measures must be taken to improve the labour market position of the long-term unemployed and the partially disabled. The service system for the unemployed needs to be organised properly. The key is to provide people with the right kind of services at the right time. Investment is needed in education: the education system must be developed; free secondary education must be provided for all and study guidance services must be developed. Once the acute crisis is over, Social Security reform needs to be done to find long-lasting solutions for gaps, in order to help support people through the recession and prevent problems from deepening. In the longer term basic social security needs to be raised in stages towards a reasonable minimum in accordance with the reference budgets used. social and healthcare reform must be done in a way that ensures operating conditions and equality of service of the system, the realisation of fundamental rights and access to quality services for all, in a way that reduces health and wellbeing inequalities. The prerequisite for the effective operation of NGOs must be ensured, that will contribute to recovery from the crisis.

9.7. France

Short term: Increase in Minimum Income. Increase the individual housing allowance - Aide Personnalisée au Logement (APL) - and the fund for payment of the rent receipt. Revision of negative unemployment insurance rules with conditionalities, etc. Increase the salary of caregivers and their recruitment. Do a massive investment in hospital and structures.

Long term: Make care professions more attractive. Create much more affordable housing. Review the food aid system.

9.8. Germany

Short term: Faster re-opening of schools and kindergartens, better access to and coverage of childcare, more financial support for poor people. Opening of cultural sites for recreation.

Long term: better financial support for poor families, better social services, better support for people who become unemployed. A better health system.

9.9. Greece

Short term: Relief measures for those affected (like small enterprises and local business) Extension of unemployment benefits.

Long term: Investment in education and health; research and development. Investment and support to local economies (provinces and islands) so that they develop other sources of income than tourism. Promote a better use of the local resources, products and people (refugees and asylum seekers included). Focus and investment on integration and inclusion policies regarding asylum seekers and refugees.

9.10. Hungary

Short term: Create multisectoral pandemic plans as a first step for the most deprived areas and those segregated. Provide extra, quick financial aid for the poorest people. Promote and secure the involvement of civil society in the debates on next steps of protective measures concerning COVID-19.

Long term: Stop austerity in areas which negatively affect the population. More financial support for local authorities. A change of rhetoric towards poor people is needed.

9.11. Iceland

Short term: Protection of tenants who are struggling with rent as well as allowances for those stressed about paying their homes' mortgages. Debt relief and prevention (restrictions on collection agencies who charge extra fees on top of debts for their services). Accessible, suitable and affordable housing for everyone. Free services for children (free school meals, preschool and after-school programmes). Free and accessible healthcare and medicine, especially for all groups on low income.

9.12. Ireland

Short term: The level of the COVID-19 Pandemic Unemployment Payment shows that people on social welfare must have access to a level of income that enables them to live with dignity. In unwinding this COVID-19 Payment it is essential that the Government puts in place a process to benchmark all welfare payments at a level that lifts them above the poverty line and enables them to live with dignity. Ireland's public employment service must engage with those who are unemployed with a culture and approach that is positive and enabling and fully respects the dignity of those who engage with it. Groups in society that experience high levels of exclusion and disadvantage and are at high risk of infection from COVID-19 must continue to be named as 'vulnerable groups' and receive specific support to protect them during the crisis. Decisions on the re-opening of society and the return of normality must balance public health concerns with concerns for the wider wellbeing of people, in particular the impact on mental and physical health. The Government must avoid the introduction of austerity measures and ensure that all policy measures to address the economic impact of the crisis undergo transparent and effective poverty and equality impact assessment.

Long term: Ensure a balanced and integrated approach to social, economic and environmental policy which supports it to achieve its commitments under the UN Sustainable Development Goals while leaving no-one behind. Invest to ensure everyone has access to affordable and quality universal public services that operate on the basis of equality. Make sure everyone has an income that enables them to live with dignity. This includes decent jobs that provide a living wage and benchmarking social welfare at a level that lifts people above the poverty line and provides them with a minimum essential standard of living. Invest in a programme for the sustainable funding of autonomous community development organisations to ensure that marginalised and socially excluded communities and groups can have a collective voice in the decisions that impact their lives. Ensure Ireland has adequate resources to invest in universal public services and high levels of social protection by raising tax levels to closer to the EU average in a progressive manner.

9.13. Italy

Short term: Economic support to small business owners. Economic and social support to those who used to work illegally. Guarantee the right to education for every child (also those who don't have an internet connection at home). Moderate the prices of masks and gloves that people are requested to wear. Encourage domestic tourism (in order to support local economies).

Long term: Remove unregistered work. Strengthen the health system. Guarantee the right to education for every child, now and forever. Lighten the bureaucracy. Invest in science and research.

9.14. Lithuania

Short term: Transfer a significant part of COVID-19 mitigation funding directly to the Lithuanian population through social security mechanisms. Immediately bring the level of State Supported Income closer to the level of Minimum Consumption Needs and ensure adequate minimum income. Expand coverage of social insurance benefits. Reassess the need for social services at the municipal level, adjust social services plans and finance the newly emerging need for services accordingly. Develop clear terms on how to redirect services to online platforms and how to provide essential services for those who belong to the risk groups. Provide food, activities, camps for children, especially children from low-income families who fell behind during quarantine. Horizontal recommendation: all initiatives must be very simple and clear. It must be ensured that people understand and know to what kind of help they are eligible.

Long term: Strengthen the minimum income and social security systems. Increase the adequacy and coverage. Adequately finance social security system; increase funding at least twice. In order to protect those who have lost their jobs from a sudden drop or loss of income, make temporary jobseeker's allowance a permanent one. Review and increase social assistance pensions to people with disabilities and the elderly. Accelerate the deinstitutionalisation processes and ensure accessible social services.

9.15. The Netherlands

Short term: Increase the minimum income by 5% and make an extra €150 million per annum available for local poverty policy. Be aware of the importance of education for everybody. Digital education means at least having a decent computer or laptop and parental help. Combat the high prices of rented houses and address the lack of social housing.

Long term: Increase the lowest wages substantially. Build decent, affordable social housing and control the rented market prices. Implement progressive tax reform. Prevent child poverty, which is the poverty of their parents as well.

9.16. Norway

Short term: First and foremost, the government must ensure that everyone has income security that maintains a decent standard of living, based on the real costs of living. To do that, the gaps in the welfare system must be closed so that all who are not sufficiently covered by the schemes that exist at present get coverage. This work must continue through the crisis and beyond. In addition, payments must be made as quickly and efficiently as possible. In the immediate term,

a temporary universal basic income (until the Labour and Welfare Administration finds a solution for faster pay-outs of the unemployment benefit) may be a possible solution. Extend the layoff scheme to 52 weeks (which means a doubling of the duration compared to today) to avoid companies being forced to let people go permanently. Provide companies with wage subsidies to enable and encourage them to bring employees back more quickly than otherwise. Provide extra funding for municipalities to enable them to deliver essential services, particularly to people experiencing poverty and other vulnerable groups. Ensure that vulnerable groups get the information needed about rights and assist with the applications to the Labour and Welfare Administration. Use information channels aimed at the healthy, digitised majority population. A package of restructuring funds for NGOs working with people experiencing poverty and exclusion would be an effective measure. This would create opportunities for the organisations to offer vulnerable groups good support, adapted to the current situation.

Long term: Reverse the cuts in our social protection system, invest in closing the gaps and in strengthening individual rights. Then we must make sure that:

- 1) The work assessment allowance (AAP) captures everyone who is too sick to work and who needs treatment and clarification and / or qualification for work. The time limit for AAP must follow the needs of the individual case and the 52-week quarantine period must be abolished.
- 2) The qualification programme (a 2-year programme that may comprise both training courses and work training in which the participant receives a benefit to live off) must become a right for long-term unemployed and healthy recipients of social assistance in need of qualification and follow-up.
- 3) Users who need qualification beyond a two-year period must be entitled to vocational education and / or apprenticeships with full pay enabled by government wage subsidies.
- 4) The Housing Bank's housing allowance, subsidy and loan schemes for recipients of social protection benefits and participants in the qualification programme, must be increased.
- 5) The parental benefit must be made available for everyone.

Other measures: Actively utilise a countercyclical fiscal policy to accelerate the green transition by creating new industries and jobs, while mitigating the negative consequences of some industries disappearing by reinforcing social security nets and investing in public education and lifelong learning. Reinforce the Labour and Welfare Administration with increased funding and more employees. Go from New Public Management to a system built on trust. Invest in the health sector to make sure it is better prepared for future shocks. Create national stockpiles of contamination equipment and medicines. Draw up a long-term national action plan for combating poverty and exclusion, which must be adopted by the Norwegian Parliament. It should be based on a comprehensive mapping of poverty issues in the Norwegian society, where civil society actively contributes to involving people experiencing poverty in the process. The plan should focus on getting more people into the labour market, securing decent living conditions for all who cannot work, securing equal access to healthcare for all, enhancing the opportunities of children in poor families and resurrecting a social housing policy.

9.17. Poland

Short term: Introduction of the emergency benefit for people losing standard jobs at 1500 zł. Improvement of existing anti-crisis measures by making the emergency benefit more accessible for all affected employees.

Long term: Set the level of the unemployment benefit at 50% of the minimum wage at least. Set the level of social assistance for people able to work at the full difference between household income and the income test. Avoid austerity measures in 2021 and 2023, do not cut family benefits and - if it is unavoidable - cut it for the higher income groups only.

9.18. Portugal

Short term: Improve minimum income schemes for all. Guarantee protection equipment (masks) for free for vulnerable groups. Ensure a support line for social economy organisations that aims to restructure responses, strengthen, and train teams, user participation and regular monitoring. Study a restructuring of food support networks with a view to greater autonomy for beneficiaries (exploring responses from the use of vouchers and social supermarkets). The remaining community and social fund must be used to support the most vulnerable through innovative projects.

Long term: Design and implement a National Strategy to fight poverty and social exclusion, considering the European Pillar of Social Rights. Improve public services such as health care. Guarantee an investment in public housing. Guarantee the financing and real implementation of national strategies such as homelessness, considering the vulnerabilities and deficiencies detected in this period of the COVID-19 epidemic.

9.19. Slovenia

Short term: Efficient tackling of unemployment and poverty. Maintaining the health of the population (including mental health). Schooling – all children should go back to school (not only some) or establish special care for children who stay at home. Offer care for children and meals for them in schools also during the school holidays in order to enable parents, particularly women, to go back to work or to actively look for a new job. Establish a public long-term care system (including the law on long-term care) as well as financial and other support for poor families and families with children with special needs.

Long term: Strengthening of active employment policy measures. Reinforcement of the healthcare system. Solve the problem of long-term care. Provide adequate social protection and compensation of loss of pay. Support public schools and kindergartens

9.20. Spain

Short term: Implement the Strategy for the Prevention and Fight against Poverty, 2019-2023 (Principles 6 and 11 of the EPSR and SDG 1, 2, 3, 4, 8 and 10), approved by the Council of Ministers in March 2019, and its Annual Operational Plans. Guarantee free and universal access to medical care and public health care. Regional administrations must commit themselves to maintaining this universal and free access. Therefore, any containment measure in the health sector that leads to the breach of the principle of equal treatment and non-discrimination of migrants, must be avoided at all costs. Fight against child poverty by expanding the child allowance coverage and amount. Elimination of homelessness, by granting a minimum income and access to housing. Consider the situation of homeless women and mainstream a gender policy. NGOs have extensive experience in these processes and can actively collaborate in programmes to eliminate homelessness. Problems related to housing shortages, shortages and poor conditions have also become apparent with the COVID-19 crisis, as many people in vulnerable situations have not only been unable to afford rent or mortgage payments, but they

have been confined to spaces devoid of natural light, personal space and facilities. Among the measures adopted by the Government to help pay the rent and the mortgage, individuals and families who sublet homes or live in a room without a contract have been left out – this usually concerns vulnerable groups (students, immigrants, people who suffer job insecurity). Therefore, the solution to the housing crisis should be a priority, with the advantageous counterpart that rehabilitation can become an engine for social employment and be financed with European funds.

Long term: Advance towards gender equality in Spain, not leaving anyone behind, due to poverty, vulnerability or social exclusion. Improve the quality of employment. Address the poor quality of a good part of the current jobs and tackle the precariousness. Many of these precarious jobs affect the young population, women, people with disabilities and immigrants. Support the survival and creation of new small businesses. Invest in the development of the social economy; the creation of quality employment is essential for the economy, but also for people who have been unemployed for a long time. In addition to measures aimed at strengthening the “regular” and regulated labour market, the social economy should be promoted. Through new and sufficient insertion companies, social companies and special employment centres, based on social initiatives, it will be possible to tackle unemployment in groups that have difficulties accessing the labour market, such as people over 45 and people with disabilities. Continue to improve and expand the concepts of “social clause” and “market reserve”, encourage companies and public administrations to hire people in situations of exclusion. Reconvert to the green, clean and circular economy, following the Green Deal. Spain is one of the countries most affected by climate change and the level of preparedness for its consequences is low. In this process, it is necessary to incorporate a social transition, which leaves no one behind. Investment in small companies is proposed to associate young professionals in all aspects related to the green economy (transition to clean energy, recovery and protection of natural and human habitat, efficient use of resources, recycling, reuse). All companies and institutions should develop and implement a conversion plan in this regard. The educational system should incorporate the contents of this productive transformation, so that the new generations are pioneers in the defence of the environment, sustainability and equality.

9.21. United Kingdom

Short term: (Safety) Get procurement of personal protective equipment (PPE) and distribution and tracking and tracing sorted effectively, so that families with schoolchildren and their teachers, and other workers, especially in public-facing roles are, and feel, safer to go back to school and work. Use local government networks to support public health, rather than relying mainly on private firms with little experience and histories of technical, logistics and public health failings. Support for people at risk of poverty: extend the Universal Credit uplift to all claims, new or existing, and to insurance-based benefits, and retain the uplift, as there will be fewer jobs to seek during the recession and household budgets are likely to be under pressure, especially due to interrupted supply chains after COVID-19 and Brexit. Include migrants and asylum seekers and other excluded groups in the uplift measures. Support for low paid workers: pay 100% of their former wage during furlough. Introduce commitments for the public good in return for Government support to business. For example:

- 1) Take equity stakes in large businesses accessing significant government financial support in loans and grants with the intention of using these stakes to move the economy faster in a socially and environmentally friendly direction.

- 2) End zero-hours contracts and bogus self-employment, and other exploitative business models, with hard law: In June, extend the deadline for Brexit, as the country is faced with a double crash.

Long term: The United Kingdom was rated in 2017 as having the second-best pandemic plan (USA was first), yet it has the worst excess deaths in Europe, having run down procedures and stocks, and focused on the wrong sort of pandemic (flu). Reconstitute the pandemic planning apparatus and resource it and monitor it properly, making sure to act early and for the correct threat. No return to austerity. After ten years, everyone's cupboard is bare. We will need to grow our way out of pandemic and recession-induced debt, with an ambitious Social and Green New Deal. A Citizens Assembly could contribute ideas for a future worth having and how to get there. Integrate health and social care and fund properly and fairly through progressive taxation. Increase the resilience of low-income households by progressively raising all social assistance benefits and the statutory minimum wage to meet the Minimum Income Standard and reinstate non-means tested benefits for all children. Pay special attention to supporting the education, labour market and housing opportunities of young people, especially those educated or entering the labour market in the pandemic year(s). All policy should be poverty-proofed to ensure that the poor don't pay again for the policy-induced failures of Government – once in the financial crisis of 2010 and again due to the recession-inducing cost of lockdown in 2020.

STATUS OF THE DOCUMENT

This report was developed by the EU Inclusion Strategies Group, in consultation with the EAPN EXCO and People Experiencing Poverty Coordinators. The report was drafted by Graciela Malgesini, social inclusion expert working with EAPN Spain, and co-chair of the EUISG. The Terms of Reference were exchanged in early April. This was followed by an EXCO discussion, then EUISG member exchange on “COVID-19 & policy responses: What impact on poverty & exclusion?”, which took place on the 23 April, to analyse the impact of COVID-19 on vulnerable groups, to assess the policy actions taken by member states, and to analyse policy recommendations at national and EU levels. A questionnaire with 26 questions was circulated on 4 May aimed at capturing the key data and information from each country, with a 2-week deadline, which was extended until the 25 May. The questionnaire was responded to by 25 national networks. Short interviews were held with people experiencing poverty in order to learn about their situation during the pandemic, with their own perspective and proposals. We obtained a total of 27 testimonies of people experiencing poverty from 23 countries. A specific questionnaire was aimed at the European Organisations Members of EAPN and was completed by three members: the International Federation of Social Workers, SMES Mental Health Europe and AGE Platform Europe. The draft report was circulated to members on 15 June. All inputs were incorporated. The draft report was finalised on the 29 June 2020.

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The European Anti-Poverty Network (EAPN) is an independent network of nongovernmental organisations (NGOs) and groups involved in the fight against poverty and social exclusion in the Member States of the European Union, established in 1990.



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