

EXECUTIVE SUMMARY

"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"

Kristine, 29 years old, Oslo, Norway

"I would like to see more support for single parent families like mine. I have put aside my personal and professional development to care for my son alone and thus I have come to this situation. Getting a job when you enter the "new normal" will not be easy, but you will have to try"

Maria, 43 years old, Salamanca, Spain

"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."

Boštjan, male, 42, Ljubljana, Slovenia

In March 2020, EAPN responded immediately to the explosion of the COVID-19 epidemic by publishing an [initial statement](#), an [Open Letter to the EU institutions](#), then a campaign [letter](#) to Commissioner Schmit asking for urgent backing for a Framework Directive for Minimum Income signed by 25 MEPs and other stakeholders. EAPN decided to carry out detailed research into the COVID-19 crisis and its impact on people experiencing poverty and vulnerability with the participation of its national networks and European member organisations.

This report analyses the situation of health, social protection and minimum income systems before the pandemic and the positive and negative changes produced as a result of the spread of the virus and the measures adopted by governments to tackle it. The conditions of people suffering from poverty and vulnerability in countries participating in the study are described and analysed in detail, considering the impact that this crisis has also had on gender as well as other forms of inequality. A special section is devoted to delving into the worrying increases in population control and surveillance, carried out by some governments during the first months of the pandemic, and their possible threats to democracy and civic freedoms. After providing an in-depth analysis of the current situation, EAPN makes important recommendations to national and European authorities, in order to leave no one behind, by rebuilding a rights-based Europe with a social heart and a commitment to ending poverty and reducing inequality. Annex 1 captures key EU trends and data, whilst Annex 2 provides a Country Annex summarising detailed input from the national level regarding all areas of the report. Responses were received from 25 national networks (AT, BE, HR, CZ, DK, FI, FR, DE, EL, HU, IC, IE, IT, LT, NL, MA, NO, PL, PT, SB, SE, SK, SL, ES, UK) and 3 European Organisations (SMES, IFSW and Age-Platform).

According to the responses to the EAPN survey carried out in May 2020, before the pandemic, the healthcare systems of 20 out of the surveyed European countries were already problematic and showed significant challenges and deficiencies in providing coverage and quality services for all, particularly for poor and vulnerable groups. Insufficient investment in healthcare provision generated structural shortcomings of trained medical staff, facilities and equipment, which translated into hardship and waiting lists for specialised medical services. Low-income, rural and remote regions had worse provision than urban areas. Mental health services were underdeveloped in most of the countries surveyed. Low-income groups had more unmet medical care needs than the rest of the population: homeless people and certain categories of social services and healthcare users were not covered. Undocumented migrants and asylum seekers could not access standard health care, in many countries. Due to the blurred boundaries between "health care" and "social care", insufficient attention was given to quality services particularly for the elderly and people with disabilities. High prices of medicines and medical services negatively impacted the health of people in poverty.

Social protection systems were underfunded in half of the surveyed countries and nearly all presented serious problems of coverage as well as inadequate levels. In many countries, benefits or income transfers have a very low impact on poverty reduction.¹ The complexity of social protection systems prevented people facing poverty and exclusion from claiming the benefits they are entitled to. Regional disparities in accessing social protection and services were extensive. Over the last decade, there has been a tightening of eligibility criteria and a reduction in the level of working-age benefits. Pensions for older people were low and set unfairly. Problems of social protection of people with disabilities and dependency were generalised. Child benefit amounts were low or had insufficient coverage in many countries.

Minimum Income **schemes were considered challenging in different ways by 20 out of 23 surveyed countries.** There were outstanding territorial differences in the criteria used as well as the amounts of minimum income granted among certain regions or municipalities within the same country. Many vulnerable groups could not access the schemes due to restrictive criteria, namely age, origin, residence status, work history, plus other conditions such as location, education, digital skills and compliance with bureaucratic procedures. Moreover, the complexity of the procedures, means-tested access, the long waiting time to get the first payment, the stigmatisation of the recipients and other barriers, caused low take-up levels. Due to the inadequacy of minimum income amounts, most of the recipients were placed below the poverty line. Negative activation and conditionality which threaten reductions or cuts in benefits if strict conditions on job search and access are not reached, are also increasing trends.

The analysis provided above shows the characteristics and deficiencies of coverage and adequacy of the health, social protection and income guarantee systems of the countries analysed in this report, before the outbreak of COVID-19. Like an earthquake exposing a fault line, as the pandemic played out, it uncovered and deepened structural inequalities. **The already existing inequalities and structural weaknesses meant that the spread of the COVID-19 virus and the avalanche of negative social consequences has disproportionately hit those already poor or at high risk of becoming poor and vulnerable.**

The actions taken by the governments in relation to healthcare during the pandemic were evaluated quite positively by respondents to the survey. **However, there is a shared agreement regarding their negative impact on people already experiencing poverty and social vulnerability,** who started in a situation of disadvantage with regard to other groups who were not in poverty, in terms of prevalent diseases, disabilities, poorly perceived physical and mental health status and low level of wellbeing, as well as indebtedness, lack of savings, precarious jobs (if any) or low-amount benefits as the main household income, and insecure housing. The lack of sustained investment in efficient and universal health services, with well-paid staff and well prepared for pandemics, also became evident. In many countries, coordination and procurement of personal protective equipment were very problematic, which led to the over exposure of health and social care (and in general front-line) workers to the virus, as well as a consequent grave danger to their lives. The postponement of medical procedures, including essential operations in hospitals, the closure of day centres and therapeutic services for people with disabilities, in treatment or rehabilitation, is also likely to create negative health consequences in the following months.

Concerning the performance of policy measures regarding their national minimum income and social protection systems, the majority of respondents considered that their functioning was “average” or “good”. **A set of similar measures were adopted in many countries:**

¹ The 2020 Joint Employment Report (p. 126) highlights the decreasing ability of social transfers to reduce poverty in 16 Member States and this mainly due to inadequate benefit levels.

- income support: (extension of the unemployment benefit, income support for temporary workers and the self-employed, exceptional financial support for workers who had to stay at home to take care of the children);
- prevention of rising unemployment: (an exemption from social security contributions as an incentive for companies to avoid the shut-down, promotion of teleworking, short-time working schemes and a ban on layoffs),
- other measures: housing protection (postponement of mortgages and rent payments, ban on evictions and on utilities cuts) and social palliative measures (substitution of school meals, distribution of computers and broadband connections among students, relocation of homeless people among different facilities, funding for NGOs to reinforce food distribution and emergency assistance).

Although the efforts in general were considered good and rapid, the concern is that the response was not sufficient to prevent poverty, nor were the most excluded groups reached by those measures. There was also concern regarding the perceived temporary nature of the measures.

Prior conditions of poverty and social exclusion were decisive in increasing exposure and negative impact on homeless people, as well as on many immigrants and Roma who survived in settlements or sub-standard houses, since they were not able to avoid contagion or, if they contracted the disease, they were not able to recover in isolation. The existing structural racism and inequalities in the labour market, in housing, or in institutions such as the police, meant that some groups e.g. Black and Ethnic Minorities were being hit harder. Racial profiling and police brutality have been reported in many countries. This scenario was compounded by racist violence and speech online and offline. Unemployment, short-term retention schemes and lack of access to income support caused financial problems and anxiety that can be reflected in family life for those suffering from poverty and social exclusion. Poor children who relied on schools for support and meals were disproportionately affected.

Ethical problems have been exposed due to the appalling death toll amongst residents of care homes. There is ongoing questioning of the institutionalisation system which maintains the older people in residences with "specialised care", by separating them from their home environment, and treating them in a paternalistic way and, in general, subjecting them to a questionable approach regarding their human rights. The health crisis has also brought to light the isolation and vulnerability of people with chronic diseases and mental health problems, disabilities and functional diversity, with too few social services to protect them and the weakness of the system of formal and informal care, which has had to be complemented by extensive networks of NGO volunteers and practitioners.

Before the pandemic, women were already at a higher risk of poverty than men in all the surveyed countries, except for Norway. The pandemic had a huge gender impact, with women on the frontlines of the COVID-19 response. Women were overrepresented in the crucial and often low paid occupations in hospitals, care homes and education, while at the same time they also carried the biggest workload at home. The impact of intersectionality is particularly evident - where poor women from black or ethnic minorities, migrants or asylum seekers, including with disabilities - face a double or triple risk and burden.

Civil Society Organisations have demonstrated their crucial role in supporting people facing poverty and exclusion but have been severely impacted. The respondents explained that **many civil society organisations were forced to put planned activities on hold**; others were scrambling to shift their work online. They experienced:

1. Cuts in their funding levels, due to delays and cancellations from donors, postponed funding campaigns, lost revenue from closed social enterprises.

2. Changes in the way services were delivered, because of the reduction of volunteers' activities, the isolation of target populations and families who needed support services, the cancellation of programs, training, events, and internal operations.
3. Changes in their operation, with staff lay-offs, infected social workers, emotional trauma and low morale of practitioners and volunteers, and the inability to complete necessary reporting due to restrictive circumstances and the closures of government offices.

There have been **important positive lessons learnt**. Many respondents highlighted the clear urgent need for governments to invest in good quality, affordable and universally accessible, integrated public health and care services. Other shared positive experiences were the reappraisal of healthcare and social care workers, the immense capacity of civil society self-organisations and collaboration with the authorities, the role of volunteering and the importance of food and goods but also of social proximity to those in need. Most of the highlighted **good practices** are related to the devoted healthcare staff and the quick reorganisation of civil society support services and initiatives to provide food, protective face masks and hygienic kits to the most vulnerable.

The proposals at the national level are directed towards the promotion of rights and protection of the vulnerable groups who are negatively affected by the COVID-19 pandemic, as well as the increase in the generosity of income support schemes, building towards more effective long-term social systems and strategies to fight poverty and exclusion, in all its forms. Protecting people from poverty means taking steps towards securing affordable housing and energy, as well as the ethical management of debts. In the long term, the recommendations go hand-in-hand with social and ecological transformation, granting resources for better health care, social protection and social services for vulnerable people and those living in poverty. The anti-austerity message is also present, while the European Pillar of Social Rights is seen as the “lighthouse” and a reference point that could guide the delivery of wellbeing and rights for all.

At the EU level, it is vital that the short-term support is translated into a long-term improvement in welfare states and quality employment – guaranteeing adequate income (through social protection/minimum income and decent wages) and essential services as pillars of an effective EU integrated strategy to fight poverty. This must be set within a coherent [comprehensive post-2020 strategy](#),² based on social rights, that supports a fairer economic model of social and sustainable development in line with the [2030 Agenda](#), underpinned by the European Pillar of Social Rights. Progress towards equality, justice and democracy - core EU values - should be prioritised, as well as the implementation of social rights, making the ending of poverty a pre-requisite. The EU must seize the moment to progress on EU obligatory rights – for example through a framework directive guaranteeing adequate minimum income in all countries, as well as a framework on minimum/living wages. It is crucial that people facing poverty and vulnerability also benefit from the ecological transition and the post-COVID recovery, and do not pay for it, including through the imposition of austerity measures to recoup the deficits. To ensure that the reconstruction funds and the adequacy of the structural funds already granted fulfil their social mission, maximum transparency and supervision are necessary. To do this, the current consultative status of civil society organisations and the involvement of people experiencing poverty must be raised to a level of dialogue on an equal footing with other social actors. **The time to change is now. It is essential to rebuild Europe with a rights-based, social heart.**

² EAPN (2019): Delivering Agenda 2030: for people and planet – EAPN Proposals for a post Europe 2020 strategy