



PART B

COUNTRY CASE STUDIES

ANNEX TO THE REPORT:

RESILIENCE OF THE LONG-TERM CARE SECTOR

EARLY KEY LESSONS LEARNED FROM THE COVID-19 PANDEMIC

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AUSTRIA

Austria has a significant elderly population, with 1.7 million people aged 65+ years (19.2 percent of the population), which is slightly below the average for the EU-27. There is a concentration of older people in more difficult to access rural and alpine areas. Public spending for LTC in Austria amounted to 1.8% of GDP in 2019, which is 0.1% higher than the average for the EU-27.¹

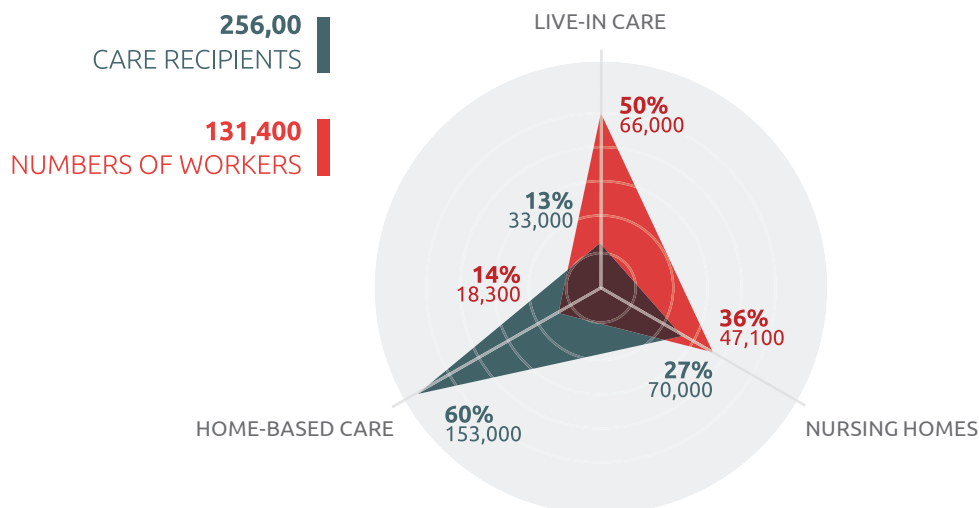
In 2018, 462,000 Austrians were assessed as being in need of care, meeting federal LTC allowance criteria to receive LTC services. There are 930 care homes in Austria, with an average size of about 80 beds each. Half of all LTC facilities are public entities, 25% are not-for-profit and 25% for-profit.²

Austria has a high proportion of informal care. Approximately 2/3 of care needs are met by families and unpaid carers in the home, but they have increasingly been supplemented by a substantial migrant live-in care workforce mostly drawn from Eastern European countries (80% are recruited from Romania and Slovakia). These workers are commonly referred to as '24-hour support workers' and are numerically the largest segment of the care workforce. The Austrian system is unique in Europe in terms of regulation of live-in care – the workers are subject to special status in regard to legal and funding regulations, and they

1 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

2 Simmonds C., Leichsinger K, Schmidt A. Patel D. COVID-19 and the Long-Term Care system in Austria. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., Pharoah D. (editors) LTCcovid International living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

are mostly self-employed yet also dependent on brokering agencies. However, this system also segments the care workforce – with half of all care workers who are nearly all migrants – placed in a secondary category in regard to pay, conditions and job security. This system competes with and presents a barrier to the development and integration of community-based care services.³



In the province of Burgenland, a unique employment model has been developed since October 2019 to employ carers for relatives (ie. family members) in a state-owned limited company (Pflegeservice Burgenland GmbH). This project has so far employed 221 people and there is a plan to extend it to 600 jobs. Workers employed by the company receive 12 months of basic training free of charge and are paid a monthly salary linked to the care allowance level of the person in need of care. This ranges from €1022 (for 20 hours/week) to €1,700 (for 40 hours/week). In addition, there are weekly, fortnightly or monthly support visits from qualified nurses. The project has generated interest within Austria as well as in Europe as a potential model that could be implemented elsewhere. In 2022 it will be evaluated for the first time.⁴

3 Leichsenring, K., Schmidt, A.E. and Staflinger, H., 2021. Fractures in the Austrian Model of Long-Term Care: What are the Lessons from the First Wave of the COVID-19 Pandemic?. *Journal of Long-Term Care*, (2021), pp.33–42. DOI: <http://doi.org/10.31389/jltc.54>

4 <https://www.pflegeserviceburgenland.at/>

COVID-19 AND LTC

Austrian nursing homes suffered severely from Covid-19 but unlike most other European countries, the impact was much lower during the initial wave, and most deaths occurred in the second half of 2020 and during 2021. Initially, both the overall prevalence of COVID-19 in Austria and the impact on residential LTC facilities was much lower compared to other countries. Despite initial successes that largely averted the first wave, infections rose very sharply in the second wave.

Initially, there were 612 infections among elderly nursing home residents and 308 staff infected as of 22 April 2020, mostly concentrated in the region of Tyrol.⁵ The number of care home resident infections rose to 923 as of 22 June 2020.⁶

As of 1 November 2021, a total of 3,953 residents have died, accounting for 35% of all deaths. The proportion of nursing home residents who died due to Covid during the first wave was 0.4% (before 17 September 2020). This rose to 5.7% by 1 November 2021 - comparable to Ireland, France, Sweden and the Netherlands.⁷

Additionally, there were 10,180 cases among staff in nursing homes, with one death reported.⁸

Nursing homes were announced to be Covid-free on 29 June 2021 – with zero infections reported among either workers or residents.⁹ Yet in Novem-

5 Schmidt AE, Leichsenring K, Staflinger H, Litwin C and Bauer A (2020) The impact of COVID-19 on users and providers of Long-Term Care services in Austria. Report available at LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE

6 Leichsenring, K., Schmidt, A.E. and Staflinger, H., 2021. Fractures in the Austrian Model of Long-Term Care: What are the Lessons from the First Wave of the COVID-19 Pandemic?. *Journal of Long-Term Care*, (2021), pp.33–42. DOI: <http://doi.org/10.31389/jltc.54>

7 Simmonds C., Leichsinger K, Schmidt A. Patel D. COVID-19 and the Long-Term Care system in Austria. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., Pharoah D. (editors) LTCcovid International living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

8 Comas-Herrera, A, et al. 2020. Mortality associated with COVID-19 in care homes: international evidence. London: International Long-Term Care Policy Network [online]. Available at: <https://ltccovid.org>

9 <https://www.themayor.eu/en/a/view/nursing-homes-in-austria-are-covid-free-8325>

ber 2021, Austria experienced the worst surge of cases in the pandemic so far, prompting a return to full lockdown. The most recent data submitted to the ECDC shows a steeply growing trend of COVID-19 cases in long-term care facilities is occurring at the time of writing, with over 20 weekly deaths reported.¹⁰

No comprehensive official evaluation of the impact of the COVID-19 pandemic on the different parts of the LTC system in Austria has yet been undertaken.¹¹

IMPACT ON CARE WORKERS AND RECIPIENT

The pandemic exposed significant weaknesses in the Austrian LTC system and failures of crisis management. Visiting restrictions in nursing homes were introduced from 8 March 2020 along with a general lockdown until 4 May 2020. Austria then lifted many restrictions for the population in general, opting instead for a strategy to shield vulnerable groups. This strategy failed. As cases in the general community rose exponentially between October and December 2020, so did deaths in nursing homes. Plans for systematic testing of all 130,000 residents and staff in 918 nursing homes was announced by the Ministry of Health on 16 April 2020. However, there were failures to prioritise nursing homes for testing, problems with continuity of testing, and long waiting times for results.¹²

The Austrian system of LTC has long been criticised for being fragmented and decentralised, siloed between health and care, with responsibility resting with regional governments. As in many European countries, the initial pandemic response saw hospitals prioritised whereas care services were neglected. When peak capacity in hospitals was reached after 7 April 2020, older people were transferred from clinics to nursing homes, often without testing. Inspections of nursing homes were suspended during the period of the lockdown. The lack of coordination between health, and the various parts of the care sector meant resulted in a lack of administrative data to adequately implement strategies

10 https://covid19-country-overviews.ecdc.europa.eu/#6_Austria

11 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

12 Leichsenring, K., Schmidt, A.E. and Staflinger, H., 2021. Fractures in the Austrian Model of Long-Term Care: What are the Lessons from the First Wave of the COVID-19 Pandemic?. *Journal of Long-Term Care*, (2021), pp.33–42. DOI: <http://doi.org/10.31389/jltc.54>

and to mitigate risks. While some care services were suspended and workers placed on hold, other care workers including nursing home workers were working double-shifts.¹³

Due to the reliance on live-in care workers within Austria's LTC system, border closures and travel restrictions had a significant disruptive impact as these workers typically rotate in bi-weekly shifts. One-off payments of €500 were provided to migrant care workers to extend their stay in Austria for a second shift. Once travel corridors were established, new migrants were brought in on charter flights but had to quarantine for 14 days in hotels receiving no income during this period.¹⁴

Major issues emerged in relation to care workers shortages, the lack of support for informal carers and the lack for rights of live-in care workers.¹⁵ On 1 July 2020, the Federal Association of Retirement and Nursing Homes Austria (Lebenswelt Heim - Bundesverband der Alten- und Pflegeheime Österreichs) pointed out that LTC workers and providers were largely left to their own devices, as regional health authorities often seemed overwhelmed and lacked coordinating capacity, leading to failures in overall crisis management. In mid-April, just 50% of facilities had enough PPE. The association called for inclusion of long-term care representatives in crisis teams at the federal and municipal level, as well as within trade unions and works councils. It also demanded improvements to staffing, both in terms of quantity and quality, to ensure a sufficient skill and grade mix.¹⁶

Staff shortages were already acute prior to the pandemic and overburdened by poor conditions and long working hours.¹⁷ As part of the emergency response, the Austrian government loosened staffing regulations and licensing requirements, suspending mandatory registration of nurses and drafting unemployed people and those who opted for civilian duties instead of military services to provide basic care.¹⁸ As of mid-2020, requirements for minimum staffing ratios were also suspended in some regions (including in Styria, which

13 Ibid.

14 Ibid.

15 Ibid.

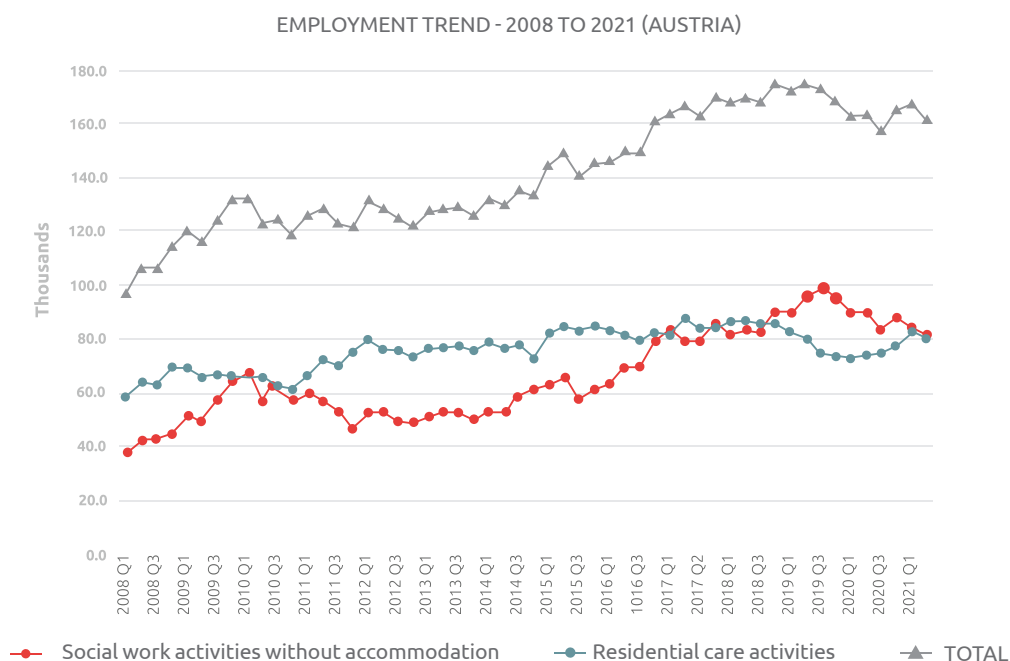
16 https://www.ots.at/presseaussendung/OTS_20200701_OTS0023/covid-19-in-alten-und-pflegeheimen-bild

17 https://www.arbeiterkammer.at/umfrage_gesundheitsberufe

18 Schmidt AE, Leichsenring K, Staflinger H, Litwin C and Bauer A (2020) The impact of COVID-19 on users and providers of Long-Term Care services in Austria. Report available at LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE

at the time had the highest rate of cases in nursing homes), with the consequence that overstretched workers at the frontline of the pandemic were even more overburdened.¹⁹ The care workers were also supported from the Austrian armed forces.

Care workers reported exhaustion, burnout and psychological distress due to deteriorating working conditions particularly related to extended working hours.²⁰ This includes 12-hour shifts, pressure to perform more work in less time, and the addition of tasks outside competence and responsibilities. Workers faced risks due to a lack of PPE but also the discomfort associated with using it for protracted periods. Contradictory rules and regulations, being at the mercy of management, and the lack of recognition through increases in pay to match the urgency and difficulty of the job were also reported.²¹



19 <https://awblog.at/qualitaetsstandards-gesundheit-und-langzeitpflege-neu-denken/>

20 Hoedl, Manuela & Bauer, Silvia & Eglseer, Doris. (2021). Influence of nursing staff working hours on stress levels during the COVID-19 pandemicEinfluss der Arbeitszeit des Pflegepersonals auf deren Stressniveau während der COVID-19-Pandemie: A cross-sectional online surveyEine querschnittliche Online-Umfrage. HeilberufeScience. 12. 10.1007/s16024-021-00354-y.

21 Brugger, M., Hengalova, R., Stefan, J. (2021), COVID-19 and the Perceived Stressors of Austrian Long-Term Care Workers, Vienna University of Economics and Business [unpublished paper] <https://www.gpa.at/content/dam/gpa/downloads/kollektivvertrag/gesundheits-soziales-kirchen/sw%C3%B6/2021/Covid-19%20and%20the%20perceived%20Stressors%20of%20Austrian%20Long-Term%20Care%20Workers.pdf>

RECENT TRADE UNION ACTIVITIES

2021

NOVEMBER

Health unions that organise in both public and private sectors held a major nationwide protest calling for urgent action in response to the crisis in the health service. Staffing shortages among health and care workers were apparent before the pandemic and have now left most workers physically and mentally exhausted.²² A new campaign “Words are Not Enough” was launched by Austrian trade unions that organise in private health and social care. GPA and Vida – with the support of the ÖGB confederation – are campaigning for increased funding to improve pay and conditions, reduce workloads, increase staffing by at least 20,000, and extend the COVID bonus and additional time off.²³

SEPTEMBER

Unions including GPA, Vida and Yunion had been campaigning for the EUR 500 Corona bonus promised to doctors and nurses to be extended to all occupations in health and social care, including those who work in the LTC sector. Despite winning this demand, unions have had to maintain pressure on the government and demand respect for workers because after three months the bonus has not yet been paid.²⁴

MAY

All four unions representing health and social care workers in the health and social care sector have been demanding the government takes urgent action on training by introducing a national training fund to support trainees financially. An addition 75,000 workers will be needed by 2030. A major disincentive for trainee workers is the lack of pay while undertaking training, in contrast to many other professions.²⁵

22 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-newsletter-november-no22/unions-unite-protests-over-crisis>

23 <https://worte-reichen-nicht.at/>

24 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-september-no18/union-keeps-pressure-corona-bonus-care>

25 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-may-no10/health-and-care-unions-call-action-training>

FEBRUARY

Unions and private-sector employers negotiated a cross-sectoral collective agreement concerning COVID-19 tests and masks, protecting workers from dismissal in the event of testing positive, and obliging employers to arrange tests during working hours. Unions called for this agreement to also apply to the public sector employers.²⁶

JANUARY

All public sector workers receive a 1.45% increase in pay and allowances.²⁷ Private health and social care workers receive a 2.08% pay increase (0.6% above inflation), as part of a three-year agreement that was negotiated in 2020. The agreement will also see reduction of hours to 37-hour week from 2022.²⁸

2020

NOVEMBER

Vida trade union representing workers in private health and social care attacked the government for saying that workers who were infected with COVID-19 should go to work. The union called for adequate protection for workers to isolate and quarantine, and to have access to regular testing during working hours.²⁹

JULY

A coalition of public and private sector health unions and professional bodies launched a 'health offensive' to tackle pervasive understaffing and overwork exposed by COVID-19, and established a structured dialogue with the ministry of health.³⁰

26 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-february-no3/national-collective-agreement-covid-19>

27 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-december-no23/pay-rise-public-sector-workers>

28 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-january-no2/three-year-deal-delivers-208-increase>

29 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-november-no21/health-union-attacks-government-over>

30 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-july-no14/unions-make-progress-health-offensive>

BELGIUM

Belgium has a significant aged population, with 2.2 million people aged 65+ (18.9% of its population) with almost 1 million people estimated to be in need of LTC. There are a total of 147,580 beds in residential services, and an estimated 125,000 people aged over 65 living in nursing homes. Relative to other European countries, Belgium has among the highest nursing home capacities with 68.7 beds per 1000 people aged 65+ in 2019, highest in Brussels region (99 per 1000), followed by Wallonia (74 per 1000) and Flanders (61 per 1000).³¹ Belgium is among EU-27 with the countries with the highest proportion of spending on long term care, with 2.4% of GDP in 2019, similar to Denmark.³²

The LTC system in Belgium is fragmented, with separate health and social system structures in Flanders, Wallonia and the German-speaking Community, as well as the federal level. Responsibility is therefore diffused between nine health ministers. The system is underfunded and sections of it are highly privatised, especially in the Brussels region where ownership of 63% of bed capacity is concentrated among four multinational care providers, while 24% are in publicly owned nursing homes. In contrast, in Flanders the non-profit sector is the dominant player. Only 17% are owned by for-profit operators, 56% by non-profit operators, and 27% are public.

31 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

32 OECD statistics

COVID-19 AND LTC

Belgium experienced one of the world's highest recorded COVID-19 death tolls in LTC facilities.

As of 24 March, 2021, there were 12,597 deaths linked to COVID-19 among nursing home residents, accounting for 55% of total COVID-19 deaths in Belgium. Since the start of the pandemic, the proportion of all nursing home residents over 65 who have died due to confirmed or suspected COVID-19 is the highest reported in Europe: 10.08% (1 in 10).³³

ECDC data shows that there were two distinct periods in which most COVID-19 deaths occurred in nursing homes.³⁴ Whereas the initial tragedy during the first wave between March and June 2020 drew attention to the systemic failures of Belgium's pandemic response and the inadequacy of the LTC system, nearly half of Belgium's nursing home COVID-19 deaths occurred in the second wave – there were 5,588 additional deaths between October 2020 and February 2021.

Nursing home residents and staff were prioritised for vaccination. As of March 2021, 95% of care home residents and 87% of staff in Flanders were vaccinated. 94% of residents in Brussels and 92% in Wallonia were vaccinated.³⁵

IMPACT ON CARE WORKERS AND RECIPIENTS

Following the first wave, Amnesty International condemned Belgian authorities for failures to respect human rights obligations as residents were left to die in nursing homes without medical care and the state failed to ensure adequate access to healthcare. Policies prioritised hospitals at the expense of long-term care, with a diversion of PPE. Routine inspections from regulatory authorities were suspended, and facilities were closed to visits of family members. The

33 Comas-Herrera A, Marczak J, Byrd W, Lorenz-Dant K, Pharoah D (eds.) and LTCcovid contributors. LTCcovid International living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy & Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

34 https://covid19-country-overviews.ecdc.europa.eu/#7_Belgium

35 Comas-Herrera A, Marczak J, Byrd W, Lorenz-Dant K, Pharoah D (eds.) and LTCcovid contributors. LTCcovid International living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy & Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

government had ignored its own previous official recommendations to take steps to prepare nursing homes to control infections. These recommendations date back to 2006, but after sectoral reforms in 2014, were not implemented for budgetary reasons.³⁶

Nursing homes in Belgium were structurally understaffed prior to the emergency, and the COVID-19 crisis meant that care workers were insufficient in number and overloaded with extra work.³⁷ Care workers reported conditions of “hell” from the start of April 2020. Severe shortages led to cases of negligence, as basic needs for food, water and hygiene were not met. To cope with the severe shortages, some nursing homes needed to call for humanitarian intervention, including from the army.³⁸ Médecins Sans Frontières (MSF) also intervened in 135 nursing homes, including the majority of nursing homes in the Brussels region (81 out of 138). MSF reported encountering extreme working conditions for the care home staff. High rates of absenteeism, a lack of resources and lack support led to a sense of being abandoned. There were severe deficiencies in PPE, staff not being adequately informed of COVID-19 and risks of transmission, a lack of screening, a lack of cohorting and isolating suspected cases. Many nursing homes struggled to secure medical treatment for their residents, with GP visits down by half from the pre-crisis period.³⁹

Staff absenteeism due to sickness during the pandemic varied between facilities, some were recorded to have up to 70% absent staff; this was largely attributed to a lack of PPE. Temporary arrangements were brought on 3 May 2020 to allow private nursing homes to enlist volunteers. Regular testing in nursing homes was only introduced in August 2020 – restricted to one test per month for staff, and not to residents.⁴⁰

The Amnesty report also condemned detrimental effects of blanket policies to close facilities to all visitors, without regard to individual risk assessment – this resulted in the confinement and isolation of residents while also compounding workloads and the staffing shortages. Measures that stopped family

36 <https://www.amnesty.be/campagne/discrimination/droits-agees-pandemie-covid/maison-repos-covid19>

37 https://www.rtbef.be/info/societe/detail_coronavirus-en-belgique-le-sacrifice-a-ses-limites-le-personnel-soignant-a-bout-de-souffle?id=10474108

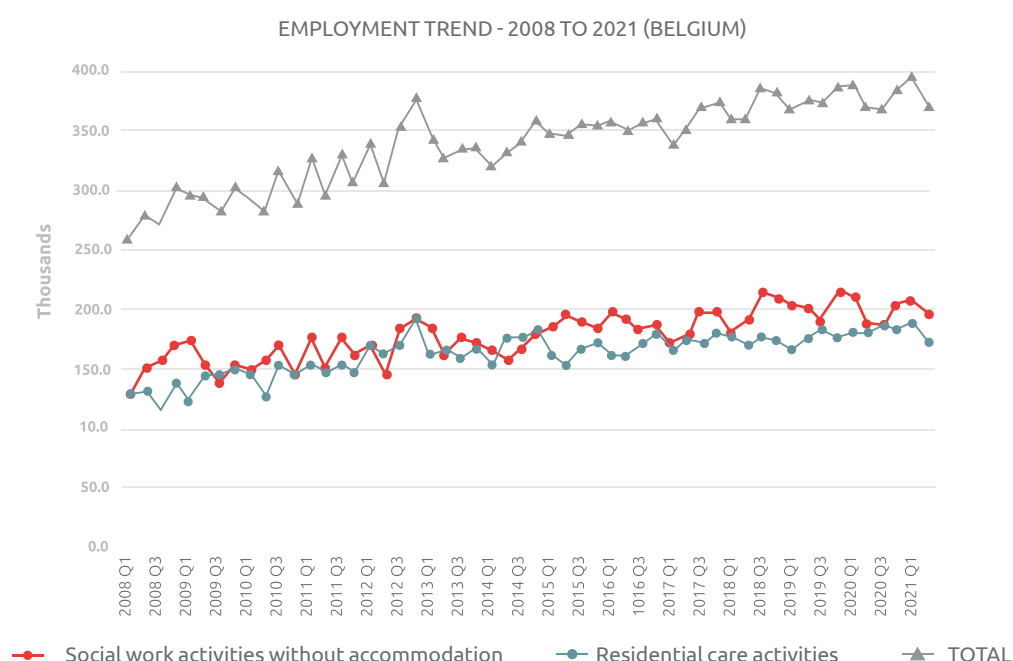
38 https://www.rtbef.be/info/societe/detail_coronavirus-l-armee-belge-intervient-dans-deux-maisons-de-repos-a-jette-et-lustin?id=10478125

39 <https://www.msf.org/left-behind-coronavirus-belgium-care-homes-report>

40 <https://www.amnesty.be/campagne/discrimination/droits-agees-pandemie-covid/maison-repos-covid19>

members from visiting removed the informal element of care while increasing pressure on a reduced number of staff.⁴¹

MSF reported in November 2020 that the same mistakes were being repeated during the second wave of the pandemic - nursing homes were not being prioritised despite more nursing home residents dying than any other segment of society. The virus once again spread very rapidly into nursing homes, largely due to asymptomatic carriers. Testing had been restricted only to people who were displaying symptoms, and the same exemptions provided to staff in hospitals were not extended to workers in nursing homes.⁴²



41 <https://www.amnesty.be/campagne/discrimination/droits-agees-pandemie-covid/maison-repos-covid19>

42 https://www.washingtonpost.com/world/europe/belgium-covid-nursing-homes-deaths/2020/11/17/e9c18eee-2466-11eb-9c4a-0dc6242c4814_story.html

RECENT TRADE UNION ACTIVITIES

RESISTANCE TO PRIVATISATION:

In Flanders, trade unions together with a sectoral coalition of not-for-profit nursing home employers have for over a year successfully prevented a privatisation decree from being implemented. Flanders has the largest number of nursing homes in Belgium but only 17% are commercial private facilities - the smallest share in Belgium. The proposal was initially raised in November 2020 at the peak of the second wave of the pandemic.⁴³ If enacted, the law would allow a public-private partnership model to be implemented for non-commercial LTC services, the transfer of staff and resources into private entities, as well as private investment into these entities.⁴⁴ The proposal has been promoted by Antwerp city council's plans to sell nursing home real estate,⁴⁵ and widely condemned,⁴⁶ as it would primarily benefit real estate funds and commercial chains.⁴⁷

DEFENDING TRADE UNION RIGHTS:

The two main trade union confederations FGTB/ABVV and CSC/ACV have been campaigning against a 1996 law that restricts collective bargaining and limits the scope of pay increases to just 0.4% above inflation. Unions organised major demonstrations on 29 March, 24 September and 6 December 2021.⁴⁸

2021

JUNE

The CNE union successfully protected 107 workers from losing their jobs after the closure of a nursing home belonging to Armonea Belgium, a company which manages 84 nursing homes in Belgium. As part of an agreement reached with the employer, workers would be rehired in oth-

43 <http://docs.vlaamsparlement.be/pfile?id=1621315>

44 <https://www.sampol.be/2021/05/privatiseringsdecreet-zorg-als-vastgoedinvestering>

45 <https://www.knack.be/nieuws/belgie/privatisering-van-openbare-ouderenzorg-de-kraak-van-de-eeuw/article-opinion-1756121.html>

46 <https://www.tijd.be/ opinie/algemeen/zet-onze-zorg-niet-in-de-uitverkoop/10319367.html>

47 <https://sociaal.net/opinie/zorgbedrijf-antwerpen-vastgoedfondsen-krijgen-vaste-voet-aan-de-grond/>

48 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-newsletter-november-no23/confederations-mobilise-over-pay>

er facilities and receive a €4000 relocation bonus.⁴⁹ Earlier, the union had issued a strike notice to fight the compulsory redundancies.⁵⁰

2020

JULY

Health and social care trade unions criticised the government for the offer of a €300 bonus, which would go only to health staff working in services directly funded by the government, and exclude many care sector workers.⁵¹

MARCH

Members of CNE and SETCA trade unions at the Orpea nursing home in Waterloo took strike action over understaffing at the facility.⁵²

49 <https://www.lecho.be/entreprises/immobilier/home-sebrechts-accord-sur-le-maintien-de-107-emplois/10315350.html>

50 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-april-no8/unions-face-care-home-restructuring>

51 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-july-no13/health-unions-unimpressed-eur-300-bonus>

52 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-march-05/strike-action-over-staffing-levels-orpea>

CROATIA

There are 0.8 million people aged 65+ in Croatia. The country ranks seventh among EU countries for the proportion of the population (20.6% of the population is aged 65+).⁵³ Yet Croatia has one of the more underdeveloped LTC systems in the EU, with spending at just 0.4% of GDP only higher than Greece, Slovakia and Bulgaria.⁵⁴ The European Social Policy Network has warned since 2018 of the crisis in the LTC sector in Croatia, calling on it to become the first strategic priority for both the health and social care sectors.⁵⁵

Services are highly fragmented, inadequate and not universally accessible, and there is an absence of coordination between health and social services and various levels of government.⁵⁶ Some public palliative care services are provided through the healthcare system under the Ministry of Health, however nursing homes for the elderly are underdeveloped and fragmented, owned by various actors including local governments, community organisations and increasingly the private sector. There is a scarcity of basic information on care provided within the private sector. According to the EU Commission there is a lack of transparency of financial arrangements also within public homes, which

53 <https://idn.org.rs/ojs3/stanovnistvo/index.php/STNV/article/view/434/385>

54 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

55 Stubbs, P and Zrinščak, S. (2018), ESPN Thematic Report on Challenges in long-term care, Croatia, European Commission <<https://ec.europa.eu/social/BlobServlet?docId=19841&langId=en>>

56 <https://eurocarers.org/country-profiles/croatia/>

operate according to 'political clientelism'.⁵⁷ Mandatory quality standards for all residential and non-residential care providers, both public and private, were introduced through the Social Care Act in 2014.⁵⁸

Total capacity in residential LTC in 2016 was 160 nursing homes for 18,576 residents - 48 were public nursing homes for 10,972 care recipients (average size of 229 per facility) and 207 non-state nursing homes for 9,415 care recipients (average size of 45 per facility). Prices are approximately double in the private nursing homes compared to public. There is a high amount of unmet demand for care and the private nursing homes have been expanding while public have not.⁵⁹ Since 2003, 78% of new places have been provided by private entities.⁶⁰

In 2018, there were 6332 workers reported to be employed in all residential homes for older people (4025 in public and 2307 in private homes) – which translates to an approximate worker: recipient ratio of 1:2.7 in public and 1:4.1 in private.⁶¹ However, Eurostat employment figures show a higher number of workers employed in residential care activities.⁶² There are additional workers who are employed in semi-formal and informal care settings, including 361 family homes converted into small nursing homes.⁶³

57 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

58 Comas-Herrera A, Marczak J, Byrd W, Lorenz-Dant K, Pharoah D (eds.) and LTCcovid contributors. LTCcovid International living report on COVID-19 and Long-Term Care. LTC-covid, Care Policy & Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

59 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

60 Stubbs, P and Zrinščak, S. (2018), ESPN Thematic Report on Challenges in long-term care, Croatia, European Commission <<https://ec.europa.eu/social/BlobServlet?docId=19841&langId=en>>

61 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

62 Eurostat

63 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

Croatia has a high proportion of informal care – over 85% of all care – and a significant though unknown amount of undeclared paid care work. More than 8 out of 10 formal sector LTC workers are personal carers. Croatia is among countries that face a ‘care drain’ as a result of migration of workers for better wages and conditions, especially with higher qualified care workers leaving, leading to a situation where increasing numbers of migrants from other countries including asylum seekers have been employed in LTC.⁶⁴ The one major initiative to increase the LTC workforce recruitment has been a government program established in 2017 to encourage employment of disadvantaged women to care for older people. The program is targeted especially at those aged over 50 and employed about 6000 women in 2020.⁶⁵

COVID-19 AND LTC

As of 19 December 2021, there were a total of 11,981 COVID-19 deaths reported.⁶⁶ The vast majority of these deaths occurred after October 2020. Like neighbouring Austria, Croatia was spared the worst effects of the first wave of the pandemic and saw only 83 deaths related to COVID-19 in the initial months of the pandemic. However, already the vulnerabilities of nursing homes were clear – 40% of the early deaths were of nursing home residents,⁶⁷ specifically, from one of the largest private nursing homes.⁶⁸

Researchers have pointed out that there is no data available for the number of deaths in nursing homes. A large amount of anecdotal evidence points to a large number of deaths occurring in nursing homes as a consequence of there being no obligation nursing home staff to be vaccinated, poor epidemiological measures to control infection, the situation of chronic understaffing, severe overcrowding in some nursing homes, and the presence of many entirely un-

64 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

65 Comas-Herrera A, Marczak J, Byrd W, Lorenz-Dant K, Pharoah D (eds.) and LTCcovid contributors. LTCcovid International living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy & Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

66 <https://www.koronavirus.hr/en>

67 <https://idn.org.rs/ojs3/stanovnistvo/index.php/STNV/article/view/434/385>

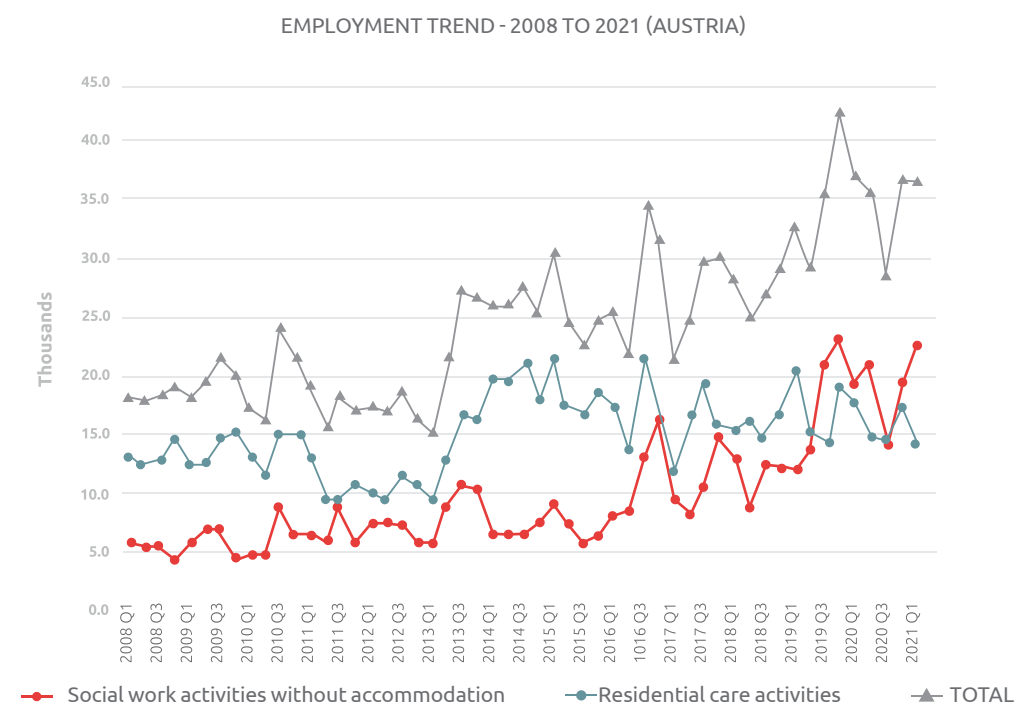
68 <https://www.republicworld.com/world-news/rest-of-the-world-news/croatian-care-home-evacuated-amid-pandemic.html>

regulated and illegal nursing homes. Nearly 93% of people who died due to COVID-19 in the period up to 29 March 2021 were over 60 years of age.⁶⁹

IMPACT ON CARE WORKERS AND RECIPIENTS

Nursing home residents were subjected to greater restrictions than any other section of society. Measures put in place during both the first and second waves of the pandemic included banning residents from leaving nursing homes and banning visits – these restrictions were in place for most of 2020 and into 2021. The prevention of family members and other visitors not only had a severe impact on the health and wellbeing of elderly residents who were socially isolated, but the removal of informal care contributed to staff workloads and to cases of neglect and abuse.⁷⁰

As of November 2021, Croatia has a low vaccination rate – with only 52% of people fully or partially vaccinated, below the world average of 54%.⁷¹ However, in the early stages of the vaccination program, Croatia was one of the leading countries to most strongly prioritise vaccination for nursing homes residents and staff. Data up to 26 January 2021 shows that although less than 1% of the overall population had yet received their first vaccine dose at this time, 67% of care home residents and nursing home residents and staff had been vaccinated.



69 <https://idn.org.rs/ojs3/stanovnistvo/index.php/STNV/article/view/434/385>

70 <https://idn.org.rs/ojs3/stanovnistvo/index.php/STNV/article/view/434/385>

71 <https://ourworldindata.org/covid-vaccinations>

In comparison, England at this time had vaccinated a much higher number of people - 10% of the entire population - but less than 6% of nursing home residents and staff.⁷²

RECENT TRADE UNION ACTIVITIES

2021

FEBRUARY

The HSSMS-MT nursing union is demanding compensation for underpaid overtime for 1000 of its members.⁷³

JANUARY

Successful negotiations between the public sector union SDLSN and the government secured a 4% pay rise for public sector workers, plus a €200 Christmas bonus, despite earlier attempts by the government to freeze public sector pay.⁷⁴

2020

FEBRUARY

The HSSMS-MT nursing union together with other nursing organisations put forward demands on the government to address the crisis of nurse understaffing due to emigration and retirement, calling for more recruitment and proper recognition of qualifications and responsibilities in the pay structure, and a clear plan for training and education.⁷⁵

72 <https://ltccovid.org/2021/01/26/new-international-living-report-long-term-care-and-covid-19-vaccination-prioritization-and-data/>

73 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-february-no3/healthcare-union-supports-members>

74 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-december-no23/pay-rise-and-christmas-bonus-public>

75 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-february-04/nursing-organisations-call-action-jobs>

FRANCE

There are 13.5 million people in France aged 65+ (20.1% of the population) of whom approximately 4.9% are cared for in institutions and 6.2% at home. Public expenditure on LTC designated specifically for older people was EUR 11.3 billion in 2018, accounting for 1.7% of GDP.⁷⁶ There are 7,688 nursing homes in France,⁷⁷ with a mix of 50% public, 22% private and 28% not-for-profit.⁷⁸

The French LTC system is financially and administratively complex. The system evolved from a traditional familialist model that placed legal obligations on families to care for older parents. Today 50% of older people continue to receive care from relatives, 20% rely exclusively on professional support, and 30% receive both formal and informal care. Responsibility for LTC policy in France is relatively centralised compared to many other countries; it is developed across several ministries at the state level, while also involving regions, departments and municipalities in these implementing policies. The system is funded through a combination of tax-spending and the health insurance system, including pension funds.⁷⁹

76 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

77 [https://www.jamda.com/article/S1525-8610\(21\)00309-1/fulltext](https://www.jamda.com/article/S1525-8610(21)00309-1/fulltext)

78 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

79 Ibid.

There about approximately 430,000 FTE workers employed within LTC institutional settings. Between 2011 and 2015, staff-to-patient ratios were increased from 59.7 to 62.8 FTE per 100 patients, however, due to rising demand and workforce shortages, this did not result in actual improvements. Wages are significantly lower than in the hospital sector, and mostly equivalent to the minimum wage. Only 30% of the workforce is employed full-time, and one-third of workers in institution-based LTC are reported to be temporary agency workers.⁸⁰ France has the highest proportion of workers reporting accidents and work-related health problems in the OECD.⁸¹

COVID-19 AND LTC

The Ministry of Health reported that 36,889 nursing home residents died due to COVID-19 as of 1 April 2021 – this is 39% of COVID-19 deaths in the country. The vast majority – 71% – died within the care home rather than hospital. Early in the pandemic in particular, most of these deaths that occurred within care homes were designated as probable cases based on symptoms and not confirmed with testing. Based on the proportion of beds, an estimated 6.1% of all nursing home residents died due to COVID-19.⁸²

These deaths occurred during two distinct waves – the first lasting until mid-May 2020, and a longer second wave between the end of October 2020 and the end of March 2021. During the first wave (between 1 March and 30 June 2020), 40% of all nursing homes reported at least one confirmed COVID-19 case among residents.⁸³ There were 12,079 COVID-19 related deaths that occurred in nursing homes during this first wave.⁸⁴

80 Oung, C. Sopadzhian, A. COVID-19 and the Long-Term Care system in France. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., Pharoah D. (editors) LTCcovid International Living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

81 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

82 Oung, C. Sopadzhian, A. COVID-19 and the Long-Term Care system in France. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., Pharoah D. (editors) LTCcovid International Living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science.

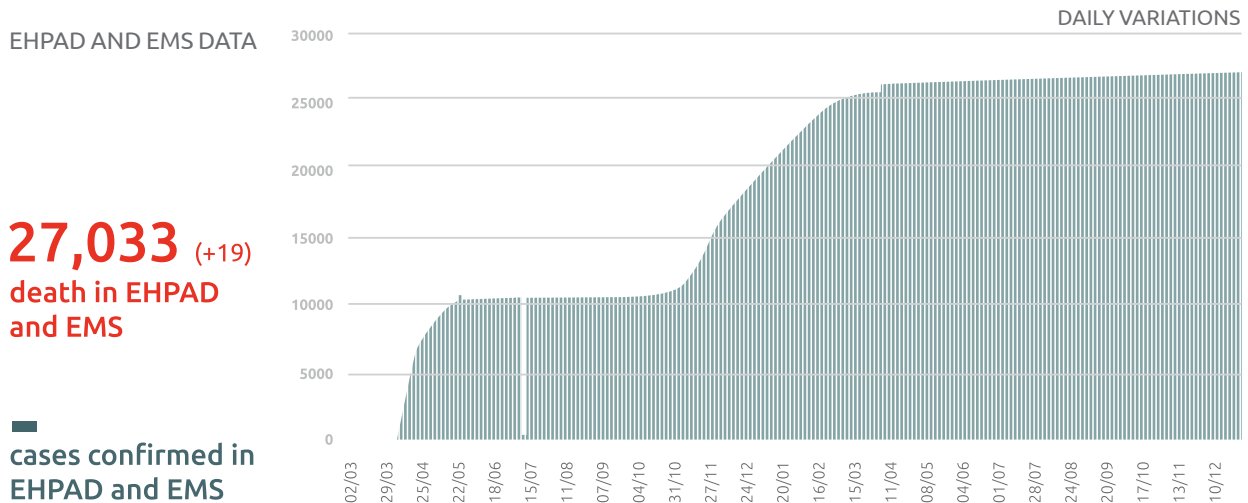
83 [https://www.jamda.com/article/S1525-8610\(21\)00309-1/fulltext#tbl1](https://www.jamda.com/article/S1525-8610(21)00309-1/fulltext#tbl1)

84 <https://www.pbs.org/newshour/world/i-cry-every-day-coronavirus-hits-french-nursing-homes-anew>

France had developed guidelines for LTC facilities following the 2003 heat-wave disaster for extreme health events, which were triggered in February 2020. However, LTCs were not integrated into risk simulations and there was an absence of initial guidance for care homes. Nursing home workers and residents were not prioritised for testing and experienced severe shortages of PPE until the end of April 2020. Poor integration between healthcare and LTC and lack of coordination meant that at the outset of the pandemic, there were significant issues of access to GPs and other health services. A lack of contingency planning meant that many facilities lacked staff when high levels of absence became endemic.⁸⁵

Approximately two out three COVID-19 deaths of nursing home residents occurred in the second wave of the pandemic, from October 2020 to the end of March 2021. During the remainder of 2021, vaccination has proven very effective in preventing a further escalation of COVID-19 deaths.

Vaccination rates are very high. As of 20 December 2021, 92.9% of nursing home residents and 92.2% of workers have been double-vaccinated. 64.8% of residents and 36.4% of workers have received a booster shot. Vaccination has been mandatory for all health and social care workers since 15 September 2021.⁸⁶



Source: <https://dashboard.covid19.data.gouv.fr/vue-d-ensemble?location=FRA> (data as of 21 Dec 2021)
– Note: the chart only show COVID-19 related deaths that occurred in nursing homes and excludes deaths of nursing home residents that occurred in hospitals.

85 Oung, C. Sopadzhiyan, A. COVID-19 and the Long-Term Care system in France. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., Pharoah D. (editors) LTCcovid International Living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science.

86 Ibid.

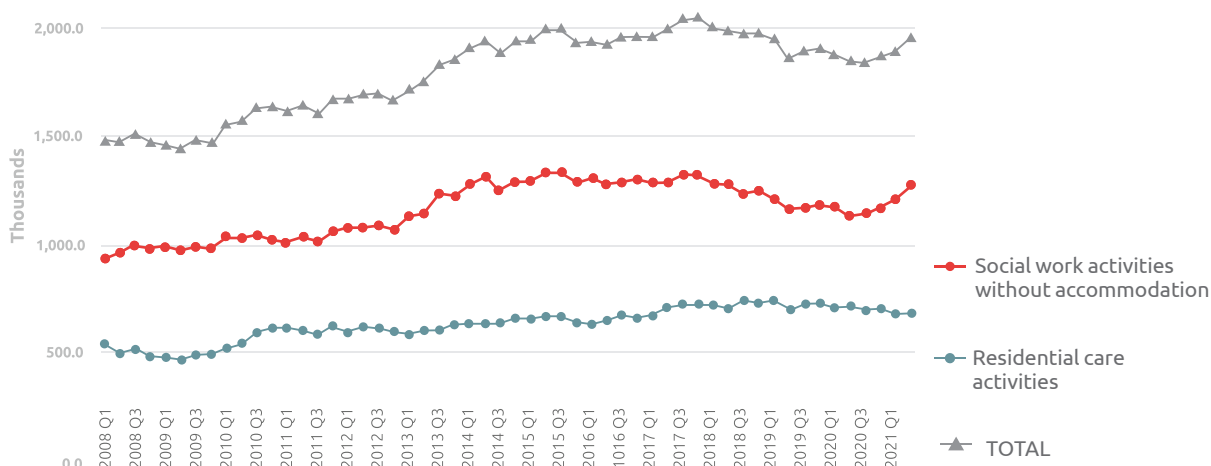
A total of 105,980 cases and 17 deaths were reported among social care workers as of April 2021. With high levels of staff sickness resulting in a large absence, a number of initiatives were established in an attempt to redeploy workers. The French government set up a national platform, but this only reached 62 care homes; regional initiatives had more success. Unemployed workers were also recruited via Intermediate Associations into LTC facilities for work including infection control and food preparation.⁸⁷

IMPACT ON CARE WORKERS AND RECIPIENTS

Since the start of the pandemic, the number of workers employed in residential care has declined by 6% - a reduction of approximately 43,600 workers. However, the non-residential care workforce, which had been declining in the two years prior to the pandemic, has seen a growth in employment.

In mid-2020, following sustained strikes and protests from health and social care workers, the French government announced a €7.5 billion package on pay and jobs – the “Ségur de santé” agreement. The lowest paid workers in the sector should have seen pay increase by 15%. Although initially welcomed, unions warned that the package failed to address working conditions and proper compensation for long hours and would be insufficient to stop resignations and reduce pressure on services.⁸⁸ A major issue was the exclusion of large number of care workers from the agreement. A year after the announcement, there were still large numbers of public sector employees, 300,000 in private non-profit sector, and 250,000 home care workers who had not been guaranteed the pay rise.⁸⁹ With the key demands not met, unions have therefore continued regular protests, strikes mass mobilisations throughout the entire period of the pandemic.

EMPLOYMENT TREND - 2008 TO 2021 (FRANCE)



87 Ibid

88 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-july-no14/mixed-reaction-proposals-pay-and-jobs-health>

89 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-march-no6/unions-continue-push-pay-rises-all-health>

RECENT TRADE UNION ACTIVITIES

2021

JUNE

Unions stages protests and major demonstrations on 3 and 15 June demanding that all workers in public and private sectors benefit from the provisions of the “Ségur de santé”, and demanding further measures to tackle understaffing and excessive working time.⁹⁰

2020

OCTOBER

Further strikes and protests took place on 13 and 15 October due to the failure of the government to meet all key trade union demands in its national agreement to increase funding for health and social care. In particular, unions demanded all workers across public, private and non-profit sectors to benefit equally from pay increases, irrespective of employer, to tackle understaffing, excessive workloads and low pay in social services.⁹¹

JUNE

A national day of protests and strikes was held by health and social care workers on 16 June, involving 80,000 participants in Paris and 250 demonstrations across the country. In the context of the Covid crisis, unions have been mobilising for increased health funding, better working conditions, increased staffing and a halt to closures and privatisations.⁹² Further protests occurred on 30 June and 14 July.⁹³

FEBRUARY

Strikes and demonstrations were held on 14 February by thirteen trade union organisations and health campaigning groups, demanding increases to funding, action on recruitment and training, recognition of arduous work in the sector, a stop to closure of facilities, opening governance of hospitals to workers and patients and equal access to quality services.⁹⁴

90 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-june-no12/actions-health-and-social-care-workers>

91 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-october-no19/health-and-social-care-unions-plan-strike>

92 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-june-12/mas-sive-mobilisation-health-and-care-workers>

93 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-july-no13/health-and-social-care-unions-action-again>

94 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-february-04/health-and-social-service-unions-mobilise>

ITALY

Italy has 14 million people aged 65+, the highest percentage of elderly in the EU-27 (23.2% of the population in 2020) and has the fastest ageing population in Europe. Despite this, the LTC system is underdeveloped and highly fragmented, and residential LTC is especially weak. Unlike the Italian National Healthcare Service, the LTC system did not develop as a coherent model but evolved from multiple interventions carried out over a period of decades. Public expenditure on LTC was 1.9% of GDP in 2020, of which 74.1% is devoted to people aged 65+. ⁹⁵ This is close to the EU-27 average, however, the share of spending on residential LTC is very low – only 28% compared to the average of 48% in the EU-27. Italy is among seven countries with the lowest density of LTC beds per population. There are also significant regional inequalities - central and northern Italy receive double the amount of coverage of formal LTC services compared to southern Italy. ⁹⁶

Italy's LTC system is divided into three areas. Service provision is divided between healthcare and social care which operate according to different governance and financial arrangements. Regional governments are responsible for healthcare related LTC whereas municipalities are responsible for social care related LTC. The biggest program at the national level is the Companion Al-

95 Perobelli E., Notarnicola, E. COVID-19 and the Long-Term Care system in Italy. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., (editors) LTCcovid International Living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

96 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

lowance scheme, which accounts for 52% of all this LTC spending. This is a cash-transfer payment established for all people, regardless of age or income, who are diagnosed with severe disabilities to receive income support as a universal social right. Approximately 11% of all people aged 65+ receive this payment, compared to 4.7% who have access to homecare and 3.2% who are in residential facilities.⁹⁷

The Companion Allowance is a significant subsidy for the private employment of care workers in households. However, it is unregulated in terms of employment conditions, the quality of the care purchased or whether the money is spent on care at all. Irregular work – predominantly carried out by migrant workers – sustains an LTC system based on cash transfers rather than funding care services. A recent study from 2021 estimated that there are 1 million home care workers privately-employed by households, of whom nearly 60% were irregular workers.⁹⁸ This is compared to only 260,000 LTC workers within the formal care system.⁹⁹

The total number of nursing homes in Italy is unclear as there are different institutional numbers reported which lack consistency. The Interior Ministry counts 4,629 nursing homes for older people, whereas the Ministry of health counts 3,475 residential facilities. There are reported to be 1,927 companies that operate nursing homes, with 38.2% for profit, 15% non-profit, 6% public owned foundations, and 14% directly managed by municipalities and health authorities.¹⁰⁰

97 Ibid.

98 Fosti, G., Notarnicola, E., Perobelli, E., (2021), Le prospettive per il settore socio-sanitario oltre la pandemia. Rapporto Osservatorio Long Term Care 3. CERGAS, Università Bocconi. <https://cergas.unibocconi.eu/observatories/oltc_>

99 SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

100 Perobelli E., Notarnicola, E. COVID-19 and the Long-Term Care system in Italy. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., (editors) LTCcovid International Living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

COVID-19 AND LTC

Italy was the first European country that was severely affected by the first wave of COVID-19. Like most countries in Europe, Italy's nursing homes were at the epicentre of the pandemic, due to being poorly prepared with pre-existing weaknesses exacerbated. Partially due to being seen as a marginal part to the LTC system, nursing homes suffered from neglect, as PPE and staffing were not prioritised, access to testing was not available, and there was a lack of coordination with the health system. Transfers from LTC to hospitals were blocked in many regions. In Lombardy and Sardinia nursing homes were formally asked to accept COVID-19 patients discharged from hospitals, which many refused due to a lack of capacity and resources.¹⁰¹

In contrast to most other countries, there is a near complete lack of official data in Italy on the impact of COVID-19 in nursing homes. Although comprehensive information and monitoring system exists for the National Healthcare Service (NHS), this is absent for LTC. At the national level, the most robust data is a survey undertaken by Italy's National Health Institute which found that between 1 February and 5 May 2020, approximately 9.1% of all residents in nursing homes died, and 3.1% died due to confirmed and suspected COVID-19.¹⁰² However, this data is limited as it was based on partial responses and the survey was not completed by all nursing homes. The survey finds that during this first wave, 82% of facilities lacked adequate PPE, 47% lacked access to tests and 34% had workforce shortages.¹⁰³

The National Health Institute survey also suggests that the death rate was double the national average in the region of Lombardy, where approximately 1 in 5 nursing homes are located. This was supported by findings from a July 2020 study which found that the Lombardy region saw the highest nursing home death rates in Europe during the initial wave of the pandemic.¹⁰⁴

¹⁰¹ Ibid.

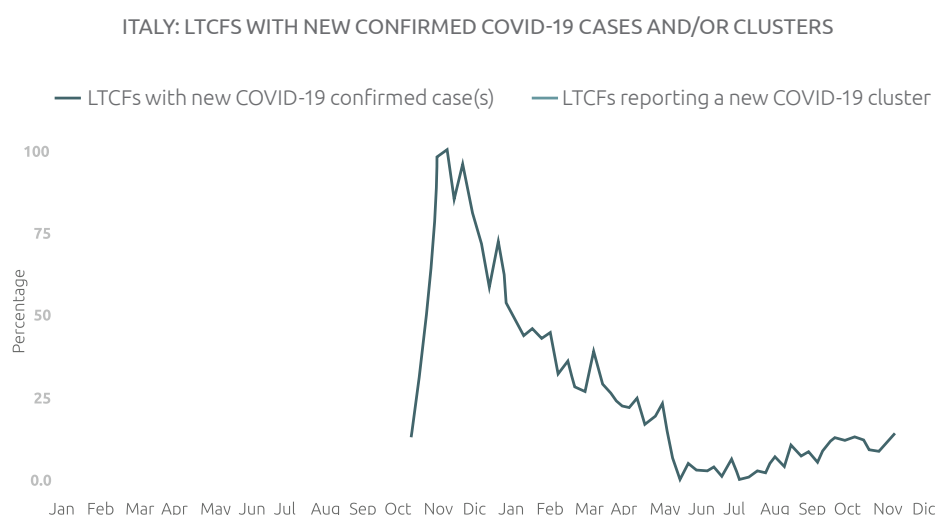
¹⁰² Comas-Herrera A, Zalakaín J, Lemmon E, Henderson D, Litwin C, Hsu AT, Schmidt AE, Arling G, Kruse F and Fernández J-L (2021) Mortality associated with COVID-19 in care homes: international evidence. International Long-Term Care Policy Network, CPEC-LSE, 1st February 2021 < https://ltccovid.org/wp-content/uploads/2021/02/LTC_COVID_19_international_report_January-1-February-1-2.pdf

¹⁰³ SPC and DG EMPL (2021), Long-Term Care Report: Volume II – Country Profiles, Joint Report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) <<https://op.europa.eu/en/publication-detail/-/publication/b39728e3-cd83-11eb-ac72-01aa75ed71a1>>

¹⁰⁴ Arlotti, M., & Ranci, C. (2021). The Impact of COVID-19 on Nursing Homes in Italy: The Case of Lombardy. *Journal of Aging and Social Policy*, 33(4–5), 431–443. <https://doi.org/10.1080/08959420.2021.1924344>

A second wave that hit Italian LTC facilities between October 2020 and May 2021. As was the case during the first wave, monitoring data is limited and there is no clarity on the number of residents who died. The National Health Institute conducted their second study in the period from 5 October 2020 to 19 September 2020, which looked at a sample of nursing homes (including 341 facilities for the elderly). This found escalating cases and deaths during October and November 2020, but a progressive decline after February 2021 – the result of the vaccination campaign.¹⁰⁵ This trend is also captured in ECDC data that commenced in October 2020. At the outset of the second wave, approximately 10% of facilities per week were experiencing outbreaks, and for most weeks during this period there between 100 and 300 nursing home resident deaths per week.¹⁰⁶

From March 2021, vaccinations became mandatory for all health professionals, and in October this was extended to all care and administrative staff in LTC settings.¹⁰⁷



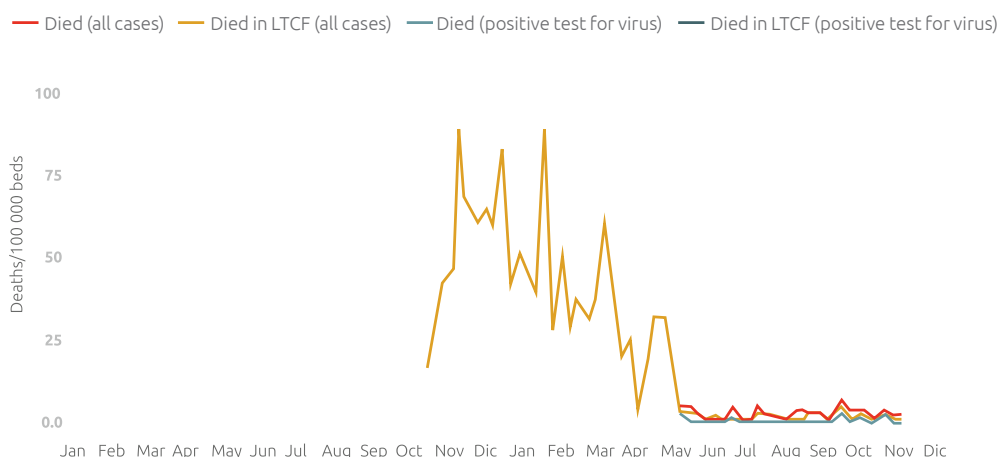
ECDC. Figure produced 25 November 2021.
Source: TESSy COVID-19 national weekly data

105 Perobelli E., Notarnicola, E. COVID-19 and the Long-Term Care system in Italy. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., (editors) LTCcovid International Living report on COVID-19 and Long-Term

106 <https://covid19-country-overviews.ecdc.europa.eu/countries/Italy.html#ltnf-surveillance>

107 Perobelli E., Notarnicola, E. COVID-19 and the Long-Term Care system in Italy. In: Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., (editors) LTCcovid International Living report on COVID-19 and Long-Term Care. LTCcovid, Care Policy and Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>

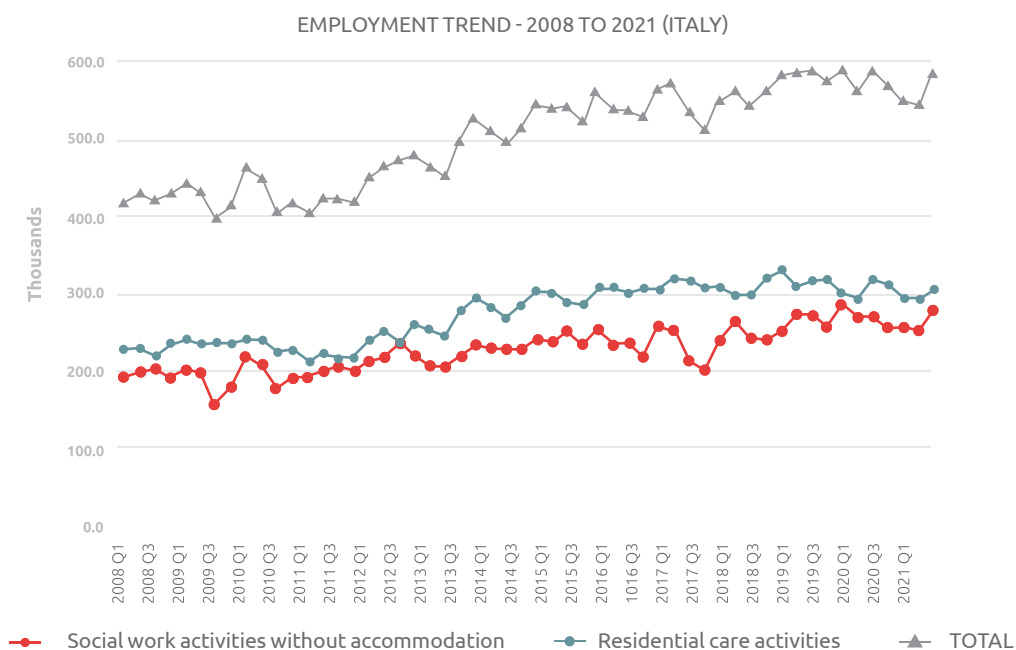
ITALY: DEATH NOTIFICATION RATE AMONG LTCF RESIDENT COVID-19 CASES PER 100 000 LTCF BEDS



ECDC. Figure produced 25 November 2021. Source: TESSy COVID-19 national weekly data

IMPACT ON CARE WORKERS AND RECIPIENTS

There are significant shortages of LTC workers and of nursing personnel in general which have been exacerbated by the pandemic. Severe shortages of workers in nursing homes were reported during 2020 and 2021 due to high levels of burnout and exodus of workers from the sector, and there was no support provided by public authorities to try to reduce the impact of shortages. Due to the significant pay gap between LTC services and in the NHS – €11/hour vs €15/hour – retention in LTC is generally very poor, as many workers enter these jobs temporarily and many leave to work for the NHS as soon as possible.¹⁰⁸



¹⁰⁸ Ibid.

Three different national commissions were established by the central government at the end of 2020 to investigate the situation in nursing homes, including a parliamentary commission to investigate mortality and to assess the responsibilities of managers and officials.¹⁰⁹ In addition, there are a number of criminal investigations and class actions in progress concerning nursing home deaths in Italy. One class action involves 500 relatives of victims. According to Amnesty International, a third of nursing home workers raised concerns about a 'climate of fear and retaliation' when speaking out about unsafe working conditions. One high-profile case concerns the suspension of Pietro La Grassa, a trade union representative at Pio Albergo Trivulzio in Milan, Italy's largest nursing home. Although he was reinstated by a Milan tribunal, a criminal investigation into the nursing home was dropped.¹¹⁰

109 Ibid.

110 <https://www.euronews.com/2021/10/22/amnesty-calls-for-inquiry-into-covid-deaths-in-italian-nursing-homes>

RECENT TRADE UNION ACTIVITIES

2021

JUNE

Union member working for Misericordie, a large non-profit health and social service provider, signed a collective agreement delivering a €85/month pay increase, in line with an agreement negotiated with the ANPAS national association for social assistance. In addition, workers will receive €1200 additional lump sum payment in 2022.¹¹¹ Unions have been campaigning for Misericordie to negotiate a new collective agreement which have not been renewed since 2012, to acknowledge all the sacrifices made to cope with the pandemic.¹¹²

2020

DECEMBER

The three public sector federations, Cgil, Cisl and Uil Pa staged a one-day strike on 9 December covering public health and local, regional and central government, demanding guarantees to funding to cover new collective agreements. The unions demanded the government commit to ensuring safety at work, increasing employment and tackling precarious work.¹¹³

111 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-june-no12/unions-sign-three-year-deal-social-welfare>

112 <https://www.epsu.org/epsucob/2021-epsu-collective-bargaining-news-january-no2/health-unions-ready-mobilise-support>

113 <https://www.epsu.org/epsucob/2020-epsu-collective-bargaining-news-november-no22/strike-planned-across-health-and-public>

TURKEY

Turkey has a relatively young population with a median age of just 30, which is significantly lower than the EU average of 43.1 years.¹¹⁴ Only 9.1% of the population are aged 65+. Although it is growing, the size of the institutional LTC remains very small, with only 0.4% of the older population in nursing homes (there are 27,300 elderly nursing home residents out of a population of 7.5 million elderly people).¹¹⁵ There is a familialist welfare system in Turkey, which defines legal intergenerational obligations for family members to look after dependents.

There are in total only 426 nursing homes – 179 public and 247 private. Private nursing homes were allowed to operate in Turkey since 2008 and now comprise the majority of the sector. However, 61% of older people in residential care are in public nursing homes.¹¹⁶ There are approximately 8000 LTC workers in the public nursing homes.¹¹⁷ Especially for middle-class families, nursing homes are culturally unacceptable and a much larger proportion of paid care is undertaken informally and without any state regulation by live-in care workers, who are mostly migrant workers from post-Soviet countries.¹¹⁸

114 <https://www.institutmontaigne.org/en/blog/battle-over-numbers-turkeys-low-case-fatality-rate>

115 <https://www.csgeb.gov.tr/haberler/engelli-ve-yasli-hizmetleri-genel-muduru-orhan-koc-huzurevlerimizdeki-guncel-koronavirüs-tedbirlerini-anlatti/>

116 <https://ltccovid.org/wp-content/uploads/2020/06/The-COVID-19-Long-Term-Care-situation-in-Turkey.pdf>

117 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/12/turkey-shielded-its-elderly-from-covid-19-by-protecting-health-workers-in-nursing-homes>

118 <https://www.institutmontaigne.org/en/blog/battle-over-numbers-turkeys-low-case-fatality-rate>

COVID-19 AND LTC

During the initial wave, Turkey had the eleventh highest number of COVID-19 cases but a relatively low number of deaths (8,325 total COVID-19 deaths reported as of 2 October 2020). During this period, only 150 deaths of care home residents were reported. There were suggestions that the low death rate was a result of underreporting, and the debate over the figures has been highly polarised on political partisan lines. Nonetheless, various data supports the argument that the impact of the pandemic in the initial months was limited in Turkey. Turkey imposed social distancing, closures of schools and non-essential shops, and border closures earlier than many European countries. In the first months of the pandemic, it was also among the countries with the highest testing capacity.¹¹⁹ There are also underlying factors, such as a relatively young population, small LTC sector, and one of the highest ICU bed capacities in Europe.¹²⁰

The initial success was quickly reversed and Turkey lost the initial advantages. Turkey started reopening in May and lifted the remaining restrictions on 1 July 2020, loosening targeted restrictions for people over 65.¹²¹ It became increasingly evident that the Turkish government engaged in widescale ‘data engineering’, vastly under-reporting the number of COVID-19 infections by counting only symptomatic cases – the opposition revealed data in September 2020 that showed that the number of cases was 20 times higher than officially reported.¹²² The overall number of COVID-19 cases and deaths have risen substantially in Turkey over the following 12 months. As of 27 November 2021, Turkey has recorded 76,233 total deaths.

Early in the pandemic, the Turkish Ministry of Family, Labor and Social Services implemented strong measures intended to shield nursing home residents from the risk of coming into contact with COVID-19. These measures were proactive rather than reactive, commencing before the first COVID-19 cases appeared in Turkey. Nursing home staff started to be prepared with specific training from 7 January 2020. Supply chains were strengthened to ensure adequate supplies of PPE for nursing homes were secured, avoiding the situation

119 <https://www.institutmontaigne.org/en/blog/battle-over-numbers-turkeys-low-case-fatality-rate>

120 <https://ltccovid.org/wp-content/uploads/2020/06/The-COVID-19-Long-Term-Care-situation-in-Turkey.pdf>

121 <https://www.institutmontaigne.org/en/blog/post-truth-phase-turkeys-pandemic-response>

122 <https://bianet.org/english/health/231813-mp-health-ministry-recorded-20-times-more-covid-19-cases-in-a-day-than-it-announced>

of shortages experienced in Europe. Furthermore, an additional 10% of personnel were recruited to supplement the existing workforce.¹²³ From 28 February 2020, visits to nursing homes were banned, residents were not allowed to go outside, and regular screenings were introduced. From 26 March 2020, work in all facilities was reorganised around 7, 10 and 14-day fixed-shift rotas, with workers staying in the nursing homes and receiving PCR tests when clocking in and out of their fixed shifts.¹²⁴

There is considerable evidence that these measures were effective in the early months of the pandemic. In contrast to the positive narrative in 2020, there is an absence of information relevant to nursing homes in 2021, a time when the vast majority of cases and deaths in Turkey occurred. No up-to-date and independent evaluation can be found in relation to Turkey's nursing home shielding measures, and especially whether the rota system has continued, given that it relied on workers being separated from their families for 1-2 weeks at a time. In April 2021, however, the Turkish Health Workers' Union met with the general manager of the Directorate of Services for the Disabled and Elderly and reported the grievances of its members. These included long hours and onerous working conditions, underpayment at levels below minimum wage, non-payment for overtime, the high risk of workers in coming into contact with the virus at work and infecting their family members, and the unsustainability of 7, 10 and 14-day shift work in terms of family separation for a largely female workforce.¹²⁵

The WHO praised Turkey throughout the whole of 2020 as a model for how nursing home residents can be shielded in a way that minimises the risk of outbreaks occurring.¹²⁶ Up to December 2020, the WHO Turkey Office, however, was also underreporting COVID-19 case numbers in Turkey as it was uncritically publishing incomplete data on COVID-19 cases in Turkey contrary to its own guidance (until the methodology changed, the government's official numbers

123 <https://www.dha.com.tr/son-dakika/dsoye-turkiyenin-yasli-bakim-evlerindeki-covid19-mucadelesi-anlatildi/haber-1779408>

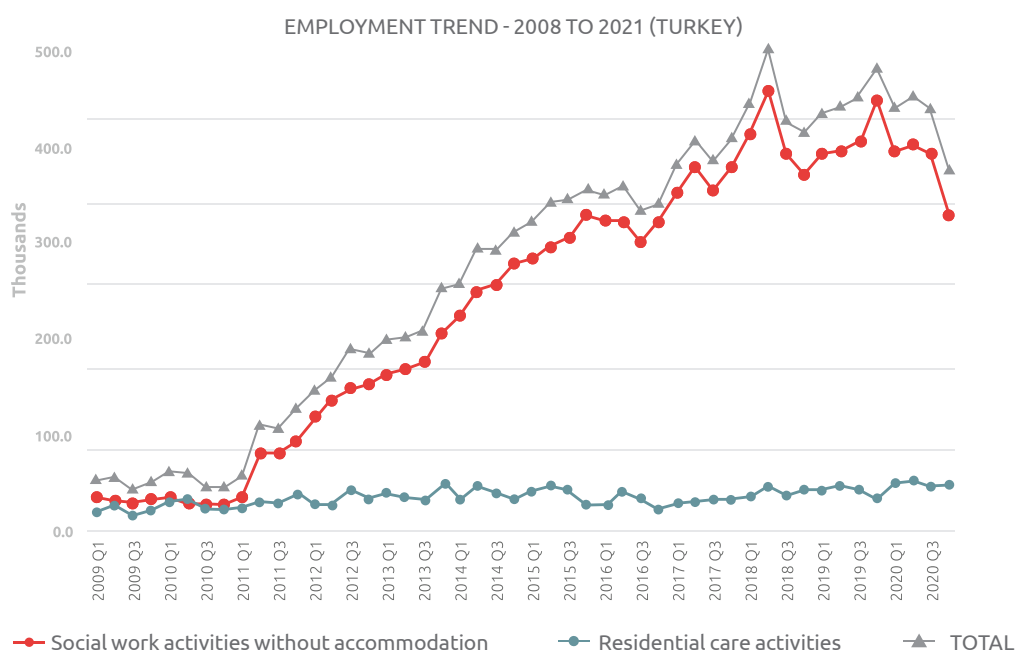
124 <https://www.csgeb.gov.tr/haberler/engelli-ve-yasli-hizmetleri-genel-muduru-orhan-koc-huzurevlerimizdeki-guncel-koronavirüs-tedbirlerini-anlattı/>

125 <https://www.saglikis.org.tr/haber/880/baskanlarimiz-acshb-de-calisan-uyelerimizin-sorunlarini-rapor-olarak-engelli-ve-yasli-hizmetleri-genel-muduru-orhan-koc-a-sundular>

126 <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/12/turkey-shielded-its-elderly-from-covid-19-by-protecting-health-workers-in-nursing-homes>

only included symptomatic patients rather than all confirmed cases).¹²⁷ When criticised for this, the WHO Turkey Office announced that it was unaware that this data was incomplete.¹²⁸

As cases rose and deaths increased in 2021, the Turkish government and state media continued to proclaim the success of measures in limiting deaths in nursing homes relative to the experience of neighbouring European countries. The Directorate of Services for the Disabled and Elderly claimed at the end of March 2021 that despite the escalation in cases, less than 10% of deaths have occurred in nursing homes, as compared to 50% in many other countries.¹²⁹ However, this figure is in fact alarming. Put in the context of the small number of nursing home residents in Turkey, a proportion of 10% of deaths at this time would suggest approximately 3,000 COVID-19 deaths had occurred among Turkey's 27,300 elderly nursing home residents by the end of March 2021. This would place Turkey in the tier of countries with some of the worst outbreaks in nursing homes, with a higher death rate than Belgium. However, in the absence of data or independent evaluations, the extent of the impact is difficult to determine.



127 <https://www.institutmontaigne.org/en/blog/post-truth-phase-turkeys-pandemic-response>

128 <https://www.gazeteduvar.com.tr/dso-turkiyedeki-verilerden-haber-dar-degildir-haber-1506515>

129 <https://www.aa.com.tr/en/health/turkey-marks-success-in-care-homes-against-covid-19/2190490>

UKRAINE

At the time of writing, Ukraine faces an escalating humanitarian catastrophe resulting from Russian military invasion. The Russian army has been accused of purposefully targeting civilian sites, including hospitals, maternity clinics, kindergartens, schools and colleges.¹³⁰ The lives of the elderly and persons dependent on care are especially at risk in conflict zones; the most vulnerable people are often unable to seek shelter or to flee to neighbouring countries. In addition to facing an immediate risk of violence, millions of elderly Ukrainians are also at risk due to the loss of support in the form of access to food, medicine, healthcare services and pensions.¹³¹ Likewise, care workers staying with elderly people within a war zone are at extreme risk and face an untenable situation.¹³²

Prior to the COVID-19 pandemic, Ukraine had already experienced a humanitarian and health emergency as a consequence of five years of armed conflict; elderly people living in the near the 'line of contact' in eastern Ukraine were especially impacted.¹³³ The war with Russia since 2014 has left 13,000 people dead and led to many health professionals fleeing from areas of conflict. In the most conflict-affected regions in eastern Ukraine, mainly elderly residents have remained, with very limited access to healthcare and social services.¹³⁴ The pan-

¹³⁰ <https://www.euractiv.com/section/europe-s-east/opinion/russians-know-they-are-killing-civilians-not-the-military/>

¹³¹ <https://www.helppage.org/what-we-do/older-people-in-ukraine/>

¹³² <https://www.helppage.org/newsroom/latest-news/we-constantly-hear-the-sounds-of-shelling/>

¹³³ <https://borgenproject.org/aged-and-disabled-in-ukraine/>

¹³⁴ <https://www.euronews.com/2019/12/19/elderly-left-to-suffer-as-ukraine-conflict-drives-away-health-workers>

demic has exacerbated this emergency.¹³⁵

Ukraine's population aged 65+ was 15.5% of the total in 2015 and according to some measures it is among 30 countries with the oldest population. The population is rapidly ageing. However, to a large degree this trend is due to overall demographic decline and the emigration of working-age population.¹³⁶

In 2018 there were 286 residential facilities in the Ukraine, however only 90 were designed for the elderly. The total public budget for LTC was reported to be USD \$42.8 million in 2018, although many facilities charge additional fees. According to the Social Sphere Workers' Union of Ukraine, care workers receive the lowest wages among public sector workers. The existing system of remuneration of social sector workers in accordance with the Unified Wage Tariff system is inadequate for ensuring decent material and living conditions of workers, contributing to the low status of the profession. The union's appeals to authorities to address low wages in the sector remain unresolved.¹³⁷

A lack of proper financing and shortages of personnel have been blamed for human rights violations in Ukraine's nursing homes and residential institutions, especially outside the region of Kyiv. The most serious allegations include the forced employment of residents within the facilities, the use of physical isolation and restraints, substandard food and heating, and the misuse of residents' personal funds.¹³⁸ Inhumane conditions in the Ukrainian social care system have been documented over previous years; the most extreme cases involve psychiatric institutions, which some commentators describe as modern gulags.¹³⁹ According to the Social Sphere Workers' Union of Ukraine, a reform process was recently launched with the aim to improve quality of social services – the planned reform involves the establishment of the National Social Service of Ukraine.¹⁴⁰

135 <https://www.euro.who.int/en/health-topics/health-emergencies/publications/2021/access-to-health-care-services-for-older-persons-and-persons-with-disabilities-living-in-eastern-ukraine-along-the-line-of-contact-2021>
<https://www.iom.int/news/isolated-conflict-age-and-pandemic-ukraines-elderly-face-hardship-dignity>

136 <https://112.international/ukraine-top-news/elder-population-in-ukraine-to-grow-to-25-by-2025-25074.html>

137 Communication to EPSU from the Social Sphere Workers' Union of Ukraine, 26 January 2022

138 <https://112.international/article/how-state-geriatric-boarding-houses-work-in-ukraine-32758.html>

139 <https://nv.ua/opinion/ukrainskij-gulag-322787.html>

140 Communication to EPSU from the Social Sphere Workers' Union of Ukraine, 26 January 2022

COVID-19 AND LTC

According to latest data from the Health Ministry's Center for Public Health (CPH), as of 23 January 2022 there were 3,870,371 confirmed cases of COVID-19 in Ukraine, of which 99,282 were fatal.¹⁴¹ There is no data available on the proportion of deaths in nursing homes. In October 2021 the Ukraine Crisis Media Center (UCMC) warned that the health system is on the 'brink of collapse'.¹⁴² There have been 116,335 confirmed COVID-19 cases and 1169 deaths among health workers as of 23 January 2022.¹⁴³ The UN Human Rights Monitoring Mission in Ukraine reported that many healthcare workers left their jobs since the start of the pandemic due to increased workloads, lack of rest time, and poor wages. There has been a decline of 5.4% in the number of healthcare workers since 2020.¹⁴⁴

On 24 December 2020, the Ukrainian government introduced the Roadmap for Introduction of Vaccine against Acute Respiratory Disease COVID-19 Caused by SARS-CoV-2 Coronavirus and Mass Vaccination in Response to COVID-19 Pandemic (Order No 3018 of the Ministry of Health of Ukraine). The plan prioritises the elderly and health workers for vaccination, and aimed to initially cover at least 50% of the population with vaccines, extending this to 70% in 2022.¹⁴⁵ Vaccination rates however remain low; only 38% of the population were fully vaccinated as of 6 December 2021. This is in part due to vaccine hesitancy, including among many elderly people.¹⁴⁶ The government has announced an extended list of professions that are subject to mandatory COVID-19 vaccination, which already included medical personnel and municipal workers; vaccination was required for all workers in social services from 9 December 2021.¹⁴⁷ According to the Ministry of Health of Ukraine, as of February 2022 more than 81% of health workers have received at least one dose of a COVID-19 vaccine.

141 <https://phc.org.ua/kontrol-zakhvoryuvan/inshi-infekciyni-zakhvoryuvannya/koronavirus-na-infekciya-covid-19>

142 <https://uacrisis.org/en/ukraine-s-health-care-system-on-brink-of-collapse-under-covid-surge#>

143 <https://phc.org.ua/kontrol-zakhvoryuvan/inshi-infekciyni-zakhvoryuvannya/koronavirus-na-infekciya-covid-19>

144 <https://www.ohchr.org/EN/NewsEvents/Pages/Ukraine-and-COVID-19.aspx>

145 Communication to EPSU from the Health Workers' Union of Ukraine, 1 February 2022

146 <https://moz.gov.ua/article/news/v-ukraini-vzhe-povnistju-vakcinovano-38-doroslogo-na-selennja->

147 <https://phc.org.ua/news/z-9-grudnya-neschepleni-vid-covid-19-derzhsluzhbovc-ta-socpracivniki-vidstoronyayutsya-vid>

RECENT TRADE UNION ACTIVITIES

EPSU has received a number of reports of Ukrainian trade unions reacting to the challenges of the COVID-19 pandemic faster than many employers. This included using trade union funds for the provision of PPE such as masks and sanitizers, engaging in consultations with workers about their rights, and establishing psychological support hotlines for workers.

The Health Workers Union of Ukraine reports that their key activities during the pandemic have involved addressing issues of pay, health and safety at work (ensure safe working conditions and providing workers with effective means of personal protection), and social insurance (proper investigation of occupational diseases and payment of compensation to workers or their families for loss of health or life).¹⁴⁸

148 Communication to EPSU from the Health Workers' Union of Ukraine, 1 February 2022



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