



RESILIENCE OF THE LONG-TERM CARE SECTOR

EARLY KEY LESSONS LEARNED

FROM THE COVID-19 PANDEMIC

KAROL FLOREK – INDEPENDENT RESEARCHER

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PREFACE



The COVID-19 pandemic represents a catastrophic failure on the part of governments to ensure adequate care for older citizens and persons with disabilities. Both long-term care workers, the vast majority of whom are women, and those they care for have revealed how they were unsupported, neglected, and felt forgotten by national authorities. Faced with staff shortages, a lack of clear guidance, and without proper protective equipment, many long-term care workers were exposed to COVID-19 at work, becoming sick themselves and often transmitting the virus to care recipients. As a result, residential care facilities quickly became the epicentre of the pandemic. With this report, EPSU wants to contribute to a better understanding of what happened, the problems encountered and how such a tragedy can be prevented in the future.

However, the tragedy that occurred in Europe's long-term care facilities is not simply a

result of inadequate responses to the outbreak of COVID-19. The capacity of care services to respond to this unprecedented crisis was severely undermined by over a decade of privatisation, underfunding, staff shortages, low pay, and precarious working conditions. Indeed, the failures of governments to adequately respond to the pandemic served to exacerbate and expose the pre-existing structural weaknesses of Europe's long-term care services, which EPSU has long been criticising.¹

A report on long-term care prepared by the EU Commission and endorsed by the EU Council stresses the systemic weaknesses in long-term care systems exposed by the COVID-19 pan-

¹ See EPSU Standing Committee on Health and Social Services on lessons learnt so far from the pandemic and resilience of European health and social care systems https://www.epsu.org/sites/default/files/article/files/Position%20of%20EPSU%20on%20lessons%20learnt_final_0.pdf

demic;² it calls for lessons to be drawn from the pandemic to inform systemic reforms that will improve the resilience of long-term care.³ This research on the resilience of the long-term care sector and early key lessons learned from the COVID-19 pandemic, commissioned by EPSU, provides a number of recommendations upon which reforms can be based.

The EU Commission's report highlights workforce shortages due to low wages and a deterioration of already difficult working conditions. These factors meant that the care sector was facing a crisis of recruitment and retention long before the outbreak of COVID-19. As the pandemic continues to drag on, the remaining workforce is exhausted, and many have left the sector altogether. Between 2019 and 2020, there has been a loss of over 421,000 residential care workers across the EU-27.⁴

These concerns were reflected in the views of the Human Rights Commissioner of the Council of Europe, covering 47 European countries. Commissioner Mijatović underlined the devastating impact of the pandemic across Europe and stressed how important it is to

address the issues for workers in the sector.⁵ Improving the attractiveness of the sector is therefore one of the biggest challenges, both in the EU and in other countries across Europe. Decisive measures aimed at improving working conditions – starting with significant wage increases and needs-based staffing levels – are needed to reverse the growing staff shortages.

Regrettably, however, many private care providers prioritise profit margins over fair wages and adequate needs-based staffing levels. Despite EPSU establishing European Works Councils in a number of large multinational care providers, some, such as the multinational corporation ORPEA, employ union-busting techniques to prevent workers standing up against the poor conditions. Indeed, a key challenge for policy makers is reforming broken funding models and removing incentives for profiting from poor-quality services in the rapidly growing long-term care sector.

EPSU has repeatedly stressed that the EU Recovery and Resilience Facility (Next Generation EU) should be used to invest in the care sector. When Member States applied for the funds through their National Recovery and Resilience Plans, we lobbied for the proposed plans to include significant funding that would be directly used for improving public care services. It is important that Member States plan funding for improved working conditions and staffing levels in their national budgets and stop awarding public funds to private care providers that prioritise profit over good-quality care.

2 <https://data.consilium.europa.eu/doc/document/ST-9144-2021-INIT/en/pdf>

3 SPC/DG EMPL (2021), Long-term care report: Trends, challenges and opportunities in an ageing society. Vol. 1., Joint report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) (June 2021). <<https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396>>

4 FORBA (2021), Research for FORESEE project: Impact of the Covid-19 pandemic on the social services sector and the role of social dialogue, Intermediate Report

5 <https://www.coe.int/en/web/commissioner/-/lessons-to-be-drawn-from-the-ravages-of-the-covid-19-pandemic-in-long-term-care-facilities>; <https://www.coe.int/en/web/moscow/-/older-persons-need-more-support-than-ever-in-the-age-of-the-covid-19-pandemic>

Trade union involvement and a proper social dialogue are essential to ensure that as the long-term care sector continues to grow, it develops in a way that is fair for both care workers and recipients of care services. In view of this, we recently submitted a joint request with the Federation of Social Employers for the establishment of a Sectoral Social Dialogue Committee for Social Services, and to be recognised as EU-level social partners. It is crucial that we, as both unions and employers, are listened to by the European Commission. We expect a response sometime in Spring 2022.

Good cooperation with workers and unions at EU level will be especially important for the preparation of the upcoming European Care Strategy, an initiative recently announced by President Von der Leyen in her State of the EU speech. The care strategy, which will include a

Commission initiative on long-term care, could provide a framework for policy reforms and will hopefully guide the development of resilient, accessible, and good-quality long-term care services, with adequate levels of qualified workers and decent working conditions.

This report provides a wealth of evidence and key policy recommendations that can contribute to the formulation of policy reforms and initiatives at national level, in the EU, the WHO-European region, and in the Council of Europe. These lessons and recommendations are useful for policy makers, employers, and trade unionists alike.

Jan Willem Goudriaan
EPSU General Secretary

INTRODUCTION

This report considers the resilience of the long-term care sector in Europe and highlights some of the early lessons that can be learned from the COVID-19 pandemic. It draws particular attention to the workforce situation, the difficulties facing care workers, and the initiatives and activities of EPSU's trade union affiliates during the ongoing crisis. The report is the first of two planned publications, to be followed with publication of country-specific case studies later in 2021.

The report is organised around five key lessons – each dealing with a significant aspect of the crisis in long-term care. A number of demands and policy recommendations are put forward following each section.

LESSON 1:

EUROPE WAS POORLY PREPARED FOR A PANDEMIC EMERGENCY.

In most countries, long-term care has long been neglected. Organisation, funding, and provision of care within the sector tends to be fragmented, with a diffusion of responsibility and lack of accountability. This section of the report examines these deficiencies. The impact of the pandemic has not been experienced evenly; Finland and Norway in particular managed to largely contain the pandemic in the general community and limit the spread within nursing homes. On the other hand, Portugal and Germany saw higher cases in the general community yet managed to limit the spread within nursing homes. These examples are in the minority. Most EU countries experienced high infection rates both in the general community and in nursing homes, with the consequence of overwhelmed hospital systems and high COVID-19 death rates, especially among long-term care residents. There is an urgent need to ensure resilience of long-term care through adequately resourcing the sector, reforming funding models, and integrating the sector with strengthened public healthcare systems.

LESSON 2:

NURSING HOMES ARE HIGH-RISK ENVIRONMENTS.

Due to the structural inadequacies inherent to existing care systems, residential care facilities have been at the epicentre of the pandemic. Prior to the mass availability of vaccines, such facilities were particularly vulnerable to contagion. This section of the report considers the international research that has been conducted since the start of the pandemic concerning structural risk factors within long-term care. As documented in numerous studies, the risk factors for COVID-19 within long-term care align closely with incentives of profit-making: poor working conditions, lack of paid sick leave, even for workers who had contracted COVID-19, understaffing and overcrowded facilities meant that the virus spread quickly between staff and recipients. These conditions are a product of decades of marketisation and privatisation of healthcare and long-term care, the impact of austerity, and a failure to take action to ensure a sustainable care sector.

LESSON 3:

LONG-TERM CARE WORKERS UNDERTOOK SOME OF THE MOST DANGEROUS AND DEMANDING JOBS DURING THE PANDEMIC, WITHOUT ADEQUATE SUPPORT OR RECOGNITION.

Conditions of work within the care sector fundamentally shape the quality of care that care recipients receive. This section of the report examines the deterioration of working conditions during the pandemic and the impact on both workers and care recipients. Throughout the pandemic, care workers experienced understaffing, work intensification, and dangerous working conditions. A lack of adequate protection led to a much higher rate of COVID-19 infection among the long-term care workforce compared with the general workforce. The resilience of long-term care has been severely affected by exhaustion and moral injury. Existing gaps in social protection for care workers who were infected need to be addressed through recognition of COVID-19 as an occupational disease.

LESSON 4:

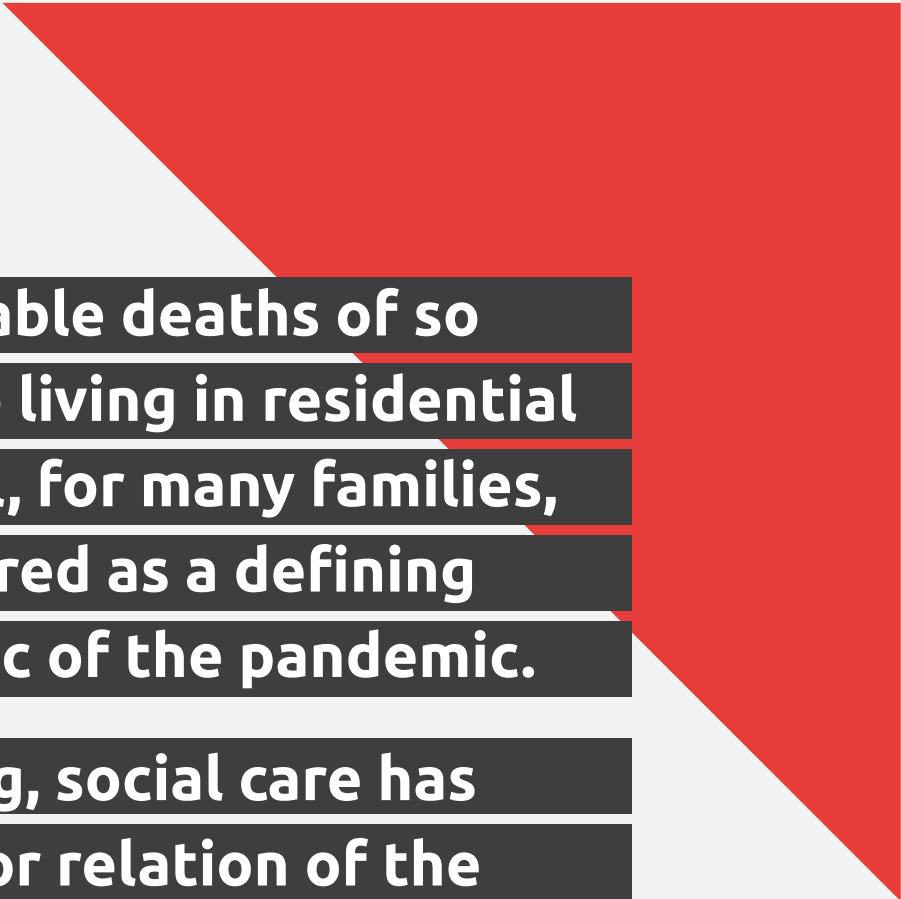
THE LONG-TERM CARE SECTOR WAS ALREADY FACING A CRISIS OF UNDERSTAFFING AND THIS WAS WORSENERD BY THE PANDEMIC.

Workforce shortages are worsening. The sector remains highly gendered, with 80% of the care workforce in the EU being women. Since the onset of the pandemic, Europe has faced a situation of workforce exodus on an unprecedented scale, especially among the residential care workforce. This section of the report assesses these trends and their implications for the sustainability of the sector. The resilience of the long-term care sector is undermined by low levels of pay; it is below the workforce average in all countries in Europe. Many care workers are approaching retirement, which will make recruitment of younger workers especially necessary. There is a need for substantial pay increases and improvement in working conditions to retain existing care workers and attract new workers into the sector.

LESSON 5:

PRIVATE INVESTORS ARE PROFITING FROM THE PANDEMIC AMID AN INVESTMENT BOOM FOR NURSING HOMES.

An alarming aspect of the crisis is the surge of private investment in Europe's long-term care market that has taken place during the pandemic. Especially for investors in real estate, the sector is extremely lucrative, and it attracted record levels of investment in 2020. Many providers, meanwhile, face financial difficulties, thus creating conditions for takeovers. This final section of the report considers the implications of this dynamic. There is a critical need to undertake reforms that remove perverse incentives which encourage profit extraction from care at the expense of workers, care recipients, and their families.



“The avoidable deaths of so many people living in residential facilities will, for many families, be remembered as a defining characteristic of the pandemic.

For too long, social care has been the poor relation of the health system. Few governments have put in place systems to fund it adequately, despite clear warnings from demographers about ageing populations.”

WHO-Europe: Pan-European Commission on Health and Sustainable Development, September 2021⁶

6 Pan-European Commission on Health and Sustainable Development (2021), Drawing light from the pandemic: A New Strategy for Health and Sustainable Development (final report), Copenhagen (September 2021). <<https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/pan-european-commission-on-health-and-sustainable-development>>

LESSON 1:

EUROPE WAS POORLY PREPARED FOR A PANDEMIC EMERGENCY.

As a catastrophic death toll escalated, COVID-19 exposed systemic weaknesses in all healthcare and welfare systems, and especially the neglect of long-term care. Yet the impact of the pandemic has been experienced unevenly across Europe; countries with more comprehensive and well-resourced public health systems were able to implement public health measures more effectively, suppress transmission of COVID-19 in the general community, and prevent a mass death toll among long-term care residents.

Nursing homes have accounted for a disproportionate proportion of COVID-19 cases and deaths. As of January 2021, COVID-19-related deaths among long-term care residents were estimated to be 41% of the total, according to an analysis of data from 22 countries carried out by the International Long-Term Care Policy Network.⁷ In Europe (EU/EEA and the UK), elderly residents in long-term care represent 0.7% of the total population, or 3.5

million people.⁸ One early study found that during the first months of the pandemic (to 24 July 2020), long-term care residents across 12 OECD countries had an average 24.2-fold higher rate of death compared to older people living in the community.⁹

7 Comas-Herrera A, Zalakaín J, Lemmon E, Henderson D, Litwin C, Hsu AT, Schmidt AE, Arling G, Kruse F and Fernández J-L (2020) Mortality associated with COVID-19 in care homes: international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 1st February 2021.

8 European Centre for Disease Prevention and Control (2020), Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK. 19 November 2020. ECDC: Stockholm.

9 Sepulveda, E. R. (2020), A Comparison of COVID-19 Mortality Rates Among Long-Term Care Residents in 12 OECD Countries, J Am Med Dir Assoc. 2020 Nov; 21(11): 1572–1574.e3.

"In order to provide an adequate service for people in need of care, we [the care workers] must have appropriate working conditions and a sufficient number of qualified personnel. This is the whole point. Actually, an insufficient number of care workers care for too many people. Overtime and working even on days off have become normality. Care workers become ill in the process and some abandon the sector. People get a good care at the costs of the workers' health. Commercial stakeholders make profits out of it. We therefore need uniformised, demand-driven and binding standards for workers. In order to recruit and retain colleagues in the elderly care, there needs to be fair payment through collective agreements in all facilities, as well as better health protection."

Ilka Steck, care worker, ver.di, Germany.

The vulnerability of elderly people and especially long-term care residents to COVID-19 was evident in the early stages of the pandemic. Initial epidemiological evidence from China identified older age and the presence of co-morbidities as the key risk factors.¹⁰ The severity of the disaster which would soon overwhelm long-term care across much of the continent was anticipated from mid-March 2020, as COVID-19 cases expanded rapidly among residents in Spanish nursing homes and shocking scenes emerged of residents left dead in their beds.¹¹ Despite these early warning signs and promises made by politicians to build protective fences around care homes, implementing the response needed to genuinely protect

care residents and staff proved difficult due to the various structural and organisational deficiencies of the sector. Key problems that have been consistently identified include a lack of integration between long-term care and health-care, chronic shortages of personal protective equipment (PPE) and access to testing, and a situation of understaffing made worse by an escalating spread of infection.

"I do know places where they had their PPE there, but they were not allowed to use it. At least not until someone was diagnosed with COVID. To me this was absolutely ridiculous – you use that to prevent the COVID and not to worry about it afterwards. It's too late when you've had it."

Siân Stockham, care worker,
UNISON, UK.

10 Jordan R E, Adab P, Cheng K K. (26 March 2020), Covid-19: risk factors for severe disease and death BMJ 2020; 368 :m1198 doi:10.1136/bmj.m1198

11 Davey, V. (29 March, 2020). Report: The COVID-19 crisis in care homes in Spain, recipe for a perfect storm. International Long-Term Care Policy Network, CPEC-LSE <<https://ltccovid.org/2020/03/30/report-the-covid19-crisis-in-care-homes-in-spain-recipe-for-a-perfect-storm/>>

Government pandemic emergency responses, with some exceptions, were generally characterised by efforts to prioritise hospital capacity while neglecting the long-term care sector. A strong early response in Finland and Norway that focused on preventing infections in the general community meant that long-term residents were indirectly protected. Both countries, however, experienced significant PPE shortages for workers in nursing homes.¹² Portugal, meanwhile, despite experiencing high rates of infections in the general community, saw proportionally lower deaths among nursing home residents compared with other countries experiencing similarly high levels of infections. In large part, this was due to the government's early prioritisation of long-term care in policy and emergency support for the sector.¹³

12 Bäcklund-Kajanmaa, S. (2021), On the Corona Frontline: The Experiences of Care Workers in Finland, Friedrich-Ebert-Stiftung. <<http://library.fes.de/pdf-files/bueros/stockholm/17778.pdf>>
Samskott, A.M and Skjerve, I. (2021), On the Corona Frontline: The Experiences of Care Workers in Norway, Friedrich-Ebert-Stiftung. <<http://library.fes.de/pdf-files/bueros/stockholm/17981.pdf>>

13 Fontes, A.C. (2021), On the Corona Frontline: The Experiences of Care Workers in Portugal, Friedrich-Ebert-Stiftung. <http://library.fes.de/pdf-files/bueros/stockholm/17982.pdf>

Comparison of COVID-19 death rates among long-term care residents and the general community

JAN - FEB 2021

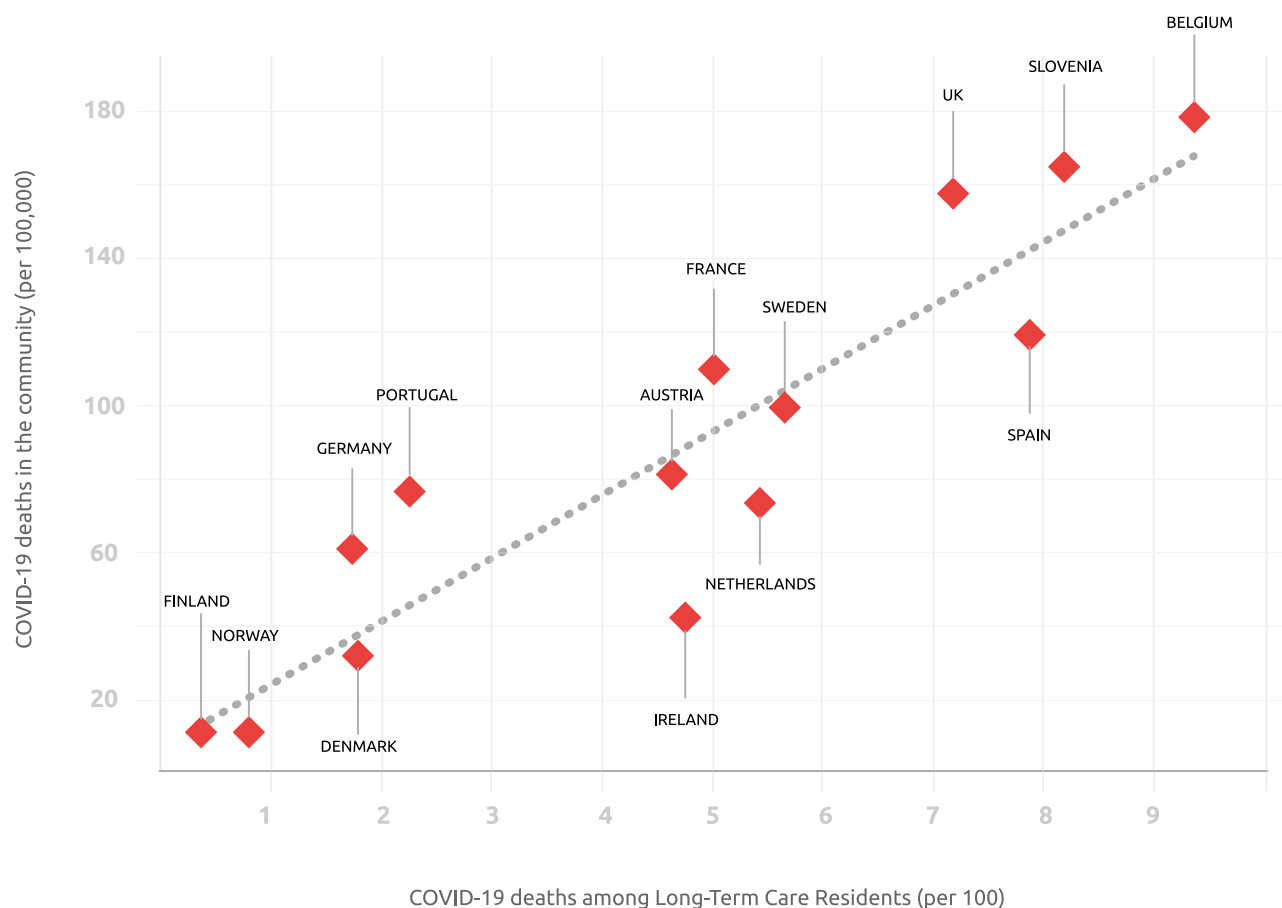


Figure 1: Comparison of COVID-19 death rates among Long-Term Care residents and the general community (to January 2021)

Data Source: 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 >

The scale of the catastrophe in long-term care remains difficult to assess. A lack of clear data on the impact of the crisis is symptomatic of the neglect that the sector has been subjected to both prior to and during the pandemic emergency that has resulted in such a devastating failure to protect the lives of the

elderly and most vulnerable citizens. Initial government responses to the threat of the pandemic relied on implementing emergency ad hoc measures in long-term care, many of which proved insufficient and, as is explained in lesson 3, counterproductive, contributing to escalating deaths. Although strategies in-

cluded minimising the risk of introducing COVID-19 into long-term care, minimising the risk of transmission within facilities and – much later – prioritising residents and care workers for vaccination¹⁴ in the case of most countries, as a recent Friedrich-Ebert-Stiftung report concludes, these protective measures equated to ‘no more than bans on visits to care homes’.¹⁵ Countries have continued to inadequately measure and respond to this crisis in the care sector, and their inability to react to escalating deaths has only meant that the crisis continued long after its devastating consequences for care residents and their families were widely known. Accurate tracking of cases and deaths in long-term care currently exists only in a minority of EU-27 countries. The most recent surveillance data collected by the European Centre for Disease Prevention and Control (up to 31 March 2021) reveals significant gaps in information publicly released by national authorities. Twelve countries reported no data at all, and six others ceased reporting after the initial months of the pandemic.¹⁶ This data gap reflects the inadequacy of the protective mea-

sures put in place within the sector in many countries.

The unprecedented number of deaths in residential care services led EPSU and civil society organisations to call on the European Parliament to establish an enquiry committee into the failures of managing the crisis in the sector.

14 European Centre for Disease Prevention and Control. (2020) Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK. 19 November 2020. ECDC: Stockholm. <<https://www.ecdc.europa.eu/sites/default/files/documents/Increase-fatal-cases-of-COVID-19-among-long-term-care-facility-residents.pdf>>

15 Pelling, L. (2021), On the Corona Frontline: The Experiences of Care Workers in Nine European Countries – Summary Report, Friedrich-Ebert-Stiftung <<http://library.fes.de/pdf-files/bueros/stockholm/17490.pdf>>

16 ECDC, Surveillance data from public online national reports on COVID-19 in long-term care facilities, European Centre for Disease Prevention and Control (July 2021) <<https://www.ecdc.europa.eu/en/all-topics-z/coronavirus/threats-and-outbreaks/covid-19/prevention-and-control/LTCF-data>>

EPSU CALLS ON THE EUROPEAN PARLIAMENT TO INVESTIGATE THE TRAGIC EFFECTS OF COVID-19 ON THE CARE SECTOR

1 July 2020

Today EPSU together with the European Disability Forum and the Age Platform Europe will formally call on the European Parliament to launch an investigation to assess the failures of authorities in addressing and managing the crisis in the long-term care sector during COVID-19.

The care sector, its workers and its users have been hit extremely hard by COVID-19. Many previously existing problems such as understaffing or a lack of preparedness have been exacerbated by the pandemic. In many cases care workers on the frontline of crisis response felt that their calls for better protection were ignored and, despite their best efforts, they were often not able to protect those persons they care for. As a consequence, half of the deaths related to COVID-19 in Europe have so far occurred in residential care and support services.

We must be clear: this tragedy could have been prevented if failed policies and underfunding had been addressed. It also constitutes a breach of human rights, first and foremost the rights to life, dignity and health. It is paramount to understand the failures, omissions and delays that led to this tragedy in order to prevent a repetition in the future. The European Parliament as the representative of citizens across Europe needs to use all its power and take any action needed to shed light on these breaches of human dignity.^{17 18}

17 <https://www.epsu.org/article/epsu-calls-european-parliament-investigate-tragic-effects-covid-19-care-sector>

18 https://www.epsu.org/sites/default/files/article/files/2905%20COVID%20inquiry%20LTC%20letter%20EPSU%20AGE%20EDF_final.pdf

Nevertheless, one thing is certain: a strong relationship between national care systems and public healthcare, as seen in some Nordic countries, has proven to be the critical factor in the resilience of long-term care during the pandemic. High COVID-19 death rates among long-term care residents are closely linked to the prevalence of infection in the general community, with a very strong correlation evident between community infections and long-term care cases and deaths.

The degree to which there is integration of care with public health varies country to country but across most of the EU-27, the sector is characterised by fragmentation and decentralisation where responsibility for provision, funding, and regulation is divided between multiple actors. Research undertaken by the International Long-Term Care Policy Network reveals stark differences in the rate of deaths linked to COVID-19 among long-term care residents (see figure 1), where the determining factor appears to be the way in which systems of care are structured. As of January 2021, in Belgium 9.38% of care home residents died due to COVID-19, the highest proportion in Europe, compared to in Finland, where it was 0.42%. A significant difference can also be seen between France and Germany, which saw 5.02% and 1.72% respectively of their care home residents die due to COVID-19. The correlation between high deaths in the general population and high deaths among care home residents is evident.¹⁹

Integration between health and social care,

19 Comas-Herrera A, Zalakaín J, Lemmon E, Henderson D, Litwin C, Hsu AT, Schmidt AE, Arling G, Kruse F and Fernández J-L (2020) Mortality associated with COVID-19 in care homes: international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 1st February 2021.

“Despite the fact that in March the Government released a special document outlining what it will do to help those people, nothing was happening. But they delegated all the tasks to the municipalities, without providing the necessary funds. So, the civil organizations had to act.”

Anett Csordas, Lépjünk, Hogy Léphessenek Hungary.
Organization representing the interest of families
raising disabled children

alongside strategies for investing in the health workforce, and increased investment in health capacity at all levels, is a key recommendation for ‘Objective 4: Invest in strong, resilient and inclusive national health systems’ as outlined by the Pan-European Commission on Health and Sustainable Development in a new report published in September 2021. The Pan-European Commission, convened by the WHO Regional Office for Europe in August 2020, is comprised of 19 Commissioners and is chaired by Prof. Mario Monti the former Prime Minister of Italy. Its core mission is to rethink policy priorities in light of the pandemic. It has called on governments and agencies involved in funding and delivering health and social care to ‘undertake a reassessment of the links between these different elements of care in the light of experiences during the pandemic, with a view to overcoming the systemic failures that were magnified during the pandemic’.²⁰


20 Pan-European Commission on Health and Sustainable Development (2021), Drawing light from the pandemic: A New Strategy for Health and Sustainable Development (final report), Copenhagen (September 2021). <<https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/pan-european-commission-on-health-and-sustainable-development>>

RECOMMENDATIONS:

- **Increase public funding of long-term care:** this must be treated as an investment in community health and welfare, and not government expenditure subjected to austerity measures. Austerity measures facing the long-term care sector need to be reversed.
- **Investigate the failures and hold decision makers to account:** in the first months of the pandemic, as the disaster in long-term care unfolded, EPSU together with the European Disability Forum and the Age Platform Europe called for the European Parliament to launch a formal investigation into the failures of managing the crisis in long-term care.²¹ Such an inquiry should be launched.
- **Improve health monitoring in long-term care:** a uniform system of surveillance for long-term care that monitors pandemic outbreaks in long-term care across the EU-27 should be established. To that end, long-term care should be included in the so-called stress tests set out in the EU regulation on serious cross-border threats.²²
- **Take an integrated approach to social services:** the focus should be on delivery of good-quality services throughout the life-course. Special attention should be paid to care provided for children, as well persons who are disabled, vulnerable, and/or elderly.

21 <https://www.epsu.org/article/european-parliament-must-investigate-impact-covid-19-pandemic-social-services-sector>

22 <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020PC0727>



**“The crisis strongly affected
long-term care systems and laid
bare structural weaknesses in
the sector”**

EU Social Protection Committee: Long Term Care Report 2021²³

²³ <https://data.consilium.europa.eu/doc/document/ST-9144-2021-INIT/en/pdf>

LESSON 2:

NURSING HOMES ARE HIGH-RISK ENVIRONMENTS.

While the pandemic has impacted the whole of society, residents of long-term care facilities, their families, and those who care for them have been at the epicentre of a catastrophe.

There are a number of inter-related reasons why residential long-term care facilities are especially high-risk environments during pandemic situations such as COVID-19. At the most basic level, the high-contact nature of care environments leads to frequent opportunities for infection, which is coupled with the high impact of the disease on elderly residents who have one or more medical vulnerabilities to COVID-19.²⁴ At the same time, the risk of runaway outbreaks within long-term care is also elevated by the way in which care is provided and organised, how it is funded, and who is responsible for funding and managing responses to the crisis.²⁵

Numerous studies undertaken since the start of the pandemic emergency identify workforce shortages in the health and social care workforce as the key limiting factor in effectively responding to the pandemic.²⁶ Shortages in the care workforce are the products of poor government decisions, decades of cost-driven neoliberal reforms, and austerity that have reduced capacity in health and social services with disastrous effect.

24 European Centre for Disease Prevention and Control. (2020) Increase in fatal cases of COVID-19 among long-term care facility residents in the EU/EEA and the UK. 19 November 2020. ECDC: Stockholm. <<https://www.ecdc.europa.eu/sites/default/files/documents/Increase-fatal-cases-of-COVID-19-among-long-term-care-facility-residents.pdf>>

25 Janet Carter Anand, Sarah Donnelly, Alisoun Milne, Holly Nelson-Becker, Emme-Li Vingare, Blanca Deusdad, Giovanni Cellini, Riitta-Liisa Kinni & Cristiana Pregno (2021): The covid-19 pandemic and care homes for older people in Europe - deaths, damage and violations of human rights, *European Journal of Social Work*, DOI: 10.1080/13691457.2021.1954886

26 European Observatory on Health Systems and Policies & McKee, Martin. (2021). Drawing light from the pandemic: a new strategy for health and sustainable development. A review of the evidence. World Health Organization. Regional Office for Europe. <<https://www.euro.who.int/en/media-centre/sections/press-releases/2021/the-covid-19-pandemic-calls-for-urgent-reform-of-health-care-surveillance-and-governance-in-the-who-european-region-and-beyond/evidence-review-drawing-light-from-the-pandemic-a-new-strategy-for-health-and-sustainable-development-2021>>, 8-9

**“Odds of infection and/
or outbreaks were reduced
in LTCFs that paid sickness
pay, cohorted staff, did not
employ agency staff and had
higher staff to resident ratios.
Higher odds of infection and
outbreaks were identified in
facilities with more admissions,
lower cleaning frequency, poor
compliance with isolation and
‘for profit’ status.”**

Shallcross et al. (2020) ‘Risk factors associated with SARS-CoV-2 infection and outbreaks in Long Term Care Facilities in England: a national survey’. ²⁷

²⁷ <https://www.medrxiv.org/content/10.1101/2020.10.02.20205591v1.full.pdf>

Various empirical academic studies conducted since the start of the pandemic in the United States, Canada, and the United Kingdom have pointed to the inter-related risk factors for COVID-19 infections among staff and residents

in long-term care. The key findings from a sample of this research are summarised in the table below,

RISK FACTOR	KEY FINDINGS	COUNTRY / PERIOD
Larger nursing homes	Facilities with 70+ beds had 1.8 times greater rates of infection versus those with 35 or fewer beds. ²⁸	United Kingdom March-June 2020
	For every 10-bed increase, the probability of an outbreak increased by 0.9%. ²⁹	United States March-May 2020
Crowded nursing homes	Confirmed infections were 2.5 times higher in facilities with 0.85-1 resident per room versus those with 0.7 to 0.85 residents per room. ³⁰	United Kingdom March-June 2020
Understaffed nursing homes	A 10% increase in the bed-to-staff ratio was associated with a 23% increase in infection. ³¹	United Kingdom March-June 2020
	Each one-unit increase in the staff-to-bed ratio was associated with reduced odds of infection in residents and staff. ³²	England March-June 2020
	Nursing staff shortages, measured in terms of both total hours per resident and registered nurse hours per resident, were associated with higher COVID-19 cases. ³³	United States Jan-June 2020
Reliance on temporary, casual, and agency staff in nursing homes	Care homes that employed temporary agency staff every day or on most days were found to have odds of infection 1.88 times higher among staff and 1.58 times higher among residents, compared to care homes not using temporary agency staff at all. ³⁴	England May-June 2020

28 Dutey-Magni PF, Williams H, Jhass A, Rait G, Lorencatto F, Hemingway H, Hayward A, Shallcross L. COVID-19 infection and attributable mortality in UK care homes: cohort study using active surveillance and electronic records (March-June 2020). *Age Ageing*. 2021 Jun 28;50(4):1019-1028. doi: 10.1093/ageing/afab060.

29 White, E., Kosar, C., Feifer, R., Blackman, C., Gravenstein, S., Ouslander, J., & Mor, V. (2020). Variation in SARS-CoV -2 Prevalence in U.S. Skilled Nursing Facilities. *Journal of the American Geriatrics Society*. 68(10), Oct.2020, 2167-2173 <https://doi.org/10.1111/jgs.16752>

30 Dutey-Magni PF, Williams H, Jhass A, Rait G, Lorencatto F, Hemingway H, Hayward A, Shallcross L. COVID-19 infection and attributable mortality in UK care homes: cohort study using active surveillance and electronic records (March-June 2020). *Age Ageing*. 2021 Jun 28;50(4):1019-1028. doi: 10.1093/ageing/afab060.

31 Dutey-Magni PF, Williams H, Jhass A, Rait G, Lorencatto F, Hemingway H, Hayward A, Shallcross L. COVID-19 infection and attributable mortality in UK care homes: cohort study using active surveillance and electronic records (March-June 2020). *Age Ageing*. 2021 Jun 28;50(4):1019-1028. doi: 10.1093/ageing/afab060.

32 Shallcross L., Burke D., Abbott O., Donaldson A., Hallatt G., Hayward A., Hopkins S., Krutikov M., Sharp K., Wardman L., Thorne S. (2021). Factors associated with SARS-CoV-2 infection and outbreaks in Long Term Care Facilities in England: a national cross-sectional survey. *The Lancet Healthy Longevity*. 2. 10.1016/S2666-7568(20)30065-9.

33 Figueroa JF, Wadhwa RK, Papanicolaou I, et al. Association of Nursing Home Ratings on Health Inspections, Quality of Care, and Nurse Staffing With COVID-19 Cases. *JAMA*. 2020;324(11):1103-1105. doi:10.1001/jama.2020.14709

34 Impact of coronavirus in care homes in England: 26 May to 19 June 2020. (2020). Office for National Statistics. <<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020>>

RISK FACTOR	KEY FINDINGS	COUNTRY/PERIOD
Transfer of staff between multiple nursing home facilities	The odds of infections among staff were found to be 2.4 times higher in care homes where staff regularly worked elsewhere, compared to care homes where staff never worked elsewhere. ³⁵	England May-June 2020
	49% of nursing home resident cases were attributed to shared staff transmitting the virus across multiple nursing homes. ³⁶	United States March-May 2020
Lack of cohorting	In nursing homes without cohorting, where staff cared for both infected and uninfected residents, the odds of infection were 1.3 times higher in residents and 1.2 times higher in staff. The risk of outbreaks occurring was 2.5 times higher. ³⁷	England March-June 2020
Lack of sick pay	Care homes where staff received sick pay were 0.87 times less likely to have infections among residents. ³⁸	England May-June 2020
For-profit ownership of nursing homes	For-profit nursing homes were found to have nearly double the odds of an outbreak and 78% more resident deaths compared with non-profit homes. ³⁹	Canada March-May 2020
	The risk of infection in residents and staff was 19% higher in non-profit nursing homes compared to not-for-profit homes. ⁴⁰	England March-June 2020
Lack of trade union presence	Nursing homes with a trade union presence were found to have 30% lower COVID-19 deaths among residents compared to non-unionised facilities. ⁴¹	United States March-May 2020

35 Impact of coronavirus in care homes in England: 26 May to 19 June 2020. (2020). Office for National Statistics. <<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020>>

36 Chen MK, Chavalier JA, and Long EF, "Nursing home staff networks and COVID-19," *Proceedings of the National Academy of Sciences*, 118:1, 5 Jan 2021. <https://doi.org/10.1073/pnas.2015455118>

37 Shallcross L., Burke D., Abbott O., Donaldson A., Hallatt G., Hayward A., Hopkins S., Krutikov M., Sharp K., Wardman L., Thorne S. (2021). Factors associated with SARS-CoV-2 infection and outbreaks in Long Term Care Facilities in England: a national cross-sectional survey. *The Lancet Healthy Longevity*. 2. 10.1016/S2666-7568(20)30065-9.

38 Impact of coronavirus in care homes in England: 26 May to 19 June 2020. (2020). Office for National Statistics. <<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/impactofcoronavirusincarehomesinenglandvivaldi/26mayto19june2020>>

39 Stall NM, Jones A, Brown KA, Rochon PA, Costa AP. For-profit long-term care homes and the risk of COVID-19 outbreaks and resident deaths. *CMAJ*. 2020 Aug 17;192(33):E946-E955. doi: 10.1503/cmaj.201197.

40 Shallcross L., Burke D., Abbott O., Donaldson A., Hallatt G., Hayward A., Hopkins S., Krutikov M., Sharp K., Wardman L., Thorne S. (2021). Factors associated with SARS-CoV-2 infection and outbreaks in Long Term Care.

RECOMMENDATIONS:

- **Undertake evidence-based reforms to long-term care:** focus on mitigating rather than exacerbating the proven risk factors.
- **End perverse incentives:** align funding with investment in the workforce that leads to positive outcomes for workers and residents, and stop encouraging the construction of larger and more crowded nursing homes. Funding needs to be conditional on providers abiding by safe staffing ratios and good working conditions, negotiated through collective agreements. Models of employment that rely on understaffing, temporary contracts, and outsourcing should not be rewarded.



**“The conditions of
work are the conditions
of care.”**

P. Armstrong, H. Armstrong, I.L Bourgeault (2020)⁴²

42 Armstrong, P, Armstrong, H, Bourgeault, IL (2020) Privatization and COVID-19: a deadly combination for nursing homes. In: Flood, C, MacDonnell, V, Philpott, J, et al (eds) *Vulnerable: The Law, Policy and Ethics of COVID-19*. Ottawa, ON: University of Ottawa Press, 447-462 https://www.researchgate.net/profile/Hugh-Armstrong/publication/343541946_Privatization_and_COVID-19_A_Deadly_Combination_for_Nursing_Homes/links/5f7a386f458515b7cf678f02/Privatization-and-COVID-19-A-Deadly-Combination-for-Nursing-Homes.pdf

LESSON 3:

LONG-TERM CARE WORKERS UNDERTOOK SOME OF THE MOST DANGEROUS AND DEMANDING JOBS DURING THE PANDEMIC, WITHOUT ADEQUATE SUPPORT OR RECOGNITION.

Since the start of the pandemic, already overstretched care workers experienced additional time pressure, deficits in occupational health protections, and insufficient social protection, leading to stress and burnout.

As care home residents suffered disproportionately high levels of illness and death, the same factors also impacted long-term care workers, making care work one of the most occupationally hazardous jobs during the pandemic. By the very nature of their occupation, care workers have faced a very high risk of coming into contact with COVID-19 at work. At the same time, many within the care workforce also fall into the age group that make them more likely to become seriously ill from COVID-19; the average age of care workers in the EU is older than the average age of the whole workforce. Across the EU, the proportion of care workers aged over 50 increased from 28% in 2008 to 38% in 2019.⁴³

⁴³ Eurofound (2020), Long-term care workforce: Employment and working conditions, Publications Office of the European Union, Luxembourg.

Amnesty International had identified 4,100 deaths of healthcare workers in 26 European countries as of March 2021. This figure is likely a huge underestimate due to incomplete and partial data from the majority of countries.⁴⁴ Available data from the United Kingdom, where COVID-19-related deaths were measured among separate occupational categories, shows that social care workers had one of the highest death rates of all occupations, significantly higher than nurses and other health workers.⁴⁵ In Germany, the rate of infection for residential care workers was six times

⁴⁴ <https://www.epsu.org/article/covid-19-death-toll-health-and-care-workers-continues-rise>

⁴⁵ <https://uniglobalunion.org/news/new-report-pandemic-places-long-term-care-work-among-worlds-most-dangerous-jobs>

higher than the average for the population as a whole.⁴⁶

In addition, the pandemic has brought with it added physical and emotional burdens for care workers, not least of which has been watching residents die while fearing for their own health and safety. On top of this, work has intensified, meaning that many care workers lack time in some instances to meet even the basic care needs of residents. In a sector that relies heavily on the moral commitment of its staff, these combined effects have led to widespread 'moral injury' among many care workers: the situation of extreme psychological distress when individuals find themselves prevented from being able to act according to ethical principles, resulting in an overwhelming sense of failure, betrayal, and powerlessness that can lead to burnout and mental health problems including post-traumatic stress disorder.⁴⁷

The Dutch union FNV Zorg and Welzijn, an EPSU affiliate, reports that in 2021, 19% of nursing home workers experienced working with too few colleagues on an almost daily basis (compared with 11% in 2019). Forty per cent of nursing home workers have seen colleagues leaving the sector since the start of the pandemic. As a consequence, many have experienced an increase in workload and hours; more than one-third of workers are dissatisfied with

their current distribution of hours. Many are therefore considering leaving the sector themselves, with work-related stress and the mental strain reported as key reasons.⁴⁸

EPSU and with the European Federation of Social Employers during the early days of the pandemic issued a joint statement on 25 March 2020 calling for more protection for workers and care recipients (see next page).

46 Theobald, H. (2021), On the Corona Frontline: The Experiences of Care Workers in Germany, Friedrich-Ebert-Stiftung <<http://library.fes.de/pdf-files/bueros/stockholm/17844-20210507.pdf>>

47 Williamson, V., Murphy, D., Greenberg, N., COVID-19 and experiences of moral injury in front-line key workers, *Occupational Medicine*, Volume 70, Issue 5, July 2020, 317–319, <https://doi.org/10.1093/occ-med/kqaa05>

48 FNV (2021), De sector Zorg & Welzijn gedurende de coronapandemie: Onderzoeksrapport, September 2021. <https://www.fnv.nl/getattachment/Nieuwsbericht/Sectornieuws/Zorg-Welzijn/2021/09/Alarmerende-FNV-Zorg-Welzijnsbarometer-Sector-loop/Rapport-FNV-Zorg-en-Welzijn-Barometer-2021.pdf?lang=nl-NL>

EPSU AND THE SOCIAL EMPLOYERS ISSUE A JOINT STATEMENT ON THE COVID-19 OUTBREAK: SOCIAL SERVICES ARE ESSENTIAL TO OVERCOMING THE CURRENT CRISIS AND NEED ACTIVE SUPPORT

30 March 2020

All across Europe, COVID-19 creates significant challenges for the care sector. In many countries, it exacerbates already existing problems of underfunding and understaffing. On a daily basis, workers are in close contact with older persons, persons with disabilities, and other people in need of care and support. This also means that they are particularly exposed to Covid-19 and the risk of an infection.

With this joint statement, the European Social Employers and EPSU want to raise awareness of the threat that COVID-19 poses to care organisations and the 11 million social service workers in the EU. They play a crucial role for millions of EU citizens in need of care and support.

The statement summarises our shared concerns for the workers as well as the providers of social services and outlines our main proposals to manage this crisis. Workers must be protected from infection by ensuring access to the adequate equipment, but also need protection from job loss and/or loss of income as a consequence of a coming economic recession. Furthermore, solutions must be found for care workers who are themselves in need of childcare services as well as cross-border workers. Collective bargaining and social partnership are key to finding consensual solutions for these pressing topics.⁴⁹

⁴⁹ <https://www.epsu.org/article/epsu-and-social-employers-issue-joint-statement-covid-19-outbreak-social-services-are>

DEADLY CONSEQUENCES OF UNSAFE WORK

As the pandemic progressed, outbreaks in care homes came to be seen as almost inevitable, yet some very avoidable material issues contributed to infection rates. There were severe shortages of PPE and access to tests, especially during the early stages of the crisis when most governments prioritised protecting hospitals at the expense of long-term care. In March 2020, EPSU called for the coordination of production and delivery to urgently prioritise protective equipment for all healthcare workers.⁵⁰ A widespread lack of PPE supplies for long-term care workers at the start of the pandemic combined with inadequate access to testing reduced care workers' capacities to stay safe and protect residents, accelerating the spread of infection among vulnerable residents and leaving many staff sick.

"The staff worked all over the place. That's why the virus spread so fast. There were no division of the elder. It's very hard in the dementia section, we can't lock up the elderly. There were the older people that were infected and walked around different sections. [...] The employer's main priority was to have enough staff."

Elizabeth Lindström Laursen, care worker,
Kommunal, Sweden.

The inadequacy of existing sick leave provisions was also an important determinant of accelerating infection rates in care homes. The

problem of 'presenteeism' arose in many countries due to deficiencies in income protection for sickness,⁵¹ which greatly exacerbated infection risks, especially in residential long-term care. For example, in Germany⁵² and Austria,⁵³ a lack of sick leave for precarious workers in particular meant that workers felt compelled to go to work even after testing positive for COVID-19.⁵⁴

Most nursing homes reported staff shortages, placing further pressure on remaining workers and contributing to increased working hours, creating unsafe conditions for staff and residents. For care workers, understaffing was experienced as work intensification under conditions of increased stress. In Germany, for example, average workloads increased by one

51 Spasova, S., Bouget, D., Belletti, C., Vanhercke, B., (2020), Sick leave benefits in the EU: making sense of diversity. ETUI Policy Brief N°4/2020 European Economic, Employment and Social Policy, ETUI: Brussels. <<https://www.etui.org/sites/default/files/2020-08/Sickness%20benefits%20EU%20Spasova%20et%20al%20Policy%20Brief%202020.04.pdf>>

52 Theobald, H. (2021), On the Corona Frontline: The Experiences of Care Workers in Germany, Friedrich-Ebert-Stiftung <<http://library.fes.de/pdf-files/bueros/stockholm/17844-20210507.pdf>>

53 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] [accessed 18/9/2021] <https://www.gpa.at/content/dam/gpa/downloads/kollektivvertrag/gesundheit,-sozialles,-kirchen/sw%C3%B6/2021/Covid-19%20and%20the%20perceived%20Stressors%20of%20Austrian%20Long-Term%20Care%20Workers.pdf>

54 Pelling, L. (2021), On the Corona Frontline: The Experiences of Care Workers in Nine European Countries – Summary Report, Friedrich-Ebert-Stiftung <<http://library.fes.de/pdf-files/bueros/stockholm/17490.pdf>>

50 <https://www.epsu.org/article/protection-health-care-workers-should-be-priority-let-s-address-together-shortages>

hour per worker per shift.⁵⁵ To cope with shortages, already insufficient regulations regarding staff ratios and working time were temporarily suspended in some countries, resulting in both intensified work and longer shift duration. In Austria, for example, the government's decision to temporarily override work-time regulations resulted in 12-hour shifts at the same time as numbers of workers per shift were reduced.⁵⁶ This situation placed further strain on the workforce, contributing to the lowering of the quality of care and an increased workforce exodus from the sector.⁵⁷

A DIFFICULT SITUATION MADE WORSE

The closure of nursing homes to outside visitors for the purposes of infection control was seen as necessary, yet, in the context of widespread staff shortages, it created conditions of neglect that contributed to high death rates. The closure of nursing homes to family and other visitors was the most common emergency measure carried out in order to limit the risk of infection. The effectiveness of this measure has been

questioned, and in the case of some countries has been criticised as counter-productive, resulting in the confinement and isolation of residents while also compounding workloads and staffing shortages. Prior to the pandemic, many nursing home residents were highly dependent on family caregivers who provided high levels of basic care, supplementing the work of care workers in feeding, dressing, washing, grooming, toileting, and ambulatory care, as well fulfilling mental, emotional, and social needs. In Belgium, for example, Amnesty International has criticised the detrimental effects of blanket policies closing facilities to all visitors without regard to individual risk assessment, describing this as an abuse of human rights.⁵⁸ A similar situation is also noted in Austria.⁵⁹ International evidence from countries such as Canada mirrors these conclusions about the counter-productive closures of nursing homes to families and informal carers.⁶⁰

EXHAUSTION AND MORAL INJURY

The anguish experienced by many care

55 Theobald, H. (2021), On the Corona Frontline: The Experiences of Care Workers in Germany, Friedrich-Ebert-Stiftung <<http://library.fes.de/pdf-files/bueros/stockholm/17844-20210507.pdf>>

56 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] [accessed 18/9/2021] <https://www.gpa.at/content/dam/gpa/downloads/kollektivvertrag/gesundheit,-sozialles,-kirchen/sw%C3%B6/2021/Covid-19%20and%20the%20perceived%20Stressors%20of%20Austrian%20Long-Term%20Care%20Workers.pdf>

57 Theobald, H. (2021), On the Corona Frontline: The Experiences of Care Workers in Germany, Friedrich-Ebert-Stiftung <<http://library.fes.de/pdf-files/bueros/stockholm/17844-20210507.pdf>>

58 Amnesty International (2020), LES MAISONS DE REPOS DANS L'ANGLE MORT: Les droits humains des personnes âgées pendant la pandémie de COVID-19 en Belgique, Amnesty International Belgique <https://www.amnesty.be/IMG/pdf/20201116_rapport_belgique_mr_mrs-3.pdf>

59 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] [accessed 18/9/2021] <https://www.gpa.at/content/dam/gpa/downloads/kollektivvertrag/gesundheit,-sozialles,-kirchen/sw%C3%B6/2021/Covid-19%20and%20the%20perceived%20Stressors%20of%20Austrian%20Long-Term%20Care%20Workers.pdf>

60 Ellen Badone (2021) From Cruddiness to Catastrophe: COVID-19 and Long-term Care in Ontario, Medical Anthropology, 40:5, 389-403, DOI: 10.1080/01459740.2021.1927023

workers during the pandemic goes beyond 'ordinary' burnout, which had long become a normalised aspect of work in the care sector. There are widespread reports of psychologically distressed workers, for example in Belgium⁶¹ and Austria,⁶² with workers admitting shame and guilt at failing to do their jobs properly without being provided with the means to do so. This sense of helplessness in the face of failure amounts to widely felt 'moral injury'. While the process of rebuilding trust will be difficult, it needs to start with ensuring that care workers can do their jobs. This requires tangible and substantial improvements to insufferable working conditions that have characterised work in the sector.

COVID AS AN OCCUPATIONAL DISEASE

It is critical for all workers who are exposed to COVID-19 to have access to adequate sick leave, wage replacement, and medical care. Since the start of the pandemic, EPSU and the European trade union movement have called for the recognition of COVID-19 as an occupational disease and for consistent rules cov-

ering such protections to be implemented for all workers in Europe. For workers who are at a disproportionately higher risk of infection as a result of their occupation, there is a critical need to classify COVID-19 as an occupational disease eligible for compensation. Although some countries acted quickly to adopt national laws and regulations to ensure protection for workers, millions of workers across Europe remain excluded from equivalent protections.⁶³ In practice this results in discrimination against care workers who experienced much higher rates of infection relative to other occupational groups and, due to low pay, are at higher risk of financial ruin due to COVID-19.

"[Long Covid] can affect anyone, but women and health care workers seem to be at greater risk."

WHO- Europe (2021)⁶⁴

Since long-term care workers experienced higher infection rates compared to the population as a whole, there is a high probability that long Covid is significantly contributing to ongoing workforce shortages. Long Covid, according to the WHO, encompasses a number of overlapping symptoms including generalised chest and muscle pain, fatigue, shortness of breath, cognitive dysfunction, persisting in-

61 RTBF, « Coronavirus en Belgique : "Le sacrifice a ses limites", le personnel soignant à bout de souffle », J.B., 2/4/20, https://www.rtbef.be/info/societe/detail_coronavirus-en-belgique-le-sacrifice-a-ses-limites-le-personnel-soignant-a-bout-de-souffle?id=10474108

62 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] [accessed 18/9/2021] <https://www.gpa.at/content/dam/gpa/downloads/kollektivvertrag/gesundheit,-sozialen,-kirchen/sw%C3%B6/2021/Covid-19%20and%20the%20perceived%20Stressors%20of%20Austrian%20Long-Term%20Care%20Workers.pdf>

63 Oates, A. (2021), COVID as an Occupational Disease, A Report for EPSU <<https://www.epsu.org/article/new-epsu-report-makes-case-covid-occupational-disease>>

64 Rajan, S et al., (2021), In the wake of the pandemic: Preparing for Long COVID. Policy Brief, No. 39., WHO Regional Office for Europe / European Observatory on Health Systems and Policies: Copenhagen. <<https://apps.who.int/iris/bitstream/handle/10665/339629/Policy-brief-39-1997-8073-eng.pdf>>

flammation, thrombosis, and autoimmunity. The WHO reports that 1 in 4 people infected with COVID-19 experienced symptoms for over a month, and 1 in 10 for longer than three months.⁶⁵ Nevertheless, the true extent of long Covid is still unknown. A recently published study based on retrospective clinical data of more than 270,000 COVID-19 survivors in the United States found that more than 1 in 3 were diagnosed with at least one long Covid symptom three to six months after infection.⁶⁶ There is an imperative need for more research to monitor the effects of long Covid within the long-term care sector, as well as ensuring that workers are supported in their recovery.

65 Rajan. S et al., (2021), In the wake of the pandemic: Preparing for Long COVID. Policy Brief, No. 39., WHO Regional Office for Europe / European Observatory on Health Systems and Policies: Copenhagen. <<https://apps.who.int/iris/bitstream/handle/10665/339629/Policy-brief-39-1997-8073-eng.pdf>>

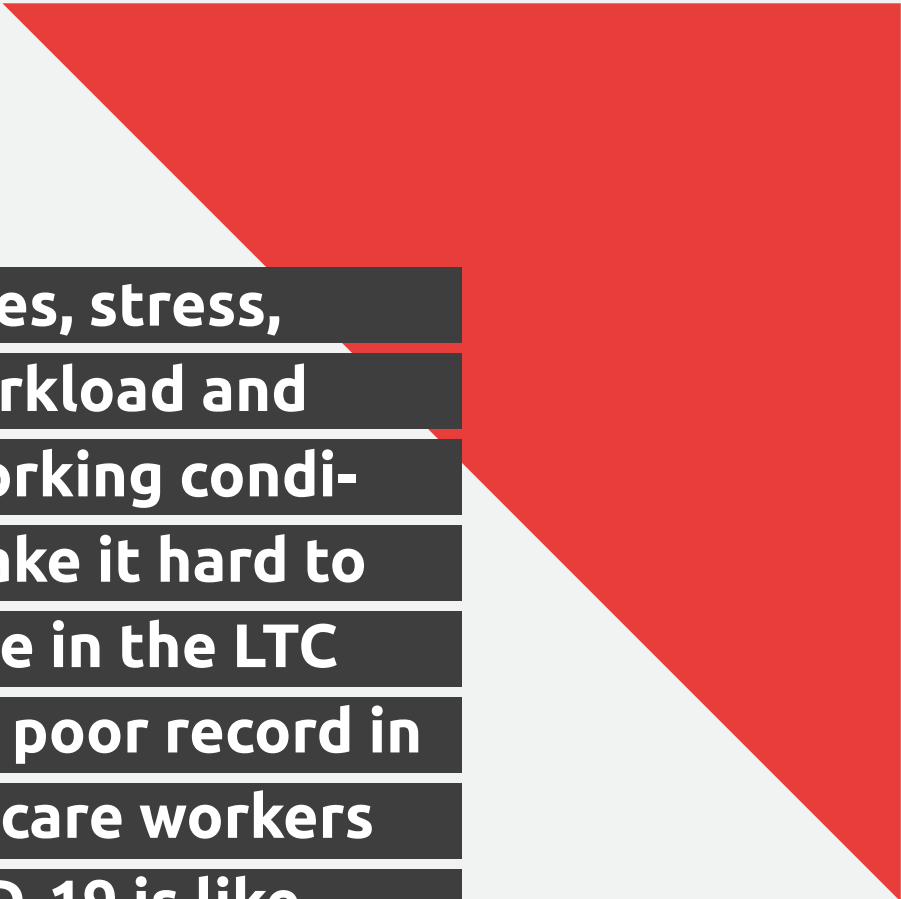
66 Taquet M, Dercon Q, Luciano S, Geddes JR, Husain M, Harrison PJ (2021) Incidence, co-occurrence, and evolution of long-COVID features: A 6-month retrospective cohort study of 273,618 survivors of COVID-19. *PLoS Med* 18(9): e1003773. <https://doi.org/10.1371/journal.pmed.1003773>

RECOMMENDATIONS:

Defend worker's rights by strengthening collective bargaining and social dialogue: social dialogue can improve wages and conditions and work organisation and ensure access to training opportunities. The establishment of a European Social Dialogue Sectorial Committee in Social Services, as requested by EPSU and Social Employers, will help strengthen social dialogue in the long-term care sector.

Improve occupational health and safety: in particular, workers should be provided with personal protective equipment and proper risk assessments should be conducted. Furthermore, more attention to care workers should be given in the next EU OSH strategy (2021-2027). There is also a need to develop a designated Directive on Psychosocial Risk and Stress.

Recognise COVID-19 as an occupational disease: governments need to report and record work-related cases; compensation schemes need to be created to cover victims of work-related COVID-19 illness, including long Covid, and their families.



**“Low wages, stress,
a heavy workload and
onerous working condi-
tions all make it hard to
keep people in the LTC
sector. The poor record in
protecting care workers
from COVID-19 is like-
ly to make more people
question whether work-
ing in the sector is for
them.”**

OECD (2020)⁶⁷

⁶⁷ OECD (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/92c0ef68-en>

LESSON 4:

THE LONG-TERM CARE SECTOR WAS ALREADY FACING A CRISIS OF UNDERSTAFFING AND THIS WAS WORSENERD BY THE PANDEMIC.

For more than a decade, growth in the size of the workforce has lagged behind growth in the demand for care. This situation has sharply deteriorated during the pandemic, and the size of the residential care workforce has contracted. Decisive action is now needed to reverse this trend to avert the collapse of the sector.

The latest Eurostat data shows an alarming decline in Europe's residential care workforce since the onset of the pandemic: across the EU-27, employment contracted by -9.5% be-

tween 2019 and 2020, a loss of over 421,000 workers.⁶⁸ There appears to be a significant exodus of workers from the residential care sector and a shift toward non-residential care.

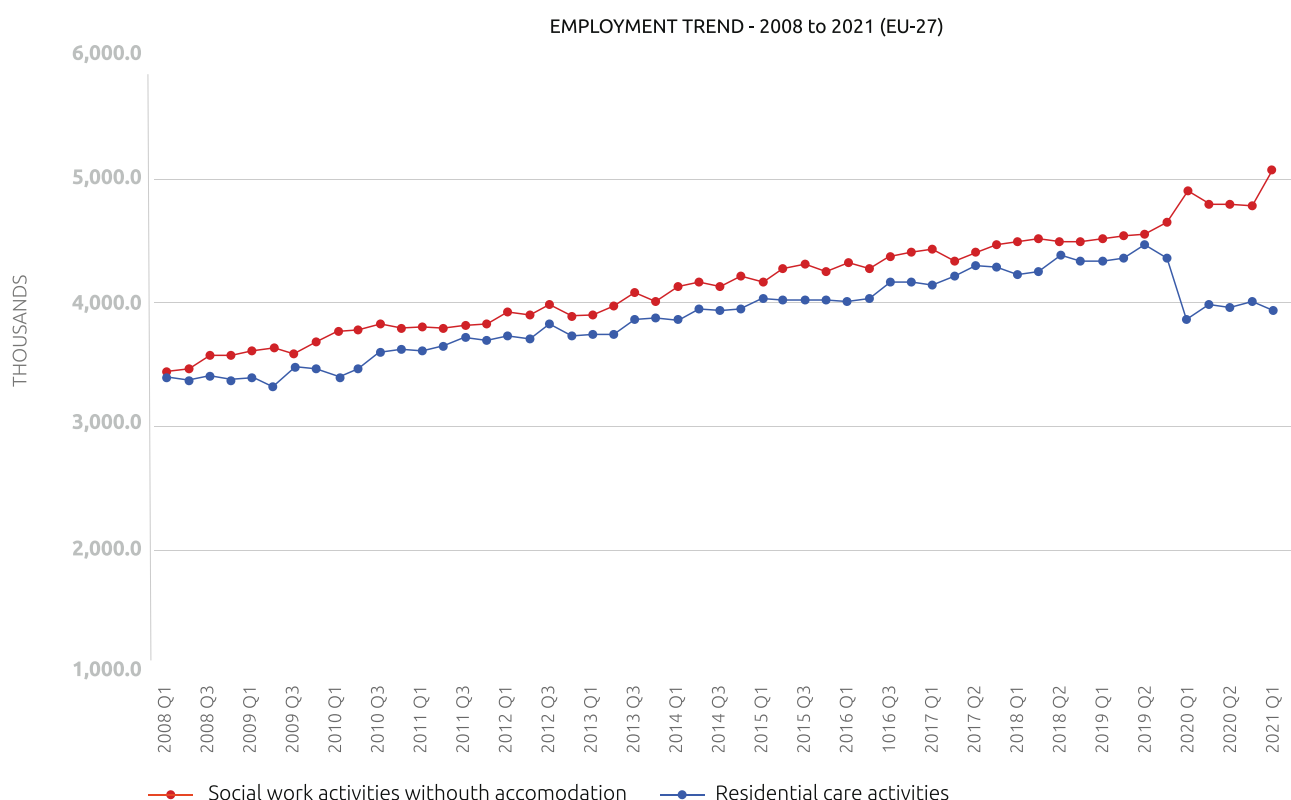


Figure 2: Employment trend in workforce categories NACE 87 and NACE 88; quarterly data Q12008 to Q12021 (Eurostat)

68 FORBA (2021), Research for FORESEE project: Impact of the Covid-19 pandemic on the social services sector and the role of social dialogue, Intermediate Report.

The EU acknowledges worsening staff shortages and a deterioration in recruitment and retention in residential aged care during the pandemic, a sector already beset by chronic understaffing prior to the pandemic. The majority of EU Member States report significant numbers of unfilled vacancies, and the gap between workforce supply and demand has been growing. In a 2020 report on care workforce shortages, the OECD noted that the situation had been worsening since 2011, with population ageing outpacing the growth of the workforce in three-quarters of all countries. The worst affected countries were Poland, Romania, and the Slovak Republic.⁶⁹ The ratio of long-term care workers per 100 people aged 65+ fell from 4.2 to 3.8 between 2011 and 2016 as an average across the EU. This ratio varies, however, between 12.4 in Sweden to just 0.1 in Greece, indicating the extremely dire nature of care worker shortages in some EU countries. At the same time, the EU has projected the need to create 3.2 million jobs for health associate professionals and 3.8 million for personal care workers between 2018 and 2030.⁷⁰ While demand for care is rising due to an ageing population, the profile of the long-term care workforce is also ageing. Care workers tend to be older than average, with relatively small numbers of younger workers willing to

take difficult and poorly paid long-term care jobs.⁷¹ The OECD has noted that countries will need to increase their care workforce by 60% by 2040 just to maintain the current ratio of carers to elderly people.⁷²

For most care workers, low wages and poor working conditions define working in the long-term care sector. Care work is overwhelmingly female-dominated, and there is a strong gender dimension to why this work is so undervalued; a significant proportion of Europe's gender pay gap is a result of segregation in the labour market.⁷³

This is a key factor behind staff shortages. For over a decade, decision makers have been warned by care workers, their trade unions, aged care advocates, and policy experts that inadequate wages and conditions were having a deleterious impact on both the quality of care and the adequacy of recruiting and retaining a sufficient workforce to meet rising demands for care. Care work is difficult, requiring complex skills and competencies. Yet the median

69 OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/92c0ef68-en>

70 SPC/DG EMPL (2021), *Long-term care report: Trends, challenges and opportunities in an ageing society*. Vol. 1., Joint report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) (June 2021). <<https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396>>

71 OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/92c0ef68-en>

72 OECD, "Who cares? Attracting and retaining care workers for the elderly," OECD Health Policy Studies, 2020. <https://www.oecd.org/fr/publications/who-cares-attracting-and-retaining-elderly-care-workers-92c0ef68-en.htm>

73 Müller, T. (2019), *She works hard for the money. Tackling low pay in sectors dominated by women – evidence from health and social care*, EPSU-ETUI working paper 2019.11. <<https://www.etui.org/sites/default/files/2021-02/WP%202019.11%20She%20works%20hard%20for%20the%20money%20M%C3%BCller%20WEB.pdf>>

wage for long-term care workers across European countries is just EUR 9 per hour, compared to EUR 14 per hour for hospital workers in similar occupations.⁷⁴ Wages for long-term care workers are lower than the national average earnings in all EU Member States. In 24 out of 27 countries, they are at least 10% below national average earnings. Furthermore, as the EU correctly notes, this wage data may be under-reported due to the exclusion of some parts of the workforce from the data, especially live-in care workers, who tend to be in undeclared work or self-employed and earning below the minimum wage.⁷⁵

“Our pay is much lower than the national average, despite the fact that our facility is the largest of its kind in Poland and one of the largest in Europe, and that our region is quite wealthy and thus the local government is wealthy as well. The employees are poorly compensated. The fee for the patients’ stay at the centre continues to rise while no pay raises are given to staff. Fewer and fewer people are interested in working in our care home, especially young people. It’s a challenging job. It’s both physically and mentally taxing.”


Jerzy Korczak, care worker, Federation of Trade Unions of Health and Social Care Workers, Poland.


Despite these trends and projections, European policy makers have failed demonstrably to place the long-term care sector on a path of sustainable growth. Instead of decisively addressing the central drivers of staff shortages and low recruitment and retention – those of poor pay and difficult conditions – the problem has been framed as a lack of investment. While market-based reforms have encouraged large influxes of private investment and profit-making in the sector, the toxic nexus of understaffing, poor wages, and insufferable conditions has become normalised. Rather than lifting wages and conditions to make care work attractive, wealthier countries in particular have relied on reducing shortages through sourcing migrant care workers, thus exacerbating labour shortages in poorer countries. The image of the sector has been tarnished by the pandemic, making it even more difficult to attract and retain workers. There is a need to focus on making care occupations attractive careers, addressing the issues of respect and dignity at work and recognition of care as skilled work.

74 OECD (2020), Who Cares? Attracting and Retaining Care Workers for the Elderly, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/92c0ef68-en>

75 SPC/DG EMPL (2021), Long-term care report: Trends, challenges and opportunities in an ageing society. Vol. 1., Joint report prepared by the Social Protection Committee (SPC) and the European Commission (DG EMPL) (June 2021). <<https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8396>>

RECOMMENDATIONS:

 **Prioritise funding for adequate, needs-based staffing levels:** financing strategies must be developed at both national and European levels (for instance through the Recovery and Resilience Facility and the EU-4Health programme) to address understaffing through improvements in pay and conditions, and to increase the capacity of the long-term care workforce through investment in recruitment, training, and retention.

 **Increase wages and improve working conditions for care workers, taking a gender-sensitive approach:** lifting wages and improving working conditions are essential to prevent a workforce exodus, attract new workers, and to alleviate chronic staff shortages. This will contribute to closing the gender pay gap and reducing the long-standing pay discrimination in a women-dominated sector.

LESSON 5:

PRIVATE INVESTORS ARE PROFITING FROM THE PANDEMIC AMID AN INVESTMENT BOOM FOR NURSING HOMES.

The pandemic has exposed the failure of models of long-term care that prioritise profit-making over social needs. Policies across member States that incentivise private investment in long-term care have resulted in structural failings contributing to mass deaths among the most vulnerable citizens. EPSU has long pointed out that the ‘commercialisation of care services, which allowed private companies to make profit from care, took place at the expense of working conditions, Occupational Safety and Health (OSH) and patient’s rights’.⁷⁶ Recent research commissioned by EPSU has charted the growth of the private market in the long-term care sector, with significant increases in the share of the private sector recorded in seven out of eight European countries in the

2000s and 2010s.⁷⁷ Now more than ever, it is imperative to halt and reverse the commercialisation of the sector, ensuring it is organised and resourced for the sustainable delivery of care, rather than private profit.

An investment boom has been quietly taking place in the midst of the pandemic disaster. While COVID-19 decimated nursing homes and tens of thousands of residents died, leaving behind bereaved families and beleaguered care workers, 2020 also saw investment volumes for nursing homes rise to a record of 3.6% of all European investment, up from an average

⁷⁶ <https://www.epsu.org/article/council-conclusions-long-term-care-and-covid19-echo-epsu-concerns>

⁷⁷ Jane Lethbridge (2021), *Privatising our future: an overview of privatisation, marketisation and commercialisation of social services in Europe*, PSIRU Report commissioned by EPSU.

of 2.3% in previous years.⁷⁸ Serious questions need to be asked about the ethics of such a situation. How is it possible for nursing homes to be at the centre of an investment boom in the midst of a pandemic that has exposed the fatal consequences of making profit from care?

There have been many cases of both for-profit and non-profit long-term care companies in serious financial trouble during the pandemic. As occupancy fell and understaffing problems grew, some operators found it increasingly difficult to remaining viable. An important factor, therefore, is that many owners are looking to sell. On the other hand, Europe's largest long-term care multinational, ORPEA, reported growth during the pandemic, with increased revenue and profitability. It is no coincidence that ORPEA is not just the largest private operator of nursing homes in Europe but also Europe's largest owner of nursing home real estate, with assets valued at over €7.4 billion.⁷⁹ During the pandemic, ORPEA was able to grow this property portfolio by 23%, accumulating an additional €1.4 billion of property between 31 December 2019 and 30 June 2021. While care residents died en masse, workers suffered physical and emotional breakdowns in their own health, and the sector suffered from chronic staffing shortages leading to inadequate care, the crisis represented an investment opportunity for the owners of long-term care property assets.

As one such market outlook from Frank Knight makes clear, investors have been reas-

sured during the pandemic that 'appetite' for nursing home real estate investment has remained 'remarkably buoyant'. Despite 'headwinds' due to the impact of COVID-19 – presumably mass deaths making some investors nervous about perceived long-term risks – investors are assured that the outlook remains positive due to rising demand and growing cost pressure at both central and local government level, which inevitably 'will lead to further privatisation across many markets, creating a larger pool of real estate investment opportunities'.⁸⁰

An expectation of further privatisation therefore underpins the investment boom. Private investors see healthcare as attractive relative to other sectors due to its profile of low-risk and high returns. The bulk of revenue that flows into the sector is publicly financed. The OECD estimates that around €218bn of state funds goes to care home operators each year, with a further €65bn paid in out-of-pocket fees by residents and families.⁸¹

While public funding is almost invariably allocated for the purpose of care provision, public funds are extracted by various private actors, not only in the form of profit but also rent, management fees, and interest payments to related parties. Current funding models encourage private investors to invest in the real estate, build larger nursing homes, and aim their product at the most profitable parts of the market, in particular wealthier demographics who can afford to pay out-of-pocket fees.

78 <https://www.colliers.com/en-xe/research/202106-senior-living-and-healthcare-a-growth-market-may-2021>

79 https://orpea-corp.com/images/orpeafinance/pdf/Documentation/EN/2021/Pres_ORPEA_2020_Results_ENG_13d77.pdf

80 <https://content.knightfrank.com/research/656/documents/en/european-healthcare-elderly-care-market-research-2021-8158.pdf>

81 <https://www.opendemocracy.net/en/can-europe-make-it/europes-elderly-care-problem/>

For this reason, funding increases on their own are insufficient to alleviate the problems of a chronically low-paid workforce.⁸²

There is compelling evidence that the profits of the nursing home industry were understated prior to the pandemic. As noted by researchers from the Corporate Europe Observatory, investor-orientated outlooks at the start of 2020 emphasised the profitability of the long-term care real estate sector, with returns of 25-35% reported.⁸³ Plugging the Leaks, a detailed forensic investigation of the finances of 830 care home companies in the United Kingdom carried out in 2019, found that 10% of all income – equivalent to £1.5 billion – is distributed to investors. The ‘leakage’ from the sector took the form of rent, dividends, interest payments, director fees, and profit before tax. The proportion leaking out was found to be much higher among the largest 18 for-profit care home providers (15%) compared with small and medium-sized companies (7%). Larger companies can organise their finances using complex corporate structures that allow for profits to be hidden in the form of management fees, lease agreements, interest payments to owners, and related-party transactions. Splitting care home businesses up into operating and property companies has allowed some companies to extract profits through rent, to operate with negative assets, to minimise potential liabili-

ties.⁸⁴ In some cases, companies are structured so that the profit-making property business is based in tax havens, while the operational side – reliant on government subsidies – is run at a loss.⁸⁵

Serious questions need to be asked about who genuinely benefits from this situation. Is the sector fit for the purpose of care, or is it orientated towards profit-driven motives to the detriment of care? Any serious claim about learning lessons from the pandemic and any suggestions for undertaking reforms to the sector that build resilience will need to confront these questions. Perverse financial incentives need to be countered through reforms to funding systems to ensure that public money intended for care is spent on care and not used to subsidise additional yields for real estate investors.


82 Burns, D., Cowie, L., Earle, J., Folkman, P., Froud, J., Hyde, P., Johal, S., Jones, I.R., Killelt, A., Williams, K. (2016) *Where Does the Money Go?: Financialised chains and the crisis in residential care*, Centre for Research on Socio-Cultural Change.

83 Tansey, R., (2021), *When the market becomes deadly: How pressures towards privatisation of health and long-term care put Europe on a poor footing for a pandemic*, Corporate Europe Observatory: Brussels (January 2021) <<https://corporateeurope.org/en/2021/01/when-market-becomes-deadly>>


84 Kotecha, V. (2019), *Plugging the leaks in the UK care home industry: Strategies for resolving the financial crisis in the residential and nursing home sector*, Centre for Health and the Public Interest <<https://chpi.org.uk/wp-content/uploads/2019/11/CHPI-PluggingTheLeaks-Nov19-FINAL.pdf>>

85 CICTAR (2021), *Darkness at Sunrise: UK Care Homes Shifting Profits Offshore?*, Centre for International Corporate Tax Accountability and Research. <<https://cictar.org/darkness-at-sunrise-uk-care-homes-shifting-profits-offshore/>>


RECOMMENDATIONS:



Reform public procurement: public contracts for long-term care services should not be awarded to companies which avoid paying taxes or eschew collective agreements. Rather, funding needs to be tied to positive outcomes for care workers and recipients and closely monitored to ensure it directly improves the quality of care rather than being diverted towards increased profit margins. Reforms to funding systems should address profiteering across the entire long-term care supply chain – especially by the property owners of long-term care facilities. Possible measures could include restricting the conditions under which private ownership of nursing home property is permitted, and limiting the maximum profit rates through caps on rental incomes.



Investigate public financing of long-term care: analysis as outlined in the Plugging the Leaks report will need to be expanded to Europe to take seriously the question of who is benefiting from the exploitation of care workers, the lack of good-quality long-term care, and the social disaster of the pandemic.



Bring care companies under public ownership when they fail: when markets fail to ensure adequate quality standards are met, licences should be revoked and care should be brought under the control of public authorities.



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