

A portrait of a healthcare worker, a woman of African descent, wearing a blue hijab, a blue face shield, a purple surgical mask, and a clear plastic apron over blue scrubs. She is looking directly at the camera with a slight smile. The background is a blurred indoor setting with light-colored walls and a window with blinds.

Ana Catarina Fontes

On the Corona Frontline

The Experiences of Care Workers in Portugal

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About this publication

The Portuguese elder care system was already under pressure before the pandemic, due to an ageing population and overall undervaluing of care work which often leads to labour shortages and to scarce staff adaptability. The coronavirus pandemic brought these trends to light and made elder care a top priority for the authorities, and an extensive set of preventive and corrective measures were adopted in order to mitigate the pandemic's effect among elder care users and workers. Labour shortages proved to be one of the major sources of pressure on elder care in the Portuguese context, bringing attention to the need to improve working conditions in care work.

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ELDER CARE IN PORTUGAL: A BRIEF OVERVIEW

Portugal has a strongly ageing population, with the third highest proportion of population aged 65 years and more in the European Union (21.8 %), surpassed only by Greece (22.0 %) and Italy (22.8 %), and with 33.9 the fourth highest old-age dependency ratios among the Member State (Eurostat 2019). As a result of increasing longevity and decreasing fertility, the old-age dependency rate has increased by 10.4 over the last two decades in Portugal and is forecast to increase by 18.9 over the next twenty years, reaching 52.8 in 2039, and by 28.6 in the following decade, peaking at 62.5 in 2049 – the highest estimated rate in the EU. While these figures alone put significant pressure on elder care, Portugal also has one of the lowest healthy life expectancy figures in Europe, 71.9 % – well below the EU28 average of 78.5 % and the sixth lowest value among EU member states. A relatively high proportion of people with chronic illness or other health problems, particularly among the population aged 65 years and over, adds complexity to elder care work and aggravates the vulnerability of older people to the coronavirus pandemic.

THE STRUCTURE OF THE ELDER CARE SECTOR

The Portuguese elder care is mostly based on third sector institutions, to a great extent financed by the state through cooperation agreements. In fact, according to official data on the National Network of Social Services and Social Facilities from the Strategy and Planning Office of the Ministry of Labour, Solidarity and Social Security (Gabinete de Estratégia e Planeamento 2018), over 70 % of the elder care providers in Portugal are non-profit, and 83 % of the facilities are owned by non-profit institutions (mostly social sector institutions). Concerning elder care facilities and services, the third sector predominates: social care work, including elder care, is a domain with little private investment, and in which the Portuguese state has limited capacity for direct intervention (for historical reasons, including the late democratic transition), creating wide scope for the social sector to grow. Acknowledging that the social sector is a fundamental partner in public services, both in dynamic urban areas and in thinly populated rural regions, the Portuguese state has encouraged its development: public spending in the scope of cooperation agreements increased by about 137 % from 2000 to 2018, reaching over €1 billion in 2018, as a result of both the annual updates of public co-funding rates and the increasing number of covered users (Gabinete de Estratégia e Planeamento 2018).

ELDER CARE IN PORTUGAL

There are three main types of care for older people in Portugal:

Residential facilities

Collective housing for temporary or permanent use in which social support activities and nursing care are provided.

Day care centres

Facility providing a set of services that contribute to the maintenance of the older person in their socio-family environment.

Domiciliary care services

Individualized and personalized home care for individuals and families when, due to illness, disability or other impediment, they are temporarily or permanently unable to ensure the satisfaction of basic needs and/or activities of daily living.

According to Carta Social (Gabinete de Estratégia e Planeamento 2019), in the latest year with available data, 2018, Portugal had about 7,300 elder care responses with capacity for about 274,000 users, in both cases an increase of 89 % compared to 1998. According to the available data, over 60 % of elder care facilities' capacity is supported through cooperation agreements with the state, with an associated public expense close to €570 million in 2018, meaning that about 41 % of the public spending in the scope of cooperation agreements is aimed at elder care. Despite the increasing number of responses and respective capacity, and in spite of the several governmental programmes aimed at expanding the offer (Ministério do Trabalho e da Solidariedade Social 2006), the coverage rate of elder care responses increased by 9 percentage points from 2008 to 2018 as a result of the growth of the older population (Gabinete de Estratégia e Planeamento 2018).

However, two thirds of the Portuguese municipalities have an above-average coverage rate, leaving the two large Metropolitan Areas where more than half of the population live with the lowest installed capacity. Residential facilities have the highest occupation rates among elder care responses, reaching 93 % in 2018, and have the frailest users: about 50 % of users are above 80 years old and the great majority cannot perform basic activities of daily living independently. Moreover, over 70 % of these facilities' users have been institutionalized for more than five years and about 10 % for 10 years or more.

Regarding the quality of services, the inspections carried out over recent years (especially on residential facilities) have led to an overall improvement in quality. However, there are still major gaps in this area, mainly in terms of staff training and certification, which are to a great extent connected with structural deficits in management and employment quality, as discussed below. The existence of a relatively broad network of informal services with low quality is also a source of concern for the Portuguese authorities. According to recent reports, the pandemic revealed almost 600 illegal elder residencies without accreditation from the social security authorities, 90 of which were closed by the General Inspectorate of the Ministry of Labour, Solidarity and Social Security (Moreira 2020). However, these figures do not represent an increase compared with previous years: in 2016, 2017, 2018 and 2019, the General Inspectorate ordered the closure of 88, 133, 109 and 93 elder residencies, respectively (Pereira 2020).

MAIN FEATURES OF EMPLOYMENT STANDARDS IN ELDER CARE

In late April, when the WHO Europe Director stated that up to a half of the coronavirus deaths across the region had been in nursing homes, he added that care work in that long-term homes for older people had “often been notoriously neglected”, with underpaid employees often doing overtime. In fact, the pandemic brought increased pressure to elder care facilities, exposing the sector’s vulnerabilities. But employment standards in elder care are subject to long-standing complaints from workers’ representatives, who underline the need to value care work. According to available data, over 148,000 thousand employees work at residential care facilities and social work facilities without accommodation (Quadros de Pessoal 2018). One of the most prominent features of these activities is the very high proportion of women, who account for about 91 % of employees in these areas. The fact that this is a female-dominated sector is not to be neglected when discussing employment standards, as female-dominated work is generally undervalued. In fact, the average earning in residential care facilities and social work facilities without accommodation is 27 % below average, meaning an employee earns on average €853.60 – only 34 % above the statutory minimum wage, which was set at €635 per month in 2020. It is thus one of the fields with the lowest average earnings. Similarly, the share of minimum wage earners is above average for people working in health and social work; it reached 31 % in 2019 while the global share was below 26 %. This cannot be disconnected from the fact that these are female-dominated activities: according to the same data source, the share of minimum wage earners among female workers is 31 %, 10 percentage points above the figure for male workers.

Concerning the type of employment contracts, 67 % of employees in residential care facilities and social work without accommodation have permanent contracts, which is actually slightly above the overall share of 63 %, but below the share of 73 % observed in human health and social work activities. However, since Portugal has a significant number of illegal elder care facilities, these figures may not account for the whole picture, namely for undeclared work, which is not uncommon in elder care (Špasova et al. 2018).

Although an above-average share of workers in residential care facilities and social work facilities without accommodation are classified as semi-skilled or unskilled (59 % vs. 30 % overall), the share of workers who did not complete secondary education is only slightly above the overall figure (54 % vs. 50 %), and the share of workers with tertiary education is actually above average (21 % vs. 19 %), which combined with the above-mentioned pattern of low wages suggests that overqualification may be an issue in these activities.

As in most sectors, collective bargaining can play an important role in improving working conditions and wages. In Portugal as in other countries, the for-profit sector is not covered by collective bargaining, which in the Portuguese case has a minimum impact given that most of the social

care services are provided by non-profit organizations, as explained above (OECD 2020). Collective bargaining coverage in these areas is above average: according to the available data, about 92 % of workers in these sectors are covered by collective bargaining, compared to 86 % overall (Ministério do Trabalho e da Solidariedade Social 2018). However, the advantage of collective bargaining seems to be relatively modest, at least regarding wage-setting: the earnings of covered workers are only 4 % higher than those of non-covered workers.

COVID-19 IN THE ELDER CARE SECTOR

The international public health emergency declared by the World Health Organization (WHO) on 30 January 2020, and the subsequent classification of COVID-19 as a pandemic on 11 March 2020 demanded widespread adoption of extraordinary and urgent measures to ensure adequate protection of older people. The acute impacts of the pandemic on older people, particularly those in residential, social and recuperative establishments – most of whom are in a situation of dependency with chronic illnesses and often lacking family support – required the adoption of urgent preventive measures to protect the well-being, health and life of users of residential facilities and other social services for older people.

It is known that COVID-19 mortality rates differ greatly between age groups, with the oldest most at risk. As of mid-December 2020, the mortality rate of COVID-19 in Portugal was 6.5 times higher among those aged 70 years and over (9.7 %) than for the overall population (1.5 %), and while only 14 % of confirmed cases were among population aged 70 or above, about 87 % of the coronavirus deaths were in this age group.¹ Additionally, the Portuguese authorities recently reported that about one third of coronavirus deaths have occurred in elder care facilities (Agência Lusa 2020), a lower proportion than observed at an earlier stage of the pandemic. According to the Ministry of Labour, Solidarity and Social Security, “the percentage of deaths in elder care residencies compared to total deaths from COVID-19 has been decreasing” (peaking at 41 % in April and decreasing to 34 % in November) (Neves 2020).

However, the mortality associated with elder care facilities in Portugal is lower than that observed in other European countries like Spain, Ireland, France or Belgium, in which a larger proportion of coronavirus deaths occurred in care homes (Comas-Herrera et al. 2020). The relative resilience of the Portuguese elder care structures should be framed within the broad set of preventive measures adopted by the authorities.

In view of the rapid evolution of the COVID-19 pandemic, the President of the Republic of Portugal decreed a state of emergency on 18 March, which was renewed on 2 April

¹ Own calculations based on data published by the Directorate-General of Health.

and 17 April. Under the state of emergency the government established rules imposing mandatory confinement, a general duty to stay at home and a special duty to protect the most vulnerable citizens, namely those above 70 years old and those suffering from chronic illness. In the face of the coronavirus second wave, the President of the Republic imposed another state of emergency on 6 November 2020, which was renewed on 20 November and again on 7 January 2021.

Considering the acute risks posed by the coronavirus to elder care facilities and other social support facilities, the Portuguese government provided guidance and training to elder care facilities in order to ensure that proper transmission prevention strategies were adopted, and the Directorate-General of Health (DGS) published specific guidelines on this matter.² The authorities established these guidelines and procedures and they were to be adopted by the institutions, other competent entities and by the municipalities. In case of suspected cases of infection the guidelines were to guarantee that the procedures were adhered to.

During the stages of the pandemic, restrictive measures were adopted and visits to elder care homes were suspended from 13 March to 18 May, while at a subsequent stage visiting was allowed but only once per week and under strict preventive measures. By the end of 2020, visiting was allowed, and the number of weekly visits was no longer limited, although visits needed to be scheduled and planned according to the guidance provided by the DGS.³ More recently, the DGS issued recommendations concerning new admissions to elder care homes, advising for them to be tested for COVID-19.⁴

TESTING AND PERSONAL PROTECTIVE EQUIPMENT

At the same time, backup facilities were made available by order of the Portuguese government,⁵ providing 710 units with capacity for over 10,200 users,⁶ and a national screening programme was launched in partnership with research centres, allowing over 117,000 preventive COVID-19 tests to be conducted among workers at social care facilities (from March to September 2020). According to the Ministry of Labour, Solidarity and Social Security, a second stage of the preventive testing programme programme has started, now targeted at residential facilities with 50 or more residents. In Lisbon, Porto, Setúbal, Santarém and Viana do Castelo, as urban areas with the greatest epidemiological risk, all care homes will be covered, regardless of the num-

ber of residents. In the second stage of the testing programme, over 50,000 tests were performed in about 880 residencies, 340 of which had positive cases.⁷

Additionally, in order to mitigate the increased costs of ensuring the functioning of social services, over 1.9 million pieces of personal protective equipment (PPE) were provided to over two thousand social care institutions across the country, covering close to 60,000 users and over 41,000 workers – two thirds of the PPE were delivered to elder care residencies.⁸ An incentive system called *Adaptar Social +* was also put into place⁹ with a budget of €10 million to support the acquisition of PPE for workers and users, hygiene equipment, hiring of facilities, disinfection services, specialized training for workers, reorganizing workplaces and changing layout.¹⁰ The authorities expect to launch a new round with a €9 million budget.¹¹

TEMPORARY SUPPORT FOR THE CARE SECTOR FOR OLDER PEOPLE

In the view of growing pressure on the social sector, the authorities introduced a set of extraordinary temporary support measures for the sector, including:¹²

- i) a guarantee of payment of the social security financial contribution under the cooperation agreements to all social facilities whose activities were suspended;
- ii) co-funding of home-based care;
- iii) streamlining the opening of social support establishments with ongoing licensing processes;
- v) extension of deadlines for presentation of annual accounts;
- vi) deferral of tax and social insurance obligations;
- vii) budget and short-term liquidity support and;
- viii) a specific funding line for the social sector.

Moreover, the social security financial contribution to social facilities operating under the statutory cooperation regime was extraordinarily increased by 3.5 %, and special funding was introduced for specific situations, namely when care is provided for very frail older people.¹³ Additionally, the social security contribution was increased by 2 % within the cooperation agreements with elder care residencies and home-based support services.¹⁴

At the same time, the Minister of Health and the DGS advised the adoption of organisational preventive measures like staggered working hours, for instance when some staff work from 9 to 5 and others from 10 to 6, which was

² Available for consultation at <https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0092020-de-11032020-pdf.aspx>.

³ Information no. 011/2020, last updated on 18/10/2020.

⁴ Guideline no. 009/2020, last updated on 23/07/2020, and Guideline no. 009A/2020, last updated on 21/11/2020.

⁵ Order no. 10942-A/2020, November 6th.

⁶ According to data provided by the Ministry of Labour, Solidarity and Social Security.

⁷ Data provided by the Ministry of Labour, Solidarity and Social Security.

⁸ Data provided by the Ministry of Labour, Solidarity and Social Security.

⁹ Ordinance no. 178/2020, July 28.

¹⁰ From amongst over 2,850 applications, about one thousand were approved.

¹¹ Ordinance No. 269/2020, November 19.

¹² Ordinance no. 85-A/2020, April 3; Ordinance no. 160/2020, June 26th.

¹³ Ordinance no. 88-C/2020, April 6.

¹⁴ Ordinance no. 192/2020, August 10.

perceived by the institutions as a source of additional pressure on HR management, especially in a situation of extreme work overload combined with staff shortages (Rádio Renascença 2020), which, as discussed below, proved to be one of the major sources of pressure on elder care in the Portuguese context.

The lack of personnel, due to increased sick leave and/or quarantine of a significant number of care workers, came to be one of the major sources of pressure on elder care in Portugal. In fact, workers from residential care and social work without accommodation account for about 35 % and 23 % of COVID-19 related sick leave, and for 26 % and 23 % of quarantine leave, respectively. While elder care facilities became increasingly overwhelmed, workers' representatives raised their voices demanding fair working conditions and acknowledgment of the value of their work, as discussed in detail below.

In order to provide a swift response, the Ministry of Labour, Solidarity and Social Security worked in partnership with the António Sérgio Cooperative for Social Economy (CASES) to strengthen voluntary work in elder care facilities, resourcing web-based platforms to match volunteers with volunteering and solidarity initiatives¹⁵ and creating a specific website to identify volunteers to support elder care.¹⁶ At the same time, an extraordinary temporary programme was created to support social and health facilities, allowing them to channel additional resources into socially useful activities¹⁷.

To provide additional support to the sector, the Emergency Reinforcement of Social and Health Facilities Programme (MAREESS) was introduced. The programme applies to public and non-profit institutions that develop activities in the scope of health services, residential homes and home support services for groups including older people in the exceptional situations resulting from the COVID-19 pandemic. Institutions in need can apply for funding for temporary projects to reinforce their response capacity. In view of the current state of health and social emergency, a wide range of eligible participants has been established, including not only registered jobseekers, but also workers on temporary lay-off or working part time, as well as students in higher education, who can make a socially useful contribution while also benefiting from an opportunity to apply their skills and qualifications. The recipients receive a monthly grant of about €658 – up to 1.5 times the value of the IAS (social support index), of which the public employment service (PES) co-funds 90 %. In May, a total 765 facilities were made available as backup facilities. When the programme was implemented, it was expected to be in force for a very short period (3 months), but as the pressure on social services remained an issue, and institutions found

the programme helpful, it has been extended and is now expected to be in force until mid-2021. The PES opened for applications on 1 April and by the end of October about 1,100 institutions had placed over 7,700 people under the programme, with associated PES payments reaching €7.5 million. About two thirds of the supported projects involve elder care. Over 80 % of the people placed to work in the institutions are women, about 40 % have secondary education and 15 % have higher education. A significant proportion come from real estate, administrative and support services (20 %), while others come from the public administration, education, health and social support sector (17 %), and from the housing, catering and similar sectors (12 %).¹⁸

The programme was recently reconfigured towards preventive reinforcement of social services and is now used as a means to create rapid intervention groups under the responsibility of the Portuguese Red Cross, under a protocol with the Social Security administration (Cruz Vermelha Portuguesa 2020). The rapid intervention groups are organized at the district level and include doctors, nurses and auxiliary staff, to respond to emergency situations and shortages of personnel due to COVID-19 outbreaks. The groups have been in the field since 1 October 2020, with a total over 340 personnel (about 44 % were placed through the above-mentioned programme), and have already activated in over 50 situations. Although MAREESS has been a very welcome response in the institutions' view, workers' representatives have often criticized the temporary placement of staff under socially useful work programmes, arguing that the response should instead be based on creation of new posts.

THE NATIONAL VACCINATION PLAN

More recently, the government presented the national vaccination plan against COVID-19. Residences, long-term care units and similar facilities were again prioritized, with users and workers included in the first stage of the vaccination plan, alongside people aged 50 or above with chronic diseases, and health and security professionals (SNS 2020). The authorities expect to vaccinate 950,000 persons in the first stage, and in the second stage 1.8 million persons aged 65 or above and 900,000 persons aged 50 to 64 with chronic illnesses. Although the national vaccination plan was welcomed overall, the leader of the main opposition party expressed apprehension about the authorities' capacity to reach the users of illegal elder care residences (Almeida 2020). These concerns were rapidly addressed by the plan's coordinator, Francisco Ramos, who stated that "there will be vaccines for all Portuguese who want to be vaccinated", including those who do not use primary care services, users without a family doctor, and residents in illegal residences. According to Ramos, additional options will be used to ensure the distribution of vaccines, including mobile units and home visits (Arreigoso 2020).

¹⁵ Here are two examples: <https://www.cases.pt/voluntariado/covid-19/>; www.portugalvoluntario.pt.

¹⁶ www.cuidadetodos.com.

¹⁷ Social useful activities is a concept established in Decree-Law no. 13/2015, January 26, on which specific programmes for (re)integration into employment are built.

¹⁸ In the latter case we are talking about one of the sectors most impacted by unemployment caused by the COVID-19 disease pandemic.

The Portuguese authorities expect the first batch of 303,000 vaccine doses to arrive in January 2021, which should allow vaccination of 75 % of users and workers in elder care facilities by the end of January, with the plan's coordinator expecting to vaccinate all users and workers with the two doses by mid-February (Dinis/Leiria 2020).

THE TRADE UNION PERSPECTIVE

The Health, Solidarity and Social Security Union (STSSSS) is one of the most important unions representing social sector workers. As soon as the scale of the pandemic became apparent, the STSSS protested that “an insane sacrifice” was being demanded of elder care workers, who are “at the forefront in combating the COVID-19 crisis”.¹⁹

The trade union said that “it is with great concern that we are witnessing a set of illegalities and unacceptable pressures on this class of professionals”, while also stating that the preventive guidelines aimed at elder care facilities “do not comply with legal requirements”, namely that adequate PPE was not always available considering the workers-to-users ratios. The union also criticized the alleged “imposition of abusive working time, without any legal framework”, claiming that some institutions want their employees to work “14 days in a row, in two daily shifts (including the night shift) of 12 hours each”.

As noted above, the measures adopted by the authorities to reinforce the institutions' capacity were not fully welcomed by the workers' representatives. In fact, the STSSSS claimed that “in order to fill the extremely low staff ratios”, the authorities intend to place workers “whose qualifications are not suited to the work that is performed” in these activities.

The STSSSS underscored that the pandemics increased awareness about the importance of elder care work, but states that this contrasts with the employment standards provided by the institutions, claiming that “it is not enough to socially value” care workers, but rather that “it is urgent to ... pay fair value for work [and] fight all abuses, particularly with regard to workload”.

The main features of employment standards in elder care may justify some of the STSSSS claims, namely concerning wage levels. In response to a set of questions raised in the scope of this report, the STSSS stated that “workers are, in general, highly qualified and specialized for the functions they perform”, adding that “however, there are still many institutions – too many in our view – that do not provide continuing professional training” and that “wage levels are not in any way compatible with the quality and specialization of the functions performed”.

However, the trade union's criticisms of the conditions faced by the elder care facilities must be seen in the con-

text of the significant efforts made by the Portuguese authorities to ensure proper preventive strategies and to protect the institutions' users and workers. In response to a set of questions posed in the scope of this report, the STSSS stated that workers' claims had received “some response” from employers and public authorities in terms of the supply of PPE, but that this response was “far from adequate”. Although time is needed to look back and make a proper assessment of the measures' adequacy, Portugal's response to the coronavirus pandemic has received credit, including in the scope of elder care.

The General Confederation of the Portuguese Workers (CGTP-IN), one of the two main Portuguese trade union confederations – with which the STSSSS is associated – has often addressed the challenges faced by elder care workers, claiming that “the occurrence of the pandemic has revealed the fragility of this entire shaky social support system”, “with notorious weaknesses in planning, coordination, training, wages” and that “precariousness and low wages lead to multi-employment and enhance the import of the virus into these structures”²⁰. At an early stage of the pandemic, the Secretary-General of the General Workers' Union (UGT) anticipated that COVID-19 would change many aspects of our lives, including “the centrality of the national health system” and “the attention that elder care residencies and support for older people receive”. Unlike CGTP-IN, the UGT has been largely in favour of the state of emergency, and recently underlined “the need for everyone to respond in the best possible way to the pandemic” (Coelho 2020).

CONCLUSIONS

The coronavirus pandemic led to acute tensions between working conditions and labour rights on the one hand, and the need to keep social institutions running with adequate health and safety safeguards.

Regardless of the hardships faced by many social sector institutions, especially in times of crisis, it is critical to ensure that social care jobs are stable and well paid: these are foundational for ensuring the sector's capacity to attract and retain qualified workers, and for providing adequate response capacity in the face of unexpected events that demand further efforts and organizational adaptability.

Portugal faces very concerning demographic trends, with an ageing population and worrying medium- and long-term perspectives. These concerns have several policy implications, including the need to increase fertility rates, but they also pose challenges in the labour market. In fact, care work has a very significant job-creation potential: with an increasingly ageing population, the demand for care services will tend to increase, making the need to safeguard employment quality in these activities more critical to attract and retain qualified workers and to provide for quality ser-

¹⁹ The address made by the STSSSS are available for consultation at https://www.stssss.org/doc_detalhe.asp?t=7&id=64 (26.04.2021).

²⁰ The full statement can be consulted at <http://www.cgtp.pt/cgtp-in/organizacoes-especificas/inter-reformados/14905-a-pandemia-e-os-lares-de-idosos> (23.04.2021).

vices. Moreover, being a disproportionately female sector, the promotion of decent work in the provision of elder care represents an important element in the gender equality agenda.

While elder care in Portugal is mostly provided by non-profit institutions, these are, to a large extent, co-funded by the state, which increases public responsibility in ensuring decent working conditions and adequate wages in elder care.

The pandemic brought these concerns to light, potentially opening the scope for proper discussion about the organization of elder care in Portugal and also the sustainability of the social sector.

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The Friedrich-Ebert-Stiftung (FES) is the oldest political foundation in Germany with a rich tradition dating back to its foundation in 1925. Today, it remains loyal to the legacy of its namesake and campaigns for the core ideas and values of social democracy: freedom, justice and solidarity. It has a close connection to social democracy and free trade unions.

FES promotes the advancement of social democracy, in particular by:

- political educational work to strengthen civil society;
- think tanks;
- international cooperation with our international network of offices in more than 100 countries;
- support for talented young people;
- maintaining the collective memory of social democracy with archives, – libraries and more.

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EUROPA

Covid-19 has uncovered many societal fault lines. The virus hit the elder care sector in many countries especially hard, leading to many deaths and pushing care workers fighting on the corona frontline to the end of their limits. The pandemic has underscored deficiencies in elder care that have been warned about and protested by trade unions for years. Precarious working conditions, understaffing and underfunding devastatingly undermined the ability to protect the most vulnerable during the corona pandemic: our elderly.

It is high time we listen now.

The Friedrich-Ebert-Stiftung has, on the initiative of the Swedish municipal workers' union, Kommunal, and the Swedish progressive thinktank Arena Idé, commissioned reports from several European countries. By focusing on the plight of those in need of care and their caregivers, the reports shed light on the pandemic's impact on elder care and highlights the justified demands of the care workers' trade unions as well as the long overdue need for reform of the sector as a whole.

Further information on the project can be found here:

www.fes.de/en/on-the-corona-frontline