

A person wearing full personal protective equipment (PPE) including a face shield, a surgical mask, and a clear plastic gown. The person is looking directly at the camera. The background is a blurred indoor setting with light-colored walls and a window with blinds. The entire image has a red color overlay.

Lisa Pelling

Post-pandemic Hopes and Disappointments

Perspectives of Care Worker Unions
in Seven European Countries

EUROPA

Kommunal.

arenaidé

**FRIEDRICH
EBERT 
STIFTUNG**

EUROPA

Europe needs social democracy!

Why do we really want Europe? Can we demonstrate to European citizens the opportunities offered by social politics and a strong social democracy in Europe? This is the aim of the new Friedrich-Ebert-Stiftung project »Politics for Europe«. It shows that European integration can be done in a democratic, economic and socially balanced way and with a reliable foreign policy.

The following issues will be particularly important:

- Democratic Europe – Social and ecological transformation
- Economic and social policy in Europe
- Foreign and security policy in Europe

We focus on these issues in our events and publications. We provide impetus and offer advice to decision-makers from politics and trade unions. Our aim is to drive the debate on the future of Europe forward and to develop specific proposals to shape central policy areas. With this publication series we want to engage you in the debate on the »Politics for Europe«!

About this publication

Across Europe, the COVID-19 pandemic put care workers on the corona frontline of an underfinanced, understaffed and undervalued care sector. Years of austerity policies and neoliberal new public management have increased the level of privatisation and precarisation, and decreased the rate of unionisation. This report follows up seven of these country studies, focusing on how trade unions have been able to make a difference in the improvement of working conditions in the care sector.

About the Author

Lisa Pelling, PhD, is a Swedish political scientist and the head of the Stockholm-based independent progressive think tank Arena Idé.

Research: Christine Lindmark
Editor: Gerry Mitchell

Acknowledgements

This report is based on contributions from a two day roundtable on 20–21 June, 2022 at the headquarters of Kommunal in Stockholm, Sweden with the following panel contributors who attended either in person or virtually: Mari Huuponen, Care Expert, Kommunal, Stockholm | Ingvar Skjerve, Advisor and Anne Mari Samskott, Advisor, Fagforbundet, Oslo | Charlotte Bredal, senior consultant, working environment, and Amalie Dam-Hansen, consultant, health policy, FOA, Copenhagen | Dave Watson, Independent researcher, Edinburgh | Gerry Mitchell, Social policy researcher, London | Barbara Susec, Union Secretary for Care Policy, Ver.di, Berlin | Manuel Pereira-Puga, Researcher, and Jorge Hernández-Moreno, Doctoral researcher, Institute of Public Goods and Policies (IPP-CSIC), Madrid | Daniel Carolo, Researcher, Institute of Public Policy, Lisbon.

Partner organisations

Arena Idé is a Stockholm-based independent progressive think tank, funded by the Swedish trade union movement. www.arenaide.se

Kommunal is Sweden's largest public sector union with more than 500,000 members. www.kommunal.se

Responsible for this publication within the FES

Kristina Birke Daniels, Director of the Nordic Office of the Friedrich-Ebert-Stiftung (FES)
Josefin Fürst, Policy Officer, Nordic Office of the Friedrich-Ebert-Stiftung (FES)

Lisa Pelling

Post-pandemic Hopes and Disappointments

Perspectives of Care Worker Unions in Seven European Countries

INTRODUCTION	3
DENMARK	4
Introduction: the weakest must be the strongest.....	4
Trade union successes in ensuring protective equipment, sick pay and health inspections.....	4
A core remaining challenge: staffing levels.....	4
A growing concern: the expansion of the private sector in Danish adult care.....	5
Further reform of the care sector.....	5
ENGLAND	6
Adult social care.....	6
Working conditions.....	6
Pre-Covid and the fragility of adult social care.....	6
During Covid.....	7
After the Covid crisis.....	7
Challenges and opportunities.....	8
Union successes.....	8
GERMANY	9
Recognition of COVID-19 as an occupational disease: a trade union success.....	9
Wage increases.....	9
Improvements to the right to leave.....	9
Mandatory staffing levels.....	9
Care will become more expensive.....	9
Staff shortages: an opportunity for trade unions in the care sector.....	10
Conclusions and remaining challenges.....	10
NORWAY	11
Elderly care in Norway.....	11
Professions and professional qualifications.....	11
Unionisation.....	11
Difficulties and challenges during the pandemic.....	12
The lack of PPE was particularly severe in the care sector.....	12
Lack of testing and adequate work clothing.....	12
Problems following guidelines.....	12
New tasks and increased workloads.....	12
A big win: compensation for COVID-19 as an occupational disease.....	13
Conclusions.....	13

SCOTLAND	14
Introduction.....	14
Challenges before the pandemic.....	14
The pandemic highlighted the challenges.....	14
Scottish Living Wage and other trade union victories.....	15
Post-pandemic: building on lessons learned.....	15
Post-pandemic reform proposals.....	15
Conclusions.....	15
SPAIN	16
The Spanish long-term care system for the elderly.....	16
Main problems for care workers in Spain: what has changed?.....	17
Working conditions and staffing levels: no significant improvements.....	17
A new labour law raises hopes.....	17
Health and safety in all workplaces.....	17
COVID-19 as an occupational disease.....	18
Lack of data.....	18
Conclusions.....	18
SWEDEN	19
Employment standards.....	19
Collective bargaining.....	20
The Swedish Corona Commission’s verdict in December 2020.....	20
Post-pandemic reform.....	20
A new elderly care law.....	20
Ensuring adequate sick pay: a priority for Kommunal.....	20
Formal professional recognition of nurses in elderly care.....	20
Reforms to increase continuity.....	21
No visible improvement of care quality.....	21
No improvement in staffing levels.....	21
Conclusion: a desperate need for structural reform.....	21
CONCLUSIONS	22
Victories.....	22
... and setbacks.....	23
Moving forward: Changing the narrative about care.....	23
References.....	25

INTRODUCTION

Staff working in long-term care have been at increased risk of infections and deaths (even compared to the health sector) and have experienced particularly stressful and distressing situations, and huge increases in workload, resulting in negative impacts on their mental health (Comas-Herrera et al. 2022, p. 1).

In the report series *On the Corona Frontline – Care Workers in Nine European Countries* (Friedrich-Ebert-Stiftung, 2021), the Swedish Municipal Workers' Union (*Kommunal*), in co-operation with the *Friedrich-Ebert-Stiftung* and the progressive think tank *Arena Idé*, mapped out how the elderly care sector¹ was affected by the spread of COVID-19 in a selection of countries between the onset of the pandemic (in December 2019) and December 2021. The report series highlighted the trade union perspective and the challenges faced by frontline workers in social care during the COVID-19 pandemic.

The report series also identified a number of needed actions and reforms. The summary report (Friedrich-Ebert-Stiftung, 2021) listed the following policy recommendations:

- Ensure adequate personal protective equipment (PPE) for all
- Ensure access to testing
- Give care workers a say in the development and communication of safety guidelines
- Insist on health and safety inspections of all workplaces
- All care workers should have the right to adequate sick pay
- Recognise COVID-19 as an occupational disease
- Increase mandatory staffing levels
- End the precarisation of care workers
- Insourcing instead of further outsourcing
- Further reform of the care system

It is now high time to evaluate what reforms have been undertaken in the different countries. What change have trade unions and their members been able to make? What strategies were successful, and what battles have not yet been

won? What are the current priorities of trade unions in the care sector?

This report summarises presentations and exchanges held at a follow-up conference in Stockholm in June 2022 and detailed follow-up of seven of the nine country reports.

¹ This report uses the terms 'elderly care' and the 'care sector', referring to what in the UK is called adult social care for older people – both long-term care in residential homes and domiciliary care. All references to care workers in this report refer to care workers working in the elderly care sector.

DENMARK

INTRODUCTION: THE WEAKEST MUST BE THE STRONGEST²

In March 2020, the Danish government defined a number of objectives in its handling of the spread of COVID-19. These included saving lives, preventing the breakdown of the health care system by reducing the spread of the infection and ensuring the Danish economy would survive. In a press conference announcing a series of lockdown measures, including the closing of schools, kindergartens, public cultural institutions and the ordering of public employees to work from home, Danish Prime Minister Mette Frederiksen underlined that Danish society had “a very large duty to help especially the weakest in our society, those who are most vulnerable to diseases, people with chronic illness, cancer patients and the elderly. For their sake, the infection must not spread” (*Statsministeriet*, 2020). When restrictions were eased a few weeks later, she again stressed that society asked “the weakest to be the strongest” (Fredriksen, 2020).

Denmark has been relatively successful in containing the spread of the virus. By March 2023, there had been 8,265 deaths caused by COVID-19 in Denmark, a country of 5.8 million inhabitants. Of them, 2,790 deaths occurred in care homes (*Statens Serum Institut* 2022). The excess mortality from 2020 to the first months of 2022 was lower in Denmark than in other comparable countries (*Our World in Data*, 2022).

TRADE UNION SUCCESSES IN ENSURING PERSONAL PROTECTIVE EQUIPMENT, SICK PAY AND HEALTH INSPECTIONS

From the start of the pandemic, access to adequate PPE and the right to sick pay was central to trade union concerns and demands. The pandemic has clearly resulted in greater awareness of the need to secure the supply of PPE. A newly formed government unit, the Danish Critical Supply Agency (*Styrelsen for Forsyningsikkerhed*) and regional and local

governments now work together to ensure the security and supply of PPE and prevent future shortages (Danish Critical Supply Agency, 2022).

Regular and on-site health and safety inspections have also been an important demand of trade unions in the care sector. The current agreement on health and safety in the workplace was agreed between social partners (i. e. workers’ and employers’ organisations) in 2019 and has significant influence on employment policy with wages and labour conditions characteristic of the Danish labour market model. This agreement was revised and enhanced in spring 2022.

Denmark is now establishing a clearer role for the Danish Working Environment Authority (*Arbejdstilsynet*).

COVID-19 and its related complications and illnesses are recognised as occupational diseases in Denmark. Employees are entitled to sick pay. As of February 2023, there had been 18,506 cases of COVID-19 as occupational disease reported to the Danish Labour Market Insurance (*Arbejdsmarkedets Erhvervs sikring*, AES) – of which 7,374 had been settled. Women have been more affected than men: by February 2023, 13,132 cases had been filed by women and 4,924 by men. 1,483 of the filed cases occurred in elderly care (AES, 2023, also reported to *Eurofound*, 2022).

A CORE REMAINING CHALLENGE: STAFFING LEVELS

Denmark faces huge recruitment problems in the elderly care sector and they are likely to get worse due to the massive demographic change. The number of older people is set to increase at the same time as the working age population decreases.

FOA (*Forbundet af Offentligt Ansatte*), a trade union representing public sector workers in Denmark and its third largest trade union, lobbies to increase staffing levels through ensuring that more people undergo relevant vocational training, improving working conditions in the care sector and making the care profession more attractive to potential employees.

Following pressure from FOA and other labour unions, on 8 October 2021, the government set up a wage commis-

² This chapter builds on a presentation made by Charlotte Bredal and Amalie Dam Hansen. Charlotte Bredal is a senior consultant at the Danish trade union FOA, the largest trade union in the Danish elderly care sector. Charlotte Bredal specialises in the working environment. Amalie Dam-Hansen is a consultant on health policy at FOA.

sion (*Kommissorium for en lønstrukturkomité i den offentlige sektor*) to address the low level of public sector salaries (*Beskæftigelsesministeriet, 2022*).

A GROWING CONCERN: THE EXPANSION OF THE PRIVATE SECTOR IN DANISH ADULT CARE

The private sector is expanding into care homes and home care as a result of 'freedom of choice' in Danish adult care. FOA is not against this ability to choose but is concerned about the impact on the quality of private elderly care. FOA also works to stop bankruptcies and ensure that private care and public care receive the same funding.

FURTHER REFORM OF THE CARE SECTOR

FOA has played a crucial role in the reform of elderly care legislation in Denmark. The government has set up a panel and three expert groups to come up with recommendations for a new "elderly law" (Ministry of Social Affairs and the elderly 2022). FOA is represented in all expert groups, both with politicians, secretarial staff and members in the field. It hopes that the reforming process will include the creation of more professional space, less bureaucracy, more continuity and a better working environment for its members. A 'Commission for robustness' (*Kommission for robusthed i sundhedsvæsenet*) has also been set up to develop solutions to the crisis in recruitment of qualified staff in the sector (*Indenrigs – og Sundhedsministeriet, 2022*).

ENGLAND

ADULT SOCIAL CARE³

The adult social care system in England is not part of the National Health Service (NHS). It is either self-funded or provided by local authorities via means-testing. There are different means tests for different types of care based on income and saving thresholds (Money and Pensions Service, 2023).

With no single national budget, social care is commissioned and purchased through local authorities and delivered through a complex system of private, public, and voluntary sector providers as well as professionals and informal carers, with overlapping accountability. Most services are delivered by for-profit companies, including over 80% of care homes (Blakeley and Quilter-Pinner, 2019). The sector is hugely fragmented and disparate, with 18,500 employers across nearly 40,000 establishments.

A recent report, *'Held to Ransom'*, based on in-depth interviews with care workers conducted by researchers at the University of Surrey exposed how investment firms in the UK's adult social care make their profits by "exploiting care staff, cutting corners on service delivery, covering up mismanagement" and "prioritising profit over care" (Corlet Walker et. al. 2022, p. 3). According to Unison, who commissioned the report, it "reveals workers and the people they support, including the elderly and those with disabilities, are paying the price for profit being put before care" (Unison, 2022).

The social care system in England is under intense pressure with persistent workforce shortages and clients struggling to access the care that they need. Accessing care has been described as a postcode lottery: having access to care depends on where you live. As a result, client and public satisfaction with services has dropped significantly, contributing to renewed discussion about the future of health and care services in England. The pandemic has highlighted long-standing

issues with the health and adult care sector including long-term underfunding and an undervalued, underpaid, low status workforce exposed to exploitative employment practices and a lack of career progression. Staffing is in crisis alongside high vacancy and turnover rates (Care Quality Commission, 2020).

WORKING CONDITIONS

The adult social sector has a high turnover rate, it was 29% in 2021/22, which means around 400,000 people left their jobs over the course of the year (Skills for Care, 2022, p. 19). Workers employed on zero-hours contracts were more likely to leave, as well as workers with fewer hours. (Skills for Care, 2022, p. 26). Around a quarter of the adult social care workforce were recorded as being employed on a zero-hours contract in 2021/22 (Skills for Care, 2022, p. 26). The sector suffers from high and increasing vacancy rates. According to Skills for Care, low rates of pay is an influencing factor, with pay rates amongst the lowest in the economy. In March 2022, the median hourly rate of care workers was £9.50, a lower hourly rate than 20% of all UK jobs. As a comparison, NHS healthcare assistants who are new to the role are earning an hourly rate of £10.50 (Skills for Care, 2022, p. 68).

PRE-COVID AND THE FRAGILITY OF ADULT SOCIAL CARE

SOCIAL CARE'S LONG-STANDING NEED FOR REFORM

As is the case in several other countries covered in this report, the adult care sector was under pressure before the pandemic. The care market was fragile, with a mismatch between need and care market capacity. Unmet needs have led to a reliance on unpaid carers. Insufficient investment and a lack of a workforce strategy has led to high vacancy and turnover rates. In addition, adult social care has been poorly integrated with other public services.

Campaigners have called for a better financed system for social care for many years. The continued lack of a long-term sustainable solution to cover care needs is having a detrimental effect on the quality and quantity of care avail-

³ Gerry Mitchell is a social policy researcher, most recently having worked for the Foundation for European Progressive Studies (Brussels), Friedrich-Ebert-Stiftung (London and Nordic countries) and the Think Tank for Action on Social Change (Dublin). Previously, a Research Officer in the Social Policy Department at the London School of Economics, with degrees from Cambridge and LSE, she completed her PhD as an Associate at the LSE's Centre for Analysis of Social Exclusion. Her research interests include inequality, frontline experience of social policies and reform of party political culture on the Left.

able. Even before the pandemic, there had been long term political failure to prioritise the reform of the care system. Without a viable financial model, it will continue to depend on short-term handouts from the government.

DURING COVID

COVID-19 was the 'ultimate stress test' of the care sector, with care markets on the brink of collapsing between November 2020 and April 2021. Cash strapped authorities couldn't meet service demand, not least due to workforce shortages. A very high turnover rate and a 10.7% vacancy rate (Skills for Care 2022, p. 9) contributed to further deterioration in the capacity to provide high quality care.

Initially, it was very difficult for care staff and clients to access testing, as it was mainly available in hospitals. This contrasted with countries such as Denmark and Germany where the care sector was given equal priority to acute hospital care. Examining policy approaches to COVID-19 in residential care for older people during the first wave of the pandemic in Denmark, England, Germany, Italy and Spain, Daly et al conclude:

In sum, there is quite significant variation among our countries, not just in terms of timing but also the prioritizing of care homes for lockdown. While Germany and Denmark introduced precautionary measures regarding access and isolation early on, in England, Italy and Spain care homes were not prioritized or well protected and one might even interpret the discharge of COVID-19 patients into care homes in Italy and England as a form of relative neglect of care homes.

(Daly et al., 2022)

In England, the adult social care sector was particularly exposed to infections. COVID-19 death rates of staff in social care were particularly high, nearly double those in the health care sector (Office for National Statistics, 2022).

During the pandemic, people relied, perhaps more than ever, on family and friends for the kind of support that healthcare otherwise provides. This had a severe impact on England's 13.6 million unpaid carers, of which the majority are women juggling paid work with care. In October 2020, Carers UK reported that over 70% of unpaid carers had provided more care to their loved ones since the pandemic began and it is estimated that an additional 4.5 million people have become unpaid carers because of the pandemic (Carers UK, 2022). During the first wave of the pandemic, central government support for social care in England was too limited and slow, leading to inadequate protection of both those using and providing care.

Care workers were severely affected. The impact of the pandemic on care workers includes higher COVID-19 mortality rates than in the general population. Many felt compelled to work despite the fact that 40% felt unsafe at work. 37% reported not being paid during self-isolation or while off sick. 75% experienced a negative impact on their mental health

during the first waves of the pandemic. There is statutory sick pay in the UK, but it is very low, and it is not a percentage of income, but a flat rate.

Economically, the situation for care workers deteriorated as well. Six out of ten care workers earn less than £10 per hour. With rising inflation and costs of living, there has been a real term drop in wages. There is little hope of improvement. Currently, there is only a 12 pence difference in hourly pay between experienced workers and starters.

AFTER THE COVID CRISIS

Presently, working conditions are worsening due to low staffing levels, high rates of vacancies and high turnover rates. At the same time, there is an increased demand for care. With contract hand-backs and care home closures, doors are closed to many new patients and clients. According to a survey carried out by the Association of Directors of Adult Social Services (ADASS) in June 2021, providers were unable to meet care needs totalling 355,554 hours (ADASS 2021).

Since more deprived local authorities raise less funds for adult social care than more affluent ones, inequalities in care are continuing to increase. According to the charity Age UK, 1.5 million older people in England have some unmet need for care. (Age UK 2019, p. 4).

Social care reform has been piecemeal and slow. There have been a series of short-term funding initiatives, but a lack of long-term sustainable funding and reform. Generally, policy makers have failed to recognise the damage caused when short-term funding initiatives stop. There are no published plans that would substantially improve the recruitment and retention situation, and no workforce strategy. Instead, a number of unhelpful changes have been made, e.g. excluding social care from the Shortage Occupation List, making it even more difficult to recruit into the care sector.

There are no signs that the sector will receive increased funding in the near future. In the 2021 budget, social care was not even mentioned. As a result, care homes are likely to approach local governments to be allowed to increase their fees.

According to an article in *The Guardian*, approximately 199,000 NHS workers are currently living with 'long Covid' – the long-term effects of Covid. This is in addition to the more than 2,100 healthcare workers who have lost their lives due to COVID-19. This degree of workplace-acquired post-Covid demonstrates failures in PPE policy to adequately protect staff. Much of this viral exposure occurred in the context of inadequate PPE, or, in some cases, no PPE at all. Across the UK, Covid absence policies have recently been updated, meaning that NHS workers who are sick with post-Covid, are now vulnerable to disciplinary absence procedures, and loss of income, employment and career (Das, 2022).

Long-term structural issues including chronic underfunding, workforce issues and fragmentation have shaped the sector's response to COVID-19. A report from The Health Foundation (2021) concludes that fundamental reform of adult social care in England is needed in order to address the longstanding policy failures exposed by the pandemic.

CHALLENGES AND OPPORTUNITIES

Care workers in England largely remain invisible and their work has low status. Though neglected and low paid, their contributions are an essential part of society and, now more than before the pandemic, public support for care work, and its value to society is increasingly acknowledged. It has been estimated that social care's annual contribution to the economy is approximately £41.2 billion. (Skills for Care 2020). Social care is a major future local employer, and according to Skills for Care, 520,000 extra jobs are needed by 2035. (Quoted in The Care Home Environment Magazine, July 27, 2020).

UNION SUCCESSES

During the pandemic, employers, commissioners and unions have worked much more closely than before, building partnerships. Unfortunately, though, the government has not been part of this. Trade unions in the sector have been successful in shifting public understanding of the conditions in social care, exposing problems, for instance, with sick pay (Lloyd, 2022).

Trade union campaigning on workforce shortages has also been successful, not least in the form of the creation of the Workforce and Retention Fund. Trade unions are putting on pressure to end mandatory vaccinations, and are working with councils on insourcing. The ambition is to build a policy of active insourcing. A particular challenge is the fact that insourcing of care services is difficult for cash strapped councils. Trade unions are working on identifying those councils able to work with them on insourcing.

There are a number of current union battles. One of them is for the government to recognise the scale of the challenges within adult social care. This includes recognising the desperate need for a new investment strategy to sustainably fund social care in the long term. Central trade union demands remain fair pay and conditions, including a £10 minimum wage per hour.

Union member recruitment in a largely hostile environment is also a challenge. Recently, trade unions have been changing their strategy: instead of balloting members about pay, (which they are apathetic about as they don't believe anything can change), instead, they ask them to get in touch about problems they have in the workplace.

The de-recognition of unions is a growing problem. There is now a need to get back to campaigning face to face (while Facebook is good for information, it is not so effective for campaigning).

GERMANY

RECOGNITION OF COVID-19 AS AN OCCUPATIONAL DISEASE: A TRADE UNION SUCCESS⁴

COVID-19's recognition as an occupational disease in the health and care sector was an important success for *ver.di* and other trade unions. Unfortunately, this was not the case in all sectors and it proved difficult for those affected to receive compensation. By January 2023, there were 317,972 confirmed cases of occupational disease related to COVID-19 in the health and care sector, of which 239,591 were acknowledged as such and 3,529 were receiving treatment for their symptoms in rehabilitation facilities.

The lack of PPE was less dramatic in Germany than in other countries. After massive shortages at the beginning of the pandemic, especially in nursing homes and home care, PPE was then paid for by the government, but it is not clear what will happen in the future. As of January 2023, the wearing of masks was still mandatory for all health and social care staff.

WAGE INCREASES

In the decade prior to the pandemic, there had been substantial wage increases in the care sector in Germany. Today, there is a specific minimum wage for the elderly care sector, which is higher than the state minimum wage. This is in contrast to the conditions that apply for people working with those with disabilities. In that sector, only the state minimum wage applies. Wages are set to increase further. On February 5th 2022, the 5th care commission (*Die 5. Pflegekommission*) made recommendations for the further development of wage conditions in long-term care (*Bundesministerium für Arbeit und Soziales 2022*). Those had started to be implemented as of September 2022 and will be followed by further minimum wage increases for the care sector in May and December 2023.

Having highlighted conditions in the care sector, the pandemic influenced the creation of groundbreaking legisla-

tion with the enactment of the 2021 Health Care Development Act (*Gesundheitsversorgungsweiterentwicklungsgesetz, GVWVG*) in which tariff-based remuneration was made mandatory for all elder care providers from 1 September 2022. Providers will have to pay their care workers according to the average regional wage level in the care sector even if they are not bound by one. Church-led providers who have not signed collective bargaining agreements follow so-called general contract guidelines (*Allgemeine Vertragsrichtlinien*).

THIS LEAVES CARE PROVIDERS WITH THREE OPTIONS:

- 1) to sign a collective agreement (most often with *ver.di*).
- 2) to pay employees the average pay awarded according to regional collective pay agreements without signing a collective agreement.
- 3) to apply the wage conditions of a collective agreement, as long as it does not exceed the average level of payment in the region by 10%.

IMPROVEMENTS TO THE RIGHT TO LEAVE

There are also quite substantial improvements when it comes to minimum leave. The new legislation also includes the right to longer holiday leave, from twenty to 27 days.

MANDATORY STAFFING LEVELS

In 2021, there were more than 1.7 million regular care workers in Germany, 47% of whom worked in long-term care, an increase of 3.6% from 2020. Due to the measures implemented to contain the pandemic, this trend has now slowed down but is still positive when compared to wider employment levels. However, this increase in employment in the sector needs to continue. In ten to 12 years time, approximately 500,000 professional nurses will reach retirement age and will need to be replaced (*Arbeitnehmerkammer, 2022*). If working conditions improve, there is a chance that nurses who have left the care sector will return to their jobs or work full-time instead of part-time. Key to the improve-

⁴ This chapter builds on a presentation made by Barbara Susec. Barbara Susec is the secretary for care policy, care insurance and digitilisation in healthcare at the German trade union *ver.di*.

ment of working conditions are better mandatory staffing levels. New rules will apply to in-patient care for the elderly as of September 2023.

CARE WILL BECOME MORE EXPENSIVE

Recent planned improvements in the working conditions of care workers in Germany, include an increase in wages and holidays, as well as mandatory staffing levels, which will make adult care more expensive. Increasing costs are exacerbated by inflation. But before inflation started to increase in Germany, adult care providers announced they would have to increase their fees. In June, the French care company *Korian*, Germany's largest private home care provider with 230 care homes across the country, announced that it would increase its fees by as much as 89 per cent, from around 2,000 to 4,000 euro per month (*Regional Heute* 2022).

STAFF SHORTAGES: AN OPPORTUNITY FOR TRADE UNIONS IN THE CARE SECTOR

In June 2022, *ver.di* and two care homes in Rhineland-Palatinate, reached a groundbreaking wage agreement with *Korian*. It included increasing wages up to eight per cent above the level of the collective bargaining agreement for the public sector and a reduction in weekly working hours from 40 to 38.5 hours. In addition, the agreement included holiday and shift bonuses of 25–30% for night work, 35% for work on Sundays and public holidays and 50% for work during the Christmas, New Year, Easter and Pentecost holidays. The agreement means that nursing staff will receive up to €1500 and unskilled assistants up to €700 higher monthly gross salary than before. At the time of writing, negotiations were under way to extend the agreement (*Flächentarifvertrag*) to all *Korian* care homes in Rhineland-Palatinate and Saarland. (*Ver.Di* 2022)

Many years of dedicated trade union work lay behind this success. However, it can also be attributed to the sector's concern at increasingly dramatic staff shortages. *Korian's* CEO had admitted that the company is in competition with hospitals for staff. In contrast to care home staff, staff in hospitals and other parts of the health care sector are usually paid according to negotiated wages (*Tarifvertrag*). In an interview with the German daily newspaper *Tagesspiegel*, Burmeister commented that *Korian* knew:

how advantageous a collective bargaining partnership with strong unions can be [...] In Germany, at least in the care of the elderly, the trade unions are unfortunately not as strong as in France.

He added that only a handful of *Korian's* care homes had signed a local wage agreement because “we do not have a contact person for collective bargaining at eye level because organisation of the trade unions in elderly care is still very low and they often lack the legitimacy for negotiations” (Bach 2022).

CONCLUSIONS AND REMAINING CHALLENGES

Structural reform of the system of financing the care system is long overdue as costs continue to rise. Today, individuals with care needs are at serious risk of poverty. Decent long-term care is in the public's interest. There is an urgent need to stop further privatisation in the care sector and to put the principle of public benefit at the centre of its provision. Improvement in the rates of co-determination should be a priority. Work councils (*Betriebsrat*) are essential to ensure improvements in both working conditions and health and safety in the sector.

NORWAY

ELDERLY CARE IN NORWAY⁵

Enabling people to live in their own homes as long as possible has been a long-term goal of Norwegian elderly care policy and it is a significant part of the current centre-left government's policy platform (*Hurdalsplattformen*, 2021). On 14 October, 2021, the government stated that:

After eight years of cuts and tight budgets, a strong municipal and health care economy is critical in order to increase basic staffing and improve services for the elderly and sick.

Nevertheless, there is still substantial demand for places in nursing homes, especially in larger cities. The 2016 Room for Care report (*Rom for omsorg*) produced by the government and municipalities, estimated a need for 22,000 new round-the-clock care places by 2030 (Ministry of Health and Care 2016).

Most professional elderly care is publicly run and organised with approximately ten per cent of elderly care homes run by private entities. The for-profit and non-profit care providers are located mainly in the large cities. As of today, only five for-profit elderly care homes remain in the entire country and two of them are to return to municipal hands by 2023. *Attendo*, which together with *Ambea* is Sweden's largest elderly care group, has chosen to completely wind down its operations in Norway (Investigate Europe 2021).

Private providers of elderly care are financed publicly. Norway has a long tradition of non-profit organisations, such as the Salvation Army and the Church City Mission, supplying both elderly care and social services, but in recent decades commercial care-providers have been permitted. There is an ongoing conflict about the role of these providers.

With the aim of creating a more efficient division of responsibilities between the state, the regions and the municipalities, the former right-wing government under Erna Solberg

⁵ This chapter builds on a presentation made by Anne Mari Samskott and Ingvar Skjerve. Anne Mari Samskott is an advisor in the Division for Health and Social Services at *Fagforbundet*. She is a nurse and has a master's degree in organisation and management. Ingvar Skjerve is an advisor in the Division for Health and Social Services at *Fagforbundet*. She is also a nurse and has a master's degree in professional ethics and church-based social work.

(from 2013 to 2021) attempted to merge smaller municipalities. (Norwegian Government 2015). This reform, *Kommunereformen*, was very unpopular, and the current left-leaning government under Jonas Gahr Støhre (in government since 2021) is working in the opposite direction. One of its priorities is to roll back privatisation in the welfare sector, including in elderly care. The government is proposing a "confidence reform" (*Tillitsreformen*) that will develop new, confidence based ways of organising and managing welfare services such as elderly care. It will be "a central part of the work to renew and develop the public sector" and aims to "reduce market thinking and prevent privatisation which can contribute to reinforcing social differences" (Norwegian government 2023, p. 378).

PROFESSIONS AND PROFESSIONAL QUALIFICATIONS

There are a range of professions in elderly care. The largest group is practical nurses (*helsefagarbeidere/hjelpeleiere/omsorgsarbeidere*) with either vocational school diplomas (secondary level education) or bachelor's degrees in nursing (higher education). The proportion of these qualified nurses is relatively high in Norway, but there is also a large group of health care workers without formal training, accounting for approximately one quarter of the workforce. (OECD, 2019). Norwegian health care laws are not specific as to which professions should perform which tasks, but do define the roles of nurses, doctors and pharmacists.

UNIONISATION

Four different unions organise elderly care workers in Norway: the Norwegian Union of Municipal and General Employees (*Fagforbundet*), the Norwegian Nurses Association (*Norsk Sykepleierforbund*), the Norwegian Union of Social Educators and Social Workers (*Fellesorganisasjonen*) and Delta. *Fagforbundet* and *Fellesorganisasjonen* are part of the Norwegian Federation of Trade Unions (LO).

About 70% of municipal workers are organised. (Nergaard 2022, p. 14). The largest union in the public sector (*Fagforbundet*) has approximately 400,000 members. While *Fagforbundet* organises according to the labour movement

principles of solidarity and strength through unity, and does not exclude anyone, it works mainly with practical nurses and has done so since its inception.

DIFFICULTIES AND CHALLENGES DURING THE PANDEMIC

Norwegian working conditions are relatively good as a result of strict labour laws and a strong trade union movement. However, municipal funding cuts and difficulties recruiting skilled workers have eroded working conditions for care workers during recent years.

In the report *On the Corona Frontline – The experiences of care workers in Norway*, published at the beginning of 2021, Anne Mari Samskott and Ingvar Skjerve concluded that Norwegian elder care was clearly not properly prepared to face an epidemic of the scale of COVID-19. It did not have the organisational structure, routines or knowledge to handle it. During the first wave of the pandemic, there was a lot of confusion and uncertainty in the services. The lack of staff was not a consequence of the pandemic, it was already a fact before the pandemic hit. *Fagforbundet* believes that qualified care workers are vital, and that training and education should continue throughout working life. Eventually, the sector adapted to the demands of the pandemic. Lower-level management and health care workers in municipal services deserve most of the credit for that. When the second wave came in December 2020, they were better prepared (Samskott & Skjerve 2021).

The following sections highlight some particular challenges for the care sector in Norway.

THE LACK OF PPE WAS PARTICULARLY SEVERE IN THE CARE SECTOR

Prior to the pandemic, there was a known shortage of PPE. When the pandemic broke out, health authorities decided that 70 per cent of the available PPE should go to hospitals, 20 per cent to municipally organised services such as elderly care, and 10 per cent should be distributed on demand. This skewed distribution led to further shortages, especially in elderly care. Municipalities reported that their supplies had almost run out, and they resorted to attempting to buy PPE themselves.

In May 2020, *Fagforbundet*, in alliance with the Norwegian Nurses Organisation (*Norsk Sykepleierforbund*) and the Norwegian Association of Local and Regional Authorities, successfully demanded that the government amend the distribution scheme (Muladal 2020).

LACK OF TESTING AND ADEQUATE WORK CLOTHING

During the first months of the pandemic, there was a lack of equipment for COVID-testing. Care and health staff were

not prioritised, and in some places, were asked to continue working while showing COVID-19 symptoms. Several cases of COVID-19 were attributable to both the lack of testing and quarantine of personnel coming from abroad. In July 2020, the government made testing and quarantine mandatory for health personnel from Sweden (*Helse-og omsorgsdepartementet* 2020).

Members raised concerns with *Fagforbundet* about the failure of some municipalities to supply their employees, especially in home care services, with appropriate protective work clothing. In some places, they even had to wash contaminated clothes in domestic washing machines, in contravention of stated policy.

PROBLEMS FOLLOWING GUIDELINES

While health authorities prepared comprehensive guidelines for the health sector during the pandemic, many municipalities lacked the means to follow them. For example, staff were asked to work for only one employer, in one institution or ward. However, many employees in the elder care sector work in multiple institutions because they are only offered part-time positions. In one care facility run by a private care provider, an investigation following several deaths found that serious deficiencies may have contributed to spreading the infection (Fylkesmannen 2020). The case illustrated the problems faced in organising elderly care during the pandemic, including:

- Care facilities that were not designed to be used in a pandemic, with double rooms, for example.
- Pandemic plans that were not followed.
- Many employees had to go into quarantine and isolation.
- Large numbers of temporary staff with minimal training.
- Employees had to move between wards and floors.
- New tasks and increased workloads.

In a survey of healthcare workers conducted by *Fagforbundet*, 75% of respondents said that during the pandemic, they had been given new tasks with different workplace routines and staffing structures.⁶ There had been a need to establish a system for testing, which required quite a lot of (mainly) nurses to work in test stations. Many of these were makeshift – tents in parking lots, for example. These changes made it necessary for many care facilities and home care teams to reassess the division of tasks.

While there was concern that healthcare personnel were pressurised to carry out jobs that were beyond their qualifications or abilities during the most intense periods of the pandemic, this was not widespread. Workloads increased for many workers, and shop stewards across the country frequently reported stress and fatigue. According to the survey referenced earlier, 64 per cent of health care workers experienced a larger workload (Tallaksen 2020). Task-shifting

⁶ And, post-pandemic, this is an issue that continues to be monitored by *Fagforbundet*.

is an important issue for *Fagforbundet* and it continues to work on it.

A lot of members work part time: a major problem for the sector. There is increasing consensus that this has to change.

A BIG WIN: COMPENSATION FOR COVID-19 AS AN OCCUPATIONAL DISEASE

A big win for *Fagforbundet* was the recognition of COVID-19 as an occupational disease, giving health personnel the right to compensation if infected in the workplace (*Fagforbundet 2020*).

CONCLUSIONS

It is evident that Norwegian elderly care was not properly prepared for an epidemic of the magnitude of COVID-19. It did not have the organisational structure, the capacity or the knowledge to handle it. Pre-pandemic, there were not enough skilled staff. The government was too slow in responding to the needs of the municipalities, which contributed to the lack of PPE and left workers, for example, resorting to using medical shoe covers as a substitute for face masks (Fossheim et al. 2020).

Fagforbundet believes that knowledge is central, and that training and education should continue throughout working life. The pandemic has shown the importance of this.

Despite all the challenges, the sector adapted to the emergency and by the time of the second wave, were better prepared. Deputy management and health care workers in municipal services deserve credit for that.

SCOTLAND

INTRODUCTION⁷

In Scotland, social care is a devolved service, administered by the Scottish parliament. Since 2014, Scotland has had a system of health and social care that requires local authorities and health boards to work together in integrated joint boards to plan and deliver adult community health and social care services. This includes services for older people. Social care is funded through taxation and free at the point of use. Accommodation, however, while often subsidised, is self-funded. Approximately 40% of social care is delivered by private providers, 30% by the public sector, and 30% by non-profit organisations. 74% of care homes are privately owned. In addition to formal social care, there are an estimated additional 800,000 informal carers.

The health and care sector in Scotland employs some 209,000 paid staff, 82% of whom are women (Fair Work Convention, 2019). Employment standards are generally low. This is particularly true for the private sector. The public sector is largely covered by collective bargaining agreements, with lower coverage in the private and charity sectors.

The UK has a statutory minimum wage of £9.50 per hour (€11.20) – less for people aged under 23 years old. However, Scotland has an additional level, a Scottish Living Wage of £10.90 (€11.67) (rate from September 2022, see Living Wage Scotland, 2023). This is a minimum requirement for public contracts. Care worker trade unions won an important victory during the pandemic when the Scottish Living Wage was extended to adult care work. Meeting trade union demands for the Scottish Living Wage, Scottish Government and local authority employers raised the level of wages in the sector substantially (Scottish Development International, 2023).

CHALLENGES BEFORE THE PANDEMIC

Prior to the pandemic, the health and care sector was under pressure due to an ageing population, with more people living longer with chronic conditions. The social work and

community sector was under severe financial pressure. It is undervalued and employs mostly women, many of whom are BAME (Black, Asian and minority ethnic).

There are no accurate figures on union density, but it is estimated that it is around 75% in the public sector, and 20-25% in the private sector (Fair Work Convention 2019).

There are significant recruitment challenges within the elderly care sector, with a disparate workforce (many home workers don't even have a base) and hostile employers. Due to budget cuts, leading to increased staff workload, there is a high turnover of staff, making continuity of care almost impossible. In addition, social care suffers from fragmentation, with more than 1,000 adult care providers. Despite the high turnover of staff, there has been limited progress on workforce planning, and limited action to counter the consequences of an ageing workforce. Younger members of the workforce tend to leave as soon as they find other jobs.

At the beginning of 2019, *Fair Work in Scotland's Social Care Sector 2019*, a report by the Fair Work Convention made five urgent recommendations, including that the Scottish Government establish minimum standards for fair work terms and conditions and reform social care commissioning. Other recommendations included the establishment of a sector-level body that would be responsible for ensuring that social care workers have an effective voice in the design, development and delivery of social care services and that key stakeholders should develop and agree minimum contract standards for the provision of publicly funded social care services. Unfortunately, there has been limited progress on the Fair Work initiative (Scottish Government, 2019, p. 37).

THE PANDEMIC HIGHLIGHTED THE CHALLENGES

During the first wave of the pandemic (1 March to 21 June), a third (32.1%) of care homes in Scotland experienced an outbreak of COVID-19 (Public Health Scotland 2021).

A major factor in the high death toll was that patients were discharged from hospital without being tested. 3,061 untested patients were discharged from hospitals to care

⁷ This chapter builds on a presentation made by Dave Watson, an independent researcher working on a range of policy development projects, primarily for the labour movement. He was formerly the head of policy and public affairs at the trade union UNISON Scotland.

homes between 1 March and 31 May 2020 before guidance changed (Public Health Scotland, quoted by Green 2020). According to the National Audit Office, in the UK as a whole, up to 25,000 patients were discharged from hospitals to care homes without a negative COVID-19 test between the outbreak of the pandemic and April 2020 (National Audit Office, 2020, quoted in Daly 2022).

During the first four months of the pandemic, there was very poor access to PPE, and staff in the care sector were not routinely tested. Only 18% felt safe at work. There was minimal sick pay, and agency staff continued to work in many different workplaces at the same time, thereby increasing the spread of infection.

SCOTTISH LIVING WAGE AND OTHER TRADE UNION VICTORIES

Despite difficulties continuing to conduct union work during the pandemic, trade unions in the care sector achieved a number of important victories:

- The Scottish Living Wage was introduced for care workers, and it was paid immediately.
- A sick pay support fund was created.
- A ‘death in service payment’ was given also to care workers who had died from COVID-19.
- COVID tests were made available to care workers.
- Securing PPE and access to vaccination.
- Successfully lobbying the Scottish government to appoint a public inquiry into the widening health inequalities highlighted by the pandemic. This is, however, yet to happen.
- Improved recruitment and organisation of members, despite having to move online and outdoors.

POST-PANDEMIC: BUILDING ON LESSONS LEARNED

Building on lessons learned during the pandemic, the trade unions now need to continue highlighting the precarious working conditions in the sector, not least when it comes to accessing sick pay. Long Covid is also of growing concern.

The pandemic has highlighted the importance of long-term reform of the sector. Burnouts due to workforce vacancies and understaffing continue to be a pressing concern. It is important to recognise that understaffing can co-exist with huge profits in the care sector. During the first year of the pandemic, companies caring for the elderly and disabled were financially very successful, according to a report from the Centre for the Understanding of Sustainable Prosperity at Surrey University and Trinava Consulting commissioned by the trade union Unison (2022). The report shows that six of the ten biggest adult social care providers for whom data was available saw their underlying profit margins widen between 2019 and 2020, the first year of the pandemic.

POST-PANDEMIC REFORM PROPOSALS

The Scottish Labour Party and trade unions continue to campaign for a National Care Service, modelled on the NHS. This would be a national framework for local delivery of care services. Such reform has widespread public support (Scottish Government 2022). It is hoped that a National Care Service would end the marketisation of the care sector, ease collective bargaining, and improve clinical standards. It is also hoped that it would reduce fragmentation of the sector and tackle tax-dodging care firms.

In February 2022, Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland, presented a report to the Scottish parliament. *‘The Independent Review of Adult Social Care’* (Scottish Government 2021) made a number of recommendations, including developing minimum standards for terms and conditions in the social care sector, helping organisations meet fair work principles, and ensuring there is no delay in the annual Real Living Wage uplift for adult social care workers.

The Scottish Government has now tabled enabling legislation to introduce a National Care Service. However, the proposals have been criticised as being too centralised, undermining local services and failing to address privatisation. Parliamentary committees have also criticised the financial provisions and the absence of any detail on how the new service would operate. A broad coalition of local authorities, trade unions and care organisations have called on the Scottish Government to pause the legislation.

During the pandemic, Unison was successful in increasing its media visibility, through surveys of care workers which drew public attention to their poor working conditions. Another successful trade union strategy included developing an app to make it easier to report violations of the Safe Working Practice legislation and which led to a sharp increase in reporting of unsafe practices. This alerted unions to the importance of being ‘light on their feet’ and adapting to new technology.

CONCLUSIONS

The pandemic highlighted that the social care system in Scotland was already in crisis, while flagging up additional issues. Now, the focus of the trade unions in the care sector is on recovery plans. There is a lot to be learnt from the strong trade union response to the pandemic. It is important that this newly won strength can be used to push for much needed structural reform of the care sector, both in terms of organisation and funding.

SPAIN

Updating information provided in *On the Corona Frontline – The Experiences of Care Workers in Spain* (Friedrich Ebert Stiftung, 2021), this chapter builds on analysis of legal texts, reports, government and trade union press releases, digital media articles and interviews with two trade union representatives, one from *Comisiones Obreras* (CCOO) and one from *Unión General de Trabajadores* (UGT), two major Spanish trade unions.

THE SPANISH LONG-TERM CARE SYSTEM FOR THE ELDERLY⁸

When it comes to the governance of the long-term care system, it is important to note that the Spanish welfare state has evolved in a federalising direction, that is with high decentralisation, where sub-national governments have considerable competences in essential policies such as health and social services.

Spain belongs to a Mediterranean welfare regime, where family-based care dominates and state provided long-term care (LTC) is underdeveloped. Prior to 2006, regional and local governments provided a limited range of services for older adults with minimal central government support. In 2006 a law was passed (*Ley de Dependencia*) creating the System for Autonomy and Care for Dependence⁹ (SAAD) (official translation of *El Sistema para la Autonomía y Atención a la Dependencia*, see IMSERSO 2023, possibly better translated as ‘System for Independence and Care for People in need of Care’) with an intergovernmental body composed of the Minister of Social Rights and Agenda 2030 and the 17 regional social services ministers.

⁸ This chapter builds on a presentation made by Jorge Hernández-Moreno and Manuel Pereira-Puga. Jorge Hernández-Moreno is currently a doctoral researcher at the Institute of Public Goods and Policies (IPP-CSIC Lisbon). He is participating in two research projects on territorial governance of social policy, and has published papers and book chapters on this topic. Manuel Pereira-Puga holds a PhD in Sociology from the University of A Coruña (Spain) and works at the IPP-CSIC. His research interests cover a range of topics related to research and development and higher education systems and policies, as well as to health and social policy.

⁹ In the Spanish context, ‘dependence’ refers to people in need of care. Quoting the City of Madrid “Dependency (*la dependencia*) is the permanent state in which people find themselves who, for reasons derived from age, illness or disability, require the attention of another person or significant help to carry out the basic activities of daily life. (Comunidad de Madrid, 2023).

SAAD is responsible for allocating funding for the provision of care, including but not exclusively for older adults. The 17 regions (Autonomous Communities or *Comunidades autónomas*, ACs) are then responsible for developing and managing the system. Additionally, the local governments (the 8,117 *municipios*) provide services, such as home care.

Today, there are five types of social services for older adults in Spain, namely:

- Telecare service (*servicio de teleasistencia*)
- Day care centres (*centros de día*)
- Non-residential centres (*centros de mayores*)
- Homecare service (*servicio de ayuda a domicilio*)

Informal caregivers also play a vital role in the system. Within the OECD, Spain has a high prevalence of informal carers. An estimated 15.3% of the population or more than 7 million people are informal carers. Spain also ranks high when it comes to the number of hours of care carried out by informal carers. (Colombo et. al. 2011).

As a general rule, individuals in need of care receive some of the above mentioned services directly or are given cash transfers to purchase them. A significant share of users pay for these services entirely with their own money (without public support).

Public funding is structured in three levels. Central government covers the cost of the so-called minimum guarantee benefit (one third of the total costs of the system). Second, there are supplementary funds (the central government and the regional governments provide similar amounts). Finally, a third additional level is set up and financed by each region on a voluntary basis. Moreover, there is a co-payment system where the users self-fund part of the cost of the services. (European Commission 2022, p. 38).

There are around 5,500 residential centres, with roughly 380,000 beds. Over 70 per cent are run by the private sector. These vary in size, with half of the beds located in very large care homes. During the pandemic, there was a clear correlation between the size of the residential centre and the spread of infection, with larger homes having more infections (Abellán García & Aceituno Nieto 2022).

In 2020, mortality rates associated with COVID-19 in care homes were very high (20 per cent of confirmed cases). They continued to be high in 2021 but were much lower in 2022 (IMSERSO 2022).

MAIN PROBLEMS FOR CARE WORKERS IN SPAIN: WHAT HAS CHANGED?

Since our previous report was published (FES, 2021), there has been further reform of the care system. This includes the publication of the “Care Shock Plan” (*Plan de Choque para la Dependencia*) (2021–2023) agreed at a Social Dialogue roundtable composed of government representatives, employers’ organisations and trade unions. (*Acuerdo de la Mesa de Diálogo Social en Autonomía Personal y Dependencia para la plena implementación del SAAD*, see *Spanish Ministry of Social Rights and Agenda 2030, 2021*). Specific agreements include:

- Increasing funding for the LTC system
- Reducing waiting lists
- Guaranteeing telecare service for all individuals in need of care
- Improving the training of care workers
- Modifying the 2008 “Agreement on accreditation to guarantee the quality of SAAD residential centres and residential services” (*Acuerdo sobre criterios comunes de acreditación para garantizar la calidad de los centros y servicios del SAAD*).

As a result of the plan, the state has allocated an additional 600 million euro for care (*dependencia*) in 2021. One of the trade union representatives interviewed for this report noted that:

The care shock plan (Plan de choque para la dependencia) is the result of a general agreement, which responds to the needs we have all identified. This plan will serve to standardise and improve the care system in a comprehensive way [...] It has been a very positive initiative.

Central and regional governments, employers’ organisations and trade unions have approved a roadmap (*hoja de ruta*) for reforming the residential model. As part of that, an agreement is also being negotiated on the accreditation of residential centres and services. The following aspects of residential care are being reviewed:

- Size, location and facilities
- Inspection and control processes
- Human resources
- Coordination between the health care system and social services

According to one trade union representative, negotiations are difficult: “We want this agreement [...] to also have an impact on the quality of employment. It is difficult, complex and we are in the middle of the negotiation period.”

WORKING CONDITIONS AND STAFFING LEVELS: NO SIGNIFICANT IMPROVEMENTS

There have been no significant improvements in working conditions or reduction in staff shortages (especially of doctors and nurses). The negotiation of the new collective bargaining agreement for the care sector, the VIII State Agreement (*VIII Convenio Marco Estatal de Servicios de Atención a las Personas Dependientes y Desarrollo de la Promoción de la Autonomía Personal*), is currently blocked. (The previous agreement was signed in 2018, for the period 2018 to 2021).

Central government’s proposals on accreditation of residential centres and services include:

- Increasing ratios of care staff (care assistants, psychologists, doctors, nurses or physiotherapists): 0.43 professionals per resident in 2023, rising to 0.50 in 2027 (currently the ratio is 0.25)
- Lifelong learning
- Limitation of temporary and part-time work
- Safety at work

According to a UGT representative: “There has been no significant improvement in working conditions in care homes. The chronic problems of the sector remain, such as [low staff] ratios, low wages and high workloads.”

A NEW LABOUR LAW RAISES HOPES

A major piece of labour legislation¹⁰ was approved in Spain at the end of 2021 (Government of Spain, 2021). It addresses, among many other issues, the problem of temporary contracts, which is a big problem in the care sector. It was developed by central government and agreed with trade unions (CCOO and UGT) and employers (CEOE and CEPYME). As a result of the new law, a CCOO representative commented that:

Indirectly, like any other sector, the situation is improving in terms of the number of permanent contracts. Temporary work, which was excessive, is clearly being reduced.

HEALTH AND SAFETY IN ALL WORKPLACES

The Care Shock Plan (*Plan de Choque para la Dependencia*) mentions the need for accredited centres (care homes, day centres, etc.) and accredited services to be subject to continuous inspection, control and monitoring. The Government proposes to strengthen the role of the inspectorate. It is proposed that there should be a minimum of one inspector for every 25 residential care centres (instead of the current rate of one inspector for every 30 residential care centres)

¹⁰ Law BOE-A-2021-21788 of 28 December 2021.

(Martínez 2022). According to the Care Shock Plan, these inspectors are expected to actively participate in the design of evaluation systems.

According to trade unions, test shortages caused major problems at the beginning of the pandemic. The increased availability of tests, along with the implementation of screening, vaccination and other preventative measures, has led to a very significant drop in the infection rate and the supply of protection materials and equipment is no longer a problem. However, there are still other important occupational health problems that also existed prior to the pandemic (psycho-social risks, musculoskeletal diseases, etc.) that trade unions have an essential role in minimising and preventing.

There has been a significant improvement in the financing of the system. However, needs continue to be much larger than available care. Despite efforts made to reduce them, there are huge waiting lists for assessment. There are many cases of people dying before they are even assessed for care. However, to date, there have been no major improvements in the quality of employment of care workers.

Inspections have failed to improve the working conditions of care workers partly because it is difficult to close care homes. If a residential home is closed down, what happens to the residents?

COVID-19 AS AN OCCUPATIONAL DISEASE

In February 2021, a Royal Decree-Law 3/2021¹¹ declared COVID-19 an occupational disease for health and social-health workers. Several court rulings recognise COVID-19 as an occupational disease in healthcare and care home workers. However, it has been criticised that this recognition will only be in place until measures against COVID-19 are removed. An extension of this recognition has been demanded for all workers in the sector (including catering, security, cleaning, maintenance, etc.). According to the CCOO representative:

It is not being recognised as an occupational disease globally. And a part of the workers who have cared (and care) for COVID-19 patients are excluded [...]. This is a very serious problem. It is very complicated, also at the legal level.

LACK OF DATA

There is still no official register of people living in care homes. There is also no register of workers. However, the Institute for the Elderly and Social Services (*Instituto de Mayores y Servicios Sociales*, IMSERSO), an agency under the Ministry of Social Services and Agenda 2030, is publishing weekly reports on COVID-19 in care homes. They include relevant information such as the total number of people living in care homes, the number of people infected with COVID-19 and the number of COVID-19-related deaths in care homes since the beginning of the pandemic.

CONCLUSIONS

As a direct result of the pandemic, a series of agreements between the government and social actors (trade unions and employers' organisations) are being negotiated. These include measures on public health (e. g. vaccines), financing, material resources, employment, professionalisation of the LTC sector, and service quality.

¹¹ Royal Decree-Law 32/2021, 28 December 2021, on urgent measures for labour reform, the guarantee of employment stability and the transformation of the labour market (Garrigues, 2021).

SWEDEN

The handling of COVID-19 in Sweden can in many ways be regarded as a demonstration of how Swedish public administration reacts and adapts to a crisis.¹² From *Kommunal*'s perspective, the trade union provided a great show of strength. It was in the news everyday, and perceived by both its members and the wider public, as playing an important and positive role during the pandemic. Many agree that the pandemic has exposed the shortcomings in care for the elderly. However, many of the problems that arose during the pandemic are de facto connected to decades of austerity and the low priority given to elderly care policy.

Elderly care in Sweden is governed by the Social Services Act (*Socialtjänstlag 2001:453*) and is mainly the responsibility of the country's 290 municipalities. One structural problem is the division of responsibility between the 21 regions responsible for health care and the 290 municipalities responsible for social care. Large numbers of private providers increase the fragmentation of the sector. The pandemic has highlighted these systematic flaws along with the negative consequences of privatisation of elderly care. Problems include precarious working conditions, understaffing, undervalued work, underfinanced institutions, high turnover of staff and the lack of integration between health and social care.

EMPLOYMENT STANDARDS

Most elderly care in Sweden is carried out by practical nurses (*undersköterska*). They are the single largest group of staff in elderly care in Sweden. In 2021, there were 105,000 assistant nurses and 16,000 nurses. In addition, there were just over 34,000 care assistants who have experience of care work, but lack any formal training (Swedish Association of Local Authorities and Regions 2023). Unlike other Nordic countries, Sweden has no national standard nor formal education requirements for people working as practical nurses. Today, one fifth of temporarily employed nurses lack formal education or training, four in ten lack practical nurse education. (Stranz & Szebehely 2018, quoted in Huupponen, 2021, p. 1). Average monthly pay for a practical nurse is SEK

27,400 (€2,608) and SEK 24,138 (€2,298) for a care assistant. Average pay is SEK 36,100 (€3,438) – SEK 34,200 (€3,257) for women and SEK 37,900 (€3,609) for men (Huupponen, 2021, p. 2).

A major recent victory for *Kommunal* has been the introduction of a registered diploma (*Skyddad yrkestitel undersköterska*, see *Kommunal* 2023). The hope is that it will both improve the education and training of practical nurses and lead to better working conditions, including higher wages.

HIGH STAFF TURNOVER

31 per cent of elderly care employees working for a municipal provider have temporary contracts, such as zero hour contracts. The share of employees with temporary contracts is even larger among those working for private providers: 41 per cent have temporary contracts (*Kommunal* 2022b, p. 4). The high staff turnover in elderly care caused an increased risk of infection during the pandemic.

UNDERFINANCED INSTITUTIONS

The number of elderly people in Sweden is increasing at the same time as the municipalities invest less and less of their finances in care for the elderly. Money that could have been used for better care with more staff. In the future, the challenges of elderly care will be even greater. According to *Kommunal*, in the next decade, 150,000 people will be needed to work in Swedish elderly care. Municipalities will need more resources to meet these demands (*Kommunal*, 2022a).

DISCONTINUITY

Quality of care is dependent on continuity of carers. The balance between full-time and temporary staff in the workforce, together with rates of turnover are therefore important indicators of quality. Understaffing, high staff turnover, underfunding, insecure employment and discontinuity of care all create substandard conditions for being able to deliver elderly care in which the public can trust. Because the sector was hit hard by the pandemic, it is now under more scrutiny than before.

¹² This chapter builds on a presentation made by Mari Huupponen, a care expert who works at the Swedish Municipal Workers' Union (*Kommunal*). Mari has a master's degree in public health and medical management and a B.Soc.Sc. in political science.

COLLECTIVE BARGAINING

Twenty per cent of providers of elderly care are private in Sweden, with large differences across the country. For instance, in Stockholm, over 50 per cent of domiciliary care is carried out by private providers whereas there is no private delivery of domiciliary care (*hemtjänst*) in Sweden's third largest city Malmö. Those who hoped that employment standards would increase with privatisation have not seen those hopes fulfilled. On the contrary, employment standards have deteriorated as a consequence (*Kommunal*, 2021).

THE SWEDISH CORONA COMMISSION'S VERDICT IN DECEMBER 2020

It is worth quoting at length from the conclusions of the Swedish Corona Commission (Government of Sweden, 2020):

The Commission's overarching assessment can be simply summed up as follows: apart from the general spread of the virus in society, the factor that has had the greatest impact on the number of cases of illness and deaths from COVID-19 in Swedish residential care is structural shortcomings that have been well-known for a long time. These shortcomings have led to residential care being unprepared and ill-equipped to handle a pandemic. Employees in the elderly care sector were largely left by themselves to tackle the crisis.

(The Corona Commission 2020, p. 14)

The ultimate responsibility for these shortcomings rests with the Government in power – and with the previous governments that also possessed this information. The Government governs the realm (Chapter 1, Section 6 of the Instrument of Government) and should therefore have taken the necessary initiatives to ensure that elderly care was better equipped to deal with a crisis of this nature.

(The Corona Commission 2020, p. 14)

POST-PANDEMIC REFORM

Public interest in elderly care peaked in December 2020. The impact of COVID-19 on Sweden was seen as partly determined by conditions in elderly care and for a brief period, there was political consensus on the need for structural change in elderly care and that working conditions, levels of education and share of precarious staff all needed to be addressed.

A NEW ELDERLY CARE LAW

As a response to the problems highlighted during the pandemic, the Swedish Minister of Health and Social Affairs, Lena Hallengren, launched a governmental research committee on elderly care legislation (*äldreomsorgslag*), which presented its report at the end of June 2022. It is unclear whether the proposed reform will result in the changes

needed. While *Kommunal* agrees with the analysis made by the government inquiry, it has criticised the lack of precise, evaluable goals and requirements that are needed to implement the legislation. The trade union does not believe that the inquiry's proposal can be expected to address the extensive and long-known deficiencies in elderly care if it is not supplemented with proposals for such control instruments. It is crucial that the elderly care legislation (*äldreomsorgslag*) does not become toothless. The law must be combined with control, transparency, supervision and threat of legal consequences, otherwise nothing will change. As *Kommunal's* chairperson Malin Ragnegård commented, one of the most important tools is national staffing guidelines (Martos Nilsson 2022). To date (March 2023), the current government has made no progress with this legislation.

ENSURING ADEQUATE SICK PAY: A PRIORITY FOR KOMMUNAL

Conditions for sick pay and sick leave were the main policy issues for *Kommunal* at the beginning of the pandemic. In Sweden, sick pay is 80 per cent of salaries but is not paid for the first day of absence. This may be a factor that contributes to high levels of 'sickness presenteeism', that is, staff working when they should be on sick leave, as the deduction of qualifying days (*karensavdrag*) is a significant expense, especially to *Kommunal* members who often have low incomes.

The government cancelled the first day sickness leave deduction on 13 March 2020, after demands from *Kommunal* among other unions. However, the deduction was reintroduced in March 2022, despite protests from *Kommunal* who are continuing to campaign to abolish the first day absence deduction. *Kommunal* portrays the deduction as a parking ticket, a fine you have to pay when you protect others from getting infected. In March 2022, the government led by the Social Democrats appointed a government inquiry into the future of the deduction of qualifying days for sick leave (*karensavdrag*). Among other things, the inquiry will look at how the deduction affects different occupational groups and propose changes to make the deduction fairer.

Just before the September 2022 general election, the Social Democrats made a pitch about "billion-dollar reform" to change the qualifying deduction. But at the end of January 2023, the newly appointed right-wing government ended the inquiry before it had produced any results. The Minister for the Elderly, Anna Tenje said the Ministry for Social Affairs would "analyse the need for a deduction in the event of ongoing sick leave to counteract unjustified high sickness absence", which some interpreted as plans for further increasing the deduction of qualifying days. This is a standpoint that the Conservative party, the Moderates, have also pushed in the past. The government received harsh criticism for this, not least from their coalition party the Sweden Democrats, who made an election promise to abolish deduction of qualifying days for sick leave in contact-related professions, an issue which is not mentioned in the so-called Tidö Agreement.

A few days later, the government backed down. No further qualifying days shall be investigated and the possibility of abolishing the deduction of qualifying days for sick leave in care, basic education and social care will be a matter for the new inquiry. The question is thus back to square one.

FORMAL PROFESSIONAL RECOGNITION OF NURSES IN ELDERLY CARE

Since *Kommunal's* Congress in 2016, it has worked to make practical nursing a licensed profession (*legitimationsyrke*). During the pandemic, in 2020, a decision was taken that the job title 'practical nurse' (*undersköterska*) should be a registered professional job title (*skyddad yrkestitel*), an important step towards turning it into a licensed profession. (*Kommunal*, 2023, Swedish Government 2020). According to a government proposal now passed by parliament 'assistant nurse' will also be a protected professional title from 1 July. Those who want to carry the title 'practical nurse' must then apply for a professional certificate from the National Board of Health and Welfare (*Socialstyrelsen*) and have completed health and social care training according to a national standard, which comes into effect from July 2022 (*Kommunal*, 2023). This is a step forward in the work to raise both the quality of elderly care and the professional status of those who work in the sector. Sweden is the last country in the Nordics to introduce a protected professional title for assistant nurses.

REFORMS TO IMPROVE CONTINUITY

Continuity of care is the aspect of care most valued by the elderly – having the same carers show up and return – at consistent times, providing the support that they are used to. A new law that came into force in July 2022, stating that people who receive home care must be offered a 'fixed care contract' is another step in this direction. (*Kommunal*). The committee charged with the Elderly Care Act (SOU 2022:41) suggested that a fixed care contract should also be offered to residents in care homes (*särskilt boende*). This has not yet been implemented (<https://www.kommunal.se/skyddad-yrkestitel>).

NO VISIBLE IMPROVEMENT OF CARE QUALITY

According to two *Kommunal* surveys carried out in November 2021 (respondents included care staff and local union representatives), 77 per cent of municipalities think that the Corona Commission's criticism of elderly care applied to their municipality. 73 per cent thought their municipality had improved its own regulations and strengthened the quality of elder care since the pandemic.

When *Kommunal* union representatives were asked if they felt elderly care had improved as a result of lessons learned during the pandemic, a majority, 52 per cent, answered "no". 32 per cent answered "yes" or "yes, in part" and another 14 per cent answered "no, but improvements are on the way".

NO IMPROVEMENT IN STAFFING LEVELS

When it comes to staffing levels, the conclusion is the same: there are no visible improvements. In summer 2022, *Kommunal* surveyed trade union representatives to compare staffing conditions in the elderly care sector to those in the previous summer. Only five per cent responded that the situation was better (2022) and 24 per cent of respondents said that they were the same. 67 per cent felt that they were worse. As Malin Ragnegård commented:

Once again, summer has come as a surprise to employers and it is clear that they are not inclined to solve the problem before it arises again. It is enough to state that care for the elderly suffers from chronic understaffing and there is no time for recovery for the staff.

Kommunal, 2022c

The need for national regulations on required staffing levels remains a central demand of *Kommunal*. Again, quoting Malin Ragnegård:

Now we have tried to give the municipalities freedom under responsibility. It has not worked and employees and users suffer when employers shirk their responsibilities. Now is the time to put things in order. National staffing guidelines are needed for elderly care.

Kommunal, 2022d

CONCLUSION: A DESPERATE NEED FOR STRUCTURAL REFORM

There is still a desperate need for structural reform of the Swedish care system. It is devastating how little has actually changed. Hopefully, greater public awareness of the crisis in elderly care will exert more political pressure for its reform.

CONCLUSIONS

The outbreak of COVID-19 exacerbated many problems in long-term care which had already been identified by the European Public Service Union (EPSU) for years – such as lack of funding, labour shortages, increasing psychosocial risks for care workers and accelerated privatisation of services. This must stop. We need to reverse the trend.

(EPSU General Secretary, Jan Willem Goudriaan)

The working conditions of care workers were brought to everyone's attention by the COVID-19 pandemic. It is less known what trade unions have achieved in terms of improving these working conditions. This report aims at highlighting trade union victories and their remaining struggles.

It is important to note that the trade unions covered by this report act in very different settings. They represent a classic variation of welfare regimes, with Denmark, Sweden and Norway representing the Nordic tradition, England and Scotland the liberal model, Germany the continental European, and Spain the Mediterranean model. While many experiences are similar, and there is a great deal that trade unions in different settings can learn from each other, the specific solutions will most probably vary.

The role of trade unions was decisive in handling the consequences of the pandemic for the countries and societies described in this report. Fighting to ensure care workers had access to PPE, testing and vaccination, that elderly care was sufficiently staffed, and that infected care workers were allowed and could afford to self-isolate, had a significant impact on reducing the spread of COVID-19. In its *Global Trend Analysis on the Role of Trade Unions in Times of COVID-19*, the ILO (2022) concluded that:

Effective social dialogue and cooperation between governments, employers' organisations and workers' organizations have proven indispensable to designing and implementing appropriate strategies and policies to address the negative impact of the COVID-19 crisis and to building inclusive societies.

(ILO 2022, p. IV)

However, as has been pointed out, it is difficult to compare the handling of the pandemic in different countries. Not only is the evidence patchy, but the methods used to meas-

ure mortality vary across countries, and as noted by Comas-Herrera et al, not least "the practices for counting COVID-19-related mortality in care homes" vary across countries. (Comas-Herrera et al., 2020b).

VICTORIES ...

Care worker trade unions across Europe have been able to use the focus given to the sector during the pandemic to advance their positions, and improve both pay and working conditions.

In Spain, a new labour law has been passed in parliament which will increase the use of permanent contracts and help reduce the number of care workers with precarious working conditions.

Workers in the adult social care sector will start to receive the Scottish Living Wage, which has been a longstanding trade union demand, and which will substantially raise wages.

In Sweden, the government has heeded *Kommunal's* demands for specific legislation on elderly care, and has begun the process of formulating such a law. *Kommunal* was also successful in campaigning for the registration of 'practical nurse' as a professional title.

In Germany, new legislation on staffing will greatly improve both quality of care and the working conditions of the carers, and the new minimum wage set for people working in elderly care is now higher than the state minimum wage. Most importantly, the pandemic has contributed to groundbreaking legislation in the Healthcare Development Act (*Gesundheitsversorgungsweiterentwicklungsgesetz*) making tariff-based remuneration in elderly care mandatory for all elderly care providers. Legislating on collective bargaining agreements in social law – which has not been done in this way before – is a social innovation.

In Denmark, the agreement on health and safety in the workplace was tightened up and improved in 2022 after being put to the test during the pandemic. The government is developing a new elderly care law with the active participation of the FOA trade union. A Commission for Robustness (*Kommission for robusthed i sundhedsvæsenet*) has also been set up to devise solutions to the problem of recruiting qualified staff.

In Norway, the centre-left coalition that came into power in September 2021¹³ has made it one of its priorities to roll back privatisation in the welfare sector, including in elderly care.

In England, adult social care is facing major challenges when it comes to the working conditions of care workers. However, the pandemic has drawn attention to the shortcomings in adult social care, and employers, commissioners and unions have worked much more closely than before the pandemic, which brings hope for change.

... AND SETBACKS

There have been setbacks, as well.

For instance, in Sweden, the statutory deduction from sick pay (the equivalent of one day's wage) was cancelled during the pandemic, which was a huge trade union victory. But now, the deduction has been reintroduced again.

Across the countries, care worker trade unions have made sure that COVID-19 was recognised as an occupational disease. However, in Spain, it has been criticised that this recognition will only be in place until all measures against COVID-19 are removed.

While mandatory staffing levels have been substantially increased in Germany, in Sweden the proposal for a new law on elderly care does not include mandatory staffing levels at all, and a survey carried out by *Kommunal* during the summer of 2022 concluded that staffing levels were lower than the year before and possibly lower than ever. However, addressing staff shortages in the welfare sector has become a priority of all trade unions in the sector, and *Kommunal* has been successful in forming a coalition of five trade unions (*Facken i välfärden*) that prioritises this issue (*Facken i välfärden* 2022).

MOVING FORWARD: CHANGING THE NARRATIVE ABOUT CARE

During discussion at a June 2022 workshop, the contributors to this report agreed that it is important to challenge the narrative about social care. In particular, it is essential to question the current consensus that elderly care has to be cheap.

In countries such as Sweden and the UK, where social care is organised and largely funded by local authorities, it is often the largest item in the municipal budget. Tragically, local politicians seem to prioritise trying to win local elections on promises of improvements in schools or kindergartens rather than investing more in social care. In our societies, elderly people tend to have low status, which in turn also ascribes

low status to care workers. The long-term care sector is marked by a lack of professional prestige (see for example Van Houtven et al. 2021).

There is a need for a progressive vision for adult social care. Instead of accepting that elderly care should cost less and less, the vision must be that it should cost more, take up a larger share of our common resources, and its working conditions and quality of care be improved.

Addressing these issues, it is important to challenge the role of private equity in the care sector. Investments by private equity firms are often portrayed as a solution to cash strapped local authorities. However, private residential homes in general, and private equity homes in particular tend to have high debt management costs, paying off debts can be 30 per cent of costs. In contrast, the public sector can borrow much more cheaply. The conclusion should be that the public sector should build the residential homes. The prudential borrowing regime invented in Scotland is an inspiring concept. Local authorities can borrow as much as they want, as long as they can afford to pay it back. And if they can afford to pay a private company, the council can pay back the debt themselves. This scheme prevents further privatisation, and strengthens local authorities.

It also enables local governments to engage in preventive spending: caring for small, less costly needs at home or in care homes, to prevent people from needing more costly hospital treatment. The concept of 'preventative spending' is not new. Research on the 2002 introduction of free personal care by the Scottish Government showed that this preventative spending led to a fall in the number of long-stay geriatric beds in Scottish hospitals from about 2,700 to 1,700, probably representing a larger saving to the NHS than the extra cost of personal care (Scotland's Futures Forum, 2010).

Increased private equity investment in the social care sector also proves another point: low salaries can co-exist both with high profits and high wages for those at the top. According to a report released by *Unison* in June 2022, directors of private investment companies across the UK are now collecting 13 times the wages of the care workers they employ. The report *Held to Ransom* (*Unison*, 2022) builds on data collected by a research team at the University of Surrey and analysts from Trinava Consulting.

Commenting on the findings of the report, Christina McAnea, the general secretary of *Unison*, said to *The Guardian*:

The sector is on its knees, staff are leaving in their droves and those who rely on care are getting a raw deal. Yet many care home owners continue to see their financial fortunes soar amid this crisis. Root-and-branch reform is needed now with profiteering removed from social care.

(Das, 2022)

In Norway, the government has set out to roll back privatisation in the entire welfare sector, and the Swedish Social Democratic Party made 'take back control of the welfare

¹³ The government is a minority coalition between the Social Democratic Labour Party (*Arbeiderpartiet*) and the Centre Party (*Senterpartiet*).

sector' (*Ta tillbaka kontrollen över välfärden*) one of its three most important election promises in the election campaign towards the local, regional and national elections in September, 2022 (Pelling 2022). The privatisation wave has clearly stopped, and there are some signs of it reversing, with more and more municipalities ending 'freedom of choice' voucher models for elderly care (*Lagen om valfrihet, LOV*) and instead opting for temporary procurement from private actors or insourcing. (Linderoth 2022).

Lack of staff is a huge problem in all the countries covered by this report, and it will not be possible to attract workers from other parts of the economy unless the funding moves along, and funding alone will not be enough. Improvement of working conditions is pivotal as well. It is clear that trying to fund elderly care with private insurance is not a solution either. It is unlikely to bring more resources into the sector. Rather, only a redistributive tax system is likely to provide enough funding to care for care needs. And the question would still be: where will workers come from?

Ideally, societies should enable people to move from unsustainable jobs (such as producing unsustainable consumer goods) into the care sector. Staff shortages tend to be particularly severe in locations with deteriorating economic development. Building on previous successes will be essential, such as building on the historically successful NHS to demand an NHS for adult social care, a National Care Service. This is also a matter of narrative: if health care can be organised as a national service, why can't social care?

It is also important to see how struggles can and must be interconnected: the struggle for better care with the feminist struggle, and with the struggle for more equality, the struggle for a decarbonised well-being economy.

An important conclusion is that we have enough evidence: it's time to move on to implementation and reforms. There are too many glossy documents, too many commissions, and too little action. Too often, needed reform is kicked into the long grass, or as the German saying goes "*Wenn man nicht mehr weiter weiß, gründet man einen Arbeitskreis.*"¹⁴

¹⁴ English translation: "If you don't know what to do, you set up a working group."

References

- Abellán García, A., Aceituno Nieto, P., Ramiro Fariñas, D., Castillo Belmonte, A. B.** (2021): Estadísticas sobre residencias: distribución de centros y plazas residenciales por provincia. Datos de septiembre de 2020 [Statistics on residences: distribution of residential centers and places by province. Data from September 2020], <http://envejecimiento.csic.es/documentos/documentos/enred-estadisticasresidencias2020.pdf> (10.10.2022).
- ADASS** (2021): ADASS Submission to the Budget and Comprehensive Spending Review September 2021. https://www.adass.org.uk/media/8873/adass-sr-2021_final-submission-30_9_21_.pdf.
- AES** (2022): Tal for anmeldte arbejdsskader relateret til COVID-19. <https://www.aes.dk/dokument/tal-anmeldte-og-anerkendte-arbejdsskader-relateret-til-COVID-19-uge-21-2022> (8.10.2022).
- Age UK** (2019): Age UK General Election Manifesto 2019. <https://www.ageuk.org.uk/globalassets/age-uk/documents/campaigns/ge-2019/age-uk-general-election-manifesto-2019.pdf> (9.1.2023).
- Bach, I.** (2022): "Die Pflege wird massiv teurer werden" in Tagesspiegel 27 May 2022, <https://background.tagesspiegel.de/newsletter/3mtrZh7ns-w2roNOjxGBQ5S>.
- Bäcklund-Kajanmaa, S.** (2021): On the Corona frontline. The experiences of care workers in Finland. Stockholm: FES. <http://library.fes.de/pdf-files/bueros/stockholm/17778.pdf>.
- Beskæftigelsesministeriet** (n.d): Lønstrukturkomité [Pay Structure Committee], <https://bm.dk/arbejdssomraader/aktuelle-fokusomraader/loenstrukturkomite%C3%A9/> (10.10.2022).
- Blakeley G., Quilter-Pinner H.** (2019): Who Cares? The Financialisation of Adult Social Care. London: Institute for Public Policy Research.
- Bredal, C., Manniche, K., Dam-Hansen, A.** (2021): On the Corona Frontline. The experiences of care workers in Denmark. Stockholm: FES. <http://library.fes.de/pdf-files/bueros/stockholm/17864.pdf>.
- Bundesministerium für Arbeit und Soziales** (2022): Fünfte Pflegearbeitsbedingungenverordnung: Fünfte Verordnung über zwingende Arbeitsbedingungen für die Pflegebranche (5. PflegeArbBV). <https://www.bmas.de/DE/Service/Gesetze-und-Gesetzesvorhaben/fuenfte-verordnung-zwingende-arbeitsbedingungen-pflegebranche.html> (9.1.2023).
- Chamber of Employees** (2022): „Ich pflege wieder, wenn ...“. Potenzialanalyse zur Berufsrückkehr und Arbeitszeitaufstockung von Pflegefachkräften. Kurzfassung. [“I’ll give care again if ...“. Potential analysis for returning to work and increasing the working hours of nursing staff. Short Version. 2022], https://www.arbeitnehmerkammer.de/fileadmin/user_upload/Downloads/Politik/Rente_Gesundheit_Pflege/Bundesweite_Studie_Ich_pflege_wieder_wenn_Kurzfassung.pdf (18.10.2022).
- Carers UK (2020)**: Caring behind closed doors: Forgotten families in the coronavirus outbreak. <https://www.carerpositive.org/resources/partner-resources/caring-behind-closed-doors-2020> (9.1.2023).
- Care Quality Commission** (2022): The state of health care and adult social care in England 2020/21. https://www.cqc.org.uk/sites/default/files/20211021_stateofcare2021_print.pdf (9.1.2023).
- Colombo F., Llana-Nozal A., Mercier J., Tjadens F.** (2011): Help Wanted? Providing and Paying for Long-Term Care. OECD Publishing; Paris, France: 2011. <https://www.oecd.org/els/health-systems/help-wanted-9789264097759-en.htm>.
- Comas-Herrera A., Marczak J., Byrd W., Lorenz-Dant K., Patel D., Pharoah D. (eds.) and LTCCOVID contributors** (2022): LTCCOVID International living report on COVID-19 and Long-Term Care. LTCCOVID, Care Policy & Evaluation Centre, London School of Economics and Political Science. <https://doi.org/10.21953/lse.mlre15e0u6s6>.
- Comunidad de Madrid** (2023): Guía práctica sobre dependencia: Qué es la dependencia <https://www.comunidad.madrid/servicios/asuntos-sociales/guia-practica-dependencia#servicios-atencion>.
- Corlet Walker C., Kotecha V., Druckman A. and T. Jackson** (2022): Held to ransom: What happens when investment firms take over UK care homes. CUSP Working Paper Series, No 35. Guildford: Centre for the Understanding of Sustainable Prosperity.
- Corona Care Commission** (2020): The state of health care and adult social care in England. https://www.cqc.org.uk/sites/default/files/20201016_stateofcare1920_fullreport.pdf (9.11.2022).
- Daly, M., León, M., Pfau-Effinger, B., Ranci, C., & Rostgaard, T.** (2022): COVID-19 and policies for care homes in the first wave of the pandemic in European welfare states: Too little, too late? *Journal of European Social Policy*, 32(1), 48–59. <https://doi.org/10.1177/095892872111055672>.
- Danish Critical Supply Agency** (2022): Årsrapport 2021 [Annual report 2021], <https://sfos.dk/wp-content/uploads/2022/03/Aarsrapport-2021-Styrelsen-for-Forsyningsikkerhed.pdf> (18.10.2022).
- Das, S.** (2022) Private UK care homes’ profit margins soared in pandemic, research finds. *The Guardian*. <https://www.theguardian.com/society/2022/jul/24/uk-private-care-providers-profit-rise-COVID-report> (9.11.2022).
- Eurofound** (2022): “COVID-19 recognised as a work injury”. Factsheet for measure DK-2020-17/786 – measures in Denmark. https://static.eurofound.europa.eu/COVID19db/cases/DK-2020-17_786.html?utm_source=externalDashboard&utm_medium=powerbi&utm_campaign=COVID-19 (18.10.2022).
- European Commission** (2022): Your social security rights in Spain. Directorate-General for Employment, Social Affairs and Inclusion Directorate D: Social Rights and Inclusion, Unit D.2: Social Protection. <https://ec.europa.eu/social/BlobServlet?docId=13775&langId=en>.
- European Public Service Union** (2021): Resilience of the long-term care sector – Early key lessons learned from the COVID-19 pandemic. https://www.epsu.org/sites/default/files/article/files/Resilience_of%20the%20LTC%20sector_V3.pdf (17.10.2022).
- Fair Work Convention** (2019): Fair Work in Scotland’s Social Care Sector 2019, Feb 2019. <https://www.fairworkconvention.scot/wp-content/uploads/2018/11/Fair-Work-in-Scotland%E2%80%99s-Social-Care-Sector-2019.pdf> (04.02.2021).
- Fearnley, K., Quresh, S. P.** (2022) : Who’s clapping now? UK health-care workers with long COVID have been abandoned. (*The Guardian*). <https://www.theguardian.com/commentisfree/2022/jul/06/uk-health-care-workers-long-COVID-abandoned-losing-jobs> (29.10.2022)
- Fontes, Ana Catarina** (2021): On the Corona Frontline. The experiences of care workers in Portugal. Stockholm: FES, <http://library.fes.de/pdf-files/bueros/stockholm/17982.pdf>.
- Fredriksen, M.** (2020, 30 March): Mette F. til ældre og svage: I skal være de stærkeste, <https://www.berlingske.dk/politik/mette-f.-til-aeldre-og-svage-i-skal-vaere-de-staerkeste> (26.10.2022).
- Fylkesmannen** (2020): Rapport fra tilsyn med Metodisthjemmet, <https://fylkesmannen.no/contentassets/78c9464771574c0d9d97b-6642b8fc307/tilsynsrapport-metodisthjemmet.pdf> (29.01.2021).
- Garrigues** (2021): Spain: New features from the Royal-Decree Law on urgent measures for labor reform, the guarantee of employment stability and the transformation of the labor market. Spain Labor and Employment Law Commentary. https://www.garrigues.com/en_GB/new/spain-new-features-royal-decree-law-urgent-measures-labor-reform-guarantee-employment-stability (10.1.2023).
- Government of Spain** (2021): Real Decreto-ley 32/2021, de 28 de diciembre, de medidas urgentes para la reforma laboral, la garantía de la estabilidad en el empleo y la transformación del mercado de trabajo. Published in Agencia Estatal Boletín Oficial del Estado. <https://www.boe.es/buscar/act.php?id=BOE-A-2021-21788>.
- Green, C.** (2020): “Coronavirus latest: Thousands of untested patients discharged into Scottish care homes” in The i newspaper October 28, 2020. <https://inews.co.uk/news/scotland/coronavirus-latest-thousands-untested-patients-scottish-care-homes-740886>.

- Helse- og omsorgsdepartementet** (2020): Krav om testing av helsepersonell fra Sverige, <https://www.regjeringen.no/no/aktuelt/helsepersonell-fra-sverige-skal-teste-to-ganger/id2721706/> (25.10.2022).
- Hernández-Moreno, J.; Pereira-Puga, M.** (2021): On the Corona Frontline. The experiences of care workers in Spain, Stockholm: FES, <http://library.fes.de/pdf-files/bueros/stockholm/17762.pdf>.
- Huopponen, Mari** (2021): On the Corona Frontline. The experiences of care workers in Sweden, Stockholm: FES, <http://library.fes.de/pdf-files/bueros/stockholm/17690.pdf>.
- ILO** (2022): Global Trend Analysis on the Role of Trade Unions in Times of COVID-19: A Summary of Key Findings. Geneva: International Labour Office.
- IMSERSO** (2022): Actualización nº 66. Enfermedad por coronavirus (COVID-19) en Centros Residenciales. 29/5/2022. <https://imsero.es/el-imsero/mas-informacion/covid-19-servicios-sociales/informacion-semanal-covid-19-centros-residenciales>.
- Indenrigs- og Sundhedsministeriet** (2022): "Kommission for robusthed i sundhedsvæsenet". <https://sum.dk/temaer/robusthedskommissionen>.
- Investigate Europe** (2021): In Norway, municipalities take back control of care homes, <https://www.investigate-europe.eu/en/2021/in-norway-municipalities-take-back-control-of-care-homes/> (18.10.2022).
- Kommunal** (2023): Skyddad yrkestitel undersköterska. <https://www.kommunal.se/skyddad-yrkestitel> (10.1.2023).
- Kommunal** (2022a): En bättre arbetsmiljö – en rapport om äldreomsorgens bemanning. [A better working environment – a report on the staffing of elderly care], <https://www.kommunal.se/nyhet/en-battare-arbetsmiljo-ar-mojlig-en-rapport-om-aldreomsorgens-bemanning> (17.10.2022).
- Kommunal** (2022b): Så mycket bättre? 2021 En jämförelse av anställningsvillkor och löner i privat och kommunalt driven äldreomsorg. https://webbfiler.kommunal.se/sites/default/files/sa_mycket_battare_2021_1.pdf.
- Kommunal** (2022c): Kommunal: Bristen på sommarvikarier är stor. Press release 17.6.2022. <https://via.tt.se/pressmeddelande/kommunal-bristen-pa-sommarvikarier-ar-stor?publisherId=3235493&releaseId=3325216&lang=sv> (10.1.23).
- Kommunal** (2022d): Otillräcklig sommarbemanning i äldreomsorgen. Press Release 8.9.2022. <https://via.tt.se/pressmeddelande/otillracklig-sommarbemanning-i-aldreomsorgen?publisherId=3235493&releaseId=3329790> (10.1.23).
- Kommunal** (2021): "Så mycket bättre" – en rapport om löner och villkor inom den offentliga och privata äldreomsorgen. ["So much better" – a report on pay and conditions in public and private aged care], https://webbfiler.kommunal.se/sites/default/files/sa_mycket_battare_2021_1.pdf (27.10.2022).
- Kommunal** (n.d.): Äldreomsorg [elderly care], <https://www.kommunal.se/bransch/aldreomsorg> (1.11.2022).
- Living Wage Scotland** (2023): "The real Living Wage for the real cost of living". <https://scottishlivingwage.org/what-is-the-real-living-wage/>.
- Lloyd, G.** (2022): "Lack of sick pay for carers shows system needs reform, says UNISON" in *homecareinsight.co.uk* June 16, 2022. <https://www.homecareinsight.co.uk/lack-of-sick-pay-for-care-workers-shows-system-needs-reform-says-unison/>.
- Martínez, J.** (2022): "El Gobierno aumenta los inspectores y exige el fin de las sujeciones en el último borrador sobre residencias" in *infoLibre* 18 February 2022. https://www.infolibre.es/politica/gobierno-aumenta-inspectores-exige-acabar-sujeciones-ultimo-borrador-residencias_1_1219740.html.
- Martos Nilsson, M.** (2022): Malin Ragnegård, Kommunal: Staten måste styra bemanningen i omsorgen. <https://arbetet.se/2022/05/24/malin-ragnegard-kommunal-staten-maste-styra-bemanningen-i-omsorgen/> (10.1.23).
- Ministry of Health and Care** (2016): Rom for omsorg. Behov for utbygging og fornyelse av landets sykehjem og omsorgsboliger (2016). [Room for care. Need for expansion or renewal of the country's nursing homes and care homes], https://www.regjeringen.no/contentassets/bdba889a-5fad49db9485f688551cbeebe/161115_rom_for_omsorg.pdf (18.10.2022).
- Mitchell, G.** (2021): On the Corona Frontline. The experiences of care workers in England. Stockholm: FES. <http://library.fes.de/pdf-files/bueros/stockholm/17715.pdf>.
- Money and Pensions Service** (2023): "Do I qualify for local council funding for care costs?" Government funding for care. <https://www.moneyhelper.org.uk/en/family-and-care/long-term-care/local-authority-funding-for-care-costs-do-you-qualify#changes-to-social-care-cap-in-england-from-october-2023> (9.1.2023).
- Muladal, A.** (2020): Mener kommunene bør få smittevernstyre av sykehusene – Stort udekket behov, VG, <https://www.vg.no/nyheter/inne-riks/i/e8gqAa/mener-kommunene-boer-faa-smittevernstyre-av-sykehusene-stort-udekket-behov> (19.11.2022).
- Nergaard, K.** (2022): Organisasjonsgrader, tariffavtaledekning og arbeidskonflikter 2020 og 2021. Fafo-notat 2022:09. <https://fafo.no/images/pub/2022/10371.pdf>.
- Norwegian Government** (2015) Prop. 95 S (2013–2014). Kommune-proposisjonen 2015. <https://www.regjeringen.no/no/dokumenter/Prop-95-S-20132014/id759298/>.
- Norwegian Government** (2023) Prop. 1 S 2022–2023. For budsjettåret 2023. Utgiftskapitler: 700–783 og 2711–2790 Inntektskapitler: 3701–3748, 5572 og 5631 Helse- og omsorgsdepartementet. https://www.regjeringen.no/no/dokumenter/prop.-1-s-20222023/id2931020/?q=privatisering&ch=3#match_0.
- Norwegian Ministry of Social Affairs and the elderly** (2022): Everyday experts will advise the government on the future of care for the elderly. Panel and expert groups appointed. <https://sm.dk/nyheder/nyhedsarkiv/2022/mar/hverdagseksperter-skal-raadgve-regeringen-om-fremtidens-aeldrepleje-panel-og-ekspertgrupper-udpeget> (10.10.2022).
- OECD** (2019), Economic Surveys NORWAY, <https://www.oecd-ilibrary.org/sites/2e51bb02-en/index.html?itemId=/content/component/2e51bb02-en> (25.10.2022).
- Office for National Statistics** (2022): Deaths involving coronavirus (COVID-19) among health and social care workers (those aged 20 to 64 years), England and Wales, deaths registered, 9 March 2020 to 31 December 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/14161deathsinvolvingcoronaviruscovid19amonghealthandsocialcareworkersthoseaged20to64yearsenglandandwalesdeathsregistered9march2020to31december2021> (10.10.2022).
- Our World in Data** (2022): Excess mortality during the Coronavirus pandemic (COVID-19), <https://ourworldindata.org/excess-mortality-COVID> (25.10.2022).
- Pelling, L.** (2021): Andersson's agenda. <https://socialeurope.eu/anderssons-agenda> (18.10.2022).
- Pelling, L.** (2021): On the Corona Frontline. The experiences of care workers in nine European countries (Summary report). Stockholm: FES. <http://library.fes.de/pdf-files/bueros/stockholm/17490.pdf>.
- Regeringen** (2020): Äldreomsorgen under pandemin, [elderly care during the pandemic] <https://www.regeringen.se/rattsliga-dokument/statens-offentliga-utredningar/2020/12/sou-202080/> (1.11.2022).
- Regjeringen** (2021): Hurdalsplattformen, <https://www.regjeringen.no/no/dokumenter/hurdalsplattformen/id2877252/?ch=1> (1.11.2022).
- Regjeringen** (2021): Prime Minister 2013 – 2021, <https://www.regjeringen.no/en/the-government/previous-governments/historiske-artikler/offices/prime-minister-since-1814/erna-solberg/id746813/> (1.11.2022).
- Regional Heute Wolfenbüttel** (2022): Kostenexplosion im Pflegeheim: Wer soll das bezahlen? [Cost explosion in the nursing home: who should pay for it?], <https://regionalheute.de/wolfenbuettel/kostenexplosion-im-pflegeheim-wer-soll-das-bezahlen-wolfenbuettel-1655442266/> (18.11.2022).
- Samskott, A. M., Skjerve, I.** (2021): On the Corona Frontline. The experiences of care workers in Norway. Stockholm: FES. <https://library.fes.de/pdf-files/bueros/stockholm/17981.pdf>.
- Scotland's Futures Forum** (2010): Preventative spending. https://www.scotlandfutureforum.org/wp-content/uploads/2010/03/2011_PreventativeSpending.pdf (17.8.2022).

- Scottish Development International** (2023): "Employment laws in Scotland". <https://www.sdi.co.uk/business-in-scotland/setting-up-your-business/employment-law-regulations-and-policies>.
- Scottish Government** (2021): Fair work action plan:annual report, [https://www.gov.scot/publications/fair-work-action-plan-annual-report/pages/12/\(25/10/2022\)](https://www.gov.scot/publications/fair-work-action-plan-annual-report/pages/12/(25/10/2022)).
- Scottish Government** (2021): Independent Review of Adult Care in Scotland, [https://www.gov.scot/groups/independent-review-of-adult-social-care/\(27/10/2022\)](https://www.gov.scot/groups/independent-review-of-adult-social-care/(27/10/2022)).
- Scottish Government** (2022): National Care Service Forum 2022: summary report. Published 14 December 2022. <https://www.gov.scot/publications/national-care-service-forum-2022-summary-report/pages/3/>.
- Skills for Care** (2022): The state of the adult social care sector and workforce in England. [https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx\(25/10/2022\)](https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx(25/10/2022)).
- Skills for Care** (2020): "Social care needs to fill more than 100,000 vacancies" News 21 Oct 2020. [https://www.skillsforcare.org.uk/news-and-events/news/social-care-needs-to-fill-more-than-100000-vacancies\(9.1.2023\)](https://www.skillsforcare.org.uk/news-and-events/news/social-care-needs-to-fill-more-than-100000-vacancies(9.1.2023)).
- Spanish Ministry of Social Rights and Agenda 2030** (2021): Acuerdo de la Mesa de Diálogo Social en Autonomía Personal y Dependencia para la plena implementación del SAAD. Secretaría de Estado de Derechos Sociales. <https://www.ccoo.es/22a776587b1bec1115ac2ab92fec53df000001.pdf>.
- Statsministeriet** (2020): Pressemøde om COVID-19 den 11. marts 2020 [Press conference on COVID-19 on 11 March 2020], [https://www.stm.dk/presse/pressemedaerkiiv/pressemoede-om-COVID-19-den-11-marts-2020/\(10.10.2022\)](https://www.stm.dk/presse/pressemedaerkiiv/pressemoede-om-COVID-19-den-11-marts-2020/(10.10.2022)).
- Statens Serum Institut** (2022): Ugentlige opgørelser med overvågningsdata [Weekly statements with monitoring data], [https://COVID19.ssi.dk/overvagningsdata/ugentlige-opgorelser-med-overvaagningsdata\(10.10.2022\)](https://COVID19.ssi.dk/overvagningsdata/ugentlige-opgorelser-med-overvaagningsdata(10.10.2022)).
- Swedish Association of Local Authorities and Regions** (2023): Äldreomsorg, personal- och kompetensförsörjning. [https://skr.se/skr/arbetsgivarekollektivavtal/personalochkompetensforsorjning/aldreomsorg\(10.1.23\)](https://skr.se/skr/arbetsgivarekollektivavtal/personalochkompetensforsorjning/aldreomsorg(10.1.23)).
- Sundhedsministeriet** (2022): Sundhedsreformen [The Health Reform], [https://sum.dk/Media/637888973082282053/Aftale%20-%20Et%20sammenh%C3%A6ngende,%20n%C3%A6rt%20og%20st%C3%A6kt%20sundhedsv%C3%A6sen.pdf\(10.10.2022\)](https://sum.dk/Media/637888973082282053/Aftale%20-%20Et%20sammenh%C3%A6ngende,%20n%C3%A6rt%20og%20st%C3%A6kt%20sundhedsv%C3%A6sen.pdf(10.10.2022)).
- Tallaksen, T.** (2020): Koronaundersøkelse, Fagforbundet. [Corona investigation, Trade Union.] [https://www.fagforbundet.no/globalassets/globalfiler/sporreundersokelse-korona.pdf\(29.01.2021\)](https://www.fagforbundet.no/globalassets/globalfiler/sporreundersokelse-korona.pdf(29.01.2021)).
- The Care Home Environment Magazine** (2020): "Skills for Care: Half a million extra jobs needed by 2035" July 27, 2020. <https://www.thecare-homeenvironment.com/story/33320/skills-for-care-half-a-million-extra-jobs-needed-by-2035>.
- The Health Foundation** (2021): Adult social care and COVID-19 after the first wave: assessing the policy response in England. [https://reader.health.org.uk/adult-social-care-after-the-first-wave/key-points\(29.10.2022\)](https://reader.health.org.uk/adult-social-care-after-the-first-wave/key-points(29.10.2022)).
- Theobald, H.** (2021): On the Corona Frontline.The experiences of care workers in Germany. Stockholm: FES. <http://library.fes.de/pdf-files/bueros/stockholm/17844-20210507.pdf>.
- Unison** (2022): HELD TO RANSOM. What happens when finance takes over care. [https://www.unison.org.uk/content/uploads/2022/06/UNISON-CUSP-briefing-final-1.pdf\(29.10.2022\)](https://www.unison.org.uk/content/uploads/2022/06/UNISON-CUSP-briefing-final-1.pdf(29.10.2022)).
- Unison** (2022): Care bosses taking home 13 times wages of workers, says UNISON report. [https://www.unison.org.uk/news/2022/06/care-bosses-taking-home-13-times-wages-of-workers-says-unison-report/\(10.10.2022\)](https://www.unison.org.uk/news/2022/06/care-bosses-taking-home-13-times-wages-of-workers-says-unison-report/(10.10.2022)).
- Via TT** (2022): Kommunal kommenterar utredningen om en äldreomsorgslag [https://via.tt.se/pressmeddelande/kommunal-kommenterar-utredningen-om-en-aldreomsorgslag?publisherId=3235493&releaseld=3325895\(10.10.2022\)](https://via.tt.se/pressmeddelande/kommunal-kommenterar-utredningen-om-en-aldreomsorgslag?publisherId=3235493&releaseld=3325895(10.10.2022)).
- Van Houtven, C., Miller, K., Gorges, R., et al.** (2021) State Policy Responses to COVID-19 in Nursing Homes. *Journal of Long-Term Care*, (2021), pp.264–282. DOI: [http://doi.org/10.31389/jltc.81\(10.10.2022\)](http://doi.org/10.31389/jltc.81(10.10.2022)).
- Ver.di** (2022): Tarifabschluss mit Altenpflegeanbieter Korian [Collective bargaining agreement with elderly care provider Korian], [https://rps.verdi.de/branchen-und-berufe/gesundheit-soziales/aufstehn-fuer-die-pflege/++co++9e79813c-d0f7-11ec-9cf4-001a4a160111\(18.11.2022\)](https://rps.verdi.de/branchen-und-berufe/gesundheit-soziales/aufstehn-fuer-die-pflege/++co++9e79813c-d0f7-11ec-9cf4-001a4a160111(18.11.2022)).
- Watson, Dave** (2021): On the Corona Frontline. The experiences of care workers in Scotland. Stockholm: FES, <http://library.fes.de/pdf-files/bueros/stockholm/17550.pdf>.

Friedrich-Ebert-Stiftung

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.

IMPRINT

© FES Nordic Countries 2023
Kristina Birke Daniels

The views expressed in this publication are not necessarily those of the Friedrich-Ebert-Stiftung (FES) and the partner organisations for this publication. Commercial use of all media published by the FES is not permitted without the written consent of the FES.

Cover photo: Fredrik Sandin Carlson
Design/Typesetting: pertext, Berlin | www.pertext.de

EUROPA

Across Europe, the COVID-19 pandemic put care workers on the corona front-line of an underfinanced, understaffed and undervalued care sector. Years of austerity policies and neoliberal new public management have increased the level of privatisation and precarisation, and decreased the rate of unionisation. This report follows up seven of these country studies, focusing on how trade unions have been able to make a difference in the improvement of working conditions in the care sector.