

# PR1.3

Analysis of challenges faced,  
and lessons learnt from the  
pandemic for the care sector



**UPSKILLING DOMESTIC CARE WORKERS TO ENSURE  
RESILIENT EMPLOYMENT PATHWAYS**



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## THE DOCUP PROJECT

The COVID-19 pandemic has affected domestic care workers, care recipients, and intermediate, including home health agencies, in several important ways. Many of the challenges encountered were entirely new and caused directly by the pandemic. In other words, the pandemic worsened long-standing challenges in the medical care sector. Governmental bodies addressed some of these issues through changes in regional and national policies, regulations, and guidance. Domestic care agencies also responded to challenges to their own policies and practices regarding the employees.

Domestic care workers and domestic care agencies provide services and support to help individuals remain safely in their homes. Domestic care term refers to medical, administrative, and other relative services provided in the home, such as occupational therapy, physical therapy, and nursing, as well as personal care assistance.

The sector represents 9.5 million jobs, or 4% of total employment (EU-27 average), and is now facing a huge domestic care skills gap that needs to be defined. Personal and household services cover jobs and services carried out to support households:

- 63% are care activities: childcare, assistance to the elderly, dependent or disabled, excluding healthcare, and
- 37% are non-care activities: cleaning, laundry, meal preparation, gardening, small house repairs and private lessons

DoCUp is an Erasmus+ KA220 project, which aims to address the abovementioned challenges by providing a comprehensive framework for upskilling domestic care workers. The project will also develop flexible training delivery methods (i.e. e-book, MOOC) and innovative open-access resources to address practical, technological, and organisational aspects of teaching and learning.

# BACKGROUND TO THIS REPORT

## Context

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This report is part of the 1<sup>st</sup> project result of the DOCUp project which aims to develop a common competence (framework) matrix for the occupational profile of domestic carers and the challenges that the care sector has experienced before and after the COVID-19 pandemic.

More specifically, this report comprises secondary research on challenges faced and lessons learnt for domestic care workers that had to work in the front lines of care during the COVID-19 pandemic with the goal to better understand the labour market skill gaps pertaining to domestic care work and thus to provide a basis for developing the DoCUp learning outcomes.

## Goals

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During the COVID-19 pandemic, the domestic care sector has become an emergency service, and due to it care workers had to face new challenges in terms of the work environment requirements and emerging skills needs.

A general assessment of the impact of COVID-19 on supply of care workers, on demand of care workers and on new skills needed by them could be useful in order to obtain an accurate overview of recent/ongoing developments in the sector and labour market realities affecting and defining domestic care workers' experiences as employees and ultimately to inform the development of training curricula considering lessons learnt from the pandemic experience.

## Methodology

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The research questions to which this report seeks to answer are the following:

- What were the repercussions of the COVID-19 pandemic on domestic care provision? What are the new challenges faced by domestic care workers?
- What are the training needs of domestic care workers resulting from the increasing demand for relevant services provision and the work conditions imposed within the pandemic?

To respond to these questions, partners carried out a desk research covering scientific articles, policy reports, grey literature and media articles referring to their own national contexts. In addition, ANS – as lead partner for this task – made a research at European level, with the goal to include data on other EU countries not directly represented in the consortium.



Each partner selected 5 to 6 sources and summarised the outcomes in a common template.

ANS, as lead partner, gathered the results and analysed them with the goal to identify commonalities and differences.

Given the lack of specific articles on domestic care workers, also due to the fact that the emergency situation is very recent and still ongoing, the research has been extended to healthcare professionals in general. Many of the outcomes are probably extensible also to the specific category of the care workers thanks to the common situation of health care.

# FINDINGS ON THE IMPACT OF COVID-19 ON SUPPLY OF CARE WORKERS

## The Italian framework

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Within the Italian context, the COVID-19 pandemic had an impact on care workers mainly in terms of psychological load resulting in specific impact on the elderly and non-self-sufficient population.

In particular, a scientific research involving 933 health-care workers in Italy during the COVID-19 outbreak (Conti C, 2020) shows that the majority of the sample (71%) suffered from somatization and 55% of distress. Subjects who reported higher levels of anxiety, depression, somatic symptoms and post-traumatic disorder symptoms were female care workers, younger participants (under the age of 40) and health-care workers who lost one of their patients.

Another academic publication that analyses the impact of the COVID-19 on wellbeing and emotions of Italian health care workers (Marton G, 2020) reveals a high level of psychological distress experienced by physicians working during phase 1 of the COVID-19 pandemic in Italy. Specifically, the emotional reaction was characterised by a high level of fear for family members and cohabitants and patients. Perceived control, fear for patients, and for family members and cohabitants, feeling alone and anger all contribute to a decreased mental health in physicians. These results suggest how Italian health care workers' mental health and emotional reaction have to be considered to prevent high risk of burnout and post-traumatic stress disorder (PTSD).

In the specific context of domestic care workers (Melchiorre, Lattanzio, & Lamura, 2020), it emerges that the distress experienced by these professionals often had a negative impact on the final care recipient and in particular on the elderly non-self-sufficient population and therefore more fragile. It is therefore of exceptional importance to carefully evaluate the implications for these persons in order to identify the most effective measures to deal with the emergency and to protect them and their families.

In addition, according to a stationary trend, INPS (INPS Istituto Nazionale Previdenza Sociale) data reveals that most domestic care workers (90%) are female and foreigners (72.8%). The regular ones are currently about 319 thousand (they were just over 271 thousand in 2011). The demographic dynamics of foreign care workers follow roughly the same ageing trend as the local population. On average, those who have come from Eastern Europe have been living in Italy for about 13 years: the "commuter" or short-term migration pattern has given way to settlements in the most stable Italian society.

Live-in migrant domestic workers are facing especially extreme scenarios. Despite providing essential services for care recipients who are often vulnerable, domestic workers frequently do not have adequate access to personal protective equipment (PPE). Informal domestic workers are the least likely to have access to income support or other emergency measures adopted



to address the COVID-19 pandemic. Moreover, among immigrants there is a greater risk of hospitalisation and therefore of clinical severity and hospitalisation in intensive care, compared with fewer cases of Covid 19 recorded (Declich et al 2021).

Those factors increase the risk of burnout and other pathologies related to the specific work activity, especially if in the regime of domestic work.

## The Greek framework

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In Greece, little research is focused on the challenges and knowledge associated with the pandemic in the field of domestic care workers. The results are limited due to the fact that the emergency situation is recent and still ongoing, and there have not been sufficient publications in articles and journals. In addition, caregivers are not supported by the health care systems especially in Greece, where the system relies mainly on the family to care for these patients, which becomes even more demanding due to the Covid-19 pandemic (Σταθοπούλου, 2021).

Since there is little data on the impact of COVID-19 pandemic on the provision of home care, it could be interesting to have an overview on another critical aspect: the impact of COVID-19 pandemic on mental health of care workers in general. This is an essential factor as it could affect both the operators' quality of life and the quality of care provided to patients (Sikaras, 2022).

In specific, in terms of burden levels and the fallout of COVID-19 pandemic in mentally ill people and informal caregivers, researches reveal that during the pandemic period, caregivers showed a moderate to severe burden (Μπουτίνα, 2021). The main factors associated with burden levels seem to be ascribable to age and educational level, and they are capable of influencing the levels of dysphoria. In addition, due to the reduction in free time of caregivers, additional tasks and intensified conflicts between care providers and care receivers, caregivers were found to have strong fears for their health but also anxiety about the conditions imposed by the pandemic.

If we consider caregivers of people with chronic diseases and care workers in general, additional factors associated with the mental health of the workers have emerged. First of all, in a 131 sample of caregivers, very severe depression was found in 12.2%, severe depression in 3.8%, moderate depression in 9.2%, and reduced quality of life. This led to worsening physical and mental health and increased caregiver fatigue and stress (Σταθοπούλου, 2021). Secondly, in a 1064 sample of care workers, the prevalence of at least moderate symptoms was 13% for depression, 11.9% for anxiety, and 11.3% for stress (Samara, 2021).

The analysis shows that factors linked to this psychological distress are: gender (women were burdened to a greater extent than men); cohabitation with patients (caregivers residing in the same house as the patient have a higher level of burden); educational level (caregivers who did not attend school and primary school graduates have a higher level of burden) and the health of the caregivers themselves (caregivers with a health problem have a higher level of a burden).

Considering the impact of COVID-19 pandemic on people with mild cognitive impairment/dementia and on their caregivers (Tsapanou, 2021); outcomes reveal a significant overall decline as compared to before the pandemic, and the main domains affected were communication, mood, movement and compliance with the new measures. This has had direct consequences on caregivers' physical and psychological burden. Therefore, the pandemic threatens to disrupt the basic routines that promote mental and physical health of both people with MCI/dementia and their caregivers.

## The Spanish framework

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The COVID-19 pandemic has put Spanish care workers in extreme situations. If from one hand they were forced by the employers to stay and care for the elderly, on the other hand it could happen that they were fired or had to work in conditions that became worse than before (FERNÁNDEZ, 2021).

In particular, in the field of care services many services such as residences for the elderly, day care centres and personal assistance have faced new challenges imposed by the pandemic also in terms of medical and/or health treatments. Care workers had to care for the elderly and dependents without the protection measures that the health sector did have, at least initially (Universitat Rovira i Virgili, 2020).

In addition to the precariousness of their daily working conditions, there are also uncertain contractual conditions (Carrasco, 2021). A report made by Spanish National Television broadcasted at the end of February 2021 based on a previous study reveals the conditions of professional caregivers in the Canary Islands (García, 2022). It shows that 80% of the Spanish caregivers are women in precarious circumstances.

As come to light from the interviews to the same care workers, there is a compelling need to structure the care interventions addressed to people who are not self-sufficient both in terms of required skills and in terms of wages and working conditions in order to preserve the quality of care.

Research illustrates another relevant aspect: the field of domestic care has become one of the main sources of employment for women immigrants from developing countries at national level (Serrano, 2021). The vulnerability of these care workers is double: on one hand due to the isolation that domestic work implies, on the other due to the loneliness and marginalization that they already experience as immigrant women. Moreover, the COVID-19 pandemic has strengthened this situation.

In fact, the report "The gender perspective, essential in the response to COVID-19" prepared by the Ministry of Equality (2020) shows that people employed in domestic care work have been one of the sectors most affected by the pandemic, due to its structural precariousness and as a result of the health measures adopted. Along the same lines, the ISGlobal report (2020) pointed out that confinement increased the workload on care. The vulnerability is deepened in those women who work in the care field and, especially, those in the informal economy who have a more precarious situation. This specific circumstance has intensified

after the health measures implemented, which will also have serious psychosocial and health consequences. This scenario explains why one third of these workers live below the poverty line (Zaguirre Altuna, 2019). As a result, the life and work situations of many migrants working in the sector have not managed to overcome precariousness and poverty (Arias Sánchez, 2017).

## The Polish framework

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The outcomes of researches in Polish context are all consistent and on the same page in outlining the main changes in the functioning of social welfare during the pandemic and the social challenges faced by institutions in the field of domestic care work.

Pandemic has shown an insufficient supply of social workers and home carers in relation to social needs (Necel, 2021).

In the face of an ageing population, the needs of home care are becoming increasingly urgent and the provision of care is insufficient in relation to the health needs of patients. The COVID-19 pandemic has further stressed the situation (Rokicińska, 2020), since there have been cases in which some workers stopped working during the emergency phase (Frąckowiak-Sochańska, Hermanowski, & al., 2020) or it has occurred that a significant number of medical appointments have been converted into telecare (Grażyna Gierszewska, 2021).

The scenario seems to be different in the case of long-term home care since the supply has not changed, what has changed is the provision of services by nurses and carers in long-term home care in relation to the delivery of pre-pandemic COVID 19 tasks (Mariola Rydka, 2020).

## The Swedish framework

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In the Swedish context, the main finding of researches is a general lack of provision of care in the field of home care. The advent of the pandemic situation has only highlighted and increased the structural problems in the provision of care to elderly or dependent people (Statens Offentliga Utredningar, 2020) (Oldertz & Rönnkvist, 2021).

The main causes appear to be assignable to unsecure contract and understaffing (Rågsjö K. , 2020). These factors have a cascade effect within elderly care, in fact there have been cases in which many people that before had the right to help, has got their assistance withdrawn (Socialstyrelsen, 2021).

An additional effect of the COVID-19 pandemic on the provision of home care is an impact on mental health. Care workers have experienced a deteriorating mental health of the elderly people, in terms of increased anxiety and sleeping disorders (Neihoff & Henriksson, 2020).

These findings again highlight the importance of social stimulation and activity among the elderly to prevent cognitive impairment. As the COVID-19 pandemic has prevented normal social interactions that can entertain the elderly in their daily routine, home carers can play a critical role and make up for the lack of sociality due to containment measures.

## The international framework

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A very particular context is that of transnationally organised live-in care, referring to the case where two (or more) carers alternate in rotas of two to twelve weeks and commute between their workplace and their homes.

In addition to factors such as heightened financial precarity, increased dependence on their employers and/or brokers and lack of social protection due to informal jobs; during the COVID-19 pandemic they also faced difficulties when attempting to cross national borders (Habel & Tschenker, 2020). Domestic care workers were put in the position of choosing between to extend their stay with their families or to be exposed to contagion risk on cross-border trips or to remain at home but facing economic difficulties.

As a consequence of Covid-19 measures also limiting visits from family and friends of the people in need of care, many domestic care workers (often female and migrant) had to face a worsening of working conditions with an increase in working hours, indeed they had to work very long hours often for weeks on end and being on-call 24 hours a day. Most live-in care workers are not protected against excessively long working hours as they are self-employed. These excessive hours have led to many workers experiencing stress and burn-out (Perolini, 2021).

Thus, the COVID-19 pandemic exacerbated working conditions that had been precarious prior to the pandemic for both documented and undocumented live-in carers. This is illustrative of current regulations that offer short-term solutions and aim to maintain this live-in care model (Leiblfinger, et al., 2020).

## Conclusions

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This overview consents to identify the main challenges faced and lessons learned from the COVID-19 pandemic for the care sector in the European context. Findings on the impact of COVID-19 on supply of care workers delineates what are the main factors and effects that have occurred in various countries.

**One of the most significant consequences was associated with mental health**, further this is an essential factor as it could affect both the operators' quality of life and the quality of care provided to patients. Concerning care workers, researches recorded high levels of depression, anxiety, somatic symptoms and post-traumatic disorder symptoms. The main factors correlated with this psychological distress were: age, gender, educational level, cohabitation

with patients and the health of the caregivers themselves. These aspects have a direct impact on the final care recipient and in particular on the elderly non-self-sufficient population and therefore more fragile. As a matter of fact, even these last have experienced a deteriorating mental health, mostly in terms of increased anxiety and sleeping disorders along with a general decline for people with MCI/dementia, as a consequence of social isolation.

The COVID-19 pandemic had an **impact on supply of care workers** also in terms of challenges to be faced and additional tasks, both regarding the relationship with the patients and regarding medical and/or health treatments. Care workers had to care for the elderly and dependents without the protection measures that the health sector did have, at least initially.

The emergency situation imposed by the COVID-19 pandemic, along with adding tasks and increasing the psychological burden on operators, has brought to light the fragility of the domestic care sector. Home care is not capable of reacting and responding to social needs. The main causes appear to be assignable to unsecure contract and understaffing.

The COVID-19 pandemic has strengthened another situation. **It seems that the domestic care field has become one of the main sources of employment for immigrants' women from developing countries.** The vulnerability of these care workers is double: on the one hand due to the isolation that domestic work implies and to the job insecurity, on the other due to the loneliness and marginalization that they already experience as immigrant women.

# FINDINGS ON THE IMPACT OF COVID-19 ON DEMAND OF CARE WORKERS

## The Italian framework

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In Italian context it is possible to identify the impact of COVID-19 on two different levels.

First of all, it is important to consider the economic and contractual level. In this area, researches reveal that the pandemic has changed the numbers of the sector in an ambivalent sense: on the one hand there has been a push, also thanks to the “amnesty” (extraordinary opportunity to regularize existing but unregistered employment relationships) on the other hand an overall contraction of the employed workers (S. Pasquinelli, 2021).

In the first half of 2020 the Domina Observatory (2020) even reports a positive balance of hiring carers, all concentrated in the months of February and March. Therefore, the virus containment measures have revealed a part of the employment relationships, probably to overcome the constraints of displacement, in the absence of justified work reasons. At the same time, especially in the second half of 2020, there were several cases of layoff. At European level, there has been a contraction in new recruitment (2020). From an analysis carried out in the spring, the closure of contracts, especially in non-serious situations, was a choice found in one in four cases (Pasquinelli S., 2020). It has been more than six years since a decree was issued to allow the regular entry of foreigners into the main sectors of the economy, including domestic work. Italy needs at least 10,000 incoming non-EU family carers every year. The absence of this possibility pushes for those who can towards the underground market, for those who cannot, to take on the burdens of care, an increasingly less sustainable choice over the years given the scarcity of family care resources in Italy (Brenna, 2020) and the increase of older persons living alone.

The second level of analysis is related to the families of elderly and non-self-sufficient people. The impact of COVID-19 had several consequences: due to the need for isolation and social precaution to avoid contagion, the pandemic has often resulted in some families, out of fear, to dismiss domestic care workers, or simply to “send them away” if hired in black (Melchiorre M. G., 2020). Many families have reduced the work entrusted to domestic care workers, being able to stay at home and trying to minimize the risk of contagion. Therefore, the load of care has been shifted on the shoulders of families.

As a result, there has been a reduction in work for care workers. The interruption of the employment relationship mainly concerned employees by the hour and/or who assisted more people, since moving between different homes posed a high risk to transmission of the virus. In some cases, the layoffs have followed a decline of household income, after the temporary closure of certain work activities always due to the pandemic emergency.

## The Greek framework

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Above all, it is crucial to state that researches reveal that the care of elderly and non-self-sufficient people especially in Greece seems to be almost totally dependent on families. As a matter of fact, caregivers are not supported by the health care systems and this condition has become even more demanding due to the Covid-19 pandemic (Σταθοπούλου, 2021).

Home care for the chronically ill is a particularly demanding process, which can be a burden on the caregiver. The constant contact with the disease, the fatigue of providing care, the uncertainty about the health of the patient, the role conflicts, emotional tensions, financial and work demands, can lead to increased burden. The COVID-19 pandemic has strengthened the situation, due to additional tasks and more attention required in the treatment protocols to prevent the contagion of fragile people.

As a result, caregivers reported a great increase in their psychological and physical burden during this period, where the available support sources were limited. In specific, being a caregiver for a family member or a person who has MCI/dementia during the pandemic will undoubtedly add anxiety, stress and additional burden to daily life. Decreases in structure and the closure of services and facilities that caregivers routinely use for respite care affect both caregivers and persons with MCI/dementia. It is thus of critical importance that caregivers prioritize their own physical and psychological health, in order to be able to overcome additional burdens and help others in need as well (Tsapanou, 2021).

The pandemic threatens to disrupt the basic routines that promote mental and physical health of both people with MCI /dementia and their caregivers.

## The Spanish framework

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What emerges from researches on the impact of the COVID-19 pandemic on the demand for care workers in the Spanish context is a general increase in demand in response to the crisis and health emergency situation. However, the precariousness of working conditions has not allowed to respond in a manner consistent with demand. In addition, working conditions have not improved.

As proof of the above, in global data, in November 2021 the number of affiliates to the Spanish Social Security grew for the seventh consecutive month, adding more than 730,000 people to the workplace since May. Nevertheless, one of the few sectors in which there has not been a positive increase is domestic service, according to data from the Ministry of Social Security, Inclusion and Migration from November 2021 (Serrano, 2021). In specific, in the first wave, three jobs for domestic workers were destroyed for each one in the market as a whole. Thus, 8.3% of the work of this group was lost, compared to 2.6% of the total (FERNÁNDEZ, 2021).

It appears to be clear that there has been a high demand of domestic care workers during the pandemic. Nevertheless, the lack of labour rights in the informal sector makes that the contagion can lead to the loss of jobs, either temporarily or permanently (Martínez Virto,

Sánchez Salmerón, Hermoso Humbert, & Azcona Martínez, 2021). To worsen the scenario, during the COVID19 hardest period, not all the dependents had a place to be attended 24/7, neither occupational nor physical activities. Therefore, the demand of professional caregivers, who were declared as essential as the rest of the health professionals, rose (Carrasco, 2021). Despite this, the working conditions have not improved and some care workers have denounced unsafe and low value conditions also on the economic side.

Therefore, once again the burden of care falls on families because either the Home Care Service has been restricted or directly eliminated during the crisis, also because the nursing home crisis has led to situations of dependency being cared for at home, and because in many families domestic and care workers have been dispensed with (Universitat Rovira i Virgili, 2020).

## The Polish framework

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Data from the Polish context are all congruous in delineating the impact of the COVID-19 pandemic on the demand for care workers.

The researches considered were aimed at identifying and describing the main changes in the functioning of social welfare during the pandemic, as well as the social challenges faced by institutions in the face of an intensification of existing or the arising of new social problems.

What comes to light is a general increase in demand for care workers and the demand is consistent especially among the elderly and lonely people (Necel, 2021), people experiencing domestic violence, people in mental health crisis, people needing nourishing and chronically ill people (Frąckowiak-Sochańska, Hermanowski, & al., 2020).

The demand for care workers was high and inadequately form long-term home care even before the emergency situation but during the COVID-19 pandemic it has grown especially among the elderly, chronically ill, disabled and lonely (Rokicińska, 2020).

The main causes of this increase are attributable to reduced health services across the health system, problems with appointments with doctors, delayed diagnosis and treatment due to epidemic recommendations (Mariola Rydka, 2020). Nurses were often the only representative of the health system with direct contact with the patient (Grażyna Gierszewska, 2021).

## The Swedish framework

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Researches on the Swedish context have shown that the demand for care workers has increased as a result of COVID-19 pandemic (Neihoff & Henriksson, 2020).



In addition to an increase in demand, this has also changed in qualitative terms: care workers had to do more things during the emergency situation also provide for primary tasks such as shopping food that weren't their responsibility (reducing the autonomy of the care recipient) (Socialstyrelsen, 2021).

They have to face new challenges by taking responsibility and risking their health in order to meet the needs of elderly or non-self-sufficient people (Oldertz & Rönnkvist, 2021). In addition, care workers reported the fear of infecting the elderly and of social isolation leading to depression (Rågsjö K. , 2020).

Adaptation has been achieved at the price of extreme pressure on staff and of cancelled and postponed care (Statens Offentliga Utredningar, 2020).

The price paid for it by health care staff was high. They were frequently pushed to perform far beyond what could reasonably be asked of them. The shortage of staff before the pandemic became even more accentuated as patients' care needs and sickness absence among employees increased sharply.

Moreover, in the face of additional challenges and tasks, working conditions have not changed and care workers have had to accept understaffing, unsecure contracts and lacking working conditions (Oldertz & Rönnkvist, 2021).

## The international framework

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The ILO (2020) estimates that around 75% of the domestic workers who were significantly impacted by the COVID-19 pandemic were in informal employment and thus did not have access to any benefits to mitigate their loss of income.

Still, even those workers with a formal contract suffered loss of income. Fear of Covid-19, paired with restrictions on mobility, prevented many of them from getting to work. Subsequently, they were not paid, due to – according to the ILO – lack of information and low employer awareness of their responsibilities (Vegter).

In the EU, several member states took measures to support workers during the pandemic. Some of these measures were extended to workers on flexible contracts and self-employed workers as well. Domestic workers, however, were rarely able to profit from these measures, as in most cases they are not registered for social security (and hence no contributions have been made on their behalf).

The position of domestic workers would improve substantially if they were given access to social security. The European Institute for Gender Equality (EIGE) has urged policymakers to take measures to provide workers in non-standard employment (which includes domestic workers) with an adequate minimum wage and to make them eligible for social security. Also, the European Pillar of Social Rights calls for action in this respect, especially where it states that “regardless of the type and duration of their employment relationship, workers, and under comparable conditions, the self-employed, have the right to adequate social protection” (Art. 12).

## Conclusions

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The researches considered were aimed at identifying and describing the main changes in the functioning of social welfare during the pandemic, as well as the social challenges faced by institutions in the face of an intensification of existing or the arising of new social problems.

The overview above allows us to describe how COVID-19 is affecting demand for care workers. In different countries considered, there has been a **general increase in demand in response to the emergency health situation that has interrupted the regular provision of care services**. In addition, there has also been a **change in the modalities of care**: care workers had to face new challenges by taking responsibility and risking their health in order to meet the needs of elderly or non-self-sufficient people and they had to do more things as provide for primary tasks such as shopping food that weren't their responsibility.

However, the **precariousness of working conditions** has not allowed them to respond in a manner consistent with demand and the lack of labour rights in the informal sector makes that the contagion can lead to the loss of jobs, either temporarily or permanently.

While there has been an increase in demand for care workers, on the other hand there has been a **contraction in new recruitment** (ILO – International Labour Organization, 2020). This phenomenon is mainly due to the fear of infection by the families of elderly and fragile people and also because many families had more time to stay at home to take care of them.

Therefore, **the load of care has been shifted on the shoulders of families**. As is known, home care for the chronically ill is a particularly demanding process, which can be a burden on the caregiver. The constant contact with the disease, the fatigue of providing care, the uncertainty about the health of the patient, the role conflicts, emotional tensions, financial and work demands, can lead to increased burden. The care workers have in fact reported a great increase in their psychological and physical burden during the COVID-19 pandemic.

**At policy level, the lack of care professionals which seems to be common across EU countries has not been properly faced**. For example, in Italy the last decree that allows the regular entry of foreigners in the main sectors of the economy, including domestic work dates back to six years ago. In the circumstance in which there is a high demand but a health system unable to respond to the needs of an ageing population because bent by the pandemic emergency, families seems to be forced to choose between searching for domestic workers within the underground market, or to take on in first place the burden of care.

When it comes to supporting workers impacted by the pandemic, several member states took measures to support them and some of these measures were extended to workers on flexible contracts and self-employed workers as well. Domestic workers, however, were rarely able to profit from these measures, as in most cases they are not registered for social security.

# FINDINGS ON THE IMPACT OF COVID-19 ON SKILLS OF CARE WORKERS

## The Italian framework

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The Italian research mostly concentrated on two aspects: impact on mental health of care workers, as well as the specific impact on this target group considering the prevalence of migrant background.

In relation to mental health, there is consensus (Filosa & Parente, 2021) (Marton G, 2020) on the fact that these professionals during the pandemic were exposed to higher risk of burn out somatization and distress and therefore that there is a need to equip them with psycho-education skills to manage their emotional reactions, cope to the stressful working environment and foster their psychological well-being.

On the other hand, what emerged is the lack of health-literacy of migrant domestic workers, which exposed them to higher risks during the pandemic.

For example, according to the ISS (National Health Institute), despite the fact that sick immigrants were younger compared to Italians, they had a greater risk of hospitalization, probably due to the delay in use of health services, the difficulty of accessing services (general practitioner) but also informal barriers such as linguistic, cultural and social ones (Della Puppa et al 2020). Some migrants, moreover, may have diagnosis delayed for fear of having to limit work activities (Moressa foundation 2021) [Quoted in Filosa & Parente, 2021]. The same is highlighted by Melchiorre et al. (2020).

These findings underline the need to support (e-)health literacy of domestic workers to improve their knowledge on symptoms and risks of the virus, possibly even in different languages, to allow care workers to protect themselves and their care recipients.

Finally, we include a study (Pasquinelli & Pozzoli, 2021) which explored specifically the propensity to attend training by domestic workers, according to which among professionals the belief that care work is an activity that does not require specific preparation and that, on the contrary, direct experience represents its main learning channel is widespread. This is indicated by the fairly high degree of perceived competence with respect to the care activities performed (over half of the carers (57%) feel prepared and self-confident at work) combined with rather low levels of specialization in care work: over a third of the carers in Italy today have never attended a training course and the majority of those who did have attended Italian language courses. And yet today's carers are much less extraneous to training than they were fifteen or even ten years ago. Both the awareness of one's own limits and the participation rates in training courses are in fact much more decisive today than in the past. In particular, the share of those who feel unprepared or have doubts is higher among newcomers than those who have already been in Italy for longer. Today almost half of the carers feel unprepared, or have doubts

about their work (42.5%, compared to only 22.6% in the early 2000s), while having participated in a training course after arriving in Italy is now 65% of carers, double compared to 2006.

The propensity for training is first of all strongly linked to the availability of free courses. The economic factor is decisive. In fact, courses are free of charge today, the main condition set by carers for participation in training courses, an important signal for the future planning of interventions and their degree of success. Main topics of interest seem to be training relating to personal assistance techniques (with dementia, in particular), followed by courses on the protection and rights of workers, home hygiene courses, cooking classes and, finally, Italian language courses. The latter have been the most popular courses in recent years, so it is not surprising to find them at the bottom of the ranking today.

## The Greek framework

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Greek research focused on the caregiver burden, highlighting a significant positive correlation was found between factors such as fear of health (i.e. pandemic created stronger fear among caregivers about their health resulting in increased burden); the stress brought about by the new conditions, the restriction of free time, the restriction imposed by the pandemic on daily life, the increase in conflicts due to confinement, the increase in relapses of the cared for person due to fear and confinement (Μπιρυνά, 2021).

Considering how important it is for a person with dementia to feel secure and follow a specific daily plan, an event such this pandemic can create a lot of psychological and physical distress, increasing the burden of the caregiver and the family, who are also asked to comply to the new rules and adjust their schedule to the new needs of the affected person.

A suggestion is to use educational materials e.g., written instructions, can lead to a lower degree of stress and reduced burden on the caregiver. Some research concludes that anxiety and depression increase with a lack of information. Inadequate information negatively affects the quality of life of patient caregivers (Σταθοπούλου, 2021).

In conclusion, protecting the mental health of healthcare professionals is crucial for safeguarding the provision of sustainable healthcare services, especially during pandemic outbreaks. Our analysis suggests that being female and young, living in urban areas, and having lower income and worse self-reported health status increase the risk of adverse mental health outcomes. Thus, professionals with such characteristics should be monitored closely and supported when needed. Online training, targeted campaigns and simulation exercises should be provided to healthcare professionals to improve their knowledge and perceptions and enable them to make informed choices based on the best available evidence at any given time (Samara, 2021).

## The Spanish framework

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Research conducted in Spain highlighted the fact that during the pandemic additional extra tasks and responsibilities, particularly on health care provision, were assumed by care workers with no previous training or preparation (FERNÁNDEZ, 2021). The lack of health and safe protocols as well as the fact that domestic care workers have lower opportunities for training are also mentioned (Serrano, 2021).

Moreover, it emerges that mandatory social distancing measures have limited the establishment of some mechanisms usually used by caregivers to alleviate the burdens of care, such as the enjoyment of family and social networks, or the consolidation of interpersonal relationships in the employer's home (Martínez Virto, Sánchez Salmerón, Hermoso Humbert, & Azcona Martínez, 2021) thus stressing the mental health impact on these workers.

## The Polish framework

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The Polish studies mostly focused on the lack of qualified care workers, a situation which worsened as a consequence of COVID-19 pandemic, showing the need to develop specialised care services adapted to the specific needs resulting from the nature of the illness or disability and provided by persons with specialist vocational training (Rokicińska, 2020).

In this context, specific skills emerging from the COVID-19 pandemic experience concern: improving the safety of guests in terms of protection against infection (Necel, 2021) and the need to strengthen the capacity of providing tele-services such as the need for video conferencing, improving continuity and coordination of care, and reducing wait times for nurse teleservice.

## The Swedish framework

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The Swedish research focused on an aspect not touched by the other countries, i.e. the fact that because of the COVID-19 increased isolation and depression among the clients have put more demand on care workers regarding skills to tackle this. For example, skills required are how to meet elderly in mental illness and depression. Also, skills to activate elderly again now when it is possible (Socialstyrelsen, 2021); (Neihoff & Henriksson, 2020).

From the point of view of management, a study is mentioned which highlights that communication between the leadership and care workers as well as rewards for the work are very important factors. The most important skill described in the study is to learn how to communicate and lift your needs to leadership (Rönkvist & Oldertz, 2022).

Finally, another skill mentioned is digital skill since it is becoming increasingly important in the profession (Rågsjö K. , 2020).

## The international framework

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One of the topics on which researched focused during the COVID-19 pandemic are the Personal Protective Equipment (PPE) and its use among health care workers, which was extensive during the pandemic. According to Galanis et al. (2021) training about appropriate PPE use and knowledge of skin hygiene is of utmost importance. HCWs should recognize symptoms and signs of initial tissue damages adopting then preventive measures to avoid more severe injuries. For example, dry skin and dehydration- induced dermatoses could be avoided with adequate hydration, while moisturizers could help to restore the integrity of the skin barrier.

Another aspect which emerges from international research (Numbers & Brodaty, 2021) is that as a direct result of COVID was that older adults with dementia have an extremely high risk of worsening neuropsychiatric symptoms and severe behavioural disturbance. Therefore, the presence of skilled staff, capable of managing these symptoms, is essential to maintain social interaction.

## Conclusions

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This overview allows to identify the impact of COVID-19 on skills of care workers and to provide suggestions on how training curricula could be updated to respond to the new challenges raised by the pandemic.

First of all, many countries identify the **need to support the mental health of care workers**, which has been challenged by the COVID-19 and its restrictions: psycho-educational programme to manage stress and anxiety and to prevent burn-out are suggested. On the other hand, it is highlighted how the pandemic has worsened the symptoms of care recipients, in terms of depression, isolation and challenging behaviours: professionals should be trained to better deal with them as well.

The pandemic also made clear **how much the care sector can integrate the use of ICT** to provide remote care when needed: in this sense, it is necessary that care workers develop more technological skills.

Finally, it should be considered that **knowledge related to infection prevention and the correct use of PPE** has become more important than ever, therefore it should be included as a key-topic in the training.

More generally speaking, research highlights the **shortage of trained staff** in the care sector and the specific challenges related with the predominantly migrant background of care workers, which makes it necessary to consider cultural and linguistic barriers when planning a training programme.

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