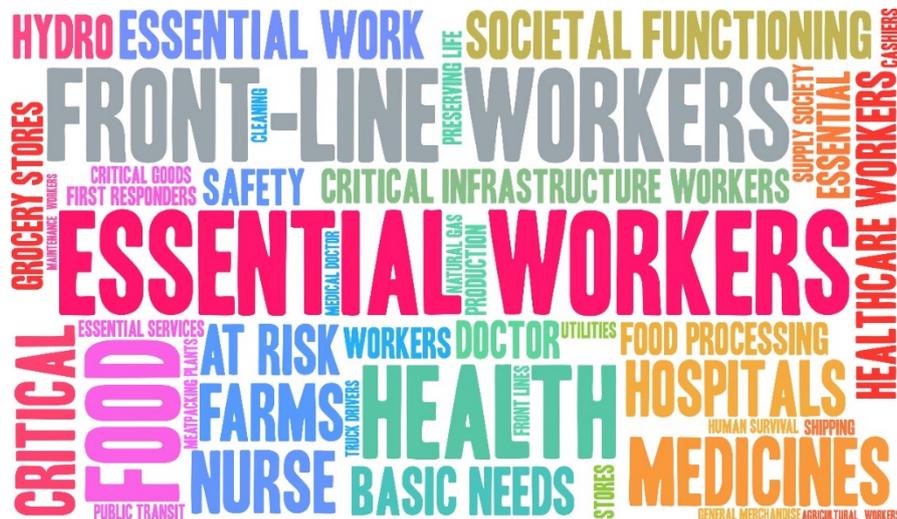


STUDY

Requested by the EMPL committee



Revaluation of working conditions and wages for essential workers



Policy Department for Economic, Scientific and Quality of Life Policies
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Revaluation of working conditions and wages for essential workers

Abstract

The study explores the working conditions and risks faced by essential frontline workers in the context of the COVID-19 pandemic, with a focus on women and migrant workers in low-paid frontline occupations. The study also provides an overview of the main legislative and policy measures adopted at EU and national level to support essential workers in order to identify possible policy actions to reevaluate these occupations.

The analysis is based on the triangulation of data and information resulting from a review of academic literature and policy documents and from fieldwork, including semi-structured interviews and a web survey targeted at EU and national stakeholders, and five country case studies (Denmark, Germany, Ireland, Italy, and Romania).

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LIST OF ABBREVIATIONS

ATM	Azienda Trasporti Milanesi (<i>Milan Transport Company</i>)
CAP	Common Agricultural Policy
COVID-19	Coronavirus Disease 19
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EFFAT	European Federation of Food, Agriculture and Tourism Trade Unions
EIGE	European Institute for Gender Equality
ELA	European Labour Authority
EPSR	European Pillar of Social Rights
EPSU	European Public Service Union
ESDE	Employment and Social Developments in Europe
ETUF	European Trade Union Federations
ETUC	European Trade Union Confederation
EU	European Union
EU-LFS	European Union Labour Force Survey
EWSS	Employment Wage Support Scheme
FAO	Food and Agriculture Organisation
FRA	Fundamental Rights Agency
GEO	Government Emergency Ordinance
GEOPA-COPA	Employers' Group of Professional Agricultural Organisations in the European Union
GNIB	Garda National Immigration Bureau
HSA	Health and Safety Authority
HSE	Health Service Executive

ICT	Information and Communication Technology
ILO	International Labour Organisation
INPS	Istituto Nazionale della Previdenza Sociale (<i>National Institute for Social Security</i>)
IOM	International Organisation for Migration
ISCO	International Standard Classification of Occupations
ISS	Istituto Superiore di Sanità (<i>National Institute of Health</i>)
ISSA	International Social Security Association
ITUC	International Trade Union Confederation
LTC	Long-Term Care
MS	Member State
NACE	Statistical Classification of Economic Activities in the European Community
NHS	National Health Service
NIPH	Norwegian Institute of Public Health
NRRP	National Recovery and Resilience Plan
OECD	Organisation for Economic Cooperation and Development
PPE	Personal Protective Equipment
PUP	Pandemic Unemployment Payment
RRF	Recovery and Resilience Facility
SME	Small and Medium Enterprises
SMURD	Serviciul Mobil de Urgență, Reanimare și Descarcerare (<i>Mobile Emergency Service for Resuscitation and Extrication</i>)
SSN	Servizio Sanitario Nazionale (<i>National Health Service</i>)
TCN	Third Country Nationals
TWSS	Temporary Work Support Scheme

UK	United Kingdom
US	United States
WHO	World Health Organization

EXECUTIVE SUMMARY

Background

During the COVID-19 health emergency and lockdown periods, several EU Member States introduced temporary measures to make sure that sectors and occupations classified as essential continued to function and provide the goods and services necessary for maintaining the operation of basic economic, social and health facilities. Frontline workers in these sectors and occupations were exempted from confinement measures and movement restrictions and had to work in face-to-face situations, despite the heavy workloads and increasing risk of contracting and spreading the virus.

The pandemic highlighted the key role and specific risks and challenges faced by essential workers, which need to be addressed in order to reevaluate their position and working conditions and ensure the resilience and capacity of EU countries to face current and future emergencies.

Aim

The aim of this study is to derive an operational definition of essential workers for the EU27, estimate their share in the overall EU27 workforce and explore the working conditions and risks they faced in the context of the COVID-19 pandemic, with a focus on women and migrant workers in low-paid frontline occupations. The study also provides an overview of EU and national legislation and policies, as well as social partners' agreements adopted to support essential workers during the pandemic, to identify possible policy actions to revalue these occupations in line with the European Pillar of Social Rights.

The analysis is based on the triangulation of data and information resulting from a review of academic literature and policy documents, the statistical analysis of available EU-LFS (micro) data for 2020, and fieldwork. Fieldwork comprised online semi-structured interviews, a web survey targeted at EU and national stakeholders and five country case studies. The selected countries (Denmark, Germany, Ireland, Italy, and Romania) are representative of different types of EU Member States with regard to the treatment of essential work during the COVID-19 pandemic, the welfare system and the role of collective bargaining in determining working conditions.

Key findings

Definition, share and main characteristics of essential workers in the EU27

Although there is no common definition of essential workers, and the list of essential sectors and occupations was defined at national level, strong similarities exist across countries. Essential sectors generally include: the health and long-term care sectors, utilities, the production, manufacture and distribution of food and of pharmaceutical products and medical devices, logistics and transportation, law enforcement, public administration, financial and ICT services. At the end of March 2020, the European Commission identified, for frontier, posted and seasonal workers, a list of occupations where restrictions to free movement across national borders were lifted.

According to estimates for this study based on EU-Labour Force Survey micro-data, in 2020 there were 78.6 million workers in essential occupations in the EU, equivalent to 42.2 % of the total employed population (aged 20-64). The share of essential workers ranged from more than 50 % in Denmark to just above 30 % in Slovenia.

Essential workers are very varied both in terms of jobs performed and skills required, with high-skilled workers (e.g. medical doctors, ICT professionals) accounting for almost half of all essential workers

(49.5 %), medium-skilled workers (e.g. healthcare workers, technicians, law enforcement workers, drivers) for 32 %, and low-skilled workers (e.g. agricultural labourers, cleaners and helpers) accounting for 18.3 %.

The diversity of essential workers is reflected in the very different working conditions and pay. While the majority are employed in jobs with good working conditions and pay, often in the public sector, a significant share (around 20 %) experience poor working conditions and low pay compared to the average. Informal work is also widespread in some essential sectors (e.g. agriculture, personal care work, road transport and food delivery), especially among foreign-born workers.

Women and foreign-born workers represent a relatively high share of essential workers (46 % and 14 % respectively), particularly of those employed in low-skilled occupations (e.g. personal care workers, cleaners and helpers, seasonal agricultural workers, road transport and food delivery workers), often with non-standard employment contracts and poor working conditions.

Challenges and risks faced by essential workers during the COVID-19 pandemic

Frontline essential workers and those in occupations with poor working conditions show a higher risk of contracting COVID-19 than non-essential workers, as well as related to mortality.

The growing demand during the pandemic and pre-existing labour shortages in sectors such as health and social care, agriculture and road transport have increased the workload in many essential occupations, and several EU countries introduced temporary derogations from working time and leave provisions to ensure the smooth functioning of essential services. These developments have negatively affected the psychological wellbeing of essential workers, especially in the healthcare sector and among women. Evidence also shows that the pandemic has exacerbated violence against, harassment of and stigmatisation of frontline essential workers as potential infectors.

The pandemic has hit women and migrant essential workers particularly hard. Women, over-represented in health and long-term care occupations, personal care work or retail food delivery services, have faced high health and safety risks and increasing difficulties in maintaining a reasonable work-life balance, particularly during the closures of schools and childcare services.

Migrant essential workers, over-represented in low-skilled frontline occupations at high risk of contagion such as personal care work, truck driving, agriculture seasonal work and food processing, have been more exposed than natives to the risk of contracting the virus. In addition, in many countries their often precarious or irregular working and living conditions and contractual arrangements have limited their access to healthcare provisions, social protection, and COVID-19-specific financial support measures put in place by the EU Member States.

Policy responses at EU and national level

Policies aimed at mitigating the negative effects of the COVID-19 pandemic on essential workers and revaluating their working conditions are mainly under the competence of Member States, and indeed most European countries have introduced temporary emergency measures to improve the working conditions and work-life balance of essential workers, although often not covering workers in non-standard or irregular positions.

Measures targeting essential workers were mainly focussed on ensuring business continuity and support for essential services through: (i) the mobilisation of a larger workforce, also introducing derogations on migration and cross-country mobility ceilings, as well as emergency recruitment procedures; (ii) the remuneration and provision of rewards for workers in essential services; and (iii) changes in work arrangements (e.g. working time, rotation schemes). National initiatives were also aimed at the protection of workers and the adaptation of workplaces in order to ensure the health and

safety and wellbeing of workers. In addition, temporary suspensions of labour rights were adopted to address labour shortages.

The social partners were directly involved in many of these measures and had a key role in ensuring the implementation and enforcement of workers' rights on the ground, as shown by the large number of joint statements, guidelines and support measures they implemented during the COVID-19 crisis. However, their action was restricted in those sectors and occupations where non-standard or irregular positions are predominant and union coverage and collective bargaining are low or absent, like the agriculture, transport and food delivery, long-term care and personal care work.

At EU level an important set of regulations and initiatives are in place for the application of the fundamental principles and rights at work for all workers, including essential workers. In addition, EU regulations and initiatives on the cross-border mobility of third-country and EU nationals have proven particularly relevant for the large number of cross-border essential workers, although the COVID-19 pandemic has highlighted their drawbacks in supporting the working and living conditions and the social and health protection of these workers. EU recommendations and strategies to reduce labour market and social inequalities are also relevant for low-paid essential workers. The role of the EU in mitigating the negative social and economic effects of the COVID-19 pandemic on essential workers and supporting decent working conditions and fair wages, in particular in low-paid sectors and occupations, is however not considered sufficient by nearly half of the interviewed stakeholders, who underlined the gaps in enforcement capacity and adequacy of the deployed measures.

Policy implications

The COVID-19 pandemic has exposed the structural weaknesses of essential sectors and occupations (primarily in the health and long-term care systems), as well as gaps in social protection schemes, occupational health and safety regulations, and regulations governing cross-border mobility and economic migration flows.

To ensure the resilience and capacity of EU countries to face current and future emergencies, it is therefore necessary to: i) improve the social and economic recognition and working conditions of essential occupations, especially those at the bottom of the skill spectrum and with poor working conditions, in order to attract workers and enhance retention; ii) ensure fair recruitment practices, working and living conditions, and a more effective social protection coverage for all workers, including cross-border and migrant workers; iii) increase investment in essential sectors and occupations, also promoting training and skills development; iv) support social dialogue and social partners' action at all levels to provide all essential workers with a collective voice and ensure fair working and living conditions on the ground; and v) adopt sector-specific regulations and policies to support the working conditions of essential workers in specific sectors and occupations.

As women and migrants represent a large share of essential workers, gender segregation and inequalities in the labour market as well as recruitment practices and employment conditions of migrant and cross-border workers should also be addressed.

EU institutions have a key role in improving the working conditions of essential workers and supporting greater investments in essential sectors and occupations, complementing the actions of Member States and the social partners. Besides the wide set of EU regulations and initiatives for the application of workers' rights, the Next Generation Recovery Initiative and the revamped Multi-annual Financial Framework offer a unique opportunity to reevaluate and invest in essential sectors and occupations. Existing legal and policy instruments should however be better enforced and take into account the specificities of essential occupations and workers and the lessons learned during the COVID-19 pandemic. In particular, a key issue for EU intervention is the regulation of cross-border mobility and

the working and living conditions of third-country nationals and intra-EU mobile workers, as well as the need to prevent the widespread abusive practices in supply chains of subcontracting and temporary agency work and the use of undeclared or irregular work.

1. INTRODUCTION: AIMS, RESEARCH QUESTIONS AND METHODOLOGY

The aim of this study is to analyse the challenges and risks faced by essential workers during the COVID-19 pandemic, and to identify possible policy actions to reevaluate these occupations, according to the principles of the European Pillar of Social Rights. The focus is on the specific challenges faced by frontline essential workers in low-paid jobs and in particular migrant workers and women.

The report is structured into five chapters, each providing evidence to answer the study research questions.

Following this first introductory chapter, **Chapter 2** provides an operational definition of essential workers in the context of the COVID-19 pandemic and an estimation of their share over total employment in the EU-27 Member States. It then describes the main socio-demographic characteristics of essential workers in the EU and their job/occupation characteristics.

Chapter 3 presents evidence on the main challenges, trends and risks faced by essential workers during the COVID pandemic, with a focus on women and migrant workers in low-paid essential occupations (e.g. healthcare and personal care workers, seasonal workers in agriculture, transport and distribution workers).

Chapter 4 provides an overview of EU and national legislation and policies, as well as social partners' agreements adopted to support essential workers during the pandemic. The focus is on how mitigation measures, protection, compensation and support adopted by governments, social partners, and other stakeholders have been addressing the challenges and risks faced by essential workers during the pandemic and have improved their working conditions and wages.

Finally, **Chapter 5** presents the main conclusions and policy indications emerging from the study on the role of EU institutions in supporting the reevaluation of working conditions and fair wages for essential workers, addressing the challenges identified in the study.

The study is based on the triangulation of quantitative and qualitative data and information resulting from a review of academic literature and policy documents and findings resulting from fieldwork.

The quantitative analysis of the number and share of essential workers in the EU and of their main characteristics is based on elaborations of the EU Labour Force Survey microdata for 2020, recently released by Eurostat. The adopted operational definition of essential workers is in line with recent studies that use an occupational-based approach to identify essential workers, integrating the list of "critical" occupations included in the European Commission Communication on Guidelines Concerning the Exercise of the Free Movement of Workers during COVID-19 outbreak (2020/C 102 I/03).

Fieldwork comprises online semi-structured interviews and a web survey targeted to representatives of EU and international institutions, social partners and associations, experts. Five country case studies were also carried out, involving desk research and interviews of national stakeholders. The selected countries (Denmark, Germany, Ireland, Italy, and Romania) are representative of different types of EU Member States with regard to the treatment of essential work during the COVID-19 pandemic, the welfare system and the role of collective bargaining in determining working conditions. Further details on the adopted methodology and the web-survey are illustrated in Annex 1, while Annex 2 presents additional figures, and Annex 3 the five country case studies.

2. DEFINITION, SHARE IN OVERALL EMPLOYMENT AND CHARACTERISTICS OF ESSENTIAL WORKERS

KEY FINDINGS

- Although there is no clear-cut and common definition of essential workers, during the pandemic several EU countries defined lists of sectors and occupations that during lockdowns were considered essential for providing the goods and services necessary for maintaining the operation of basic economic, social and health facilities. The listed sectors included: the health and social care sector, the production and distribution of food and medical devices, logistics and transportation, law enforcement, public administration, utilities, financial and ICT services.
- Frontline workers in these sectors were considered essential and exempted from confinement measures and movement restrictions, at least on the home-work journey. Essential workers represent a large share of the employed population in the EU. According to estimations based on the recently released Labour Force Survey microdata, in 2020 essential workers made up around 42% of total employment (persons aged 20-64) in the EU, with wide differences across countries (e.g. from more than 50% in DK to 32% in SI).
- Essential workers are very different both in terms of jobs performed and skills required. In the EU, high-skilled essential workers account for almost 50% of all essential workers, medium-skilled for 32% and low-skilled workers for 18%.
- The diversity of essential workers is reflected in very different working conditions among subgroups. Essential workers in low-skilled occupations are often employed in non-standard forms of employment, with low pay, poor working conditions, high levels of health and safety risks and limited access to social protection. Undeclared work (including illegal work) is also widespread in some of these occupations (particularly in agriculture, personal household services, food delivery).
- Women and foreign-born people represent a relatively high share of essential workers (46 % and 14 % respectively) and tend to be over-represented in many essential low-skilled occupations, with non-standard employment contracts (e.g. personal care workers, cleaners and helpers, seasonal agricultural workers).

2.1. Definitions and estimated numbers of essential workers in the EU

To contain the spread of the virus, EU countries have imposed confinement and movement restriction measures, as well as incentivised the use of telework whenever possible. During lockdown periods, only the economic activities and occupations considered essential for providing basic services were allowed to operate and exempted from confinement measures. As the number of infections decreased, such provisions were relaxed, allowing non-essential activities to re-open (European Commission, 2021a).

During the health emergency and lockdown periods, the majority of EU Member States have therefore introduced temporary and exceptional measures to keep essential activities functioning (Eurofound, 2020a), with most EU governments classifying sectors into essential and non-essential. **Workers employed in non-teleworkable occupations in these sectors were considered essential, and thus exempted from confinement measures and movement restrictions, at least on the home-work**

journey. These workers have been crucial for keeping the economy and vital services running during lockdown periods, especially in the first phase of the pandemic, in spring 2020. However, **neither at European level nor at national level do clear-cut and common definitions of essential workers exist.**

2.1.1. National level and EU-level definitions of essential workers

Since the outbreak of the pandemic, some European governments have issued **laws and decrees categorising sectors into essential and non-essential** in relation to exemptions from lockdown and confinement measures. The national lists present strong similarities across countries, as shown in Box 1 presenting some national examples¹. **Essential sectors** generally include: the health and social care sectors; utilities (energy supply, water and waste management); logistics and transportation (passenger, freight and postal and courier activities); financial and ICT services; the production, manufacture and distribution of food and of pharmaceutical products and medical devices; law enforcement; public administration (Fana et al., 2020; Nivorozhkin and Poeschel, 2021; Eurofound, 2020a). Most of the workers (including the self-employed) in these sectors continued to work during lockdowns periods.

Box 1: Essential sectors and essential workers: examples of national definitions

In **Denmark**, there is currently no clear-cut definition listing all essential workers by profession and function. Essential workers are a very diverse group and jobs considered to be essential might differ across the country. In 2020, the Danish Emergency Management Agency provided a broad definition of critical social job functions, according to which: "by critical social functions, we mean the activities, goods and services that form the basis of the functioning of society. This includes for example energy supply, passenger and freight transport, IT and telecommunications, fire and rescue tasks, enforcement of law and order, water and food security, financial services, television and radio transmission, mail delivery"². This definition does not include healthcare essential workers, which are instead defined by the Danish Health Authority, which stated that "a critical function is an activity necessary to significantly strengthening, maintaining or preventing deterioration of the health, functional level of a specific individual, quality of life or ability to work in activities related to examination, diagnosis, disease, treatment, obstetrics, rehabilitation, healthcare and prevention and health promotion"³.

Germany does not have a unique, formal definition of essential workers. Before the COVID-19 emergency, there existed only a list of essential sectors, but not of essential occupations per se. Essential sectors include: utilities, food production, information technology and telecommunication, health, finance and insurance, transportation, and distribution. In order to draft dispositions for lockdown periods, essential occupations and workers were identified on the basis of this list and merged with the assessment of the specific risk that was anticipated.

In **Ireland**, the government identified essential workers as those employed in a defined list of services and activities. The list includes health professionals, health associate professionals, armed forces, defence and public administration, retail sales, transport operatives, people employed in agriculture and food production and other areas of manufacturing such as pharmaceuticals,

¹ Differences, for instance, include education, which is considered essential in Italy, mostly essential in Germany and non-essential in Spain. In practice, most education has continued to operate online (Eurofound, 2020a).

² Beredskabsstyrelsen, Beredsskabsplanlægning for pandemisk influenza. Available at: Beredskabsplanlægning for pandemisk influenza (brs.dk), p. 6.

³ Sundhedsministeriet, Tiltag til at reducere smit-teudvikling i Nordjylland, 5 November 2020, available at: <https://sum.dk/Media/637614234349743152/Tiltag%20til%20at%20reducere%20smitteudvikling%20i%20Nordjylland.pdf>, p. 2.

computers and medical devices. Moreover, the government specified that physical attendance at workplaces is only permitted where such services can only be provided in person and cannot be delivered remotely; essential workers do not include administrative and other support unless related to specific services.

In **Italy**, there has not been a unique definition of essential workers during the COVID-19 crisis, as the list was gradually revised over time through different legislative decrees. The Decree suspending all non-essential economic activities issued on 22 March 2020 (modified on 25 March) identified the first list of essential activities and the group of 'essential workers' who were allowed to work during the lockdown in the first phase of the pandemic. The list included: the socio-health sector, public administration, law enforcement, the entire agri-food chain, domestic and care work, logistics and transport, cleaning and surveillance services and other manufacturing and extraction activities functional to the primary needs of people and companies which perform essential activities. The Decree of the Prime Minister of 26 April 2020 expanded the list of essential activities with the gradual re-opening of activities. Before the pandemic, special laws defined essential services considered as indispensable, for example in the regulation of the right to strike.

In the **Netherlands**, the government, in connection to the provision of childcare services for those required to work even during lockdown periods, identified essential/key workers as those employed in a predetermined list of "crucial sectors in connection with COVID-19", i.e. those sectors and processes that are crucial in keeping society running.

In **Romania**, no legal definition of essential workers has been provided by the Romanian authorities before or during the COVID-19 crisis. The expression "essential workers" has been used for the first time in the context of the COVID-19 vaccination campaign. However, the legislation introducing the state of emergency (Decree 195 of 16 March 2020), the state of alert (Governmental Decision n. 24 of 14 May 2020), and the legislation introducing specific regulations of working conditions in the context of COVID-19 (e.g. law 19 of 2020) identified specific sectors where working regulations might be different from the others. These sectors are: energy and water distribution; police and defence; health and social care and protection; public administration; public utility services; agriculture and food production, processing and commercialisation; transport; telecommunications, including public media. In the context of the vaccination campaign, essential sectors have been further extended. In 2021 restrictions were less harsh, but in the context of the partial lockdown from November 2021 the healthcare and social care sectors, fuel distribution and transport continued to be considered priority.

In **Spain**, no official definition of essential workers or essential occupations exists. The Royal Decree 463/2020 (14.03.2020), declaring the State of Alarm and announcing the first containment measures, identified a list of suspended activities and the Royal Decree 10/2020 (29.03.2020), imposing new restrictions on economic activities, published a list of essential activities that are allowed to continue business (Fana et al, 2020). The list included food production and commercialisation, production and commercialisation of medical and other essential goods (e.g. medicines, personal hygiene products), healthcare and social care, transport and logistics, water and energy distribution, defence and public administration, financial services, information and media (Royal Decree 10/2020).

Source: Country case studies for Denmark, Germany, Ireland, Italy, Romania; Sundhedsministeriet, Tiltag til at reducere smit- teudvikling I Nordjylland, 5 November 2020, available at: <https://sum.dk/Media/637614234349743152/Tiltag%20til%20at%20reducere%20smitteudvikling%20i%20Nordjylland.pdf> p. 2; Beredskabsplanlægning for pandemisk influenza (brs.dk); View of the list of essential services at Level 5, published on 4 October 2020, last updated on 14 April 2021, available at:

<https://www.gov.ie/en/publication/c9158-essential-services/?referrer=http://www.gov.ie/en/publication/dfef8f-list-of-essential-service-providers-under-new-public-health-guideline>;

Law Decree 25 March 2020 n. 19, available at: <https://www.gazzettaufficiale.it/eli/id/2020/03/25/20G00035/sg>;

Government of the Netherlands (Dec. 2020), COVID-19: childcare for children of people working in crucial sectors, available at: <https://www.government.nl/documents/publications/2020/12/15/childcare-for-children-of-people-working-in-crucial-sectors>);

Real Decreto 463/2020 de 14 de marzo por el que se declara el estado de alarma para la gestión de la situación de crisis sanitaria ocasionada por el COVID-19, available at:

https://www.boe.es/diario_boe/txt.php?id=BOE-A-2020-3692;

Real Decreto-ley 10/2020 de 29 de marzo por el que se regula un permiso retribuido recuperable para las personas trabajadoras por cuenta ajena que no prestan servicios esenciales con el fin de reducir la movilidad de la población en el contexto de la lucha ontra el COVID-19, available at:

<https://www.boe.es/buscar/doc.php?id=BOE-A-2020-4166>.

At EU level, the European Commission identified at the end of March 2020⁴ a **list of occupations**⁵ exempt from restrictions to the right to free movement across national borders for **frontier, posted and seasonal workers**, including healthcare and personal care workers, engineering and ICT professionals and technicians, food manufacturing and processing and related trades and maintenance workers, transport workers, amongst others.

Several recent European studies on essential workers build on the Commission's list of occupations for the exercise of the free movement of workers during the COVID-19 outbreak, to estimate the share and analyse characteristics of essential workers during the COVID-19 pandemic (e.g. Fasani and Mazza, 2020a and 2020b; European Commission, 2021a; Basso et al., 2020). **These studies have adopted an occupation-based approach**, rather than the sector-based one used by EU governments, considering other essential occupations such as teachers that are not covered by posted and cross-border workers (for further details on the approaches used in these studies, see Annex 1.4).

According to a definition given in one of these studies, **essential workers can be defined as those workers employed in occupations that need to be performed even during a pandemic in order to keep citizens healthy, safe and fed** (Basso et al., 2020). Workers in these occupations are also referred to as crucial or key workers.

2.1.2. Estimations of the share of essential workers in the overall EU workforce

As shown in Table 1 below, the studies present some minor differences in the adopted operational definition of essential workers (i.e. categories of occupations included, see Table 6 in Annex 1.4), as well as in terms of the EU countries considered, the population investigated and data used. According to these studies, essential workers represent a large share of the employed population in the EU, making up between 30 % and 40 % of total employment of people aged 15-64 and accounting for more than 60 million workers⁶.

In order to provide updated additional information on essential workers in the EU27, microdata from the recently released 2020 European Labour Force Survey (EU-LFS) was analysed. The **operational definition of essential workers** adopted for this analysis follows the definition and methodology adopted in the Employment and Social Developments in Europe (ESDE) 2021 report of the European Commission (2021a), with some minor changes in the occupations included (see Table 6 in Annex 1.4

⁴ Communication from the Commission, Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak (2020/C 102 I/03), available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=9630>.

⁵ The categories follow the European ESCO classification (which is mapped on ISCO08).

⁶ These numbers should be considered with caution since they are estimates often based on pre-COVID-19 data from 2018 or 2019 and suffer from some limitations, including the lack of coverage of all EU countries, and, not least, the lack of both EU-wide and national specific definitions of essential workers.

for a detailed list of the occupations considered in the estimation).

Table 1: Share and number of essential workers in the EU: comparison with other studies

Study	Approach	Data source and geographical scope	Amount and/or Share
Fasani and Mazza (2020a)	Occupations (COM 2020/C 102 I/03)	EU-LFS 2018; EU27 (excluding MT)	31 % of employed people aged 15-64
Basso et al., (2020)	Occupations (COM 2020/C 102 I/03)	EU-LFS 2018; 22 EU countries ⁷	Almost 61 million workers in the 22 EU countries included in their sample, equivalent to 35 % ⁸ of total employment
European Commission (2021a)	Occupations (COM 2020/C 102 I/03)	EU-LFS 2019 and 2020 (special Eurostat extraction); EU27 (excluding DE)	63.7 million in 2019 (63.2 million in 2020) , excluding Germany Equivalent to 42.5 % (42.7 % in 2020) of total employment aged 20-64 (excluding armed forces)
Fana et al., (2020)	Sectors (national Decrees)	EU-LFS 2018; EU28 (including UK)	50 % of total employment (25 % in non tele-workable essential sectors + 25 % in tele-workable essential sectors)
Present study (2021)	Occupations (COM 2020/C 102 I/03)	EU-LFS 2020; EU27 (excluding MT)	78.6 million essential workers in 2020 in the EU, equivalent to 42.2 % of the total employed population aged 20-64

Source: IRS calculations on EU-LFS 2020 microdata; Fasani and Mazza (2020a), Basso et al. (2020), European Commission (2021a), Fana et al. (2020).

According to our estimates, in 2020 there were approximately **78.6 million essential workers in the EU, equivalent to 42.2 % of the total employed population (aged 20-64)**, values higher than those reported in the European Commission study (2021a) because they include Germany (although not Malta)⁹.

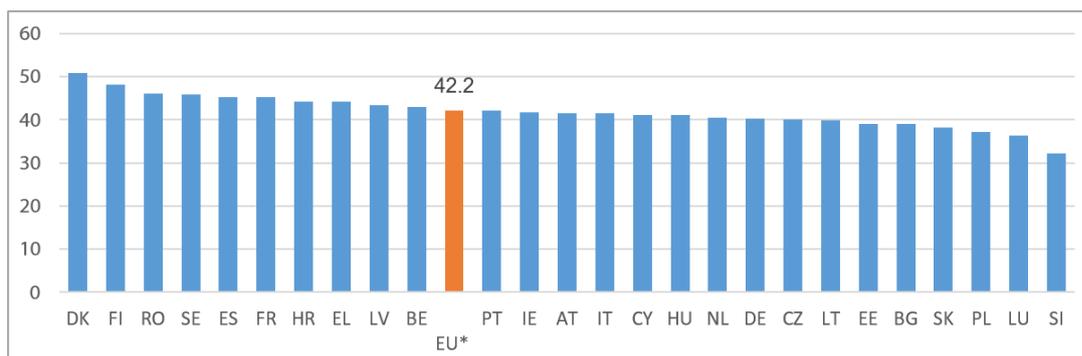
Figure 1, based on the 2020 EU-LFS microdata, shows **a high variation across EU countries**, reflecting national differences in the sectoral and occupational composition, with the share of essential workers ranging from more than 50 % in Denmark to just above 30 % in Slovenia.

⁷ All EU27 countries, except BG, LT, MT, PL, SI, due to missing information on many of the dimensions analysed.

⁸ Unweighted average of the 22 EU countries.

⁹ Malta is not included because in the EU-LFS, data on occupations are not available at 2 and 3-digit level of the ISCO classification. For BG, PL and SI, data on occupations are underestimated because data are not available at 3-digit level for some essential occupations.

Figure 1: Estimated share of essential workers in the employed population aged 20-64 by EU country, 2020



Source: IRS calculations on EU-LFS 2020 microdata.

Note: Malta not included because in the EU-LFS, data on occupations are not available at 2 and 3-digit level of ISCO-08 classification. For BG, PL and SI, data do not include some ISCO codes (i.e. 213, 214, 215, 511, 523, 751, 816), because data on occupations is not available at 3-digit level of ISCO-08 classification.

When considering the **definitions adopted by national authorities**, the numbers and shares of essential workers are slightly different, as shown in Box 2 below for the country case study.

Box 2: Estimated share of essential workers according to definitions adopted by national authorities: country case studies

In **Denmark**, in 2019, according to the definitions of essential workers provided by national authorities, essential workers were indicatively 1,328,821, making up approximately 45.4 % of the Danish workforce.

In **Germany**, according to Tolios (2020), in 2020 workers with standard contracts in essential sectors reach approximately 13 million employees with a standard contract, equivalent to 39 % of the total workforce with standard contracts. Mini-jobbers are approximately 9 % of total workers in a selected number of essential sectors (healthcare, elder care and social work, logistics and storage, agriculture, fishing, mining, energy and water supply).

In **Ireland**, according to a study conducted by Redmond and McGuinness (2020) and based on pre-pandemic Labour Force Survey data coded by sector and occupation, essential employees in Ireland amount to 22.0 % of all employees. Nevertheless, this study does not include all those sectors and professions listed as essential by the Government. According to another study (Fana, 2020), about 28 % of employees in Ireland work in essential sectors.

In **Italy**, according to INPS estimates, almost half (49.9 %) of Italian dependent workers in the private manufacturing and service sectors continued to work in the essential sectors defined in the first Prime Minister Decree of 22 March 2020 (valid until 4 May 2020)¹⁰.

In **Romania**, data collected by the National Romanian Institute of Statistics on the distribution of employed people by sectors of activities provide only an aggregated picture of the sectors employing essential workers. Available data show that in 2020 employment in essential sectors was about 75 % of total employment, although not all were essential front-line workers.

Source: Country case studies.

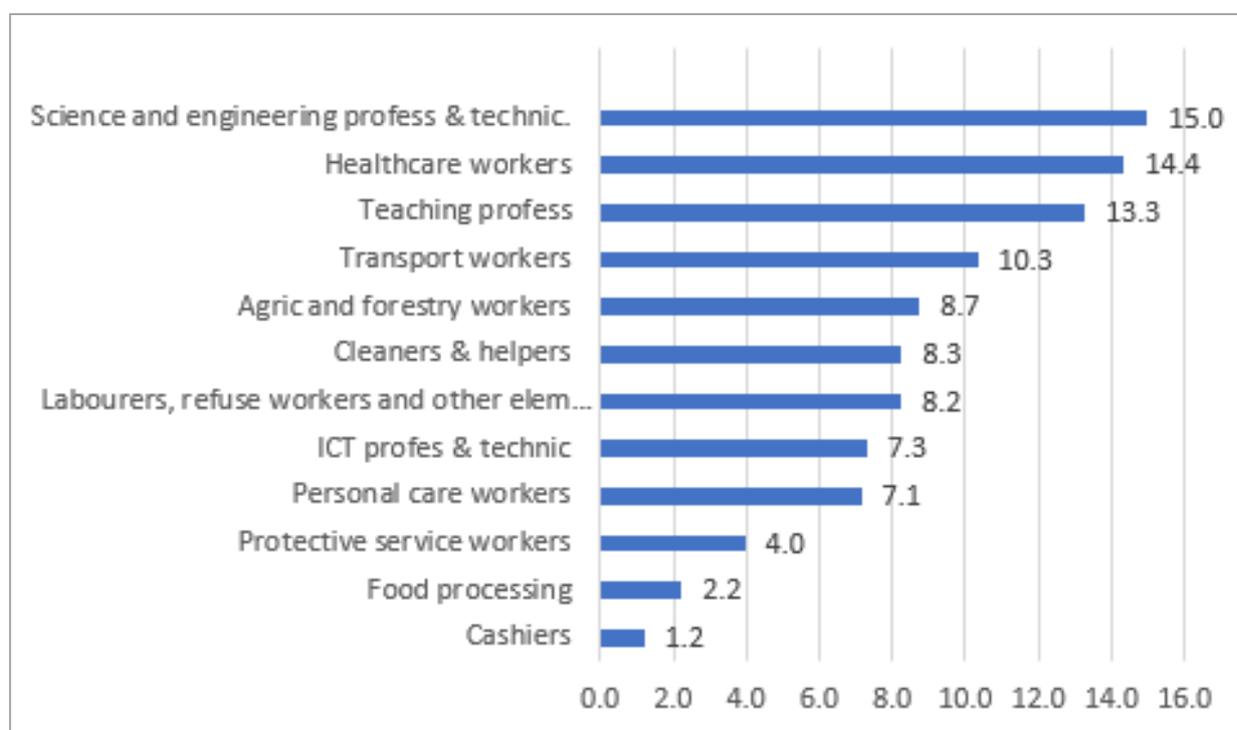
¹⁰ INPS, 2020, *Tra emergenza e rilancio – XIX Rapporto annuale – approfondimento del capitolo 1*. Available at: https://www.inps.it/doc/allegatiNP/Mig/Allegati/04_Approfondimenti_capitolo_1.pdf.

2.2. Main characteristics of essential workers

Essential workers are very diverse both in terms of jobs performed and skills required. The group includes, among others, professionals and associate professionals in health, information and communication, education and some fields of engineering and science; personal care workers, agricultural workers; transport workers; as well as other workers in low-skilled occupations in care and food processing and manufacturing (European Commission, 2021a).

As shown in Figure 2, science and engineering professionals and technicians, healthcare workers, teaching professionals, transport workers and agricultural and forestry workers are the largest five categories of essential workers. They make up more than half (61.7 %) of all essential workers.

Figure 2: Percentage distribution of essential workers (aged 20-64) in the EU by group of occupation, 2020



Source: IRS calculations using EU-LFS 2020 microdata.

Note: Malta not included because in EU-LFS, data on occupations are not available at 2 and 3-digit level of ISCO-08 classification. For BG, PL and SI, data do not include some ISCO codes (i.e. 213, 214, 215, 511, 523, 751, 816), because data on occupations are not available at 3-digit level of ISCO-08 classification. Armed forces not included.

At EU27 level, high-skilled workers such as (e.g. medical doctors or ICT professionals) account for almost half of all essential workers (49.6 %), medium-skilled workers (e.g. healthcare workers, technicians, law enforcement workers or drivers) for 32 % and low-skilled workers (e.g. agricultural labourers, cleaners and helpers) for 18.3 % (Table 2).

Table 2: Percentage distribution of essential workers (aged 20-64) in the EU by skill level and migrant status, 2020

	Native	EU-mobile	Non-EU	Total
High-skilled occupations	52.0	39.8	32.3	49.6
Medium-skilled occupations	32.6	28.2	30.1	32.2
Low-skilled occupations	15.4	31.9	37.6	18.3
Total	100	100	100	100

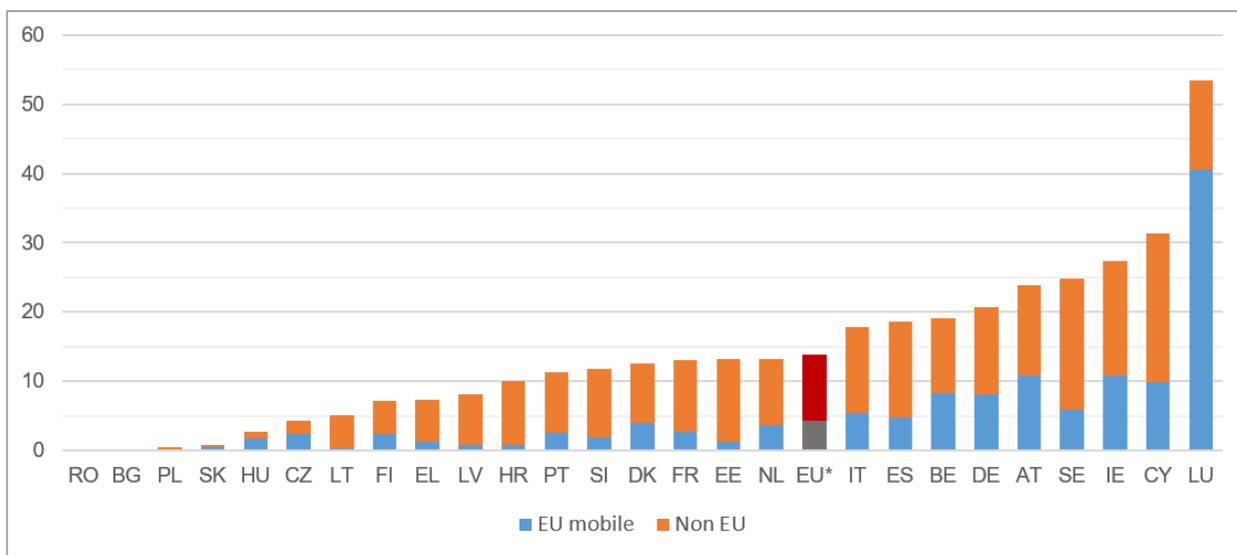
Source: IRS calculations on EU-LFS 2020 microdata.

Note: Malta not included because in EU-LFS, data on occupations are not available at 2 and 3-digit level of ISCO-08 classification. For BG, PL and SI, data do not include some ISCO codes (i.e. 213, 214, 215, 511, 523, 751, 816), because data on occupations are not available at 3-digit level of ISCO-08 classification. Armed forces not included.

2.2.1. Migrant essential workers

Migrant workers (EU- and non-EU born) represent a significant share of essential workers, especially in the lesser-skilled occupations, signalling their importance for the resilience of socio-economic systems in times of crisis. At EU level, **foreign-born workers account for about 14 % of all workers in essential occupations** (Figure 3). However, in some EU countries with large inflows of migrants, the share of foreign-born essential workers exceeds 20 % (DE, AT, SE, IE); in Cyprus and Luxembourg the share reaches 31 % and 53 % respectively.

Figure 3: Share of migrants among essential workers (aged 20-64) by country, 2020



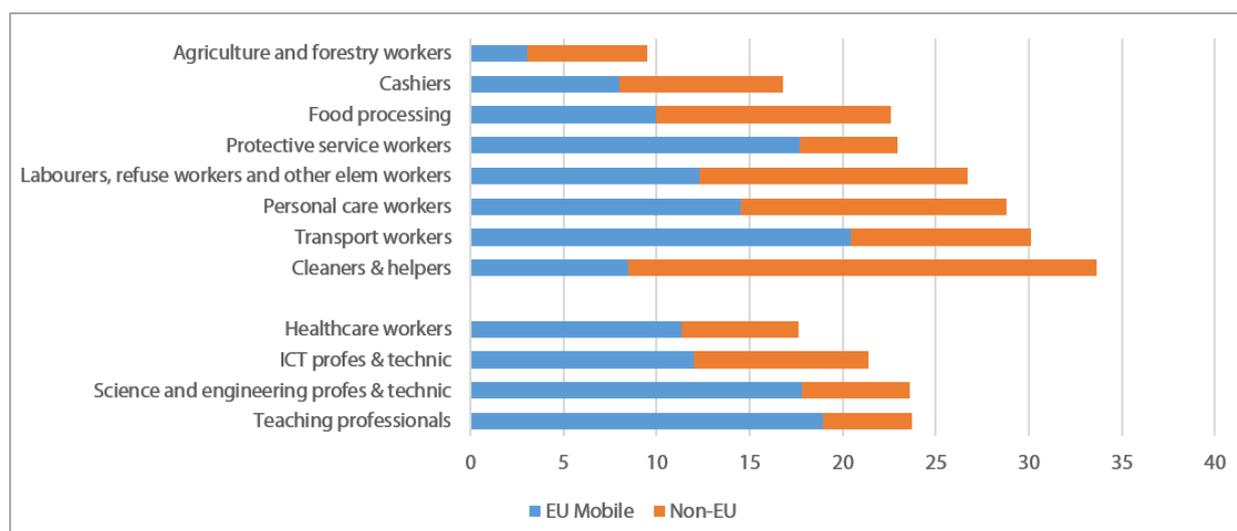
Source: IRS calculations on EU-LFS 2020 microdata.

Note: Malta not included because in EU-LFS, data on occupations are not available at 2 and 3-digit level of ISCO-08 classification. For BG, PL and SI data on essential workers do not include some occupations at ISCO 3-digit level considered as essential (i.e.: ISCO codes: 213, 214, 215, 511, 523, 751, 816). For BG, PL and SI, data on occupations are not available at 3-digit level of ISCO-08 classification.

Except for the healthcare sector where in many European countries¹¹ migrants (EU- and non-EU born) play an important role in both low- and high-skilled occupations¹², **foreign-born workers tend to be over-represented in low-skilled essential occupations in the majority of EU countries**. In 2020, migrants represented 33 % of cleaners and helpers, 30 % of transport workers and 28 % of personal care workers¹³. Non-EU citizens alone account for 25 % of cleaners and helpers (Figure 4).

Foreign-born essential workers, and particularly **non-EU essential workers**, are therefore more likely to earn low wages, to be employed under temporary contracts (e.g. non-EU workers are 48 % more likely to be employed under temporary contracts than natives) or in undeclared work, and to be employed in occupations that cannot be performed from home (Fasani and Mazza, 2020b).

Figure 4: Share of migrants among essential workers (aged 20-64) in the EU by occupation, 2020



Source: IRS calculations on EU-LFS 2020 microdata.

Note: Malta not included because in EU-LFS, data on occupations are not available at 2 and 3-digit level of ISCO-08 classification. For BG, PL and SI, data do not include some ISCO codes (i.e. 213, 214, 215, 511, 523, 751, 816), because data on occupations are not available at 3-digit level of ISCO-08 classification. Armed forces not included.

2.2.2. Female essential workers

Women represent 45.9 % of essential workers in the EU (2020 data) and, especially in the case of foreign women, they are indeed over-represented in many occupations, often low-skilled and with temporary and part-time contracts (European Commission, 2021a)¹⁴. Women represent more than 80 % of personal care workers, of cleaners and helpers and of cashiers; they are under-represented in medium-

¹¹ Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and the United Kingdom.

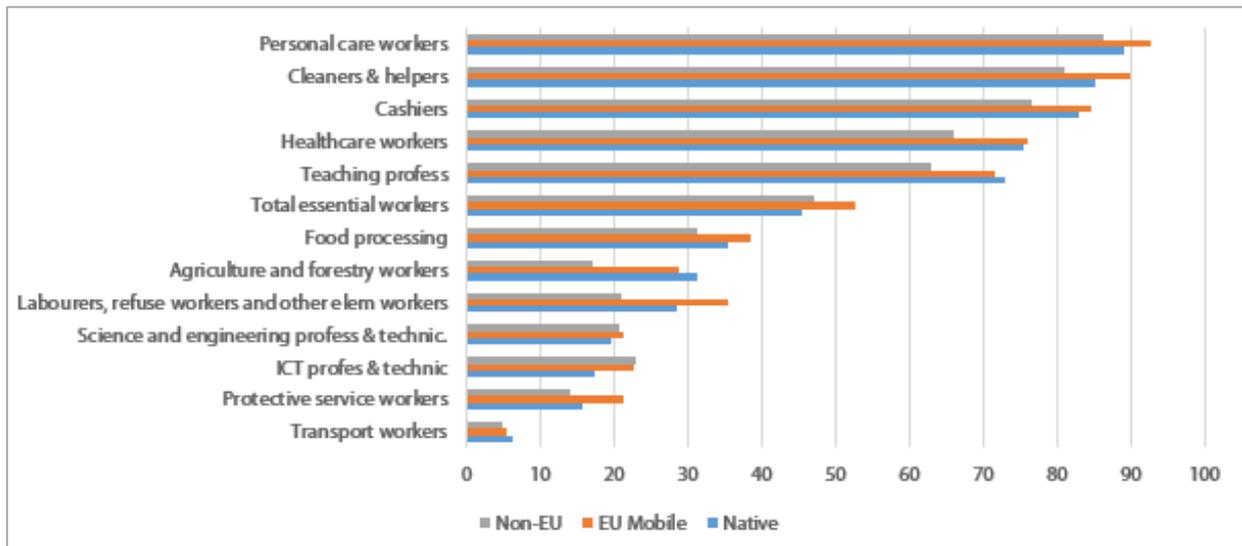
¹² For instance, in EU cities migrants account for 23 % of medical doctors (16 % migrants from non-EU countries and 7 % EU-mobile workers) and 27 % of personal care assistants (22 % migrants from non-EU countries and 5 % EU-mobile workers), while in towns and semi-dense areas migrants represent 21 % of medical doctors (12 % migrants from non-EU countries and 9 % EU-mobile workers) and in rural areas 23 % (14 % migrants from non-EU countries and 9 % EU-mobile workers). In particular, in Brussels, migrants make up around 45 % of doctors and nurses, and in Luxembourg almost 70 % of doctors were born abroad (Kleine-Rueschkamp and Özgüzel, 2020).

¹³ Identified in Figure 4 as Labourers in mining, construction and manufacturing and stationary plant and machine operators, respectively.

¹⁴ A multinomial logistic regression performed in the ESDE report (European Commission, 2021a) shows that: the probability of being in low-skilled critical occupations are higher for: women (compared with men); migrants (from the EU and outside the EU) compared to natives; those with a low- and – to a lesser extent – medium-level of educational attainment (compared to those having a higher education). For example, low-educated workers are approximately 42 percentage points more likely to work in a low-skilled critical occupation, while medium-educated workers are approximately 18 percentage points more likely to work in a low-skilled critical occupation than those with a higher education.

and high-skilled essential occupations, such as ICT and science and engineering professionals and associated professionals/technicians (20 % or less) (see Figure 5). Moreover, although the majority of frontline health professionals in the EU are female, women are under-represented in leadership and decision-making processes in the healthcare sector (OECD, 2020a).

Figure 5: Share of women among essential workers (aged 20-64) in the EU by occupation and migrant status, 2020



Source: IRS calculations on EU-LFS 2020 microdata.

Note: Malta not included because in EU-LFS, data on occupations are not available at 2 and 3-digit level of ISCO-08 classification. For BG, PL and SI, data do not include some ISCO codes (i.e. 213, 214, 215, 511, 523, 751, 816), because data on occupations are not available at 3-digit level of ISCO-08 classification. Armed forces not included.

2.2.3. Characteristics of essential workers in selected Member States

Research using national data and studies for the country case studies confirm these main characteristics of essential workers, as illustrated in Box 3.

Box 3: Main characteristics of essential workers: country case studies

In **Denmark**, women make up 58 % of the total share of essential workers. Men make up most of the employees in the transport and agricultural sector as well as in defence and police, whereas women are over-represented in the education and health sectors. Within commerce and manufacturing, the gender distribution is approximately equal. Overall, there is a higher presence of women in essential jobs that require a high level of education (such as the health sector), while sectors that require lower levels of education mainly employ men. Migrants account for a relatively low share of the essential workforce in Denmark. Immigrants from Western countries make up to only 3.9 % of essential workers, while immigrants from non-Western countries make up to 5.8 %.

In **Germany**, 60 % of essential workers are female, as opposed to 36 % of female non-essential workers. In sectors such as healthcare, social work, retail and food sales, the share of women reaches 80 % of total workers. In 2018 17.7 % of total essential workers were migrants and an additional 7.3 % had a migration background (born in Germany from migrant parents) (DeZIM Institut, 2020). The share of migrants is higher in sectors such as cleaning services (39 %), eldercare (26 %) and post and logistics (25 %). According to estimates by Nivorozhkin and Poeschel (2021), among the 20 % of essential workers with poor working conditions and low income there is a significant share with a migration background (born abroad and immigrated). However, second-generation migrants exhibit

a similar distribution to workers without a migration background. Around a third (34 %) of German parents with at-home children under 12 years are employed in essential sectors.

In **Ireland**, according to the Redmond and McGuinness study (2020), essential employees are overwhelmingly women (70 %), partly because of the importance of the healthcare sector. In terms of nationality, essential employees are also disproportionately non-Irish (14 %) including 18 % of all transport employees, 16 % of retail and 15 % of all healthcare. Carers, especially in the private sector, include a significant proportion of immigrants. Furthermore, over 50 % of essential workers have children (two-thirds have at least one child younger than 14 years) and lone parents are over-represented among essential workers.

In **Italy**, the incidence of women in the essential occupations defined in the Prime Minister Decree of 22 March 2020, was similar to those in non-essential ones (around 42-43 %), although in some essential sectors the presence of women is predominant (for example, in health and long-term care and in personal care work). Essential sectors also employ older workers to a greater extent than other sectors. The incidence of migrant workers is also similar in essential and non-essential sectors (INPS, 2020), with gender differences. While the share of migrant men employed in essential occupations is lower than that of Italian men (47 % compared to 59 %), there is a higher share of migrant women than Italian women in essential sectors (67.7 % compared to 65.4 %). Migrant men are slightly more concentrated in the primary and secondary sectors than Italian workers, unlike migrant women, who are more concentrated in the service sector. Data may however underestimate the real incidence of migrant workers in essential sectors as migrant workers tend to be over-represented in low-skilled essential occupations in sectors (e.g. agriculture, domestic and personal care work) with a high incidence of irregular or undeclared work.

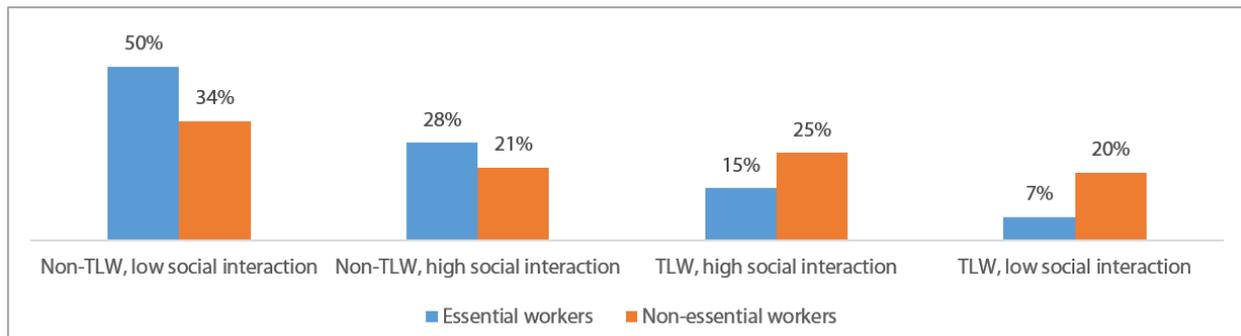
In **Romania**, most of the female workers are concentrated in health and long-term care and social care while men are predominant in sectors such as energy and water distribution, transport and logistics, agriculture and farming. Across all essential sectors, men represent the majority of self-employed workers with and without employees, while women represent the greatest share of contributing family workers. No data regarding workers' nationality is available.

Source: country case studies; DeZIM Institut, 2020, Systemrelevant und prekär beschäftigt: Wie Migrant*innen unser Gemeinwesen aufrechterhalten. Available at: https://dezim-institut.de/fileadmin/Publikationen/Research_Notes/DRN_3_Systemrelevante_Berufe/ResearchNotes_03_200525_web.pdf, based on Mikrozensus data 2018.

2.3. Working conditions of essential workers

According to estimations reported in the 2021 Employment and Social Developments in Europe 2021 report (European Commission, 2021a) and shown in Figure 6, almost **80 % of essential workers are employed in occupations that are non-tele-workable** (compared to only 55 % for non-essential workers) **and 28 % are employed in occupations with high social interactions** (e.g. health professionals and associated health professionals, personal care workers, and also to a lesser extent protection service workers), with high risks of contagion during health emergencies.

Figure 6: Percentage distribution of essential and non-essential workers by degree of tele-workability (TLW) and social interaction, EU26 2020



Source: IRS elaborations on European Commission (2021a).

Note: Teleworkability (TLW) indicates the degree to which an occupation can technically be performed remotely. Calculations are based on employment estimates by the European Commission's Joint Research Centre from the Eurostat special extraction on EU-LFS data and on indexes produced in Sostero et al., (2020). EU26: data do not include Germany.

The diversity of the group of essential workers is reflected in the very different working conditions and pay among subgroups of essential workers. High-skilled and medium-skilled workers in the public healthcare and transportation sectors and in the ICT sector enjoy rather good conditions of employment, social protection and pay, although they faced a worsening of working conditions during the COVID-19 pandemic, due to increasing working hours and pressure. Low-skilled workers in sectors such as the agri-food industry, road freight transport and delivery services, long-term care and domestic services are instead more likely to be employed with non-standard or even irregular forms of employment, making them more exposed to job insecurity, lower access to social protection, higher levels of health and safety risk, and lower pay compared to those in standard employment (International Labour Organization, 2018a)

Interesting insights in this respect emerge from a recent study on Germany (Nivorozhkin and Poeschel, 2021), which classifies the pool of essential workers according to their working conditions. The authors find five clusters of essential workers characterised by different working conditions and different compositions. According to their estimations, almost two-thirds (61 %) of essential workers in Germany are employed in standard jobs with rather good working conditions; this cluster includes most jobs in the healthcare sector. Nonetheless, a significant share of essential workers (20 %) face poor working conditions, both among workers employed in standard jobs (12 %) and among those in temporary jobs (8 %), including for example cleaning, logistics/warehousing, social work and certain forms of personal care. These two clusters with rather poor working conditions involve high shares of migrants (45 % and 64 % respectively).

These results for Germany are similar to those registered in other studies at EU level (e.g. Fasani and Mazza, European Commission, 2020a, 2021b, and 2021e; European Migration Network, 2017), particularly regarding the working and pay conditions of migrant essential workers. The available evidence shows that **migrant essential workers** (both EU-mobile and Non-EU workers) **are more often in temporary or undeclared employment and tend to earn relatively low wages**, compared to native-born workers, and also compared to the whole migrant workforce.

2.3.1. Temporary contracts

As shown in Table 3 below, employees in essential occupations are more likely to be employed with **temporary contracts** compared to workers in non-essential occupations, whatever their skill level. EU mobile-workers and third-country nationals are respectively 16 % and 48 % more likely to be employed under temporary contracts than natives. The higher probability of temporary employment for non-native essential workers compared to natives persists even when accounting for differences in occupation, education, age and gender composition between the groups (Fasani and Mazza, 2020b).

Table 3: Share of employees (20-64) on temporary contracts in essential and non-essential occupations in the EU* by skill level, 2020

	Share of employees on temporary contracts (%)	
	Essential workers	Non-essential workers
High-skilled occupations	10.1	7.0
Medium-skilled occupations	11.3	10.6
Low-skilled occupations	21.3	20.5
Total	12.5	9.3

Source: IRS calculations on EU-LFS 2020 microdata

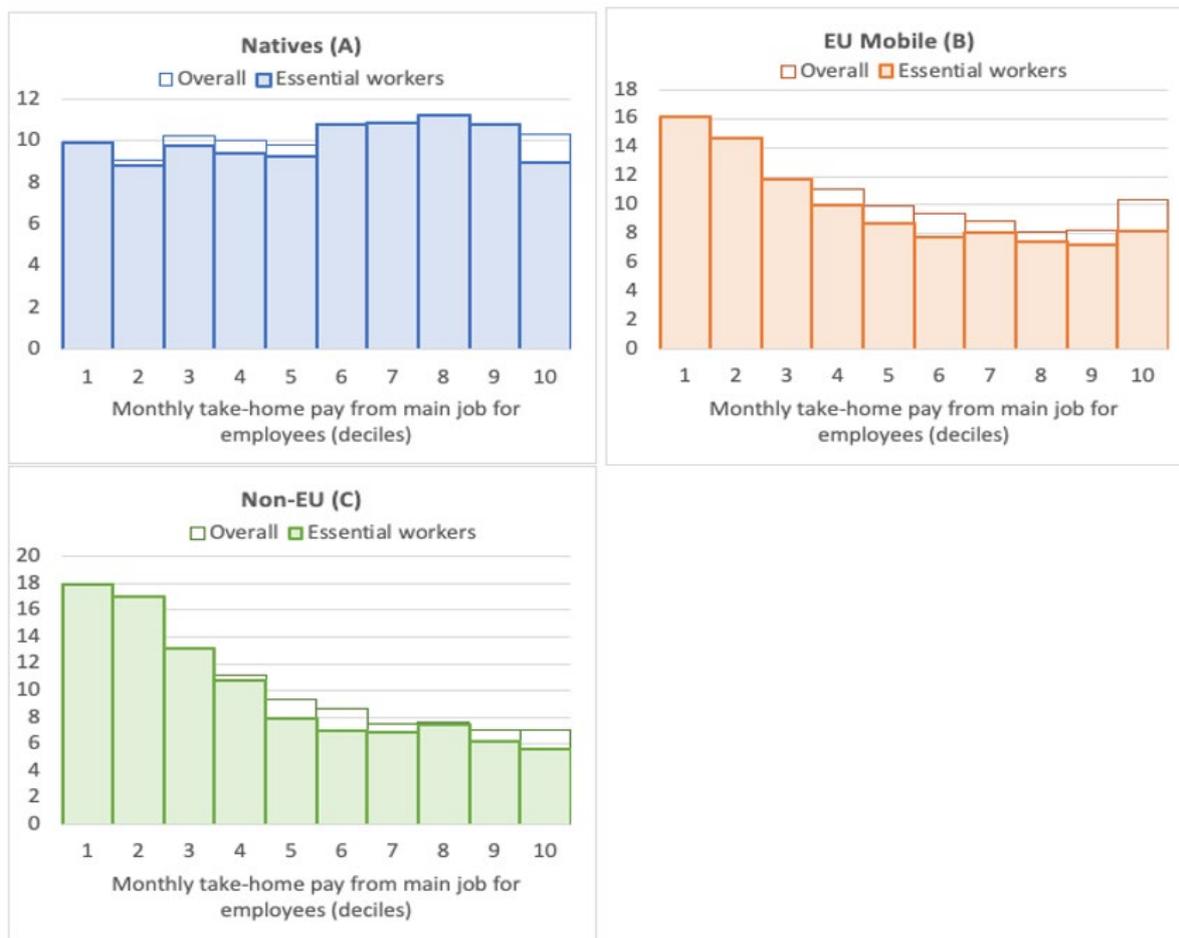
Note: Malta not included, because in EU-LFS data on occupations is not available at 2 and 3 digit level of ISCO-08 classification. Data do not include ISCO codes: 213, 214, 215, 511, 523, 751, 816 for BG, PL and SI, because data on occupations is not available at 3 digit level of ISCO-08 classification. Armed forces not included.

2.3.2. Wages

As for all occupations, **pay differences among essential workers** depend on the job level and tasks performed. For instance, essential workers employed in elementary occupations (e.g. cleaners and helpers) and those employed in personal care (e.g. childcare workers, and personal care workers in health services) earn respectively 34 % and 22 % less than the overall essential workers' average earnings at EU level. Conversely, science and engineering professionals and workers in healthcare occupations show wage premiums of 46 % and 25 %, respectively, compared to all essential workers at EU level (European Commission, 2021a). However in some countries, as in the case of Denmark presented in Box 5, on average essential workers have lower earnings than the overall workforce, whatever their skill level.

Low pay is particularly widespread among migrant essential workers. The share of migrant essential workers in jobs with low pay is higher than that registered among the whole migrant workforce (see Figure 7). Among **EU-mobile essential workers**, 16.1 % earn the lowest pay (first decile of the take-home pay distribution) compared to 11.5 % of EU-mobile workers in all occupations (essential and non-essential); for **third-country nationals** this share reaches 17.9 % for essential workers compared to 14.1 % to 17.9 % for all third-country nationals.

Figure 7: Wage distribution for all workers and for essential workers, aged 20-64, by country of birth, 2020



Source: IRS calculations on EU-LFS 2020 microdata.

Note: Malta not included because in EU-LFS, data on occupations are not available at 2 and 3-digit level of ISCO-08 classification; CZ, DE, ES, SE, SI, SK not included since for these countries income data are not available. For BG, PL and SI, data on essential workers do not include some occupations at ISCO 3-digit level considered as essential (i.e.: ISCO codes 213, 214, 215, 511, 523, 751, 816), because data on occupations are not available at 3-digit level of ISCO-08 classification. The coloured bars represent the deciles of monthly take-home pay for Native (panel A), EU-Mobile (panel B) and Non-EU (panel C) essential workers employed as employees, with decile 1 corresponding to the lowest wages and decile 10 corresponding to the highest wages.. The transparent bars represent the deciles of monthly take-home pay for the same groups of country of birth but including both essential and non-essential workers employed as employees. The y-axis represents the share of employees, while the x-axis represents the deciles of monthly take-home pay from main job for employees.

2.3.3. Working time

Concerning **working hours**, a recent Eurofound study (Eurofound, 2021), reporting EU data on average collectively agreed weekly working hours in five essential sectors, shows that essential workers tend to work in sectors with longer average collectively agreed working hours¹⁵. Transport workers have the longest working week (39.2 hours) while the shortest is in public administration (38 hours). In the health sector the average collectively agreed working week is 38.3 hours, a little shorter than in retail (38.5 hours). As for the education sector, in the countries for which data is available weekly working

¹⁵ Compared to an average working week of 37.8 hours for all sectors. Data refers to EU level.

hours range from 27.5 (Malta) to 40 (Germany). During the pandemic, working hours increased substantially for many essential workers due to the increased workload and to labour shortages.

2.3.4. Undeclared work

Undeclared work is also widespread in some essential sectors and categories of essential workers. **Agriculture, domestic care work, and the road freight transport sectors show significant numbers of undeclared workers**, particularly in low-skilled positions and among third-country nationals, leaving them unprotected, vulnerable to exploitation, poverty, and often without access to healthcare, social protection and the measures put in place by governments (FAO, 2020; European Commission, 2020a; European Migration Network, 2017). For instance, a recent study on intra-EU seasonal workers estimates that there are over 200,000 undeclared seasonal workers in agriculture, accommodation and food services in the EU (European Commission, 2021b). In Italy in 2015 more than half of workers in the agricultural sector (including both nationals and foreigners) were hired without a formal contract (Corrado, 2018 and Perna, 2019, as cited in Mitaritonna and Ragot, 2020). Other examples are presented in Box 4. In these sectors, undeclared work may take several forms, from unregistered work, underpayment, under-reported working hours, undocumented work, bogus self-employment, etc. (European Commission, 2016). The risk of illegal employment of people not authorised to stay in the EU is also higher than average in these sectors (European Commission, 2021e; European Migration Network, 2017). Platform work could also be exposed to a high risk of illegal employment (European Commission, 2021e).

Box 4: Share of undeclared work in essential sectors

There are no official statistics on undeclared and/or illegal employment in the EU. Available administrative data reflect national enforcement practices, therefore do not provide a complete picture of its real incidence at national level and are not comparable across EU Member States. However, the available literature and estimates show that undeclared and illegal employment tend to be prevalent in the private sector and particularly in agriculture, construction, domestic- and long-term care, hospitality and food services, all essential services often characterised by informal work arrangements and a large share of immigrant workers.

Available national data show, for example, a large share of undeclared work in **domestic care**. A recent Eurofound report on long-term care (Eurofound, 2020b) shows that in Germany, for example, an estimated 180 000–200 000 households employ an undeclared live-in carer. In Italy, there are an estimated 600 000 undeclared personal care workers, while in Spain around 32 % of workers employed in personal household services were undeclared in 2019.

Illegal forms of work are also largely diffused in other essential sectors, namely agriculture and transport and delivery services. In the **transport sector**, classical forms of undeclared work (e.g. unreported working time, overtime or cash in hand) and bogus self-employment are reported to be frequent (Haidinger, 2018). As for **agriculture**, there are different estimates on the level of undeclared work due to the difficulty in accurately measuring the phenomenon. According to ILO data, 61 % of the EU agricultural labour force is engaged in informal employment, although the percentage varies markedly across Member States ranging from 3 % in Sweden to 91 % in Poland (Pintado Nunes J., 2019 as cited in Williams C.C., 2019). The European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT), on the other hand, estimates that around one-third of the EU agricultural workforce are not recorded (Williams C.C., 2019).

Source: Eurofound (2020b); Haidinger (2018); Williams C. C. (2019).

2.3.5. Working conditions of essential workers in selected countries

Wide differences in pay and working conditions within essential occupations are also reported in the country case studies considered for this study, as shown in Box 5 below.

Box 5: Working conditions of essential workers: country case studies

In **Denmark**, the average hourly wages for both men and women in essential activities are lower than the average for the total workforce (6 % lower for men and 5 % lower for women). Essential workers, even with a high-level education, still receive lower payments than the average non-essential workers. Male essential workers with base-level salaries are mainly employed in agriculture, food production and transport while female essential workers with base-level salaries are concentrated in supermarkets and elder care. Both male and female essential workers with high-level salaries are employed in healthcare and education. Due to the nature of their work, many essential workers (e.g. nurses, doctors, drivers) work in shifts and have changeable working schedules.

In **Germany**, the median monthly income of essential workers is lower than the median income of non-essential workers (EUR 2,260 compared to EUR 2,560), with the percentage difference higher among the low skilled (Tolios, 2020). Nivorozhkin and Poeschel (2021) estimate that two out of five clusters of essential workers (equivalent to 20 % of essential workers) are associated with poor working conditions such as low pay, job insecurity, poor prospects for advancement and low autonomy. A significant share of essential workers in these two clusters are migrants (45 % and 64 % respectively), aligning with general findings on migrant employment. According to Arbeitsagentur 2021 data¹⁶, workers with only mini-jobs in a number of essential sectors (healthcare, elder care and social work, logistics and storage, agriculture, fishing, mining, energy and water supply) are approximately 804,000, equivalent to 9 % of the workforce in these sectors. Under German labour law, mini-jobbers should enjoy the same rights of standard workers, although they are not eligible for insurance-based short-time work allowances. However, non-compliance with labour law standards is more frequent for mini-jobbers than for standard workers (Konle-Seidl R., 2021).

In **Ireland**, the healthcare sector includes professionals and semi-professionals who receive on average higher wages, although there is a widespread dissatisfaction with working conditions among nurses and doctors. Other groups of essential workers both in healthcare (e.g. assistants in hospitals and residential nursing facilities) and in other essential sectors earn well below the national average. The largest group here is essential retail, but there are also large groups in cleaning, security, transport, and food manufacture.

In **Italy**, in sectors like agriculture and personal care workers are largely employed with irregular or undeclared work. Logistics and transport workers, especially those who are self-employed or work in subcontracted cooperatives, also have poor working conditions and low social and health and safety protection. In the public transport sector better conditions apply.

In **Romania**, low wages are widespread irrespective of the activity. In 2020, the average monthly nominal gross earnings amounted to RON 5,213 (= EUR 1,053). Among essential sectors, the highest wages are registered in public administration and defence (8,679 RON on average), and compulsory social security (8,679 RON on average), while the lowest are registered in food manufacturing (3,600 RON on average), followed by crop and animal production, hunting and related service activities (3,846

¹⁶ Arbeitsagentur, 2021, Beschäftigung nach Wirtschaftszweigen (WZ 2008) – hochgerechnete Werte. Available at: https://statistik.arbeitsagentur.de/Statistikdaten/Detail/202106/jiia6/beschaeftigung-sozbe-monatsheft-wz/monatsheft-wz-d-0-202106-pdf.pdf?_blob=publicationFile&v=1.

Note that sector split/aggregation might be different from other studies based on micro-data available.

RON on average). Low quality of working infrastructures and technology is another issue that impacts negatively on working conditions and sometimes results in work accidents. Limited working time flexibility; limited participation in lifelong learning programmes, and the limited role of social partners in the definition of labour market policies impacting on working conditions are other issues related to working conditions, especially in organisations where there is no union coverage.

Source: Country case studies; Nivorozhkin and Poeschel (2021).

2.3.6. Labour shortages in essential occupations

Essential occupations characterised by poor working conditions and low pay show high staff turnover and labour shortages, which undermine the resilience of essential services during crises (Nivorozhkin and Poeschel, 2021; European Commission, 2021a). Staff shortages existed even before the COVID-19 pandemic in the agricultural sector, in long-term care services, in the road transport sector and worsened during the pandemic. Labour shortages tend to be covered by EU mobile workers and non-EU workers, who are more likely than native workers to accept very poor working conditions. Further evidence from the case studies on labour shortages is summarised in Box 6 below.

Box 6: Labour shortages in essential occupations: country case studies

In **Denmark**, labour shortages affect mostly social workers and long-term carers. According to Eurofound (2020b) in 2017, 73 % of Danish municipalities reported shortages in elderly care while shortages in social and health workers were an issue only in certain areas. According to the European Commission and the Social Protection Committee, this situation has worsened during the pandemic.

In **Germany**, labour shortages are reported in many essential sectors, and were aggravated during the pandemic especially in the healthcare sector (where COVID-19 infections among workers further reduced the available staff) and in the transport and logistics sector, due to the massive increase in demand.

In **Ireland**, staff shortages in hospitals and other health structures were mainly caused by the initial high incidence of infections. Staff shortages were also reported in residential nursing homes.

In **Italy**, the health and long-term care sectors face labour shortages, particularly for nurses. In the first six months of the pandemic, hospitals and residential nursing care facilities were under-staffed and shifts were almost doubled to cope with the emergency. The COVID-19 crisis also impacted on labour migration flows in some essential sectors (e.g. agriculture), sharply curtailing them and thereby curbing the sector's production, since native workers can only partially replace third-country national seasonal workers.

Romania has been facing an increasing shortage of qualified workforce in all sectors, including essential ones, due to a combination of growing outward migratory flows, an aging population, unused labour potential of specific groups (e.g. long-term unemployed, Roma, etc.), and a mismatch between the education system and the labour market (Eurofound, 2021; European Commission, 2020; Vasilescu C., 2019). Public administration and health and social care remain the two sectors with the highest rate of vacancies in 2020 (1.96 % in public administration and defence and compulsory social security and 1.52 % in health and social care compared to the 0.77 % at national level), followed by transportation and storage (1.12 %) and ICT (1.11 %) ¹⁷.

Source: country case studies; Eurofound (2020b); European Commission, Social Protection Committee (2021).

¹⁷ INSEE, 2021, available at <http://statistici.insee.ro:8077/tempo-online/#/pages/tables/insee-table>.

3. IMPACT OF COVID-19 AND MAIN CHALLENGES FOR ESSENTIAL WORKERS

KEY FINDINGS

- Essential workers, particularly those employed in frontline occupations with a high degree of social interactions and in occupations with poor working conditions, face a higher risk of contracting COVID-19 and higher mortality risks than non-essential workers. The pandemic has also negatively affected the psychological wellbeing of essential workers, with women showing more negative psychological health outcomes than men.
- Due to increased demand and pre-existing labour shortages, several groups of essential workers (e.g. road transport drivers, health and care workers, seasonal agricultural workers) have been exposed to an increase in workload and temporary derogations from provisions on working time and leave, as well as poorer living and working conditions. The pandemic has exacerbated violence against, harassment of and stigmatisation of frontline essential workers in these groups.
- Essential workers employed in precarious jobs and those engaged in undeclared and illegal employment, largely foreign workers, have no or limited access to healthcare, paid sick leave or financial compensation in the event of contracting COVID-19.
- Due to precarious forms of employment and poor housing and working conditions, seasonal migrant workers, who represent a significant share of agricultural workers, experienced high risk of contracting COVID-19, low access to healthcare and medical treatment, and increased financial vulnerability.
- In the transport sector, containment measures and cross-border closures further deteriorated already difficult working conditions of road transport drivers, who also faced increased health and safety risks due to temporary relaxation of limits on working and rest times to relieve workforce shortages.
- Platform workers in food and medicine delivery faced an increased workload, a lack of personal protective equipment and greater health and safety risks at work, with limited access to social and health protection because of their often ambiguous employment status.
- At the outbreak of the pandemic, workers in the health and care sectors registered high rates of COVID-19 infection and mortality, extraordinary levels of workload and psychological stress, and increased verbal harassment, discrimination and physical violence. Long-term care workers, often with poor working conditions and low pay, were at even greater risk of contracting COVID-19 than healthcare workers in hospitals due to lack of personal protective equipment and appropriate training to implement infection protocols and other prevention activities.

3.1. Main challenges for essential workers during the COVID-19 pandemic

The COVID-19 crisis has had particularly adverse effects on the working conditions of healthcare and elderly care workers, but also on workers employed in other frontline essential occupations with a high degree of social interactions and those in occupations with poor working conditions. Migrants and women essential workers faced additional specific challenges.

3.1.1. Increased health and safety risks

Essential workers face a higher risk of contracting COVID-19 than non-essential workers, not only because they continued to work even during lockdown periods, when the risk of contagion was higher, but also because a high share of essential workers (28 %) are employed in frontline occupations with a high degree of social interaction with other people. According to estimations conducted by Poulkias and Branka (2020), health professionals, personal care workers, transport workers, as well as agricultural and security workers (i.e. police officers, prison guards, etc.) are among those facing the highest risk of contracting COVID-19.

The increased workload and long working hours for essential workers during the pandemic increased safety risks in the workplace, especially for frontline workers working in healthcare, elderly care and in transport sectors.

At the beginning of the pandemic, frontline essential workers were at a particularly high risk of contracting COVID-19 because of a lack of personal protective equipment (PPE) and insufficient health and safety measures in workplaces (Rasnača, 2020). Insufficient provision of PPE was registered also among healthcare workers and long-term care workers who had direct contact with patients suffering from COVID-19 (Pelling, 2021). In some cases workplaces became virus hotspots (e.g. meat processing plants, long-term care nursing homes).

Essential workers in low-skilled occupations with poor working conditions were at the highest risk of contagion (Zhang, 2020, as cited in Nivorozhkin and Poeschel, 2021). For example, as underlined by the Independent Panel for pandemic preparedness & response established by the World Health Organization (2021)¹⁸, migrants employed as seasonal agricultural labourers were particularly at risk because of precarious housing conditions and lack of social protection, which in turn prevented vulnerable and sick workers from staying at home because of the risk of income loss.

Available studies and data summarised in Boxes 7 and 8 show that infection and mortality rates were particularly high among essential workers, with the majority of clusters and outbreaks reported in health and long-term care settings. For this reason, European trade union confederations (EPSU, the European Trade Union Federations, and ETUC) have called on EU and national institutions to consider COVID-19 as an occupational disease for essential workers, in order to ensure adequate protection¹⁹. According to the results of a Eurostat survey launched in November 2020, all the EU27 countries consider the occupational risk of COVID-19, with differences in whether it is treated as an accident at work and/or as an occupational disease, and in the sectors and occupations included (all or only a

¹⁸ The Independent Panel on pandemic preparedness and response was established by the World Health Organization (WHO) Director-General in response to the World Health Assembly resolution 73.1 and began its work in September 2020. The aim of the Panel is to provide evidence-based indications for the future to ensure that national and global institutions effectively address health threats.

¹⁹ EPSU, 2020, The European Trade Union Federations and ETUC demand COVID-19 is recognised as occupation disease, 27 April 2020, available at: <https://www.epsu.org/article/epsu-european-trade-union-federations-and-etuc-demand-covid-19-recognised-occupation>.

subset). (Eurostat, 2021)²⁰.

Box 7: Infection and mortality rates among essential workers

Aggregated data on COVID-19 infection and mortality among essential workers in Europe are not available, however some information can be found at national level. For example, EPSU reports that in the Netherlands by March 2021, 140,000 healthcare workers had been infected with COVID-19, 900 had been hospitalised and 30 had died (EPSU, 2021). In Spain, health personnel made up 24 % of all confirmed COVID-19 cases as of 29 May 2020 (Amnesty International, 2020). In Italy, as of 3 June 2020, 28,276 cases were reported among health workers, accounting for 12 % of total reported cases (ISS, 2020). In 85 cases, the infection led to death. A survey by the UK Office for National Statistics also found elevated rates of death among healthcare professions as well as for social care workers (Office for National Statistics, 2020).

The European Centre for Disease Prevention and Control carried out a survey in July 2020 on COVID-19 clusters²¹ in occupational settings (ECDC, 2020). Results, reported in the table below, show that the majority of clusters and outbreaks reported by countries were registered in health and social care settings, particularly in acute-care hospitals, ambulatory clinics and emergency facilities, and long-term care facilities. Several clusters were also reported in the food production sector, mainly in indoor food processing and agriculture (e.g. fruit picking and other outdoor processes). The countries with the highest number of documented cases in food processing and agriculture were Ireland (1,154), Spain (1,016), the UK (450), the Netherlands (406), France (306), and Romania (275).

Among occupations with the highest relative risk of being infected with COVID-19 are taxi drivers (relative risk 4.8 times higher than in all other professions), and bus and tram drivers (relative risk 4.3 times higher), as revealed by a Swedish study (Folkhälsomyndigheten, 2020, cited in ECDC, 2020). Data from the UK Office of National Statistics confirmed that male taxi drivers, chauffeurs and bus drivers had a higher mortality rate from COVID-19 than the general male population (Office for National Statistics, 2020, as cited in ECDC, 2020).

In packaging/mail distribution centres, eight clusters of COVID-19 were reported, with a range of 3 to 27 cases.

²⁰ 17 EU countries recognise COVID-19 as an occupational disease (BG, CY, CZ, HR, EE, FR, HU, LT, LI, LU, MT, NL, PL, PT, RO, SK and SE), while Italy, Slovenia and Spain consider it as an accident at work for all sectors and occupations. Austria, Belgium, Denmark, Germany and Finland can consider it an accident at work or an occupational disease, while Greece and Ireland also associate it with work but don't specify if it can be considered an accident at work or an occupational disease in all sectors and occupations (Eurostat, 2021). Among the 17 MSs recognising COVID-19 as an occupational disease, nine (HR, CZ, FR, HU, LU, MT, NL, PL, and SK), the recognition is not restricted to specific economic sectors. For the remaining countries, it tends to be recognised as an occupational disease mainly for healthcare and personal care workers.

²¹ ECDC distributed a data collection template to the 30 EU/EEA Member States and the UK to gather information on COVID-19 clusters/outbreaks in occupational settings that had occurred during the course of the pandemic. A cluster was defined as a minimum of two confirmed cases. 13 out of the 17 countries (Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, France (for the regions Provence-Alpes-Côte d'Azur, Corsica and Occitania), Ireland, Liechtenstein, Lithuania, Latvia, Malta, the Netherlands, Romania, Spain, Sweden, the United Kingdom) that responded to the survey reported data on clusters in specific occupational settings and three of them provided aggregated information on confirmed COVID-19 cases that occurred among different occupational settings or groups.

Table 4: COVID-19 cases and deaths in occupation settings, according to July 2020 survey by European Centre for Disease Prevention and Control

Sector		Total number of reported cases	Number of reported deaths
Health and social care	Hospitals	3 298	82
	Long-term care facilities	5 670	46
	Primary care facilities	14	0
Food packaging and processing		3 856	4
Sales and retails		188	6
Other occupational settings*		696	4

* Other occupational settings include various settings such as packaging/mail distribution, transportation, bars and restaurants, churches and monasteries, fitness clubs and spas.

Source: Elaboration from ECDC, COVID-19 clusters and outbreaks in occupational settings in the EU/EEA and the UK, Stockholm, 2020.

The COVID-19 crisis has also negatively affected the psychological wellbeing of essential workers, especially frontline workers in the healthcare sector. Results from a web survey conducted in Brazil and Spain in April/May 2020 (De Boni et al., 2020) show that during the first wave of the pandemic 47.3 % of essential workers were affected with symptoms of anxiety and depression; 44.3 % reported alcohol abuse and 42.9 % reported changes in their sleeping habits. In addition to a heavy workload, healthcare workers were coping with the fear of contracting the disease and of spreading it to their family and friends (ILO, 2020a). Moreover, for frontline workers, the implementation of required additional safety and security protocols added further pressure and stress. Box 8 below summarises evidence from the country case studies.

Box 8: Health and safety risks: country case studies

For **Danish frontline workers**, contracting COVID-19 has been a widespread concern since the beginning of the outbreak, as reported by a study conducted in Denmark by the National Research Centre for Occupational Safety and Health²². Besides the evident risk of getting COVID-19, essential workers also worry about leaving a bigger burden on their co-workers in case of being infected and/or taking the virus home. Furthermore, doctors and other health professionals working in hospitals are often in contact with vulnerable patients who are at high risk of fatality if they contract COVID-19; this increases the psychological pressure of making sure not to contract COVID-19 and infect other patients.

In **Germany**, a specific case was related to COVID-19 clusters in the meat industry. Several clusters developed in North Rhine-Westphalia and Baden-Württemberg, leading to the closure of specific plants and the lockdown of larger areas. The clusters unveiled to the public the non-regulated and non-legal working conditions in which workers, often migrants, were employed: lack of safety clothing and equipment, and a lack of social distancing in workplaces and in the dorms where workers were often obliged to live together. As a consequence, new legislation was enacted, in force since 1 January 2021 (Arbeitsschutzkontrollgesetz), that bans the hiring of contract (Werkvertragsarbeitnehmer) and temporary workers (Leiharbeiter) in the meat industry. Similar cases also occurred in the asparagus and strawberry picking sectors, in spring 2020 and spring 2021 corresponding to more or less strict lockdowns in the country. In other sectors, including health and care, logistics, and food distribution, the risk of infection was particularly high at the beginning of the pandemic due to a lack of or incomplete protective equipment. The lack of masks, gloves and other protective equipment also increased the level of psychological distress among frontline workers exposed to the virus.

In **Ireland**, healthcare workers, both in hospital and other care facilities such as residential nursing homes, were most affected by COVID-19, especially at the start of the pandemic when there was a shortage of PPE (Personal Protective Equipment) and safety protocols were just being developed. Workers in agri-food factories across the country also reported unsafe working environments, denouncing the lack of extra hygiene facilities and the impossibility of maintaining social distancing during working hours. Meat plants were one of the major centres for COVID-19 infection: meat workers accounted for a grand total of 1,047 cases of COVID-19 as of 21 July 2020. It was argued that this high level of cases was the result of the physical nature of plants which made social distancing difficult, workers sharing accommodation and shared transport to come to work, and workers continuing to work through minor symptoms. However, an ad hoc survey suggested that relatively few meat plant workers shared accommodation, putting the blame for high rates on the conditions within the plants. Working conditions in plants appear to be exploitative and dangerous, with bullying and harassment rife.

In **Italy**, the COVID-19 pandemic especially hit the male population in terms of mortality, although infections are more widespread among women, because some of the essential frontline occupations are predominantly occupied by women (Ferrera M., Stefanelli B. 2020). The health risk for essential workers was very high especially in the first period of the pandemic when safety procedures were still not clear and protective equipment was not sufficient. Specific safety protocols were provided at national and company level, although, as underlined by the interviewed worker, procedures for personal sanitation were not always compatible with the time available to perform the work, and this often resulted in disregarding the procedures, while adequate controls were often not carried out.

²² Coronatrivsel.dk - medarbejder møder primært ind (nfa.dk). Denmark country case study.

The health risks for essential workers also affected their mental health. Frontline workers in health and long-term care, transport or retail complained about the fear of being exposed to high health risks due to close contact with clients and exposing their relatives to the same risk, as well as the anxiety and frustration deriving from having to face the fear and often aggressiveness of clients (see Chapter 3.1.3 on violence and harassment at the workplace).

In **Romania**, according to interviewees safety in the workplace was one of the main problems, due in particular to outdated infrastructure and equipment and limited respect of safety procedures (e.g. between 2020 and 2021 there have been several major fires in hospitals due to the outdated energy infrastructure). The negative impact on the psychological wellbeing of frontline workers was another common issue during the first two waves, irrespective of the sector. Different causes contributed to this. First of all, the fear of getting COVID-19 disease, which in certain cases resulted in resignations and/or workers' isolation and breach of/refusing contracts, which contributed to increasing the workload of the remaining workers. At the beginning of the pandemic, the fear of getting the disease was also accentuated by the lack of protective equipment and the lack of knowledge on the procedures to be adopted to avoid contamination. In addition, stressful working conditions, pressure to adapt to the new situation, and the uncertainty of procedures to be implemented and respected had a negative impact on workers' psychological wellbeing.

Source: Country case studies.

3.1.2. Increased workload, deteriorated working conditions and work-life balance

Due to **increased demand and pre-existing labour shortages** (as described in Chapter 2.3.6), **several categories of essential workers have seen an increased workload, with deteriorating working conditions**. The increased demand for essential products and services along with restrictions on movement have highlighted long-standing shortages of essential workers in a number of sectors (health and social care, agriculture, road transport) (Eurofound, 2020a).

At the outbreak of the pandemic, in order to ensure the smooth functioning of essential services, several countries introduced **measures involving temporary derogations from working time and leave provisions** (Eurofound, 2020b). For instance, the spread of the virus largely increased the demand for healthcare in hospitals and residential care institutions, with healthcare workers facing heavy additional workloads, long working hours and a lack of rest periods (ILO, 2020a). Many EU countries also relaxed the limits on working time for truck drivers (Politico, 2020b).

Many categories of essential workers were required to carry out new tasks and functions. For instance, to accommodate the rising demand for beds and care of those infected by COVID-19, healthcare workers were moved to different departments that required new and additional tasks.

Moreover, **living conditions deteriorated for many frontline essential workers**. For instance, at the beginning of the pandemic, strict movement restrictions stranded many seafarers at sea for months, and left road transport without rest facilities (Rasnača, 2020); healthcare workers had to find alternative accommodation during the outbreak, not to expose their family members to risk (Wenham, 2020), while in some cases, as in Spain, some live-in personal carers were forbidden to leave their employers' houses during the Coronavirus pandemic (BBC News, 2020). Box 9 summarises findings from the country case studies.

Box 9: Increased workload, deteriorated working conditions and work-life balance: country case studies

With lockdown, one of the main concerns of the **Danish Government** was to keep society running and not to "break the healthcare sector" and the supply of food and goods. For the transport sector, this led to a new temporary agreement suspending rest days and environmental-zone-driving for truck drivers in order to ensure a stable supply of commodities. Rest periods for truck drivers could be postponed for ten days. Food delivery services were also strongly impacted by the pandemic as demand rose by more than 50 % compared to the previous year, leading to a higher workload and workers having to work faster. In the healthcare sector, to accommodate the rising demand for beds and care for COVID-19 patients, the operation of Danish hospitals was rescheduled. Many "normal" tasks were postponed or moved to different departments. Nurses were moved between departments where they had to perform new tasks. In schools, teachers and educators had to take on new tasks related to distance learning and new ways of teaching, requiring longer hours to prepare lessons.

In **Germany**, essential workers from different sectors faced similar challenges. Unclear procedures and changing regulations and measures forced employees to adapt in a very short timeframe, thus increasing stress levels. Furthermore, all employees in essential occupations experienced longer shifts and heavier workloads compared to the pre-pandemic situation.

In **Ireland**, workers in agriculture and food production were among those who saw their working conditions worsen. Retail workers also faced significant challenges. In an industry where many workers had irregular hours, management often requested extra hours at short notice and this in a situation where accessing childcare was already a problem. In retail, unionisation is low (around 10 %) and this made it particularly difficult for workers to negotiate better working conditions. In the transport sector, public transport was cut but continued to run with massive state subsidies. By contrast, in the private sector services were curtailed, some workers laid off and safety measures appeared more ad hoc.

In **Italy**, workloads have been particularly heavy for healthcare and social care workers, workers employed in logistics, and those in food delivery sectors, whose working conditions were already poor before the pandemic. In the first six months of the pandemic, hospitals and residential nursing care facilities were under-staffed and shifts were almost doubled. In particular, employees of private cooperatives providing services to hospitals and residential nursing care facilities tended to have worse working conditions than workers covered by public employment contracts. In addition, companies' difficulty in planning and organising work activities efficiently and complying with the ever-changing safety requirements aggravated working conditions and increased the perception of uncertainty and anxiety among workers. The workload increased dramatically during the total lockdown period in March 2020, especially for nurses in hospitals and residential nursing care facilities. This increased work-life balance problems - especially during school closures - for all essential workers with children, who for safety reasons could not turn to the usual family support networks (e.g. grandparents). The care burden of the elderly was made heavier by the difficulty (and fear) of turning to caregivers during the lockdown period.

In **Romania**, working conditions worsened in the context of the pandemic due to increased stress, uncertainty of procedures to be adopted and respected, and pressure to maintain businesses and adapt them to the new situation. Sectors such as health and social care saw an increase in workloads. For instance, following the authorities' decision to allow isolation at the workplace, some of the workers employed in residential care units were isolated in the workplace for 15 days. This not only increased their workload, but also impacted negatively on their personal and work-life balance.

Source: Country case studies.

3.1.3. Violence and harassment at work

Although frontline essential workers were generally praised as heroes during the initial phases of the pandemic, **evidence shows that the pandemic also exacerbated violence against, harassment of and stigmatisation of frontline essential workers**, such as health workers (Devi, 2020), platform workers in food delivery (Hauben, Lenaerts and Kraatz, 2020), agricultural workers (ILO and ISSA, 2020), and truck drivers (ILO, 2020b).

Box 10: Violence and harassment at work: country case studies

In **Germany**, available evidence suggests that for workers in retail and supermarkets an additional source of stress was having to interact with the public in extremely unclear conditions, facing cases of "panic buying" and aggressivity from customers. For example, a cashier interviewed by North Germany TV recounted her experience as a frontline worker in a supermarket²³: She had to remind customers more and more often to wear their masks appropriately. During the lockdown period, for a couple of weeks, supermarkets were the only public buildings that were open, thus also becoming places for 'entertainment' and for people who saw doing groceries as an excuse to go out and escape the lockdown, uselessly increasing the risk for the workers.

In **Italy**, essential frontline workers in the health sector complained about the stigmatisation of their occupation. Initially celebrated as 'heroes', in the most advanced stage of the epidemic they were often insulted and unfairly blamed for exaggerating the effects of the disease by causing unnecessary restrictions of people's freedom.

In **Romania**, interviewees underlined an increase in violence against women in the healthcare and residential care sector, where women make up the majority of workers.

Source: Country case studies.

3.1.4. Difficult access to income support and social protection

Many workers in **precarious employment**, including personal care workers, those on zero-hour contracts, self-employed platform workers and seasonal workers, often had **difficulties in accessing the COVID-19 emergency financial support measures put in place by governments** (Fiadzo et al., 2020). This has left many vulnerable workers in an even more precarious situation, forcing them to work under high health risks and/or while unwell and potentially putting themselves and others at risk of contracting and spreading the virus. This has particularly been the case for migrants engaged in precarious, irregular or undeclared work with difficult or no access to social protection (ILO, 2020c).

²³ Ms Petra Maischack. Available at: <https://www.ndr.de/fernsehen/sendungen/panorama3/Gedanken-einer-Kassierer-in-der-Corona-Krise,panoramadre3770.html>.

Box 11: Access to income support and social protection: country case studies

In **Denmark**, the labour market is not only regulated by law but also by collective agreements among employers' organisations, trade unions and, in some cases, the government. Approximately 75 % of workers in Denmark are members of trade unions, making Denmark the second most unionised country in Europe. Collective agreements define working conditions and guarantee workers access to social protection. Because of strong unionisation and high union and collective agreement coverage, Danish workers are exposed to a lower risk of precariousness compared to other countries. Furthermore, the high flexibility of the labour market implies that atypical workers are less frequent (Broughton et al., 2016). Although marginal part-time employment increased in recent years (especially among students) and other non-standard forms of employment are becoming more frequent, these tend not to be associated with a higher job and income insecurity also thanks to wide welfare coverage (Rasmussen S. et al., 2019).

In **Germany**, mini-jobbers, representing about 9 % of essential workers in selected sectors (healthcare, elder care and social work, logistics and storage, agriculture, fishing, mining, energy and water supply), have access to some forms of social protection. They are protected in case of illness, have the right to health co-insurance and enjoy a derived survivors' pension; however, they are not eligible for unemployment benefits and insurance-based short-time work allowances. (Konle-Seidl, 2021). Furthermore, even if they enjoy *de jure* the same rights as standard workers, cases of non-compliance with labour law standards are more frequent among mini-jobbers, which may impact their effective access to social protection (Konle-Seidl, 2021). In addition, in some sectors, as in the meat industry, subcontracting is widespread and often linked with poor working arrangements and low union coverage. In January 2021, the German government prohibited the use of subcontractors or temporary agencies in core activities of meat processors. The evaluation of the effects of this decision is still ongoing, but trade unions report that non-compliant situations can still be found. Also workers in delivery services often do not have full access to social protection since in the case of platform workers they are considered as self-employed. Recently, the workers of Lieferando (the main delivery platform in Germany) joined a trade union to improve their conditions through a collective agreement.

In **Ireland**, in meat plants and nursing homes that became centres for the pandemic, HSA inspections focused mainly on immediate safety issues, while higher levels of regulation and protection were not extended to workers and their conditions of employment and social protection. While workers in meat plants and nursing homes had little say or influence over their working conditions during the pandemic, this was not the case for the construction sector. Partly this was due to locally organised trade union groups in the sector, which at the onset of the pandemic ensured that sites did not stay open illegally. When sites were allowed to continue working, union pressure ensured effective testing.

In **Italy**, agricultural, long-term care and personal care sectors are largely characterised by irregular or undeclared work. Furthermore, the logistics sector includes many self-employed workers who enjoy even fewer protections than other employees. For essential workers in these sectors, it was particularly difficult – and sometimes impossible – to get access to income support or social protection.

In **Romania**, the government introduced temporary increases in the wages of medical and non-medical workers in the public healthcare sector, although the measure was contested by some of the trade unions due to the criteria applied and the time limitation to the emergency period. In the social and long-term care sector, a risk incentive was granted during the emergency period. There were no similar incentives and bonuses in other essential sectors, as the legislation on the emergency state foresees that collective bargaining is not allowed during emergencies.

Source: Country case studies.

3.1.5. The voices of essential workers

The stories of essential workers across Europe are all very similar when it comes to fears and difficulties faced during the COVID-19 pandemic. Many report how the psychological effects of the situation were particularly difficult to manage while trying to adapt to new working hours and tasks. The relationship with consumers and patients also changed, leading to increased stress levels and weakened human connection. Box 12 gathers some of the testimonials from the essential workers interviewed for the country case studies.

Box 12: Voices of interviewed essential workers in the country case studies

A care assistant employed in a Danish nursing home describes her main task as carer, which is what motivates her in her job. With COVID-19, many tasks and routines have changed: they do not eat with the residents anymore, they do not have communal dining, they cannot hug or show the same type of care as before COVID-19. Thus, she explains that she cannot carry out what she perceives to be her main job. Instead she now has to complete different tasks. She underlines that the COVID-19 situation has been a psychological burden more than a physical one.

Danish nurses also reported that the COVID-19 situation has been mostly a psychological burden:

"I feel that I am constantly on alert and on duty. I know that when I'm off duty, I can get a call asking me to take a shift. I work overtime every day and we are asked to take extra shifts all the time" (Nurse, winter 2021)²⁴.

" (...) and if I'm not careful, I could infect my patients" (Nurse, spring 2020)²⁵.

"I'm preoccupied with taking care of myself because I have a responsibility. And I have to make sure I can live up to that responsibility. If I get infected, I can't help you, and then the health service gets even more pressured" (Nurse, spring 2020)²⁶.

A cashier in an Italian supermarket underlined how it was really difficult for her to deal with 'crazy people who were desperately looking for alcohol and yeast to make bread at home' or having to ask the police for help to prevent customers from entering the store when it was not allowed. She had to ask the police for help to prevent customers from entering the store when it was not allowed. Recalling the first complete lockdown, when it was possible to leave home only to buy food she says: 'Customers did not respect us or care about our health; they used the supermarket to go out or even to meet their friends, without thinking that in this way we were more at risk'. Often no psychological support was provided by the employer.

A Romanian international truck driver described the situation as follows²⁷:

"When I came across a person who wasn't wearing a mask I tried to avoid him/her as much as possible. At the same time, I did not touch things that had been touched by other people. In some cases, when I came back from work I could not enter my room as I had colleagues who were sick. We started to isolate from one another. We started to stop being friends. Sometimes, we started to be...so to say... enemies."

²⁴ DSRb, *Sygeplejersker i forreste rækker under sundhedskrisen*. Available at: [Sygeplejersker i forreste rækker under sundhedskrisen | Politik og nyheder, DSR](#).

²⁵ DSRb, *Sygeplejersker i forreste rækker under sundhedskrisen*. Available at: [Sygeplejersker i forreste rækker under sundhedskrisen | Politik og nyheder, DSR](#).

²⁶ Ibid.

²⁷ Clujlife, 2021, *Am povestit cu 7 lucrători esențiali, aflați în linia întâi, despre ce a însemnat adaptarea în pandemie pentru ei*, available at: [Am povestit cu 7 lucrători esențiali, aflați în linia întâi, despre ce a însemnat adaptarea în pandemie pentru ei \(clujlife.com\)](#).

"Passing borders during the second wave was even harder, as each country had its own legislation and its own rules for managing the COVID-19 pandemic. You had to respect the rules of each country, of each region of each state you entered. You did not know whether you were allowed to enter or not: there were things that could change from one moment to another. All this happened in a context where you also experienced pressure from the employer. As a truck driver, you are pressed to arrive at the delivery place on time and to force legislation. If employers abroad respect the rules, in Romania, this issue is critical."

Romanian essential workers in different sectors underlined how the psychological burden and the fear of being infected influenced people's behaviour:

"I had colleagues, especially men over 40 years old, who have resigned and retired to the countryside with their families due to the fear of getting the disease." (Interview with frontline worker in the food delivery sector)

"I still remember the queue that extended until the boulevard. Dozens of panicked people who wanted to buy disinfectant and masks (that were not available of course). I still remember the period when the elderly could go outside only in certain hours of the day: it was a disaster; the queue to the pharmacy was endless" (pharmacist in a Romanian city)²⁸.

"Before the pandemic you could talk with people, you could see a reaction on their face, be it a smile or a sign of disappointment after a hard day. Now, with the pandemic everything has changed. Everything is darker and people enter the store as if they were robots, they throw everything they need in the basket and leave quickly without any kind of reaction" (cashier in a Romanian supermarket).

Source: Country case studies.

3.2. Specific challenges faced by women and migrants in essential occupations

As mentioned in Chapter 2, **women are over-represented in many essential jobs, especially in those characterised by low pay, worse-than-average job quality, and high COVID-19 risk.** As reported in a recent study (EIGE, 2021a), women constitute 76 % of healthcare workers, 86 % of personal care workers in home-based settings or institutions, 82 % of all supermarket cashiers, 93 % of childcare workers and teachers, 95 % of domestic cleaners and helpers, and 83 % of carers for older people and people with disabilities.

Despite their predominance in care occupations, **during the COVID-19 crisis there was a lack of adequate personal protective equipment (PPE) specifically designed for women, exposing women in the healthcare sector to a higher risk of contagion than men** (EIGE, 2021a). Therefore, while men are on average more likely to need intensive care or die of COVID-19 than women, the reverse is true among healthcare workers, with a higher prevalence of deaths among women. In the medical community, many have denounced the alarming risks associated with the unavailability of appropriately fitting PPE (Felice et al., 2020; Mark, 2020, as cited in EIGE, 2021a).

With the pandemic, women working in frontline essential occupations also faced an increased risk of workplace violence and violence from third parties. There are reports of violence against

²⁸ Clujlife, 2021, Am povestit cu 7 lucrători esențiali, aflați în linia întâi, despre ce a însemnat adaptarea în pandemie pentru ei, available at: [Am povestit cu 7 lucrători esențiali, aflați în linia întâi, despre ce a însemnat adaptarea în pandemie pentru ei \(clujlife.com\)](https://www.clujlife.com).

healthcare workers during the COVID-19 outbreak, the majority of whom are women (Yaker, 2020).

In addition, women and especially mothers working in essential jobs were under considerable strain due to the closure of schools and childcare services. In the EU, women bear the bulk of unpaid care work in households (EIGE, 2021a), even within dual earning families (ILO, 2018a). Already before the pandemic, the disproportionate amount of time spent on care activities was making it difficult for women to achieve a good work-life balance, especially because access, affordability, availability and quality of care services in the EU present challenges (European Commission, 2018; EIGE, 2021a). The COVID-19 pandemic increased unpaid care activities for both women and men, although women continued to bear the brunt of unpaid care (EIGE, 2021b). According to the Eurofound's e-survey "Living, working and COVID-19" (July wave) (Eurofound (2020c), during the first wave of the pandemic women spent 12.6 hours per week on childcare (compared with 7.8 hours for men), 4.5 hours per week on caring for older people or family members with disabilities (men 2.8), and 18.6 hours per week on cooking and housework (men 12.1 hours). Employed women with children under 12 spent 54 hours per week on childcare (employed men 32 hours) (Eurofound, 2020d).

The pandemic has also unveiled the relevance of **migrant essential workers** and their role in ensuring the resilience of the services that essential occupations provide during crises (Fasani and Mazza, 2020a, Kleine-Rueschkamp and Özgüzel, 2020; Nivorozhkin and Poeschel, 2021). As stated in the previous chapter, migrant workers are concentrated in low-skilled essential occupations. Third country nationals in particular face **worse working conditions than nationals and are more exposed to the risk of contracting the virus**, since they are over-represented in low-skilled frontline occupations at high risk of contagion (e.g. personal care workers in health services, drivers, transport and storage labourers, food processing workers) (Fasani and Mazza, 2020a).

In order to cover labour shortages in essential occupations (particularly in the agri-food and the LTC sectors), **most Western EU countries continued to import mobile workers** from Eastern Member States and non-EU countries, **aggravating shortages in sending countries.** For example, **Romania** continued to register high migratory outflows during the pandemic. Although an increase in return migration of Romanians was registered in 2020, the outflows from certain sectors (e.g. social care, agriculture) did not end during the COVID-19 pandemic putting additional pressure on the sectors most affected by the pandemic. To allow cross-border mobility, specific bilateral agreements were defined, like the agreement between Romania and Austria to allow Romanian temporary workers in the social and long-term care field to leave for Austria. This allowed Romanian workers to travel abroad for temporary work upon authorisation of the competent authority from the destination country and the country of origin. A similar situation occurred in the agricultural sector, when over 2 000 Romanian workers left the country to temporarily work in Germany.

Mobile seasonal workers, given the temporary nature of their work, can be more vulnerable to precarious working and living conditions, fraud and abuse, particularly when, due to mobility restrictions, they cannot return to their home country. These workers often face poor housing and working conditions, are rarely accounted for by national legislation and support measures and thus often have difficulties in accessing social assistance, unemployment benefits, and housing support when ending or losing their seasonal job²⁹.

Such precarious forms of employment mean that both seasonal workers and other workers in similar situations are **often excluded from accessing COVID-19 support measures** implemented in the

²⁹ For example, seasonal and/or posted workers in the construction and agricultural sectors often live in accommodations provided by their employers for the duration of the employment arrangement. Therefore losing or ending the job also implies losing the accommodation.

countries in which they work, e.g. financial support, wage subsidies, income support and social protection (Foley and Piper, 2020), although in some cases specific measures were taken to support migrant workers. For example in **Ireland**, migrant workers of any status have been allowed to access the pandemic unemployment payment; while in **Italy**, where migrant workers in the agricultural and personal care sectors are largely irregular or undeclared, targeted regularisations for third-country nationals were adopted, to ensure that irregular migrants would not avoid COVID-19 testing or medical treatment out of fear of detention or expulsion.

3.3. Specific challenges faced by low-paid frontline workers in selected essential sectors

The following section looks at the specific challenges faced by frontline essential workers during the pandemic, taking a sector-by-sector approach.

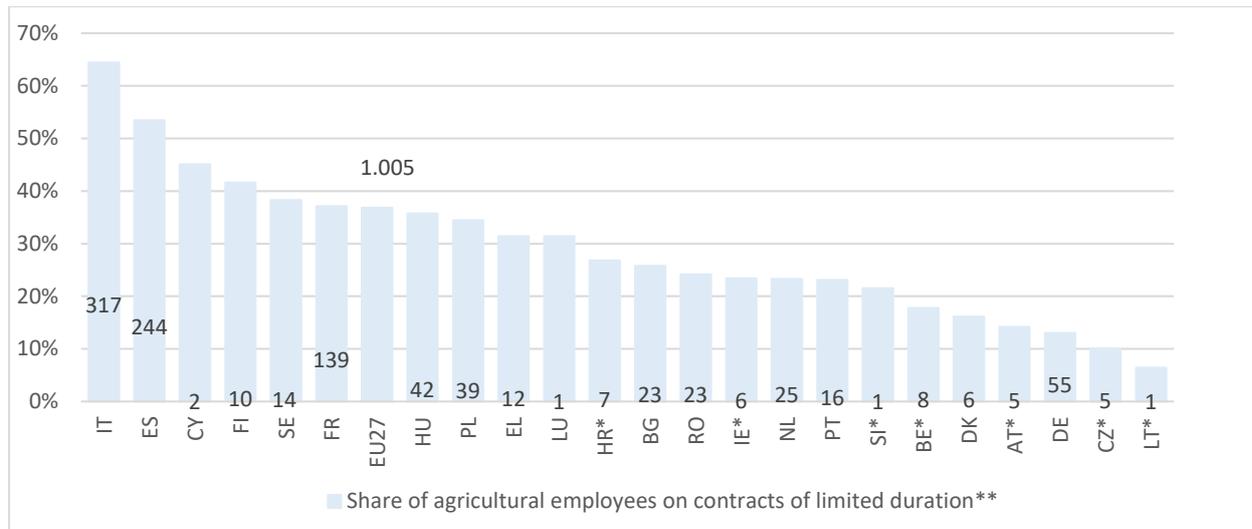
3.3.1. Agri-food sector

Farmers and agricultural workers are essential to securing the supply of food, both during the pandemic and in normal times. In many EU countries working conditions in the agricultural sector are particularly problematic, as this sector "*is one where work is precarious, to a certain extent undeclared or irregular, intermittent, and short-term*" (Kalantaryan et al., 2020, p.5).

The agricultural sector in the EU employed around 8 million workers in 2019 (7.8 million in 2020), representing 4 % of total employment³⁰. In many EU countries a large share of employment is made up of **temporary and seasonal work**, essential for labour-intensive agricultural activities, such as harvesting, pruning, planting and other farming services (OECD 2020a and 2020b; Lioutas & Charatsari 2021, cited in European Commission, 2021b). Overall, the number of **seasonal workers** hired in the EU each year is estimated to be between 800 000 and 1 million, mainly in the agri-food sector (Augère-Granier, 2021). In 2019, according to Eurostat data presented in Figure 8, 40 % (1.1 million) of agricultural employees in the EU27 were employed on a contract of limited duration, with peaks reaching 65 % in Italy and 58 % in Spain. Of those employed on a fixed-term basis, 60 % were employed on contracts of up to six months and 90 % of up to 12 months (European Commission, 2021b).

³⁰ Although with large differences across countries (from about 20 % in Romania to less than 1 % in Belgium, Luxemburg and Malta). Eurostat LFSA_EGAN22D, accessed 11.08.2021.

Figure 8: Agricultural employees with contracts of limited duration: number (thousands) and share of total contracts, 2020



Source: IRS calculations on Eurostat (LFSA_ESEG).

* Low reliability; data for EE, LV, MT and SK not available.

** Share on total employees (with limited and unlimited contracts).

At the beginning of the pandemic, the **European agricultural sector faced dramatic labour shortages due to border closures** (see Box 13 below).

Box 13: Shortage of agricultural workers in the COVID-19 pandemic

In spring 2020, despite the Commission Guidelines³¹ concerning the exercise of the free movement of workers during the COVID-19 outbreak and Guidelines³² on seasonal workers in the EU (European Commission, 2021c), several countries adopted measures such as travel bans and border controls that limited the ability of seasonal workers in agriculture to move (Carrera and Luk, 2020, as cited in Mitaritonna and Ragot, 2020). Due to these limitations, agricultural producers faced a dramatic labour shortage, especially in countries where farmers heavily rely on foreign workers (e.g. IT, ES, FR, DE, PL) to meet fluctuating seasonal labour needs (IOM, 2020). A recent study estimates the shortage of seasonal agricultural workers in the initial months of the pandemic at one million (Montanari et al., 2021, p. 29).

The labour shortage underlined the key role of migrant workers in this sector and their often difficult and precarious working and living conditions (Augère-Granier, 2021), raising awareness about the need to guarantee that the working conditions of these workers comply with minimum labour rights and adequate health protection standards. (Montanari et al., 2021).

To overcome this shortage and save harvests, EU countries adopted different strategies:

- (i) replacing seasonal migrant workers with domestic labour (e.g. FR, DE, ES, IT);
- (ii) derogating from labour laws to allow agricultural employees to work longer hours (e.g. FR);
- (iii) organising the arrival of migrant seasonal workers under strict health conditions (e.g. DE);

³¹ European Commission, 2020, Communication from the Commission Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak C/2020/2051, available at: [https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:52020XC0330\(03\)](https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:52020XC0330(03)).

³² European Commission, 2020, Communication from the Commission Guidelines on seasonal workers in the EU in the context of the COVID-19 outbreak C/2020/4813, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020XC0717%2804%29>.

- (iv) regularising irregular migrants already in the country (e.g. PT and IT) (Mitaritonna and Ragot, 2020);
- (v) extending the number of foreign workers' permits (e.g. EE, BE) (Montanari et al., 2021).

Source: Commission Guidelines C/2020/2051; Commission Guidelines C/2020/4813; European Commission (2021c); Carrera and Luk (2020) as cited in Mitaritonna and Ragot (2020); IOM (2020); Montanari et al. (2021); Kumar (2020).

Migrants, either from other EU Member States or third countries, cover labour shortages and account for a large share of seasonal workers. Although EU-wide official statistics on numbers of seasonal workers are not available, according to European Commission estimates (European Commission (2021b)), the annual flow of intra-EU seasonal workers (the large majority working in the agricultural sector) is between 650 000 and 850 000. Other studies show, for example, that in many countries (e.g. DE, ES, FR, IT, PL) these workers have become an essential component of the workforce needed during harvesting and planting, especially in the fruit and vegetable sector (Augère-Granier, 2021; Mitaritonna and Ragot, 2020). For instance, **Germany** receives around 300 000 workers each year, many of them from Central and Eastern Europe, especially Poland and Romania; **Italy** receives at least 370 000 migrants from 155 countries, accounting for 27 % of the regular agricultural workforce; **France and Spain** employ 276 000 and 150 000 seasonal workers respectively, a large share coming from Morocco (Augère-Granier, 2021). The real number of foreign seasonal workers in agriculture is however likely to be higher, since official national data do not account for those outsourced to service enterprises based in other EU countries³³, those employed illegally (Mitaritonna and Ragot, 2020), or those who already live in the receiving country (Augère-Granier, 2021).

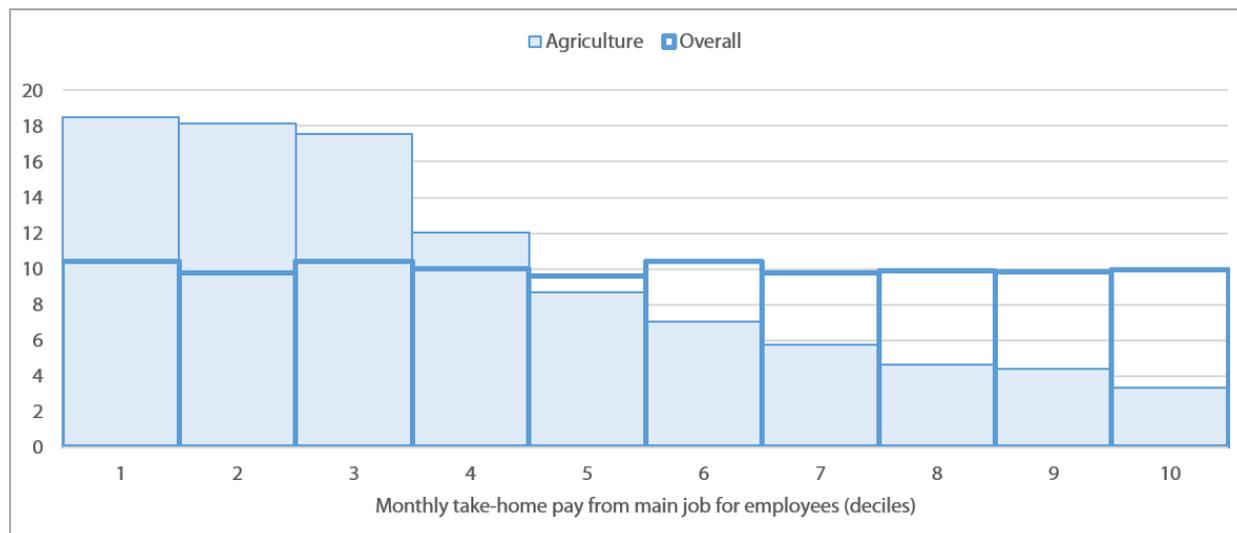
Seasonal agricultural migrant workers fill in jobs shunned by local workers because of low wages, hardship of work, long working hours, poor living conditions, and high health and safety risks³⁴ (Montanari et al., 2021). In 2020, according to EU-LFS micro-data, more than half (54 %) of the wages paid in this sector belonged to the bottom three deciles of the wage distribution (compared to 31 % in overall dependent employment) (see Figure 9). In many EU countries³⁵, non-EU workers earn lower **wages** than native agricultural workers, even when accounting for differences in within-sector occupations, educational level, age and gender composition (Kalantaryan et al., 2020).

³³ For instance, the French Ministry of Agriculture assessed the number of seasonal workers outsourced from service enterprises based in the EU as 67,000 people (Forget et al., 2019, as cited in Mitaritonna and Ragot, 2020).

³⁴ "Work on farms is intensive physical labour, taking place outdoors in all weathers and with early starts. There are job-related risks, such as exposure to chemicals used on farms. The work often involves arduous bending or kneeling, and the lifting and carrying of very heavy containers over uneven ground, which can result in falls and back injuries. Workplace accidents and illnesses are frequent" (Montanari et al., 2021).

³⁵ Belgium, Cyprus, France, Greece, Hungary and Italy.

Figure 9: Wage distribution in agriculture in 2020: share of employees by deciles of monthly take home pay in agriculture and in total employment



Source: IRS calculations on EU-LFS 2020 microdata.

Note: Agriculture (section A of NACE). CZ, DE, ES, SE, SI, SK not included since for these countries income data are not available. The coloured bars represent the deciles of monthly take-home pay for employees working in the agricultural sector, with decile 1 corresponding to the lowest wages and decile 10 corresponding to the highest wages. The transparent bars represent the deciles of monthly take-home pay for employees in all sectors. The y-axis represents the share of employees, while the x-axis represents the deciles of monthly take-home pay from main job for employees.

Despite low wages, migrant seasonal work is made up not only of low-skilled labour, but also of highly-qualified workers, often coming from Central and Eastern European countries (Montanari et al., 2021). These seasonal workers have developed relationships with one or a few employers in major destination countries, often returning year after year to the same place (OECD, 2019, as cited in Mitaritonna and Ragot, 2020). For instance, in France the rate of returnees is quite high, 49 % (Depeyrot et al., 2019, as cited in Mitaritonna and Ragot, 2020).

The COVID-19 pandemic has aggravated the already poor working conditions of EU-mobile and non-EU migrant agricultural workers (European Commission, 2021; Neef, 2020; ILO, 2020d) due to:

- **limited access to social security protection** due to the large use of short-term contracts and undeclared work (especially in some countries), as well as to the difficult coordination between different social security systems;
- **poor housing conditions** in the host country, often provided by the employer;
- **long working hours and low pay** (often below the minimum legal or contractual wage) due to undeclared work, unpaid overtime or performance-related based pay schemes, as well as due to the (excessive) deduction of costs for transport or accommodation from the salary;
- **workplace harassment** (including sexual violence and racial discrimination);
- high **health and safety** violations.

As underlined by Neef (2020, p.641): "These forms of exploitation are enabled by vulnerabilities that emerge from geographic isolation of farms, understaffed monitoring bodies, and the widespread use of employer-assisted visa processes, whereby workers are discouraged from reporting human rights abuses for fear of deportation".

Due to their poor working and housing conditions, migrant agricultural workers run a greater risk of contracting and further spreading COVID-19 compared to the general population, as shown by a recent study for the US (Lusk and Chandra, 2021). Many agricultural migrant workers live in shared overcrowded settlements, without access to basic sanitation and limited space for social distancing (ILO and ISSA, 2020; FAO, 2020; Augère-Granier, 2021), running the risk of becoming centres of infection, with increased mortality risk and stigmatisation by the local population. Many workers carpool to work, sharing a single car or being transported to work on packed buses. In addition, many migrant workers tend to work even when sick for fear of losing their job and no access to proper health insurance (Neef, 2020). They often do not have **access to information on protective measures** "due to a lack of information provided by employers, language barriers, illiteracy and/or limited access to internet" (FAO, 2020, p.2).

Moreover, several **migrant agricultural workers infected with COVID-19 were often not looked after in host countries**, although destination-country governments promised to administer tests, provide personal protection equipment, create conditions for social distancing, and offer medical assistance (Paul, 2020). In some cases the public authorities of the sending countries were lax in requiring comprehensive health insurance for their workers temporarily working abroad. For example, the **Bulgarian and Romanian** governments have not insisted that Western European employers provide comprehensive health insurance for agricultural workers (Hood, 2020). In Bulgaria, seasonal workers infected with COVID-19 returned from the Netherlands to receive medical treatment because they lacked access to healthcare in the host country (Radio Bulgaria, 2020 as cited in Paul, 2020).

The pandemic also increased the financial vulnerability of migrant agricultural workers, especially of undocumented migrants, often not eligible for social benefits and without access to healthcare or social protection in case of sickness or losing their job (FAO, 2020; Augère-Granier, 2021). Moreover, migrant agricultural workers tend to be accommodated on the employers' premises, which are available only when working. As reported by Augère-Granier (2021, p. 6): "*Labour inspectors repeatedly report violations of seasonal farm workers' rights as regards working hours, remuneration, living conditions, and health and safety standards in the workplace*".

Box 14 reports some examples of the deterioration in the already poor working conditions of essential workers in agriculture in some of the country case studies.

Box 14: Essential workers and shortages in agriculture: country case studies

The agricultural sector in **Germany** employed approximately one million workers in 2020 including the seasonal workforce. Several agriculture sub-sectors are characterised by low unionisation and poor working conditions. COVID-19 has strongly impacted this sector and created particularly severe infection clusters due to decidedly unsatisfying working conditions and safety. The agricultural sector has suffered from a shortage of migrant workers at the beginning of the pandemic. Therefore, the Government allowed 40 000 migrants to enter the country in April 2020 to carry out specific agricultural activities and the same number was allowed in May 2020. Entrance was subject to the respect of strict health provisions and several health bulletins containing guidelines and recommendations were issued for migrant workers illustrating duties and recommendations before and during their stay in Germany, which included: COVID-testing before entering the country, private insurance covered by the employer for those who in their home country do not benefit of full healthcare, the application of the rule "living together, working together".

Ireland explicitly exempted temporary foreign workers from travel restrictions as they represent a high share of total workers in the horticultural sector. The horticultural sector is indeed strongly dependent on short-term migrant labour on temporary contracts. These workers are mostly from the EU and during the crisis they were explicitly exempted from travel restrictions. Despite claims by employers that all fruit pickers had been screened, it was clear that living conditions made social distancing impossible and workers themselves reported unsafe working conditions.

In **Italy**, forms of exploitation such as illegal intermediation ('*caporalato*') and undeclared work are still present. The working conditions in this sector were therefore already poor before the pandemic. With the spread of COVID-19, restrictions on the admission of third-country nationals were imposed and the entry of new seasonal workers was sharply curtailed. To address shortages in the sector, Italy adopted special agreements with Ukraine, Morocco and India to allow seasonal foreign workers to enter the country and be employed in agriculture. In addition, it adopted specific measures to regularise migrant workers irregularly employed in agriculture. These measures allowed employers to recruit foreign workers in the sectors identified; permitted granting of a six-month permit for third-country nationals whose permit expired after 31 October 2019, but who were in Italy on 8 March 2020 and worked previously in the sectors mentioned. For regularly hired workers, the temporary permit could become a residence work permit. These measures also ensured that irregular migrants would not avoid COVID-19 testing or medical treatment out of fear of detention or expulsion. The screening and health security measures in spontaneous settlements of agricultural workers were therefore reinforced.

In **Romania**, the agricultural sector registers the second lowest level of earnings and the highest number of self-employed workers and contributing family workers among the essential sectors considered by this study. Low wages combined with limited access to social protection put workers in this sector at risk of in-work poverty and incentive Romanian workers to move to Western Europe. Outflows to Western Europe did not stop during the pandemic, especially in the context of the reduction of travel restrictions of workers in the agricultural sector. According to the National Economic Institute of the Romanian Academy (2020), the migration of agricultural workers continued to be driven by the significant difference in the level of wages between Romania and Western European countries.

Source: country case studies.

The COVID-19 pandemic has also revealed employment challenges for **other workers in the agri-food chain**. For instance, in the **meat processing industry** thousands of workers across major meat-producing countries have contracted the virus (see Box 15).

Box 15: Essential workers in meat processing and manufacturing

The food and beverage processing and manufacturing sector is one of the essential sectors in the pandemic. Those employed in production, processing and preserving of meat and meat products account for 21 % (almost 1 million workers)³⁶ of the sector. "*Meat-packing plants provide favourable conditions for viral transmission, given their low temperature, metallic surfaces, dense production of aerosols, noise levels requiring workers to shout, crowded working conditions and, often, limited access to sick leave for employees*" (Independent Panel for Pandemic Preparedness and Response, 2021, p. 25). Thus, during the COVID-19 crisis essential workers employed in **meat processing plants** faced a high risk of contracting the virus. COVID-19 outbreaks were reported in meat processing plants in several EU countries (e.g. FR, DE, IE, ES), leading in some cases to the temporary shutdown of the operations (Montanari et al., 2021; Reid et al., 2021; Zuber and Brüssow, 2020). In some countries, a large share of workers in meat processing plants are migrants.

For example, in **Germany** two thirds of the 90,000 workforce is represented by subcontracted workers from Eastern Europe; in **Ireland** 20 % of the workforce are migrant workers from outside of the EU (especially Brazil) and a further 50 % are from countries within the European Union (Reid et al., 2021). During the pandemic, work permits continued to be granted to meat plants. In these two countries working conditions in plants appear to be exploitative and dangerous, and it was no surprise that meat plants were one of the major centres for COVID-19. In cases in North Rhine-Westphalia and Baden-Württemberg, Germany, this was particularly due to the lack of safety equipment, social distancing and safety regulations; in Ireland meat workers accounted for 1 047 of total COVID-19 cases as of 21 July 2020.

Source: Independent Panel on pandemic preparedness and response (2021); Montanari et al. (2021); Reid et al. (2021); Zuber and Brüssow (2020); country case studies.

3.3.2. International transport workers and platform workers in delivery services

During the pandemic, road transport services have been declared an essential service in many countries, as they ensure the supply of essential goods, including food and medical supplies, as well as a vast range of materials upon which businesses and consumers depend (ILO, 2020b). Overall, the transport sector employs over 10 million workers in the EU³⁷ (78 % men), most of whom are employed in land transport (52 %) and warehousing and support activities for transportation (27 %)³⁸.

The pandemic had a particularly negative impact on the road freight transport sector, which employed over 3 million people in 2018 (Eurostat)³⁹, exacerbating the structural **shortage of road transport drivers**. The problem could intensify even more with the economic recovery and increases in passenger/freight demand (Rodrigues, Teoh, Ramos, Lozzi, Knezevic et al., 2021). The increased

³⁶ Eurostat [SBS_NA_IND_R2].

³⁷ According to Eurostat data the sector employed 10.7 million workers in 2019 and 10.3 in 2020 Eurostat [LFSA_EGAN22D] accessed on 01/08/2021.

³⁸ More than half (52 %) are employed in land transport and transport via pipelines (5,576.7 in 2019) and another large share (27 %) is employed in warehousing and support activities for transportation (2,922.9 in 2019). Postal and courier activities account for 14 % of transport employment (1,477.5 in 2019), while a minor share is employed in water transport (3 %; 304.4) and air transport (4 %; 411.6).

³⁹ Eurostat [SBS_NA_1A_SE_R2], accessed on 26/08/2021.

demand and declining work attractiveness due to challenging working conditions, poor work environments and the difficulties in attracting women and young people, make the shortage of professional and qualified drivers a structural issue across EU Member States (Pastori and Brambilla, 2017). Over the years, the shortage of professional drivers in major destination countries has increased the number of non-resident drivers from other EU countries (Eastern) and, more recently, also of drivers from non-EU countries⁴⁰ (European Transport Workers Federation, 2019).

The increased volume of international transport and competition creates pressure to cut labour costs. Coupled with the existing wide differences across EU countries in wage levels and social security contributions (Scordamaglia, 2020), regulations and enforcement mechanisms (Pastori and Brambilla, 2017), have led many transport companies to adopt **practices that result in market distortions and unfair employment conditions** (Pastori and Brambilla, 2017; ETF, 2019). This is especially the case for non-resident or cross-border professional drivers (Broughton et al., 2015; Gibson et al., 2017; Pastori and Brambilla 2017).

Broughton et al., underline the importance of **subcontracting and letterbox companies**⁴¹ in this sector, resulting in a high share of **bogus self-employed workers** among drivers⁴² (Broughton et al., 2015). Self-employed drivers may fall outside the scope of labour and employment protection laws, which means that they are not eligible for key employee benefits, such as disability compensation and health and unemployment insurance (ILO, 2020b).

a. Challenges affecting international transport workers

The **movement restrictions imposed during the pandemic** have had a negative impact on EU countries largely depending on drivers from other countries, who have had to return home or were placed in quarantine or confinement (ILO, 2020b). For drivers resident in other countries, access to social protection and assistance, including COVID-19-related support schemes, can at times be significantly limited (Rasnača, 2020).

Restrictions to contain the spread of the pandemic (e.g. border closures, travel bans, export restrictions, social distancing, lockdowns and closures of non-essential businesses) **have also further deteriorated the already difficult working conditions of road freight transport drivers.**

Atypical working hours with long absences from home, prolonged sitting with related posture and musculo-skeletal problems, road safety risks, accessibility of facilities and services, violence and assaults are all problematic aspects of this occupation (ETF, 2019). In the early stages of the pandemic, the **closure or limited access to commercial vehicle rest areas and welfare facilities affected the wellbeing of truck drivers** by leaving them with less access to fresh water and bathrooms (ILO, 2020b).

⁴⁰ The number of driver attestations issued to these drivers has almost doubled between 2014 and 2016 to around 76,000 (i. e. 2.5 % of the total workforce in the road haulage sector). Most of them are employed in Poland, Lithuania, Slovenia and Spain (European Commission, 2017).

⁴¹ A "letterbox company" can be defined as a company that is formally registered in a Member State but has no administrative or economic activity in that Member State. Some Western European operators establish these letterbox companies in countries where wages are significantly lower, namely in Central and Eastern Europe, in order to exploit wage differentials, to minimise employees' social security contributions and to avoid taxes (Cremers 2014). The primary purpose of a letterbox company is to post workers abroad. Non-resident drivers are hired by a letterbox company with a local contract but then work entirely abroad in Western European countries. Also, trucks are registered in most cases by the letterbox company in the respective country but will not return to the country (ETF, 2019). Cremers, J., (2014), Letter-box companies and abuse of the posting rules: how the primacy of economic freedoms and weak enforcement give rise to social dumping, ETUI, Brussels, available at: <https://www.etui.org/sites/default/files/Policy%20Brief%202014-05.pdf>.

⁴² Transport companies sub-contract part of their transport activities to false or bogus self-employment to take advantage of the fact that self-employed drivers are not required to comply with rules on maximum working times and they will cost the company no taxes, no social contributions and no paid leave (Pastori and Brambilla, 2017).

Moreover, the **closures or restrictions at border crossings at the beginning of the pandemic** exposed drivers to increased waiting times, forced quarantine, mandatory testing, discrimination and stigma when in rest areas, facilities and delivery points due to fear of contracting the disease (ILO, 2020b). Some warehouses even started to ban truck drivers from their facilities (Politico 2020a).

Air and maritime crews have been stranded on faraway ships or in destination countries for several weeks and even months, increasing workers' uncertainty, stress and fatigue (Rodrigues, Teoh, Ramos, Lozzi, Knezevic et al., 2021).

Furthermore, the **temporary relaxation of working time and rest rules** to relieve workforce shortages and ensure the on-time delivery of essential goods **exposes transport workers and drivers to health and safety risks, resulting in increased fatigue, stress and crashes** (Rodrigues, Teoh, Ramos, Lozzi, Knezevic et al., 2021; ILO, 2020b). To face the increased demand and shortage of drivers, the vast majority of EU countries have relaxed the limits on working time or reduced rest times (SI, PT, CZ, BE, ES, LV, FI, DK, FR, NL, HU, EL, AT, HR, SI, MT, DE, LU, PL, IE, BG, RO, SE) (Politico, 2020b)⁴³. As a consequence, truck drivers were confronted with longer working hours and lack of rest periods during the pandemic, resulting in increased fatigue and exhaustion, affecting their physical and mental health, as well as their family life and relationships (Unite the Union, 2020 as cited in ILO, 2020b). The pandemic also exacerbated pressure from supply chain entities, among the main determinants of transport workers adopting riskier and unsafe driving practices. (ILO, 2020e). The implementation of **additional safety and security protocols**, often different across EU countries, put further pressure and stress on transport workers (Rodrigues, Teoh, Ramos, Lozzi, Knezevic et al., 2021).

Essential workers in the road transport sector were faced with a **high risk of contracting COVID-19**. In particular, **urban transport workers** (including urban and suburban passenger land transport, taxi and other means, employing almost 2 million workers in 2018)⁴⁴, have high exposure to the risk of infection due to interactions with colleagues and passengers. According to a study by the Norwegian Institute of Public Health (NIPH), taxi, bus and tram drivers have been more infected than the rest of the population of working age (between 1.5 to 3 times more infections in the period February-July 2020). This was additionally worrying because of the high proportion of older workers in this sector: among EU professional truck drivers the average age is close to 50 (IRU, 2021). Urban transport workers have experienced increased health and safety risks, in terms of fatigue and accidents. The shortage of drivers due to quarantine measures, self-isolation, workers on sick leave or absenteeism have led to some countries having relaxed working time regulations in order to continue to ensure the frequency of public transport, increasing the workload for drivers on duty (Rodrigues, Teoh, Ramos, Lozzi, Knezevic et al., 2021).

The country case studies report some additional evidence on the risks faced by transport workers during the pandemic (see Box 16 below).

⁴³ For a list of temporary exceptions to Reg. 561/2006 introduced by Member States see: European Transport Workers Federation, Temporary Exceptions granted by Member States due to the COVID-19 outbreak – notified by COM, available at: <https://www.etf-europe.org/wp-content/uploads/2020/03/Relaxation-of-DRT-rules-19-3-2020.pdf>.

⁴⁴ Eurostat [SBS NA 1A SE R2], accessed on 26/09/2021.

Box 16: Transport workers: country case studies

According to a 2018 study, truck drivers in **Denmark** are the hardest-working group in the country, with an average work week of 45.2 hours, which is 5.6 more hours than the normal work week in Denmark, however they have the right to rest between 9 and 11 hours daily. The number of accidents is very high. In 2018, 7 out of 31 death cases registered at work were truck drivers. During the pandemic, a new temporary agreement was reached suspending rest days and environmental-zone-driving for truck drivers to ensure that the supply of commodities remained stable. This meant there were deliveries and driving throughout the whole day and on week-ends and not solely in specific time periods and also that their rest period could be postponed for 10 days.

Germany, as a transit country across Europe, also saw its borders close down and several trucks and distributors had to wait at the borders under precarious hygiene conditions, as interviewees reported. This was exacerbated by the need for many workers with a migration background to go back to their countries.

In **Ireland**, in the state sector (Dublin Bus, Irish Rail...) workers are highly unionised (Hughes and Dobbins, 2020) and have standard employment conditions including regular hours. Public transport was curtailed but continued to run with massive state subsidies, workers were not laid off and safety precautions were rapidly introduced.

In **Italy**, the urban transport sector there exists a range of working conditions. They are better in municipal or former municipal companies than in private transport companies (even when the same collective agreement is applied). Furthermore, transport companies can choose the collective agreement to apply, including the tourism collective agreement which provides fewer favourable conditions for workers than trade collective agreements. A positive example is the transport company of the Municipality of Milan (ATM), which has guaranteed good contractual conditions for workers and has signed an agreement with the trade union to establish operational protocols to cope with the emergency as well as increasing staff in order to strengthen its offer of services.

In **Romania**, transport and storage sectors registered an increase in employment during the COVID-19 crisis (+8 %). In 2020, an increase in the employment of women was also registered in this sector (+20 %). The uncertainty on the COVID-19 procedures and rules to be respected in different countries was a critical issue for cross-border truck drivers.

Source: country case studies.

b. Challenges affecting platform food and service delivery workers

Platform food and service delivery workers⁴⁵ also played an essential role providing delivery, cleaning, and care services during lockdowns periods (Fairwork, 2020). In the first half of 2020, delivery platforms "expanded their scope, from the delivery of prepared meals to the delivery of groceries⁴⁶, medicine or parcels (for example, Liftago in Czechia and Wolt and Bolt Food in Estonia)" (Eurofound, 2020e, p. 21).

Platform work is a growing phenomenon⁴⁷. Pre-pandemic estimates at national level suggest that 1-2 % of the workforce has been engaged in platform work as a main job, with around 10 % doing it occasionally, and with significant variation across countries (Eurofound, 2020e). With the pandemic this

⁴⁵ Platform work involves the matching of supply and demand for paid labour through an online platform or an app. The best-known examples of platform work, which are probably also the most widespread, match supply and demand in relation to transport services, that is, taxi services and food delivery (Eurofound, 2020e).

⁴⁶ During the lockdowns, e-grocery has risen by around 10 % from pre-crisis levels (Rodrigues, Teoh, Ramos, Lozzi, Knezevic et al., 2021).

⁴⁷ Particularly striking is the rise in platform work: in 2013–2014 it was a new form of employment in about 40 % of EU countries, while in 2020 it existed in more than 95 % of them. (Eurofund, 2021g).

rate is likely to have increased due to both a growing demand during lockdowns and a growing labour supply of workers needing to integrate their income (Howson et al., 2021, p. 7). On average, platform workers tend to be male, young and more educated than the general population (Schwellnus et al., 2019; Eurofound, 2020e). However, some studies also point to a non-negligible share of older platform workers; for instance, Urzi Brancati et al., (2020) in their survey covering 16 European countries, found that 5 % of platform workers are aged 56–65.

The increased use of platform workers in food delivery services during the pandemic showed the precarious working conditions of platform workers, reported in recent research (e.g. Hauben, Lenaerts and Kraatz, 2020; Hauben et al., 2020; Eurofound, 2020e; European Commission, 2020b; Risak, 2019). Precarious conditions include: their ambiguous employment status; the unilateral enforcement of contractual conditions; their low, insecure, unstable and unpredictable income; low access to training and career development; exposure to specific health and safety risks, including the lack of safety provisions and the use of own equipment; low social protection and insurance coverage; low levels of collective labour rights and representation.

During the pandemic, platform workers in delivery services have also seen an increase in health and safety risks due to increased workload and lack of PPE. Delivery workers (motorcycle or bicycle riders) are at high risk of being involved in road traffic accidents, and are exposed to pollution, time pressure, lack of protective clothing, and contact with clients (European Agency for Safety and Health at Work, 2010). Moreover, these workers lacked PPE protection especially at the beginning of the pandemic (Fairwork, 2020), since platforms refrained from providing PPE (personal protective equipment) in order to not undermine the status of workers as independent contractors (Howson et al., 2021)⁴⁸. Several cases of abuse of couriers delivering food and goods during the pandemic were also reported (Hauben, Lenaerts and Kraatz, 2020).

Protection against work accidents and professional diseases for low-skilled platform workers and on-location tasks (e.g. transport, household services) is a critical issue (European Commission, 2020b), because of workers' low access to social protection (Eurofound, 2020e; Hauben et al., 2020). Existing studies show that many platform workers do not have access to invalidity benefits (60 %), sickness benefits (47 %) (Forde et al., 2017), or health coverage (45 %) (ILO, 2018b). Many e-commerce drivers, riders, and other ride-hailing-service drivers are self-employed workers whose platforms or companies have not guaranteed them support during the pandemic. In the countries where they are still considered freelancers, they may only have access to state relief for independent workers (Rodrigues, Teoh, Ramos, Lozzi, Knezevic et al., 2021). At the beginning of the pandemic, the European Trade Union Confederation (ETUC, 2020) reported concerns about compensation for riders in case of illness following the outbreak and spread of COVID-19, while trade unions in several countries expressed concerns and demanded protection for platform workers affected by the virus (Eurofound, 2020f). For example, in **Denmark**, demand for food delivery services rose by more than 50 % compared to the previous year. This led to a higher workload and the expectation for employees to work faster, which in turn led to difficult working conditions for the employees. Workers in this sector eventually ended up complaining to the media and relevant stakeholders, which led 3F (a Danish Union) to drive a public campaign asking for better conditions, with the employer eventually guaranteeing higher standards and to better the conditions of employees. Also in **Germany**, where approximately half a million workers are employed in the delivery of packages and mail, the increase in demand since April 2020 led to increased workload, longer shifts and to a higher volatile volume of orders across distribution

⁴⁸ While in the months following the outbreak, platforms have needed to demonstrate stringent safety procedures to customers and authorities in order to maintain their social license to operate (Howson et al., 2021).

bottle necks. The emergency situation in the first few months resulted in the closure of several small retail and restaurant facilities, meaning that food delivery workers had limited access to toilets and hygiene facilities.

Addressing the poor working conditions and ambiguous employment status of platform workers, the European Parliament in a written question to the European Commission expressed its concerns on the health and labour protection of platform workers in the sector, inquiring whether a policy proposal would be presented soon (Hauben, Lenaerts and Kraatz, 2020). The recent Commission proposal for a Directive on improving the working conditions of Platform work⁴⁹ starts to address these challenges (see chapter 5).

3.3.3. Healthcare and long-term care workers

a. Healthcare workers

Healthcare workers in hospitals were faced with increased workloads, particularly for those involved in the care of COVID-19 patients. Especially in the early stages and during the peaks of the pandemic, they were forced to work overtime, often unable to take annual leave (Pelling, 2021), sometimes with little or no compensation, coping with the unprecedented mortality rate of their patients, living in constant fear of exposure to the disease while separated from their family and facing social stigmatisation (Krystal and McNeil, 2020).

Healthcare workers, are at a high risk of COVID-19 infection because of more frequent exposure to COVID-19 cases. The risk of contagion for healthcare and long-term care workers was particularly severe at the beginning of the pandemic, when the shortage of PPE among health and care workers was of particular concern in many countries (Eurofound, 2020a; OECD, 2020c). According to the ITUC Global COVID-19 Survey⁵⁰ (ITUC, 2020) about 51 % of the countries taking part in the survey reported a lack of adequate PPE for health and care workers, underlying the risks faced by millions of frontline health and care workers responding to the pandemic. National health authorities report a high share of healthcare workers infected with COVID-19 (European Centre for Disease Prevention and Control, 2020) and the World Health Organization (WHO, 2020a) has estimated that, at global level, around 14 % of COVID-19 cases reported to WHO are among health workers, although these workers represent less than 3 % of the population in the large majority of countries⁵¹.

In addition to the physical hazards, the pandemic has placed extraordinary levels of psychological stress on healthcare workers and worsened their living conditions. During the pandemic, healthcare workers were more likely to develop symptoms of psychological stress, such as compulsive attention to COVID-19-related news, insomnia, work-related anxiety, guilt, avoidance of returning to the workplace, irritability, intrusive thoughts, nightmares and depression (Ayanian, 2020; Krystal and McNeil, 2020; Pappa et al., 2020; Spoorthy et al., 2020, as cited in EIGE, 2021a). According to two surveys of health workers in **Portugal** (published in April 2020), almost 75 % of health workers considered their levels of anxiety as 'high' or 'very high' and 15 % reported that they had moderate or significant levels of depression during the pandemic. Among nurses, 40 % experienced higher levels of anxiety due to increased working hours, while 57 % reported that their sleep was 'bad' or 'very bad' and

⁴⁹ European Commission, Commission proposals to improve the working conditions of people working through digital labour platforms, Press release Brussels 9.12.2021. Available at: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_6605.

⁵⁰ 148 unions from 107 countries (including the following EU countries: AT, BE, CZ, DE, DK, EL, ES, FI, FR, HU, IE, IT, LT, LV, NL, PL, PT, SE, SK) took part in the third ITUC Global COVID-19 Survey between 20 – 23 April 2020.

⁵¹ "According to the International Council of Nurses, more than 230,000 healthcare workers worldwide contracted COVID-19 during the first half of 2020. More than 600 nurses had died from the virus by July 2020 (International Council of Nurses 2020). Additionally, data collected by Amnesty International from 63 countries across the globe shows that in July 2020, over 3,000 healthcare workers had died from coronavirus (Amnesty International 2020: p.14) (Pelling, 2021).

48 % reported their quality of life as 'bad' or 'very bad'. Only 1.4 % received mental health support (Escola Nacional de Saúde Pública 2020; Azevedo 2020, as cited in Pelling, 2021).

Healthcare workers also faced a rise in **verbal harassment, discrimination and physical violence** (WHO, 2020b), already higher before the pandemic for EU care workers in the healthcare sector (13 %) than for the overall workforce (EIGE, 2021a).

b. Long-term care workers

In the long-term care sector (LTC), the COVID-19 pandemic put enormous pressure on workers, exacerbating pre-existing structural problems, such as: underfunding, fragmentation, poor coordination with healthcare, an undervalued workforce with poor working and pay conditions, staff shortages, and insufficient skills (OECD 2020d; WHO, 2020c, Federation of European Social Employers and the European Public Service Union, 2020). As underlined in the Irish case study (see Box 17 below) LTC workers in the private sector are less likely to be unionised and covered by collective agreements than workers in the public healthcare sector, and therefore less able to voice their concerns.

The long-term care workforce represents a significant share of employment in the EU. According to Eurofound estimates (Eurofound, 2020b) in the EU27 in 2019, about 6.3 million people (3.2 % of EU workers) were working in residential care activities⁵² and social work activities for the elderly and disabled without accommodation⁵³. These figures probably underestimate the real number of care workers, since a considerable proportion of LTC workers are employed as **undeclared** home-based or live-in carers and thus are not included in official statistics (Eurofound, 2020b). According to national estimates, undeclared work concerns 600,000 personal care workers in Italy, 300,000–350,000 live-in carers in Germany, and 32 % of workers in personal household services (about 185,000 workers) in Spain (Eurofound, 2020).

As underlined in a recent IPOL study on long-term carers (Barslund et al., 2021), undeclared work in the LTC sector seems to be more widespread in Member States where residential care and home care is less formalised or where formalised services do not allow enough flexibility in service provision. *"Furthermore, in Member States that rely heavily on LTC benefits in cash, and whose benefit levels are too low to purchase formal LTC services, the incentive to rely on undeclared work is (much) higher. Finally, the fact that informal LTC cannot be provided by a partner or family member may also create a need for undeclared work. After all, undeclared work is particularly common in households hiring individual home carers (i.e. live-in care)."* (Barslund et al., 2021; p. 31).

The pandemic has highlighted the importance of the LTC workers and their poor working conditions. Care workers providing home – based or institution-based care have been neglected and overlooked for many years and their work has been undervalued (WHO Regional Office for Europe, as cited in ILO, 2020c). High levels of strain and workloads, insufficient training, lack of decent rest time and high psychosocial risks are common characteristics of LTC work in a vast majority EU countries (Spasova et al., 2018).

Care work is often considered low-skilled and **LTC workers' wages often fall below the national average**, with pay being on average lower in the private sector than in the public sector (Eurofound, 2020b). In 2018, social services workers in the EU (of which 69 % work in the long-term care sector) received average hourly earnings 21 % lower than the total employment average, reaching 35 % lower in some countries such as Bulgaria, Estonia and Italy (Eurofound, 2020b). According to EIGE estimates,

⁵² NACE code 67

⁵³ NACE code 88.1

more than one third of personal care workers in health services⁵⁴ (of which 86 % are women) are among the 20 % of the lowest paid workers, with a high share of foreign-born workers (23 %) and relatively low qualifications (22 %) (EIGE, 2021a).

Part-time is more widespread among LTC workers (42 %), especially in the case of non-residential care (52 %), than among workers in healthcare (26 %) or in all economic sectors (19 %), resulting in low monthly earnings (Eurofound, 2021)⁵⁵.

Recently, **platform work** has become an emerging trend even in the LTC sector. Many platforms offer services related to personal care work, but there is a growing number of platforms that offer intermediate live-in care services, medical and non-medical assistance to elderly people and dependent people, often in collaboration with other stakeholders like social services, health insurance, residential care centres and municipal health services (Barslund et al., 2021). Platform workers in the LTC sector are mostly self-employed. According to Barslund et al. (2021), although this working arrangement *may* reflect the needs of the professionals involved (e.g. doctors, physical therapists, etc.), more often it allows platforms to avoid offering their workers access to social protection and better working conditions.

Poor working conditions and low pay are the main determinants of the **labour shortages and high turnover of staff** characterising the LTC sector even before the pandemic (Pelling, 2021; OECD, 2020d; EIGE, 2021a). In some Member States shortages are limited to a specific subgroup of workers (e.g. nurses in Belgium and Sweden) while in others the shortages affect the entire LTC workforce (Barslund M., et al., 2021). The pandemic exacerbated labour shortages in this sector as thousands of migrant care professionals (mostly women) returned to their home countries ahead of border closures (EIGE, 2021a). As reported Barslund M., et al., (2021), **skills mismatches** are also frequent in the LTC sector at all skill level. The majority of jobs are performed by workers with insufficient knowledge or training, although mobile and migrant LTC workers are often overqualified.

The LTC workforce is **strongly female-dominated**: in 2019, 81 % of European workers employed in residential care and social work activities without accommodation were women (NACE 87 and 88.1- EF, 2020) and 86 % among personal care workers (ISCO 911⁵⁶), with peaks of 95 % among live-in carers in Austria and of 91 % in Spain (EIGE, 2021; Mercader Uguina et al., 2020).

Unlike in the health sector, where foreign workers represent a small share (4.8 % of total employed in 2019), the LTC workforce is also characterised by a significant share of **foreign-born workers**: 7.9 % of those employed in the LTC sector in the EU are foreign-born, either EU mobile workers (3.5 %) or third country nationals (4.5 %) (Eurofound, 2020b). Some subsectors (e.g. live-in care) are more dependent on foreign labour than others, employing mostly low-paid migrant women from Eastern Europe, especially in countries like Malta, Luxembourg and Sweden (Barslund M., et al., 2021). However, the situation varies largely among Member States. Countries like Bulgaria, Croatia, Hungary, Lithuania, Poland, Portugal, Romania and Slovakia register less than 1 % of migrants or mobile workers employed in the formal LTC sector while experiencing an outflow of LTC workers to other Member States (Barslund M., et al. 2021). These figures do not consider undeclared migrant/mobile workers and therefore represent only a fraction of the total share of migrant and mobile workers in LTC.

⁵⁴ ISCO code 532.

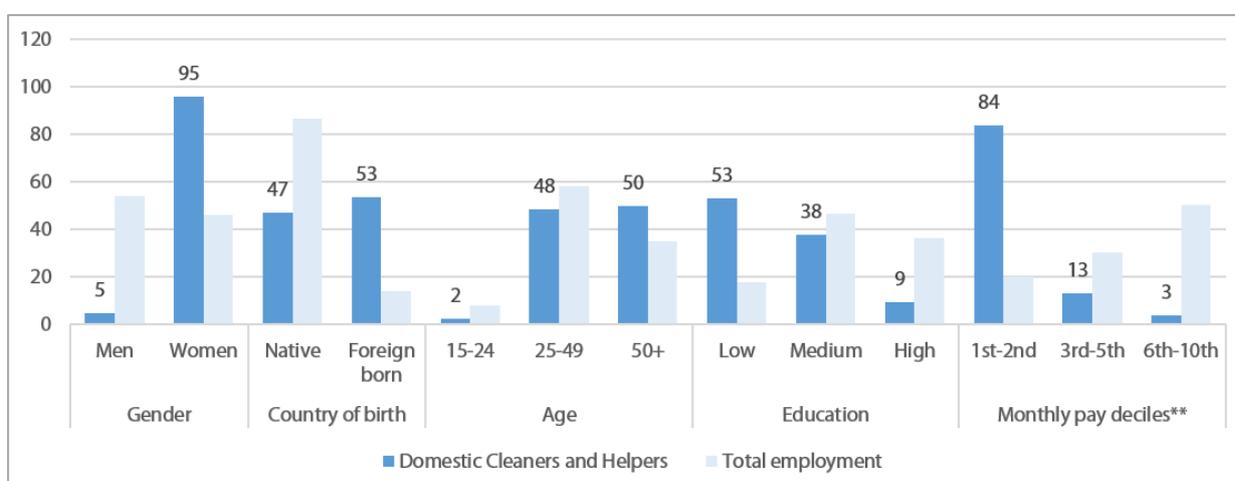
⁵⁵ Eurofound, 2021, Wages in long-term care and other social services 21% below average, available at: <https://www.eurofound.europa.eu/nb/publications/article/2021/wages-in-long-term-care-and-other-social-services-21-below-average>.

⁵⁶ Domestic, hotel and office cleaners and helpers.

Due to the high costs of professional care services and/or the lack of access to formal home-care services or residential care services, in several EU countries (e.g. AT, CH, CY, ES, EL, IS, IT, LI, MT, PL) **migrant women play an increasingly important role in LTC provision at home** (Spasova et al., 2018). Several studies highlight the unfavourable and precarious working conditions, with a large share of irregular employment, lack of access to social security and low pay (EFSI, 2015, 2018; European Commission, 2018b; ILO, 2018, 2019, as cited in EIGE, 2021a).

Estimates for 2020 calculated for this study, based on the EU-LFS 2020 microdata presented in Figure 10, confirm EIGE (EIGE (2021a) findings based on 2018 data: EU personal care workers are mostly women (95 %) with relatively low skills (53 %) and often from a migrant background (53 %); the large majority have low monthly pay, with more than 8 out of 10 belonging to the first two deciles of wage distribution.

Figure 10: Domestic cleaners and helpers: distribution by personal characteristics and income deciles (expressed as percentages, persons aged 15+, EU Member States*, 2020)



Source: IRS calculations on EU-LFS 2020 microdata.

Note: Domestic cleaners and helpers (ISCO code: 911) working in households as employer (NACE code: T).

* BG, MT, PL and SI not included because no data available for ISCO 3-digit.

** in addition, data on wage deciles do not include CZ, DE, ES, SE, SI, SK because of unavailability of data.

With the pandemic, **LTC workers were facing a higher risk of contracting COVID-19 than healthcare workers in hospitals**, often without the appropriate healthcare training or ability to implement infection protocols or other prevention activities (OECD, 2020c; Colombo et al., 2011). As reported by Eurofound (2020b), workers in LTC felt they were not 'very well' informed about the health and safety risks related to the performance of their job, while among healthcare workers a large share did feel 'very well' informed. The LTC sector is also characterised by a high proportion (3 % in 2019) of workers aged 50 or more (Eurofound, 2020b), indicating an increased risk in the event of contracting COVID-19. Moreover, many workers providing home- or institution-based care were not initially identified as frontline workers and were therefore not taken into account in early response mechanisms with provision of personal protective equipment and regular testing (ILO, 2020c).

Migrant care workers employed in long-term elderly residential and home care facilities often working part-time for several care facilities, are at particularly high risk of contracting and spreading COVID-19 (Foley and Piper, 2020), as are **domestic care workers**, who often work with children and the elderly without adequate personal protective equipment. Domestic care workers also faced increased workloads without extra pay or compensation and pressure to stay overnight in their

workplaces to lower the risk of exposure during commuting (Foley and Piper, 2020).

This resulted in a **high incidence of COVID-19 cases among LTC workers**. For example, in Germany, COVID-19 cases among workers in domiciliary care were double the number in the average population, and the rate of COVID-19 was six times higher among workers in nursing homes than in the average population (Rothgang et al., 2020, as cited in Pelling, 2021). In Portugal, workers in residential care homes accounted for about a third of COVID-19-related sick leave. In many countries, presenteeism was a problem, with care workers feeling forced to go to work even though they had symptoms of infection. In Spain, 76.5 % of COVID-19 cases in the care sector were women (Amnesty International 2020, as cited in Pelling, 2021).

Examples from the country case studies are presented in Box 17 below.

Box 17: Healthcare and long-term care workers: country case studies

Nurses in **Denmark** reported how their tasks changed during the pandemic, especially for those who worked in residential nursing homes. Normally, much of their job is to socialise and help the elderly with everyday life activities, such as eating dinner and bathing. An interviewed nurse believes that her main task is being a care giver, which is also what motivates her to do her job. With COVID-19, many tasks and routines have changed and nurses can no longer eat with the residents, hug them or show the same type of care as before the pandemic. New tasks also emerged, thus taking time away from residents. This was also a cause of frustration for many of the residents, as they didn't understand the situation completely and they had a tough time adjusting to and understanding the situation, especially those with dementia. This situation eventually led to loneliness and in some cases depression; for residents the pandemic situation has been a psychological burden more than a physical one.

Workers in **German** health and elderly care institutions have been impacted by COVID-19 at different levels. Interviewees said that one of their main worries and causes of distress was the fear of infecting elderly people under their care and responsibility. In the first few months of the emergency, insufficient protective equipment made this risk more evident. Uncertainty and distress were also related to unclear and fast-changing procedures and regulations to which employees had to adapt in a very short timeframe. An increased workload to compensate centres and institutions which had employees in quarantine due to COVID-19 clusters was also reported. At the same time, institutions saw a decrease in volunteers and apprentices, which in turn further increased the workload of other employees.

In **Ireland**, workers in hospitals were coming into direct contact with patients and initially had high levels of incidence. A study calculated that nurses and midwives comprised 6 % of all COVID-19 cases during the reporting period, but 2 % of the 2016 population; even more over-represented were nursing auxiliaries and assistants (4 % of cases but only 1 % of the population). High incidence levels meant staff absences, which in turn increased staff shortages and pressure. Staff at all levels were exhausted and reporting burn out. However, in institutional settings, doctors and nurses were able to voice their concerns through representative organisations and unions and directly to management. The situation in elderly care was very different. Care is largely funded by the state, but usually provided by private for-profit organisations, whereas homecare is provided largely through competitive tendering of long-term residential care, mostly through private for-profit nursing homes. Accordingly, while some (around a quarter) of the care workforce is directly employed by Health Service Executive, most are employed either by private companies or by agencies. Those employed by the HSE have better conditions, not least thanks to trade union campaigns: workers have higher pay, more regular hours and are more likely to be unionised. During lockdown, Ireland continued to

import healthcare workers: while hospitals were granted large numbers of permits, many individual work permits were granted to nursing homes. There were three immediate issues facing staff: a lack of equipment and training (especially in private-sector nursing homes), the absence of sick pay, and a lack of childcare for workers with children.

In **Italy**, the health emergency has highlighted not only the strengths but also the weaknesses of the National Health Service, especially with reference to the shortage of staff. According to the union representative interviewed, in the first six months of the pandemic, hospitals and residential nursing care facilities were under-staffed and shifts almost doubled to cope with the emergency. Workers in private cooperatives of cleaning services for hospitals and residential nursing care facilities face worse working conditions than workers covered by public employment contracts. Special measures have been put in place to increase the number of medical and health personnel in order to cope with the epidemiological crisis, by temporary emergency measures allowing hospitals to hire healthcare professionals (including nurses and social assistants) from cooperatives with ad hoc temporary employment contracts and collaborations.

Romania has been facing increased outflows of medical staff, which has led to a significant labour shortage in the healthcare sector. According to the National Economics Institute of the Romanian Academy (2020), Romania registers the highest shortage of doctors and nurses among the EU countries: in 2017 there were 2.9 doctors/1000 inhabitants and 3.6 nurses/1000 inhabitants in Romania, compared to the EU average of 3.6 doctors/1000 inhabitants and 8.5 nurses/1000 inhabitants. In 2019, 53 % of Romanian municipalities registered a deficit of family doctors in 2017, while 2.5 % of the Romanian population had no family doctor in their municipality. Several studies (National Institute of Economics of the Romanian Academy, 2020; Vasilescu C., 2019 and 2018), underline that in Romania increased outflows of healthcare professionals is due not only to lower wages, but especially to worse working conditions and career opportunities compared to Western European countries. Case study interviews revealed that the shortage of medical staff, especially in the specialisations connected to COVID-19, led to an increase in the workload related to care of COVID-19 patients, while the blocking of non-essential operations led to a decrease in the workload of colleagues from other specialisations. Similar situations were registered in the social assistance sector. For instance, workers from residential care centres experienced an increase in their working hours, while workers from day centres experienced a reduction in their activity following the restrictions introduced by the state of emergency. As revealed by the interviewees, during this period some workers in residential social care were obliged to work 15-day shifts isolated inside the residential centres.

Source: Country case studies.

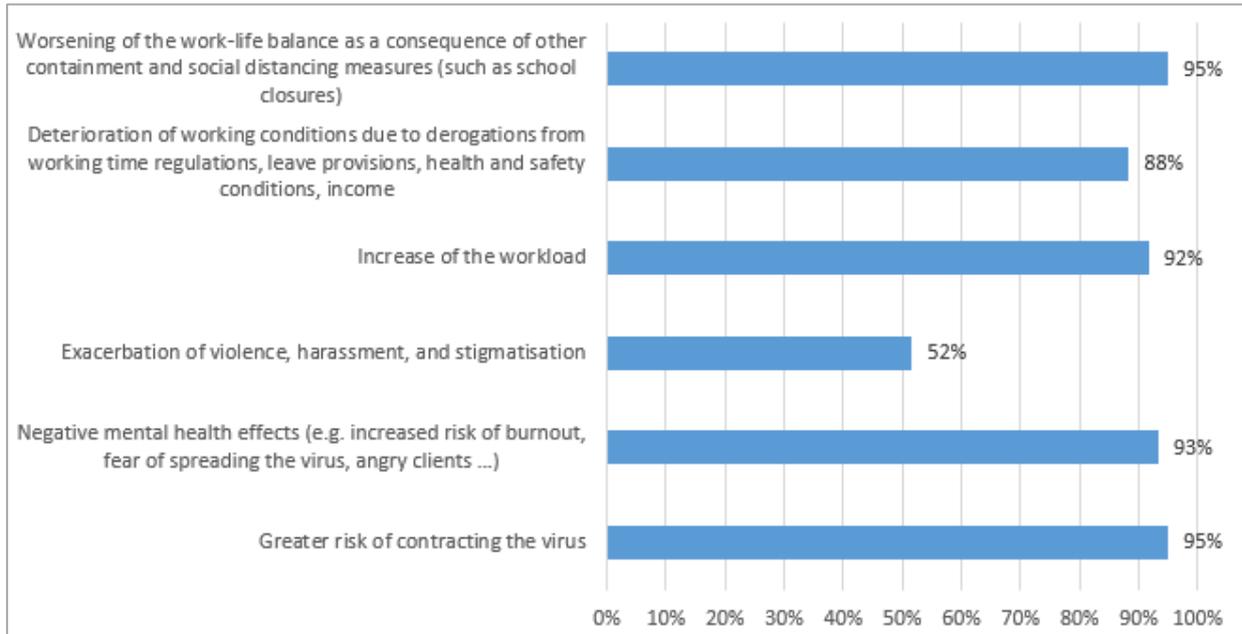
3.4. Stakeholders' perceptions of the main challenges faced by essential workers during the COVID-19 pandemic

In order to collect the perceptions of EU and national stakeholders, the research team carried out a web survey targeting representatives of EU and international institutions, social partners and associations and experts. As detailed in Annex 1.3, out of the 66 respondents completing the on-line questionnaire, nearly half (41.5 %) were experts, professionals and academics, followed by representatives of EU and national social partners (27.7 %) and representatives of umbrella associations (21.5 %).

As shown in Figure 11, the respondents to the survey confirm all the main challenges for essential workers described in the previous sections. The **main challenges** on which almost all the online survey respondents (quite or totally) agree with most are: the greater risk of contracting the virus and the

worsening of work-life balance, negative mental health effects and the increase in workload. The challenge least commonly agreed with is the exacerbation of violence, harassment and stigmatisation, although it was agreed upon by more than half of respondents.

Figure 11: Main challenges faced by workers in essential occupations and sectors during the COVID-19 pandemic, according to respondents to the online survey



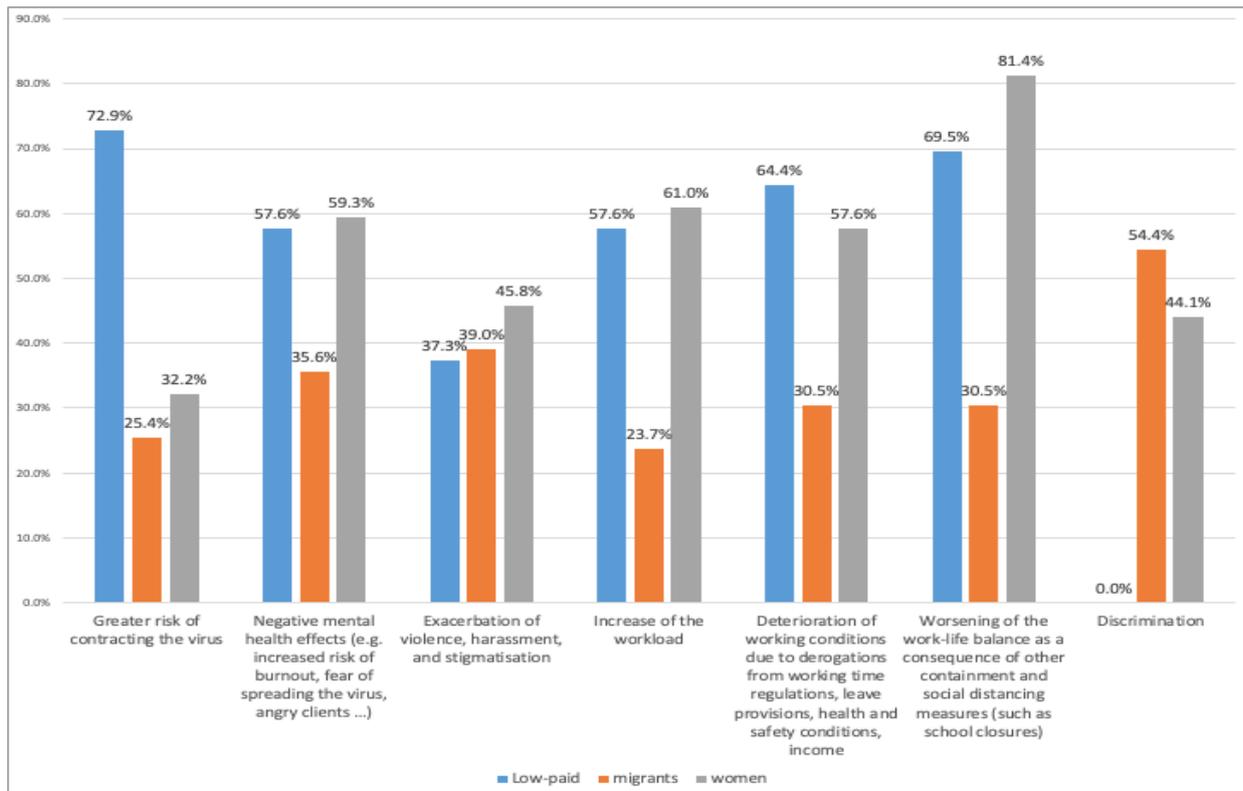
Source: IRS online survey.

Respondents to the online survey largely shared the opinion that **essential workers in low-paid occupations, and particularly women and migrants, faced even greater challenges** than other essential workers (Figure 12).

Around three quarters of respondents considered that low-paid essential workers have a greater risk of contracting the virus compared to other essential workers. More than two thirds of respondents agreed that essential workers in low-paid occupations faced a greater deterioration of work-life balance and of working conditions, while more than half agreed with the statement that they suffered a higher increase in workload compared to other essential workers and were at greater risk of negative effects on their mental health. A majority of respondents also thought that migrant essential workers faced greater discrimination than other essential workers.

Regarding women employed in essential occupations, the large majority of respondents agreed on the greater negative effects they suffered compared to other essential workers, in particular in terms of the worsening of work-life balance, increase in the workload, and negative mental health effects.

Figure 12: Main challenges faced by low-paid, migrant and female essential workers in low-paid occupations according to respondents to the online survey



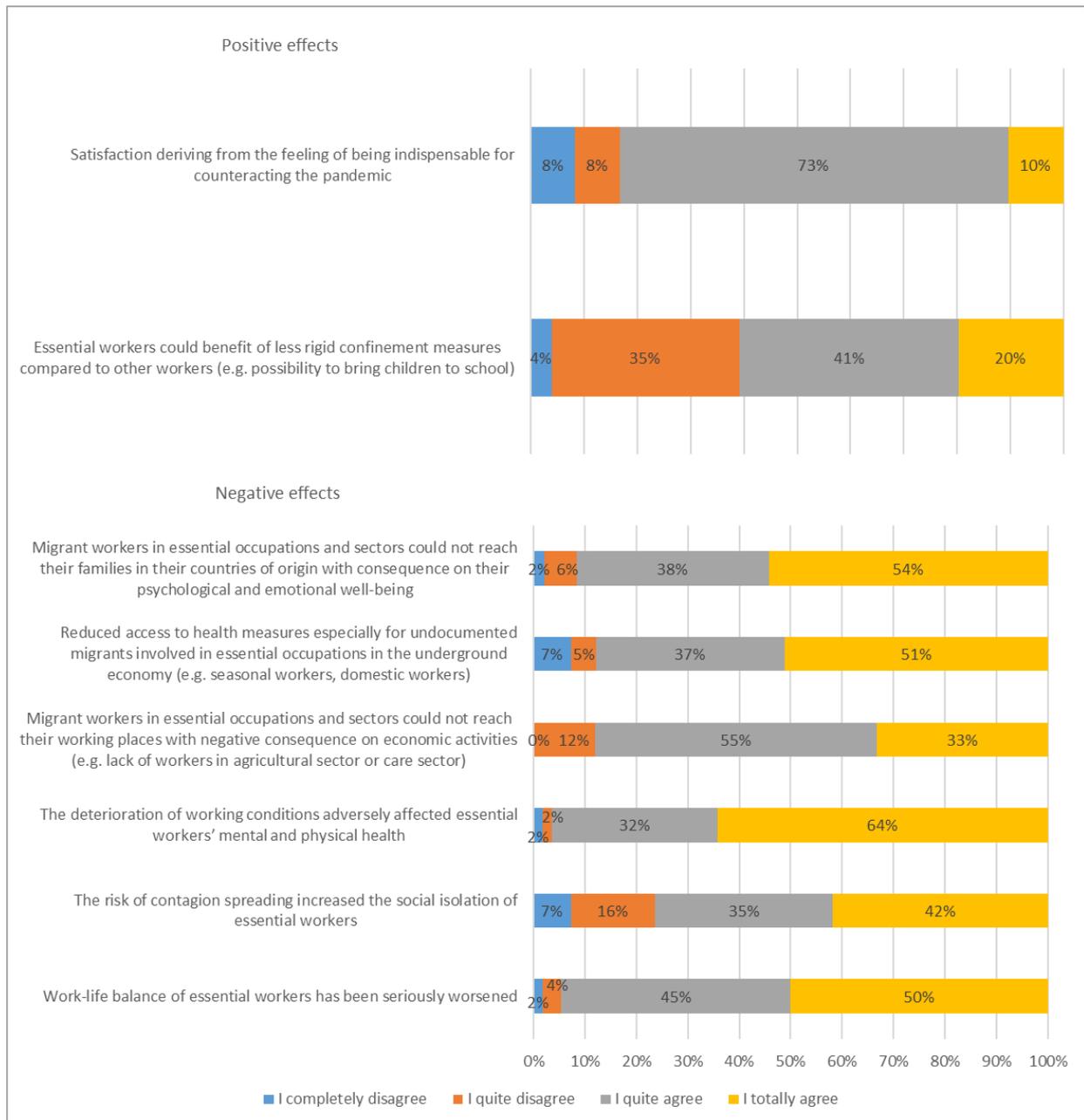
Source: IRS online survey.

The online survey also asked what the main positive and negative effects were of the COVID-19 pandemic for essential workers (see Figure 13). Among **positive effects**, the large majority of respondents agreed with the statement that the pandemic increased workers' feeling of being indispensable, and 62 % with the possibility of benefitting from less rigid confinement measures compared to other workers.

Among the **main negative effects** of the COVID-19 pandemic for essential workers, almost all respondents to the online survey indicated the negative mental and physical health effects, the negative effects on work-life balance especially for women, and the negative effects for migrant workers due to the closing of borders.

Similar views were expressed by the semi-structured interviews to representatives of EU and international agencies and of the social partners. In particular, the ILO representative underlined the higher risk of harassment and violence from third parties faced by frontline essential workers, and particularly those working in health and social care services and in retail. These challenges demand greater attention to security conditions in workplaces for these workers when addressing their revaluation.

Figure 13: Main effects of the pandemic for essential workers according to survey respondents



Source: IRS online survey.

4. MAIN EU AND NATIONAL LEGISLATION, POLICIES AND COLLECTIVE AGREEMENTS ADDRESSING ESSENTIAL WORKERS

KEY FINDINGS

- At European level, a number of important regulations on the working conditions of all employees, both directly and indirectly, support essential occupations and workers during the pandemic with regard to providing a healthy, safe and well-adapted working environment.
- The EU has also promoted recommendations and strategies to reduce labour market and social inequalities which are relevant for low-paid essential workers.
- Despite these initiatives, the role of the EU in mitigating the negative social and economic effects of the COVID-19 pandemic for essential workers and supporting the revaluation of their working conditions and wages, particularly in low-paid sectors and occupations, is still not considered sufficient according to stakeholders interviewed for this study.
- Policy measures aimed at mitigating the negative effects of the COVID-19 pandemic on essential workers and revaluating their working conditions are mainly under the Member States' competence.
- Most European countries have introduced short-term policy measures to improve working conditions and wages, to ensure business continuity and the work-life balance of essential workers.
- Social partners at EU and national level have a crucial role in ensuring the implementation and enforcement of workers' rights on the ground and at sectoral level, and they have been active in supporting immediate joint-responses to the COVID-19 crisis.

During the COVID-19 pandemic, many European countries have introduced short-term policy measures to improve the working conditions and the work-life balance of different categories of essential workers.

The aim of this chapter is to explore how and to what extent the measures/policies put in place by national governments, social partners (e.g. in the form of social dialogue/collective bargaining), companies or other actors have been adequate to protect and improve the health, working conditions and wages of essential workers during the COVID-19 pandemic. The chapter focuses on the measures adopted at EU and national level to mitigate the negative effects of COVID-19 on essential frontline workers and to reevaluate their working conditions, with specific attention on migrant workers and women employed in low-paid essential sectors and occupations.

The identification and mapping of broad groups of measures is based on a thorough analysis of the academic and grey literature on the effects of COVID-19 policy responses (e.g. Eurofound 2020a, OECD 2020e) and on the data and information included in the Eurofound COVID-19 EU Policy Watch database⁵⁷. Additional information on interventions put in place at national level and by the social

⁵⁷ Eurofound, 2021, COVID-19 EU PolicyWatch: Database of national-level responses, available at: <https://static.eurofound.europa.eu/covid19db/index.html>.

partners, or at company level is derived from the fieldwork (web survey, interviews and country case studies).

4.1. Policies at EU level

Policy measures aimed at mitigating the negative effects of the COVID-19 pandemic on essential workers and to reevaluate their working conditions are mainly under the Member States' competence⁵⁸.

However, **a set of regulations and initiatives already in place at EU level are important when dealing with essential workers** and may have had an impact during the COVID -19 pandemic on mitigating the negative social and economic effects, as well as supporting the reevaluation of decent working conditions and fair wages for essential workers.

In particular, the **Posting of Workers Directive 96/71/EC and EU measures to facilitate the cross-border mobility of essential workers during the pandemic** directly address essential workers as most of the economic sectors that were considered essential during the pandemic involved posted, seasonal and cross-border workers.

The **Posting of Workers Directive** of the European Parliament and of the Council of 16 December 1996 concerns the posting of workers in the framework of the provision of services. At European level, the posting of workers is in fact particularly widespread in sectors such as construction, which counts for more than 40 % of the total number of postings, as well as road transportation, agriculture, machine installations and software development (European Parliament, 2017).

⁵⁸ Paragraph 4.2 presents an overview of short-term policy measures that were put in place by the single Member States.

Box 18: The Posting of Workers Directive and revisions

The **Posting of Workers Directive 96/71/EC** defines a list of working and employment conditions which must be applied to posted workers: work-period maximums; rest-period minimums; minimum paid annual leave; minimum rates of pay and overtime rates (with minimum rates to be defined by the national law or practice of the Member State to whose territory the worker is posted); equal treatment of men and women and non-discrimination; the conditions of hiring-out of workers; protective measures for vulnerable workers (e.g. young workers, pregnant workers and mothers who have recently given birth); health and safety at work in general; conditions of accommodation and travel expenses.

On **8 March 2016**, the **European Commission proposed a revision of the rules on posting of workers within the EU**, in order to find a better balance between economic freedoms and social protection rights. Apart from a limited number of proposed changes, the Commission's proposal constitutes a significantly altered perspective on the rights of posted workers (European Parliament, 2016). Just a few months before the deadline for the implementation of the changes related to the revision of the Posting of Workers Directive, the COVID-19 pandemic and related crisis affected posted workers due to legal measures which have been adopted by Member States to prevent the spread of the virus. In fact, some of these measures do not explicitly address posted workers, even though they have a considerable impact on them. This is the case, for example, of migration rules (e.g. border controls), as well as health and safety measures (e.g. quarantine obligations). Most of these measures are meant to limit movement across borders, including international postings (Stefanova-Behlert S., Menghi M., 2021).

In 2020 the European Parliament finally adopted the so-called "Mobility Package", also including a Directive⁵⁹ aimed at creating a fairer level playing field for the road transport sector. According to the European Transport Workers Federation (ETF) the Package could improve working conditions in the road transport sector and offer solutions to social dumping if properly implemented and enforced to ensure its uniform application across the EU (ETF, 2021).

Source: European Parliament, 2016; Stefanova-Behlert, S., Menghi, M., 2021; ETF, Mobility Package: Next Steps, 2021.
Available at: <https://www.etf-europe.org/activity/mobility-package-next-steps/>.

Since March 2020, with the COVID-19 outbreak, the European Commission has adopted several Communications, which have set a balanced framework in which posted workers can continue working cross-border despite the COVID-19 restrictions and lockdowns. For instance, the European Commission on **30 March 2020 issued Guidelines concerning the exercise of free movement of workers** (European Commission, 2020) in order to respond to labour shortages in essential sectors, such as agriculture. In the guidelines, the European Commission directly referred to border workers, posted workers, as well as seasonal workers considered, "*crucial for their host Member States, for instance for the healthcare system, the provision of other essential services including the setting up and maintenance of medical equipment and infrastructure, or ensuring the supply of goods.*" The European Commission asked the Member States to adopt a coordinated approach at EU level to facilitate the crossing of the EU internal borders. According to the Commission, to achieve this purpose, health screenings for border and posted workers should be carried out under the same conditions as for nationals exercising the same occupations.

⁵⁹ Directive (EU) 2020/1057 laying down specific rules with respect to Directive 96/71/EC and Directive 2014/67/EU for posting drivers in the road transport sector and amending Directive 2006/22/EC as regards enforcement requirements and Regulation (EU) No 1024/2012.

With the communication "**Towards a phased and coordinated approach for restoring freedom of movement and lifting internal border controls - COVID-19**" of May 2020, the European Commission requested Member States to allow workers, in particular transport, border, posted and seasonal workers, and service providers, to cross borders and have unhindered access to their place of work. Even at the peak of the pandemic, workers continued to cross borders to make a living and keep Europe's economy afloat (Paul, 2020). For example, Austria arranged special trains to bring in thousands of care workers from Bulgaria, Croatia, and Romania. Germany flew in Polish, Romanian, and other Eastern European workers for its agriculture and meat industry.

Apart from the Posting of workers Directive and measures to facilitate the cross-border mobility of essential workers during the pandemic, at European level there are already a number of **important regulations on working conditions** that cover all employees and thus indirectly also essential workers and their working conditions. Among these:

- The **Work-Life Balance Directive**, to be fully implemented in Member States by 2022, extends the right to request flexible working arrangements to all working parents of children up to eight years of age and all carers, although employers can reject the employee's flexible working request, providing a clear rationale for doing so, and this is more likely to happen for essential workers⁶⁰.
- The **Transparent and Predictable Working Conditions Directive**⁶¹ which is meant to ensure greater transparency and predictability of working conditions for all workers.
- The **European Framework Directive on Safety and Health at Work**⁶² which 'lays down general principles concerning the prevention and protection of workers against occupational accidents and diseases' and, among others, require employers to carry out risk assessments, including on psychosocial risks, and to implement preventive and protective measures (Eurofound, 2020g).
- More recently, the **Commission communication from September 2021 on application of Directive 2009/52/EC: Minimum standards on sanctions and measures against employers of illegally staying third-country nationals**⁶³. The Directive sets the rules requiring employers to verify the right of third-country nationals to stay in the EU. It also sets sanctions for employers of irregular migrants, establishing minimum standards and detection mechanisms of illegal employment. It also sets out measures to protect the rights of irregular migrants, laying down mechanisms to claim back outstanding wages, and to facilitate complaints revealing situations of illegal employment. The Commission communication looks at the practical application of the Employers Sanctions Directive. It mentions the labour-intensive and low-skill/low-wage sectors, including agriculture, construction, manufacturing, domestic care and social assistance, hospitality and food services sectors, as significantly affected by illegal employment.

⁶⁰ Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU, PE/20/2019/REV/1, OJ L 188, 12.7.2019, pp. 79–93. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019L1158&from=EN>.

⁶¹ Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union, OJ L 186, 11.7.2019.

⁶² Council Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work, OJ L 183, 29.6.1989.

⁶³ COM(2021) 592 final, Communication from the commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on the application of Directive 2009/52/EC of 18 June 2009 providing for minimum standards on sanctions and measures against employers of illegally staying third-country nationals.

Further, in 2017, an important preliminary step towards improving attention to working conditions was the launch of the **European Pillar of Social Rights** (EPSR), highlighting the importance of fair working conditions, flexible working arrangements, healthy work-life balance and a healthy, safe and well-adapted work environment.

The European Pillar of Social Rights also reaffirms the right of workers to a high level of protection of their health and safety at work (Guillén, and Petmesidou, 2020). The **EPSR Action Plan**, published in March 2021 (European Commission, 2021d), recognises the need to improve occupational health and safety standards to adapt to new technological and societal changes. The Action Plan mentions psychosocial risks and work-related stress as issues that need to be better addressed to protect the health and wellbeing of workers, ensure labour productivity and allow for a sustainable economic recovery. To this end, in June 2021 the European Commission adopted a new **EU Occupational Safety and Health Strategic Framework** for 2021-2027⁶⁴ with the aim of updating protection standards for workers and addressing traditional and emerging work-related risks.

Concerning the health sector, it is also important to mention the Directive 2005/36/EC, later amended by Directive 2013/55/EU, that sets the system of recognition of professional qualifications in the EU. More recently the EC published a report on the Directive on Regulated Professions (May 2020) which introduces the possibility for other professions/institutions to provide vaccinations (e.g. pharmacies). In 2020, the European Commission also adopted a Communication called "*Guidance on the free movement of health professionals and minimum standards for the harmonisation of training in relation to COVID-19 emergency measures – recommendations regarding Directive 2005/36/EC*" which aims to ensure the free movement of health professionals to the largest extent possible given the extraordinary circumstances and the need to address staff shortages in Member States.

In addition, the EU has promoted recommendations and strategies to **reduce labour market and social inequalities which are also relevant for low-paid essential workers**. Among these:

- The **Council Recommendation of 8 November 2019 on access to social protection for workers and the self-employed**⁶⁵, urging Member States to provide access to adequate social protection for all workers, including on-demand workers and others on non-standard contracts, as well as the self-employed.
- The **EU Gender Equality Strategy 2020-2025** (European Commission, 2020j) whose objectives of closing gender gaps in the labour market and achieving equal participation across different sectors of the economy are particularly relevant for essential workers in healthcare and personal care work services who are predominantly women often with a migrant background.
- The **EU Cohesion Policy which** is currently being deployed to address the consequences of the COVID-19 pandemic, with funds for the current programming period being increased with the aim, among others, to make Member State economies more resilient and opening up for green, digital, healthcare, and growth-enhancing investments (European Commission, 2020k).

⁶⁴ European Commission, Health & Safety at Work – EU Strategic Framework (2021-2027). Available at: <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12673-Health-&Safety-at-Work-EU-Strategic-Framework-2021-2027-en>.

⁶⁵ Council Recommendation of 8 November 2019 on access to social protection for workers and self-employed, 2019/C 387/01, ST/12753/2019/INIT, OJ C 387, 15.11.2019, pp.1–8. Available at: [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H1115\(01\)&from=EN](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32019H1115(01)&from=EN).

- The recent **European Commission Proposal for an EU Directive on minimum wages**, to ensure that all workers in the EU are protected by adequate minimum wages allowing for a decent living wherever they work (2020/0310 (COD)).
- **The European Commission proposal for a directive on pay transparency**⁶⁶, to ensure equal pay for equal work, supporting the right of workers to know the pay levels for workers doing the same work, to claim their rights, and to get compensation for pay discrimination.
- The **Seasonal Workers' Directive**⁶⁷ on the conditions of entry and stay of third-country nationals for the purpose of employment as seasonal workers aiming to prevent exploitation and to protect the health and safety of non-EU seasonal workers. The EC also published specific guidelines on seasonal workers in the EU in the context of the COVID-19 outbreak targeted at Member States, workers, and employers to report irregularities⁶⁸.
- The creation of the **European Labour Authority (ELA)**⁶⁹, the EU agency responsible for ensuring compliance with EU rules on labour mobility and social security coordination. ELA in June 2021 launched an *Action Plan on Seasonal Workers*⁷⁰ to be carried out together with the Commission, other EU Agencies, the Member States and the social partners to address the challenges for seasonal workers and employers on the ground, with a view to promoting fair working conditions in the interested sectors. Among the envisaged initiatives are: a specific awareness-raising and information campaign⁷¹ and measures to exchange experiences and coordinate enforcement measures to address the challenges for seasonal work and promote fair and safe working conditions in the interested sectors.

The new **Next Generation EU recovery instrument**⁷² and revamped Multiannual Financial Framework also highlight the need for the EU's recovery to urgently address the disparities and inequalities exacerbated by the crisis (European Council, 2020) and can thus be considered a fundamental instrument to cope with some of the effects of the COVID-19 pandemic on the working conditions of essential workers.

⁶⁶ Proposal for a DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms, COM/2021/93 final. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52021PC0093&from=EN>.

⁶⁷ Directive 2014/36/EU, available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014L0036&from=en>.

⁶⁸ Communication from the Commission C(2020) 4813 final - Guidelines on seasonal workers in the EU in the context of the covid-19 outbreak. Available at: https://ec.europa.eu/info/sites/default/files/guidelines_on_seasonal_workers_in_the_eu_in_the_context_of_the_covid-19_outbreak_en.pdf.

⁶⁹ The European Labour Authority was established on 31 July 2019 in the framework of the European Social Pillar. Its activities started in mid-October 2019. ELA is expected to reach its full operational capacity by 2024.

⁷⁰ ELA (2021), *Action Plan on Seasonal Workers*, <https://www.ela.europa.eu/sites/default/files/2021-06/Action-Plan-Seasonal-Workers.pdf>. The Action Plan consists of two pillars: the first relates to the provision of Information and services to workers and employers, and the second to supporting the enforcement of EU labour mobility legislation. Within the first Pillar in June 2021 ELA launched a campaign for fair working conditions in seasonal work and is going to organise workshops with national administrations and social partners to collect and share practices on information dissemination and the provision of on assistance and services available to seasonal workers and employers. Within the second Pillar, ELA is going to implement cross-border coordinated and joint inspections targeting seasonal work sectors, exchange methods and practices with national labour inspectorates, and propose staff exchange visits across EU countries.

⁷¹ The awareness-raising campaign 'Rights for all seasons' was launched in June 2021, calling attention to the need to promote fair and safe working conditions for seasonal workers employed across EU countries. Led by the European Labour Authority alongside the European Commission, the European Platform tackling undeclared work, the EURES network, EU countries and social partners, the campaign ran between June and October 2021. Available at: <https://www.ela.europa.eu/en/news/rights-all-seasons-european-labour-authority-supports-fair-work-seasonal-workers>.

⁷² European Commission Recovery plan for Europe Available at: https://ec.europa.eu/info/strategy/recovery-plan-europe_en.

The analysis in the five country case studies (DE, DK, IR, IT, RO) shows, however, that in the National Recovery and Resilience Plans the revaluation of essential occupations/workers is not specifically addressed. The Italian case study, for example, reveals that in the Italian National Recovery and Resilience Plan (NRRP) the notion of "essential workers" or "essential sectors" is not present. However, some missions supporting the reskilling and upskilling of the labour force and investments in the care sector could indirectly have positive effects on the working conditions of these workers. Also, in the Danish case study, it is noted that the notion of "essential workers" or "essential sectors" can be found in the NRRP only with reference to the 2.1 % of the budget earmarked for the healthcare sector, but with a specific focus on medical stock, digitalisation and research in vaccines against COVID-19.

Care and social infrastructures are explicitly mentioned in the Recovery and Resilience Facility (RRF) among the essential sectors to be supported (Recital 28). In addition, the European Commission adopted a delegated act on social expenditure (European Commission, 2021) on 28 September 2021, underlining that the social and healthcare sector needs massive investments and reforms in the medium to long-term to recover from the crisis and build a more sustainable, resilient and fairer Europe for the next generations. In order to ensure adequate reporting on the implementation of measures that have a social dimension, the Commission is empowered to adopt a methodology on reporting social expenditure, with the objective of providing in a transparent and accountable manner synthetic information on the social expenditure under the Facility.

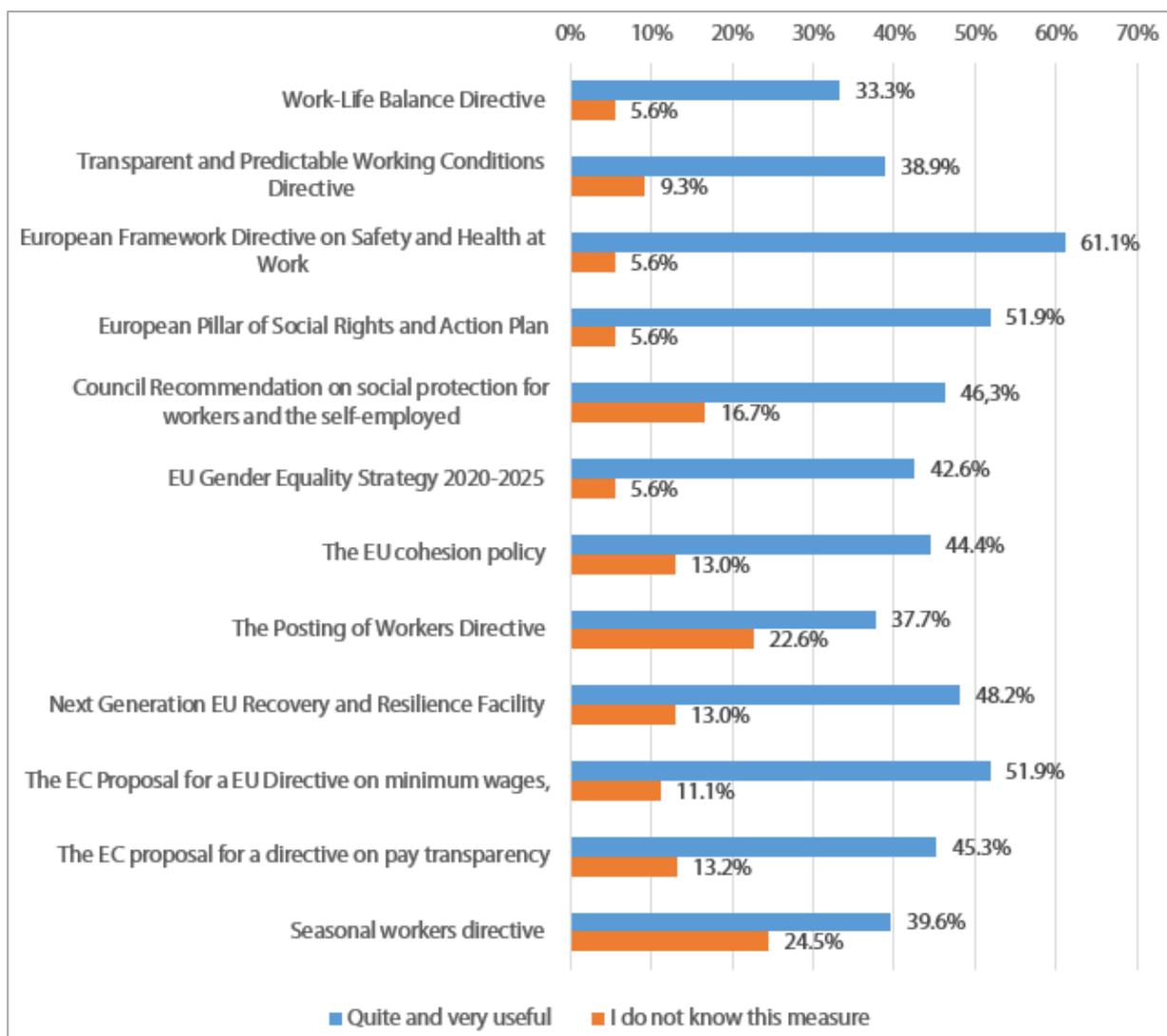
Despite the above initiatives, **the role of the EU** in mitigating the negative social and economic effects of the COVID-19 pandemic on essential workers and to support the revaluation of decent working conditions and fair wages of essential workers, in particular in low-paid sectors and occupations, **is still not considered sufficient**.

4.1.1. Stakeholder perception of EU-level measures

The web survey carried out as part of this study (see Annex 1 for details) was targeted at representatives of the EU institutions/agencies, representatives of umbrella associations, representatives of EU and national social partners and professionals, academics, thematic and country experts. Results shows a **certain degree of scepticism among respondents around the adequacy of the deployed measures** pointing out that there is still space to adopt more specific measures in view of the effects of the pandemic. (Figure 21 in Annex 2).

Results on adequacy may be connected to the **degree of knowledge of specific measures** and thus to the **need of increasing the capacity of the European Institutions to communicate about the measures it puts in place to combat a certain phenomenon**. For example, it is crucial to point out that the web survey shows (see Figure 14 below) that precisely the measures that are directly or indirectly to do with essential workers - the **Seasonal Workers Directive (24.5 %)** and the **Posting of Workers Directive (22.6 %)** - are the least known.

Figure 14: Stakeholders' opinions on the usefulness of the initiatives already in place at EU level to mitigate the negative social and economic effects of the COVID-19 pandemic for essential workers and to reevaluate their working conditions (share of respondents answering "quite and very useful" and "I do not know this measure")



Source: IRS online survey.

The web survey allowed the investigation of how much these measures were considered useful and if they were known. Indeed, when specifically considering each policy measure, differences are paramount not only in considering them useful or not, but especially with regard to the knowledge of the measures themselves. As Figure 14 above shows, the measures that respondents consider most useful are the **European Framework Directive on Safety and Health at Work (61.1%)**, the **European Pillar of Social Rights and Action Plan (51.9%)**, and the **EC proposal for an EU Directive on minimum wages (51.9%)**. The Work-Life Bbalance Directive is instead considered useful only by one third of the respondents. It is crucial to pinpoint point out that precisely the measures that are directly or indirectly to do with essential workers - the **Seasonal Workers Directive (24.5%)** and the **Posting of Workers Directive (22.6%)** - are the least known.

The perception of usefulness **varies greatly according to the role of the respondents** (see Figures 22a and 22b in Annex 2). Although they should be considered with caution, due to the low number of respondents in each category⁷³, the survey results show that generally, as could be expected, a higher share of representatives of the EU institutions/agencies consider quite or very useful a greater number of EU regulations and policies compared to other categories of respondents.

When asked if there should be other specific initiatives at EU level to support the decent working conditions of essential workers, the large majority of the respondents to the survey (72.2 %) agreed. In particular, as Figure 23 in Annex 2 shows, representatives of social partners and umbrella associations are among those who considered it particularly important to implement other measures and initiatives.

Among those who answered "Yes" to the question on the necessity of introducing other measures and policies, the majority stated that there is the need for new legislation or directives (51.5 % of respondents against 24.2 % for both self-regulation and social dialogue) showing the **importance given by respondents of providing legally binding acts in these matters** (see Figure 24 in Annex 2).

With regard to the potential contents of the new initiatives (see Figure 25 in Annex 2), a significant share of respondents (45.5 %) report that they should be predominantly about **wages and social protection**, followed at some distance (in terms of percentages) by the "Work-life balance" and "Working conditions" options both at 16 %. Matters related to working time are among those that received less answers (3.2 %) together with those related to undeclared work (6.5 %).

The effective implementation of regulation and policy strategies is strictly connected to the judgment of adequacy and usefulness.

In this regard, **social partners have a crucial role in ensuring the implementation and enforcement of workers' rights on the ground**, in safeguarding occupational safety and health conditions, work-life balance, equal working conditions, equal pay and career progression opportunities for all workers. Indeed, **at sectoral level they have been active in preparing joint responses** to the COVID-19 crisis, primarily highlighting the impact of the crisis on their sector and recommending policy responses.

For example in the **agricultural sector**, on 15 May 2020, the European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT) and the Employers' Group of Professional Agricultural Organisations in the European Union (GEOPA-COPA) signed a **joint declaration on the deployment of seasonal workers from European countries in the EU**⁷⁴, providing clear actions for ensuring that seasonal workers from other EU Member States are able to cross borders to attend their workplaces in the EU's agricultural sectors and experience decent working and employment conditions and access their workplace in full safety during the pandemic. In the Declaration, main guiding principles for any measure taken to address labour shortages are safeguarding of workers' health and safety, the access to decent working, housing and living conditions, and the respect for fundamental social rights, including equal treatment, while at the same time recognising the particular needs of vulnerable seasonal workers. The declaration sets out detailed actions employers need to take to protect seasonal workers during the COVID-19 outbreak. These include: the application of relevant national health and safety regulations; the respect of social distancing during field work and in accommodation spaces; the provision of masks, gloves and other hygiene equipment; the provision of information in a language

⁷³ As detailed in Annex 1, out of the 66 respondents answering all the questions, nearly half of the respondents (41.5 %) were experts, professionals and academics, followed by representatives of EU and national social partners (27.7 %) and representatives of umbrella associations (21.5 %).

⁷⁴ GEOPA-COPA and EFFAT Joint declaration of the European Social Partners of agriculture – GEOPA-COPA and EFFAT – on the deployment of seasonal workers from European countries in the EU. Available at: <https://effat.org/wp-content/uploads/2020/05/EA202612EN1-Geopa-Copa-EFFAT-Declaration-signed-003.pdf>.

that seasonal immigrant workers understand on health and safety rules and protection measures; the registration and insurance of seasonal workers in accordance with local social protection laws and collective agreements.

The attention on social protection laws was already considered a crucial element in several EU initiatives carried out before the COVID-19 pandemic outbreak, especially for seasonal workers in the agricultural sectors. For example, on 24 January 2019, the European Platform Tackling Undeclared Work organised a seminar in Brussels on tackling undeclared work in the agricultural sector, with a focus on seasonal workers and horticulture. The seminar stressed the need for a holistic approach requiring a combination of labour, tax and social security legislative and policy measures as well as the involvement of social partners to support the transformation of undeclared into declared work.

Furthermore, in the **food manufacturing** sector, on 9 April 2020, the European Federation of Food, Agriculture and Tourism Trade Unions (EFFAT) and the Food industry confederation, representing the European food and drink industry (Food Drink Europe) signed the **Guidelines on dealing with COVID-19 at workplace level**: which aim at identifying minimum standards to be applied in food businesses during the emergency period, calling for the adoption of more effective and tailored measures. Notable attention is paid to slowing down the spread of the coronavirus in terms of: good hygiene practices and appropriate sanitation measures; information for employees on behavioural rules, social distancing, restricted movement, self-isolation and travel; revision of the work organisation of production and logistics; shift or staggered work hours organised so as to prevent meetings and gatherings amongst workers during shift changes; encouraging the closure of all departments other than production, logistics and distribution; transport to and from work; measures for the management of employee sickness. All precautionary measures listed in the guidelines should apply to all workers accessing the company facilities, including temporary workers, seasonal workers and posted workers.

In addition, EPSU and the Federation of European Social Employers raised **awareness about the threat that the virus poses to care organisations and the social services workers** who play a crucial role for people in need of care and support. In particular, the joint EPSU/Social Employers **Statement on COVID-19 outbreak: the impact on social services and needed support measures** summarises the concerns of the workers as well as the providers of social services and outlines the main social partners' proposals for managing this crisis (EPSU, Federation of European Social Employers, 2020). In particular, the statement underlines that "*workers must be protected from infection by ensuring access to the adequate equipment, but also need protection from job loss and/or loss of income as a consequence of a coming economic recession. It is also stated that "solutions must be found for care workers who are themselves in need of childcare services as well as cross-border workers. Collective bargaining and social partnership are key to finding consensual solutions for these pressing topics"*. In July 2020, EPSU together with the European Disability Forum and the Age Platform Europe formally called on the European Parliament to launch an investigation to assess the failures of authorities in addressing and managing the crisis in the long-term care sector during COVID-19 (EPSU, AGE Platform Europe, European Disability Platform, 2020).

The crucial importance of strengthening social dialogue at EU (and national) level is confirmed by the **Review of the EU sectoral social dialogue** to be presented in 2022⁷⁵ as part of the initiatives to

⁷⁵ The review of the EU sectoral social dialogue is part of the initiative to support social dialogue at the EU and national level, which will be presented in 2022. First the opinions of the social partners were gathered through a survey. On 21 October, the European Commission's Direction General for Employment, Social Affairs and Inclusion hosted its first technical seminar focusing on social partners' contribution to policy making. Two more seminars with the sectoral social partners are scheduled: on social dialogue outcomes and impact (18 November) and on social dialogue structure (9 December). Available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=10085&furtherNews=yes>.

support social dialogue at EU and national level, and preceded by consultation of social partners in 2021. The review aims to support the EU sectoral social dialogue to better embrace challenges in the world of work, such as digitalisation and new forms of work.

4.2. Policies at national level

As anticipated in previous chapters, the health emergency due to the COVID-19 pandemic and the associated containment measures underlined the relevance of "essential" services and activities considered as key to sustain life, safety and security. In addition to this, the COVID-19 crisis brought out the long-standing labour shortages in specific occupations which are traditionally under-valued and low-paid, and placed extraordinary pressure on some sectors: the health sector significantly more than others. As described in Chapter 3, during the crisis working conditions deteriorated further for workers in essential activities, increasing the risk of contracting the virus, the experiences of unprecedented levels of workloads and work intensity. Restrictions on the movement of labour have further exacerbated labour shortages in specific economic sectors, including those heavily reliant on seasonal migrant workers (such as agriculture).

To address these problems, **most European countries have introduced short-term policy measures to improve the working conditions and work-life balance of essential workers** (ILO and OECD, 2020).

Even if resilient health systems manage crises with an adequate, trained and willing workforce, during the COVID-19 pandemic, in many countries health workers, been most exposed to the virus and have been disproportionately affected by the pandemic, (Bandyopadhyay, S. et al., 2020). As anticipated in Chapter 3, health workforce challenges during the COVID-19 pandemic include low staffing levels (particularly among nurses) and uneven geographical distribution, shortages of adequate personal protective equipment (PPE), limited testing capacity, insufficient training, social stigmatisation and attacks, and high stress levels and mental health problems (WHO, 2020d). In some EU countries (e.g. DE, FR, IT, LT) **specific measures were introduced to improve the working conditions of essential workers in the healthcare sector**, e.g. exceptional bonuses or (temporary) wage increases in recognition of their work during the pandemic (Eurofound, 2020a). For example, in France, to counteract the lack of attractiveness in the healthcare sector due to poor pay and working conditions, after the first wave of COVID-19, the government provided an extraordinary bonus (FEHAP, 2020). In some countries (e.g. FR) security guards were provided to ensure safety during commuting to and from work⁷⁶, or, as in Spain, health cooperatives established funds and distributed protective gear to their members and other workers in essential services (ILO, 2020). In other countries (e.g. DK, IT), the government recognised the **COVID-19 infection as a work-related illness where exposure occurs in the workplace**. In Portugal, the government implemented a **psychological counselling line** to support the psychological and emotional wellbeing of essential workers (health professionals, civil protection and security forces) during the COVID-19 pandemic (Eurofound, 2020a). Similarly, to provide **mental health support for the health workforce**, Sweden proposed funds to support staff in regional and municipal healthcare and elderly care in its autumn budget amendment for 2020 (Haldane et al., 2021). This provides additional funding for crisis support, counselling and trauma support during the pandemic. In Spain, medical doctors from other specialties such as internal medicine, anesthesiology, pneumology and geriatrics, as well as trained nurses, were teamed up with intensive care specialists to

⁷⁶ France Info Les soignants de l'hôpital Lariboisière à Paris désormais escortés par des agents de sécurité jusqu'au métro, après des agressions Available at: https://www.francetvinfo.fr/sante/hopital/les-soignants-de-l-hopital-lariboisiere-a-paris-esormaisescortes-par-des-agents-de-securite-jusqu-au-metro-apres-des-agressions_3895143.html [accessed 28 April 2020].

increase care capacity for people with severe or critical COVID-19 (Haldane et al., 2021).

To deal with the overall **workforce shortages** particularly in the health sector and with the changes in working hours and place of work, a Memorandum of Understanding was developed in Denmark with professional organisations at local level to introduce necessary adjustments in the work organisation of hospitals. Via the corona assistance job banks⁷⁷ established in the regions, additional employees have been recruited who are usually not employed in hospitals (HOSPEEM, 2020). In Italy, the national government published a list of temporary and extraordinary laws to suspend the ordinary recruitment procedures of the health workforce (Camera dei Deputati, 2021). As a result, many hospitals and health agencies could hire personnel with flexible contracts. In some cases, specific agreements were signed by the social partners to allow many cooperatives managing cleaning or canteen services to move their workers to other cooperatives providing services to hospitals.

Short-term measures have also been adopted to **address potential labour shortages in the food-related and agricultural sector**, re-labelled as 'essential' (ILO, 2020f), often addressing migrant workers, with the extension of residency and work permits or adoption of specific regularisation measures. For example, in Portugal in late March 2020, the Portuguese government regularised all asylum seekers and migrant workers in all economic sectors providing them with a temporary residency permit in order to facilitate them in having access to healthcare services⁷⁸. Similarly, on 20 May 2020, Spain introduced an extension of residency and work permits for foreigners in the context of the declared COVID-19 Emergency⁷⁹, which could lead to regularisation pathways. In Italy, a decree with urgent measures for supporting workers and the economy during the COVID-19 crisis provided for the formalisation of national and migrant informal economy workers in the agricultural and personal care work sectors. Migrant workers are over-represented in these two sectors. Thus the decree foresees that those whose permit expired after the end of October 2019, if they enter into a formal employment relationship, they can obtain an initial six-month renewal, which can be subsequently extended. The same permit is granted to any migrant worker in these two economic sectors – including those who have never had any permit – upon the request of employers who commit to enter into a formal employment relationship with these migrant workers (Article 103 of decree no. 34 of 19 May 2020)⁸⁰.

Moreover, several EU countries where childcare facilities and schools were closed during lockdowns implemented **short-term policy measures to support workers and families with caring responsibilities**. For instance, in some countries (e.g. AT, DE, FR, NL) preschool or childcare facilities remained open or partially open during lockdowns to look after the children of essential service workers, while others (e.g. IT) offered financial support to help with the costs of alternative care arrangements, with higher amounts for healthcare workers due to their long working hours (OECD, 2020f). With regard to financial support for the healthcare workforce, in Germany care workers can claim tax benefits of up to EUR 1,000. The federal government announced that the bonus payments given to nurses and care professionals in hospitals fighting COVID-19 would have been expanded to all hospital staff during the pandemic. Bavaria was the first state to announce a reward for all nursing and care staff in healthcare, long-term care, rehabilitation, emergency services and institutions for

⁷⁷ Jobbank, Corona-jobbank i dit område Available at: <https://jobbank.dk/page/1185/corona-jobbank-i-din-region/>.

⁷⁸ Joana Gorjão Henriques, Governo regulariza todos os imigrantes que tenham pedidos pendentes no SEF. Available at: https://www.publico.pt/2020/03/28/sociedade/noticia/governo-regulariza-imigrantes-pedidos-pendentes-sef-1909791?fbclid=IwAR3_Rwe5DSF2jeUQOqSwcwbxriWysbhU0pbh5MQhcqcA8uO-G7nM4S4LjM.

⁷⁹ Boletín Oficial del Estado Núm. 142. Available at: <https://www.boe.es/boe/dias/2020/05/20/pdfs/BOE-A-2020-5141.pdf>.

⁸⁰ Gazzetta Ufficiale della Repubblica Italiana, Decreto Legge del 19 maggio 2020, n. 34. Available at: <https://www.gazzettaufficiale.it/eli/id/2020/05/19/20G00052/sg>.

disabled people of a EUR 500 bonus (Haldane et al., 2021).

Several EU Member States implemented short-term measures **to support workers and families with long-term care needs**. During the COVID-19 crisis, access to long-term care services was limited in order to reduce the risk of spreading COVID-19; during the first wave of the pandemic, day-care centres were temporarily closed or made subject to limited access in a number of the Member States (CZ, DE, HR, HU, LU, NL, PL, RO, SI, SK). Similarly, access to home-care was reduced in several Member States (FR, LU, NL, SI). Some Member States (e.g. BE, CY, FR, NL) limited home-care services to strictly necessary visits. In addition to home-care, residential care has also been more difficult to access during the crisis. In several Member States (BG, EE, HR, LU, PL), the placement of new residents in residential care was temporarily restricted (European Commission, Social Protection Committee, 2021). In order to ensure access to long-term care, several Member States have, for example, reinforced care-giving via telecommunications (CY, ES, FR, NL, PL, RO). In Cyprus, for example, there has been extensive use of teleconsultations and telephone communications between care-givers and both patients and health professionals. Romania has established a national emergency phone line. Again, some Member States have introduced temporary support or even reinforced financing. Bulgaria, for example, exonerated users of specific social services from the payment of fees during the first lockdown, and Germany increased the monthly allowance for personal hygiene equipment for people in need of care. In addition to this, most Member States have provided additional financial support to the long-term care system as result of the crisis (e.g. AT, BE, BG, CZ, DE, DK, EE, FR, HR, IE, LT, LU, NL, PL, RO, SE, SI, SK). As at EU level, also at national level, social partners were actively involved in the design of the immediate socio-economic response to the COVID-19 crisis, including measures to protect the health, incomes and jobs of frontline and essential workers, the extension of short-time work schemes or the simplification of procedures to promote teleworking and ICT-based mobile work.

An example of the active involvement of the **social partners** at national level can be found in Sweden, where **crisis clauses in collective agreements** can be activated to derogate from working time legislation. Such clauses were activated by the Swedish employer organisations during the pandemic, primarily in hospitals but also in other sectors under increased strain as a result of the crisis. In the healthcare sector, the crisis agreement increased working time to 48 hours per week during a maximum period of 4 weeks with the payment of a crisis allowance of 120 % of hourly salary, which could be increased to 150 % when special emergency overtime was used (in addition to the 48 hours). Rules for daily and weekly rest were also adapted so that continuous daily rest would not fall below an average of 9 hours and continuous weekly rest would not fall below 24 hours, despite increased working time.

Many indications of the implementation of specific measures by EU Member States can also be found through **analysis of the Eurofound's COVID-19 EU Policy Watch database** (Eurofound, 2020h) which provides information on initiatives introduced to cushion the social and economic effects on businesses, workers and citizens.

For the purpose of this study, the database was explored⁸¹ and filtered by target group **selecting "workers in essential services"**. The filtering allowed the extraction of **42 measures introduced at national level** by sixteen European Countries (plus Norway and the UK), which provide a snapshot of approaches implemented in many Member States and sectors in their efforts to improve the working conditions and work-life balance of essential workers in workplaces considered essential and remaining open for business, particularly in the early phases of the pandemic. The most common types

⁸¹ The selection was carried out on 31 July 2021.

of measure are presented in Table 5 below.

Table 5: Measures adopted at national level to improve the working conditions and work-life balance of essential workers

Type of measure	Number
Ensuring business continuity	31
Protection of workers and adaptation of the workplace	5
Reorientation of business activities	3
Help businesses to stay afloat	1
Promotion of the economy, labour market and social recovery	1
Protection of vulnerable groups	1

Source: IRS elaborations on the Eurofound COVID-19 EU Policy Watch database (Eurofound, 2020h).

a. Ensuring business continuity

Among the 42 extracted measures, the majority (31 measures) aim at **ensuring business continuity and support for essential services**. This was possible through the implementation of measures related to the following sub-categories: (i) the mobilisation of a larger workforce; (ii) the remuneration and provision of rewards for workers in essential services; (iii) the change of work arrangements (working time, rota schemes).

Mobilisation of a larger workforce

As regarding the **mobilisation of a larger workforce**, eight measures were implemented in seven countries (SE, IR, SL, FI, CY, PT and Norway). For instance, in order to facilitate health and medical care students in helping out in the healthcare sector without their student aid being reduced, Sweden temporarily removed the income ceiling for all those receiving student aid. Therefore, students receiving higher incomes during 2020 than the initially set limit, could maintain their entire student grants and loans. As demand in the health and care sector increased as a result of COVID-19, Ireland introduced a variety of measures to increase the supply of labour in these sectors. In Slovenia some limitations of the healthcare workers and medical professionals' rights came into force, such as the limitation of annual leave holiday. A measure related to the suspension of annual leave that can be applied to all personnel working in healthcare and social services, rescue services, emergency response centres and police services has been put in place in Finland. In Portugal, following the suspension of face-to-face teaching, non-teaching and formative activities, a teaching facility was identified in each school group to provide for the care of children and other dependents of essential services workers, e.g., health, security forces and services, including volunteer firefighters, and armed forces professionals, workers of essential public services, of essential infrastructure management and maintenance, and other essential services, whose mobilisation for service or operational readiness prevents them taking care of their children or other dependents. The above-mentioned workers were mobilised by the employer or by public authorities.

Remuneration and provision of rewards for workers in essential services

With regard to the **remuneration and provision of rewards for workers in essential services**, nine measures have been implemented in seven countries (BG, SE, DE, IR, ES, AT, GR). For instance, assistance for frontline workers in healthcare services in terms of bonuses and solidarity have been introduced in Bulgaria. In Sweden, a specific chain of hotels offered subsidised stays for people in risk groups and healthcare staff. In Spain, a supermarket chain has rewarded its workers with bonuses for the extra

effort and exposure to the virus during the start of the health emergency. In Ireland, some companies paid bonuses to production staff present on site during the first wave of the COVID-19 pandemic. Extraordinary financial support to personnel of public health and civil protection institutions has also been introduced in Greece, among the governmental measures to address the COVID-19 pandemic and other emergency provisions.

Change of work arrangements

Regarding the **change of work arrangements**, 11 measures were implemented in five countries (AT, FI, LU, PT and Norway). For instance, to ensure business continuity and support for essential services, Portugal established an exceptional regime suspending overtime limits. In exceptional cases, Austria increased the maximum weekly working hours: for example, hospitals are considered 'exceptional cases' when they treat patients or perform tests in the context of COVID-19 and when other organisational measures (such as the purchase of additional test equipment and the inclusion of additional qualified personnel) are not possible on short notice. In Luxembourg, in order to face the increase in care and health activity during the COVID-19 crisis and in response to the request by the health sector, the Government has agreed to increase the maximum working time per day and per week.

b. Protection of workers and adaptation of the workplace

Five measures out of the 42 extracted related to the **protection of workers and adaptation of the workplace**, covering (i) occupational health and safety; (ii) wellbeing of workers; (iii) teleworking arrangements and remote working, (iv) changing working hours or working arrangements.

For instance, in order to maintain employment, and protect the health of employees as well as citizens/customers by avoiding personal contact, some companies decided to close their customer service centres and allowed employees working in closed customer service centres and some technicians to provide services for the customers online via homeworking. In Hungary, a supermarket chain gave its employees a one-off bonus for their COVID-19 defence efforts, and as a temporary measure in the second wave of the pandemic, it introduced overnight shifts in restocking with the aim of alleviating the impacts of COVID-19 and to reduce the risk of infections. In Ireland, the Minister for Health launched an online mental health service for frontline workers: a kind of peer support, instant chat service, providing sessions facilitated by a mental health professional and supported by trained volunteers.

c. Reorientation of business activities

Three measures were related to the **reorientation of business activities** considering the change of production/innovation and the creation of platforms for businesses aimed at customers. For instance, to address the impact of COVID-19, some businesses were indeed able to reorient their activities, in some cases by shifting production to providing goods in higher demand as a result of the pandemic. This is the case for example of Sweden where, at the start of COVID-19 crisis, the health service communicated that there was an immediate need for hand alcohol. This need has been addressed by some companies dealing with the delivery of spirits that already made alcohol for their own use. A number of distilleries or other manufacturers using alcohol in the production of disinfectants have adapted their production to deliver hand sanitisers.

Finally:

- One measure was referring to the category of measures focused on safeguarding the survival of companies impacted by the crisis in the short-term, including a wide range of **measures to help businesses to stay afloat, through various financial supports**. This is the case of Greece, which has implemented a number of measures to be adapted to the new situation and face the consequences of the pandemic. Between these measures, at the operational level for instance, are the developing of business continuity plans with targeted measures for production units, the establishment of a communication and management network consisting of special teams, the putting in place of special safety measures or procedures and establishing areas for locating and isolating potential outbreaks of the virus in office premises and industrial facilities, and the adoption of increased personal hygiene measures.
- One measure was related to the **promotion of the economy, labour market and social recovery**. This is the case of Finland, which temporary extended the notice period to four months in case of employee resignation. This measure could be applied to all personnel working in healthcare, social services, rescue services and emergency response centre sectors. The extension of the notice period was limited to essential sectors or occupations with high risks of labour shortages due to the virus outbreak in order to prevent labour shortages in sectors that are critical for the functions of society.
- One measure was related to the prevention of social hardship aimed at the **protection of vulnerable groups** (beyond employment support). This is the case of Bulgaria, which realised a campaign to fund projects for vulnerable people. The measure provided resources to organisations that engage with the most vulnerable community members such as isolated elderly people, children and youth in need, single parents, victims of domestic violence, homeless people, those with chronic illnesses, people with special needs, resident care homes, doctors and medical workers, among others.

Social partners were directly involved in many of these measures. According to the Eurofound COVID-19 Policy Watch Database, social partners were to some extent involved (i.e. either informed, consulted, had negotiated or agreed) in around 58 % of the recorded measures adopted in response to the COVID-19 crisis between April and October 2020 and targeted at essential workers, particularly in actions related to ensuring business continuity and support for essential services, protection of workers, adaptation of the workplace and employment protection and retention.

4.2.1. Stakeholder perception of national-level measures

As for the EU level, the **web survey** carried out as part of the study enquired about the views of respondents on the adequacy of the measures and related arrangements already in place in EU countries for facing the challenges and risks that essential workers had to face during the pandemic. Results show that nearly **half of respondents believed that the measures in place at national level are not at all or little adequate (46 %) and not always useful** (see Figure 26 in Annex 2).

Generally speaking, all the considered national measures are considered quite or very useful by the majority of respondents (see Figure 27 in Annex 2), with the largest share considering quite or very useful: funding for protective equipment (78.9 %), short-term measures for care responsibilities (78.4%), and measures to protect the health, incomes and jobs (78 %).

The analysis of responses by category of respondents, although to be considered with caution given the small number of observations for each category, provides some additional indications (see Figures 28a and 28b in Annex 2). Among the representatives of social partners, as could be expected, collective

agreements at national/sector level are the national measures considered to be quite or very useful by the largest share of respondents (66.7 %), followed by measures to protect the health, incomes and jobs of essential workers, and short-term measures for care responsibilities (both with 61.1 % of respondents). Professionals, academics and experts highlight the importance of considering COVID-19 as a work-related illness (66.7 % of respondents consider this measure quite or very useful), as well as the measures to protect health, incomes and jobs, and funding for protective equipment (63 %). Representatives of umbrella associations consider the funding for protective equipment and short-term measures for care responsibilities as the more useful national measures (64.3 %), while psychological counselling (35.7 %) is considered useful by the lowest share of respondents in this category. Among the few representatives of EU institutions/agencies responding to the survey, in addition to short-term measures for care responsibilities, the simplification of procedures to promote teleworking and ICT based mobile work are also considered to be quite and very useful by a large share of respondents (83.3 %), followed by psychological counselling, funding for protective equipment, financial support for alternative care arrangements, measures to protect health, income and jobs, and changes in work arrangements (66.7 % of respondents considering them quite or very useful).

Finally, the web survey (see Figure 29 in Annex 2) explored whether respondents were aware of any national measure to support the revaluation of the role and working conditions of essential workers. Among well-known national measures, respondents mainly indicated legislation on health and safety including recognition of the COVID-19 infection as a work-related issue (52.2 %), legislation on working conditions including changes in working arrangements and legislation regulating wage and social protection (both 39.1 %), and collective agreements at sectorial level improving wages and working conditions (34.8 %). The measures that were less identified were those related to legislation/measures combatting undeclared work (4.4 %) and legislation on working time including the extension of short time work (8.7 %).

Among the above measures, several initiatives were reported as good practice by the fieldwork activities (case studies and web-survey) as the box below shows.

Box 19: Measures adopted for essential workers in the selected countries

Denmark: Changes in working arrangements

To accommodate the increase in demand and flexibility claimed by the pandemic, in November 2020 the **Joint Declaration on Flexibility in Municipalities**⁸² was first contracted in the North Region of Denmark⁸³ and later in December it was extended to include 69 out of 98 municipalities⁸⁴. In January of 2021 the agreement was expanded once again, now including all municipalities in Denmark⁸⁵.

The agreement was made to ensure flexibility and the necessary workforce where needed, with the intention of minimising infection and the spread of COVID-19 and its mutations⁸⁶. The agreement which further aimed to secure essential job functions highlighted the importance of essential workers as a central part of success. A quote from the agreement thus states: "The Parties therefore agree that, in this still exceptional situation where it is necessary to break the chains of infection and limit the spread of COVID-19 in Denmark, it can be necessary to ask employees to perform tasks in critical functions or related tasks at other times, locations and/or collective agreements/subject areas than where they normally perform their daily work"⁸⁷.

Denmark: Collective agreements at national/sector level to improve protection and working conditions for essential workers

The Agreement on Pay During Absence Under Chapter 21a of the Sickness Benefit Act⁸⁸ was first contracted in June 2020 and was an agreement between KL (membership organisation representing all municipalities in Denmark) and Fællesforhandlingsrådet. The same agreement was later contracted between the Regions and Fællesforhandlingsrådet⁸⁹.

This act was to ensure that employees who are themselves at risk or have relatives with increased risk of a severe bout of disease could stay home to avoid risk and still receive payment equal to their normal salary during sick leave⁹⁰. All frontline workers and their families were exposed to the possibility of severe and fatal sickness due to being infected by COVID-19. The virus has been known to cause difficult and long courses of sickness for people at increased risk, and even in some cases fatal, for the infected individual. Main target groups of the agreement were thus public frontline workers who themselves are at increased risk or who have close relatives at increased risk of severe sickness if contracting COVID-19. While protecting frontline workers and their families, the agreement has provided frontline workers with a steady income, and consequently it has not been necessary for frontline workers to take out loans, sell properties etc. in order to sustain life. The agreement was temporary and was extended several times the latest in June 2021 and was in effect until August 2021.

⁸² NB: The agreement only includes municipalities and employers herein and not regions.

⁸³ Fælleserklæring, udkast 17.03.20.

⁸⁴ Fælleserklæring december 2020 endelig.

⁸⁵ Fælleserklæring januar 2021 endelig.

⁸⁶ Fælleserklæring marts 2021. Available at: [Faelleserklaering-den-29-marts-2021.pdf](https://www.faelleserklaering-den-29-marts-2021.pdf).

⁸⁷ Fælleserklæring januar 2021 endelig p.1.

⁸⁸ See Annex III – Good practice fiche.

⁸⁹ Forhandlings faellesskabet, Aftale om løn under fravær efter sygedagpengelovens kapitel 21 a. Available at: https://www.forhandlingsfaellesskabet.dk/media/24sgc1eu/ny_20-0088-129-mo-ret-til-l-n-rltn-omr-det.pdf.

⁹⁰ Forhandlings faellesskabet, Aftale om løn under fravær efter sygedagpengelovens kapitel 21 a. Available at: <https://www.forhandlingsfaellesskabet.dk/media/cx4bvy3t/20-0088-116-mo-ret-til-l-n-for-personer-i-get-risiko.pdf>.

Germany: Short-term measures to support workers and families with caring responsibilities**Emergency/extraordinary childcare** (*Notbetreuung*).

In order to support essential workers with childcare duties, at regional level and with different criteria, parents could have access to emergency childcare⁹¹. Even if no nationwide intervention to support essential workers with childcare duty has been put in place, the regional level envisaged different criteria to support essential workers and families with caring responsibilities. In some regions, criteria were stricter, i.e. both parents had to be essential workers to have access to this measure; in other cases one essential worker parent was enough to provide access to it⁹². In some cases this measure was ensured for children up to 6 years, or up to 12 years.

Germany: Exceptional bonuses for workers in essential services

The Public sector collective agreement includes the Corona bonus (*TVÖD inklusive Corona-Sonderzahlung*). In Germany, during the first year of the pandemic, some special agreements were reached between institutions and employers to reward bonuses for essential workers who faced longer work hours, higher risk of infection and an overall increase in work burden.

This measure was targeted at all employees in the public sector, with particular attention to social and care workers, and utility workers. It consisted of a one-time payment calculated on the existing wages, up to EUR 600⁹³. The amount of premium varies across sectors and occupational groups. For example, social workers, education staff and care workers receive between EUR 400 and EUR 600.

For example the healthcare personnel and hospital employees, within the hospitals that subscribed to the initiatives, received a EUR 500 premium for three months.

Ireland: Emergency measures

Emergency measures facilitated access to sick pay and childcare for essential workers. These should accelerate the introduction of statutory sick pay and the continued expansion of childcare services. Finally, there has been a recognition that the privatisation of care services, in particular in elderly care, has both undermined the standard of care and actually endangered workers.

Ireland: Subsidies

The Pandemic Unemployment Payment (PUP) was particularly generous and easy to access. A similar focus on simplicity (and consequent generosity) was evident in the subsidies to employers, and the Temporary Work Support Scheme (TWSS) subsequently reformulated as the Employment Wage Support Scheme (EWSS). Migrant workers of whatever status have been allowed to access the PUP. The Department of Social Protection has explicitly not shared data with those controlling immigration - the GNIB (Garda National Immigration Bureau) and the Department of Justice.

Ireland: Enhanced Illness Benefit

Ireland has no statutory sick pay, and a major problem rapidly emerged that essential workers were unwilling or unable to take sick leave even when they had COVID-19 symptoms and should have self-

⁹¹ Bundesregierung Informationen für Familien. Available at: <https://www.bundesregierung.de/breg-de/suche/unterstuetzung-fuer-familien-1738334>.

⁹² BiB 2020, p.10.

⁹³ Employees in wage groups 13 to 15 receive EUR 300, those in groups 9a to 12 receive EUR 400. Those in groups 1 to 8 receive EUR 600. Social workers and education staff receive between EUR 400 (for wage groups S10 to S18) and EUR 600 (for wage groups S2 to S8b). Care workers also receive between EUR 400 (for wage groups P9 to P16) and EUR 600 (for wage groups P5 to P8). The corona premiums for utility workers range from EUR 300 (for wage groups 13 to 15) to over EUR 400 (for wage groups 9 to 12) to up to EUR 600 (for other wage groups).

isolated. This was tackled by the introduction in 2020 of the COVID-19 Enhanced Illness Benefit paying a universal rate of EUR 350 per week. Further universal elements in the response to COVID-19 included free GP consultations, free testing and free hospitalisation.

Italy: State bonus for workers

A state bonus of EUR 100 was introduced by the so-called "Cura Italia" decree (law decree 17 March 2020, no. 18, art. 63) to reward all people who worked in their usual workplace in March 2020 during the most terrible moments of the COVID-19 health emergency. The sum, paid with the salary of April, was provided for public and private employees, whose total income in the year did not exceed EUR 40,000. The bonus was also allocated to part-time workers, without any re-proportioning linked to the working time actually performed. This bonus was not repeated again.

Italy: State incentives for the health sector

Law 27/2020 provided for an increase (equal to EUR 250 million) in 2020 of the fund for the remuneration of working conditions and also in order to raise the resources allocated for the remuneration of all services, including overtime work of personnel. In addition, it is expected that the Regions and Autonomous Provinces will increase these amounts but not to more than double. Regions and Autonomous Provinces can also provide additional premiums for health staff (up to maximum EUR 2,000 per person) proportionate with the service performed during the pandemic. The Budget law 2021 (Law no.178 of 2020, art.1) provided, from 1 January 2021, specific resources for health personnel (allowances for nurses and other healthcare professions) as part of the base salary. The definition and amount of the allowances is to be defined in national collective agreements.

Italy: Work-life balance measures

An extraordinary parental leave for children (up to 16 years old) was introduced for working parents in public and private non teleworkable occupations. This provision applies to the essential workers who work face-to-face and it was provided in three specific cases: if children are affected by COVID-19, if they are in quarantine, or in case of home-schooling. The leave was also provided if working parents have disabled children (without age limits) in the same cases and in the event of closure of day-care centres. Parental leave is up to 15 days and paid at 50 % of the salary but only for children below 14 years old. From March 2020, a state bonus for babysitting services was introduced alternatively to the extraordinary parental leave for employees in private sectors, self-employed workers and for parents working in socio-health sectors and in security and defence sectors and it was in place from March 2020 until 30 December 2020⁹⁴. Its maximum value was equal to EUR 1,200 per family, increased to EUR 2,000 for parents working in socio-health sectors. In 2021, it was provided only for self-employed workers and essential workers who work in police/security and health sectors for whom it is impossible to stay at home from work. The bonus was provided, up to a maximum of EUR 100 per week, for parents of children under 14 affected by SARS COVID-19 for the duration of the infection or quarantine, for events occurring from 1 January to 30 June 2021.

Romania: Exceptional bonuses or (temporary) wage increases for workers in essential services

Measures aimed at increasing earnings in the health and social care sector were adopted in Romania in 2020. For example GEO N. 43/2020 foresees the introduction of a risk incentive amounting to gross RON 2,500 for several categories of workers in the healthcare sector (e.g. medical staff, medical and health staff and auxiliary staff from medical family offices, medical test laboratories, medical image

⁹⁴ The bonus was introduced in 2020 by the so-called 'Cura Italia' decree for parents of children aged up to 12 (the age limit does not apply in the event of severe disability) and it was extended for 2021 by Decree of 13 March 2021, No. 30 with some changes.

laboratories, specialised clinics, community pharmacies, dentists, providers of medical services that have a contract with public social insurance units and that were active during the emergency state or that had infected staff due to their activities or that dealt with patients suspected of or being infected with Coronavirus, medical staff from schools). The workers foreseen by the GEO 43/2020 can benefit from risk incentives a maximum of twice, irrespective of the number of days worked in the periods between 16 March and 14 April 2020, and between 15 April and 14 May 2020. The GEO also foresees a risk incentive amounting to EUR 2,500 for staff from social and community assistance, irrespective of the organisational form of the social and community assistance provider involved directly in the care and/or support of the elderly, children, people with disabilities and other vulnerable categories. The risk incentive is granted during the emergency period (one month)⁹⁵.

Another relevant measure can be identified in the Order n.1.070/94/2.087/2020 that foresees an increase in the risk bonus foreseen by Law 56/2020 for staff in the health sector in direct contact with patients tested positive for the Coronavirus. The increase of the bonus granted amounts to 30 % for staff who provide medical assistance/qualified first aid to/transport of patients who have tested positive for SARS-CoV-2 with medium/severe symptoms and to 25 % for staff in contact with patients with other forms of the virus. The healthcare staff who can benefit from it include the following:

- medical and health and auxiliary staff from: medical units, medical and social assistance units and medical units; community pharmacies; family doctors' surgeries; dental units; other providers of health or social assistance services directly involved in actions and missions related to the prevention, management and fight against COVID-19 infections;
- military staff – paramedics and medical staff – of the structures under the coordination of the Emergency Department of the Ministry for Internal Affairs directly involved in actions and missions related to the prevention, management and fight against COVID-19 infections;
- paramedical staff of the Serviciul Medical de Urgență, Reanimare și Descarcerare (SMURD) units specialised in offering a preliminary qualified help who are paid by the local public administration;
- the entire staff of hospitals ensuring medical assistance to patients infected with SARS-CoV-2 as well as of the support hospitals⁹⁶.

The Order foresees that medical staff who registered with physical or psychological diseases or that became invalid following their involvement in actions against COVID-19 do not benefit from this bonus if the injury/invalidity occurred due to the choice to break down of the legislation in force⁹⁷.

Romania: Short-term measures to support workers and families with caring responsibilities

In Romania, Short-term measures to support workers and families with caring responsibilities have also been put in place. Law no. 19/2020 (integrated by the provisions of GEO 220/2020, GEO 182/2020) introduced paid leave to one of the parents if schools are closed due to "extreme situations" and if the activities performed by the employee cannot be carried out via telework/working from home. The leave is granted only to one parent and only for children up to 12 years old or up to 18 years old for children with disabilities who are attending school and for children with chronic illnesses and who are at risk in case of physical school attendance. This right is conditioned to the employer's acceptance in certain sectors such as health and social care units, units

⁹⁵ Romanian Government ORDONANȚĂ DE URGENȚĂ nr. 43 din 6 aprilie 2020. Available at: <http://legislatie.just.ro/Public/DetaliiDocumentAfis/230780>.

⁹⁶ Romanian Government ORDIN nr. 1.070/94/2.087/2020. Available at: <http://legislatie.just.ro/Public/DetaliiDocumentAfis/227591>.

⁹⁷ Romanian Government ORDIN nr. 1.070/94/2.087/2020. Available at: <http://legislatie.just.ro/Public/DetaliiDocumentAfis/227591>.

that ensure the public transport and sanitation of localities, as well as the supply of the population with gas, electricity, heat, and water. This restriction in the application of the measure to "essential" workers may have impacted negatively on the personal and private life of employees from these sectors. During the leave, employees receive up to 75 % of their base salary, but not more than 75 % of the average gross salary in the economy⁹⁸. Even though no statistics are available on the extent to which "essential" workers have benefitted from this right, recent research on the impact of the COVID-19 pandemic in the healthcare sector shows that 42 % of the people surveyed have not benefited from this right (Lungu and Ciobanu, 2020).

Romania: Measures to protect the health, incomes and jobs of frontline and essential workers

Another public measure put in place in Romania refers to the healthcare sector. At the beginning of 2021, the National Authority for the Management of the Quality in the Healthcare sector foresaw the adoption of measures for preventing employees' burnout in the healthcare sector among the criteria for the accreditation of these units. Following this measure, the national trade union "Solidaritatea Sanitară" has initiated a campaign targeted at workers from the healthcare sector to increase awareness on burnout in the health sector and to provide workers with a specific tool to assess their risk of burnout.

Source: case studies.

4.3. Conclusions

The analysis of EU and national policy measures and initiatives showed that, at both European and national level many initiatives were already in place and have been further developed and implemented during the pandemic period. However, a relevant number of initiatives were specifically undertaken on the basis of the emergency, were not very widespread and not always designed and implemented considering their possible (undesired) side effects.

It would therefore be crucial for EU and national institutions, together with social partners, to review the lessons learned from the pandemic and to clearly evaluate the effects of the legislative and policy measures adopted, in order to use these experiences to adjust existing policies and/or design new policies to enhance the position of essential occupations and workers.

The web survey results also allow the pinpointing of some of the **main challenges associated with the working conditions and wages of essential workers** and ways to reevaluate these conditions including in view of any potential future health crises. According to the survey respondents (see Figure 30 in Annex 2) the deterioration of working conditions is the category for which challenges are considered to be the more crucial followed by those related to the increase of workload that essential workers were/are facing during the COVID-19 health crisis. Interestingly, challenges associated with a greater risk of contracting the virus by essential workers is considered to be the less relevant, probably because the discovery of effective vaccines and the vaccination campaigns have for now reduced this risk.

In line with the challenges related to the deterioration of working conditions, web survey respondents (see Figure 31 in Annex 2) suggested that measures related to wages and social protection are among those that should be prioritised.

⁹⁸ Eurofound (2020), Free paid days to parents for the purpose of childcare, case RO-2020-16/414 (measures in Romania), COVID-19 EU PolicyWatch, Dublin, <http://eurofound.link/covid19eupolicywatch>. Available at: [Free paid days to parents for the purpose of childcare - Eurofound COVID-19 EU PolicyWatch \(europa.eu\)](https://www.eurofound.europa.eu/en/publications/free-paid-days-to-parents-for-the-purpose-of-childcare-eurofound-covid-19-eu-policywatch).

5. CONCLUSIONS AND POLICY IMPLICATIONS

During the pandemic, several countries defined lists of sectors and occupations that during lockdowns were considered essential in order to provide the goods and services necessary to keep basic economic, social and health facilities operating. These lists included a large share of the EU workforce distributed in different economic sectors and occupations, e.g. the health and social care sector, the production and distribution of food and medical devices, logistics and transportation, law enforcement, public administration, utilities, financial and ICT services.

Frontline workers in these sectors cover the entire skills spectrum from low to highly skilled. They had to continue to work in face-to-face situations with high social interactions, despite the increasing risk of contracting and spreading the virus, heavy workloads, deteriorating working and work-life balance conditions, increasing harassment, violence and stigmatisation from customers and/or patients, with negative effects on their mental health. Available data also show that in the first wave of the pandemic, when protective equipment and vaccines were lacking, COVID-19 related infection and mortality among these workers was high. This situation was particularly problematic for essential workers in low-skilled and less protected positions, largely women and EU-mobile and non-EU migrant workers.

The evidence presented in Chapters 2 and 3 and interviews of EU and national stakeholders underline that the pandemic aggravated pre-existing challenges, especially in low-skilled essential occupations characterised by poor labour conditions and labour shortages, largely resulting from decades of budget cuts in welfare and healthcare systems and in public services, and their low social and economic recognition. In some essential occupations (e.g. in agriculture, transportation and delivery services, long-term care), labour shortages have been covered with immigrant workers, employed in non-standard and often irregular or even illegal forms of employment, with no recognition of their skills, low wages, long working hours, and low access to training, social, health and safety protection, and inadequate accommodation facilities.

As described in Chapter 4, during the pandemic most EU Member States introduced emergency measures to improve the working conditions of essential workers, although often not covering workers in non-standard or irregular positions. In addition, temporary suspensions of labour rights were adopted to address labour shortages, e.g. through derogations on maximum working time and overtime work, on daily and weekly rest periods, and on the right to take leave and to strike.

Other measures, meant to expand the workforce in essential occupations, included derogations on migration and cross-country mobility ceilings, as well as emergency recruitment procedures, such as the transfer and redeployment of workers towards essential sectors and occupations, the activation of young students/graduates or retired workers. These measures were often designed and implemented without attention to their potential negative side effects and were continuously revised during the different waves of the pandemic, adding uncertainty and stress among employers and workers.

5.1. Lessons from the COVID-19 pandemic

The pandemic highlighted the key role and often poor working conditions of a large share (around 20 %) of essential workers resulting in labour shortages that must be addressed to ensure that EU countries can face current and future emergencies.

Despite its negative effects on the working and health and safety conditions of essential workers, the COVID-19 pandemic has increased the **public recognition of the social value of front-line essential workers, including those at the bottom of the skills spectrum and particularly women and immigrants**, who have often risked their lives to continue to provide essential services. This has fuelled

a new public discourse on policies to ensure fair pay, better working conditions, and the recognition of the skills and qualifications needed to perform these jobs. The public recognition of the role of essential workers and their poor working conditions has in some countries led to new reforms, as for example in Germany where new legislation banned subcontracting and temporary work (with a few exceptions) in slaughterhouses and meat processing plants. It is crucial that this debate does not expire when returning to post-COVID-19 "normality", but becomes a driver for **structural improvements in the recognition and valorisation of these workers and their working conditions**.

The COVID-19 crisis **has however exposed the weaknesses of some essential sectors** (especially the health and long-term care systems, the agri-food sector, transportation and delivery services, and domestic services), as well as **the gaps in social protection schemes, in occupational health and safety regulations for workers with precarious employment contracts, and in regulations governing seasonal cross-border mobility and economic migration flows**.

In particular, the COVID-19 pandemic highlighted the weaknesses of EU Directives and national regulations on the working conditions and social and health protection of third-country nationals, and cross-border seasonal essential workers in the EU. As underlined by Rasnaca (2020), the opening of borders for essential workers was implemented with little attention to their health and safety protection in workplaces and accommodations, although the Commission asked the Member States to adopt a coordinated approach with health screenings for border and posted workers under the same conditions as for nationals exercising the same occupations. In addition, during the pandemic, EU regulations addressing the working conditions of intra-EU highly-mobile workers and third-country nationals⁹⁹ showed gaps in ensuring adequate social and healthcare assistance and protection against abuse, particularly in the case of third country nationals. As mentioned in Chapter 3, these workers, given the temporary nature of their work, can be more vulnerable to precarious working and living conditions, fraud and abuse, particularly when, due to mobility restrictions, they cannot leave the host country and have difficult access to social assistance.

Even seasonal intra-EU mobile workers, although better protected than third country nationals, especially for social assistance and health insurance, are still less protected than nationals (Rasnaca, 2020). Seasonal workers who work in another Member State on the basis of the free movement of workers are protected as national workers by the equal treatment principle. However, eligibility requirements of national social security systems often include minimum thresholds or qualifying periods to gain the right to access certain benefits, which are usually not met by seasonal workers. In addition, assistance often does not cover some primary needs of seasonal foreign workers losing their job, like housing support, while language barriers and lack of information may further limit access to social assistance (European Commission, 2021).

In the case of workers posted to another country, the *Posting of Workers Directive* provides standards for pay and working conditions equal to those of comparable local workers, although often these standards are difficult to define. In addition, in some cases (e.g. when posted by temporary employment agencies of their home country) posted workers are covered by the less generous social protection schemes of the home country rather than those of the host country. Highly-mobile workers also tend to be less protected during a pandemic by the *Working Time Directive* and the *EU Framework Directive on Occupational Safety and Health*, due to exemptions and exceptions in terms of scope, coverage or rights, which leave their interpretation and implementation to Member States (Resnaca,

⁹⁹ Such as, the Posting of Workers Directive (96/71/EC), the Seasonal Work Directive (2014/26/EU); the Single Permit Directive (2011/98/EU), and the Directive on Minimum standards on sanctions and measures against employers of illegally staying third-country nationals (2009/52/EC).

2020).

Another lesson that has emerged from the pandemic, underlined in the Irish and German case studies, is the need of essential workers for **social recognition and a collective voice in order to ensure their rights**, with a key role for social partners and social dialogue at all levels. Where there is collective representation and collective bargaining coverage, working and health and safety conditions tend to be on average better than in occupations with poor working conditions and low collective representation.

As reported in Chapter 4, the social partners promoted many initiatives to support the working conditions of essential workers during the pandemic, but this occurred mainly in unionised and public sectors. It is therefore necessary to create the conditions to also promote social dialogue and collective bargaining in those countries and sectors/occupations with lower coverage of collective agreements. This is particularly important because, as underlined by the ILO (2020), countries with more solid labour institutions have shown greater resilience during the pandemic crisis and are likely to be more prepared for a rapid and sustainable recovery.

Finally, the pandemic showed that the **recognition of occupations and workers as essential may have (negative) implications in terms of workers' rights**, which needs to be considered. As underlined by interviews with representatives from the ILO, Eurofound and ETUC, derogations to workers' rights adopted during crisis situations in order to avoid sudden and long interruption of essential services are a cause for concern because they risk being used to reduce labour standards.

5.2. Policy implications for EU institutions

Recovery from the pandemic requires a move from emergency towards structural measures with the aim to:

- **Improve the working conditions and the social and economic recognition of essential occupations, also to attract more workers and enhance retention**, with special attention to the most vulnerable workers;
- **Prevent abuse and ensure fair recruitment practices, working conditions, and social protection coverage for all workers**, including third-country nationals and EU highly-mobile essential workers;
- Support **social dialogue** and **social partner actions** at all levels to provide all essential workers with a collective voice and ensure fair working and living conditions on the ground;
- **Adopt sector-specific regulations and policies** to support working conditions of essential workers relevant to their situation.

5.2.1. Improving working conditions and the social and economic recognition of essential occupations to attract more workers and enhance retention

Although the regulation of working conditions is mainly under national competence, the interviewed stakeholders underlined that **EU institutions have a key role in supporting greater investments in essential sectors and occupations and in improving the working conditions of essential workers**, complementing the actions taken by Member States and the social partners. The current situation in the EU, with **the Next Generation Recovery Initiative and the revamped Multi-annual Financial Framework**, offers a unique opportunity to reevaluate and invest in these sectors and occupations, and at the same time to reduce gender inequalities in the labour market and rethink migration policies.

As described in Chapter 4, at **EU level there is a wide set of regulations and policy initiatives that could support a revaluation of essential occupations and better working conditions** for essential workers if adequately implemented. However, interviewed stakeholders underlined the need to **improve the capacity of EU institutions to implement the regulations and measures it puts in place**, increasing knowledge on existing measures and supporting their enforcement and adoption at national level. **Targeted policy strategies and improved workers' representation and collective bargaining** are also necessary to support working conditions in practice in the workplace.

The study findings highlight the following **key areas of EU intervention**, which are crucial for improving the working conditions and the social and the occupational health and safety protection of all workers, not only essential workers.

a. **Improving and enforcing the EU legal and policy framework and supporting policy coordination and upward convergence across Member States**

The first is the **improvement and enforcement of the EU legal and policy framework** for the application of the fundamental principles and rights at work to all workers and extending the coverage of labour market institutions, taking into account the specificities of work arrangements in essential sectors and occupations and the lessons learned from the COVID-19 pandemic. The most relevant EU regulations for supporting the working conditions of essential workers are those related to wages, employment, social protection, and occupational health and safety. In particular: the European Pillar of Social Rights and its Action Plan; the EU social and labour law acquis; the occupational safety and health acquis; the acquis regulating intra-EU mobility and that of third country nationals. The proposals for Directives on Minimum Wages, on Pay Transparency, and on Platform work are also very important to support better working conditions in those essential occupations characterised by a large incidence of non-standard and irregular work, and not covered by collective bargaining. Further, particular attention should be given to improving the health and safety standards for all workers in the EU, including EU and non-EU seasonal workers, based on the lessons of the COVID-19 pandemic and building on the indications of the EU Strategic Framework on Health and Safety at Work 2021-2027 (COM(2021) 323 final).

In order to **ensure the effective implementation of these regulations and policy strategies**, EU institutions should closely monitor their implementation, support their enforcement, and provide guidance to Member States and social partners on the application of existing rights and obligations, as well as on supporting essential workers in becoming aware of and obtaining their social and labour rights.

Several essential occupations, especially at the bottom of the wage and skill spectrum, are characterised by a large proportion of women and immigrant workers. Therefore, a European-level intervention should take into account the interdependence of measures addressing the living and working conditions of essential workers with **gender equality policies and policies addressing economic migration and intra-EU mobility**. To this end, EU institutions could support **policy coordination and upward convergence across Member States**, strengthening both binding regulations and soft coordination mechanisms, such as the Open Method of Coordination, defining common objectives and providing country-specific support and recommendations, as in the case of the European Semester process.

b. **Improving knowledge and the social recognition of essential workers**

Another key role of EU institutions is to **improve knowledge on working conditions** in essential occupations, supporting research and the collection of reliable and accessible data and indicators on a periodic basis to **monitor working conditions (including pay) and evaluate the effectiveness** of the

legislative and policy measures adopted. In particular, EU institutions should monitor how existing EU and national regulations and policies and those envisaged in National Recovery and Resilience Plans and in the new Operational Programmes of the European Structural Investment Funds are addressing the challenges related to essential sectors and occupations and how the proposed measures are being implemented.

The limited availability of reliable and comparable data is particularly evident in the fields of seasonal agricultural work, long-term care and personal care work, transportation and platform work where non-standard and often irregular/undeclared forms of employment are more diffused.

EU institutions should also support **capacity-building among EU and national stakeholders**, including social partners and employers (particularly SMEs), through the promotion of mutual learning and the sharing of good practices on ways to ensure the revaluation of essential workers across the entire skills spectrum.

EU institutions and social partners should also **promote awareness-raising measures on the social value of essential workers**, maintaining their visibility in the political and public discourse and attention on their working conditions and health and safety risks.

c. Investing in the education and training of essential workers and recognizing their qualifications

It is necessary to support **workers re-and upskilling** with attention to the new skills needed for a greater and better use of technology to assist essential workers in their jobs, starting from the recognition of these workers' technical skills and expertise. This should include skills acquired informally on the job also by workers employed in low-paid occupations and those of third country nationals, as well as the recognition of the qualifications acquired.

The *European Skills Agenda* and the *ESF Plus* may contribute to the upskilling and reskilling of workers in essential sectors, especially in relation to the digitalisation and technological changes occurring in essential sectors and occupations. Workers' training and career progression could improve job satisfaction, reduce turnover, and increase the attractiveness of these occupations for new workers.

5.2.2. Preventing abuse and ensuring fair recruitment practices for all workers, including third-country nationals and EU mobile cross-border workers.

a. Improving existing regulations on cross-border mobility and economic migration and the working conditions of third-country nationals and intra-EU highly mobile workers

A key issue on which EU intervention is particularly relevant is the **regulation of cross-border mobility and the working conditions of third-country nationals and intra-EU highly mobile workers**, and particularly seasonal workers in the agricultural and care sectors, international transport workers, and platform service delivery workers, who have proven to be essential during the pandemic. As mentioned above, these workers are currently less well covered by the EU legal framework on working conditions and workers' rights compared to national standard workers. It is necessary to improve existing regulations, in order to **ensure that all workers, whatever their country of origin and status in the host country, have adequate working conditions and social and health protection and assistance** against all risks, including sickness and unemployment. To this end, the ETUC call¹⁰⁰ for the setting up of specific European minimum standards for the living conditions of mobile and migrant workers, including decent accommodation, is particularly important. Measures for the provision of information

¹⁰⁰ ETUC Comments on the Commission Guidelines on Seasonal Workers, ETUC, 8 September, 2020; and ETUC Resolution on Fair Labour Mobility and Migration, Adopted by the Executive Committee Meeting of 22 March 2021.

on working conditions before moving to another country, through the implementation of the *Transparent and Predictable Working Conditions Directive* (2019/1152), and of guidance services for mobile workers with the involvement of social partners, civil society organisations, and public employment services are also necessary. According to the ETUC, effective social security coordination and protection for frontier, posted, cross-border and other mobile workers should also be ensured through a revision of the *Regulations on the Coordination of Social Security Systems* (883/2004 and 987/2009) and the implementation of a *European Social Security Number*.

In addition, the European Labour Agency (ELA), should rapidly implement information campaigns, cross-border risk assessments and transnational enforcement cooperation to contrast abuses, building on the activities carried out in the *European Platform Tackling Undeclared Work*¹⁰¹, now a permanent working group of the ELA. As described in Chapter 4, some initial steps to this end have recently been put forward by ELA.

Furthermore, in July 2020, responding to a call of the European Parliament¹⁰², the European Commission defined specific *Guidelines on Seasonal Workers in the EU in the Context of the COVID-19 outbreak*, asking Member States to address the specific needs of seasonal workers, including those related to the provision of decent accommodation and transportation, working conditions, and access to social security, and to monitor irregularities in seasonal work.

b. Preventing abusive practices in supply chains and in platform work

Strongly related to cross-border mobility is the need to **prevent the widespread abusive practices in supply chains** through subcontracting and temporary agency work. The ETUC call for a stronger enforcement of the *Temporary Agency Work Directive* (2008/104) and of the *Posting of Workers Directive*, is particularly important to prevent bogus posting operations and enhance the accountability of private recruitment agencies in accordance with the ILO Convention on Private Employment Agencies. Also the setting up of an *EU Register and Certification of Temporary Work Agencies* operating in the EU internal market, and of a general legal framework on subcontracting, called for by ETUC, is necessary to promote joint and several liability through the whole subcontracting chain and counter abusive practices (e.g. through letter-box companies, bogus temporary agency work, and false self-employment). Abusive practices and undeclared work could also be tackled through a revision of the *EU Public Procurement Directives* (2014/23, 2014/24, and 2014/25), strengthening the existing social clause through enhanced monitoring and enforcement measures, with the involvement of social partners, civil society organisations and workers.

Concerning **platform work**, rather widespread in food-delivery services, long-term care and personal care work, transport and logistics, the available evidence underlines the need for a legislation at EU level that clearly defines the employment status of platform workers and promotes transparency and fairness in the management of platform work. In addition, it is necessary to support the creation of workers' organisations to represent their interests and give them a collective voice in social dialogue, whatever their employment status (either as dependent or self-employed workers). Extending the coverage of collective bargaining to platform workers is also needed, e.g. in sectoral collective

¹⁰¹ The *European Platform Tackling Undeclared Work* supports **cooperation between EU countries** in fighting undeclared work. The Platform involves different national and EU stakeholders, including **social partners** and **enforcement authorities**, such as labour inspectorates, tax and social security authorities, in the exchange of information and good practices to develop knowledge and support mutual learning, as well as engage in closer cross-border cooperation and joint activities. On 26 May 2021 the Platform became a permanent working group of the ELA. Available at: <https://www.ela.europa.eu/en/european-platform-tackling-undeclared-work>.

¹⁰² European Parliament, Resolution of 19 June 2020 on the protection of cross-border workers and seasonal workers.

agreements (as in the Italian Collective agreement in logistics, freight transport and shipping¹⁰³) or establishing platform-specific collective agreements (often signed by organisations only representing platform workers).

The recent Commission proposal for a *Directive on improving the working conditions of Platform work*¹⁰⁴ addresses some of these challenges and its implementation should be closely supported and monitored. It provides criteria for determining the employment status of platform workers, stemming from a legal presumption of a "worker" status when the work performed is organised and controlled by digital platforms. The burden of proving that there is no employment relationship rests on platforms. The proposed Directive also promotes new rights for all platform workers, whatever their status, regarding algorithmic management and the provision of adequate information to workers and their representatives on automated decisions affecting their working conditions, and grants workers the right to contest these decisions. In addition, it requires the adoption by platforms of risk assessment and mitigation measures. In order to support the collective action by self-employed platform workers, the Draft Guidelines accompanying the Commission Package ensure that EU competition law does not limit solo self-employed workers' efforts to improve collectively their working conditions.

c. Combatting undeclared work

As underlined in the previous chapters, undeclared and irregular or even illegal work is rather widespread in low-skilled essential occupations in agriculture, long-term care and personal care work, transport and delivery services. Tackling undeclared or irregular work requires effective enforcement and persuasion measures.

In recent years, the increase in labour market deregulation and the diffusion of new forms of work (including platform work), are making the enforcement of workers' rights more complex than in the past. In addition, in many countries, budgetary constraints have reduced the financial resources and the staff of labour inspectorates.

In order to cope with these trends and to enhance enforcement, in most EU countries there is a growing use of data mining and risks assessment based on administrative data in collaboration with statistical offices and tax and social protection authorities. In addition, hard deterrence measures (i.e. inspections and sanctions), are complemented with more pro-active measures. These include the provision of advisory, guidance and information services to companies, workers and citizens, and of incentives promoting compliance, such as ensuring access to public procurement and concession contracts only to organisations complying with workers' rights regulations; introducing tax rebates and vouchers; simplifying the administrative burden and the complaint reporting tools; promoting awards schemes.

A greater involvement of the social partners and NGOs can improve the capacity to reach out to those employers and workers beyond the reach of conventional inspectorates, e.g. micro and small enterprises, households employing personal care workers, seasonal workers and migrants, platform workers, bogus self-employed workers, supporting awareness raising, guidance, and the reporting of abuses (Walters, 2016; Williams, 2019).

To be effective, the combination of these measures requires adequate capacity and resources in controlling institutions, effective coordination mechanisms, the involvement of the social partners and other relevant stakeholders. The EU could have an important role in this respect, providing funding and supporting capacity building, as well as ensuring stronger coordination and cooperation among

¹⁰³ Rif to agreement

¹⁰⁴ European Commission, Commission proposals to improve the working conditions of people working through digital labour platforms, Press release Brussels 9.12.2021. Available at: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_6605.

enforcement agencies and institutions in the implementation of monitoring, enforcement and preventive measures as envisaged in the above mentioned ELA Action Plan.

5.2.3. Supporting social dialogue and social partner actions at all levels

While regulation is necessary, it is not sufficient for improving working conditions at the workplace. **Social dialogue and the active involvement of social partners at all levels** (company, sectoral, national, EU) should also be supported, given their crucial role in ensuring the implementation and enforcement of workers' rights at national and sector level, identifying and addressing the specific challenges occurring in the workplace. Extending collective bargaining coverage, besides supporting better working conditions, might also ensure the comparability of working conditions with other sectors and occupations. It is therefore crucial to **consolidate workers' representation rights**, especially in those sectors/occupations currently not or little represented or covered by collective bargaining, creating the conditions to promote social dialogue and collective bargaining.

The social partners can support the monitoring of the application of workers' rights in the workplace and beyond, as **poor working conditions and limitations to workers' rights are more likely where there is high recourse to sub-contracting** and to (bogus) self-employment, with a dilution of accountability along the productive chain.

Specific attention should also be paid to **establishing an effective dialogue between all actors involved in employment and sectoral policies** (i.e. public institutions, social partners, civil society). To this end, an indication emerging from interviews of social partners' representatives at the sector level, is the need to involve more the sectoral social partners in social dialogue, as they have the knowledge of the specificities of different essential sectors and occupations. Sector level associations and organisations could ensure sector-wide recognition and dialogue on working conditions, skills shortages and recruitment challenges.

5.2.4. Adopting sector-specific regulations and policies

Besides the overall policy indications mentioned above, the literature review and interviews have highlighted some sector-specific indications, which are summarised in the following sections for the main essential sectors and occupations considered in the report. In order to ensure consistency and effectiveness, it can be useful to develop sector-specific Action Plans with clear targets, support to Member States for implementation, and specific monitoring systems.

Migrant workers in agriculture

The COVID-19 pandemic has highlighted the essential role of agricultural workers, and particularly of seasonal immigrant workers. The study findings support the ILO (ILO, 2020f) and IOM recommendations (2021) underlying how the pandemic could become an opportunity to redesign migration policies by:

- *Expanding legal pathways for agricultural seasonal migrant workers* (both intra-EU mobile workers and third country nationals) *and combatting undeclared and illegal work*;
- *Supporting cross-border cooperation and policy coherence* based on workers' rights;
- *Embedding the structural contribution of migrant workers in national policy design*, aligning migration laws and policies with labour laws and industrial, education, labour market, taxation and welfare policies;
- *Supporting skill retention, training, and recognition* of the specific technical skills and expertise of agricultural workers, often acquired informally on the job;

- *Extending minimum wage legislation and collective agreements to migrant agricultural workers, and strengthening social dialogue mechanisms and collective representation for agricultural (migrant) workers.*

As mentioned above, the pandemic has highlighted the gaps in EU regulations governing the working conditions of third-country national and intra-EU highly mobile workers and the need to revise and better enforce the regulations, particularly concerning working and living conditions and access to social and healthcare assistance.

A key role in supporting better working conditions in the agricultural sector could also be played by the *Common Agricultural Policy (CAP)*. An important development to this end is the new Regulation (EU) 2021/2116 of the European Parliament and Council of 2 December 2021 on the financing, monitoring and management of the CAP¹⁰⁵, which for the first time introduces a *Social Conditionality Clause*. According to this clause, farmers and other beneficiaries receiving direct CAP funding will have to respect the European social and labour law, including the requirements related to working and employment conditions or employers' obligations.

Transportation and delivery services

As illustrated in Chapter 3, the COVID-19 pandemic highlighted many drawbacks in the regulation and operation of road transport and delivery services, negatively impacting on the working conditions of transport workers, particularly in international road transport and delivery services. The study findings support the EU sector-specific recommendations proposed in the TRAN study on the effects of COVID-19 on the transportation sector (Rodrigues, M., et al., 2021) to improve the working conditions of workers involved in road transportation and delivery of essential goods, through:

- *the promotion of the social recognition of road transport occupations to improve their attractiveness, especially among younger workers and women, for example by promoting safe and secure parking spaces with better resting places, and work-life balance measures;*
- *the adoption of EU legislation and guidelines guaranteeing safe and healthy working environments and better employment and social protection for all transport workers, and promoting a regular monitoring of the application of regulations, with special attention to the most vulnerable workers and those working through online platforms;*
- *the promotion of a further harmonisation of European rules, including those during emergencies, and their effective enforcement to avoid social dumping;*
- *support of workers reskilling and upskilling to face the challenges of digitalisation and automation.*

Long-Term Care

As described in chapters 2 and 3, poor working conditions and pay are particularly diffused in the long-term care (LTC) and personal care sectors. Improvements in working conditions and the recognition of the role and skills of professional carers are necessary in order to attract more workers to these occupations (including men) and address labour shortages. Better working conditions for care workers may also improve the quality of care provision, benefiting care recipients and unpaid carers, who are largely women.

¹⁰⁵ Regulation (EU) 2021/2116 of the European Parliament and of the Council of 2 December 2021 on the financing, management and monitoring of the common agricultural policy and repealing Regulation (EU) No 1306/2013. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R2116&from=EN>.

The pandemic crisis spurred a public debate on the shortcomings and weaknesses of the LTC system in most of the Member States, which is influencing planned or ongoing reforms. As underlined in the *2021 Long-Term Care Report* of the European Commission and Social Protection Committee, EU Member States are promoting reforms of their LTC system in order to address the structural shortcomings that became more evident during the pandemic. The envisaged reforms are mainly focussed on the promotion of the accessibility, affordability and quality of residential and home based LTC and on improving the situation of informal carers. Some EU countries (e.g. BG, CZ, DE, DK, EE, FI, HR, LU, MT, NL, SE) are also introducing measures to improve the situation of the professional long-term care workforce, in order to reduce staff shortages and improve the attractiveness of LTC professions and quality of care services. Among the envisaged measures are increased funding to recruit staff through the promotion of campaigns to improve the image of these professions in the public opinion, increase in training provisions and access to training, better salaries, working conditions and employment stability, the recruitment of care professionals in third countries.

At EU level, there is increasing attention to the need to support investments in the care sector, as indicated by the European Commission commitment to a *European Care Strategy in 2022*¹⁰⁶, with the aim of supporting carers and those receiving care. Care and social infrastructures are mentioned in the *Recovery and Resilience Facility* among the sectors to be supported and the European Commission has recently adopted a *Delegated Act on Social Expenditure*, which underlines the need for massive investments and reforms in the social, education, and health and long-term care sectors. However, as pointed out by some of the interviewed stakeholders and in the country case studies, in most of the NRRPs there is still little attention to promoting the improvement of working conditions in the care sector and the re-upskilling of care workers.

In order to improve the working conditions of care workers and reduce current labour shortages, the EU can play an important role not only providing funding for healthcare and long-term care policies, but also, as underlined in Barslund et al., 2021, by:

- *Supporting EU Member States in ensuring better working conditions, training and career progression.* Besides a better enforcement of existing regulations, the EU could support mutual learning and capacity building, as well as the adoption of fair recruitment practices for workers from other EU and non EU countries, building on *ILO's General Principles and operational guidelines for fair recruitment*, and the *Guidelines for labour recruitment of migrant personal care workers* developed by the International Organisation for Migration (IOM, 2020);
- *Combatting undeclared work* by improving the accessibility and affordability of formal LTC services; ensuring stronger cooperation among enforcement agencies, national authorities and the social partners in the implementation of monitoring, enforcement and preventive measures; promoting support measures targeted to households and domestic care workers including: awareness raising campaigns, simplification of hiring procedures, provision of information and guidance services, introduction of social vouchers and financial incentives to regular employment, support to the reporting of abuses;
- *Improving the collection of harmonised data and the monitoring of working conditions in LTC*, with particular attention to LTC workers more likely to have poor working conditions and lack of

¹⁰⁶ The strategy was announced in the letter of intent accompanying the 2021 State of the Union address of Commission President, Ursula von der Leyen. The European Commission's work programme for 2022 foresees a Communication on a European care strategy, accompanied by the revision of the Barcelona targets and a proposal for a Council Recommendation on long-term care for the third quarter of 2022.

social protection, e.g. foreign care workers, self-employed workers, platform care workers, and personal carers in households;

- *Supporting the introduction of common qualification requirements and the recognition of the qualifications* possessed by foreign care workers, as well as training programmes for all care workers for a greater and better use of technology to assist care workers in their job and care coordination across home, institutional and hospital care settings.

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ANNEX 1 – METHODOLOGY AND TOOLS

The study is based on the triangulation of quantitative and qualitative data and information resulting from extensive desk research and fieldwork.

Desk research involved the review of the literature and policy documents, and the statistical analysis of available data on essential workers in the EU Member States.

Fieldwork included three main activities:

- 1) **online semi-structured interviews with 7 representatives of EU and international institutions and associations**
- 2) **a web survey, answered by 89 EU and national stakeholders of which 66 answered all questions; and**
- 3) **interviews with 17 national stakeholders in five EU countries** representative of different types of EU Member States with regard to the treatment of essential work during the COVID-19 pandemic, the welfare system and the role of collective bargaining in determining working conditions: Denmark, Germany, Ireland, Italy, and Romania.
 - Denmark, representative of Scandinavian employment and welfare regimes, with a relevant role of collective agreements in regulating employment relations and universal coverage of welfare support;
 - Ireland, representative of the Anglo-Saxon employment and welfare regime, with company level agreements to regulate employment relations;
 - Germany, representative of the Bismarkian continental regulatory and welfare regime, with binding regulations and a significant role of sectoral collective agreements;
 - Italy, representative of the Mediterranean welfare regime, with a binding legislation regulating labour relations and the role of sectoral collective agreements;
 - Romania, representative of an Eastern country with a welfare regime still little developed compared to Western EU countries and high emigration flows to western European countries.

1.1. List of stakeholders interviewed

Representatives of EU and International institutions:

- The European Commission, DG EMPL;
- The International Labour Organization;
- Eurofound;
- The Organization for Economic Co-operation and Development;
- The European Hospital and Healthcare Employers' Association;
- Federation of European Social Employers;
- European Trade Union Confederation.

National stakeholders interviewed in the case studies

Denmark

- Representative of the FOA, a national trade union representing public sectors workers in Denmark;
- Healthcare worker, working as a nursing aid at a nursing home.

Germany

- Manager involved in the Ministerial task-force on care workers (24/09/2021);
- Vice President and Director of the Post and Logistics Division of the Union ver.di (24/09/2021);
- Team Leader (06/09/2021).

Ireland

- Professor, National University Maynooth, member Council of State (09/09/2021);
- Professor, National University of Ireland, chair of high-level group to review industrial relations in Ireland (22/09/2021);
- Researcher, SIPTU (Services Industrial Professional and Technical Union (15/09/2021);
- Researcher, NERI (Nevin Economic Research Institute) (09/09/2021);
- Lecturer, University of Limerick – Kemmy Business School (14/09/2019);
- Trade Union Representative SIPTU – Galway (23/09/2021).

Italy

- Trade Unionist, UIL Milano e Lombardia (22/07/2021);
- Supermarket manager and cashier, (9/09/2021).

Romania

- Frontline worker – trade agent in the food distribution and commercialisation (19/09/2021);
- Confederation secretary – Social Department CNSLR-FRATIA (17/09/2021);
- Manager of the international department CNSLR-FRATIA (17/09/2021);
- President & Co-founder Health Management and Policy Center (24/09/2021).

1.2. The web survey

The web-based survey was a tool for expanding the number of interviewed stakeholders. The aim was to collect the opinions and perceptions of EU experts and stakeholders on how the pandemic impacted on essential workers' working conditions and on the main challenges, trends and risk faced by these workers during the COVID-19 pandemic (with specific focus on migrant workers and women employed in low-paid essential occupations); indications on the main policy strategies (and examples of good practices) adopted at EU and national level and by the social partners to address the current and future challenges faced by essential workers, and opinions on their positive and critical aspects; as well as EU experts and stakeholders' suggestions on measures to improve the role and capacity of EU institutions to address these challenges and improve working conditions and wages of essential workers in low-paid occupations and sectors.

The web survey was targeted at:

- representatives of the EU and international institutions involved in the policy fields of interest, including: the European Commission (DG SANTE – DG for Health and Food Safety, DG EMPL – DG for Employment, Social Affairs and Inclusion, DG JUST – DG for Justice and Consumers); EU agencies (i.e. EUROFOUND, CEDEFOP, EIGE, JRC, OSHA), the European Economic and Social Committee (EESC); OECD and ILO researchers;
- experts, professional and academics specialised in EU employment and social policies, involved in comparative European reports on the issues of interest; thematic and country experts involved in research on the topics of interest and/or in existing EU experts' networks and forums on the topics of interest;
- members of EU networks such as those listed in the DG EMPL EEPO network; in the European Equality Law Network; in the High-level group on gender mainstreaming; in the Advisory committee on equal opportunities for women and men; the Expert Panel on effective ways of investing in health;
- Representatives of EU and national social partners, such as, at EU level: the European Trade Union Confederation (ETUC); Business Europe; SGI Europe (formerly the European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest (CEEP)); European Federation of Public Service Unions (EPSU); European Federation of Critical Care Nursing Associations (EfCCNa); European Hospital and Healthcare Employers' Association (HOSPEEM); the European Trade Union Institute (ETUI);
- Representatives of umbrella associations, such as the European Social Platform, the Women's Lobby; COFACE Families Europe; Centre for the Internet and Human Rights (CIHR).

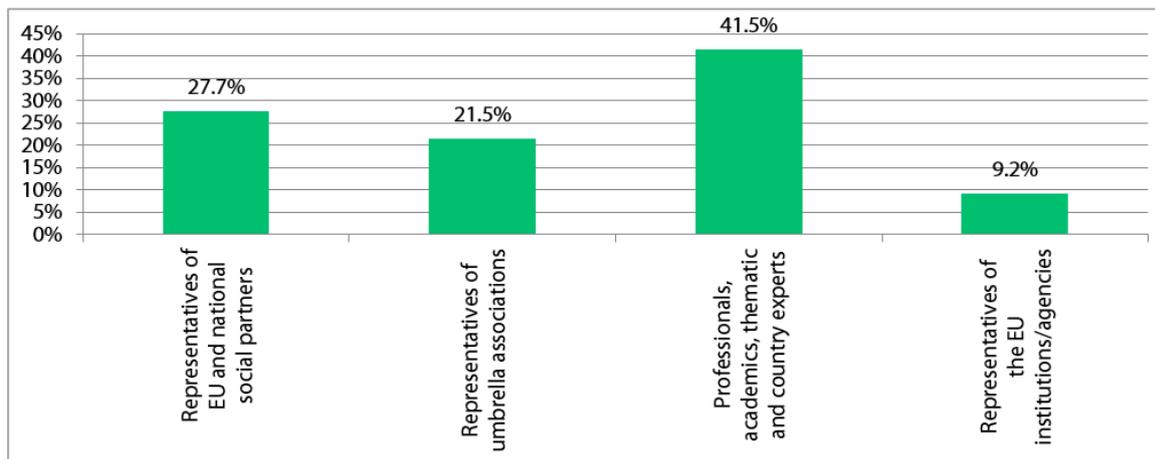
The survey was launched on 28 July 2021 and closed on 20 September 2021. Considering the summer period, the survey ran for 8 weeks in order to get the best response rates despite the different summer breaks in EU countries. Follow-up mails were sent in the last week of August and in the first week of September.

Invitations to the survey were sent out via e-mail through an electronic system (Survey Monkey). The system provided a link to the online questionnaire, which could be accessed through a standard Internet browser. A letter of presentation of the study drafted by the EP was attached to the invitations.

Eighty-nine stakeholders responded to the survey. However, only 66 filled in all the survey questions.

Figures 15 to 19 present the distribution of the respondents by role, sex and age. Nearly half of the respondents (42 %) were experts, professionals and academics, followed by representatives of EU and national social partners (28 %) and representatives of umbrella associations (22 %).

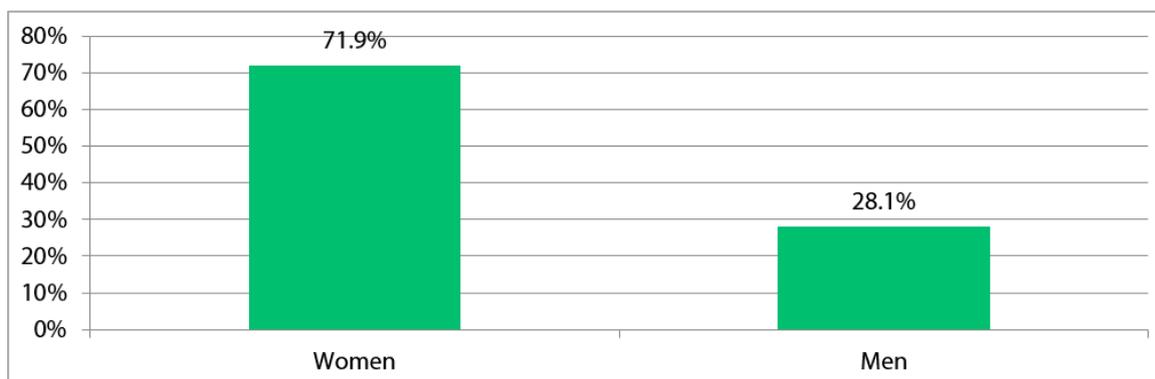
Figure 15: Respondents' distribution by role



Source: IRS own calculation on web-survey results.

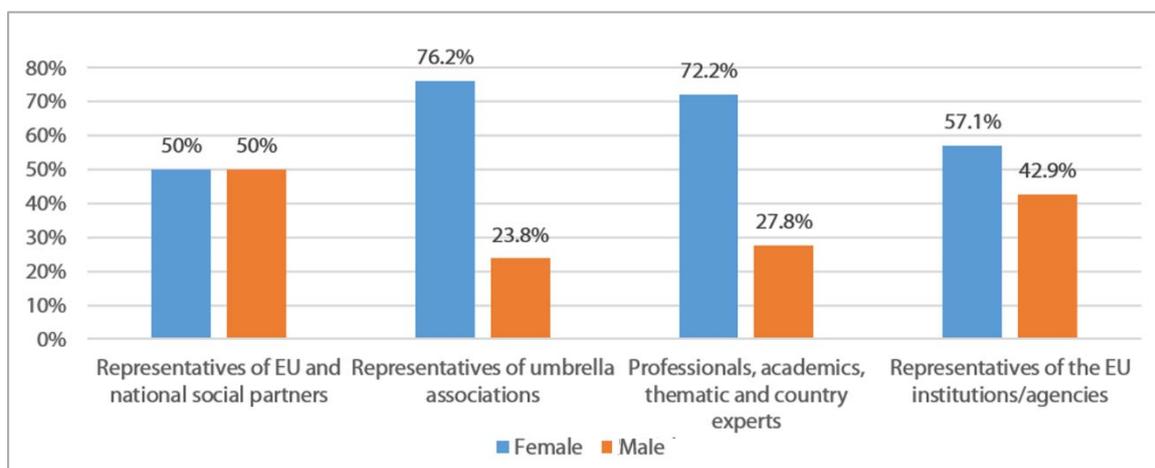
Overall, 72 % of the respondents were female and 28 % male. On average, the representatives of umbrella associations and experts, professionals, academics, thematic and country experts are more likely to be female than the other roles.

Figure 16: Respondents' distribution by sex



Source: IRS web survey.

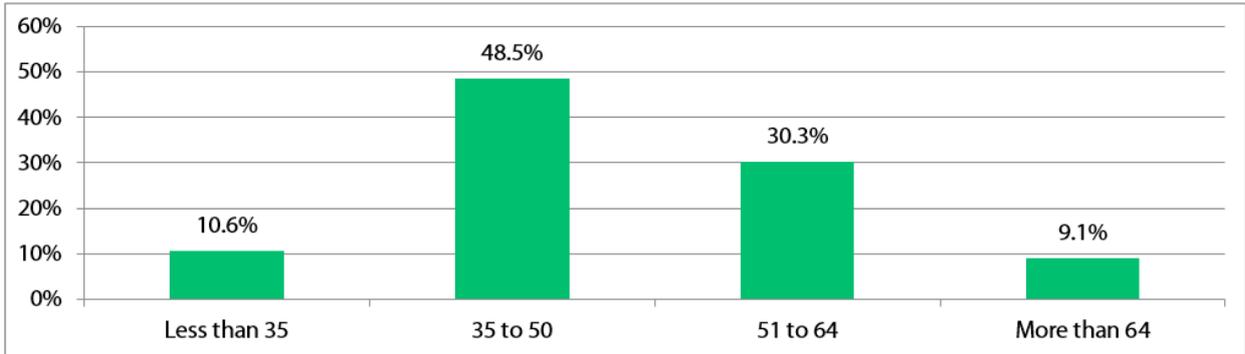
Figure 17: Respondents' distribution by position and sex



Source: IRS own calculation on web-survey results.

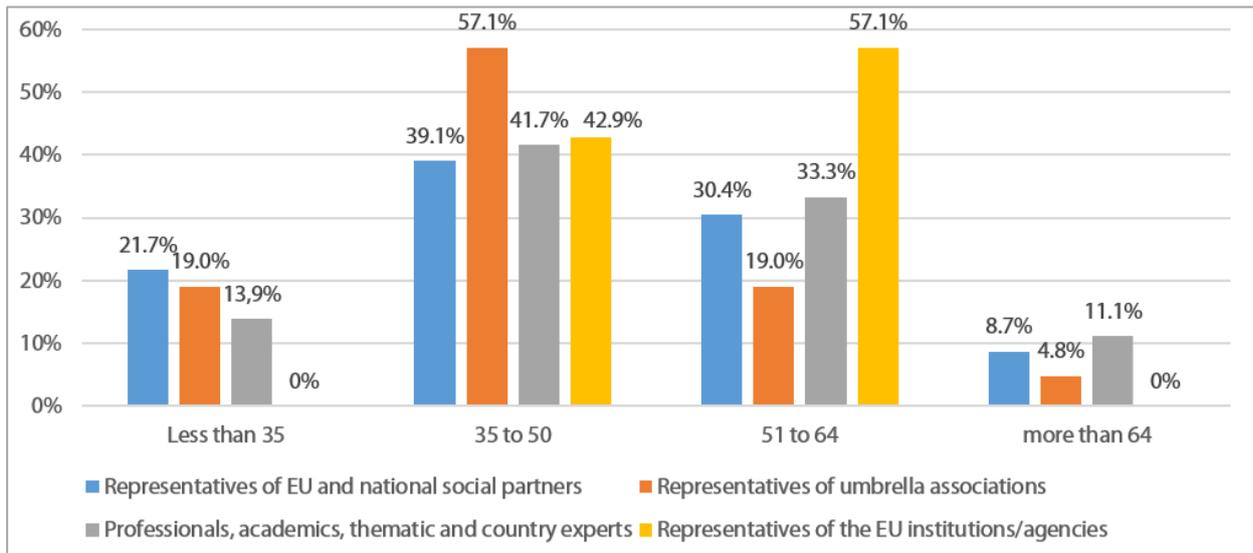
The large majority of respondents (78.8 %) are between 35 and 64 years old (48.5 % are 35 to 50 years old, and 30.3 % between 51 to 64). Only 10.6 % are younger than 35 years. Young respondents are more likely to be representatives of the EU and national social partners, while representatives of umbrella associations and of the EU institutions/agencies are more represented in stakeholders between 35 and 64 years old.

Figure 18: Respondents' distribution by age



Source: IRS own calculation on web-survey results.

Figure 19: Respondents' distribution by position and age



Source: IRS own calculation on web-survey results.

WEBSURVEY QUESTIONNAIRE ON THE REVALUATION OF WORKING CONDITIONS AND WAGES FOR ESSENTIAL WORKERS

1. PERSONAL DATA

1.1. Country	
1.2. Position	Representatives of the EU institutions/agencies Professionals, academics, thematic and country experts Representatives of EU and national social partners Representatives of umbrella associations
1.3. Sex	Female Male
1.4. Age	Less than 35 35 to 50 51 to 64 more than 64

2. PERCEPTIONS ON MAIN CHALLENGES, TRENDS AND RISKS FACED BY WORKERS IN ESSENTIAL OCCUPATIONS AND SECTORS DURING THE COVID-19 PANDEMIC

While most workers have been encouraged or requested to work from home during the pandemic, certain 'essential' workers have been required to continue working in person to ensure economic continuity, such as healthcare workers, protective service workers, production and food processing workers, agricultural workers and truck drivers. This relatively new category of workers lack a universal definition and is also referred to as 'key workers', 'critical workers, or 'frontline workers'.

2.1. Which are the main challenges faced by workers in essential occupations and sectors during the COVID-19 pandemic?

Please express your opinion on the statements below by putting a cross for your response using the following scale: 1 - I do not know, 2 - I completely disagree, 3 - I quite disagree, 4 - I quite agree and 5 - I totally agree

	1	2	3	4	5
1. Greater risk of contracting the virus					
2. Negative mental health effects (e.g. increased risk of burnout, fear of spreading the virus, angry clients ...)					
3. Exacerbation of violence, harassment, and stigmatisation					
4. Increase of the workload					
5. Deterioration of working conditions due to derogations from working time regulations, leave provisions, health and safety conditions, income					
6. Worsening of the work life balance as a consequence of other containment and social distancing measures (such as school closures)					

2.2. In your opinion did the above mentioned challenges affect essential workers in low-paid occupations and sectors (e.g. health and personal care workers, agricultural seasonal workers, transport workers, protective service workers, cashiers, etc) differently?

Please express your opinion on the statements below by putting a cross for your response using the following scale: 1 - I do not know, 2 – They were not affected by this challenge 3 – They were less affected by this challenge, 4 – They were equally affected by this challenge and 5 – They were more affected by this challenge

	1	2	3	4	5
1. Greater risk of contracting the virus					
2. Negative mental health effects (e.g. increased risk of burnout, fear of spreading the virus, angry clients ...)					
3. Exacerbation of violence, harassment, and stigmatisation					
4. Increase of the workload					
5. Deterioration of working conditions due to derogations from working time regulations, leave provisions, health and safety conditions, income					
6. Worsening of the work life balance as a consequence of other containment and social distancing measures (such as school closures)					

2.3. In your opinion did the above mentioned challenges affect migrants working in essential occupations/sectors differently compared to the other essential workers?

Please express your opinion on the statements below by putting a cross for your response using the following scale: 1 - I do not know, 2 – They were not affected by this challenge 3 – They were less affected by this challenge, 4 – They were equally affected by this challenge, and 5 – They were more affected by this challenge

	1	2	3	4	5
1. Greater risk of contracting the virus					
2. Negative mental health effects (e.g. increased risk of burnout, fear of spreading the virus, angry clients ...)					
3. Exacerbation of violence, harassment, and stigmatisation					
4. Increase of the workload					
5. Deterioration of working conditions due to derogations from working time regulations, leave provisions, health and safety conditions, income					
6. Worsening of the work life balance as a consequence of other containment and social distancing measures (such as school closures)					
7. Discrimination					

2.4. In your opinion did the above mentioned challenges affect women employed in essential occupations/sectors differently compared to the other essential workers?

Please express your opinion on the statements below by putting a cross for your response using the following scale: 1 - I do not know, 2 – They were not affected by this challenge 3 – They were less affected by this challenge, 4 – They were equally affected by this challenge and 5 – They were more affected by this challenge

	1	2	3	4	5
1. Greater risk of contracting the virus					
2. Negative mental health effects (e.g. increased risk of burnout, fear of spreading the virus, angry clients ...)					
3. Exacerbation of violence, harassment, and stigmatisation					
4. Increase of the workload					
5. Deterioration of working conditions due to derogations from working time regulations, leave provisions, health and safety conditions, income					
6. Worsening of the work life balance as a consequence of other containment and social distancing measures (such as school closures)					
7. Discrimination					

2.5. In your opinion, which are the main positive/negative issues related to essential occupations and sectors during the COVID-19 pandemic?

Please express your opinion on the statements below by putting a cross for your response using the following scale: 1 - I do not know, 2 – I completely disagree, 3 – I quite disagree, 4 – I quite agree and 5 – I totally agree

	1	2	3	4	5
Satisfaction deriving from the feeling of being indispensable for counteracting the pandemic					
Work-life balance of essential workers has been seriously worsened					
The risk of contagion spreading increased the social isolation of essential workers					
The deterioration of working conditions adversely affected essential workers' mental and physical health					
Essential workers could benefit of less rigid confinement measures compared to other workers (e.g. possibility to bring children to school)					
Migrant workers in essential occupations and sectors could not reach their working places with negative consequence on economic activities (e.g. lack of workers in agricultural sector or care sector)					
Reduced access to health measures especially for undocumented migrants involved in essential occupations in the underground economy (e.g. seasonal workers, domestic workers)					
Migrant workers in essential occupations and sectors could not reach their families in their countries of origin with consequence on their psychological and emotional well-being					

	1	2	3	4	5
Other (please specify <u>in English</u>)					

3. MEASURES IMPLEMENTED SO FAR AT EU AND NATIONAL LEVEL TO DEAL WITH THE CHALLENGES AND RISKS THAT ESSENTIAL WORKERS HAD TO FACE DURING THE PANDEMIC AND TO SUPPORT REVALUATING DECENT WORKING CONDITIONS AND FAIR WAGES OF ESSENTIAL WORKERS

Essential workers were already faced with structural issues before the pandemic and the pandemic has exposed many low-paid, often under-valued occupations to increased workload and higher health and safety risks and hazards, evidencing their importance for society and the economy. During the pandemic temporary protective, supportive, or compensatory measures have been put in place by public institutions and the social partners, while a debate is ongoing on the need of reevaluating the working conditions and wages of essential workers in low paid occupations.

3.1. Do you think that the measures already in place at EU level are adequate to mitigate the negative social and economic effects of the COVID-19 pandemic for essential workers and to support the revaluation of decent working conditions and fair wages of essential workers, in particular in low paid sectors and occupations, given their key role for society as emerged with the pandemic?

Not at all adequate	1	2	3	4	5	Very adequate
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3.2. Within the list below, how useful do you think are the following initiatives already in place at EU level to mitigate the negative social and economic effects of the COVID-19 pandemic for essential workers and to reevaluate their working conditions?

	I do not know this initiative	Not at all useful	Some what useful	Quite useful	Very useful
<u>Work-Life Balance Directive</u> (EU/2019/1158), (extension of the right to request flexible working arrangements to all working parents of children up to eight years of age and all carers although employers can reject the employee's flexible working request or postpone such arrangements, by providing reason for doing so and this is more likely to happen for essential workers)					

	I do not know this initiative	Not at all useful	Some what useful	Quite useful	Very useful
<u>Transparent and Predictable Working Conditions Directive</u> (EU/2019/1152) ensures greater transparency and predictability of working conditions for all workers					
<u>European Framework Directive on Safety and Health at Work</u> (Council Directive 89/391/EEC) (prevention and protection of workers against occupational accidents and diseases' and, among others, require employers to carry out risk assessments, including on psycho-social risks, and implement preventive and protective measures)					
<u>European Pillar of Social Rights and Action Plan</u> (importance of fair working conditions and wages, flexible working arrangements, healthy work-life balance and a healthy, safe and well-adapted work environment, social protection; decent work for all)					
<u>Council Recommendation of 8 November 2019 on access to social protection for workers and the self-employed</u> (access to adequate social protection to all workers, including on-demand workers and others on non-standard contracts, as well as the self-employed)					
<u>EU Gender Equality Strategy 2020-2025</u> (to close gender gaps in the labour market and achieve equal participation across different sectors of the economy, particularly relevant to essential workers in healthcare and domestic work services which are predominantly women often immigrant women)					
<u>The EU cohesion policy</u> deployment (in particular React-EU) to address the consequences of the COVID-19 crisis, with the increase of funds aimed at making Member State economies more resilient and by opening up for green, digital and growth-enhancing investments					
The <u>Posting of Workers Directive</u> (EC) 96/71 and the measures to combat the spread of Covid-19					

	I do not know this initiative	Not at all useful	Some what useful	Quite useful	Very useful
<u>Next Generation EU Recovery and Resilience Facility</u> (implemented through national recovery plans), that highlights the need for the EU's recovery to urgently address the disparities and inequalities exacerbated by the crisis					
The European Commission Proposal for a <u>EU Directive on minimum wages</u> , to ensure that all workers in the EU are protected by adequate minimum wages allowing for a decent living wherever they work					
The European Commission proposal for a <u>directive on pay transparency</u> , to ensure equal pay for equal work, supporting the right of workers to know the pay levels for workers doing the same work, to claim their rights and to compensation for discrimination in pay					
<u>Seasonal workers directive</u> (Directive 2014/36/EU) on the conditions of entry and stay of third-country nationals for the purpose of employment as seasonal workers					
Other (please specify in English)					

3.3. Do you think there should be other specific initiatives at EU level to support the revaluation of decent working conditions and fair wages of essential workers in particular in low paid sectors and occupations, given their key role for society as emerged with the pandemic?

yes

no (skip to question 3.7)

3.4. If yes, which kind of initiatives?

Legislation/Directives

Soft Regulation (e.g. Open Method Coordination, peer learning, etc)

Social dialogue at EU level

Other (please specify in English)

.....
.....

3.5. If yes, to which matters should these initiatives be related to?

- Working time
 - Working conditions
 - Health and safety
 - Undeclared work
 - Wages and social protection
 - Work-life balance
 - Other (please specify in English)
-
-

3.6. Do you think that the measures on work related arrangements already in place in your country are adequate to face the challenges and risks that essential workers had to face during the pandemic?

Not at all adequate	1	2	3	4	5	Very adequate
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3.7. Within the list below, how useful do you think are the following initiatives implemented at national level to address the challenges faced by essential workers during the pandemic?

	I do not know this initiative	Not at all useful	Some what useful	Quite useful	Very useful
Exceptional bonuses or (temporary) wage increases for workers in essential services					
Funding for the acquisition and distribution of protective equipment to workers in essential services					
Psychological counselling line (e.g. online or by telephone) to support the psychological and emotional well-being of essential workers					
Recognition of the COVID-19 infection as a work-related illness when exposure occurs in the workplace					
Short-term measures to support workers and families with caring responsibilities (e.g. preschool or childcare facilities open or partially open during lockdowns to look after the children of essential service workers)					
Financial support to help with the costs of alternative care arrangements for essential workers					

	I do not know this initiative	Not at all useful	Some what useful	Quite useful	Very useful
Measures to protect the health, incomes and jobs of front-line and essential workers					
Simplification of procedures to promote teleworking and ICT based mobile work					
Changes in work arrangements (working time rotation schemes, etc.)					
Collective agreements at national/sector level to improve protection and working conditions for essential workers					
Collective agreements at company level to improve the protection and working conditions for essential workers					
Other (please specify <u>in English</u>)					

3.8. Are you aware of any specific initiative(s) implemented at national level to support the revaluation of the role and working conditions of essential workers?

- yes
- no

3.9. If yes, to which kind of national legislation, regulation and policies are these initiatives related to?

- Legislation on working time including the extension of short time work
- Legislation on working conditions including changes in work arrangements
- Legislation on health and safety, including recognition of the COVID-19 infection as a work-related illness
- Legislation/ measures combatting undeclared work
- Legislation that regulates wages and social protection
- Legislation on the work-life balance
- Collective agreements at national level improving wages and working conditions
- Collective agreements at sectoral level improving wages and working conditions
- Collective agreements at company level improving wages and working conditions
- Individual agreements/ Company initiatives
- Other (please specify in English)

.....
.....

3.10. If you know of any, could you please name some examples of good practices among national/regional/sectoral/company initiatives?

a) please specify in English the names/titles

.....

b) please indicate any web link related

.....

c) please, if relevant, specify the territorial and/or sectoral level

.....

4. FURTHER SUGGESTIONS TO IMPROVE THE WORKING CONDITIONS AND WAGES OF ESSENTIAL WORKERS INCLUDING IN VIEW OF ANY POTENTIAL FUTURE HEALTH CRISES

4.1. Please mention in English any challenges associated with the working conditions and wages of essential workers and ways to reevaluate these conditions including in view of any potential future health crises

Challenge	Measures

Thank you for your time!

Please feel free to add doubts or suggestions below:

1.3. The identification and quantification of essential workers in EU Member States

Given the important role of essential workers in keeping European citizens healthy, safe and fed during the COVID-19 pandemic (Fasani and Mazza, 2020)¹⁰⁷, recent studies have estimated their share in total employment and analysed their main characteristics. Fasani and Mazza (2020a, b, c); Basso et al. (2020); European Commission (2021a) have adopted an occupation-based approach, using as a reference for the identification of essential workers the list of "critical" occupation included in the Communication from the Commission on Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak (2020/C 102 I/03)¹⁰⁸, with some minor differences in order to link the list of occupations to the available ISCO-08 classification of occupations¹⁰⁹ (see Table 7). As illustrated in Chapter 2, estimations produced by the existing literature on essential workers differ also in relation to the year of reference of data used, to the European countries included in the analysis, as well as in relation to the age bracket of workers considered (see Box 20).

Box 20: Definitions of essential workers adopted in recent EU studies

Fasani and Mazza (2020a, b, c), in order to identify key workers (i.e. essential workers)¹¹⁰, use the Commission's list of occupations supplemented with the definition for essential/key workers used by the Dutch Government to allow workers to go to work and provide childcare for their children¹¹¹. Specifically, they translate the Communication's list of occupations into a list of ISCO-08 2 and 3-digit occupations (see Table 6). According to their estimates, based on EU-LFS 2018 microdata, on average approximately 31 % of employed people aged 15-64 are key workers in the EU (excluding MT)¹¹². This share is highly heterogeneous across Member countries, varying from more than 40 % in Denmark and France to just above 10 % in Bulgaria and Slovenia (Fasani and Mazza, 2020a).

Basso et al. (2020), to identify essential workers use the taxonomy elaborated by Fasani and Mazza (2020a). According to their estimates (based on EU-LFS 2018) essential occupations employ almost **61 million workers in the 22 EU countries**¹¹³ included in their sample, representing about **35 %**¹¹⁴ of **total employment**. The share of essential workers ranges from above 40 % in Scandinavian countries (DK, FI, SE), France and Romania, to about 30 % in Eastern (CZ, HU, SK) and Baltic countries (EE, LV). Moreover, they estimate that the majority of essential workers hold a job considered as unsafe (i.e. that entail a relatively high risk of being infected by COVID-19, since potentially cannot be performed

¹⁰⁷ Fasani, F. and Mazza, J., (2020), Immigrant Key Workers: Their Contribution to Europe's COVID-19 Response, IZA Policy Papers 155, Institute of Labor Economics (IZA), available at: <https://www.iza.org/publications/pp/155/immigrant-key-workers-their-contribution-to-europes-covid-19-response>.

¹⁰⁸ In order to protect health and ensure the availability of goods and essential services in host countries, the Communication invites MSs to permit and facilitate the crossing of frontier for employees and self-employed working in critical occupations related to essential services. To this end, the Communication includes a list of "critical" occupations.

¹⁰⁹ The list of "critical" occupations includes occupations expressed at the finest level of disaggregation (4-digit level); while available information on occupations in EU-LFS microdata reaches at most 3-digit level of ISCO-078 classification.

¹¹⁰ In their works Fasani and Mazza (2020a, b, c) use the terminology "key workers" instead of "essential workers".

¹¹¹ In particular, the Dutch government identifies a number of "crucial sectors in connection with COVID-19", i.e. those sectors and processes that are crucial in keeping society running. Key workers are those who work in these "crucial" sectors, available at: <https://www.government.nl/documents/publications/2020/03/20/childcare-for-children-of-people-working-in-crucial-sectors>. The Dutch definition includes also workers in Education and Childcare, as well as workers in Essential support or facilities services (for example, cleaning, building security, supervisory authorities, IT). Government of the Netherlands (Dec. 2020), *COVID-19: childcare for children of people working in crucial sectors*, available at: <https://www.government.nl/documents/publications/2020/12/15/childcare-for-children-of-people-working-in-crucial-sectors>.

¹¹² For Malta in EU-LFS microdata for research information on occupations is available only at ISCO-08 1 digit level.

¹¹³ All EU27 countries, except BG, LT, MT, PL, SI due to missing information on many of the dimensions analysed.

¹¹⁴ Unweighted average of the 22 EU countries.

remotely and/or foresee a medium-high level of physical proximity and interactions on the workplace). Another operational definition of essential workers and estimate of their incidence in the EU is provided in the **ESDE 2021 report** (European Commission, 2021a). Similar to Fasani and Mazza (2020a), to identify critical workers (i.e. essential workers)¹¹⁵ the authors identify essential occupations (at ISCO-08 2 and 3-digit levels) according to an extended version of the categorisation provided by the Commission Communication on Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak. Their operational definition slightly differs from the one elaborated by Fasani and Mazza (2020a) (see Table 3). According to their estimates, based on a Eurostat special extraction on EU-LFS data, **in the EU26 (excluding Germany)¹¹⁶ in 2019 the workers aged 20-64 employed in essential occupations** amounted to 63,717,000 (63,202,000 in 2020), representing **42.5 %** (42.7 % in 2020) **of total employed** of the same age (not including armed forces) (European Commission, 2021a – Table A1.1).

Source: Fasani and Mazza (2020a, b, c); Basso et al., (2020); European Commission, 2021a; European Commission, 2020b.

The operational definition of essential workers used in the study

The quantitative analysis on essential workers carried out in Chapters 2 and 3 provides additional and updated statistics on the number and share of essential workers in the EU and their main characteristics. The analysis is based on the recently released **EU-Labour Force Survey microdata for 2020**.

The **operational definition** of essential workers used for the statistical analysis of the 2020 EU-LFS micro data starts from the definitions used in the above mentioned studies of the European Commission, 2021a and Fasani and Mazza, 2020a. It adopts an occupational-based approach, using the ISCO-08 classification at 2 and 3 digit level.

Table 6 below illustrates the operational definition of essential workers used for the statistical analysis, indicating the occupations included and the country coverage related to each occupation. As shown in the Table, Malta is not included in the analysis, because for this country EU-LFS data on occupations are not available at 2 and 3 digit level of the ISCO-08 classification. While, for Bulgaria, Poland and Slovenia data are available only at the 2 digit level and therefore they do not include some essential workers identified with ISCO codes at 3-digit level (i.e. 213, 214, 215, 511, 523, 751, 816).

Table 7 compares the operational definition of essential workers used in the present study to the ones used in the European Commission (2021a) and in the Fasani and Mazza (2020a) studies. It also reports, for each occupation the degree of teleworkability elaborated by Sosterio et al., (2020).

¹¹⁵ ESDE report (European Commission, 2021a) use the terminology "critical workers" instead of "essential workers".

¹¹⁶ Germany has not been included in the ESDE analysis of critical occupations in 2019 and 2020 since changes in the design scheme in 2020 have led to a break in the time series for the German data of the Labour Force Survey. As a result, the LFS 2020 EU27 average is unreliable when disaggregated data are presented. For this reason it was decided to use the EU26 average (instead of EU27) when referring to 2020 LFS data (European Commission, 2021a, p. 64).

Table 6: Operational definition of essential workers used for the statistical analysis of 2020 EU-LFS

	Subgroup	ISCO 2 digit	ISCO 3 digit	Country with data not available
1	Agricultural and forestry workers	61 - Market-oriented skilled agricultural workers	611 - Market gardeners and crop growers	MT
			612 - Animal producers	
			613 - Mixed crop and animal producers	
2	Food processing workers	-	751 - Food processing and related trades workers	BG, MT, PL, SI
			816 - Food and related products machine operators	
			92 - Agricultural, forestry and fishery labourers	
3	Cashiers	-	523 - Cashiers and ticket clerks	BG, MT, PL, SI
4	Healthcare workers	22 - Health professionals	221 - Medical doctors	MT
			222 - Nursing and midwifery professionals	
			223 - Traditional and complementary medicine professionals	
			224 - Paramedical practitioners	
			225 - Veterinarians	
			226 - Other health professionals	
		32 - Health associate professionals	321 - Medical and pharmaceutical technicians	
			322 - Nursing and midwifery associate professionals	
			323 - Traditional and complementary medicine associate professionals	
			324 - Veterinary technicians and assistants	
325 - Other health associate professionals				
5	Personal care workers	53 - Personal care workers	531 - Child care workers and teachers' aides	MT
			532 - Personal care workers in health services	
6	Cleaners and helpers	91 - Cleaners and helpers	911 - Domestic, hotel and office cleaners and helpers	MT
			912 - Vehicle, window, laundry and other hand cleaning workers	

	Subgroup	ISCO 2 digit	ISCO 3 digit	Country with data not available
7	ICT professionals and technicians	25 - Information and communications technology professionals	251 - Software and applications developers and analysts	MT
			252 - Database and network professionals	
		35 - Information and communications technicians	351 - Information and communications technology operations and user support technicians	
			352 - Telecommunications and broadcasting technicians	
8	Science professionals and technicians and engineers	31 - Science and engineering associate professionals	311 - Physical and engineering science technicians	MT
			312 - Mining, manufacturing and construction supervisors	
			313 - Process control technicians	
			314 - Life science technicians and related associate professionals	
			315 - Ship and aircraft controllers and technicians	
		-	213 - Life science professionals	BG, MT, PL, SI
		-	214 - Engineering professionals (excluding electrotechnology)	
-	215 - Electrotechnology engineers			
9	Transport workers	83 - Drivers and mobile plant operators	831 - Locomotive engine drivers and related workers	MT
			832 - Car, van and motorcycle drivers	
			833 - Heavy truck and bus drivers	
			834 - Mobile plant operators	
		835 - Ships' deck crews and related workers		
-	511 - Travel attendants, conductors and guides	BG, MT, PL, SI		
10	Protective service	54 - Protective services workers	541 - Protective services workers	MT
11	Teaching professionals	23 - Teaching professionals	231 - University and higher education teachers	MT
			232 - Vocational education teachers	
			233 - Secondary education teachers	
			234 - Primary school and early childhood teachers	
			235 - Other teaching professionals	
12	Labourers, refuse workers and other elementary workers	93 - Labourers in mining, construction, manufacturing and transport	931 - Mining and construction labourers	MT
			932 - Manufacturing labourers	
			933 - Transport and storage labourers	
		96 - Refuse workers and other elementary workers	961 - Refuse workers	
			962 - Other elementary workers	

Source: IRS.

Table 7: Comparison of the operational definitions of essential workers used in the present study and in the European Commission (2021a) and Fasani-Mazza (2020a) studies, and degree of technical teleworkability

ISCO 3-digit	IRS present study	European Commission (2021a)	Fasani & Mazza (2020a)	Technical teleworkability* (Sostero et al., 2020)	
213	Life science professionals	x	x	x	0.26
214	Engineering professionals (excluding electrotechnology)	x	x	x	0.25
215	Electrotechnology engineers	x	x	x	0.00
221	Medical doctors	x	x	x	0.39
222	Nursing and midwifery professionals	x	x	x	0.00
223	Traditional and complementary medicine professionals	x	x	x	-
224	Paramedical practitioners	x	x	x	-
225	Veterinarians	x	x		0.00
226	Other health professionals	x	x	x	0.59
231	University and higher education teachers	x	x	x	0.49
232	Vocational education teachers	x	x	x	1.00
233	Secondary education teachers	x	x	x	1.00
234	Primary school and early childhood teachers	x	x	x	0.61
235	Other teaching professionals	x	x	x	0.86
251	Software and applications developers and analysts	x	x	x	1.00
252	Database and network professionals	x	x	x	1.00
311	Physical and engineering science technicians	x	x	x	0.01
312	Mining, manufacturing and construction supervisors	x	x	x	0.00
313	Process control technicians	x	x	x	0.02
314	Life science technicians and related associate professionals	x	x	x	0.63
315	Ship and aircraft controllers and technicians	x	x	x	0.09
321	Medical and pharmaceutical technicians	x	x	x	0.00

ISCO 3-digit		IRS present study	European Commission (2021a)	Fasani & Mazza (2020a)	Technical teleworkability* (Sostero et al., 2020)
322	Nursing and midwifery associate professionals	x	x	x	0.00
323	Traditional and complementary medicine associate professionals	x	x		
324	Veterinary technicians and assistants	x	x		0.00
325	Other health associate professionals	x	x		0.35
351	Information and communications technology operations and user support technicians	x	x	x	0.93
352	Telecommunications and broadcasting technicians	x	x	x	0.00
511	Travel attendants, conductors and guides	x		x	0.73
516	Other personal services workers			x	0.32
523	Cashiers and ticket clerks	x			0.10
531	Child care workers and teachers' aides	x	x	x	0.00
532	Personal care workers in health services	x	x	x	0.00
541	Protective services workers	x			0.40
611	Market gardeners and crop growers	x	x	x	0.00
612	Animal producers	x	x	x	0.00
613	Mixed crop and animal producers	x	x	x	0.00
621	Forestry and related workers	x	x		0.00
622	Fishery workers, hunters and trappers	x	x	x	0.00
631	Subsistence crop farmers		x		-
632	Subsistence livestock farmers		x		-
633	Subsistence mixed crop and livestock farmers		x		-
634	Subsistence fishers, hunters, trappers and gatherers		x		-
751	Food processing and related trades workers	x	x	x	0.00

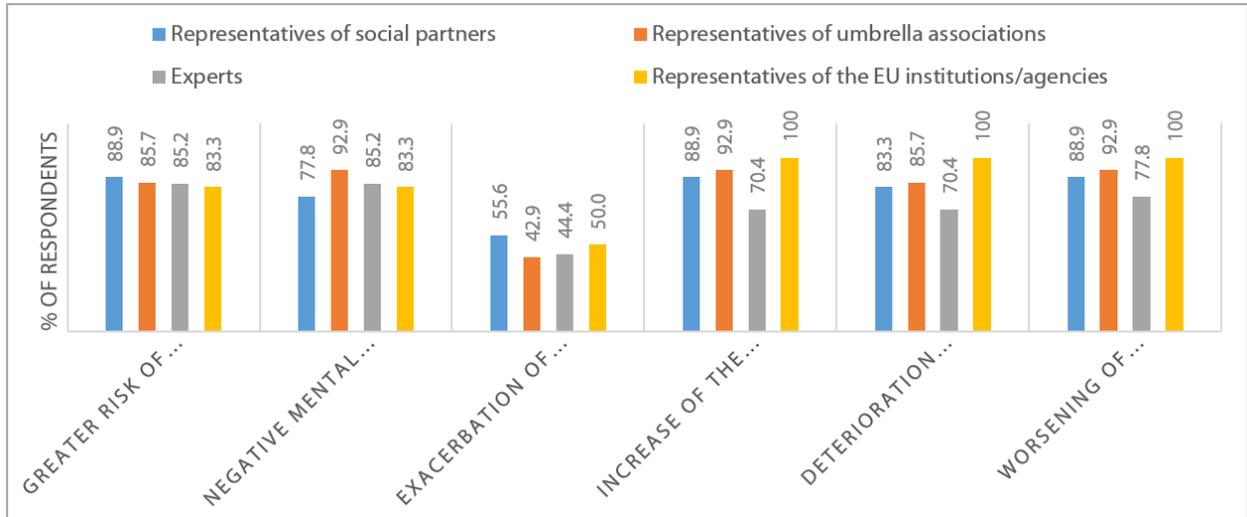
ISCO 3-digit		IRS present study	European Commission (2021a)	Fasani & Mazza (2020a)	Technical teleworkability* (Sostero et al., 2020)
816	Food and related products machine operators	x	x	x	0.00
831	Locomotive engine drivers and related workers	x	x	x	0.00
832	Car, van and motorcycle drivers	x	x	x	0.00
833	Heavy truck and bus drivers	x	x	x	0.00
834	Mobile plant operators	x	x		0.00
835	Ships' deck crews and related workers	x	x	x	0.00
911	Domestic, hotel and office cleaners and helpers	x	x	x	0.00
912	Vehicle, window, laundry and other hand cleaning workers	x	x	x	0.00
921	Agricultural, forestry and fishery labourers	x	x		0.00
931	Mining and construction labourers	x	x		0.00
932	Manufacturing labourers	x	x		0.00
933	Transport and storage labourers	x	x	x	0.00
961	Refuse workers	x	x	x	0.00
962	Other elementary workers	x	x		0.28

Source: IRS present study, Fasani and Mazza (2020a), European Commission (2021a), Sostero et al., (2020).

* Index of technical teleworkability developed by Sostero et al., (2020). Values ranging from 0 (the occupations included in the ISCO-08 3-digit are fully non-teleworkable) to 1 (the occupations included in the ISCO-08 3-digit are fully teleworkable); values of technical teleworkability between 0 and 1 are partially teleworkable ISCO-08 3-digit groups (i.e. some of the occupations included in the group can telework while others cannot).

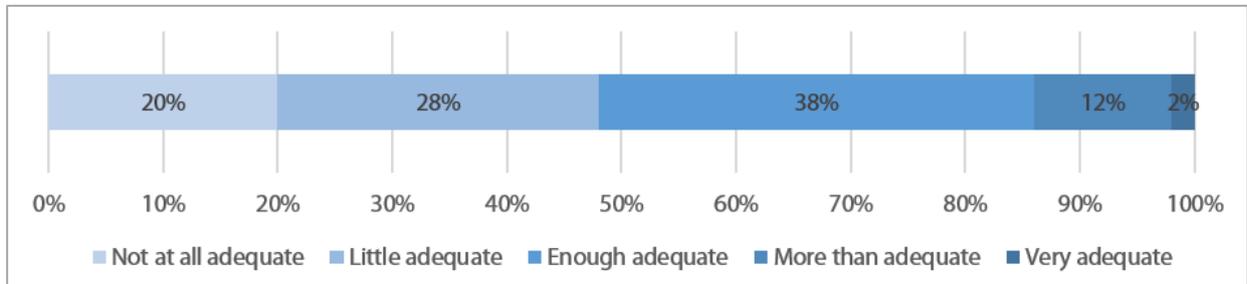
ANNEX 2 - ADDITIONAL FIGURES

Figure 20: Main challenges faced by workers in essential occupations and sectors during the COVID-19 pandemic, according to respondents to the online survey by role



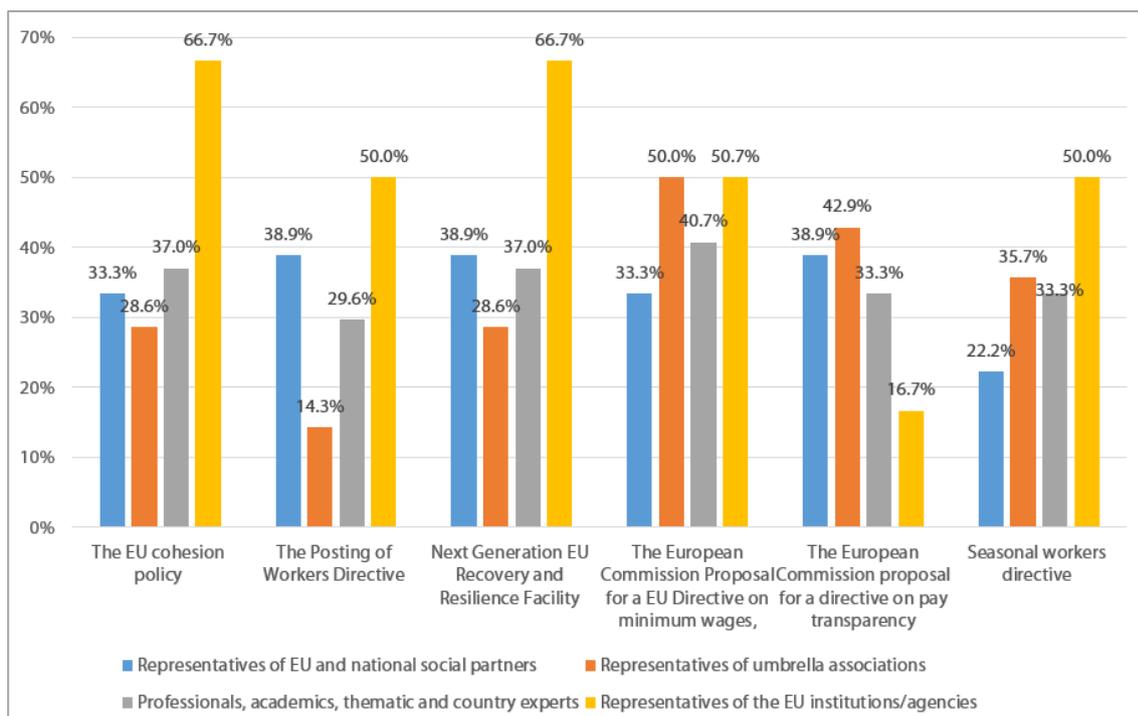
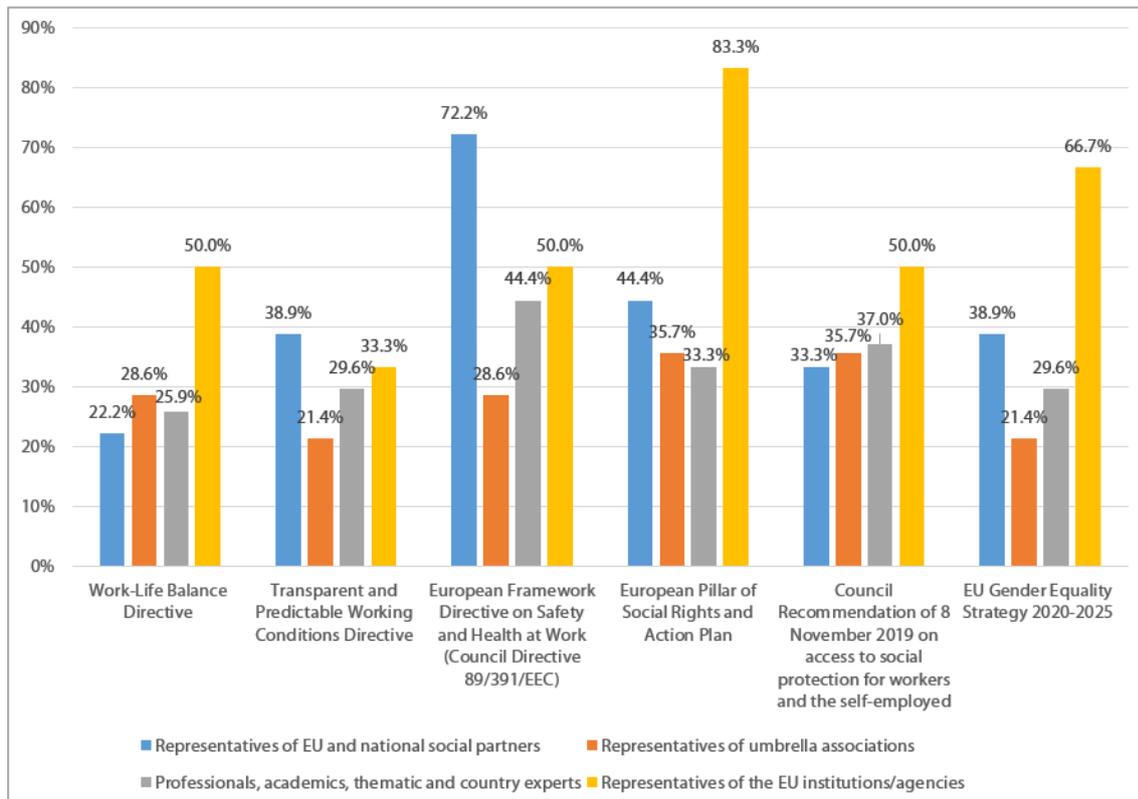
Source: IRS online survey.

Figure 21: Stakeholders' opinions on the adequateness of the measures already in place at EU level



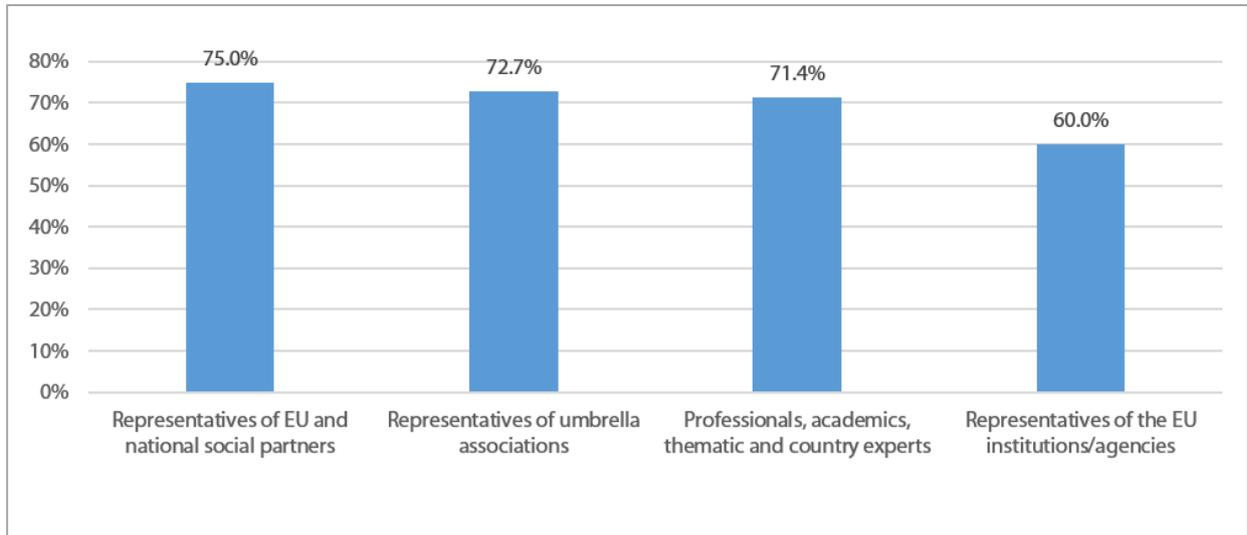
Source: IRS online survey.

Figure 22a 22b: Stakeholders' opinions on usefulness of the initiatives already in place at EU level to mitigate the negative social and economic effects of the COVID-19 pandemic for essential workers and to reevaluate their working conditions (share of respondents answering "quite useful" and "very useful", by position).



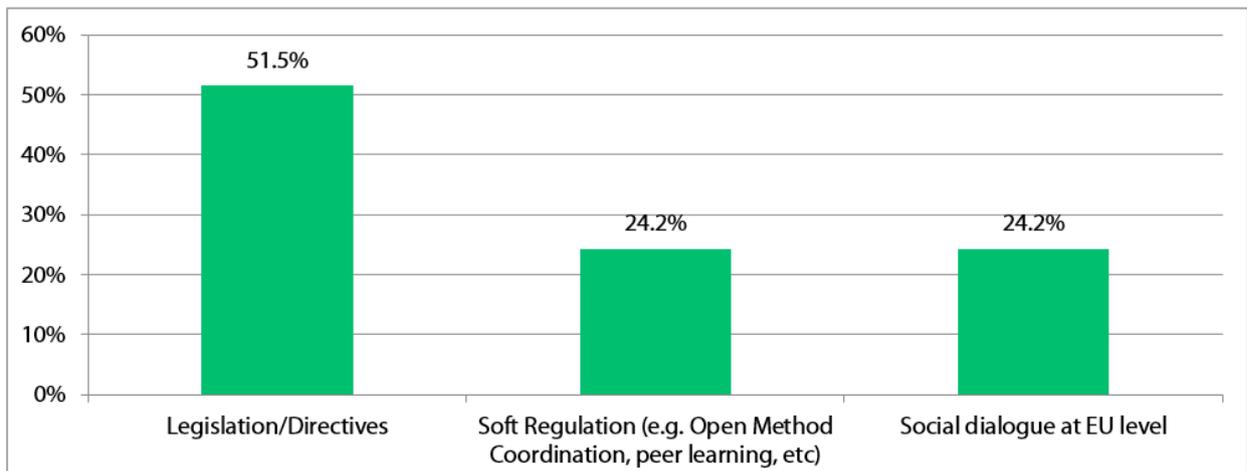
Source: IRS online survey.

Figure 23: Stakeholders' opinions on the need for other specific initiatives at EU level to support the revaluation of decent working conditions and fair wages of essential workers particularly in low-paid sectors and occupations - by stakeholder group



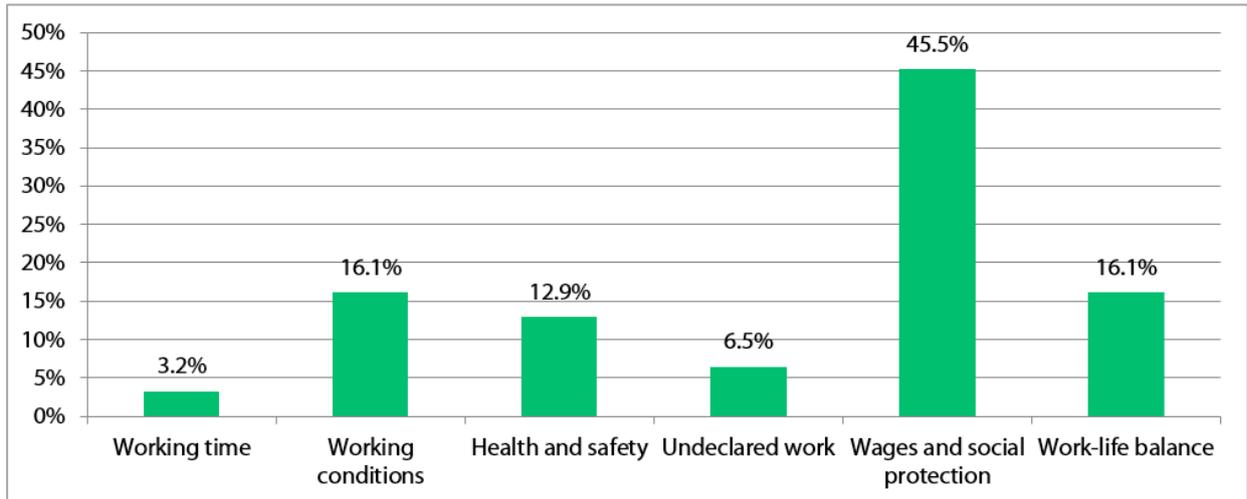
Source: IRS online survey.

Figure 24: Stakeholders' opinions on the type of initiatives needed at EU level to support the revaluation of decent working conditions and fair wages of essential workers, in particular in low-paid sectors and occupations



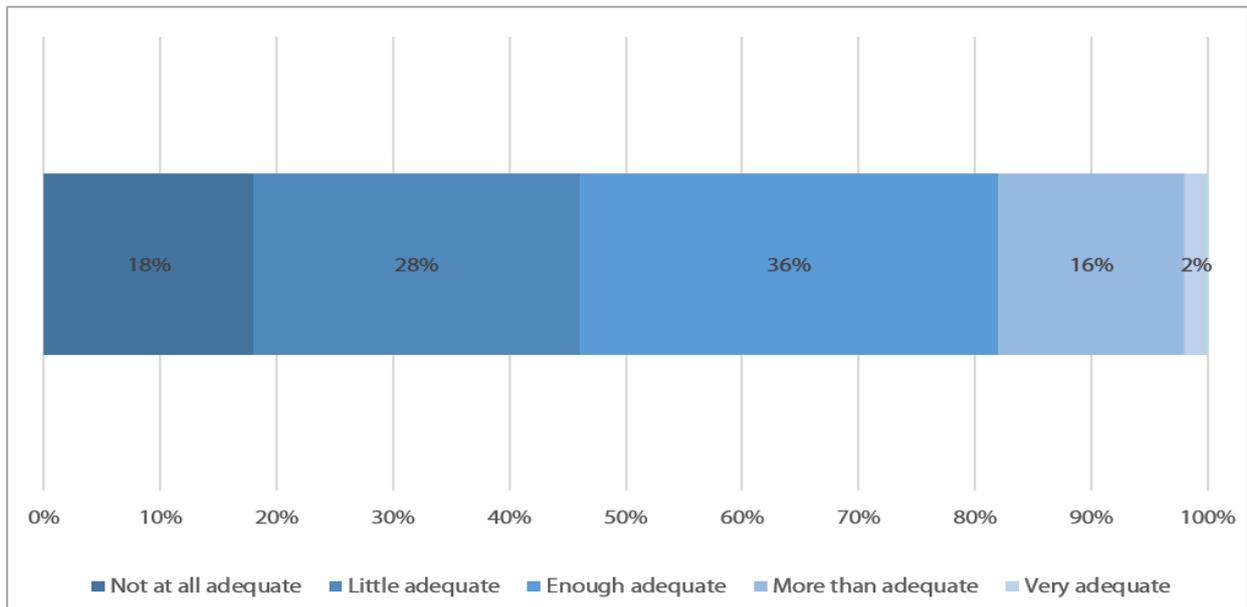
Source: IRS online survey.

Figure 25: Stakeholders' opinions on the contents of initiatives needed at EU level to support the reevaluation of decent working conditions and fair wages of essential workers, in particular in low-paid sectors and occupations



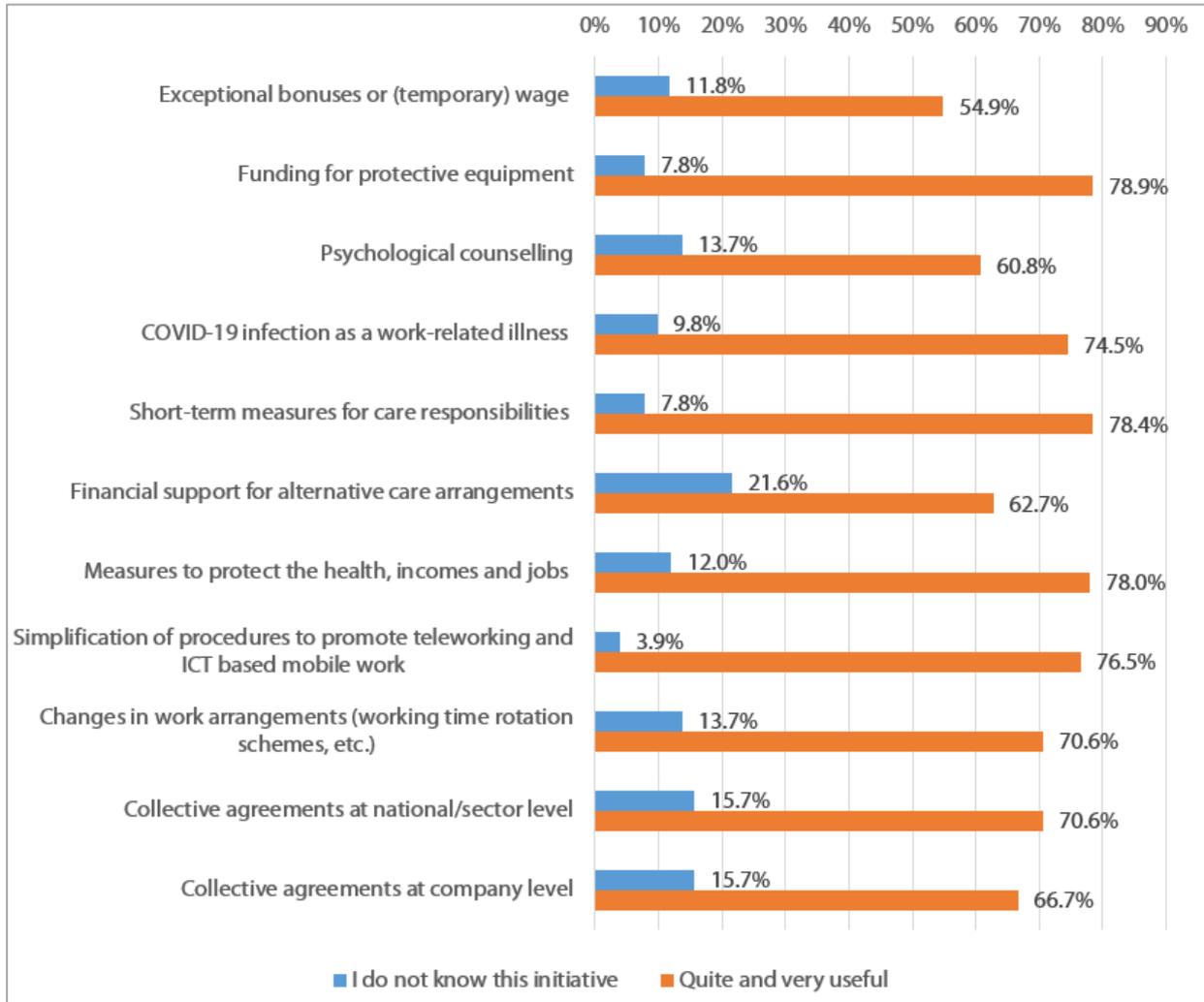
Source: IRS online survey.

Figure 26: Stakeholders' opinions on the adequateness of the measures on work-related arrangements already in place in your country for facing the challenges and risks that essential workers had to face during the pandemic



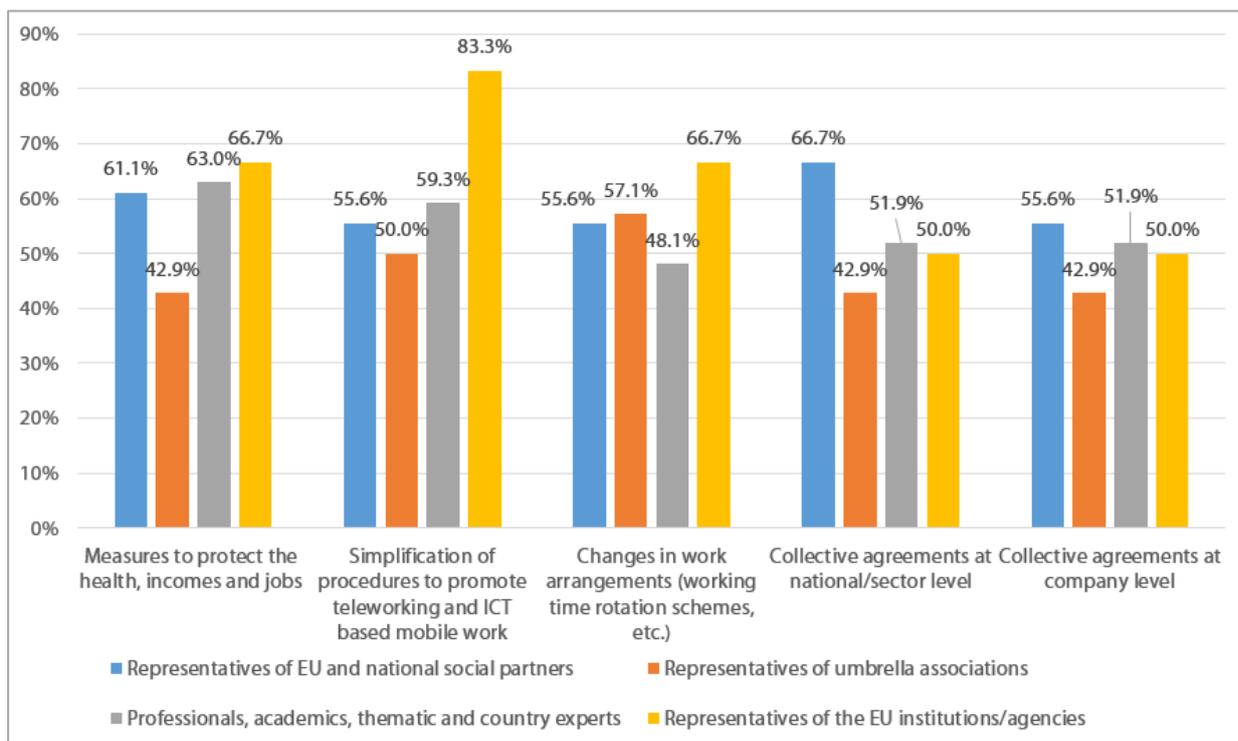
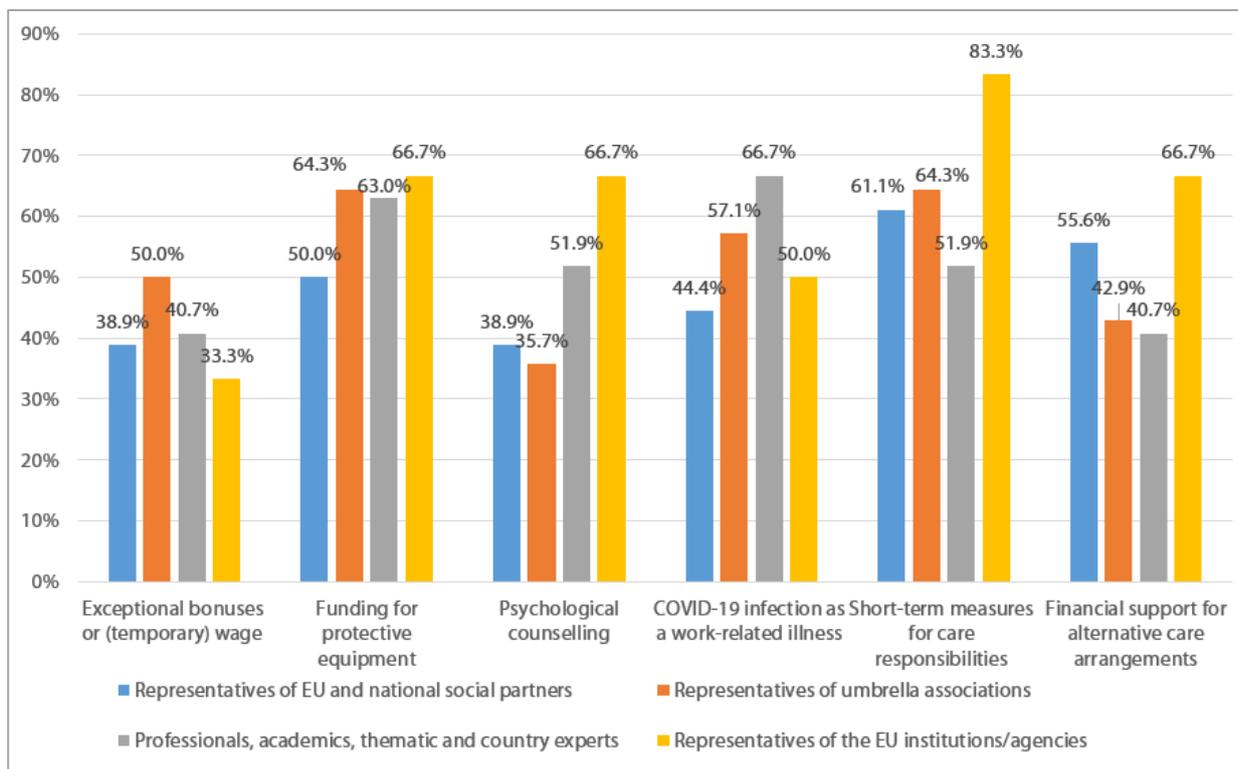
Source: IRS online survey.

Figure 27: Stakeholders' opinions on the usefulness of initiatives implemented at national level to address the challenges faced by essential workers during the pandemic ("quite and very useful" and "I do not know this initiative") – multiple choice



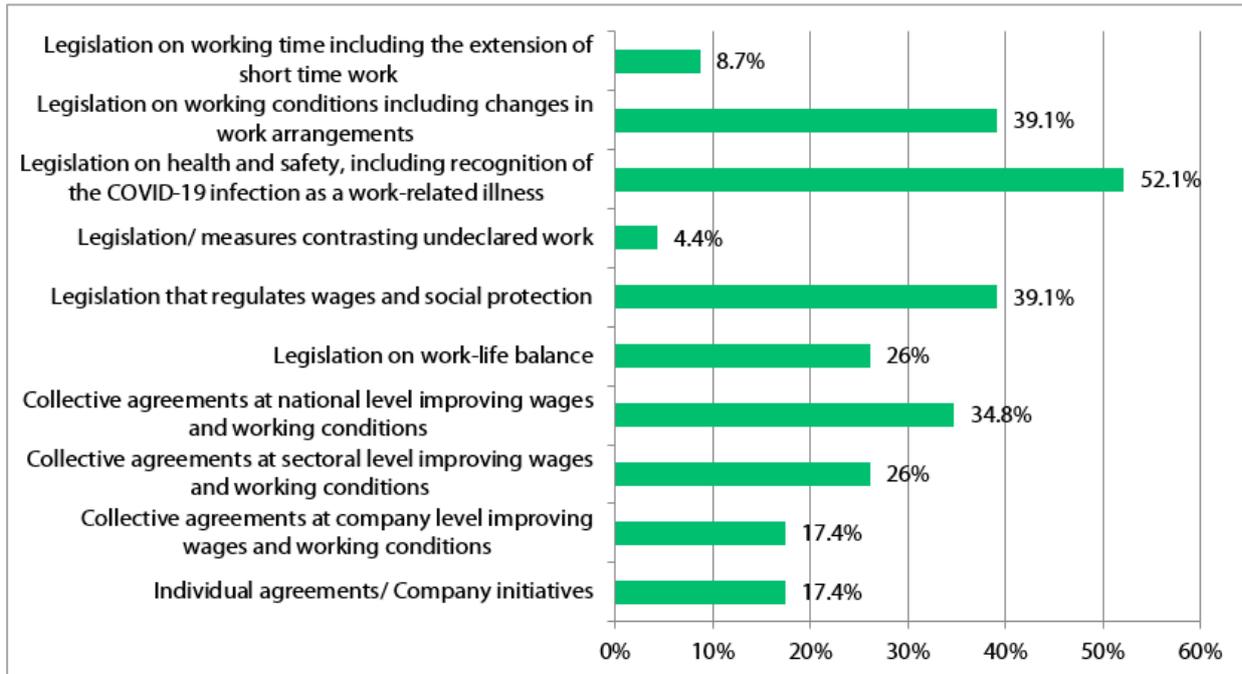
Source: IRS online survey.

Figure 28a and 28b: Stakeholders' opinions on usefulness of initiatives implemented at national level to address the challenges faced by essential workers during the pandemic (share of respondents answering "quite useful" and "very useful", by position)



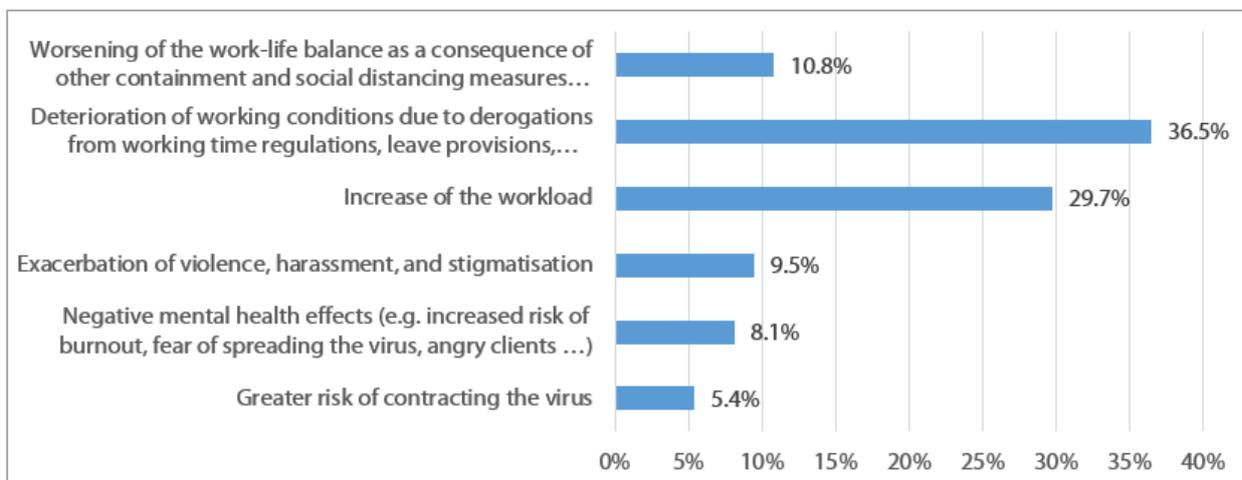
Source: IRS online survey.

Figure 29: Stakeholders' indications on specific initiative(s) implemented at national level to support the revaluation of the role and working conditions of essential workers (multiple choice)



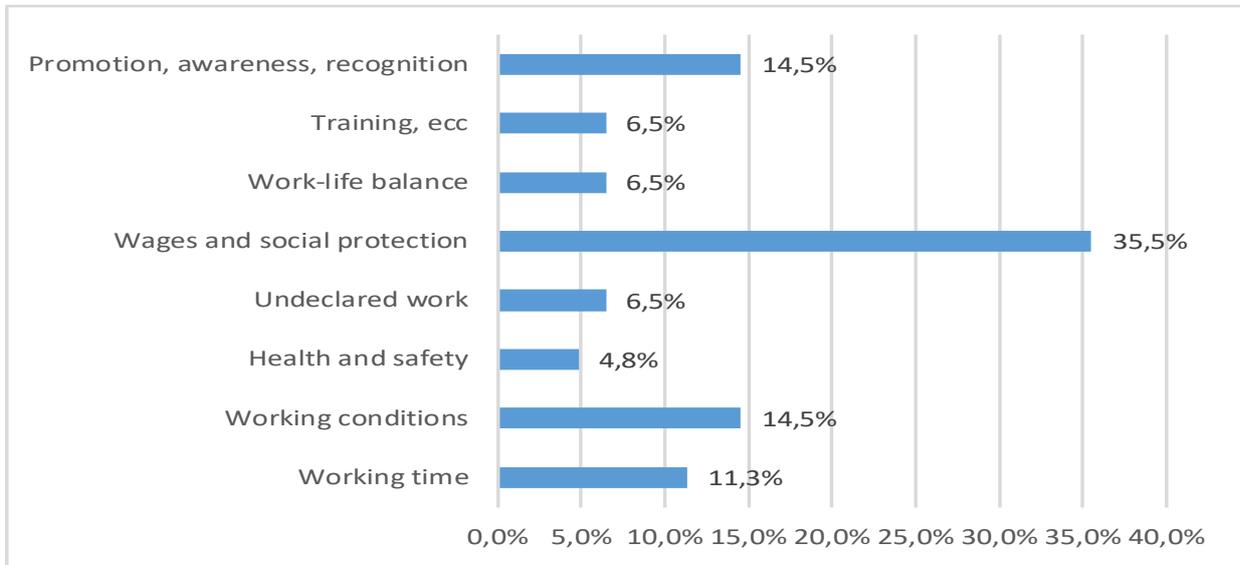
Source: IRS on-line survey results.

Figure 30: Stakeholders' opinions on the challenges associated with the working conditions and wages of essential workers and ways to reevaluate these conditions including in view of any potential future health crises



Source: IRS own calculation on web-survey results.

Figure 31: Stakeholders' opinions on measures needed to face challenges associated with the working conditions and wages of essential workers and ways to reevaluate these conditions including in view of any potential future health crises



Source: IRS online survey.

The study explores the working conditions and risks faced by essential frontline workers in the context of the COVID-19 pandemic, with a focus on women and migrant workers in low-paid frontline occupations. The study also provides an overview of the main legislative and policy measures adopted at EU and national level to support essential workers in order to identify possible policy actions to reevaluate these occupations.

The analysis is based on the triangulation of data and information resulting from a review of academic literature and policy documents and from field work, including semi-structured interviews and a web survey targeted at EU and national stakeholders, and five country case studies (Denmark, Germany, Ireland, Italy, and Romania).

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