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RESISTIRÉ

Reducing gendered inequalities
caused by COVID-19 policies

Deliverable 4.1

Qualitative indications of inequalities produced by COVID-19 and its policy responses.

1st cycle summary report

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List of acronyms

Abbreviation	Meaning
CSO	Civil Society Organisation
EC	European Commission
ECEC	Early Childhood Education and Care Institutions
EIGE	European Institute for Gender Equality
EQUINET	European Network of Equality Bodies
FRA	European Agency of Fundamental Rights
GBV	Gender-Based Violence
IPV	Intimate Partner Violence
NAR	Narrative. For example, ‘NAR_EE03’ refers to ‘narrative’ + country code (‘EE’, Estonia) + specific narrative number from the country (‘03’)
NGO	Non-Governmental Organisation
NR	National Researcher
SRHR	Sexual and reproductive health and rights
WP	Work Package

Summary

The aim of RESISTIRÉ is to understand the unequal impacts of the COVID-19 outbreak and its policy responses on behavioural, social and economic inequalities in 31 countries (EU 27 plus Iceland, UK, Serbia and Turkey) and to work towards individual and societal resilience. It does so by collecting policy data, quantitative data and qualitative data, and by analysing and translating these to insights to be used for designing, devising and piloting solutions for improved policies and social innovations to be deployed by policymakers, stakeholders and actors in the field in different policy domains. The project relies on a ten-partner multidisciplinary and multisectoral European consortium, and a well-established network of researchers in the 31 countries. The aim of this first of three summary report on qualitative indications of inequalities is to analyse the gender+ inequality dimensions and the impacts that policies and societal responses implemented in Europe as a response to COVID-19 have had on people, to give voice to those people and groups who may not have been heard in the public debate, and to identify silences and knowledge gaps.

This report on qualitative indications of inequalities reports on the identification of inequalities produced by COVID-19 and/or (re)produced by its policy responses. It is based on the collection and analysis of qualitative data identified within the framework developed in RESISTIRÉ. It derives from extensive, mixed methods to gather data in the project's first of three research cycles. It includes workshops and interviews with inequality experts, and narrative interviews with individual people living throughout Europe. These provide us with insights on the impact of COVID from both professional and personal perspectives, including the insights and experiences from experts in civil society, experts in public authorities, academics, and the individual stories of lived experiences during COVID-19. These insights allow us to analyse the behavioural, economic, social, and environmental impacts of COVID-19 from a gender+ perspective and on vulnerable/marginalised groups. Through this data collection and analysis, the report provides analytical insights during the second year of the outbreak.

In line with the theoretical and conceptual approach of RESISTIRÉ, the report builds on an intersectional approach to gender which acknowledges the mutual shaping of multiple complex inequalities (Walby et al. 2012), in particular age, class, dis/ability, ethnicity, nationality, religion, sex and/or gender, and sexual orientation. The analysis captures impacts and effects, silences and marginalisations, as well as resistances and promising potentials for change, in the gender equality domains of the European Commission Gender Equality Strategy 2020-2025 (EC 2020), and the Beijing Platform for Action (UN 1995), including: work and the labour market, care, pay and pension, decision-making and politics, gender-based violence, fundamental human rights, economy, and environmental justice.

The data were collected via eight pan-European workshops with inequality experts from civil society representing the voices of specific target groups, public authority experts and academics (n=68); semi-structured interviews with predominantly public authority experts

and academics (n=23); and via individual narratives interviews with people from across Europe (n=188). Each workshop addressed inequalities and vulnerable groups in one of the eight domains. The semi-structured interviews collected complimentary data on the national level, based on the results of the workshops. The narrative interviews were conducted and analysed by the consortium partners and a network of 21 national researchers covering the EU27, Iceland, Serbia, Turkey, and the UK.

The overall findings of this first cycle of qualitative data describe a complex picture, where different groups of women remain significantly disadvantaged across all domains and where there is spiral of increasing inequalities; being marginalised or disadvantaged makes you disproportionately vulnerable to further disadvantage and marginalisation. COVID-19 and its policy responses have made the most vulnerable even more vulnerable, particularly in strong gender regimes where social class, migrant status, and age regimes cut straight across domains. These findings suggest an interrelation between domains and intersections between inequalities. Changes in inequalities and gender relations in one domain, whether due to the pandemic itself or its policy and (civil) societal responses, are interlinked with changes in other domains - these appear to take each other as 'environments' (Walby 2009). While there are many similarities in the findings, the differences that detected in how the pandemic unfolds on macro, meso and micro levels indicate variations in terms of system resilience that can account for these variations. The results furthermore indicate that the mechanisms that enable resilience, i.e., "the capacity of a system to absorb disturbance and reorganize while undergoing change to still retain essentially the same function, structure, identity, and feedbacks" (Forbes et al. 2009: 22041) are different on the different levels.

The individual experiences analysed in this report show that while there certainly are stories of extreme marginalisation, exhaustion, and devastation in the lives of women across Europe, there are better stories with the potential for transformative change at the micro level, which may indeed be picked up by or spill over to the meso level, if supported by the macro level. Examples of such stories include a shift in some men's care work, the engagement of some young people in support work for elderly neighbours, and the communicative tools to support victims/survivors of men's violence.

The effects on individuals and individual behavioural and social and economic inequality of the pandemic and its policy responses can be seen as a test of the resilience of the existing gender equality institutions and mechanisms in a given geo-political context. To analyse these, the a theoretical contribution of this report is to suggest, for further research cycles and data analysis research, a multi-level theoretical framework drawing on gender regimes (Walby 2009), feminist institutionalism (e.g., Kenny 2007, 2013, 2014; Mackay et al. 2014), individual and social resilience (Chaskin 2008; Forbes et al. 2009; Davoudi 2012), vulnerability (Deveaux 2006, 2007; Gilson 2016), and intersectionality (e.g., Verloo 2006, 2013; Walby et al. 2012), which allows for analysing and linking individual (micro) experiences to specific organisational (meso) and structural (macro) contexts. Hence, an analytical point of departure for future research is the mutually shaping and interaction of structural, institutional, and individual levels.

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Introduction

The aim of RESISTIRÉ is to understand the unequal impacts of the COVID-19 outbreak and its policy responses on behavioural, social and economic inequalities in 31 countries (EU 27, Iceland, UK, Serbia and Turkey) and to work towards individual and societal resilience. The pandemic has led to the introduction of national policy responses and measures in multiple policy domains to slow infections and prevent deaths (Cibin et al. 2021). This has profoundly changed lives, with physical and social distancing becoming the new norm and, where needed, quarantining and self-isolation. It has radically shifted how society is organised, with increased working from home, home-schooling and intensification of online presence, all with their own specific (un)intended consequences (Bonaccorsi et al. 2020). It has also meant furloughing and job losses, with associated economic hardship and mental health issues, delayed ordinary health treatments, and worse, the loss of life (Lewnard & Lo 2020; Nicola et al. 2020; Van Bavel 2020). And it has meant increases in the levels of gender-based violence and variations in access to support and health care.

The impacts of these developments, like those of other crises, are gendered and related to sex, age, disability, ethnicity/race, migration status, religion, social class, and the intersections between these inequalities (Walby 2015; Lokot & Avakyan 2020; Walter & McGregor 2020). They are uneven and unequal, disproportional in their consequences for different groups, and their long-term impacts are uncertain (Cumming et al. 2020). Women have been disproportionately infected by COVID-19 (Sciensano 2020) and affected by its impact; as front-line workers, as formal or informal caregivers in society; as exposed to a higher risk of men's violence, in particular intimate partner violence (IPV). Therefore, this first qualitative report on inequalities produced by COVID-19 and its policy responses focuses on the experiences of women and people who identify as women. As these positions intersect with social class, ethnicity, age and other inequalities, the report deploys a 'gender+' approach, which highlights gender relations and gender inequalities, but always considers how these intersect with other complex inequalities (Walby et al. 2012; Verloo 2013). Policy responses to the pandemic also need to consider the gender+ perspective, and how some groups benefit, while others lose out. It is important to understand how different policy responses are having unequal effects, but also how different responses can be put into place to understand and address gender and intersectional inequalities in different policy domains (Lombardo & Kantola 2019).

To meet these aims, RESISTIRÉ conducts policy analysis, as well as quantitative and qualitative research activities, to inform the design of innovative solutions. In this way, it responds to the outbreak through co-created and inclusive strategies that address old and new, durable and temporary inequality patterns in and across policy domains. The overall methodology of RESISTIRÉ is based on a step-by-step process running in three cycles over 24 months. All project activities are organised in these three cycles, feeding results into one another (see figure 1). The research activities rely on a multidisciplinary consortium and

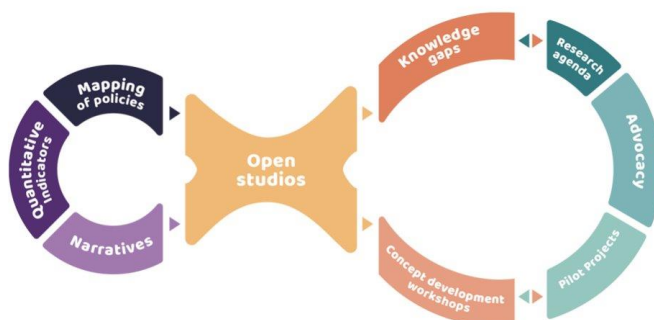
national researchers in 31 countries (see Annex 1) and have been guided by the framework of policy domains drawn from the EC Gender Equality Strategy 2020-2025 (EC 2020) and the Beijing Declaration and Platform for Action (UN Women 1995) (see table 1). The policy domain of gender stereotypes, included in the EC Gender Equality Strategy, is considered in this report as a general, cross-cutting domain, relevant to all other domains and contributing to producing or increasing their impacts in terms of inequalities.

The aim of this report (Deliverable 4.1) is to provide insights on how COVID-19 and its policy and civil societal responses have impacted social, economic and behavioural inequalities. It aims to identify and compare for whom, for what gender+ inequalities groups, with what intersections, in what domains there are positive/negative COVID-19 impacts.

Data collection includes 1) pan-European workshops with national level experts/first line assistance to specific target groups; 2) complementary national interviews with experts in local public authorities; and 3) insights on lived and observed experiences collected via individual narratives. These include both direct and indirect experiences of the impact of the outbreak and its policy responses, i.e., impact as lived, first-hand experience, and impact as observed, second-hand experience. The narrative technique allows for a fast modus collection of high-quality data, where diverse experiences, attitudes and behaviours are collected. Through this data collection and analysis, the report provides analytical insights on inequalities and experiences in 31 countries during the second year of the outbreak.

The report is the first of three qualitative reports, developed in parallel with a policy report led by the Institute of Sociology of the Czech Academy of Sciences (ISAS) (Cibin et al. 2021) and a quantitative report led by Oxford Brookes University, UK (Stovell et al. 2021). While the policy report analyses different policy and social responses and quantitative report analyses quantitative indicators, this report analyses **how these responses are having unequal and un-equalising effects on differently positioned groups of people**, in order to inform the development of solutions for policy recommendations and the future research agenda - using qualitative data.

Figure 1: RESISTIRÉ methodological step-by-step three cycle process



The remainder of this report is structured as follows: methodology, results, discussion, and conclusions. Specifically, the next section presents the methodology of the research, including the overall theoretical approach, analytical focus and material and methods. Then follows the results section, which is structured first by domain, second by material. Each of the eight domains are addressed under three specific subheadings: i) the findings from the workshops and the semi-structured interviews; ii) the findings from the narrative interviews; and iii) a summary analysis of the result of all materials, focusing in salient inequalities, variations in responses, and individual experiences, silences and suggestions for ways forward. For the narratives, the relevant country is explicitly mentioned, and for the workshops and interview, countries are named when the respondents and participants themselves name a specific one. The final section discusses the results and draws conclusions across the domains with a focus on the most salient behavioural, economic, and social inequalities (re)produced by COVID-19 and its policy and societal responses and the variations in inequalities. It notes the overall silences – the experiences and voices that haven’t been heard in the material – and suggest ways forward for policy and for future research and analysis.



Methodology

This chapter describes the overall methodological approach, including theory, methods and materials, and the relation between these, and the analysis of the micro, meso and macro levels. The data collection relies on consortium partners and a network of national researchers in 31 countries.

The first round of the qualitative inquiry in RESISTIRÉ, resulting in this report, takes a methodologically abductive approach, using a set of open-ended questions and the application of a broad theoretical framework. An abductive approach gathers empirical data while simultaneously providing input for the development of the theoretical framework in a way which allows for the further refinement of existing questions and for the formulation of new questions. This abductive approach means to orchestrate an interplay and exchange between empirical data and theory throughout the project. It means that inductive and empirically grounded approaches in the research process (Strauss & Corbin 1990) are dialectically combined with more deductive elements, developed from a theoretical perspective. During this process, the search for relevant theoretical perspectives to aid in the analysis is an ongoing process. It entails “systematic combining”, meaning the matching of theory with empirical findings that inform the directions and re-directions throughout the course of the project (Dubois & Gadde 2002). The first qualitative report mirrors the iterative process in that it utilises a rich material in several steps to provide input to the development of the research agenda and methodology in the project and its subsequent cycles. The empirical findings are presented and follows the order of the original open-ended questions, analytical units, and theoretical concepts. These findings are then used to further define analytical units and construct questions for the future empirical work, as well as for the development of the more theoretical questions/analytical framework.

As part of the qualitative methodology an interactive feminist approach has been applied (Callerstig & Lindholm 2011). This entails a process where different groups of informants are invited to provide input to related to their knowledge and experiences of inequalities during the pandemic and input on to how to interpret and address those experiences. The collaboration with practitioners, with their tacit practical knowledge of the problems studied, is an important element of interactive research. In interactive research, researchers and practitioners work together, bringing in different and complementary knowledge. Practitioners contribute with a complex, practical, and contextual understanding, and researchers with a more theoretical and abstract understanding. The idea is that, while practitioners work to “solve” the problem practically, the researcher strives to gain new knowledge in order to develop theories and abstract models. In RESISTIRÉ, interactive interaction with practitioners is an important part of the methodology, the workshops being one example. Also, it is important to provide the means for marginalised voices to be heard in a way that emphasise their own voices. The narrative methodology provides such focus, as Kim describes it “The purpose of the interview in narrative inquiry is to let stories be told,

particularly the stories of those who might have been marginalized or alienated from the mainstream, and those whose valuable insights and reflections would not otherwise come to light” (Kim 2016: 14). In contrast to more traditional techniques of interviewing, the narrative interview does not follow a question-answer format. Instead, the narrative interview entails a conceptual shift away from the idea that informants have answers to questions posed by an interviewer, and towards the idea that informants are narrators with stories to tell and in their own voices (Chase 2005; Kim 2016). Participatory research can also serve as a “consciousness raising tool” (Gunnarsson 2006). It can counteract the internalisation of oppression and personal blame for a situation and instead shift the focus to the broader societal forces constraining the lives of individuals. Potentially, this can lead to an examination of the connections between behaviour, gender, other axes of oppression and social structures.

Theoretical approach

The suggested multi-level theoretical framework draws on gender regimes, feminist institutionalism, individual and social resilience, vulnerability, and intersectionality. It attempts to capture the effects of macro and meso levels on individual behavioural, social, and economic inequalities. A growing number of studies in the context of COVID-19 show how inequalities are deepening across Europe (and beyond) and how earlier positive trends, such as the decreasing gender pay gap or the increasing number of women in decision-making, have come to a halt. Importantly, the report understands gender as gender+, that is, as always intersected and mutually shaped by other inequality grounds, such as age, class, and ethnicity (Verloo 2006; Walby et al. 2012).

The pandemic raises concerns in relation to how resilient different societal equality mechanisms are, and why. For example, are there institutional differences that can explain variations in how well societies, communities and inequality groups and individuals have coped with the pandemic? Are there specific factors related to COVID-19 as a crisis as opposed to/contrasted with other crises, such as the previous global economic crisis (around 2007)? And more importantly, what can be learned in seeking ways forward to handle the inequality effects of the pandemic? The pandemic raises concerns related to questions such as how well organisations operating on a meso level succeed in incorporating a gender perspective in their responses to the crisis. If gender mainstreaming is the dominant approach to advancing gender equality in the EU and all policies should mainstream gender, have efforts been made, and what sort of, to mainstream during the pandemic? On an individual level the COVID-19 crisis highlights the resilience of individuals, meaning the differences in possibilities for individuals to cope with the effects of the pandemic in their lives. Salient here are questions such as what effects the pandemic has on individual lives. Are there variations in the effects for different groups of people and are there differences in the possibilities for individuals/groups to cope with the pandemic that are linked to various intersections affecting their lives prior and post pandemic?

The report deploys the concept of resilience to analyse the different outcomes in different contexts for different individuals. Resilience is defined as “the capacity of a system to absorb disturbance and reorganise while undergoing change to still retain essentially the same function, structure, identity, and feedbacks” (Forbes et al. 2009: 22041). Resilience thereby captures how a system manages to cope with a crisis, and how it may facilitate recovery after a traumatic period, what lessons that were learned, and the willingness of system actors to take responsibility and control of development pathways (Chaskin 2008; Davoudi 2012). The effects on individuals and on individual behavioural and social and economic inequality of the pandemic and its policy responses can in this respect be seen as a “test” of the resilience of the existing gender equality institutions and mechanisms in a given geo-political context. In relation to RESISTIRÉ, resilience means to pay attention to what worked and why, and what did not work, in terms of how equality aspects were taken into account by policy makers and civil society actors. It means to pay attention to in what way equality perspectives were incorporated and when these were lacking; what new innovative mechanisms were introduced and by whom and what can be learned from actions taken and not taken and that indicates potential ways forward.

The COVID-19 pandemic has affected lives in many different ways. Inequality gaps have widened, and traditional gendered roles have re-emerged or been re-enforced (European Commission 2021). The project focus is on vulnerable groups (the relatively disadvantaged) vis-à-vis the more powerful members of community and society (the relatively privileged). This includes a focus on the ways in which *people are made vulnerable* by policy and societal responses, but with a focus on change rather than seeing vulnerability as the total lack of agency or as fixed positions within a system of social power (Deveaux 2006). Vulnerability is thereby used in the analysis of the narratives to shed light on how people negotiate, resist and sometimes alter their situation – to illuminate agency of groups made vulnerable. This approach can reveal important clues as to how and when gender and other inequalities are not only ‘done’, but also when they are ‘undone’ (West & Zimmerman 1987; Deutsch 2007). Therefore, it is important to analyse interaction as a site of change, when and how social interactions become more or less gendered and how the institutional and interactional levels work together to produce change (Deutsch 2007).

Methods and material

The data gathering method is bottom-up: the material has been gathered from inequality experts in civil society, public authorities, academia, and from individual people throughout Europe sharing their professional knowledge and personal experiences of life during the first year of COVID-19. The data covers 31 countries: the EU27, Iceland, Serbia, Turkey, and the UK, and was gathered via three different methods in three consecutive steps, each step guided by the previous step, hence also feeding into the subsequent set. The first step/set of data was collected via eight partner-facilitated pan-European workshops with inequality experts from civil society organisations and elsewhere, with the primary aim to cast a wide net in order to identify the most salient inequalities and problems during COVID-19,

including those experienced by marginalised groups, vulnerable groups, and other hard to reach groups. These workshops also served the purpose to identify the need for further, national level interviews with public authority representatives and to initiate the recruitment of informants from whom to collect narratives. The second step/set of qualitative data was to interview experts in public authorities about the political and societal responses to COVID-19 and their impact on the target groups. The third set/step included individual narrative interviews with women throughout Europe in order to collect data on lived/direct and observed/indirect experiences of the impact of the outbreak and its policy responses, i.e., impact as lived, first-hand experience, and impact as observed, second-hand experience.

All three data collection processes have been guided by the framework of policy domains drawn from the EC Gender Equality Strategy 2020-2025 (EC 2020) and the Beijing Declaration and Platform for Action (UN Women 1995) domains, both central to the RESISTIRÉ project (see table 1). The policy domain of gender stereotypes, included in the EC Gender Equality Strategy, is considered in this report as a general, cross-cutting domain, relevant to all other domains and contributing to producing or increasing their impacts in terms of inequalities.

Table 1: Definitions of key domains

Decision-making and politics	“There are still far too few women in leading positions. Be it in politics or government agencies, at the highest courts or on company boards. This is the case even if gender parity exists at the lower levels” (EC 2020, p. 13).
Gender care gap	“Thriving at work while managing care responsibilities at home is a challenge, especially for women. Women often align their decision to work and how to work with their caring responsibilities and with whether and how these duties are shared with a partner. This is a particular challenge for single parents, most of whom are women, and for people living in remote rural areas for whom support solutions are often lacking. Women also carry a disproportionate burden of unpaid work, which constitutes a significant share of economic activity. Some emerging issues: “Sharing of care responsibilities at home is crucial”, “Insufficient access to quality and affordable care services is one of the drivers of gender inequality in the labour market” (EC 2020, p.11).
Gender-based violence	“Violence that is directed against women [or transgender persons] because they are women, or that affects women disproportionately”. Examples include “sexual harassment (also online), abuse of women, female genital mutilation (FGM), forced abortion and forced sterilisation, early and forced marriage, so-called ‘honour-related violence’, trafficking in human beings” (EC 2020: 3).
Gender pay and pension gaps	“Women still earn on average less than men. Accumulated lifetime gender employment and pay gaps result in an even wider pension gap, and consequently older women are more at risk of poverty than men”. [...] “Eliminating the gender pay gap requires addressing all of its root causes, including women’s lower participation in the labour market, invisible and unpaid work, their higher use of part time work [or alternative forms of work] and career breaks, as well as vertical and horizontal segregation based on gender stereotypes and discrimination” (EC 2020: 10f).
Work/labour market	Many women still experience barriers to joining and remaining in the labour market. Connected topics: “Improving the work-life balance of workers is one of the ways of

	addressing the gender gaps in the labour market.” [...] “Mainstreaming gender in public administration, state budgeting and financial management.” [...] “Social and economic policies, taxation and social protection systems should not perpetuate structural gender inequalities based on traditional gender roles in the realm of work” (EC 2020: 8).
Economy	As opposed to the previous domain, the domain of the Economy addresses issues at the macro-economic level, rather than based on individual or organisational considerations. “Some women are structurally under-represented in the labour market (EC 2020: 7). “Women remain under-represented in higher paid professions. More women than men work in low-paid jobs and sectors, and in lower positions” (EC 2020: 10). Macro-economic considerations also call into play wider disparities among countries and geopolitical inequality, in turn evoking gender+ intersectional perspectives.
Human and fundamental rights	Severe socially restraining measures raise profound concerns about compliance with fundamental rights, e.g., non-discrimination; dignity; justice and equality; work and education; access to health; privacy and data protection, access to digital technologies. Within RESISTIRÉ, the areas of health and education will be particularly considered, particularly in the first research cycle.
Environmental justice	“Women are among the most affected by climate change. Meanwhile, their voices are often ignored in environmental planning. They also have less access to land and productive resources” (UN Women, 1995). Gender+ perspectives are imperative to understand the differential effects of environmental issues, as in the case of mobility patterns, availability of public transportation, commuting distances, availability of and access to green urban areas.

Pan-European workshops with inequality experts

The workshops collected information from experts on the most salient behavioural, economic and social inequalities resulting from the COVID-19 pandemic and its policy from the voices of experts and NGO representatives of specific target groups. Eight pan-European workshops, one on each of the domains (see table 2), were organised online using a combination of Zoom and Miro, in June and July 2021. Each workshop lasted approximately three hours and was led by an experienced facilitator from within the consortium and supported by co-facilitators and technical support, also from within the consortium. The language was English. The workshop participants ranged from five to 14, and were experts in their respective domains, and included researchers and NGOs representing various interest groups.

Each workshop followed the same structure of five parts: i) Introduction (including obtaining consent to record the workshop); ii) open, general discussion; iii) concrete examples; iv) ways forward; and v) conclusions (see Annex 1). The first level analysis was done by the partner who facilitated the workshop, following a reporting template co-created by the partners in RESISTIRÉ (see Annex 1). The second level analysis - bottom-up of all these reports - was conducted by Sabanci University in July and August 2021. The third level analysis of the reports and overall analysis for the purpose of this report, was top-down and conducted by Örebro University.

The recruitment of participants relied on consortium partners’ existing networks,

snowballing and via online searches. While the recruitment was open and wide, it nonetheless proved difficult to recruit participants and the acceptance rate was low. For most workshops, some 40 invitations were sent, and even if the interests to participate was high, many of the invited participants were unable to attend due to the short timeframe. On average, there were nine participants (excluding facilitators, co-facilitators and technical support) per workshop (see table 2).

National interviews with inequality experts

To complement the workshop, interviews were conducted with inequality experts in public authorities, research, and civil society (see table 2). The interview themes followed the workshop themes: how have inequalities been affected by Covid-19 in relation to the different domains more generally; how have Covid-19 policy and societal responses more specifically impacted on inequalities and variations in their impact; how can inequalities be addressed in future policy and societal responses; and finally, what are the silences, what is not addressed? In total 23 interviews were conducted across the domain, two or three interviews in each. They followed a semi-structured interview guide adapted to the domain, and they were recorded and transcribed (see Annex 2).

Table 2: Overview of workshops and interviews

Domain	Focus		Participants		Partner
	Background	Question	Workshop	Interviews	
Decision-making and politics	Debates about leadership gender gaps in responding to the crisis. Importance of ensuring gender equality and inclusiveness of all voices in working towards recovery.	How have COVID-19 policy responses affected the participation of different target groups in recovery policies/decision-making?	9 participants (plus 2 facilitators, 2 technical support, 1 observer) Elected politicians, women NGOs and NGOs representing target groups, femocrats, trade unions, employers' organisations, members of COVID-19 recovery taskforces, researchers, media organisations	3 respondents: 1 NGO, 1 Civil servant and 1 public agency employee.	TU Dublin June/July 2021
Gender care gap	Gender roles in households mean care tasks are allocated disproportionately to women, increasing other inequalities.	How have COVID-19 policy responses affected gender roles in care work in different target groups?	12 participants (plus 1 facilitator and 2 cofacilitators), including experts from different national contexts and various fields (academia, the NGO trade unions, and first-line responders	3 respondents: all academic experts in the field.	ISAS June/July 2021
Gender-based violence	Gender-based violence has been reported to have increased, particularly as a result of lockdown policies by intimate-partners. New forms of gender-based violence in the digital world.	How have COVID-19 policy responses affected patterns of violence for vulnerable groups?	11 participants (plus 2 facilitators, 1 support, 1 tech support, 4 observers); including the shelter movement, specialist NGOs, social workers, LGBTQ-advocacy group, 65+ associations, refugee advocacy groups.	3 respondents: 2 NGO and 1 public agency employee.	DEUSTO June2021
Gender pay and pension gaps	Women more at risk of poverty and economic hardship; Longer term effects, e.g., on pensions, to	How have COVID-19 policy responses affected the economic situation	9 participants (plus 2 facilitators and 2 co-facilitators); including NGOs, think tanks and academic experts.	2 respondents: 1 NGO and 1 academic expert.	OBU June/July 2021

	be expected.	of women in the target groups?			
Work and labour market	Impacts on career prospects of those who have caring responsibilities, and general loss in productivity. High rate of unemployment in sectors severely hit by the crisis, and risk of bankruptcy affect women and men differently.	How have COVID-19 policy responses affected careers, employment, and productivity for target groups?	8 participants (plus 1 facilitator and 4 co-facilitators); including academic experts, researchers, trade union and labour movements, and NGOs.	3 respondents: 1 NGO, 1 Think tank and 1 EU agency	YW June/July 2021
Economy	Macroeconomic disparities between countries subject to wider resilience factors and welfare regimes; macro-economic/geopolitical inequalities within the EU and beyond.	How have COVID-19 policy responses affected inequalities in different target groups from a macro perspective?	5 participants (plus 3 facilitators, 1 tech support and 1 observer); including experts from different research backgrounds, predominantly with a European rather than national focus.	3 respondents: all from public agencies.	ORU June/September 2021
Environment	Women more likely to be affected by environmental issues, e.g., shorter commuting distances, use of public transport.	How have COVID-19 policy responses affected gender environmental inequalities in various target groups?	5 participants (plus 1 facilitator and 2 co-facilitators); including from environmental organisations, climate activists, women' environmental associations, networks and movements, climate scientists.	3 respondents: 2 academic experts, 1 public agency.	K&I June/July 2021
Human fundamental rights: Access to health care	Implementation of severe socially restraining measures raises profound concerns about compliance with fundamental rights, e.g., right to dignity, justice, non-discrimination, equality; right to work and education; access to health , privacy, and data protection and equal treatment.	How have COVID-19 policy responses affected the access to fundamental rights in various target groups and areas?	9 participants (plus 1 facilitator and 4 co-facilitators); including human/education/health rights orgs., health workers associations, teachers' unions, education rights associations, refugee/migrant rights scholars and activists, digital rights	3 respondents: 1 public agency, 1 academic expert, 1 hospital expert.	SU June/July 2021

Narrative analysis of groups made vulnerable

This section gives an overview of the narratives in terms of recruitment and data collection, participants and materials, and analysis process.

Recruitment and data collection

The narrative interviews collected information on lived individual experiences of behavioural, economic, and social inequalities resulting from the COVID-19 pandemic and its policy responses; the interviews were conducted and reported by 31 national researchers (NRs) in the EU27 (excluding Malta), and Iceland, Serbia, Turkey and the UK. The NRs were recruited via the extensive network of professional connections among members of the consortium. Most of them are researchers and experts in social sciences with a focus on gender and inequalities. The NRs have participated in the entire first cycle of data collection in RESISTIRÉ, including narratives (WP4), Rapid Assessment Surveys and other relevant datasets in their country (WP3) and national COVID-19 policies and societal

responses (WP2). These data collections were coordinated by Knowledge and Innovation (K&I) and based on sets of guidelines and reporting templates, co-developed by the partners (see Annex 3).

The NRs were asked to recruit participants in a strategic and targeted way, with a focus on women and people who identify as women. The aim was to collect diverse experiences within the sample and to highlight the intersection of inequalities and identities, thus reflecting the gender+ approach of RESISTIRÉ. The inequality grounds covered and the extent to which they were covered in the interviews are indicated in table 6 and table 7. This was adhered to by all but one NR. Hence the predominantly female sample also includes three male participants. The target was six narratives per country (see table 3). Most of the NRs followed this instruction but a few conducted more than six and a handful of NRs conducted less than six. In the latter case, multiple narratives were usually constructed out of one interview and the end result was still six narratives from the given country.

Informed consent was obtained from all participants, following the procedure required by the EC or, if applicable, as required by national regulations. An example of a consent information and consent form was provided by the project which national researchers could adapt to national regulations if needed. Once the participants had received and understood all relevant information about the project and their participation in it, including their right to withdraw their consent at any stage, the consent form was signed. In the cases where the interview was conducted online, consent was given verbally and recorded.

The interview started with a general background question followed by an open, 'grand', question: Many persons have been affected by the COVID-19 situation in different ways. Can you describe to me how you have been affected by COVID-19 and what this has meant for your situation? The goal of the interviews was for the narrators to remain the central actors throughout, and the interviewers was to take on the role of an 'active listener'. They could occasionally ask clarifying questions but had to be careful not to interfere too much with the story being told to them. In order to verify that they had understood the narrators correctly, the interviewers ended the interviews by retelling the story back to narrators, giving them a chance to correct any misunderstandings.

Once the interviews were completed, the NRs were asked to summarise their findings using a template (see Annex 3) provided by the project. The main part of the summary consisted of a narrative constructed from the interview. The recommended length of this was 750 words. The NRs were asked to write the story as told by a person (using 'I') and include translated quotes from interviewee if possible. The narrative should ideally include a description of personal characteristics such as gender, age and life situation, the problem(s) described by the person, the causes and consequences as understood by the person and how they relate to COVID-19, the sequence of events as they are described, the places/locations and main actors involved. The template also included a section where the NRs could select which domains and inequality grounds were covered in the interviews, as well as sections for especially telling quotes and main findings. Each narrator was given

pseudonym and each narrative was given a headline that the NRs felt captured the essence of the story.

Analysis of the narratives

The first step of the analysis process involved reading through all narratives and taking some initial notes on themes of interest. As the narrative material is rich and diverse, this inductive process soon resulted in a myriad of possible themes. To keep focused on the task at hand, it became apparent that the analysis could benefit from a more deductively derived structure. Hence all 188 narratives were imported into NVivo where they were assigned attributes based on the domains chosen by the NRs. Using the attribute function to select narratives relevant to a specific domain the narratives were read again, one domain at a time. After this initial sorting process, a more inductive process ensued where problems and facilitating factors presented in the material selected for the domain were identified and coded as such. These main codes were then given a number of subthemes where more specific problems or facilitating factors were named. Here, 'problems' refer to various obstacles complicating life under the pandemic, while 'facilitating factors' refer to various ways of resisting, managing, and coping with these problems. In the final stage of the analysis process, when the results for each domain were summarised, specific attention was paid to the salience of different inequality grounds. In addition to identifying particularly vulnerable groups, this process also involved identifying silences in the material: which voices, if any, are missing?

Overview of the narrative material

The NRs produced 188 narratives. These narratives are based on 157 interviews with 158 interviewees (155 women and 3 men), which means that one of the interviews was performed with two participants). There are six narratives per country, except for Austria (8), Estonia (5), Greece (9), Ireland (7), Malta (0), and Slovenia (9). In most cases, one interview was written into one narrative, but in some cases one interview resulted in two (or, occasionally, three) narratives. Due to the study design, especially the fact that there is no absolute overlap between the number of narratives and the number of interviewees, detailed demographic information cannot be presented. Moreover, the degree to which demographic information is given in the narratives vary. Therefore, detailed demographic information cannot be presented here. However, based on the content of the narratives and the attributes that the narratives were assigned with in NVivo, one can conclude the following: More than half (at least 60%) of the interviewees are mothers. In terms of age, there is a relatively even distribution of interviewees between 18 and 59 years. However, there is a relative lack of 60+ participants (approximately 15%). Since several narratives concern the situation of migrant women (here understood in a broad sense and irrespectively of migration status), it is estimated that approximately 15% of the interviewees are migrants. Overall, the sample is diverse although it has some gaps, which are illustrated in the figures and tables below as well in the section on limitations below.

In figure 2 below, it is presented which domains that were most covered in the narratives. This figure is based on how the NRs categorised the narratives, one narrative can be analysed as addressing multiple domains. On average, each narrative is tagged with 2.5 domains. This quantitative mapping of the material shows that issues related to work (64% of narratives), care (40%), and economy (23%) stand out in the material, as well as health and education (which together amount to 60% in the domain 'Human and fundamental rights').

Figure 2: Domains of narratives (N=188)

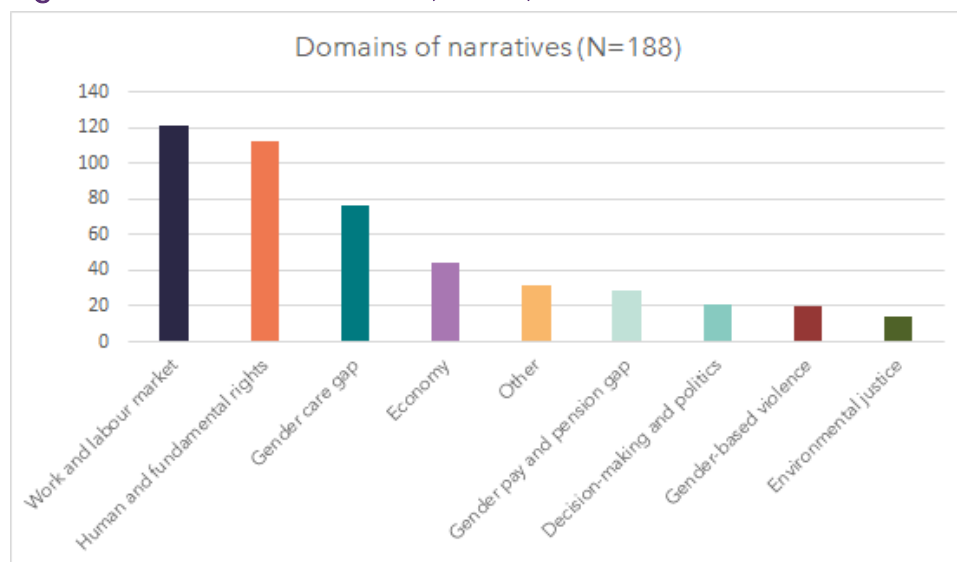


Table 3 below presents the domains each narrative connects to, per country. The table is structured by the distribution of domains by frequency of domains (rows) and by country codes in alphabetic order (columns).

Table 3: Number of narratives in each domain, per country

COUNTRY	NUMBER OF NARRATIVES	WORK	FHUM	CARE	ECON	OTHER	PAY GAP	DEC-MAK	GBV	ENV
AT	8	6	4	6	1	2	1	2		
BE	6	4	4		2	1				
BG	6	6	4	5		3	3			
CY	6	3	6		3		2	4		
CZ	6	1	3	2		5	1		1	
DE	6	5	2	3	2		1	1		
DK	6	4	4	3	2	4			1	
EE	5	2	4	3	2	2	1	1	3	1
ES	6	5	2	4	4	2	4	1	1	
FI	6	1	5	2						
FR	6	3	4	1			3			1
GR	9	3	1	4			1		3	
HR	6	4	6	2				5	1	
HU	6	3		4	2	1			1	1

IE	7	3	6	3	2	5	1	2	1	2
IS	6	5	4	4	1		2	1		
IT	6	4	6	1	3				1	
LT	6	6	1	3	4		2			
LU	6	4	3	1	2	2	1		1	
LV	6	4		3			1			
NL	6	5	5	3		1				
PL	6	6	6	4	3		5		1	3
PT	6	6	3	2	6					3
RO	6	5	3	2	2	2			2	
RS	6	4	3	2	1				1	
SE	6	5	6					1		
SI	9	2	7	1		1			1	3
SK	6	3	4	3						
TR	6	5	3	2	2	1		1	1	
UK	6	4	3	3	2			2		
TOTAL	188	121	112	76	44	32	29	21	20	14

Furthermore, the narratives' focus on work and labour market, human and fundamental rights, care, and economy can be illustrated by compiling the narrative keywords that the NRs added to each narrative template. The most common narrative keywords relate to work, care, health, and the dynamic between social relations and isolation (table 4).

Table 4: Most frequent narrative keywords (single words)

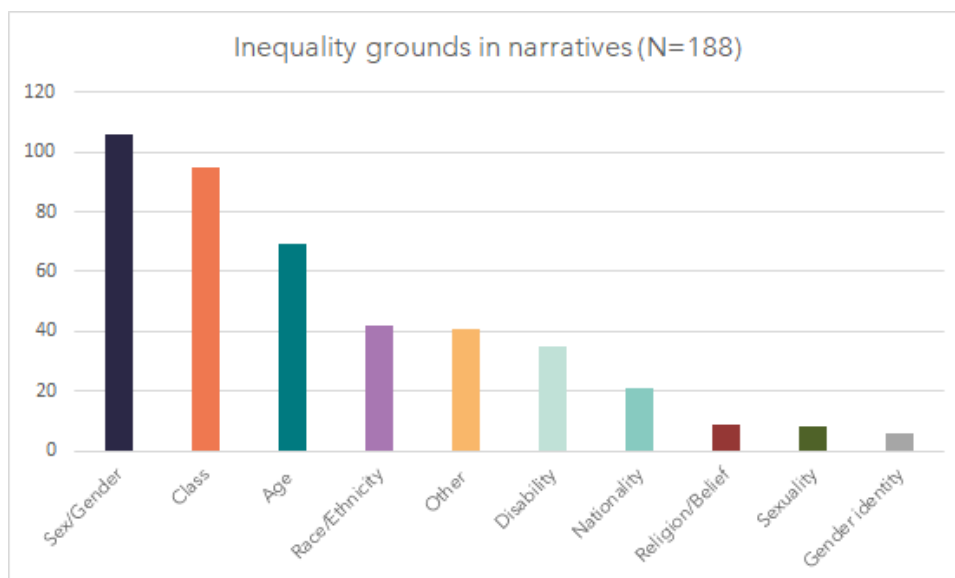
Word	N
work	48
care	47
social	44
health	42
lack	33
mental	27
support	26
fear	26
isolation	22
family	21

Table 5: Most frequent narrative keywords (bigrams)

Words	N
mental health	19
social isolation	13
care work	11
health care	8
single mother	7
social contacts	7
distance learning	5
work-life balance	5
social distancing	4
care gap	4

Redirecting the focus from domains to inequality grounds (figure 3), the most prevalent inequality grounds in the narratives as analysed by the NRs are: sex/gender (56%), class (51%), age (37%), and race/ethnicity (22%). Multiple domains could be tagged, and on average, each narrative is tagged with 2.3 inequality grounds.

Figure 3: Inequality grounds in narratives (N=188)



The relation between domains and inequality grounds (see table 6 and 7) follows a similar pattern in all domains: the major inequality grounds are sex/gender, class, age, and race/ethnicity. There are some exceptions to the general tendency. Class is more salient in the economy and the gender pay and pension gap; nationality is more frequent in gender-based violence than in the other domains; and 'other' is rather frequent in human and fundamental rights. Most likely this has to do with the diffuse boundaries of this specific domain, including a wide range of inequality problems (see table 1: Definitions of key domains).



Table 6: Number of inequality grounds per domain (N=188)

Domains	N	Inequality grounds: number of narratives per domain									
		Sex/Gender	Class	Age	Disability	Ethnicity	Religion	Sexuality	Gender identity	Nationality	Other
Work and labour market	121	74	77	38	15	34	6	5	4	15	23
Human and fundamental rights	112	61	52	49	24	31	6	7	6	17	33
Gender care gap	76	46	38	27	16	21	4	3	2	9	14
Economy	44	24	38	19	5	12	0	3	2	7	6
Other	32	21	13	12	6	8	4	2	3	8	5
Gender pay and pension gap	29	19	24	11	5	7	1	1	2	2	6
Decision-making and politics	21	12	8	8	8	5	2	1	3	2	6
Gender-based violence	20	17	9	6	2	8	1	3	2	5	2
Environmental justice	14	6	8	4	2	4	1	2	2	0	7

Table 7: Percentage of inequality grounds per domain (N=188)

Domains	N	Inequality grounds: % of narratives per domain									
		Sex/Gender	Class	Age	Disability	Ethnicity	Religion	Sexuality	Gender identity	Nationality	Other
Work and labour market	121	61%	64%	31%	12%	28%	5%	4%	3%	12%	19%
Human and fundamental rights	112	54%	46%	44%	21%	28%	5%	6%	5%	15%	29%
Gender care gap	76	61%	50%	36%	21%	28%	5%	4%	3%	12%	18%
Economy	44	55%	86%	43%	11%	27%	0%	7%	5%	16%	14%
Other	32	66%	41%	38%	19%	25%	13%	6%	9%	25%	16%
Gender pay and pension gap	29	66%	83%	38%	17%	24%	3%	3%	7%	7%	21%
Decision-making and politics	21	57%	38%	38%	38%	24%	10%	5%	14%	10%	29%
Gender-based violence	20	85%	45%	30%	10%	40%	5%	15%	10%	25%	10%
Environmental justice	14	43%	57%	29%	14%	29%	7%	14%	14%	0%	50%

The relations between the domains and the inequality ground are discussed in the results

Limitations

Many NRs describe a positive experience of the method as it enables rich data on peoples' lives during the pandemic. However, while most were positive, some NRs found it did not suit all participants. Talkative participants had no problems telling their stories without much guidance from the interviewer, others struggled and needed much more probing. However, several problems are reported by the NRs. The most commonly reported problem is that time constraints, combined with doing the interviews during the summer when people are harder to reach, made recruitment difficult. Some NRs also voiced ethical concerns with interviewing vulnerable people. Although several NRs comment that the participants expressed gratitude that they were finally listened to, there is always a risk that retelling traumatic experience will have a negative effect on the individual. Another related problem is that while the narratives attempt to make the voices of vulnerable people heard, the NRs were responsible for turning the interview into a shorter narrative text. Some expressed concern over what was lost in the process.

Regarding the material, one can conclude that some inequality grounds, social groups, and domains are not well represented in the narratives. In figure 3, it is shown that the inequality grounds religion/belief (5% of narratives), sexuality (4%), and gender identity (3%) are particularly missing. Although these numbers concern narratives only and do not correspond directly with the representation of (vulnerable) groups, they still show that certain groups were hard to reach. Clearly, the experiences of LGTBQ+ people are generally missing, as well as the *experiences* of women telling their stories from the perspective of their religious beliefs (although there are some overlaps between religion/belief, nationality and race/ethnicity). Moreover, the direct experiences of women who have been subjected to gender-based violence during the pandemic have not been included as directly narrated but rather as observed experiences. Again, time constraints were an issue: it takes time to build up the trust required for that kind of interview. Furthermore, concerning missing domains, issues related to the often-overlapping domains of work and labour market, human and fundamental rights, gender care gap, and economy are well represented in the material (see figure 2, table 3, and table 4). This means that other domains are relatively downplayed: gender pay and pension gap (15% of narratives), decision-making and politics (11%), gender-based violence (11%), and environmental justice (7%). This mapping and problematisation of missing inequality grounds, social groups and domains are important to consider in the second research cycle of RESISTIRÉ.

Finally, one of the main benefits of the analysis method used is that it gave the material a clear structure well suited to meet the main aims of the project. Also, using the predefined domains as a starting point was not only time efficient, but it also meant that the person conducting the interview had a say in how it was later defined. However, in some instances, it was not clear why a narrative had been selected for a domain. In these cases, the narrative was not included in the analysis of that specific domain. Likewise, it was not always clear why it had not been included in a certain domain. When that was the case, the narrative was simply included in the domain even though it was not 'pre-selected' for it. There is, of course,

a risk that some narratives relevant but not attributed to a specific domain were missed. Another potential disadvantage of letting the domains determine the coding structure is that inequality problems that do not fit neatly into one of the domains might be neglected. In order to avoid such issues, we also had a domain code entitled 'other'. However, most of the narratives in this category were also selected for at least one other domain and no clear additional themes were identified.



Results

The results section is structured by domain. Each of the eight domains are addressed under specific subheadings, consisting of three subsections: the overall findings from the workshops and the semi-structured interviews, the findings from the narrative interviews, and a summary of the results of workshops, interviews and narratives.

Decision-Making and Politics

Companies, communities and countries should be led by both women and men, in all their diversity. Whether you are a woman or a man should not influence the career you pursue. (EC Gender Equality Strategy 2020-2025).

Despite efforts to increase women in decision making for some decades, progress has been slow, and women are still under-represented in key decision-making areas such as in elected office, the civil service, corporate boardrooms, or academia. During the pandemic this pattern has continued, and potentially deepened, leaving women excluded in important decision making in general and especially regarding the COVID-19 crises with potential devastating effects on equality during and post pandemic and in recovery strategies formed.

In the 2021 report “Gender equality in the EU”, the European Commission (2021) describes the lack of women in decision-making bodies dealing with the pandemic as striking. Studies have found that men greatly outnumber women in the bodies created to respond to the pandemic. Of the 115 national task forces dedicated to COVID-19 in 87 countries (including 17 EU Member States) 85.2% were made up mainly of men, 11.4% comprised mainly women, and only 3.5% had gender parity. Even though the majority of healthcare workers in the EU are women, women are not in leadership positions in the healthcare sector. At the political level, only 30% of health ministers in the EU are women.

Gendered inequalities and variations in decision-making and politics

In the workshops and interviews respondents were asked how COVID-19 policy responses have affected the participation of different target groups in recovery policies/decision-making. They were also asked to reflect on policy and civil society responses, silences and ways forward.

Inequalities with a focus on decision-making and politics

The general consensus among participants in the workshop is that gender inequalities in this domain have increased during the COVID-19 crisis as illustrated by both the absence of women in decision-making and of women’s voices in explaining the pandemic to society. During the pandemic, there has been an emphasis on rapid decision-making by homogeneous (i.e., not diverse) teams and privileged (white male) individuals, while

inclusive decision-making has been treated as less adequate given the exceptional circumstances and therefore delegitimised. This exclusionary leadership style means that the voice of women who were previously in leadership teams is now absent.

Participants indicated reasons explaining the absence of women in leadership, decision-making and political participation and the invisibility of their voices during the crisis. These include the shift in leadership style mentioned above, where non-inclusive decision-making was justified by the need for quick action; the traditional gender stereotypes portraying males as leaders and 'saviours' in the context of a 'war mentality'; a traditional model of society where the exclusion of women's vision and judgement continues to be acceptable; and deeply rooted assumptions about the gender division of labour which sees women primarily as carers (family carers, frontline care and service workers), especially in situations of crisis. These stereotypes also impacted on decisions based on what was considered to be 'essential services' and what is not.

With regards to new axes of inequalities, workshop participants reflected on the current narratives of recovery and the 'left behind', where the main focus is on white working-class men, overlooking women, and other minority and vulnerable groups (based on race and ethnic identity, nationality, citizenship status, etc.).

The interviews were conducted with experts in Ireland and relate primarily to the Irish context. One interviewee noted that there was no political debate around how gender inequalities could be addressed, and that 'political systems, to a large extent, try and perpetuate the status quo in power'. Other respondents were more hopeful of change and highlighted how the pandemic has drawn attention to the gender imbalance in decision-making, in public life and in the communication of messages related to the pandemic. Men (politicians, medical experts) were presented as authoritative figures in public/communications forums. Women were either absent from these forums (e.g., COVID-19 parliamentary committee) or presented in stereotypical roles (e.g., on tv showing how to clean hands). According to the interview respondents, sometimes, there were medical women presented as authoritative figures on specific aspects, often in solo settings, but media relied primarily on male medical scientists for informed comments. Thus, existing inequalities and gender-related stereotypes in the domain were accentuated.

Variations in the impact of COVID-19 policy and societal responses to decision-making and politics

Experts from the workshop and interviews agreed that the absence of women in decision-making had resulted in emergency measures that did not consider the gender+ impacts of the policies adopted. Examples of the impacts include: an increase in domestic violence; the decision to close schools and nurseries during the 'lockdown' period meant that working mothers - especially single mothers - were deprived of an essential support to keep them in employment; increased vulnerability of part-time workers, workers on temporary, zero hour contracts and those in the gig economy (a heavily feminised collective); an increase in

levels of stress, anxiety and other mental health issues; heightened levels of racism and ethnophobia; lack of accessibility of undocumented persons to financial and health supports; drop in the independence and health of people with disabilities and of family carers; and no attention to women's pregnancy issues (ban on being accompanied by one's partner for scans, at birth, in medical care). Finally, the lack of data on the impact of COVID-19 on women and minority groups has also had a negative impact on decision-making. While no data is available, those impacts remain invisible and do not reach the policy agenda. One example brought up in the workshop was the lack of data on the impact of the pandemic on disabled people which led to a vaccination programme that overlooked their special needs.

The consensus among the experts was that having more women in decision-making roles could have identified, anticipated and ameliorated the gendered effects of COVID-19 policies. A telling example from Ireland is that women on maternity leave were initially not entitled to pandemic payments (the temporary wage subsidy scheme). While this was later corrected, the official response was that excluding women on maternity leave was not a deliberate, 'anti-women's rights' decision. Rather, it was simply that this group of women, and the impact that this policy would have on them, were not considered at the time. The respondent concludes that those issues were not given priority because of the low levels of women's representation in leadership and decision-making in Ireland.

While most of gender+ impacts listed above are covered in other domains, two additional points relating specifically to decision-making can be made. The first is that isolation has limited women's participation in politics. If women are not present in political spaces, their voices are not heard. It also limits the opportunities of women to enter politics. This also applies to decision-making in the workplace. The majority of jobs that have been lost are those which are part-time and often held by women. Many of these jobs have not been replaced and this has an important effect on women's leadership opportunities in the workplace. In addition, remote working can also have a significant impact on women's leadership prospects in the workplace. This concern is also particularly tied to the fact that women prefer to keep remote work as that gives them the flexibility needed to improve their work-life balance. When public transport was all but suspended, women were disproportionately affected as they rely more on public transport. Working women with disabilities were highlighted as particularly vulnerable in this regard.

The second aspect relates to diversity in decision-making and the role NGOs have played in the response to the pandemic. According to the workshop participants, one significant consequence of the 'war mentality' where decisions had to be taken rapidly, is that even though committees on vulnerable people were set up, these were mainly composed of senior civil servants, without the direct representation of members of those vulnerable groups. There has been a lack of consultation with civil society organisations in policy responses. For example, while women NGOs have been required to be engaged in the provision of frontline services, they have been excluded from decision-making.

The interview respondents argued that civil society had played a role in identifying the problems and putting pressure on government to change its policy. In one policy sphere, that of violence against women, pressure from NGOs in the area led to a more proactive response from the Irish government in terms of providing additional funding to address the increased demand for services and reassuring that victims/survivors of domestic violence could leave their homes (and thus break the strict lockdown rules) to seek safety. However, the respondents were critical of the absence of marginalised women's views. Traveller and Roma women, women in the migration and asylum process, women with disabilities and women living in care homes and other institutional settings were identified as needing inclusion in decision-making. One respondent pointed to the dangers of women being subject to significant online abuse when they came forward in the public arena, and that the intersections of sexism, misogyny and racism were powerful instruments for silencing women.

Narratives of groups made vulnerable in decision-making and politics

One of the main questions of interest in this domain is whether the response to the COVID-19 crisis has led to increased gender imbalance in decision-making and politics. The reverse is also of interest: has the gender imbalance in decision-making affected the response to the COVID-19 crisis? In the narratives there are few, if any, direct references to these problems. There is, however, widespread discontent with how the pandemic has been handled and thus, indirectly, with the decision-making processes behind it. Although it means taking a slightly broader view of the decision-making domain than the one indicated by the questions above, this discontent is important to highlight as a lack of trust in public institutions is strongly linked to inequality. Also, while the narrators do not speak of it as a question of gender inequality, some do call for a more inclusive decision-making process both in the areas that matter in their everyday life, not least their working life, and in politics in the wider sense.

Problems and inequalities in decision-making and politics

The narratives which directly critique government responses fall into three broad categories: the first expresses disappointment in the lack of support provided by the government; the second describes policy as either unclear, nonsensical, or unjustified; and the third is more concerned with infringement on personal freedom. The first type of sentiment was usually expressed in relation to specific groups in need of support such as single mothers, university students, migrants, homeless people, artists and freelancers. These, and others, were seen by some of the narrators as neglected by the government responses, and they believed more should have been done to help them, either financially or in other ways. There are also a number of narratives that bring up small business owners as particularly hard hit. As Lena from Germany puts it:

I cannot imagine the stress and problems self-employed people had during the pandemic. State support was definitely unequally distributed, I don't believe that large companies had to struggle, it's always the little self-employed person who

suffers most (Lena, aged 39, Germany, NAR_DE05).

There are also a number of examples in the narratives of policy decisions that appear ill-thought-out to the narrator. Doris, for example, is a mother from Austria who objects to the obligation to wear a face mask in school. To her, this obligation made no sense in an age group that did not know how to use them properly. She is also highly critical of the school closures. In her opinion, closing schools was never justified and did not consider the immense psychological consequences for children (NAR_AT05). Sandra, a member of a religious order, questions why only ten people are allowed to attend a funeral when there are far more people in the supermarkets any given day. This makes 'an already hard life event, even harder to process' (NAR_IE01). Viktoria, a mother living in Estonia, sees closing playgrounds as non-sensical as 'children would still play together, just now without the equipment!' (NAR_EE04). A few of the older narrators also point out that many of the restrictions that were put in place to protect them actually left them feeling more vulnerable and helpless:

When they let us go shopping in the abnormally early morning hours (from four to seven in the morning), I went to see what it looked like [...] Older people who stand in silence, in the dark, in the cold, with tortured, helpless facial expressions. I was on the verge of tears. I realised that we could give up everything, everything material, but not freedom (Cica, aged 67, Serbia, NAR_RS03).

A policy that does not make sense to the public is bound to cause frustration, as are policies that change too often and are communicated badly. Victoria from Slovenia says 'how the politicians communicated' created a lot of pressure: 'One day this, another day that. Uncertainty. Constant changed of measures' (NAR_SI01). Trying to keep up with constantly changing directives proved extremely challenging to Brigitte, a social worker from Austria: 'The protective measures were constantly adapted, and by now the catalogue we are supposed to follow has 52 pages' (NAR_AT03).

Uncertain of which rules to follow, in the end she felt she was left fending for herself:

This feeling of insecurity was not mitigated by the government – there was little support. I had the feeling that I had to make my own decisions for myself and my daily work, while my working conditions were getting much worse. I expected a different way of dealing with people from the government. There have been no questions about how we were coping, politicians “didn't see the bigger picture” (Brigitte, aged 59, Austria, NAR_AT05).

The information overload that Brigitte describes is a reoccurring theme in the narratives. As is the opposite: not being given enough information to make informed decisions. In a sense, they are two sides of the same problem of accessing relevant information. As Bethany, a small businessowner from the UK, puts it: 'My biggest gripe throughout the pandemic was that I couldn't find a centralised, trustworthy source of information' (NAR_UK02).

When it comes to communicating information, different media outlets naturally play an

important role. Several narratives are critical of how they have handled this task and they are accused of spreading panic and fear. However, there are narratives that show a more deep-seated lack of trust in not only the media, but their country as a whole:

I consider myself interested in information above average, but I was also surprised that I didn't not know what to do, whom to trust, and listen to. You follow some foreign sources, what other countries have done, how they behave to understand what you as an individual should do. Nothing from our country - just a lot of misinformation, lies, deception. There was a great deal of mistrust (Cica, aged 67, Serbia, NAR_RS03).

Narratives from Greece show a similar lack of trust in the national government:

I was gradually stressed out because In Greece we have a tyrannical government, policing our everyday lives, and stopping peaceful demonstrations with violence and tear gas, The government became very authoritative during the lock downs and this made us feel like we were in a cage. I think that our freedoms are taken away (Elni, aged 48, Greece, NAR_GR04).

Georgia, also from Greece, says the government took 'a very antidemocratic turn' and made unacceptable changes to public spaces, education and employment 'because they knew that it was difficult for people to go on the streets and protest' (NAR_GR03). That ban on public gatherings is also brought up by Franciszka from Poland. She says the 'mass protests connected with LGBT and abortion debates' gained a new 'disciplinary dimension': 'Next to the risk of being infected was the risk of getting a ticket or being arrested by the police' (NAR_PL04).

One final aspect of distrust comes in the form of corruption. Cyprus stands out in this regard as several of the narratives describe situations where knowing the right people is essential for getting adequate help.

Lack of trust in authorities and difficulties determining which sources of information are reliable can have serious consequences. Some of the narratives express doubt that the pandemic is 'real', or at least the severity of it is questioned: 'It is scary when you know that this is a situation someone made up and we have to believe in it' (Lena, 58 years old, Lithuania, NAR_LT01). The narratives also show how the pandemic has caused deep divisions in society. This is perhaps seen most clearly when vaccination is discussed: some see it as the solution to the problem of COVID-19, others see only potential dangers with it and find the pressure to get vaccinated a violation of their human rights.

Facilitating factors in decision-making and politics

As few narrators describe their own experiences of involvement in decision-making, it is difficult to identify facilitating factors that might enable this. Regarding decision-making in a wider sense, however, a few ideas are put forward. A few narratives point out that some problems may have been exacerbated by the pandemic, but their root cause can be found in pre-COVID-19 austerity measures. Hence, pre-existing inequalities will have to be

addressed. This is brought up in relation to the lack of support for vulnerable groups but also to the growth of far-right movements:

We've allowed [the government] to treat us badly as a nation [...] and people's lives have been decimated. When people get put in such a vulnerable position, they'll be significantly more susceptible to these kinds of far-right ideologies (Erin, aged 27, Ireland, NAR_IE03).

Also speaking from the Irish context, Beth argues that what was missing from the government's response was 'the importance of wellbeing and how it can be achieved' (NAR_IE05). She is hopeful for something far more 'holistic': 'I think in the years to come there'll be a far more reflective, analytical and hopefully spiritual take on what COVID-19 has been for people'. As a member of a religious order, she is critical of how the government handled religious matters during the pandemic and the fact that the church was not represented in the decision-making.

There are other, somewhat less optimistic, calls for a more inclusive decision-making as well:

I have my reservations regarding how our government deals with pandemics. The problem is that a very small group of people makes all decisions and with no consultations with representatives from various social groups. Thus, there have been a lot of mistakes. Mistakes have been corrected, of course, when protests from the public arose. However, it is possible not to make those mistakes in the first place. I am concerned that this pattern of decision-making will continue (Ginta, aged 53, Latvia, NAR_LV06).

In a similar vein, Anna from Austria argues that 'many politicians are very distant from practice, they lack practical experience to form laws that make sense. They lack advisors and thus specific knowledge' (NAR_AT01). Doris, also from Austria, shares the view that 'public health measures were rather political decisions than based on expertise' (NAR_AT05). She started a petition against school closures but did not feel listened to: 'The only answers I received were boilerplate emails. This is why, to me, public calls for citizen participation seem to be empty phrases'.

Overall, there are few examples in the narratives of people successfully advocating for change. On an individual level, a handful of the narratives bring up attempts to affect working conditions, usually to no avail. Civil society organisations feature regularly in the narratives. They are usually brought up as providers of support (often covering gaps in the public welfare system) rather than advocates for change but one narrative does offer an example of inclusive decision-making. Margarita and Dolores work for an NGO in Spain offering support to homeless women. They explain that the local government were more concerned with getting the homeless off the streets than to protect them but, nevertheless, they 'spoke with social entities and launched an open call to fund social projects' (NAR_ES04). The narrators received funding for a project caring for homeless women, the project was a success and none of the women were left without accommodation:

To this day, the government continues to finance the hostels. Although we are

always critical, it must be said that this time they did well, and that project has benefited many people. There was also a lot of involvement and solidarity from civil society and organisations (Margarita and Dolores, Spain, NAR_ES04).

In terms of silences, one could argue that much of this section has been about silences in decision-making. Sometimes these silences are put forward in quite general terms and 'ordinary people' are seen as excluded from the decision-making process. Considering the deep social divisions present in the narratives, and the absence of any real consensus regarding what is in the best interest of 'ordinary people', it is far from clear who best represents them. It is clear, however, that not all have an equal say and that the groups most vulnerable to the negative side-effects of the pandemic are also the least likely to have their voices heard. A telling example comes from Prune, a Cameroonian single mother living in France. She is living and working in very difficult conditions, and she believes the contribution of foreigners like her is not being acknowledged: 'When the president speaks, he only speaks to the French. But we're here!' (NAR_FR03). She adds:

In a poor neighbourhood like this, there should be an open structure where people could come and express themselves. They should have listened, seen what people were going through, how to help them, accompany them. Open places where you don't have to hunt for information. During the lockdown, we also needed to express what we were going through. And that was missing (Prune, aged 43, France, NAR_FR03).

Prune's vision for a space where marginalised voices can be heard is interesting. Positive examples of such spaces being made a reality are missing from the narratives but if they can be found, they could provide valuable insights.

Summary of changes and inequalities in the decision-making and politics domain

Workshop participants and interview respondents agree that there has been a significant negative effect of the pandemic on equal representation in decision-making for women. Representation in this context came through as a combination of two aspects: i) the more formal 'descriptive' representation of women in political and public decision-making roles; and ii) the representation of women's voices and perspectives in decision-making forums. Contributing to women's declining participation in decision-making during the pandemic are underlying stereotypes portraying men as strong leaders and women as care givers. When political decision-making went into crisis management mode, these stereotypes were reinforced and a 'war mentality' that emphasised quick decisions concentrated power in the hands of a small group of people (mainly men) at the expense of more inclusive decision-making.

According to the experts, the dearth of women in decision-making and the lack of a gender+ perspective in policymaking meant that many of the negative policy effects on women, and other vulnerable groups, were not considered. These effects can be seen in all

domains but work and labour market, the gender care gap, gender-based violence and access to healthcare are specifically highlighted. Consequently, there is a need for increased inclusion of women in general, and marginalised women in particular, in decision-making. Ethnicity, migration status, disability and age were mentioned as important inequality grounds in this regard. Civil society organisations can play an important role in making marginalised voices heard and some of the interviewed experts praise their role in identifying problems and putting pressure on government to change its policy during the pandemic. However, civil society organisations were largely excluded from the actual decision-making process.

That isolation has limited women's participation in politics is apparent and is highlighted by the experts as well as the narratives. Some narrators suggested that their governments were using COVID-19 as an opportunity to introduce controversial policy measures knowing that people would not be able to protest them as public gatherings were illegal. Since the narratives focus more on the lived experience of the participants, direct comment on decision-making and representation are quite rare. A more general sense of dissatisfaction with politicians that are 'out of touch' with reality is apparent, however. Apart from showing the effect that a lack of inclusion in decision-making can have on women's everyday life, the narratives show how the pandemic has reduced trust and deepened divisions in many countries, something that could have a negative effect on equality in the long run.

The Gender Care Gap

A prosperous and social Europe depends on us all. Women and men in all their diversity should have equal opportunities to thrive and be economically independent, be paid equally for their work of equal value, have equal access to finance and receive fair pensions. Women and men should equally share caring and financial responsibilities. (EC Gender Equality strategy 2020-2025).

Several studies have already pointed to the care domain as one being of particular concern in the wake of the COVID-19 crisis. The European Commission (2021) concludes there has been a waste potential impact on the care domain through the COVID-19 crisis. Already prior to the pandemic the share of household work and childcare activities are very unevenly distributed between women and men, with women spending the majority of the total hours that informal care work demands. This has effects on women's participation in the labour market, contributing to women's high degree of part-time work and to the gender gaps in employment and pay. The impact of the uneven distribution of care responsibilities and unpaid work is expected to be aggravated by the limited if not lack of access to care facilities during the COVID-19 pandemic. EIGE furthermore concludes that a new form of unpaid care has emerged due to the move to online schooling, especially for women, who spent more time than men to assist children in their home schooling. Women spent, on average, 62 hours per week caring for children (compared to 36 hours for men) and 23 hours per week doing housework (15 hours for men).

Gendered inequalities and variations in the gender care gap domain

In the workshops and interviews respondents were asked how COVID-19 policy responses have affected gender roles in care work in different target groups. They were also asked to reflect on policy and civil society responses, silences, and ways forward.

Inequalities with focus on the gender care gap

The general reflection from both workshops and interviews regarding inequalities due to COVID-19 pandemic and its policy responses in the domain of care work relate to the lockdowns, laws about movement restriction, propositions concerning the labour market, and the closure of schools and childcare facilities. Even though the effect of the general policies varies from country to country, depending on the existing social services systems, labour market characteristics, cultural beliefs, gender stereotypes, and other factors, the workshop participants underlined how the gendered effect on the domain of care is a stable constant. Moreover, the interview persons (all of which are experts in the field of the gender care gap; one from Czech Republic and two from the UK;) emphasised the widely shared fact that the COVID-19 pandemic and related measures have significantly affected the care domain and widened the existing gender care gap.

Five groups were identified as especially negatively affected by the pandemic based on their status in relation to the inequality grounds gender, class, age, disability, and ethnicity/nationality/migrations status: women as single mothers or frontline workers; people with insecure working contracts and those living in poverty; elderly people living under increased isolation; people with disabilities who did not get their needs met; and migrants and refugees living in precarious situations. Of the mentioned inequality grounds, especially gender and class stand out.

First, in the workshops and the interviews, lone parents (mainly single mothers) are described as a group particularly hit by the pandemic, in terms of worsened mental health, increased risk for unemployment and poverty, and increased demands of domestic work, unpaid care and home-schooling due to the closure of schools and childcare facilities. Although there is a focus on mothers, the situation of fathers was also mentioned. It was reported that fathers' participation in childcare had risen in some countries, at the same time as the conditions for new fathers were difficult due to lockdown measures. The situation for caregivers generally (usually women) is described as constrained, especially when being responsible for several dependent groups, for example children, people with disabilities, and elderly. Also, frontline workers, most of them women, are positioned as a vulnerable group as they were heavily engaged in caring for those who fell ill during the pandemic.

Second, workshop participants and interviewees underlined the importance of paying attention to women's situations as workers in terms of class. When schools and childcare facilities were temporarily closed due to lockdowns, women with temporary and unsecure working contracts and poorly paid women were disproportionately affected when they had to prioritise unpaid care work and home-schooling before paid work.

Third, age is brought up in the workshop and interviews in terms of elderly people's mental health under conditions of increased isolation, digital literacy, and - which is of more explicit interest from a care perspective - the worsened situation for elderly people as recipients of care (from both formal and informal care workers). Fourth, the situation of people with disabilities was described in a similar way, since the conditions for caring for people with disabilities impaired (for formal as well as informal carers) during the pandemic. Fifth, the situation of migrant and refugee mothers was mentioned in relation to school closures. It was said that some groups of migrants and refugees did not have access to proper information and lacked equipment or digital training for helping their children with home-schooling, which, indeed, also is a form a care work.

Variations in the impact of COVID-19 policy and societal responses to the gender care gap

When discussing the variations in the impact of COVID-19 policy and societal responses, the workshop participants and the interviewees focused on two groups and related examples: single parents (mainly mothers) and men's/fathers' greater involvement in childcare. The following four specific policy and societal responses were mentioned and discussed by the experts: closures of schools and childcare facilities; economic compensation; NGO based initiative focusing on vulnerable groups; and restrictions limiting or promoting men's/fathers' childcare.

First, some of the problems related to closures of schools and childcare facilities have been mentioned in the previous section and will be elaborated further in the section on narratives below. However, the experts stressed that school closures were a problem especially for single mothers. Due to the unavailability of informal child-care from grandparents, lone parents often had difficulties taking care of their basic needs and errands. Similarly, single parents caring for disabled children or family members saw a twofold increase in their problems during periods when care services were closed or limited. Second, school closures (and lockdowns more generally) were discussed in relation to various forms of economic compensation for individuals, for example furlough schemes and temporary parental leave/care allowance benefits. Such policies were criticised by some due to delayed payment, low payment or low coverage rate. The latter meant that single mothers were not always included, since representatives of this group often have temporary, part-time, limited, or informal work contracts. However, the participants also found paid leave policies necessary as schools and childcare facilities in several countries were kept closed. Some participants welcomed the prolongation of temporary paid leave reforms, which mitigated the effects of school closures. At the same time, the experts expressed worries for the future economy of women and mothers (whether single or not). The respondents emphasised that an unintended effect of school closures in combination with paid leave is that women risk prolonged absence from work and regular income, which will most likely negatively affect their position on the labour market.

Third, an overall theme in the workshops and the interviews is the role of NGOs and other

volunteer-based initiatives. Through their various societal responses to the COVID-19 pandemic, they became important actors in mitigating the adverse effects of the pandemic according to the participants. NGOs were said to play a critical role in assisting vulnerable groups filling the gaps of public services that shut down or were limited. Several examples of social initiatives given by the experts focus on single mothers, such as providing advocacy work, food and clothing, psychological support, and counselling activities. While such societal initiatives may have mitigated some of the worst consequences of the COVID-19 pandemic and its policy response for single mothers and other groups made vulnerable, some experts express worries for an increased dependency of civil society rather than providing policy-led solutions.

A fourth group of policies that was discussed is more explicitly related to the situation of men and/or fathers as carers. A policy with a negative impact that was mentioned concerns visiting restrictions in hospitals, which limited fathers, as well as other carers, to support their birthing partner and to bond with their new-born baby. Furthermore, it was said that non-resident fathers were less able to see their children during lockdowns. However, positive examples were also given. Participants doing research on fathers stressed that the pandemic produced new and more extensive practices of family and community participation among young fathers and practices of caring masculinities. Here, ongoing studies in several countries were discussed. For example, one expert mentioned that preliminary data from Turkey shows that men also contributed to increased household work, while another expert mentioned that UK fathers were able to be more involved in childcare and household work if they worked from home.

Finally, the participants shared their thoughts on how to design policies pertaining to the domain of care. It was argued that authorities need to consider the situation of especially vulnerable groups and the potential intersection of various inequality grounds (socio-economic status related to different types of jobs, sectors, and working arrangements) rather than creating one-size-fits-all measures. At the same time, policies focusing on the domain of care and work-life balance must be accompanied by raising awareness initiatives tackling existing gender stereotypes according to the respondents.

Narratives of groups made vulnerable in the care gap

The narratives illustrate that closing the care gap is a political goal vulnerable for rapid societal changes and crises. The section is centred around school-closures and their gender gap consequences.

Problems and inequalities in care

The first and most pervasive problem appearing in the narratives is school closings and, related to this, online-teaching from home. Here, school closings refer to short-term, long-term, partial, and full closings of schools and various forms of early childhood education and care-institutions (ECEC). Many narrators are upset with school closings:

The major challenges came with remote learning. In the beginning the school kept

all the schedule with all the classes [...] It was madness, it was too much for the child and for us, parents. (Elžbieta, aged 41, Lithuania, NAR_LT06)

The day-care announced us they had to close for 30 days initially, during the state of emergency. Then this period was extended again and again and again. I was pressured to give up my job because the day-care she was in closed down and there was no one to babysit my daughter while I was at work. (Adriana, aged 18, Romania, NAR_RO02)

School closings have triggered several problems related to gender and care: a nearly limitless work-life dynamic; increased responsibility for children's psychological wellbeing; and neglecting to care for personal needs. Regarding work-life balance, the multiple roles that many of the narrators had to take on during school closings – partners, mothers, paid and domestic workers, and 'teachers' – were demanding. Dayana, a single migrant mother in Bulgaria, reports that 'it was tough to manage finding a job and then working, while also taking care of the children at home and taking part in their studying' (NAR_BG06). Jana, a Slovakian teacher, speaks about blurring boundaries:

I spent all the day in the kitchen, teaching, cooking, being with my family. And a dog was there, sometimes even two. [...] It was the only place during the day. I worked, cooked, worked again, the boundaries were blurred.

Lisa, a Dutch single mother, has a similar experience:

The pandemic was an attack on my private life. I had no feeling of "switching off", as I worked from home every day. The fact that I am living in a small house did not help, because my living room became my workplace. I had no space for a separate work, and I had to work from my living room table instead of a desk. From the moment that I also had to become 'a teacher', it became too much. My daughter Iris was not allowed to go to school and also the childcare was closed. She did not qualify for the emergency childcare, as I am not exercising a vital occupation. This led to multiple mental breakdowns for me at home. (Lisa, aged 36, Netherlands, NAR_NL02)

The narratives on work-family balance and the increased burden on women as 'family generals' (NAR_SK02) can be understood in relation to the intensification of telework and digitalisation. Teleworking is 'definitely a double-edged sword' (NAR_IE02), since it both enables working from home and limits the possibility to separate paid work in the labour market from domestic work during school closings. Not going to a workplace outside the home has led to an increased amount of household work: 'I miss my intellectual side, I am reduced to household', says Lora, a Latvian mother on parental leave (NAR_LV01). Many narratives also concern work-family balance and teleworking in relation to housing, especially overcrowded homes and/or lack of private space. Maria, who combined teleworking with caring for both her daughter and mother at in her small apartment, says: 'I never had space, there was never peace and quiet. It was really claustrophobic' (NAR_BG01).

In the narratives, it is often reported that women, as mothers, take on increased responsibility for children's psychological wellbeing. Issues like children's wonder about 'non-hug' policies, fear of the pandemic, avoidance behaviours, and panic attacks are emerging. Angelika from Poland, mother of one child, says: 'Lockdown has also affected our child's mental well-being. I spoke with other people and they admit that their children became more tearful, they missed their caretakers and peers' (NAR_PL03). Tiina from Finland even says that her six years old daughter 'backtracked' and did not dare to go out (NAR_FI04). In Tiina's narrative, it is emphasised that this new fear was an effect of her daughter not attending ECEC, which formally was not closed. Children's psychological needs thus required 'a lot more emotional work', as it is described in yet another narrative (NAR_LT06).

Women's heavy workload during school closings, have, for some, led to a neglect of personal needs. Caring for oneself is an often-overlooked form of care work, but a precondition for keeping up with caring for others. Madalena, a Greek single mother, reports that her 'personal life has diminished' (NAR_GR08). Likewise, Maria, a Bulgarian single mother, says: 'As a whole, I had to completely ignore my personal needs during the pandemic' (NAR_BG01).

Moreover, the effects of school closing seem to have worsened if women lack support networks. How it may feel not having access to practical and/or emotional support is described by Anna, a Czech mother of four children:

I had to take care of distance learning, which was really difficult as I had no external support – either from grandparents or from the school or other institutions that did not consider our precarious situation and my elder daughter's learning difficulties. (Anna, aged 41, Czech Republic, NAR_CZ05)

Another worsening factor during school closings is the gender unequal distribution of childcare responsibilities. This finding is recurring in the narratives of divorced women as well as in the narratives of cohabiting/married women. Fahrida, an Algerian woman and mother of three children living in France, says: 'My husband doesn't have patience with school work [...] I'm the one who does it' (NAR_FR06). Lisa, who is divorced, experienced non-support from the father of her child during the pandemic:

The discussions I have with him cost me even more energy. For example, he didn't think that Iris should go to daycare after school because it was not safe due to corona. Well, that is a fair point to make, but I had to take her from school as he worked at those hours. That is easy to say, but I also have to work and cannot take care of everything on my own. (Lisa, aged 36, Netherlands, NAR_NL02)

Besides the problems described so far, a second form of care gap emerges in the narratives: the dynamic between enabling and disabling women's care for children and elderly. In some narratives, it is reported that children's access to special needs education, therapy, and general practitioner consultations were limited to a minimum during the pandemic. Likewise, narratives from some new mothers indicate that the support from parenting

settings, such as post-natal care and playgroups (or similar settings), has not been efficient. Thus, some mothers have performed childcare under conditions that have not enabled, but rather obstructed, their ability to care for their children.

Concerning caring for the elderly, the narratives describe both an increased burden of care-work and a will to perform more and embodied care-work. Thanks to teleworking, it has been possible to combine caring for elderly parents and paid work even under strict lockdowns. However, this extra burden is demanding. Isabel from Portugal, who cancelled her granny's home care service and took care of her herself, says: 'teleworking brought more work opportunities but in what concerns my personal life it was very negative since I'm an informal carer' (NAR_PT02). In other narratives, not being able to care for elderly appears as a central theme. The need for protecting elderly from getting infected is generally not questioned in the narratives. However, being hindered from physically caring for loved ones creates stress, loneliness, and grief. Willemijn from the Netherlands says: 'I could not touch or hug my parents and I lost my freedom too. Calling my family and friends [...] helped me with my loneliness, but I still missed the physical aspect. (NAR_NL06). Sloboda from Serbia, whose parents live in another city, misses seeing and helping them practically: 'I kept asking myself, looking at the elderly home users, what is happening with my parents, who is getting their groceries, who is visiting them, are they safe, and do they have everything they need?' (NAR_RS05).

The most salient inequality grounds regarding gender care gap are (except for gender in itself, including motherhood): class, disability, and age. Several of the problems and solutions pointed out - such as (non)flexible working conditions, housing, financial security, and time - are class related. Moreover, disability and age are prominent inequality grounds; people who are particularly dependent on the care from others, for example due to disability or young/high age, have a precarious condition during the pandemic. The narratives indicate, not surprisingly, that women have engaged in more intense care-work of those who are the most dependent. The focus on gender, class, disability, and age in the narratives on gender care gap, also means that there are important silences. Considering the number of migrant care-workers in Europe, the narratives contain very few experiences of how care is linked to race/ethnicity and nationality. Moreover, due to the focus on care in relation to heterosexual coupledom, narratives on how care is linked to sexuality and gender identity are missing.

Facilitating factors in the gender care gap

Five types of facilitating factors occur in the narratives: keeping schools and childcare facilities open, financial security, work, interpersonal relations, and individual coping strategies. Many have suffered from and are disappointed about the decisions about closing schools. However, there are some exceptions in the narratives. In Iceland, for example, 'the schools were open and running at that time' (NAR_IS05). Olga, a single mother, describes this as fortunate, since children already suffered from 'we do not hug anyone that does not live with us'-restrictions. Keeping schools and ECEC-settings open thus stand out as a clear

wish in the narratives.

The narratives indicate that having access to financial security under the pandemic reduce the level of stress and uncertainty. Having a regular income at a decent level - whether it is a salary, an unemployment benefit, paid parental leave, or something else - does not lessen the amount of care-work or domestic work per se. Rather, a stable income makes it easier keeping up with the combination of increased isolation and care-duties. Alexandra, an unemployed migrant mother living in Iceland, gave birth during the pandemic. She has experienced loneliness and isolation at home during her parental leave, but describes her financial situation as something that makes the life as primary care easier: 'Financially it was not so terrible because I had worked for so many years, I had a right to all these benefits' (NAR_IS06).

How work is organised affect how women perceive care-work and domestic work under the pandemic. First, having a job to go to is generally described as a relief, although there are many examples of fear and irritation regarding unsatisfactory protective measures at work and in public transport. Second, flexible working conditions (for example flexible hours and teleworking), are most often experienced as something that mitigate the worst effects of extra care-work and domestic work during school closings. Some women report that they appreciate the generous attitudes of their employers as well as their husbands' employers, thanks to which they are accompanied and unburdened during the days of lockdown at home. With that said, teleworking is not portrayed as something that, per se, helps women combining their roles as carers and workers.

At the interpersonal level, shared responsibility between partners, other forms of support from partners/ex-partners, and access to support networks turn out to reduce the gender care gap. Doris, who found school closing and teleworking almost unbearable, expresses the value of living in a gender equal relation: 'My husband and I took turns, one of us was responsible for home-schooling and looking after the children, while the other person was working' (NAR_AT05). Similarly, others talk about the reduced burden of child-care thanks to practical and/or emotional help from friends and family, or, as in Maria's case below, from an ex-partner:

The girls' father was helping by taking them to walks in nature. This was a lifesaver because I could have some time to work and to be alone. But he couldn't help financially, so taking care of them financially was mostly on me. (Maria, aged 45, Bulgaria, NAR_BG01)

At the individual level, one coping strategy has been observed, namely a new approach to or understanding of time. Time is generally described as something that is perceived as both too hectic and too slow. Some seem to have found a greater acceptance in this, especially in relation to spending time together with children. A typical example comes from the narrative of Jasmin, who lives together with her husband and son. A calmer way of living seems to be one of the few positive sides of the pandemic:

We spent more time with our children and were forced into a slower, calmer living,

which did definitely show us that we need to reflect on our lifestyle and see the positive side of slowing down and not working. (Jasmin, aged 52, Germany, NAR_DE06)

Summary of changes and inequalities in the gender care gap domain

Many of the issues addressed by the public authority, NGO and academic inequality experts, and the individuals who were interviewed about their personal experiences, overlap. The data are in line with the growing evidence across Europe, especially in relation to the severe impact of lockdown as a policy response. The experts and individual interviewees address how movement restrictions, labour market changes, and the closure of schools and pre-schools have changed the conditions and need for women's care work during the pandemic. Women have been disproportionately impacted by the COVID-19 crisis due to care responsibilities that for many have increased. Moreover, the analysis of the workshop and expert interview data substantiate previous research and findings in RESISTIRÉ on the impacts of COVID-19 and its policy responses: more women than men have lost their jobs and livelihoods due to increased caring responsibilities and, therefore, risk long-term severe economic situations and mental health problems (Stowell et al. 2021). In all materials, especially in the narratives, the precarious situation of single mothers and women with multiple caring responsibilities provides concrete examples of what it is like caring for the most dependent and, at the same time, adapting to home-schooling, teleworking, and social isolation. Thus, women's care work has not just increased in volume; it has expanded in scope, changed in conditions, and been performed under new and precarious conditions.

The most salient inequality grounds intersecting with gender in the narratives are, in descending order, class, age, race/ethnicity, and disability (see table 6). This tendency is reflected in the workshops and expert interviews as well, in which the participants stress the interrelation of the impact on women's personal and gendered lives with socio-economic inequalities, and inequalities related to age and disabilities. The material also shows that the pandemic has affected migrant workers and refugees considerably, in that many of them lacked the equipment to work from home or to help their children study. Such forms of hindrances have caused extra pressure on women in general and especially already marginalised and vulnerable women, thus complicating the already (before the pandemic) complex relational dilemma of caring for others as well as oneself, by taking personal needs seriously.

Gender-Based Violence

Everyone should be safe in their homes, in their close relationships, in their workplaces, in public spaces, and online. Women and men, girls and boys, in all their diversity, should be free to express their ideas and emotions, and pursue their chosen educational and professional paths without the constraints of stereotypical gender norms. (EC Gender Equality Strategy 2020-2025).

The European Commission (2021) concludes that gender-based violence continues to be a severe problem disproportionately affecting women and girls. Gender-based violence is at the core of gender inequalities and constitutes a major barrier in the path toward gender equality. The report furthermore concludes that gender-based violence against women has amplified during the COVID-19 pandemic. Earlier studies have shown that domestic violence increases during crisis and the COVID pandemic has confirmed this with lockdown measures playing a significant role. Several EU Member States reported an increase in domestic violence in the spring 2020, one example being reports on domestic violence in France that rose by 32% during the first week of lockdown (for an analysis of the (lack of) quantitative data on gender-based violence during the pandemic, see Stowell et al. 2021). In intimate relationships, domestic violence increases when there are children, where there are previous experiences of intimate partner violence, among economically disadvantaged groups, and in couples where both partners are in lockdown. The risk of physical, sexual, and psychological abuse is further increased by stress related to financial uncertainties such as loss of employment during the pandemic. The report concludes that even after lockdown measures have been lifted, long-term socio-economic consequences are likely to prevail that will lead to further increases in intimate partner violence.

Gendered inequalities and variations in gender-based violence

In the workshops and interviews respondents were asked how COVID-19 policy responses have affected patterns of violence for vulnerable groups. They were also asked to reflect on policy and civil society responses, silences, and ways forward.

Inequalities with focus on gender-based violence

All workshop participants and interviewees (one from Turkey; two from Spain, one of which from the Basque region) reported that lockdown and confinement measures increased inequalities related to gender-based violence and made the tools to combat GVB more difficult to access. The notion of home as a place of safety, which forms the basis for policy on isolation and/or confinement in the home, was problematised since it neglects and worsens the situation of victims/survivors of multiple forms of gender-based violence in the home. The most salient inequality grounds emerging in the workshop and interviews relate to gender, class, and migration status. To a lesser extent, age, sexuality, and gender identity were discussed. Generally, it was concluded that women by far have been the most disproportionately affected group in the context of gender-based violence. More specifically, the situation of the following three groups of women were particularly stressed: women living with perpetrators; women in trafficking or prostitution; and undocumented migrant women.

First, women living with abusive partners were reported to have experienced increased violence and violations, increased levels of vulnerability and isolation, and reduced work capacity. These increases were said to be exacerbated by the removal of access to escape routes, whether to friends, family, or alternative accommodations in shelters. The latter, difficulties in accessing services and reporting violence were widely discussed during both

the workshop and in the interviews. Even in countries where services related to gender-based violence were declared essential there were still obstacles for women to get the information and access these services. Yet another problem related to this is women's financial dependence on their partners. This problem, which indeed is a matter of social class, was emphasised as problem that has increased with the COVID-19 pandemic. Moreover, women with low digital literacy were reported to be vulnerable since they could not make use of digital solutions for contacting services without being overheard or leaving traces. Such tools exclude those who do not access to devices and networks, and those who do not have the skills to use existing devices or networks. Furthermore, lack of coordination with police officers and other actors involved made some services virtually non-accessible. To illustrate this, one workshop participant from Spain commented that police officers did not intervene, unless an imminent risk existed, and dismissed women's requests for help, saying they could not go to the police station to file reports due to the health emergency.

Second, the situation of girls/women in trafficking and/or prostitution was accounted for by the participants. Girls in trafficking stayed with their exploiters as they had no home. Likewise, women in prostitution were forced to work without any security measures.

Third, undocumented migrant women in detention centres were reported to be left on their own, as NGOs could not visit them. It was mentioned that in some countries, governments temporarily regularised migrants by extending deadlines to apply for permits, although there were doubts as to the impact at individual level (for example due to language barriers).

Variations in the impact of COVID-19 policy and societal responses to gender-based violence

Regarding the variations of the impact of COVID-19 and its policy and societal responses, the participants mentioned several general problems, such as lack of escape routes and shelters, the shift to working from home, closure of schools, increased isolation, and the notion of home as a safe space. In addition to these problems, the following concrete policy responses were discussed by the participants: policies targeting 'mainstream' women; digital solutions; accommodation; vaccination; stereotypes; and reporting of gender-based violence.

First, public response was said to target mainstream women, and services and public policies were criticised for not being prepared to address intersectionality. Thus, women with other vulnerabilities fall into the gap: homeless, migrants, refugees, with disabilities, etc. This means that violence from family members (fathers, brothers, and sometimes mothers) is usually not considered, and that support mechanisms are mostly designed for married heterosexual women with children. Linked to this, one participant mentioned that LGBTQI+ people were particularly vulnerable. Being home was dangerous for them since they could not be open with their families and could face violence.

Second, digitalisation was a reoccurring theme in both the workshop and interviews. On the

one hand, tools to access services have turned digital to overcome physical/social restrictions and ensure access to support services and mechanisms. Digital solutions (WhatsApp, apps with geo-location, etc.) allowed contacting services without being overheard or leaving traces. On the other hand, all do not have the digital literacy to make use of such tools. Moreover, while the internet has expanded communication capacities, it has also become a site of violence and a tool to facilitate violence, gender-based hate speech, and crimes.

Third, lack of accommodation for victims of gender-based violence was a widespread issue as shelters were insufficient. An example of a solution that was mentioned is that in Italy there was a project to host women and children-victims/survivors of gender-based violence in hotels. They obtained all services offered by the NGO involved (for example education, and psychological and legal counselling). COVID-19 tests were provided, and, in case of positivity, the women were transferred to other accommodations. Likewise, in some places the local authorities had agreements to find hotels for victims of gender-based violence, funded by the government. However, it took two months to have this project running and it was an exceptional initiative.

Fourth, the participants mentioned that access to vaccination was limited among undocumented women in prostitution, as they during lockdown had no access to most emergency resources. However, an NGO-based initiative was mentioned. An organisation reported that women in prostitution were going to be vaccinated in the NGO's centre, and that contacts were established through digital tools.

Fifth, the issue of stereotypes of victims of gender-based violence was raised and problematised. Here, an Italian initiative was mentioned. It was reported that there were initiatives to avoid stereotypes and prejudices in the media, focusing on abandoning the stereotypical narrative about women facing intimate-partner violence.

Sixth, reporting of gender-based was complicated during lockdowns. Therefore, one promising practice discussed in the workshop was to use pharmacies as a point of contact to raise the alarm and as information and diffusion point about gender-based violence. This practice emerged in Spain and spread out through several countries (for example Belgium, Italy, and Portugal). In pharmacies, asking for a special mask (Mask-19) meant asking for help. It was an alternative way, known by people, and pharmacies were shops that always stayed open. However, one participant mentioned that this still would not work for homeless people, who could not access pharmacies easily. A different solution was reported from the participant from Sweden, where services were held in the open (which was possible since there was no total lockdown/confinement in Sweden).

To finalise, the participants underlined the need to address the intersectional nature of gender-based violence, which policy responses failed to consider. The intersection of gender and age (including children's conditions), sexual orientation, and gender identity emerged as particularly relevant to explore further. Several participants agreed that the solution to gender-based violence should go beyond the provision of safe accommodation

and tackle financial dependence. The latter is a reminder of the overlapping nature of policy domains, in this case the relation between the domains of gender-based violence, gender pay and pension gap, and economy.

Narratives of groups made vulnerable in gender-based violence

The narratives indicate that the pandemic has exacerbated the situation of victims of gender-based violence. Considering the fast pace of the first research cycle, including the short time to recruit and interview respondents, and the general difficulty to gain access to this particular vulnerable and marginalised group, the six collected narratives providing victims/survivors stories on gender-based violence can be considered remarkable.

Problems and inequalities in gender-based violence

Two main problems related to structural gender+ inequalities stand out: lack of policy responses, and increased isolation/dependence. The lack of policy responses explicitly addressing women's increased exposure to gender-based violence is a recurrent theme in the narratives. Sabine, who is working for an international NGO in Croatia, reports, based on her work experience, that 'women are very often victims of gender-based violence', and that institutions are 'slow' and 'inefficient' (NAR_HR03). A similar experience of disappointment is shared by Georgia in Greece. Her story regards the prevention and information of gender-based violence:

There are no campaigns to inform women what gender-based violence is, how to protect yourself, how to see the signs of someone who can be violent. [...] The government did not do a lot to inform us about gender-based violence, how to protect ourselves and how to support others. They had a very different agenda, and this just blew. They did not know what to do. They had no policies in place. Their priorities were to promote more births for nationalist reasons. (Georgia, aged 50, Greece, NAR_GR02)

Yet another example of lack of policy response concerns the negligence from the police towards forced sexual work and trafficking. In the following excerpt, 'the back-and-forth to online school' during the pandemic is described as something that triggered the daughters of an already socially vulnerable women to end up in severe conditions. The narrator, Ana from Romania, had to rely on herself rather than the authorities:

My eldest daughters (12 and 13 years old) started to hang out with the wrong people there and to run away from home. One of them has drug issues and fell into a coma at 13 from a drug overdose. The other one was kidnapped and forced into sexual work a few months ago. The police did not help. I found her in a town near Bucharest and rescued her by my-self, but the quest ruined me financially and I neglected my other children even more. (Ana, aged 33, Romania, NAR_RO04)

The second problem, increased isolation and dependence at the interpersonal level, is a general pattern in the narratives, here illustrated in the narrative of Victoria from Slovenia. It is not evident that gender-based violence has occurred in her marriage, but the

unbearableness of isolation within the couple relation is striking in her story:

My husband worked from home and now he retired from work and this was also not very good. We were together all the time. [...] A lot of pressure was created also by constant news reports about COVID-19, as if it was the only thing in the world. Only corona, corona, corona. We were very nervous, a lot of pressure. Fighting for unimportant things. For banalities really. The situation became unbearable. At the end he said I have 14 days to pack my things and get out. So I just packed my suitcases and went to the safe house. [...] Before the epidemic yes, we did fight occasionally, but that is normal. Every couple fights sometimes. But during the time of epidemic it was unbearable. (Victoria, aged 55, Slovenia, NAR_SI01)

The consequences of increased isolation and dependence are emerging in the narrative of Trisha, a migrant woman living in Denmark, who reports that she 'experienced emotional abuse' from her husband. She describes that they 'after a few months [of working from home] were fighting every day', and that the pandemic regulations worsened her situation:

Because of corona I could not go out with my friends and dissociate myself from my husband. I could not even leave the house and that became a major problem. My husband threatened to inform the Danish government about my behaviour if I did something that he did not agree on. He would not leave me alone. (Trisha, Denmark, NAR_DK02)

In Trisha's narrative, her husband uses the pandemic regulations as an instrument for limiting her freedom. Thus, her narrative illustrates that structural gender+ inequalities intersect with migration status and ethnicity. In Trisha's narrative, her migration status makes her particularly exposed, as she, which is underlined by the national researcher, 'does not have permanent residency in Denmark yet' (NAR_DK02). Similar concerns are raised by women working in various NGOs or by other means engaged in the conditions of ethnic minorities. Josephine from Ireland says:

We were very concerned for Traveller women, because their husbands were returning to alcohol and drug abuse. Domestic abuse skyrocketed through the roof during COVID 19 as well as mental health issues. (Josephine, aged 58, Ireland, NAR_IE04)

The problems presented in this section are related to the following inequality grounds: gender, nationality/migration status, and ethnicity. This means that other inequality grounds of potential importance are not made visible in the material.

Facilitating factors in gender-based violence

Two facilitating factors stand out: civil societal responses, and social networks. Starting with civil societal responses, Margita and Dolores, two Spanish women working for an organisation that offers accommodation and care services to people in a situation of social exclusion, report that they supported various groups of women during the pandemic, including victims of gender-based violence (NAR_ES04). Lidia, an Italian woman and owner

of a social cooperative in social care and education, 'received so many calls from social workers and other agencies', and although she normally 'only take in minors' she decided to house women who suffered from gendered-based violence during the pandemic: 'It ended up costing me so much to say no' (NAR_IT05). Maria, a psychologist and sexologist working in an association supporting people in precarious situations in Luxembourg, reports that her NGO had to redirect the organisations' face-to-face work to online-based work. They tried:

[t]o respond as best they could' to people's needs, but 'some problems such as domestic violence [...] remained hidden during this period and only emerged later' (Maria, Luxembourg, NAR_LU06).

Because of the small number of narratives with a 'victims of violence'-perspective, it is hard to estimate the importance of civil societal responses. Nevertheless, the relative silence of formal policies addressing gender-based violence indicates that civil societal responses may have been and still are very important for helping women who have been subjected to violence during the pandemic. Andreea's narrative illustrates this:

Beside my parents, I only received support from NGOs. At the beginning of the lockdown I was in a support group for victims of domestic violence, organised by an NGO. I would do gymnastics online with the other girls in my group. Another NGO, working with vulnerable mothers, offered me the opportunity to follow an IT course, which was not something I really wanted to pursue, but their professional counselling encouraged me to pursue my calling for social work. (Andreea, aged 36, Romania, NAR_RO01)

Further, the narratives make visible the importance of social networks for resisting intimate/gender-based violence during the pandemic. Trisha reports that the support she received from her best friend was crucial, as her husband exposed her for emotional violence during the pandemic. When her best friend due to illness was not as available for Trisha as earlier, 'other women told [Trisha] that [she] could contact them if [she] needed help' (NAR_DK02). Another narrator, Tina, reports that her husband started to physically abuse her during the pandemic. Her aunt and parents helped her leaving the violent relation, and her cousin stills assists with emotional support:

My aunt wanted to come to visit me. I told her not to come; she didn't want to listen, then I had to tell her that he was beating me, but I begged her not to tell my mom and dad in any way. She called them immediately, and they called the police. They came for the children and me and took us to their village. [...] The only person I can talk to is my cousin – she went through the same situation, she tells me not to come back to him in any conditions. (Tina, aged 37, Serbia, NAR_RS04)

To finalise this section, Tina's narrative represents a broader tendency in the narratives on gender-based violence in that formal policy responses are rarely mentioned. Instead, it is the responses launched by civil society, regarding for example sheltering and counselling,

that are highlighted by the narrators.

Summary of changes and inequalities in gender-based violence

Similar problems are reported by the public authority, NGO and academic inequality experts, and the individuals who were interviewed about their personal experiences: increases in gender-based violence, reduced possibilities to report, reduced possibility to escape. At the same time, the already complicated work of preventing and detecting gender-based violence has been even more complicated due to policy measures such as lockdowns and confinements. To this, one could add decreased possibilities for victims of gender-based violence reporting violence, receiving adequate support, and leaving violent relationships. In all, the policies in place before the pandemic and those developed under the pandemic have not been able to meet the needs of victims of gender-based violence. Moreover, political institutions have generally been unprepared for how lockdowns as well as the lifting of restrictions may have exacerbated and triggered gender-based violence. Some of the most common problems reported by workshop participants and experts, which are also represented at a more detailed level in the narratives, are related to increased isolation and the notion of home as an unsafe space. As an effect of increased isolation and dependence on perpetrators under the pandemic, victims of violence have had a harder time receiving professional and informal support, providing for themselves economically, and finding shelters or other forms of accommodation.

The most salient inequality grounds related to gender-based violence across the materials are gender, class, race/ethnicity, and nationality. In the workshops and the interviews, the conditions of women in vulnerable groups are highlighted and problematised, for example women in prostitution and/or trafficking, women in abusive relationships, undocumented migrants, LGBTQI+ people, those not being able to use new digital technologies for seeking support, and those with intersectional inequalities not considered since policy response often address the mainstream. On the basis of the narratives, yet another layer can be added to these findings, since at least a few of the narratives are told from the perspective of women subjected to violence. These narratives underline the importance of having access to various resources - such as a stable income, support networks, and residence permit - thus making visible the interconnections between gender, class, race/ethnicity and nationality. At the same time as these inequality grounds are emerging in the materials, others are somewhat left out. For example, the focus on domestic violence in heterosexual coupledness has resulted in less developed descriptions of the situations of and policies targeting older women, young girls, LGBTQI+ youth, people with disabilities, women who do not report violence, as well as digital forms of violence.

Gender Pay and Pension Gap

The principle of equal pay for equal work or work of equal value has been enshrined in the Treaties since 1957 and translated into EU law. It ensures that there are legal remedies in case of discrimination. Yet, women still earn on average less than men. Accumulated lifetime

gender employment and pay gaps result in an even wider pension gap and consequently older women are more at risk of poverty than men. Eliminating the gender pay gap requires addressing all of its root causes, including women's lower participation in the labour market, invisible and unpaid work, their higher use of part-time work and career breaks, as well as vertical and horizontal segregation based on gender stereotypes and discrimination. (EC Gender Equality strategy 2020-2025).

The European Commission (2021) concludes that on average women earn less than men across countries, sectors, professions, and responsibilities. Furthermore, women are more often in lower-pay occupations than men, even when working in the same sector and in jobs that have the same observable characteristics in all other respects. According to Eurostat, the unadjusted gender pay gap for EU27 in 2018 was 14%. This means that women earn an average of 86 cents for every euro a man earns. Studies also show how there is an inadequate progress on the enforcement of the right to equal pay and a limited follow up of the 2014 Commission's Recommendation on pay transparency. Gender inequalities such as in the labour market, e.g., in relation to the number of years in employment, work intensity and remuneration, result also in a gender pension gap, the size of which also depends on the design of the pension system in different countries. Recent data shows that the pension gap in the EU27 was 30% in 2018 which highly exacerbates the higher risk of poverty among elderly women. In the 2021 report, the European Commission highlights how the pension gap is serious problem especially given the outbreak of COVID-19, as women's pensions are often used to support their unemployed dependents during crises.

Gendered inequalities and variations in gender pay and pensions gap

In the workshops and interviews respondents were asked how COVID-19 policy responses have affected the gender pay and pension gap. They were also asked to reflect on policy and civil society responses, silences and ways forward.

Inequalities with focus on the gender pay and pension gap

According to the workshop experts, women were already in a disadvantaged position in the labour force and the pandemic exacerbated this situation. The gender pay gap has been the headline indicator of the different experiences that men and women have in the labour market. It encompasses occupational segregation, gendered workplace cultures, gender-based violence and gender care inequalities. The participants noted that the trend towards a reduction in the gender pay gap stopped during the COVID-19 pandemic. They indicated this was due to women being more likely to be made redundant and the pause on wage negotiations. Lack of data and reporting was also raised by many of the experts, meaning that changes in pension and pay gaps have been difficult to track.

Cross-nationally, the workshop participants agreed that the gender impact of the pandemic has been largely dependent on parental status and is closely linked to gender inequalities in divisions of caring and domestic labour. There was surprise at how quickly divisions of labour at home became gendered during the pandemic. School closures have had a much

bigger impact on mothers' working hours than fathers', which could lead to a widening gender pay gap both now and in the future. Care commitments and unpaid work were also a key factor behind women's movement out of the labour force and higher levels of redundancy. This has led to greater impacts on gender pay inequalities compared to other economic crises, where an 'added worker effect' has been noted and pay gaps have reduced as a result.

Overall, the evidence on the effects of the pandemic on women's working patterns was mixed. Some experts found women's working hours had increased, others reported a reduction in women's employment. There was, however, consensus that variation in COVID-19 policy effects is partly sector-dependent: while some women's workload has increased (e.g., healthcare workers), women were generally vulnerable due to layoffs being concentrated among those with short-term contracts in female-dominated sectors. The variation in employment outcomes also depend on parental status, as highlighted above. According to the experts' analyses, single mothers have been most severely affected in this regard. Migrants, people with disabilities and self-employed women were also identified in the workshop as groups that were negatively affected. Age is another salient inequality ground according to the experts. Although the situation of younger and older women was usually emphasised, it was noted that issues experienced by the 'sandwich generation', caring for both children and elderly parents, have also been extended by the pandemic response. This was due to the combination of school closures and older people being more at risk of the virus and isolation.

The interview persons, who were all based in the UK, were also asked which groups have been disproportionately affected by COVID-19. The interviewees agreed that women and women of colour in particular have been disproportionately affected. Working class people with low or no income on precarious work contracts were more likely to have been asked to be on furlough, and more likely to have had harmful contact and not felt safe during COVID, especially if they were frontline staff. Black and minority ethnic workers were reported as feeling particularly vulnerable and at risk during the pandemic, affecting perceptions of worth and value.

Variations in the impact of COVID-19 policy and societal responses to the gender pay and pension gap

Of the inequality grounds mentioned in the workshop and interviews, parental status and age were elaborated on more fully. Some more specific policy examples relating to these will be given here. This section also includes a few examples of how civil society has responded to the crisis, as well as a few predictions on how the pay and pension gap may evolve in the post-pandemic world.

Regarding parental status, workshop experts emphasised the gendered way in which households have responded to increased childcare needs (due to school/nursery closures and limits on intergenerational care). This was seen as both a result and cause of gender

pay gaps. Women taking on extra care has led to mothers reducing working hours or leaving the workforce altogether. Experts claimed that governments did not take this into account in policy. The workshop participants recommended that women who left the workforce to take care of children and/or the elderly should be supported by public policy to return to work, for example through subsidies to their employers if they take them back and state-subsidised returners' programmes. The right for stable hours that are easier to fit around childcare would help here too. It was also pointed out that governments have now shown they are able to provide free childcare for key workers during the pandemic and this is something that should be built on, while avoiding the inequalities that have developed between families with and without key workers.

For single parent households even less consideration has been given to how home schooling and care needs would be met. One interview respondent emphasised that 91% of single parents in the UK are mothers so this has been a particular issue for women. During the pandemic, close contact with persons outside of a protective 'bubble' (usually meaning the household) was restricted. The possibility for two single parent families to 'bubble' together was introduced at a later stage, but policymakers did not think about the realities and practicalities of this. Although it sounded like a reasonable idea, bubbling requires regular travelling between different houses, and single parents are much more likely to be living in poverty and struggling to access transport. Another group who is likely to have struggled with bubbling are migrant women as they are less likely to be able to rely on informal networks of family and friends.

Teleworking helped some women to combine work and childcare commitments during the pandemic. However, the workshop experts warn that if women are more likely to want to continue working from home, there is a risk that this could make them disadvantaged in terms of progression as employers are typically biased in favour of workers who come into the office. However, if hybrid or home working becomes more commonplace as a result of the pandemic, these forms of stigmatisation and penalties could decline.

Regarding age, evidence from Turkey found that young women had the biggest reduction in working hours leading to widening wage gaps for this group. It was reported that parents are discouraging their daughters not to continue onto higher education due to care needs at home. Experts warned this could undo the progress made towards equal opportunities and reducing the gender pay gap, potentially by 15 to 20 years.

Another example raised in the workshop was older women leaving the labour market or being made redundant, and the impact this would have on earnings and pensions over the long term. Rather than looking for a new job, older workers who have been made redundant have tended to become inactive. This situation was particularly noted in sectors, such as healthcare, that have seen a rise in demand, resulting in long working hours during the pandemic. Variations in different national contexts were brought up. In an example from Turkey, the prediction is that more women will step out of the workforce at the end of the pandemic and in the UK the nearing end of furlough could exacerbate the rate of

redundancies. In Sweden, this phenomenon was not particularly observed since older women were more likely to have permanent jobs or be compensated by the government. It was also noted that a trade union and employer agreement on better routes to promotion in the care sector had worked well in Sweden.

The self-employed were also negatively affected by the pandemic and one expert pointed to evidence from a European survey indicating that self-employment interacts with age since older people who are working beyond retirement age are more likely to be in self-employment. For those already in retirement, pension income was not affected much by the pandemic, but expenses (such as transport and care) increased leading to the potential for deficits according to the workshop participants.

One of the consequences of the pay and pension gap is that women are more likely to live in poverty than men. In relation to this, interview respondents argued that policy responses in the UK lacked consideration of the multifaceted experiences of those at the lower end of the pay scale. Poor mental health and housing insecurity had knock on effects for the income and employment of women, and therefore policies to ensure the continuation of employment such as the Furlough Scheme failed to mitigate against these issues. With community response, there is a space for trade unions to lead on action on the gender pay gap and organise women workers, particularly in the case of lower paid workers. For example, there are cases being brought against the four big supermarket chains in the UK where female workers are demanding that their salaries match those of men working in the warehouses. Other community level organisations also stepped up to plug the gaps in provision and often did so with offering cash to those in need which was seen as an effective way of helping those in need deal with multiple crises in their lives. Food Banks helped the poorest providing food and toiletries for their families however this was described as nowhere near matching the degree of need. The campaign for Free School Meals was initially put in place by SUSTAIN which was eventually successful in influencing policy. Finally, the Child Poverty Action Group had a consistent agenda for more pay to be provided as other, more specific small-scale projects were seen as only providing a 'band-aid' response to arising crises.

According to the interviewed experts, civil society responded in the best way they could but they often do not reach the people who need it the most because they do not have enough funding to reach those people. For example, limited funding means they mainly work with individuals whose first language is English because translation services are costly. They don't want to be exclusionary, but they have to be realistic because they do not have the money and these choices reinstate existing inequalities.

Regarding economic intersectionality, the interviewees emphasised that many issues combined to make women vulnerable in the pandemic. Stratification along citizenship lines means that undocumented migrants or those with unsettled status often had a total loss of income and had to rely on assistance from civil society organisations as the government response did not consider their situation. Many subsequently became homeless or turned

to more dangerous work as a source of income including many women who became sex workers to support their family. In regard to disability, it was discussed that their access to healthcare lapsed, and many were left with medical and psychological issues as a result of this. Due to the worsening of ailments alongside other issues such as those with chronic energy conditions, many had to reduce their work hours and therefore experienced job insecurity.

When asked if there are any 'silences' that need to be explored further, one expert interviewee suggested that the relationship between violence against women and women's participation in the labour force remains relatively unexplored. Domestic abuse or stalking affects women's ability to progress in work and sustain good quality employment. Women's financial independence is also a key preventative measure for violence against women and closing the pay gap therefore has an important role to play here.

Looking at lessons learnt from the pandemic, the workshop participants discussed best practice from Iceland where the government prioritised funding to female-owned and female-dominated businesses during the pandemic. Women who own companies have traditionally received less money in funding applications. In Iceland, Childcare Allowance was also increased for those with the lowest levels of income during the pandemic. This was thought to benefit women to a greater extent than men, as they have less income.

Speaking from a UK perspective, one of the interview persons suggested that changing and widening the eligibility criteria for carers allowance and increasing the carers allowance would make a radical difference, particularly to women of colour or unpaid carers. Increasing the Universal Credit and Tax Credits was described as making the most positive difference to the lives of poorer people and should be maintained post pandemic. By increasing financial injection initially through wages or benefits for women, there would be a cumulative effect in improving many aspects of the lives of those who are vulnerable. There had also been some laudable ambitions with regard to improving gender equality, but a lack of substance and concrete measures. The interviewees linked this to a lack of intersectional gender competence among policymakers and decision makers.

With regard to community responses, there appears to have been some increased awareness of the importance of key workers in sectors like health and social care and thereby implicitly an increased awareness of the value of women's work. This was seen in the 'clap for carers' initiative, as well as the subsequent popular backlash against this which argued that what key workers needed was more pay not claps. The interviewed expert indicated that there is a general increased support for paying social care workers and nurses more, although it is unclear whether this will translate into any change. The experts concluded that while there is already evidence that women's economic situation have worsened, it remains to be seen what will be prioritised in policy decisions taken in relation to recovery, and how these decisions will affect the gender pay and pension gap.

Narratives of groups made vulnerable in the gender pay and pension gap

The gender pay and pension gap domain overlaps considerably with other domains. It is

difficult to isolate from the work and labour market domain, as well as the wider economy domain, but it is especially interconnected with the care gap domain as inequalities in that domain lead to inequalities in pay and pensions. The more specific contribution of this section lies in providing insight into how the women in the narratives experience the causes and consequences of the gender pay and pension gap in light of the pandemic.

Problems and inequalities in the gender pay and pension gap

One of the root causes of the gender pay gap is the disproportionate amount of unpaid care work done by women. In the narratives, unpaid (or at least underpaid) care work is not limited to the private sphere. Several narratives describe how the capacity to care is exploited in sectors of work dominated by women, not least in the healthcare sector. Carina, who works as a nurse, explains:

But one can't stop working, one can't just go on sick leave. The hospital can't just close down temporarily. And that's what the politicians are relying on. They know that the staff continues to work. They exploit this emotional situation [...] Nurses often work extra hours, because they work with people and have a responsibility. However, these hours are often not documented. This means that staff shortage is even less apparent. It is a cycle (Carina, aged 24, Austria, NAR_AT04).

Carina is not hopeful that the situation will improve since, she continues:

[n]ot even a pandemic caused change'. She describes the bonus they received for all their hard work as 'ridiculous': '[we] got a certificate and a gift watch, engraved with the hospital's name. So we couldn't even have sold it (Carina, aged 24, Austria, NAR_AT04).

The doctors received five times as much. Aysha, who is a geriatric nurse, tells a similar story. She describes working in an 'underrated and definitely underpaid' but 'extremely demanding and stressful' sector and that the small bonus they received for their efforts during the pandemic could never compensate for what they had been through (NAR_DE05). This experience of doing important but undervalued work is not limited to the healthcare sector. Fae, who works as a teacher, shares her views:

When COVID was at its peak it became evident that so called "women sectors" were so important (e.g. teachers and nurses) but it hasn't resulted in anything but empty gratitude. I'm not only talking about the salary but also the infrastructure (Fae, aged 50, Iceland, NAR_IS02).

The cleaning sector is another sector where the, mostly female, workers have not been properly compensated for their work during the pandemic. Alice, a union representative in Luxembourg, describes the hardship of those working in the sector. She quotes one cleaner as saying:

It is all very well to have applause, but at the end of the month, my pockets are empty. Clapping doesn't pay' (NAR_LU02).

The overall impression given by the narratives is that the gratitude shown towards women working in sectors that have been highly affected by COVID-19 has not been translated into improvements in pay. Hence the narratives offer little hope that the pay gap will narrow as a result of the pandemic.

As well as being properly compensated for one's work, the regularity and reliability of the income is also important. In terms of job security for the healthcare workers represented in the narratives, the risk of exhaustion from overwork was considerably higher than the risk of unemployment. Overwork is, of course, not sustainable in the long run. But it is also uncertain whether the relative job security of healthcare workers will remain post-COVID-19. Ane, a nursing assistant, describes her working conditions as highly precarious as she has no fixed contract and schedule. She often does more hours than she is employed to do as: 'you are afraid to reject the proposal in case they do not call you again' (NAR_ES06). These types of contracts, she explains, have become increasingly common and women like her end up working on them as there is little else available to those who try to fit in paid work around caring for children or elderly parents.

Ane's narrative is not the only one that shows how the care gap and pay gap are related. As seen in the section on the gender care gap, school and childcare closures have had a major impact on working mothers. The narrators often describe taking the main responsibility for their children's care during this time which has increased their share of the unpaid care work considerably. Some women had to give up working entirely, others reduced their hours and those that continued working as normal were often on the brink of exhaustion. These changes are bound to have knock-on effects on the pay gap. The pay gap present between spouses can lead to an increased care gap:

Both my husband and I were working from home, balancing our work obligations and taking care of our son. But since he is the one who is in a more senior position and earns significantly more money, it was usually me who dealt with the caring responsibilities. If one has a partner who earns more and brings more money into the family budget and provides for the family [...] well, then that partner's work has priority (Diana, aged 35, Czech Republic, NAR_CZ01).

This creates a vicious circle where the woman, who already earns less, deprioritises her career for the sake of the family, leaving her less likely to narrow the pay gap in the future. The narrative from a woman who ended up being the main earner during the pandemic also shows how deeply ingrained the 'male breadwinner' stereotype can be:

Although pandemic brought lockdown it did not affect my employment situation as I work all the time. But due to the pandemic me and my partner decided to close his enterprise. For almost a year we were living off my pay check. This situation severely affected my partner's mental state. He had a depression. The worst part of it for him was the loss of earnings and the fact that I – a woman – provide for him financially (Lycuna, aged 45, Poland, NAR_PL01).

Highly feminised sectors of employment typically entail low wages, but even within these

sectors there are inequalities. Omonia is a Cypriot psychologist who, due to lack of job opportunities in her field, ended up working in a kindergarten. What she describes is outright discrimination:

One time a guy came for an interview but the owner who is also a woman, did not hire him because he was a man. We women get paid less anyway so the owner liked having women employees' (NAR_CY06).

As a consequence of the gender pay gap, women are more at risk of poverty than men. Although the gender pay gap is apparent in all social classes, its consequences are the most severe for working class women because their economic margins are much slimmer. Migrant women are especially vulnerable as they often do unqualified work under precarious working conditions. Even when migrants have qualifications they are at a disadvantage. Rokia is an Algerian woman living in France. In Algeria, she worked as agricultural engineer, but her qualifications were not recognised in France. She found work in a different field but had to stop working due to health concerns:

Now, looking for a job with the crisis... There wasn't much in the way of recruitment and I was afraid to go back to work. First unemployment and then RSA. For the first time in my life, I'm even careful about food. Psychologically it was very, very hard this fall. I'm in the process of applying for disability at the social security office but it's been postponed because of the COVID (Rokia, aged 51, France, NAR_FR05).

As Rokia's narrative shows, women with underlying health conditions are another group at risk of poverty due to the pandemic. Age is another important factor in this regard. The pension gap means that women of retirement age are often faced with poverty. The narratives from the older participants vary a great deal in this respect. Some pensioners consider themselves lucky to have a steady income. Anna, a 71-year-old pensioner from Austria, even describes helping out less fortunate friends financially. To others, an insufficient pension combined with limited opportunities to supplement it with work has led to increased economic hardship:

I did receive my pension every month, it was even increased with 25 EUR. However, I could work much less on my external contracts, so I had very little extra income. On one hand, the work decreased. On the other hand, in spring 2021 I was still not vaccinated and I was afraid to go physically to offices. So I declined work because I did not feel it was safe for me (Petya, aged 67, Bulgaria, NAR_BG05).

Narrowing the pay gap can increase economic independence for women relying on a male breadwinner but in terms of reducing the risk of poverty, it is even more vital for women who are the sole earner in a household. Petya, who is quoted above, is a widow which puts her in a vulnerable position. Several narratives also describe the difficulties experienced by single mothers. Combining work and childcare is challenging for these women at the best of times; the pandemic made it close to impossible. The father was often absent from these narratives and the fear of infecting older relatives meant support networks were limited. Schools and childcare closures meant they were solely responsible for both the care of their

children and bringing in an income. Dayana is a migrant mother living in Bulgaria who lost her job due to the pandemic. She describes the situation as very stressful:

The three of us depend on my income, so we were left without it. I was very afraid we're going to lose our home too because we are renting it and if we can't pay the rent, they'll kick us out [...] The whole period was heavy for me. I was very busy and tired. It was tough to manage finding a job and then working, while also taking care of the children at home and taking part in their studying (Dayana, aged 44, Bulgaria, NAR_BG06).

Facilitating factors in the gender pay and pension gap

Dayana, who is quoted above, avoided losing her home with the help from an NGO. Several other narrators experiencing economic hardship also state it is thanks to NGOs that they have stayed afloat during the pandemic. State support, either in the form of standard welfare or targeted measures introduced because of the pandemic, is also brought up in several narratives as important as many suffered a loss of income. However, the level of support differed both between countries and within countries. Again, migrants are vulnerable in this regard as they are not always entitled to welfare. This would be especially true of undocumented migrants.

Any measures that keep people out of poverty are, of course, of great value. Care allowance in various forms have, for example, enabled parents to care for their children during the pandemic without losing too much of their income. However, it is worth considering the long term effects the gendered uptake of such measures will have on the gender pay and pension gap. Yet again, women's disproportionate share of care work is the central issue and the overall conclusion based on the narratives is this: unless the gender care gap is addressed, the pay and pension gap is also unlikely to narrow.

Summary of changes and inequalities in the gender pay and pension gap domain

Workshop participants and interview respondents agree that women are among those hit hardest by the pandemic in relation to pay and pension. The trend towards a reduction in the gender pay/pension gap appears to have stalled but the evidence was mixed regarding the pandemic's effect on women's working pattern. Some found women's working hours had increased, others reported a reduction. There was, however, consensus that the experienced effects have differed depending on variations in the intersections of grounds age, sector/type of employment and parental status. Single mothers were discussed as the group most affected in terms of pay and pension. The self-employed also stood out as a group adversely affected. Age, social class, race/ethnicity, and migration status are other salient inequality grounds.

The narratives largely confirm the salience of these inequality grounds. They also add some additional insights. For example, while women's pension may not have been affected by the pandemic, several of the retired narrators received such low pensions that they had to be

supplemented with income from work. As old age is a risk factor, the fear of contagion meant they were often unable to take on extra work during the pandemic.

The narratives also provide numerous everyday examples of how the gender pay gap and the gender care gap are interconnected. Women are far more likely to do both paid and unpaid care work and the effect on the pay gap is substantial. This is also apparent in the workshop and interviews. In terms of paid care work, the impact that the pandemic has had on women dominated sectors, in particular the healthcare sector, is highlighted. These high-pressure working environments led to some key workers, such as nurses, reducing their working hours or taking early retirement. Although the contribution of care workers during the pandemic has been highlighted, actual pay increases have so far been limited.

In terms of unpaid care work, it is clear that households have responded to increased childcare needs in a highly gendered way. This can be seen as both a result and cause of gender pay gaps. Extra care work has led to mothers reducing working hours or leaving the workforce altogether. For the women in the narratives, combining teleworking with home-schooling proved a next to impossible combination but as things go back to normal, it is likely that many women will want to continue working from home. In the workshop, the risk that this could make them disadvantaged in terms of progression was highlighted: employers typically favour workers who come into the office. However, these types of penalties could decline if teleworking becomes the norm.

Work and Labour Market

A prosperous and social Europe depends on us all. Women and men in all their diversity should have equal opportunities to thrive and be economically independent, be paid equally for their work of equal value, have equal access to finance and receive fair pensions. Women and men should equally share caring and financial responsibilities (EC Gender Equality Strategy 2020-2025).

Gender inequalities in the labour market are a persistent structural, organisational and individual problem. Gender gaps in employment rates, vertical and horizontal segregation, work-place bullying, sexual harassment, gender pay and pension gap and reconciliation issues have been on the European agenda for several decades. These are interlinked with social and economic policies, taxation and social protection systems that sometimes sustain the existing gender gaps. There are gender gaps also in relation to equal opportunities for women and men to pursue careers as investors and entrepreneurs. Structural reforms and the ongoing transformation in the labour market such as digitalisation, automatisisation, the realisation of the green economy, an ageing population, immigration and the free movement of goods and services are all gendered in various ways. The European Commission (2021) describes how many of these existing problems have worsened during the pandemic. This relates to factors such as women's over-representation in lower paid sectors and occupations, such as for instance hospitality, retail, or personal services that have been hit hard by the COVID-19 crisis. The effects on the so-called close-contact

services contrast to previous financial crises, making the COVID-19 crisis different in several ways. Work in women-dominated areas such as food services, hospitality, retail, and travel are high-risk in terms of exposure to disease, physical proximity to co-workers, and limited possibility of working remotely. Women in informal service jobs, such as domestic workers or informal carers performing on-site work have been particularly vulnerable due to the informal nature of such work and where few specific support measures have been available. The report underlines how, in contrast, other service sectors not affected in a similar manner, such as information and communication, finance and insurance, and that are primarily employing men, instead saw an increase in employment rates, benefitting from the greater demand for digital services. In the report it is also pointed out that women and men differ in their possibilities to re-establish their positions in the wake of the pandemic, one example being the decline in employment that was identical for women and for men (by 2,4% in the second quarter of 2020), but where women had more difficulties re-entering the labour market with employment rates rising by 1.4% for men but only by 0.8% for women during partial recover in the summer of 2020. The report concludes that the pandemic risks setting gender inequalities back for decades to come with effects such as widening the gender pension gap and other gender inequalities. Furthermore, women, and especially those in low-paid and low-skilled jobs, are the double problem of a greater risk of employment loss and greater barriers to benefitting from extraordinary income support schemes set to mitigate the impact of such employment loss.

Gendered inequalities and variations in work and labour market

In the workshops and interviews respondents were asked how COVID-19 policy responses have affected women in the work and labour market domain. They were also asked to reflect on policy and civil society responses, silences and ways forward.

Inequalities with focus on work and labour market

Inequalities in the domain work and the labour market overlap with inequalities in other domains, in particular with women's (unpaid) care work, the gender pay gap, and men's violence. Hence, changes in inequalities in one domain have effects on inequalities in other domains. Changes within work and labour market predominantly relate to gender, age, ethnicity, and migrant status, but the workshop and interview experts also name disability. The results from the workshop and interviews are aligned and suggest a need to pay increased attention to these interrelations and intersections.

Unpaid and informal workers, caregivers, migrant and paperless people, people with mental health issues and disabled people stand out as experiencing high negative impacts of COVID-19, and are, in addition, often forgotten in national policy responses. The experts note that, while the level of women's employment decreased more than that of men's, fewer women than men have received unemployment benefits. In general, the workshop and interview experts emphasised that women's isolation in their homes increased economic dependency, reduced career perspectives, lowered wages and led to loss in pension rights. Further effects were also anticipated, such as increased pay gap and an increased

risk of poverty for women and migrant groups. Additionally, the experts noted that the impact of domestic violence on work is overlooked, and that the closing of some workplaces (schools, nurseries) increased the risk of children and girls being subjected to violence in the home and online. Women's increased care responsibilities were described as having a highly negative impact on their work and careers; women have been laid off, seen their incomes decrease, and experienced postponed advancement and promotion. For women and families with young children, schools and care centres shutting down has disproportionately shifted the burden of care to women without resources to seek alternatives.

Four groups were identified as drastically and disproportionately affected by COVID-19, including those based on gender, migrant status, age, and disability: women in relation to increased care responsibilities; migrant women in relation to invisibility in policy responses; young people as atypical workers; and people with disabilities. Migrant women have been left out of (m)any recovery measures. Additionally, migrant women are overrepresented in irregular work (such as cleaning services), which were interrupted during the pandemic, but could not seek compensation via formal support measures. The impact on precarious workers, for example atypical workers in the tourist sector, or informal workers (people without formal employment contracts), as they are not recognised as workers, is strongly negative. They were excluded from benefits and recovery plans, but also had a strong loss of income. This overlaps with gender and nationality/ethnicity, because a lot of people within these types of employment are women from a migrant background and/or undocumented workers. Young people are at risk to be excluded from the labour market due to prolonged COVID-19 restrictions, leading to accumulated problems (lack of income, mental problems, etcetera). A projected consequence is the extended exclusion of the under 25s from the labour market, with the extended consequence of increased dependence of the under 25s on social benefits, with the secondary effects such as mental health issues, loss of temporary and life-time income. Young people have disproportionately suffered from a decline in their mental health (increased risk of depression, feelings of loneliness, being overwhelmed, etc.), with lifelong impacts on health and social and human capital. While the younger age group is increasingly shut out of the labour market, the older age group is described as increasingly lacking training or capacity to use the required digital tools when teleworking. Finally, people with disabilities were hit very hard as well: looking at employment levels of disabled people, they suffered a lot deeper from the crisis than the general population.

Variations in the impact of COVID-19 policy and societal responses to work and labour market

Five observations stand out regarding the variations in impact: i) the stagnation in women's advancements/careers; ii) the lack of affordable care; iii) the unequal access to and effects of teleworking and digitalisation; iv) the exclusion of atypical workers; and v) the interlinkage between domestic violence and work.

Due to lockdown policy responses, women have experienced a severe increase in *care responsibilities*, with several impacts on women's work and careers, including layoffs, decreased income, delays in advancement and promotion, and impacts on their mental health. The problems are, first, exacerbated by the lack of affordable care facilities, which could have reduced the care burden on women and contributed to a smaller stagnation in career advancement. Second, the variations in inequalities relate to teleworking, which was implemented as a policy solution to enable working from home during lockdown, and to allow for a flexible work/care arrangement, but which - according to the experts - inadvertently increased the burden of dual work, paid and unpaid, on women and girls.

Moreover, remote working/teleworking is an unavailable option to many working women, not least to those who already work in the care industries and to those for whom digitalisation and digital tools require re-training, particularly affecting groups already marginalised due to migrant status, age and disability. In this context, the already existing gender segregated labour market is a structural barrier to equality as women were doubly hit: in service sectors that closed, and in care sectors that stayed open. A second structural barrier/mechanism, in addition to the gender segregated labour market, is the gender pay gap - where women in heterosexual relationships already earn less than their male partners - which meant that women more often than men have had to drop out of the labour market to care for children and elderly since the financial loss for the household is smaller.

Precarious and temporary workers have experienced increased negative impacts, first from COVID-19 itself, and secondly from both the unintended consequences of policy responses and from the invisibility of this group in the initial policy responses. This group includes, for example atypical workers in the tourist sector or hospitality sector, informal workers (people without formal employment contracts), as they are not recognised as workers. They were excluded from benefits and recovery plans, but also had a strong loss of income. These exclusions have increased the hardship on already vulnerable groups, in particular women at the point of intersection of gender, nationality/ethnicity, and migration, in particular women migrant and paperless workers.

Finally, there is an increasing field of inequalities at the interface of work and violence, where the impact of domestic violence on work is overlooked, and the relationship between online education and violence against young girls, LGBTQI+ people, and other vulnerable groups in relation to online violence is not sufficiently researched in the context of school closures and the digitalisation of education.

Six specific problems in the variations in the impact of COVID-19 policy and societal responses were identified and addressed in the workshop:

Women are the first to leave job in this crisis (e.g., if they have care responsibilities, lower salaries, etcetera), which affects female careers. The consequences have included an increase in women victims of domestic violence, being trapped at home with an increased economic dependency, reduced career perspectives, lower wages going down further, and loss in pension rights. The secondary effects have included wage gap increases and

increased risk of poverty in general and at higher age in particular. Structural factors increased the negative impacts, in particular the lack of (affordable) care facilities (for childcare and elderly care). This means that women had additional caring responsibilities. There is a critique that the policy responses to covid-19 were not gender mainstreamed; gender-disaggregated data were not fully taken into account when the COVID-related policies were formulated. Had this been fully done, policy would have included both informal workers and affordable care facilities.

Seasonal workers (e.g., in tourism) lost several months of work and often did not receive fiscal packages. The consequences have included the closing down of restaurants, cleaning services, street markets and shops, in turn leading to the complete loss of income for workers. Factors that increased the impact include travel restrictions that made it impossible to go to work (in the case when cross-border migration is necessary).

Distancing and facemasks have led to caregivers helping disabled people could not help because of some COVID-19 measures. People with hearing problems rely on lip-reading, which is impossible with a mask. Others need close physical help, which wasn't allowed because of social distancing rules. Consequences have included increased vulnerability for disabled people because of the close contacts needed, but they did not always understand the consequences, increased social isolation (not only physical), limitations in communication, where sometimes breaking laws to get aid was necessary. While NGOs have been assisting as much as they can, there have been almost no policy responses. Research has, however, helped to make the problem visible.

Low-skilled workers had no telework or other options to decrease the risk of infection at work. The consequences have included the increased risk for infections as they have had to work and face higher risks of infection (no support), the loss of income to protect themselves (by for example reducing their work hours). Secondary effects have included being forced to continue to work if limited symptoms, increased working hours, as supposedly this was safer, because they stayed longer in contact with the same group. In extreme cases, workers were even locked in the factory or dormitory, again for supposed 'safety reasons'. Factors that increased the impact included employers' federations that did not want to stop production, and the exclusion of trade union voices.

Young people at risk to be excluded from the labour market due to prolonged COVID restrictions has led to accumulated problems (lack of income, mental problems, etc.). The following consequences were mentioned by the workshop participants: higher number of women under 25 years old had to depend on social benefits; period of not accessing labour market is prolonged; the duration of dependency on social benefits was prolonged. Secondary effects have included mental health issues, and loss of income. Another side effect was loss of working experience. The investment in support services for young children to help young parents could have made a difference. Responses include how some governments made it possible to get additional study opportunities and trainings while still getting social benefits.

Informal workers are not formally recognised as workers. The consequences have included how workers have a very difficult time accessing social benefits. This is especially the case in rural areas, for older people, and those who do not have access to digital services. This leads to income loss and no replacement income. The problem is especially acute for elderly people, who do not have work and do not receive enough pension. Side effects included the growth of informal working. Contributing factors are the lack of recognition and how these are left invisible in statistics and categories. Responses: Trade unions could help by demanding that informal workers are covered by collective bargaining. Policies are either non-existent, very limited or unfair. Some ILO conventions do already exist, but they are not ratified or enforced. In other cases, informal workers are blamed themselves for social issues, and they are taxed unfairly.

To conclude, there are concrete policy responses which have contributed to greater inequalities, and others that could have contributed to a reduction in inequalities. Sometimes the same policy response has led to both increases and decreases in inequalities.

Narratives of groups made vulnerable in work and labour market

From the narratives, it is obvious that the changed work and labour market conditions under the pandemic have affected life considerably. This will be described from various viewpoints, ranging from macro-economic problems to individual coping strategies.

Problems and inequalities in work and labour market

Six problems related to work and labour market stand out: economy and labour market politics; working conditions; quality of work; work-life balance; employment status; and fear/uncertainty. First, concerning economy and labour market politics, lockdowns and other restrictions have affected people's personal finances considerably. Several narrators point out that branches have been treated differently. A common theme is that the needs of self-employed and culture workers have not been considered enough. Jasmin, a self-employed German mother of two children, was forced to shut down her restaurant after 30 successful years: 'We were shocked, irritated, our daily routine and structure got completely lost', she says (NAR_DE06).

As a result of lockdowns, many narrators have experienced what could be described as economic stress due to non-existing or non-efficient economic compensation. Omonia in Cyprus reports that she and her partner got economic problems as their workplaces were temporary closed:

We had to buy food, pay the bills, and my partner's 60 % of his salary allowance was not regular. Sometimes it took 3 months to pay him because the procedures take longer for non-Cypriots. (Omonia, aged 33, Cyprus, NAR_CY06)

Moreover, less income is a general but unevenly distributed problem described in the narratives. For those who have and still are suffering economically under the pandemic, the

problems are severe. Livi, a Hungarian mother of two children already living under precarious conditions, lost her salary when her workplace was closed:

COVID was hard from every aspect because I lost my salary as my workplace was closed. My husband was left alone to take care of the family with only one salary. (Livi, aged 31, Hungary, NAR_HU05)

Second, many of the narrators report that their working conditions have worsened during the pandemic. The most common problem is increased workload, which is a recurrent theme in the narratives of, among others, healthcare workers and teachers. The words of the Austrian nurse Carina are indicative of healthcare workers' situation:

We did 13 hours shifts, including the non-remunerated lunch break. However, often there was no time for a break. (Carina, aged 24, Austria, NAR_AT04)

Two other concerns related to the working conditions, which are most prominent in the narratives of healthcare workers, are staff-shortage and health problems. This is how the nurse Alice in Sweden has experienced these problems:

During the pandemic period, 40 nurses and assistant nurses have left and several of my colleagues have taken sick leave. (Alice, aged 45, Sweden, NAR_SE01)

Staying with the situation of healthcare workers, another concern is the feeling of being exploited and/or not being acknowledged for one's work. The narratives of, for example, nurses and social workers express solidarity and a genuine will to lessen the negative effects or the pandemic. However, many are disappointed about how they are compensated for their efforts. This is how the nurse Aysha, in Germany, puts it:

We received a corona bonus that ranged between 400 and 1000€ from the state. One time. For all the months and all the work. There is no money or no bonus that could compensate what we did and what we have gone through. (Aysha, aged 24, Germany, NAR_DE03)

Others report that they, at least initially, did not receive support from their managers to let them work from home. For example, Magdalena from Lithuania, working as a financier, says that her manager could not allow her to work from home: 'because our main director is against that, he thought that if you're at home, you won't work' (NAR_LT03). However, this is not a prominent theme in the narratives. Rather, teleworking is generally supported, although it is not an unproblematic policy response, which will be discussed below. Third, the quality of the work performed under new conditions triggered by the pandemic is a problem mentioned by narrators working in various sectors, such as catering, charity and solidarity work, healthcare, pastoral care, social work, teaching, and tourism. In many narratives, a concern for how the recipients perceive the performed work is expressed, whether the recipient is a client, patient, or customer. But in some cases, the quality of work is a concern at a much deeper level. For narrators working with dependent people and/or people in crisis, the increasingly online-based working methods become a matter of how to preserve dignity: How can isolated students studying abroad be supported? How can

funerals be organised in ways that respect ethnic traditions? These two ethical dilemmas are discussed by a pastoral worker and a representative for a traveller organisation, both from Ireland. A fourth problem is related to the worsened work-family balance due to teleworking. For a more detailed description of such concerns, see the sections on gender-based violence and gender care gap. What stands out here, however, is the blurring of private and public space, the increased need for domestic work, and less time for relations outside the social institutions of work and family. Fifth, employment-status is a recurrent problem in the narratives. Many narrators mention that they have worked less during the pandemic because of lockdowns, other restrictions, or less consumption. Others have been laid off and changed jobs several times during the pandemic, thus causing economic problems as well as feelings of unease and stress. For those who were unemployed already before the pandemic, finding a job seem to have become even more difficult. Anna, who is living in a refugee centre in Ireland, expresses that she is worried but still hopeful:

The whole pandemic has really had a negative impact on my life and up to now, I am hoping things will get better, I have no job and no education. (Anna, aged 25, Ireland, NAR_IE07)

Lena, however, does not seem too optimistic about finding a job due to her experiences of ethnic discrimination:

When the situation was changing and everything was opening up, I was looking for a new work – my relatives would say that there are cleaners needed in different places. I tried to go to a few places but unsuccessfully – they would see I am Roma [...] none would take me. It was like this before the COVID-19 and it will be like this after the COVID-19. (Lena, aged 58, Lithuania, NAR_LT01)

Sixth, the narratives contain feelings of fear and uncertainty. Many narrators are afraid to catch the virus at work and spreading it to others: clients, customers, patients, friends, and family. Some narrators express this fear more clearly than others, for example healthcare workers and cleaners. Prune, who got laid off from her ordinary cleaning job at a French airport, managed to get a temporary job at a clinic. She reports that she felt insecure at the new workplace:

I took the first metro and the first bus. A few hours of cleaning three times a week and the fear of catching the virus because there were cases of COVID! I had to empty the bins with the blood, the waste, disinfect the whole clinic before 8am. (Prune, aged 43, France, NAR_FR03)

Another concern, which specifically cleaners and domestic care-workers may have suffered from, is employers who are worried that their employees will spread the virus to their customers. Deborah, a professional domestic worker in Greece, shares her experiences of this: 'My employers were too afraid to let me in their houses to clean' (NAR_GR06).

The employers think that we might have the virus and they think we can infect them. I am working in several houses and like many other women who are doing the same job I lost my job. My employers were too afraid to let me in their houses to clean.

(Deborah, Greece, NAR_GR06)

Some also report that the infection protective measures at work were not sufficient, for example the Slovenian teacher Minerva:

The pupils are in their bubble, but I as a teacher have contacts with more than 100 different pupils every day. So I did not enter the classroom if it has not been ventilated before. And generally I think the importance of ventilation has not been properly stressed. (Minerva, aged 43, Slovenia, NAR_SI03)

Except for the concrete fear of catching and spreading the virus, more existential dimensions are present. Although these concerns of uncertainty do go beyond the domain of work and labour market, they are still linked to experiences of work, isolation, and pressure during the pandemic:

On a psychological level, I feel scared. Sometimes I wonder who my friends are. I do not see them anymore. I am used to be working from home and staying home so much that I choose to stay home. (The Beekeeper, aged 27, Cyprus, NAR_CY04)

I felt anxious and insecure. I felt pressured. I didn't know what this pandemic is all about and when it would end, when we would be able to go back to our normal lives. It felt like we are at war. (Radina, aged 54, Bulgaria, NAR_BG03)

The most explicit and prominent inequality grounds in the narratives on work and labour market are: gender, class, race/ethnicity, and nationality. Concerning gender, the effects of gender segregated labour markets should not be underestimated. The narratives indicate that women, as 'frontline workers' in healthcare and social work, have been and still are working under demanding and uncertain conditions. Class turns out to be an important inequality ground in that having access to a paid work and, more specifically, flexible working conditions (and potentially the opportunity to turn the pandemic into a matter of personal development) indeed is a privilege related to economic, social, and cultural status. Race/ethnicity and nationality are prevalent in the narratives in several ways, but mostly in relation to the gender segregated and racialised labour market. In the narratives of migrant women and/or women from ethnic minorities problems related to employment (the difficulties regarding getting and keeping a job) and the fear of being infected (due to precarious positions as domestic workers) are emphasised. To some extent, age and disability are mentioned. Age is visible in the narratives in that high age is connected to an increased vulnerability. Older women more often report that they fear catching the virus at work, compared to younger women. A similar pattern is, if only implicitly, relevant for the ability-disability dynamic, in that there is a tendency that especially women with congenital and/or chronic diseases fear catching the virus at work. Finally, it is worth noting that religion/belief, gender identity, and sexuality are generally not captured in the narratives on work and labour market. The relative silence regarding these inequality grounds means that religion-based charity and solidarity work during the pandemic is not made visible. Neither do the narratives depict trans* women's work and labour market experiences under the pandemic. Finally, important concerns such as sexual harassment at work and the conditions

of sex-workers are not addressed in the narratives.

Facilitating factors in work and labour market

In the narratives, four facilitating factors have been identified: state policy responses regarding the economy and the labour market; workplace policies on working conditions; support networks outside work; and individual coping strategies.

First, a wish for a generous and inclusive economic and labour market politics is expressed in the narratives. Not surprisingly, those narrators who have benefited from state-provided economic support, as self-employed or as employees, report that they felt relieved and economically secure – even if they were laid off. Jacqueline, head of a small enterprise in Luxembourg, finds herself lucky to be in a privileged situation, but still appreciates that ‘the state has dealt quite well with the crisis’ and that ‘the money for temporary unemployment was allocated quickly’ (NAR_LU05). Another narrator, who works as an actress, puts it like this:

When the first lockdown was imposed in March 2020, everyone was sent home and I made use of a temporary unemployment scheme to keep my income stable, as I had signed a contract with an employer that ran from January until May. That employer also graciously supplemented my temporary unemployment benefits to match the full amount of wages I would have normally received, so I didn't experience any immediate financial losses. (Mary, aged 61, Belgium, NAR_BE03)

Second, it seems like flexible, innovative, and supportive workplace policies and working conditions mitigate some of the negative effects of working under the pandemic. The importance of feeling safe at work is underlined by many narrators. Safety should here be understood in terms of infection precautions. From the narratives, it is not possible to evaluate which measures are the most effective. Nevertheless, having access to protective gear and having confidence in workplace regulations enable people to feel secure. Moreover, the fear of catching the virus is taken seriously. Lia, working in an association targeting vulnerable people in Luxembourg, says:

I don't have any particular worries, we have access to protective equipment, because we have access to rapid tests, we can ask for it at any time and that's very reassuring. All the conditions are there to feel safe. We all have the right to two self-tests per week. (Lia, aged 24, Luxembourg, NAR_LU01)

Moreover, receiving support at work is described as crucial. Several actors are mentioned: managers, colleagues, clients, and customers. The Serbian nurse Sloboda is thankful for having ‘the support of our manager and a psychological service available 24 hours a day’ (NAR_RS06), and the social worker Brigitte says that she and her colleagues ‘supported each other a lot, shared our experiences and helped each other’ (NAR_AT03). On some occasions, a manager cannot do very much due to economic circumstances. However, just being kind is better than nothing:

My boss was kind and patient with me, he tried to help me for a couple of months,

but my mind just couldn't focus on the job and in the end I had to terminate my contract. I was terribly afraid that being unemployed was going to make me lose the custody of my child. My boss was kind enough to keep me formally employed for a while more. (Andreea, aged 36, Romania, NAR_RO01)

During the pandemic, many have worked from home. Generally, the narrators stress that teleworking needs to be organised in both flexible and structured ways. Although teleworking is associated with many problems, it is also seen as a necessity and as something exciting (at least in the beginning). The quick implementation of teleworking, and the positive attitude towards it, is welcomed by many, for example by Viktoria in Estonia, who is working in the tourism sector:

As the pandemics started, we had the opportunity to transfer to working from home – earlier a luxury granted only on a very special arrangement and not readily available to all. So they sent us home, buying us all the equipment – computers, monitors, headphones. (Viktoria, aged 41, Estonia, NAR_EE04)

Although working during the pandemic has been challenging, many of the narrators provide great examples of creativity. Finding new routines at work as well as new forms of entrepreneurship stand out in the narratives. For example, psychologists, social workers, and NGO staff report that they have adjusted their working methods. Online-consultations and outdoor meetings have, when possible, replaced many other forms of physical meetings. The pandemic has also triggered new forms of entrepreneurship, especially among self-employed. For example, some restaurant owners have switched from table service to catering and takeaway, while cultural workers, such as Oya in Turkey, have turned to online-based forms of theatre performances:

Digitalisation is very new and innovative. Our last play was screened digitally for one day last month and received 13.000 audiences. We were very hopeful! It increased our morale! (Oya, Turkey, NAR_TR04)

Third, having access to support networks is an overall finding relevant for several domains. It is discussed in the sections on gender-based violence and gender care cap. Therefore, it is just briefly mentioned here. Since working conditions have been demanding for many narrators during the pandemic, the importance of gaining support from significant others, in this case outside work, is stressed. The need for informal economic support from partners and parents is often brought up by the narrators, for example by Rosie, a 'pretty broke' independent UK artist: 'My mother has also helped me financially when she can, but money is really tight' (NAR_UK06). Moreover, having someone who care for and love you is a relief. Lora, currently on parental leave, is thankful for the support from her husband, who works remotely:

My husband and I made a rule to talk things out every evening. We go over the day and analyse the good and the bad things, and we are looking for solutions. We try to understand what we can do to make things better for me, make things simpler, to find solutions. (Lora, aged 35, Latvia, NAR_LV01)

Fourth, experiences and coping strategies at the individual level have limited some of the negative consequences of working under the pandemic. Those narrators who report that they find their work meaningful describe that they put a great value in working for the common good. Nina speaks about her experience of the burdensome but still motivating work as a health care assistant:

Despite it being a very stressful time, being part of the front line staff in the pandemic section of the hospital was a positive experience. We took care of each other and it was some of the best months of my life because we were working towards a common goal, but still had different backgrounds and skills. (Nina, aged 38, Denmark, NAR_DK01)

Some narrators report that they have developed coping strategies, both at work (thanks to certain 'techniques' such as for example taking breaks and standing up for oneself) and more generally in life. Here, the more general and existential questions are of special interest: How do the narrators adapt to the pandemic, from the perspective of being a 'worker' (here referring to both employers, employees, and unemployed)? Some say that they have appreciated working from home because of social phobia and other psychological conditions. Others report that they have had time to reflect on their life, including their career choice. For example, the fitness trainer Arita from Latvia and the NGO manager Liina from Estonia both report that they have had new insight and developed personally because of the pandemic. Their somewhat optimistic interpretation of the pandemic will close this section:

During the COVID-19 pandemic, I most struggled with my emotions. It was a real crash at first after it was something like euphoria. Now I am on my path to balance my emotions out. I am very optimistic, I have been involved in many projects, I conduct my fitness classes outside, I am self-employed. I like these changes. It took a lot for me to get here, but I don't want to go back to the previous situation. I am aware that there probably will be the next lockdown. But I am prepared for it. I am fine. We must adapt; we must try to get the positive out of the situation. (Arita, aged 30, Latvia, NAR_LV03)

So this experience has helped me take some decisions, and in November 2020 I decided to quit my work by the end of 2021. I was just tired of my work – my will, adrenaline, ambitions, ego were tired. Of course it is not just the pandemics, there have been moments of personal doubts and crises, but I always felt this is my own baby. The added stress in COVID-19 alongside with my work experience and my life abroad just helped to see the perspective and come to conclusion. (Liina, aged 31, Estonia, NAR_EE03)

Summary of changes and inequalities in the work and labour market domain

The problems and inequalities triggered and worsened during and by the pandemic, or its policy responses, are described similarly by most participants, whether a public authority expert, NGO representative, or an individual talking about their own experiences during COVID-19. Many of the addressed issues highlight the severe consequences of a vertically

and horizontally gender segregated labour market, and its class structure. Although the problems discussed by the participants emerge at the personal, local, and national levels, there is great resemblance between the countries; many of the discussed problems are structural and international. Thus, this summary focuses on those shared structural inequalities and issues: employment/unemployment, the lack of affordable care, and teleworking and digitalisation.

The employment-unemployment dynamic includes problems related to several inequality grounds, such as gender, race/ethnicity, and nationality, and their intersection. For example, male-centred understandings of 'the typical worker' have negative consequences for workers with atypical jobs and for those who have become unemployed during the pandemic, for example migrant women working in the domestic care sector. A second main problem is the lack of accessible and affordable care, a theme highly relevant for the gender care gap domain and the economy domain. In relation to work and labour market, the political and societal organisation – and funding – of care enables and/or hinders women's participation in the labour market. While this was well known prior to the pandemic, it has once again become highly relevant since many of the participants report that women tend to leave (if so temporary and partially) the labour market to provide unpaid care work. This problem is pointed out across materials, countries, and labour sectors, as it runs across most inequality grounds. However, the gendered and classed consequences are the most prominent, since women have been expected to prioritise care work during the pandemic. The economic consequences for individual women, families and society as a whole are severe.

Teleworking and digitalisation and the increase thereof have been necessary tools for managing work during the pandemic. Nevertheless, it mirrors some of the already existing inequality structures in that some workers and jobseekers (predominantly due to age and/or disability) have not been provided with adequate opportunities for handling these changes and the rapid expansion of digital techniques. Further, for some sectors employing so called low-skilled workers, teleworking has never been an option, which seems to have triggered fear and feelings of uncertainty at work.

Finally, taking the European level into account is necessary. There are geopolitical variations with a clear North-East and South-West divide in COVID impact due to differences in the readiness for digitalisation and the infrastructure of the different European labour markets. Moreover, work life during the pandemic has come to question what a 'work organisation' or a 'workplace' is or should be, considering the increased blurring between public and private, paid work and unpaid work, offline and online spaces, and workplace relations and intimate relations.

Economy

A prosperous and social Europe depends on us all. Women and men in all their diversity should have equal opportunities to thrive and be economically independent, be paid equally for their work of equal

value, have equal access to finance and receive fair pensions. Women and men should equally share caring and financial responsibilities (EC Gender Equality Strategy).

From the growing pool of studies made on the impact of COVID-19 on economic inequalities we know already that the consequences of the pandemic have been severe for many already vulnerable groups. In the 2021 report on “Gender equality in the EU” by the European Commission the economic impact is highlighted. The report shows how the pandemic has affected the already unequal access to employment and working conditions. Gender stereotypes and sexism as well as unequal care responsibilities and lack of care facilities are making the situation difficult for women in both employment and as entrepreneurs. Income gaps due to low and discriminatory wages affect women’s living standard, and this becomes particularly apparent from a life course perspective affecting women’s pension levels. Women are furthermore overrepresented in lower paid sectors and occupations particularly hard hit by the COVID-19 crisis. From a long-term perspective, the pandemic risks widening the gender pension gap and other gender inequalities for decades to come. Women are not only at a greater risk of employment loss, working in areas that cannot be replaced by remote working, but they also experience difficulties in benefitting from COVID-19 induced income support schemes set to mitigate the impact of such employment loss. Female-dominated informal service jobs, such as domestic labour, are also more vulnerable to the impact of the pandemic, and few specific support measures to mitigate the impact of the pandemic have been available in the EU. Increased teleworking is questionable for improving the work-life balance during a period when schools and childcare institutions were closed, severely increasing unpaid work. Women in frontline work risk a higher exposure to the virus as most of the sectors declared ‘essential’ are close-contact jobs, such as: work in hospitals and care work; cleaning services; and grocery supplies. These forms of work have seen major increases in workload, while remaining low paid and with unsecure working conditions. The EC report concludes how the pandemic reinforces the need to recognise the importance and contribution of frontline work, promoting equal sharing of care responsibilities, breaking the glass ceiling and better valorising women’s skills, efforts and responsibilities (EC 2021).

Gendered inequalities and variations in the economy

In the workshop and the interviews, the respondents were asked how COVID-19 policy responses have affected inequalities in different target groups. They were also asked to reflect on policy and civil society responses, silences and ways forward.

Inequalities with focus on economy

The workshop participants noted that inequalities in relation to the economy have increased both due to, and because of, the pandemic itself and of the policy responses to COVID-19. According to the workshop participants many of the inequalities existed prior to the pandemic but have been exacerbated. The interviewees (all three coming from Sweden) provided similar reflections and responses as the workshop participants, stressing how

already vulnerable groups were particularly exposed. One interviewee said that ‘those who had it hard before, got it even worse’. The most prominent inequality grounds discussed in the workshops and interviews are gender, class, nationality, and, to a lesser extent, disability. To be more specific, the question of how economic gender+ inequalities have affected women with weak positions in the labour market was discussed.

The participants problematised what it means having a weak position in the labour market. Here, several intersecting problems were mentioned, related to: structural working conditions impinged by gender, class and ethnicity (such as segregated employment structures and temporary contracts); education and training (such as low formal education or low digital literacy); and discrimination related to nationality, age, and disability (being foreign born, older than 55, or living with mental or physical conditions). The participants concluded that women in these groups have been made more vulnerable during the COVID-19 pandemic.

Variations in the impact of COVID-19 policy and societal responses to the economy

Several general macro-economic variations in the impact of COVID-19 policy and societal responses were discussed by the experts, such as: economically driven changes of teleworking and digitalising; the gender segregated labour market; lack of economic support systems for victims of gender-based violence; the privatisation and the commodification of care; what should be considered as system relevant jobs; and women’s increased unpaid work during the pandemic. Furthermore, the more concrete policy responses discussed, including their gender+ consequences, have one problematic feature in common: their general and seemingly ‘gender-neutral’ character, which will be outlined and exemplified below.

General economic responses to the COVID-19 pandemic include, first, policies directed towards ‘insiders’, that is groups and individuals who are already in the labour market and are included in social and employment security systems. This was discussed by the workshop participants as people with unsecure labour market positions - for example young people following dual learning and people in unemployment who had to stop their training - risk to be economically disadvantaged due to such general policies. Another telling example, from Italy, concerns income support measures. These were addressing regular workers, thus excluding irregular and temporary workers. Such policies, the participants said, often lack in-kind support, for example for young mothers. Yet another example provided during the workshop concerns workers, mostly women, in so called short labour sectors (i.e., tourism and hospitality), which tend to be excluded from unemployment benefits.

Second, general and generous care benefits (formally available for all parents) and their gendered consequences were discussed. It was reported, taking Czech Republic as an example, that such care benefits have had the unintended consequence that women stay at home even more.

Third, another formally gender-neutral policy (with gendered consequences) was reported from Turkey, namely the government's forbidden layoffs policy. This policy was problematised by the participants because it was mainly targeted towards men in formal job sectors, meaning that less women were supported since women tend to work more in informal sectors.

Fourth, the economic support to particular business sectors is another example of general policy making. According to the interviews (talking from a Swedish perspective), this means that some companies that would not have survived anyway have been terminated but there are also big companies that would have made it anyway and that did not really need the support. There was no time for testing anything in advance, one interview person stressed, so the policies had to be general.

Narratives with groups made vulnerable in economy

The economic consequences of the pandemic are extensive. However, while some are not hit at all or just to a limited extent, others have suffered considerably. Therefore, the ambition with this section is to give voice to some of the women hit hard by the pandemic and the policy responses to it, thus making visible the most salient gender+ inequalities.

Problems and inequalities

The most common problems emerging in the narratives are related to people's decreased ability to support themselves economically. Because of the pandemic, and some of the policies related to it, many narrators report that they have suffered economically. The following problems triggered by the pandemic are recurrent in the narratives: closing of businesses; layoff; delayed economic compensation when being laid off; fewer working hours; less income and, followingly, difficulties keeping up paying for rent, loans, and healthcare; and increased difficulties getting a job if one already is unemployed. However, the differences between the narrators are vast. While some report that they have suffered at lot, others have been able to use their savings or been provided by their partners and parents. To make this concrete, a longer excerpt from the single mother Tina in Romania follows:

My maternity leave had just finished in February 2020. I was also a second-year student in Social Work then and I was finishing my exam session. I had just found work I in a massage parlour, as a trainee. In the past I had worked at a health clinic, so there was some connection. I was eager to become a massage professional, motivated by the schedule flexibility that I needed as a single mother and also by the income perspectives. I had always struggled with money raising my sons. I would only work at the massage parlour for 2 weeks, because lockdown was declared. I ended up locked inside the house with my small children, with no possibility to work. I barely found some small income from working in telesales, which was something I never imagined myself doing.

[...]

I was in a terrible housing situation: we paid a rent of 350 EUR per month and lived in a one-room apartment built inside a garage. There were almost no windows and ventilation, it was damp and the heating was too expensive, so mould grew everywhere, up to a point when I couldn't keep it under control. Our clothes had mould. My eldest developed a severe atopic dermatitis from the conditions and I knew I couldn't risk any more illness. I knew I had to move, but my arms were tied. Moving meant having to pay one-month rent and one-month's guarantee at the same time.

[...]

I asked the Social Services whether they could support me with rent during the state of emergency. They said I did not qualify, because I have no permanent address in Bucharest. I was hurt by their attitude. I felt humiliated. I did not qualify for any type of aid and they sent me to a social canteen in another district. They did not empathise. I couldn't let my children see me bring jars of food and I couldn't leave them alone for God know how long while I went for the food.

With the Social Services I was somewhat lucky to meet a nice employee who enrolled me in a food provision service. They gave me 2 boxes of food, which lasted us for about 2 weeks.

In the autumn of 2020 I finally decided to move from the mouldy studio which was making my children sick. I could not afford to live in Bucharest anymore without a job and I was afraid of a new lockdown. We moved to a small town 100 kilometres from Bucharest, where a good person living in the United States let me stay for free in their house until they sold it. Now the owner is dead and the house is still up for sale.

[...]

*I only survived the pandemic thanks to good people. A client from my former workplace, who found out about my struggle, payed my rent for 2 months. My nephews sent me some money from Denmark, where they work. A kind old man let me stay for free in his empty house. A donor helped me buy a washing machine.
(Tina, Romania, NAR_RO03)*

The problems pointed out by Tina are far from unique. However, the problems are described as more severe compared to many other narratives regarding the degree of the negative effects triggered by lockdowns and, related to this, the possibility to earn a living. The main problems standing out in Tina's narrative are especially the reduced ability to pay rent, housing condition, lack of economic provision, and dependence on charity.

Tina's narrative is just one of many that are deeply gendered. In her case, her position as single mother puts her in a vulnerable state. In other narratives, women's position as partners/wives in heterosexual coupledness turn out to be crucial in relation to economy. Kristina, a 25-year-old Lithuanian woman, says that she became unwillingly economically dependent on her partner when the hotel she worked at was closed due to the pandemic.

For Lucyna, a 45-year-old Polish woman, it was the other way around. When her partner had to close his business, she had to become the breadwinner of the family.

After gender, the most salient inequality grounds emerging in the narratives are class, age, nationality, and race/ethnicity. Concerning class, those who were more well off already before the pandemic and those who have access to generous, state-funded forms of economic support during the pandemic speak less about how they have suffered economically under the pandemic. For Ivona, a 51-year-old Serbian woman living alone, the economic situation during the pandemic has been strained since she has 'always been at a minimum wage'. Moreover, since she works in marketing, her salary 'depends on whether we will have advertisers that month' (NAR_RS02). As for age, a few retired narrators express worries about not being able to work extra hours to extend their pension. Regarding race/ethnicity and nationality, narratives from migrant women and ethnic minorities indicate that these groups of women have been affected disproportionately, especially those who are unemployed or self-employed, working in low paid sectors, and working in high-risk sectors. For example, Amina, a 32-year-old woman and refugee from Syria living in Denmark, worked in a test centre for COVID-19. She says that people 'did not respect us who performed the job of swabbing', but that she 'needed the money' and felt pressured to take the job (NAR_DK03). Josephine, a member of the Traveller community in Ireland, speaks about being a non-registered self-employee:

The pandemic also hit the Traveller communities particularly hard because a lot of Travellers are self-employed. They rely on going out doing garden work and all of that had gone. They did not have access to COVID payments because they are not registered builders or gardener businesses. So, many families had no money because they couldn't claim social welfare payments. As I mentioned earlier, women have been affected more than men, because they were already dealing with so much in their families. (Josephine, aged 58, Ireland, NAR_IE04)

Alice, a 57-year-old woman working as a representative of a trade union in the cleaning sector in Luxembourg, is one of many highlighting the precarious situation of migrant domestic workers under the pandemic. As frontline workers, they were not only exposed to health risks; they also suffered economically, especially in the beginning of the pandemic. Alice says that 'the majority had to buy by themselves protection gears when available' (NAR_LU03).

The narratives on personal finances also reflect macro-economic tendencies. A few examples concern how personal finances were negatively affected by the declining tourism sector ('there was nothing to do at work, the whole tourism industry was down, NAR_IS05), rising prices ('I went to the bakery and the price of a bread was higher than before the pandemic', NAR_PL03), and less chances getting a job due to higher unemployment rate and less consumption ('there suddenly was a lot of competition within my area of work and no one was starting new projects', NAR_DK06).

Facilitating factors

There are several narratives illustrating the importance of state-provided, transparent and rapid economic support systems for entrepreneurs, employees, and unemployed. Such policy responses can have equalising and facilitating effects, although they most likely cannot be 'perfect'. Olga, for example, says that she had got economic support from her mother although the Icelandic system for unemployment benefits is rather generous in a European perspective:

I didn't have to worry too much about my finances and income even though I was only working 50% because I also received unemployment benefits. I certainly suffered a loss of income. I was lucky because I have a good support system, e.g. my mom helped me out a lot. (Olga, aged 35, Iceland, NAR_IS05)

The most salient inequality grounds in the narratives are gender, class, age, nationality, and race/ethnicity. Other inequality grounds could have made visible and been problematised using other recruitment and analysis strategies. How gender intersects with disability, religion/belief, gender identity, and sexuality is thus relatively silenced in the (analysis of the) narratives on economy. Therefore, the narratives do not really contribute to the knowledge about how and if older women and women with disabilities are affected economically by the pandemic. Moreover, the narratives do not capture the role of religious institutions in reducing the effects of increased economic inequalities and poverty under the pandemic. As for gender identity, the narratives of trans* women do not cover economy. And finally, concerning sexuality, the narratives do not capture how the pandemic might have affected the sex industry (sex advertising, sex trafficking, the situation of sex-workers, etc.) economically.

Summary of changes and inequalities in the economy

Public authority, NGO and academic inequality experts, and the individuals who were interviewed about their personal experiences generally underline that economic gender+ inequalities have exacerbated under the pandemic, and that already vast economic inequalities within Europe have not been met with solidarity. Moreover, these inequalities overlap with economic issues presented in other domains, such as work and labour market, gender care gap, and gender pay and pension gap. Some inequalities were persistent already before the pandemic, for example: less women in the labour force; high unemployment rates among some migrant groups; increased risk of long-term unemployment; and poverty among vulnerable groups. Other economic inequalities are relatively 'new'. The most outstanding example of this is probably mothers dropping out of the labour market due to school closures. Not surprisingly, what stands out is that already vulnerable groups have been more affected by the pandemic and some of the policy responses to it.

The most salient inequality grounds emerging in the material as a whole are gender, class, race/ethnicity, age, nationality, and disability. This is not to say that other inequality grounds are less relevant; they are just less visible in the materials. These inequality grounds are both

affected by and affect two main problems that this summary will focus on: inclusiveness and re-traditionalisation. As for inclusiveness, the question of who are 'inside' or 'outside' social and/or economic support systems is often brought up in the materials. As policies of economic compensation tend to prioritise already existing businesses and individuals who have qualified for income related benefits, there is an obvious risk that such systems will disqualify self-employed and those who are unemployed or poorly paid (for example migrant women working with domestic care and older women in need of leave due to fear of being infected at work). As for re-traditionalisation, there is growing evidence for a return of the male bread winner model. This might be a temporary effect of the pandemic, but the materials provide several examples of this worrying tendency. However, there are two tensions which need to be analysed further: first, the relation between women working less paid hours in the total economy and at the same time taking care of the pandemic as frontline workers; second, the relation between women's increased economic dependence on men and laid off men's increased economic dependence on women.

Fundamental Human Rights: Health Care and Education

Human rights and fundamental freedoms are the birthright of all human beings; their protection and promotion is the first responsibility of Governments. (...) Governments must not only refrain from violating the human rights of all women, but must work actively to promote and protect these rights. (Beijing Platform of action).

The European Agency for Fundamental Rights (FRA) highlights how the COVID-19 pandemic has exposed gaps in respecting the fundamental rights to health, education, employment and social protection across society. The FRA (2021) describes the wide-ranging impact on fundamental human rights, concluding that European authorities' wide adoption of restrictive measures to protect people's lives and health has interfered with a wide range of fundamental rights, such as: the right to movement and assembly; the right to private and family life, including personal data protection; and the right to education and work and social security. The FRA highlights how the pandemic has exacerbated existing challenges and inequalities in all areas of life, especially affecting vulnerable groups. In the report they conclude how the pandemic has disproportionately affected women.

A UN report from 2020 highlights how women have unique health needs, but how they are at the same time less likely to have access to quality health services. This includes essential medicines and vaccines, maternal and reproductive health care, or insurance coverage for routine and catastrophic health costs and is especially notable in rural and marginalised communities. In the report it is concluded that health pandemics, such as the COVID-19 pandemic, make it even more difficult for women and girls to receive treatment and health services. This is furthermore compounded by multiple or intersecting inequalities, such as ethnicity, socioeconomic status, disability, age, race, geographic location and sexual orientation, and which influences access to and decision-making on critical health services and information about COVID-19. Furthermore, the report addresses how restrictive social

norms and gender stereotypes also may limit women's ability to access health services which has particular impacts during a pandemic. According to the World Economic Forum, health systems across the world have been overwhelmed by the pandemic and in trying to keep up with the care demands. This has resulted in collateral damage to women's health. One issue particularly highlighted is that many countries failed to keep sexual and reproductive health services available. This has also been emphasised by EQUINET who conclude that access to all sexual and reproductive health and rights (SRHR) was already limited before the pandemic, and during the pandemic and the lockdown measures that followed, access to SRHR has become even more complicated. EQUINET also reports on how another discrimination trend related to health seems to be arising in Europe underpinned by fear of contracting COVID-19 and against those that are frontline workers in the health system. This has resulted in that the daily lives of nurses, doctors and health care workers are increasingly being affected by discriminatory attitudes and harassment.

Gendered inequalities and variations in health care & education

In the workshops and interviews respondents were asked how COVID-19 policy responses have affected women's fundamental human rights, with a specific focus on access to health care. They were also asked to reflect on policy and civil society responses, silences and ways forward.

Inequalities with focus on health care

The workshop experts emphasised the COVID-19 pandemic as a striking reminder of how interconnected the world is. The pandemic unites the world population around a shared vulnerability and emphasises the need to ensure others' well-being for one's own well-being. Yet, the collaborative effort to mitigate the risk of spreading the virus has not only been insufficient to eliminate the deep structural inequities among different group (the low-income population, the Roma populations, migrants/refugees, prisoners, the homeless, people with disabilities) but has also deepened these inequalities, while creating new ones. Since the COVID-19 pandemic is a health crisis - in addition to an economic, political and social crisis - it has served as a mirror of the inequalities directly related to access to health care. Existing health-related inequalities have become exacerbated, and access to primary health care services for groups made vulnerable has become almost impossible. Pitfalls of the social security and national health insurance system in many countries have resulted in major health consequences for groups who were already suffering from structural inequalities.

According to the workshop experts, multiple inequality groups have been affected. Sex and gender stand out, as women had difficulty accessing sexual and reproductive health services during the pandemic. Ethnicity/race is a second important inequality ground, where the higher morbidity and mortality rate of COVID-19 among black, Asian, and other ethnic minorities was put forward as evidence of an exacerbation of existing inequalities of these groups in access to health care. The economic, social, and psychological difficulties faced by Roma families during the pandemic were also underlined. Stigmatisation and

discriminatory attitudes towards them have increased and have also been reinforced by the police and media. Discrimination on the grounds of nationality was also observed in many countries. Age is another salient inequality ground with the pandemic policy responses differentiating between age groups, and the pandemic itself taking a heavy toll on seniors, as most cases were observed among those aged 60 or older, and most deaths due to COVID-19 were among the 65 or older.

Class and socioeconomic status, in this domain as well as in the others, cuts right through the system of inequalities and is a highly significant factor in determining a person's ability to survive during the pandemic period. The measures taken to curb the spread of the virus could more easily be observed by people who have high-level income and education, who can stay at home (white-collar quarantine) and work from home. The wealthy have had access to private hospitals and clinics, continuing to access a range of health services, while others have had to mitigate the risk of COVID-19 and suffer from the consequences of national policies converting all state hospitals to pandemic hospitals (as in the case of Turkey). Uninsured people are those who have a lesser likelihood of accessing early diagnosis of COVID-19. People with precarious jobs and working in informal sectors have been hit harder economically and health-wise. Personal care workers, immigrants in general and newcomers in particular, and the homeless are among those most likely to be exposed to the virus and to be severely affected by the measures without receiving any state support and in difficulty to access health care.

A final observation from the workshop is that health care workers have become a new 'vulnerable' group. Among the health care workers, there was a clear gender divide in terms of exposure to COVID-19, as women held the majority of high-risk health care positions.

This last point is corroborated by the interviews, which were all conducted with health care experts in Turkey. The experts stated that the only reason the crisis had been handled relatively well was because of the dedication of the health care professionals: they worked long shifts in chaotic environments with a high risk of contagion, did not take any holidays and barely got to see their children. One of the interviewees also gives a very concrete example of how the vulnerability of health care workers is gendered. Because of 'dubious statistics' about women being less susceptible to COVID-19, the chief of the emergency department at the hospital where she works assigned more and longer shifts to female doctors and nurses, especially in the first months of COVID-19. This led many of them getting COVID-19, having an early burn-out or even dying from it. The same expert also describes public hospitals as underfunded even before the pandemic. They work in outdated and undersized facilities and are stifled by complicated bureaucracy. This, of course, had implications for how well they were able to handle the crisis.

Although the topic of the interviews was health care, when asked directly which groups have been most severely affected by the COVID-19 crisis, two experts brought up education as their main area of concern. Firstly, inequalities in education had become much more visible as children with no access to computers or the internet were left behind when schools closed.

Secondly, as one expert pointed out, keeping schools open is also a question of gender equality. Girls generally have to take much more responsibility than boys in household jobs. Some girls living in economically difficult conditions did not go back when the schools reopened, and some of these girls have been forced to get married. A similar point is made in the workshop regarding Roma girls in particular. Thirdly, keeping schools open is a question of health as health care services in schools play an important role in detecting major health problems in children, including the effects of incest or molestation.

One final aspect covered in the interviews that did not make up a major theme in the workshop was the importance of transparency when reporting COVID-19 data. Two of the experts described this as an area of concern in Turkey. Misinformation was widespread and it was difficult for people to know what information to trust. Although this was not explicitly mentioned as an inequality issue in the interviews, it is likely that level of education plays a role when trying to determine what is a reliable source.

Variations in the impact of COVID-19 policy and societal responses to health care

In terms of variations in the impact of COVID-19 policy, the following issues stood out to the workshop and interview experts:

The restrictions and lockdown measures for 65+ individuals were much more extensive and harsher than for younger age groups in most countries. New inequalities arose from this isolation, with increased waiting times and a lack of access to health care for a long time.

Restrictions on visiting hospitals for families and friends of those who are in end-of-life situations and limitations on conducting funeral ceremonies and other mourning rituals for sharing grief have had a negative impact on mental health and wellbeing. Isolation and restrictions of visitors to the nursing homes have additionally created mental health suffering for senior people. Restrictions on the number of hospital attendants as well as the lack of psychological support from families due to the social-distancing measures have had a negative effect on women giving birth in hospitals and have created a much more stressful situation for new mothers.

Due to the COVID-19 related measures, other health care areas were deprioritised. The limitation of health services of gynaecologists and obstetricians in many countries has prevented access to primary care for women in general, and pregnant women in particular. In the Czech Republic, the distribution of contraceptive methods in primary care clinics was also disrupted and unwanted pregnancies increased. One of the interviewed experts highlights that older people are more likely to suffer from chronic illnesses, another neglected issue during the pandemic. The Turkish Ministry of Health published a decree that enabled the extension of prescriptions without a doctor's examination for the drugs of chronic diseases. With this decree, people did not have to go to the hospital, but it is unclear what the long-term effects of not having regular check-ups will be.

The increase in the digitalisation of primary care services has also created a barrier for people with limited digital means and literacy such as the elderly, people with disabilities

and the Roma population.

The use of face masks has created an involuntary barrier for the people living with hearing loss, especially for those reading lips. The provision of transparent masks in health care was insufficient. The lack of adequate consultations and consideration regarding changing needs of people with disabilities in health care during the pandemic was underlined by various workshop participants.

The lack of accessible transport was brought up as a problem in the interviews. In Turkey, older people stood out as a vulnerable group: especially elderly, poor women with fewer family members had a hard time reaching the hospital. They could not afford transportation, since for many months they were banned from public transportation, and their children or grandchildren were not always able to take them to the hospital. The municipalities and NGOs provided some transportation, but it was not enough to meet the need.

When asked to consider inspiring policy and societal responses to the pandemic, the workshop participants' discussion focused on seniors, migrants, the refugee population, and the Roma population.

Apart from prioritising seniors for vaccination, which is a common strategy in most countries, few examples of inspiring policies and societal responses regarding seniors were shared. Although they varied in degree of force (from entirely voluntary to regulations of when and why leaving the home is permitted), extended social distancing restrictions and quarantine measures were applied to seniors in most countries. One positive example mentioned in the workshop was that during periods with such restrictions, younger people and organisations mobilised via neighbourhood initiatives and via social media to help the elderly with shopping.

In terms of missing policies and societal responses, the participants had more to share. They argued that policies regarding the elderly population, like prolonged quarantine measures, have not been designed with sufficient support mechanisms to decrease the physical and psychological effects. In addition, fearmongering and using public health measures as an excuse for discriminatory practices have brought about human rights violations for the elderly population. Some experts describe how the elderly have been treated as a virus by young generations in some places - in contrast to other places where younger generations have helped. The need to develop more structured ways to reach out to the senior population in the face of this crisis was emphasised. In the case of the care of the seniors in their homes, the lack of educated staff, management and leadership has become visible. Finally, the lack of focus on mental health and wellbeing of seniors in designing policies and societal responses has created further social marginalisation and additional inequalities along with the existing vulnerability of this group.

For the inspiring societal responses and policies, some are noted towards migrant and refugee populations. In Portugal, for instance, the government provided basic access to primary care and state-funded vaccination without requiring specific documentation which has enabled migrants/undocumented people to access these services. Extending

temporary residence permits because of movement restrictions was brought up as another positive example, as was the organisation of online consultations and information sessions for Syrian refugees. However, in many countries, most of the COVID-related policies and societal responses have fallen short of responding to the specific needs of migrants. For example, language barriers of different nationals have not been adequately addressed in terms of disseminating COVID-related measures and information which put some groups at more risk. Also, undocumented migrants working as care workers for chronic patients or as childcare workers, most of whom are women, have difficulty in accessing testing or COVID-care due to fear of deportation.

Housing problems have become much more visible in terms of both risks of exposure and the impact of the measures. Where one resides has also become a determinant in the vaccination policies of some countries. In Austria, for instance, homeless people and refugees living in communal shelters and emergency shelters have been vaccinated with the Johnson & Johnson vaccine since it is a one-and-done deal, much easier to store and transport. Those qualities have made it ideal for immunising people who are hesitant or are hard to track down a month after the first dose.

Regarding the impact of NGOs, Roma NGOs advocacy work was highlighted as important as access to health care of Roma people, their specific needs have not been considered adequately. One of the interviewed experts said NGOs in Turkey were very active and did their best to help vulnerable groups such as refugees and LGBTIQ+ people. However, they struggled with lack of funding and political tensions between local NGOs and state policies.

Some comparisons were made between Turkey and other countries in the interviews, in particular with regard to the issue of data transparency previously mentioned. One expert argued that policies against COVID-19 depended on the general democratic structures of the countries and whether they have traditions to share anything with their people or not. Germany was held up as a positive example of a country that provided detailed and accurate information, even when mistakes were made. South Korea, on the other hand, was discussed as too extreme in terms of transparency as the data provided was so detailed that personal rights to privacy became an issue.

Narratives of groups made vulnerable in health care and education

Whereas the workshop and expert interviews had a particular focus on access to healthcare, the narrative interviews were conducted using a more open approach. For this reason, the narratives cover a range of different aspects connected to human and fundamental rights. Not all of these will be covered here, but this section will take a slightly broader approach than the sections above: in addition to access to health care, it will also discuss access to education.

Problems and inequalities

A number of narratives told from the perspective of both healthcare professionals and patients show how the pandemic has limited access to health care. From the caregiver

perspective, the narrators often express frustration that the pandemic has prevented them from providing proper care. The start of the pandemic is described as particularly chaotic as there were no routines in place. Understaffing and lack of appropriate training are frequently referred to as problems (see also the section on work and labour market). Both can lead to potentially fatal mistakes. Carina, a nurse from Austria, explains:

There is a consistent shortage of staff in the hospital, especially when it comes to nurses. To counteract this, nurses were moved between different wards. This produced chaos and stress. For example, staff was transferred to areas outside of their expertise. They did not know the new colleagues, the patients or the processes in place. This is extremely bad for day-to-day work as this type of knowledge is essential for being able to act quickly. As a result of this situation, many mistakes were made, among others in the distribution of drugs. Mixing up drugs can be fatal, yet it happened very often (Carina, aged 24, Austria, NAR_AT04).

Understaffing also meant care often becomes limited to the bare minimum. Aisha, who works in a residential care home in Belgium, describes the “moral blow” of watching the residents ‘shutting themselves off’ and ‘suffering from not seeing their relatives’:

It was hard that we couldn't help. Even us, we had little time to stay in the room, it was just to give them their tray (NAR_BE06).

In many cases the “human touch” was quite literally missing. Maintaining a distance and wearing protective clothing made communication and showing compassion more difficult. This was made worse by the fact that family was often prohibited from visiting hospitals and care homes. With limited time on their hands, staff had to compensate for loved ones’ absence, even at the time of death. The narratives told from the perspective of care recipients also show how the pandemic made healthcare less “caring”:

My worst experience during the COVID was undergoing a main life or death operation and having no family around. I felt so alone and helpless. Before I was anaesthetised, I was alone. When I woke up, I was alone. I would call the nurses by ringing the bell [...] They used to look at me like I was a burden and get angry at me for disturbing them (Mrs. Lovely, aged 56, Cyprus, NAR_CY02).

In addition, the woman quoted above was faced with extra costs. The general state hospital could not admit her due to the pandemic. Instead, she had to seek private health care where she had to cover a large part of the cost herself. The cost of health care is brought up as an obstacle to access in a number of other narratives as well, especially when there is inadequate insurance cover or when the person’s economic situation has changed for the worse.

Care recipients’ narratives also emphasise how COVID-19 has meant that other areas of health care have been deprioritised. Some pre-existing inequalities have deepened:

As a transwoman I've often experienced a lack of service, especially regarding health care. This has gotten worse in COVID as all waiting lists have gotten longer and it is hard to get answers. It's really hard and hurtful to feel like a residual. Lack

of funding is the reason for little and poor services. For example, I was supposed to have my gender reassignment surgery a year ago but it was postponed because of COVID (Fae, aged 50, Iceland, IS02).

Fae is one of few transwomen in the narratives and her experience of moving down on the list of priorities is important to highlight. Another gendered issue is that access to healthcare before, during and after childbirth is brought up as a problem in several narratives. Some of these narratives also speak of the difficulty of having to go through the experience of childbirth on their own as their partners were not allowed in the room. Difficulties accessing health care was not limited to non-COVID-19 related issues, however. Narrators with suspected or confirmed COVID-19 also describe problems accessing testing and care. Rosie contracted the virus early in the pandemic. She still has severe symptoms over a year later and she is struggling to get proper help as her condition is still poorly understood:

As well as these traumatic symptoms, it has been incredibly painful and upsetting having to constantly justify how I know this is long COVID [...] I'm so tired of people not believing me and not taking my symptoms seriously (NAR_UK06).

One final aspect worth considering with regards to access to health care is the challenges digitalisation has presented to providers of counselling and other forms of support. Although face-to-face contact is missed, a potential benefit is also reported: it can be easier to reach vulnerable groups through digital means. Speaking from the care recipient's perspective, Reelika, an 18-year-old from Estonia, speaks of the change in mainly positive terms. She suffers from agoraphobia and digitalisation means she could attend her therapy sessions even if she was 'feeling terrible'. Online sessions also made it easier for her to focus on what she was feeling instead of trying to 'appear more socially acceptable' (NAR_EE02).

Digitalisation is, of course, a major theme in the education domain as well. The impact that home schooling and digitalisation have had on gender inequality has been covered extensively in the section on the gender care gap. Social class is another salient inequality ground. On a strictly material basis, the narratives indicate that the pandemic has caused major inequalities with regards to access to education. Selda, a teacher working in rural Turkey, witnessed this first hand during the pandemic. The Internet connection in the villages where her pupils lived was either patchy or too costly. Some parents used their mobile data but as Zoom meetings use a lot of data this quickly ran out:

One parent had to choose between classes to economise internet usage on her phone, she was ashamed to tell me for a long time that she had the child join Turkish and Math classes but not music or PE. I learned this during a visit to the village. There can also be other problems such as having three kids at home but only one tablet, so who will use it? (Selda, Turkey, NAR_TR01).

Apart from access to the Internet and computers or tablets, parents also speak of struggles relating to crowded living conditions. When both parents and children are trying to do their work in a limited space, it is difficult to focus on the task at hand. However, class inequality is not only a matter of economic capital but also cultural capital. When schooling is

transferred to the home environment, the parents essentially become teachers and some parents were better prepared for this task than others. Evelyn, a retired woman from Austria, states that she did not see any negative consequences for her grandchildren regarding home schooling:

But that is mainly due to the privileged surrounding in my case. The necessary resources, such as a computer, are available. My daughter is a teacher herself, so distance learning went well. Of course, this is different for children from more modest backgrounds (Evelyn, aged 74, Austria, NAR_AT07).

Despite her positive experiences, Evelyn questions whether closing schools for a long period of time really was the right response. Other narrators express similar views. Two main concerns are expressed. The first relates to the quality of teaching. Many describe the online teaching as badly organised, at least in the early stages of home schooling. This, it should be mentioned, is not only of concern to school children but also university students. Narrators studying in fields such as nursing, where practical training is crucial, expressed concern that they will not be fully qualified when they graduate. The second relates to the fact that the value of going to school is not limited to formal learning, the social aspect is also held up as hugely important for children's well-being and development. A number of narratives describe how children suffered from the social isolation when they could no longer attend school. Many children struggled to focus on their schoolwork and some children also developed more severe conditions.

That many have suffered from the social isolation brought on by the pandemic is made abundantly clear by the narratives. Over half of the narrators speak of it as having had a negative impact on their mental health. The very young and the very old, people with pre-existing health conditions, people living alone or in harmful relationships stand out as particularly vulnerable. Although social isolation is the most frequently mentioned reason for increased mental health concerns, there are others worth mentioning. Work is one of them. The narratives contain stories both from those who are one the brink of exhaustion because of overwork (e.g., healthcare workers) and those who lack a sense of purpose due to unemployment. The second category often experiences economic hardship, something which is often intertwined with mental health issues. In this regard, the homeless stand out as a vulnerable group. Margarita and Dolores, who work for a Spanish NGO that supports the homeless, describe the situation as follows:

Homeless people were invisible before, and with the pandemic they have become much more invisible. Nobody wanted to socialise with them. Furthermore, those who stayed on the street were the scourge of society, because publicly it was thought that they were going to infect us (Margarita and Dolores, Spain, NAR_ES04).

That the pandemic has reinforced the stigma attached to already stigmatised groups can also be seen in some of the narratives concerning ethnic minorities. Jana, who works in a Roma kindergarten in Croatia, shares her experiences:

During the pandemic, they have had an extremely hard time. They have been completely isolated. Non-Roma population expressed hostility towards Roma people and acted as if they were carriers of the infection who should not be contacted in any way (Jana, aged 51, NAR_HR05).

The narratives relating the experiences of minorities, such as the Roma and Irish travellers, show how they can be faced with quite extreme obstacles in accessing human rights. Access to work, social welfare, healthcare, education and housing is severely limited. These limitations also apply to many of the migrants represented in the narratives. Some migrant narrators describe difficulties accessing healthcare and regarding education, and home schooling can be particularly challenging to migrants new to a country. Runi, a 32-year-old refugee living in the Czech Republic, explains: 'As foreigners, we don't speak the local language properly. So assisting my daughter with her education, even if she is only a first grader, was challenging' (NAR_CZ04). In addition, the extra language classes that her children normally received were cancelled during the pandemic.

Facilitating factors

In terms of solutions, it is perhaps encouraging that at least some of the narratives from both the healthcare and education sector describe how the situation gradually improved once new routines were put in place. A lot has been learnt that could make some issues preventable in the future. That many of the early solutions to the problems caused by the pandemic came from below, in the form of staff 'bending the rules', is more of a mixed blessing. On the one hand, much can be learnt from the innovative ideas of individual teachers and the compassion shown by healthcare workers. On the other hand, in order to avoid increased inequalities, school reforms need to be implemented on a wider scale and the healthcare system cannot rely on staff staying late without pay because their sense of compassion prevents them from leaving. They need to be properly compensated for their efforts.

Summary of changes and inequalities in access to health and education

Taken together, the workshops, interviews and narratives show the far-reaching effects that the COVID-19 crisis has had on health-related inequalities. Although each type of material adds its own insight, there is a considerable overlap concerning which inequality grounds are covered.

Some groups are associated with far higher COVID-19 mortality rates than others. Older people stand out in this regard, but also ethnic minorities, which was put forward as evidence of an exacerbation of existing inequalities of these groups in access to healthcare. Social class affects not only access to healthcare (including access to private options and insurance) but also exposure to the virus: working class people are more likely to work in high-risk settings. Another concern is that the focus on COVID-19 has meant that other healthcare areas have been deprioritised. Sex and gender stand out, as women had difficulty accessing sexual and reproductive health services during the pandemic.

Transwomen have been affected as gender reassignment surgery is considered elective and therefore postponed. People suffering from chronic illnesses, particularly older people, are also left more vulnerable. Increased digitalisation in healthcare has created a barrier for many populations with limited digital means and literacy (such as older people and the Roma). The Roma population, as well as other ethnic minorities, have also suffered increased discrimination and stigmatisation during the pandemic. Social isolation has had widespread implications on mental health, but older people are perhaps particularly affected.

Finally, health care workers were put forward as a new 'vulnerable group'. Many have worked under exceptionally difficult conditions during the pandemic. A clear gender divide can be seen as women held the majority of high-risk health care positions. The lack of routines at the beginning of the pandemic, and overworked staff throughout it, also affected the quality of care. Narratives from both healthcare workers and patients show that understaffing in the healthcare sector meant there was no time for *care* in health care as staff struggled meet even the most basic needs of the patients.

It was also pointed out that data transparency largely depended on a country's democratic traditions. In countries where transparency was an issue, it was difficult for both health care workers and the general public to make informed decisions. Both lack of trust and misinformation were common. When it comes to access to information, level of education plays a role, and if language barriers are not sufficiently addressed, it puts some migrants at risk.

In the narratives, access to education was also covered. What they show is that closing schools had enormous implications for inequalities in this area. Social class was the most salient inequality ground, both in terms of economic capital (lack of suitable equipment, crowded housing) and cultural capital (some parents were better able to help their children with schoolwork). Finally, keeping schools open is also a matter of health. Firstly, because children have suffered from the social isolation and secondly, because health services in schools play an important role in detecting health problems in children.

Environmental Justice

Human beings are at the centre of concern for sustainable development. They are entitled to a healthy and productive life in harmony with nature. Women have an essential role to play in the development of sustainable and ecologically sound consumption and production patterns and approaches to natural resource management. (Beijing Platform for Action).

The global environmental crisis remains an acute problem along with the COVID pandemic and the links between the two as well as the link to gender equality have been acknowledged in several ways. The World Economic Forum's Global Risks report placed climate-related risks at the top of ten global threats before the COVID-19 pandemic. In the UN Platform for Action (1995) it is concluded how women remain largely absent at all levels

of environmental policy formulation and decision-making while at the same time being largely affected by environmental changes and effects from environmental policy making. Strategic objectives in the Platform for Action includes to; involve women actively in environmental decision-making at all levels; integrate gender concerns and perspectives in policies and programmes for sustainable development; and strengthen or establish mechanisms at the national, regional and international levels to assess the impact of development and environmental policies on women. The UN (2020) report on Gender and Climate Change in the Context of COVID-19 highlights how COVID-19 is not only a global human health crisis but also an environmental and animal welfare crisis and, furthermore, recent studies show that the links between climate change, ecosystem degradation and public health are increasingly becoming direct, intricate and complex. The report acknowledges that the pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems which are in turn amplifying its impacts. The report concludes that all COVID-19 response measures should therefore include a gender dimension paying particular attention in recovery strategies to build more equal, inclusive, and sustainable economies and societies that are more resilient in the face of pandemics, climate change, and the other global challenges.

Gendered inequalities and variations in environmental justice

In the workshop and the interviews, the respondents were asked how COVID-19 policy responses have affected environmental inequalities in various target groups? They were also asked to reflect on policy and civil society responses, silences and ways forward.

Inequalities with focus on environmental justice

The initial discussion in the pan-European environmental justice workshop centred around three broad fields: transports and mobility patterns; urban planning, clean air, clean water and green spaces; and supermarkets, farmers markets and packaging. The interviews conducted with experts from Italy and Spain covered the first two of these topics, whilst also contributing additional insights in the area of waste management. These fields are intersected by different and multiple inequality grounds, impacting different social groups unequally, mainly related to gender and social class, ethnicity, race, nationality and age.

Transport and mobility patterns are differentiated by sex/gender, socioeconomic status/social class, ethnicity, age, and sexual orientation/LGBTQI+. Both workshop and interview experts highlighted that policy responses that reduce mobility, such as public transport operating at limited capacity, have had a disproportionate effect on those of lower socioeconomic status. This reduction of mobility has limited social circles and supports, work prospects, and by extension the economic status and the mental and physical health of those who rely upon public transport. In this sense, the COVID-19 response policies in this area deepened inequalities, as groups that typically rely on public transport include already vulnerable people e.g., older people, ethnic minorities, younger people, and those with disabilities.

On the topic of urban planning and access to clean air, clean water and green spaces, the workshop and interview experts argue that access is primarily differentiated by social class and socioeconomic status, but that class intersects with other inequality grounds, not least ethnicity. This area has also seen exacerbated inequalities due to the policy responses to COVID-19. During lockdown, displacement was banned and the possibility to access better quality and clean air environments was removed for people living in suburbs, polluted and grey neighbourhoods, and apartment complexes without green space/private gardens. This augmented the negative impact on the mental and physical health of being forced to stay at home for those concerned.

Supermarkets and farmers' markets were also addressed in the workshop as an area of increased inequality. The decision in many countries to suspend the activities of open-air farmers' markets made supermarkets the only accessible shops where to buy food. While the small producers who were more at ease with technology moved the selling activity from streets and squares to the internet, many of them were deeply penalised, losing significant parts of their income. Small farmers were under pressure due to the closure of hotels, restaurants, and catering, which made up the majority of direct sales. In a similar context, supermarkets have had their market share increased, with ancillary and serious consequences in terms of pollution: big stores – and online grocery stores – extensively rely on packaging for food protection and for marketing reasons.

Finally, one of the interviewed experts from Italy highlighted that the household waste has increased due to the pandemic, resulting from more time being spent in the home as well as discarded masks. In this context, the economic sector of waste management has been significantly affected. The expert also described the difficulties faced by the workers who collect household waste and similar public hygiene duties. They became seen as both dirty and potentially dangerous. The concern was related to the risk of contracting COVID-19 by touching household waste or wastewater. Because of the fear of contagion, about 40% of public hygiene workers were absent which caused inefficiencies in separate waste collection and a further exacerbation of the environmental injustice imposed on operators who decided to keep on working. Each of them had to do twice as much work, with additional efforts and risks.

Variations in the impact of COVID-19 policy and societal responses to environmental justice

After the initial discussion, the workshop participants focused on two topics that they explored in more detail: the uneven reduction in mobility choices and the unequal access to green spaces.

The lockdown measures that were introduced during the pandemic naturally decreased mobility overall, but by reducing the availability of public transport, lockdown policies also led to a reduction in mobility choices, there have been reduced availability of public transport. In many countries, public transport had been running at reduced capacity; in

some (e.g., Turkey), state policies limited access to transport for certain groups (elderly and children). These policy responses had exacerbated already existing inequalities in mobility. The mobility of those who do not own a car was restricted, reducing access to jobs, leisure and essential services for already vulnerable groups.

In the workshop, the intersection of sex/gender and social class was mentioned, since women and low-income people are more likely to rely on active transport modes (especially walking), generally in connection with the use of public transportation. Moreover, one expert stressed the fact that during the pandemic, with fewer people in public spaces, more vulnerable commuters (women, minorities, LGBTQI+ people, etc.) experienced a reduction of personal security, if not the inability to travel, particularly alone or at night. Ethnicity was another important inequality ground mentioned. The workshop included two experts in transport who provided examples supported by data from research they had recently carried out. They reported that in the UK, before the pandemic, 56% of black users' journeys relied on public transports, compared with 29% of white and 44% of South Asian people. Therefore, with reduced public transport services during the pandemic, vulnerable groups belonging to the inequality grounds of ethnicity and race were severely affected. Beside these groups, age also represented an affected inequality ground at the height of the pandemic, especially in countries where public transportation access for 65+ and children was restricted, and this created greater inequality between those who owned cars and those who did not.

Moving on to the inequality ground class, in general lower-income individuals tend to have fewer transport choices, particularly around the use of private vehicles. According to the experts, it emerged that people in lower-paying jobs were more likely to have to continue working in presence during the pandemic, meaning they would still have to commute actively. Therefore, while high-income groups intensified the use of private vehicles, the lack of car access during lockdown cut off low-income households from existing jobs, and limited their access to new opportunities, risking higher unemployment amongst poor communities. Finally, moving to the long period, one expert shared a reflection about the future development of public transport networks, this time linked to the diffusion of home working, which has rapidly become realistic, common, and generally applied, especially for middle-income people. Because of this, a reduction in commuting flows is likely to be expected. The expert stated that, if this trend will stay and the commuting infrastructure will adapt to the home workers' needs, lower-income people - who may need to commute still - are more likely to deal with a somehow reduced transport network.

The interviewees also highlighted mobility as an area which was impacted by COVID-19, covering similar inequality grounds. One interviewee emphasised that reducing access to public transport had essentially worked as an incentive to use cars more and people with access to cars had increased their use due to fear of contagion on the metro or buses. These behaviour changes may not be so easily reversed post-pandemic and could have environmental implications in term of increased pollution.

Also, looking ahead towards a post-COVID-19 recovery phase, one workshop participant noted that gender divisions affect the role women can play in the transition phase from petrol to clean energy fuels. The gender pay gap makes access electro vehicles unequal, mothers might need bigger vehicles (i.e., to accompany their children to school and to pick them up) but, since electric cars are too expensive, they need to fall back on fossil fuels ones.

Concerning access to green spaces, one example from the workshop noted how, in recent times, and especially because of the experience made during the lockdown and quarantine periods, city dwellers are increasingly moving away from the city in order to access better quality air. However, this decision is not equally affordable to all, but only for medium and high-income classes. On a similar note, one interview respondent noted that citizens in Spain were only allowed to walk in areas very close to their homes. People could leave the house only to buy medicines or food, or to walk their dogs. Citizens living in neighbourhoods with no green spaces were denied the possibility to enjoy nature. In contrast, many upper-class people moved to their second residency homes, often close to the beach or in the countryside and away from urban spaces. The same respondent also brought up how low-income individuals living in shared apartments often found themselves being confined to one room, rather than having access to other common areas of the house. In addition, it was often impossible to have a private bathroom in such situations, so, potentially, these individuals were more exposed to the risk of contagion.

Overall, the interviews strengthen the evidence from the workshop and, according to the experts, the most affected groups for this policy domain are people of low socio-economic status, and in particular, people living in isolated areas; living in depreciated neighbourhoods; living far from public green areas; living in smaller houses with no private green space; living in overcrowded houses; having difficulties to access clean air and heating; working in the public hygiene sector (and thereby facing extra health risks). Finally, those who live close to factories, and therefore are more at risk of exposure to pollutants, are more often people with a lower income.

Speaking of ways in which the response to the pandemic could have been handled better, one interview respondent argued against generalised lockdown strategies and questioned the idea that it was right to protect some groups at the expense of others, and that this was considered unavoidable. Using Italy as an example, the respondent stated that older people are not always the most vulnerable group in society, as they can also be the most affluent and have means to protect themselves. It was as if COVID-19 was a totalising event, which obscured other (necessary) considerations. On a related note, a new form of inequality with respect to mobility was highlighted, whereby schools were often the only places where children from low-income families could have access to higher-quality environments, but school closures stopped this. As a result, there were divergences in impact on generational level where the protection of older people was a priority that eclipsed certain issues faced by young people.

In a wider sense, both the workshop and interviews also emphasise that the COVID-19 crisis

had overshadowed the bigger question of climate change. Contributing to this was the fact that policy measures introduced during lockdown and in recovery plans could not be opposed by the general population, since protests and environmental social movements were prevented from demonstrating with the excuse of COVID-19 restrictions.

Finally, one workshop participant was also critical of the fact that green recovery plans do not tackle inequality. Instead, they provide market-based solutions for the post pandemic restoration (i.e., very high investments in hydrogen and digitalisation), but investments in social innovation and in the care sector are still too small. According to the expert, this is due to the male involvement bias in (sustainable/green) recovery programs, where there is still a very strong male dominated lobby.

Narratives of groups made vulnerable in environmental justice

A recurrent theme in the narratives is the contrast made between being confined at home and the freedom of going 'outside'. Within this broader theme, two sub-themes relevant to the environmental justice domain can be identified: access to green spaces and access to public transport. The following section will primarily focus on those two themes.

Problems and inequalities

Regarding the first sub-theme, a number of narrators describe spending more time outdoors as a consequence of the pandemic. To some, outdoor activity stave off boredom and act as a replacement for other activities that have been cancelled due to the pandemic. To others, it is a form of stress relief. As the outdoors offers a safer space to meet people, particularly for older people and other at-risk groups, it can also help prevent social isolation. Whereas social isolation affects narrators who live alone to a greater extent, there are also narrators who describe going outside to escape the tension that can arise from sharing a small space with other people for a prolonged period.

Some narrators describe going 'outside' in more general terms, others make specific mention of green spaces. These narratives are often written from a perspective of relative privilege and the narrators express gratitude that they have access to green spaces. They believe this is something that have increased their sense of well-being and reduced their sense of confinement during the pandemic. Having one's own garden is mentioned as positive, as is living in the countryside or near city parks. For some, access to green spaces was already in place before the pandemic. Others increased their access by moving during the pandemic, either temporarily or more permanently. Although there are a few narratives where increasing access to green spaces was given as a reason for moving, it was more often a fortunate side-effect of a move done for other reasons. Madalena from Greece has the following to say:

I was happy to return the help that my mother gave me by going home when my father died. In the countryside the child was not locked inside the house and could go out. Staying with my mother helped me save money. There is a garden and animals. If I had stayed in Athens in the first lock down it would be like a scary movie

(Madalena, aged 44, Greece, NAR_GR08).

European countries have differed in the extent to which they have restricted access to public places such as parks as well as movement outside and within cities, hence access to green spaces has not been shared equally by all European citizens. To those that lived in countries with more limited access, the restrictions did not always make sense:

Not being able to go outside municipal borders gave me anxiety. Ljubljana has 280.000 of citizens, you cannot limit their access to green areas to three hills and one park. Those hills and parks were packed with people. What is a problem with driving outside the city and go for a walk into the woods? I do not see a problem (Minerva, aged 41, Slovenia, NAR_SI04).

Regarding other inequality grounds, social class is naturally important when it comes to access: not everybody can afford a house with a garden. Low-income individuals are also more likely to live in crowded conditions which could heighten the need to 'go outside'. It is not immediately obvious from the narratives to what extent access to green spaces is gendered but single mothers stand out as a potentially disadvantaged group as they often describe economic hardship. Age is another salient inequality ground, and both the very young and the very old stand out as particularly badly affected. Children's access to green spaces may not be more limited than other groups but the mothers in the narratives often express concern that being confined at home is going to have a negative impact on their children's development. Older people must deal with both the restrictions themselves and their own fear of what would happen if they caught the virus. Old age in combination with a disability or illness that reduce mobility can place a person in a particularly vulnerable position. A poignant narrative on this theme comes from Vera (NAR_HR04), a 72-year-old Croatian woman who has been reliant on a wheelchair since she was a young woman. She lived in a residence home where life was 'endurable' until the pandemic turned her life into a 'horror story'. She explains that:

For one hundred and thirty days, [she] was treated as a prisoner sentenced to solitary confinement (Vera, aged 72, Croatia, NAR_HR04).

Eventually, Vera decides to move to a relative's old house by the coast. It is a decision she does not regret:

One year has passed since I have been living in this old house. And my life is more than perfect. I have one room at the ground floor, but all the parks and the coast are mine (Vera, aged 72, Croatia, NAR_HR04).

The second theme in this domain, access to public transport, is also tied to the question of confinement. If access to public transport is curtailed, it can contribute to a person's sense of being trapped inside the home. In some countries, public transport was run on limited capacity or even shut down completely during the pandemic. Victoria, who lives in Slovenia, describes her situation as follows:

I am very dependent on public transport, while we had only one car due to financial

reasons. So the shut-down of public transport was very negative for me. We live app. 10 kms outside of the city, so I really need buses to come to the city, I cannot walk to the city (Victoria, aged 55, Slovenia, NAR_SI01).

Having no access to public transport meant she could not visit her parent, go to job interviews or doctor's visits. Being 'forced to be at the same place for 24 hours' had a negative impact on her well-being and it also caused tensions in her relationship with her husband. At the time of the interview, she is living in a safe house, and they are going through a divorce.

In most narratives, however, the main obstacle to using public transport is that trains and buses are seen as environments where the risk of catching COVID-19 is high:

After a few weeks, I started going on longer walks, but I did not use the public transport because I was afraid. I was very closed socially; the fear and insecurity were growing. I realised I'm about to go crazy if that continues for a very long time (Petya, aged 65, Bulgaria, NAR_BG05).

Petya, who is quoted above, is retired and could avoid public transport even though the cost of doing so was social isolation. Others did not have that choice as they relied on public transport for work or other obligations. Only a few narratives explicitly address this problem but several of the inequality grounds are likely to be of relevance. Women generally rely more on public transport than men and migrants rely on it more than non-migrants. Class is clearly of relevance as some of the alternatives to public transport are expensive (owning a car, taxing taxis instead of buses). Older people and other risk groups are also disproportionately affected. Disability can limit access to public transport in more general terms, but it is not clear from the narratives if the pandemic has exacerbated this form of inequality.

In addition to the two main themes described above, a couple of the narrators mention problems with access to clean water. Both narratives are told by members of ethnic minority groups. Josephine, a member of the Irish traveller community, says: 'this was a big challenge with the impact of COVID-19; to wash hands all the time, especially without water or sanitation. What do you do?' (NAR_IE04). As well as having limited access to water, overcrowding made it difficult for members of the community to self-isolate if they did contract the virus. A few narratives also bring a positive side-effect of the pandemic: there is less air-pollution due to reduced traffic. Beth, also an Irish woman, is alone in bringing up the larger question of climate change. To her, looking after our health also involves looking after the Earth and she is worried that 'climate change has been eclipsed by COVID-19' (NAR_IE05).

Facilitating factors

What the narratives show above all is the importance green spaces and the ability to move around freely can have for a person's well-being. They offer little in terms of solutions or ideas on how to make access to green spaces or public transport more equal. Policy

measures that limit movement are often the cause of the problem, but policy responses are never brought up as a solution. There is also a distinct lack of examples from the civil society sphere. Instead, when narrators are confronted with limited access to either green spaces or public transport, they usually found the solution in their own personal networks. For example, a couple of narratives describe escaping to the countryside for a few months, temporarily living in a house belonging to friends or family. With regards to public transport, the solution is typically to borrow a car or ask someone for a lift. This, of course, presents something of a dilemma. On the one hand, increasing access to cars could reduce transport inequality. On the other hand, this would be counterproductive in terms of environmental sustainability.

The narrative material that fits into the category of environmental justice is quite sparse and it does not make up a major theme in any of the narratives. The theme does not appear saturated and new insights could be gained if explored further in the next round of narratives. For example, the narratives that bring up access to green spaces as important usually do so from a perspective of having access. It would be interesting to hear more from the perspective of those lacking access, but it is also important to reflect on why these stories are missing: it is likely that access to green spaces is overshadowed by other, more urgent, needs.

Summary of changes and inequalities in environmental justice

In the workshop, the discussion concentrated on two main inequality problems: the unequal reduction in mobility choices and the unequal access to green spaces. These themes also featured heavily in the interviews and in the narratives

Regarding mobility, reduced access to public transport is a central concern. The pandemic has meant that public transport has been operating on a limited capacity or, in some cases, shut down entirely. This has led to increased inequalities in terms of mobility as such restrictions naturally hit those who rely most on public transport the hardest. Social class is a salient inequality ground here, but also gender, age and disability, as well as ethnicity, race and nationality. In the narratives it was clear that mobility was further reduced for some groups, especially the elderly, as they avoided public transport out of fear for contagion. On a related note, exposure to the risk of contagion is also unequal: many of those who were not able to work from home were low-income earners who rely on public transport to get to work. Another aspect of safety on public transport is brought up in the workshop: more vulnerable commuters (e.g., women, minorities, and LGBTQI+ people) felt less safe during the pandemic, particularly when alone or at night, as there were less people around.

There is a clear link between the two themes as transportation can be a crucial part of access to green spaces. Low-income individuals are at a clear disadvantage here: they are more likely to live in crowded conditions without access to a garden and their ability to travel to green spaces is also more limited. The pandemic has made it clear that mobility is not only a means to access employment, healthcare, and other vital services, it also serves as an important antidote to social isolation. The same can be said for access to green spaces.

Confinement at home has led to a drastic increase in both mental and physical health issues. These effects are also unequally distributed: those deprived of transportation and recreational opportunities outdoors are also more likely to suffer negative consequences to their sense of well-being.

Highlighting the class aspect of environmental justice during the COVID-19 crisis shows some potentially difficult dilemmas. Two issues are at stake here. On the one hand, the negative consequences of climate change are bound to hit already vulnerable groups the hardest. On the other hand, what has made the pandemic more bearable for high-income earners are also things that come at a substantial environmental cost: large houses with gardens or access to a holiday home, access to a car, etc. Finding solutions that tackle both the impact of climate change and the consequences of economic inequality can, in other words, be challenging. Based on the material presented here, both climate change and inequality issues have been deprioritised and overshadowed by the attempts to contain the spread of the virus.



Discussion: from vulnerability to equality and social justice

This section discusses the overall results of the report. The discussion is based on analyses of workshops and interviews with inequality experts, from civil society, public authorities and academia, and narrative interviews with individuals throughout Europe. The overarching goal of the discussion is to map out and pay attention to possible 'ways forward', that is to go beyond a vulnerability perspective (in which groups made vulnerable and inequality and discrimination are emphasised) by focusing on broader patterns of and conditions for promoting equality and social justice. The discussion is structured by domains in order to keep the discussion specific.

Decision-making and politics: ways forward

The pandemic has revealed, and indeed increased, the negative impacts of non-gender sensitive decision-making and politics. The analysed data put the spotlight on the unpreparedness of the systems and institutions to address and include multiple vulnerabilities, leading to a continued and increased marginalisation and exclusion of already disadvantaged, marginalised or vulnerable groups (e.g., elderly, atypical workers, single mothers). The results show how systems and institutions, in times of crisis, stick to already existing norms and path dependency of gender-stereotypical policymaking. This can be related to research indicating that in countries where women are more involved in the policymaking process a different and more gender sensitive policy outcome is more likely (Soares & Sidun 2021).

While the analysis shows the interrelation of decision-making and politics with all other domains, all examined domains share the same suggestion for way forward: to increase the representation of women in policy-making, to gender mainstream policy responses (including both gender-proofing and gender-budgeting), to include the intersections of multiple inequalities in both policy- and decision making (not only in equality strategies), and to include women's voices in civil society in decision-making. Decision-making in times of recovery has already shown that increasing the numerical representation of women is not enough, women as decisionmakers do not necessarily 'represent' a gender-sensitive viewpoint. This calls for a substantive representation of women and other relatively marginalised groups, including a greater recognition of different women's voices.

To reduce inequalities and to deliver an inclusive and equal way forward towards social justice, multi-sectoral and multi-departmental collaborations are necessary, both on the part of governments and different departments, and on the part of the women's sector and civil society. Strategies should interlink and government departments should communicate with each other better in order to address intersectionality in equality strategies. Here, a

promising way forward and further action, is the setting up of national conversations on inclusion and gender equality – and policy acceptance of the centrality of gender-proofing and gender-budgeting in the recovery plans. But national level is not enough; across many domains, a proposed way forward includes to localise decision-making and policymaking: crisis management has worked better at the local than national level; when people have experienced problems together, they have acted together to find solutions.

To mitigate the negative impacts now, and future path dependency, this is the time for strategic public thinking on gender equality in decision-making and politics. To avoid regression and additional cycles of increasing inequalities, the way forward must include monitoring and evaluation of implementation and accountability solutions; good policy is not enough if it is not properly implemented and adhered to. Decision-making should be based on gender-disaggregated data and deploy gender mainstreaming and gender budgeting as core principles in decision-making, in all policy areas; these tools help policy makers need to look at policies through a gender lens.

Based on the overall empirical results and the more specific proposals from workshop and interview participants, the following ways forward are suggested:

- Solutions must be long-term, informed by good practice in other countries and based on information on the impact of COVID-19 based on disaggregated data for strategies that are fully inclusive. It is important to draw lessons from the gender-related consequences of lockdown measures and draw guidelines/emergency plans for future crises based on lessons learnt. Addressing inequalities in leadership, decision-making and political participation requires an integrated, holistic and coordinated approach involving government and civil society at different governance levels.
- A more participatory and inclusive approach to recovery, involving policy makers, civil society, economic actors, scientists, emerging women’s movements, young people, etcetera is needed. One solution for achieving a more inclusive decision-making could be to draw on a variety of channels to bring women’s voices and needs to the policy agenda. These include trade unions, women and minorities parliamentary groups, and groups within political parties. These ‘channels’ could take up questions about barriers to equality in this domain and how to overcome them.
- Gender mainstreaming should be a core principle in decision-making in all policy areas as well as gender budgeting – these tools help policy makers to look at policies through a gender lens. Monitoring and accountability are also important aspects that are needed to avoid regression. For these purposes, data and information are essential, as well as indicators. The lack of data on the impact of COVID-19 on women and minority groups has also had a negative impact on decision-making. The adequacy of the evidence-base for inclusive and gender-sensitive policymaking is worth exploring further, especially as key medium and

long-term economic and political choices will be made as societies come out of the pandemic.

- The recovery from the pandemic can open up a window to challenge gender-stereotypes; setting up inclusive public awareness campaigns with positive practices as found in some of the narratives could facilitate this further. These should also include challenging a mindset of privilege in relation to gender, race, age, sexual orientation, ability, etcetera. Thus, it is important not to lose sight of the intersectional dimensions of gender inequalities in leadership, decision-making and political participation.

Gender care gap: ways forward

This report feeds into the growing evidence for a widening of the gender care gap during the pandemic (EC 2021). Increased inequalities in this domain are likely to affect and to be affected by other domains, primarily work and labour market, economy, gender pay and pension gap, and human and fundamental rights. The societal organisation of care is indeed central for women's possibility to earn for a living, which presupposes, for instance, affordable care facilities (including schools). The analysis of this domain thus shed light on the intersecting nature of the domains (Walby 2009). Women do not only engage more in the unpaid care work but also in the paid care work which is clear from the findings in other domains. The double or even triple nature of women's engagement in 'taking care' of the pandemic is a striking feature of the COVID-19 crisis.

Although the effects on women's unpaid care work are not unambiguous, the input from workshops, interviews and narratives clearly show that the conditions for a sound and gender equal distribution of care have worsened, and while there are positive examples, there is a risk of backlash, of a re-traditionalisation of the gendered distribution of care work. Still, promising ideas and practices were identified and shared by the research participants, for example generous parental leave schemes, open childcare facilities, and schools (Denmark, Finland, Iceland, Sweden). There are examples of NGO-based rapid social and psychological support for lone mothers, supportive and care sensitive work organisations adjusting to their employees' increased care burdens during the pandemic, targeted interventions for fathers and, possibly, men's greater involvement in childcare. However, these promising ideas and practices should be read with caution, since they have not been researched in detail for this report. Moreover, the cost of ignoring feminist knowledge on the gender care gap is severe, in that the pandemic has shown that gender equality is processual in nature and depends on resilient and gender knowledgeable institutions. Without proper policy mechanisms in place, previous decreases in the gender care gap may be lost.

The findings stipulate some possible ways forward for a gender+ equal distribution of care. The most general level includes having public funding for affordable and accessible care for all, regardless of age, gender, class, etcetera, and not only during the pandemic. Given

the goal to reduce women's unpaid care work, the material indicates that future policy interventions need to take into account the already well-known inequalities produced in and because of the gender segregated labour market, non-gender sensitive working organisations, and the skewed distribution of unpaid care work in the private domain, which have deepened the gender care gap during the pandemic. This could be done by having the following long-term goals in mind:

- Fostering father-friendly working organisations through legislation and cooperation between state and local actors, the NGO sector, and employers.
- Developing paid leave schemes for taking care of elderly parents (similar to parental leave schemes).
- Ensuring that LGBTQI+ families and single parents have access to adequate social support and economic provision - thus not taking heterosexual coupledness for granted and avoiding heteronormative assumptions.
- Acknowledging the role of informal carers, preferably single mothers and women with multiple caring responsibilities, when developing paid leave entitlements, for example unemployment benefit, care allowance, and temporal parental leave.
- Do whatever is possible to keep medical, social, and educational services open, since the gender inequality and health effects of closing such institutions are harmful: for all but especially for already marginalised women in more vulnerable positions.
- Paying attention to and providing 'care for the carers', such as paying attention to the risk of double exposure for persons who engage in care work both in and off paid work.

Gender-based violence: ways forward

The pandemic has increased and made already existing inequalities related to gender-based violence more evident; although many of the problems made visible are not new, some are. The analysis of the workshop, interviews and narratives also shows how gender-based violence as an inequality domain is also strictly related to other domains (such as gender care gap, and work and labour market) (Walby 2009).

The pandemic sheds light on the unpreparedness of institutions to face intersectional dimensions of gender-based violence. The most promising ideas for further action by policymakers or civil society include: to address the roots of gender-based violence; the coordination between services and other actors involved (i.e., law enforcement); the establishment and use of clear protocols and indications; and an integrated response to gender-based violence. These need to cover basic needs, ways to attain financial independence, and address the gender care gap and inequalities in other domains, including their mutual shaping. Furthermore, the cost of ignoring existing feminist

knowledge, such as the false notion of the safe home, underlines the need for stable and inclusive policy consultation structures and mechanisms that are not put out of play during times of crises.

Some of the tools that emerged during the pandemic should be kept. These include means for reaching out for support that cannot be overheard and leave no traces, and also open public spaces where women can get information and ask for help (e.g., pharmacies), or where people can access digital tools and information (e.g., libraries). The main root problem for women stressed by the pandemic was the lack of economic independence. The loss of work (regular or not) influenced the possibility to access allowances; without it, many were left without resources. While this is not exclusive of the pandemic, the latter exacerbated it and made it evident. The analysis shows that there is a need to rethink welfare and labour organisation, as well as a need for long-term solutions and for empowering individuals.

To work towards reducing risks of increases in gender-based violence during times of crises, an investment in awareness raising, educational policies and concrete trainings – with feminist and intersectional perspectives – to discover violence and support victims is needed. Since domestic violence is a structural problem, the need for education is fundamental; there is a widespread lack of awareness and training of the professionals involved in dealing with gender-based violence, such as judges, prosecutors, lawyers and psychosocial teams. Structural gendered inequalities need to be simultaneously addressed by, for example, these professions. Combating gender-based violence requires a change of mind-set (attitude), change of behaviour (acting as needed), and the necessary resources for transformative change. Therefore, training is needed not only in knowledge but also in acting and in change.

Finally, in the material there are some promising practices and ways forwards, which, if they are developed further, could improve the situation for various groups of women subjected to gender-based violence and lessen the effects of gender+ inequalities. Future policy responses to gender-based violence need to:

- Be jointly coordinated by multiple services and actors who offer integrated responses to gender-based violence covering basic needs (such as accommodation and access to informal and informal support), work on how to attain financial independence and how to share information (e.g., medical reports), and address inequalities in other domains.
- Support the development of early detection and prevention of gender-based violence, for example through new forms of cooperation, innovations, and digital tools. For example, the role of public institutions (such as libraries and pharmacies) and working organisations can be strengthened.
- Support further educational programs and knowledge production on gender-based violence in crises, for example by commissioning NGOs to carry out research on the

most marginalised and hard-to-reach groups.

- Address gender-based violence in recovery plans and similar policies.

Gender pay and pension gap: ways forward

The pandemic has increased and made already existing inequalities in gender pay and pension more evident. The analysis of the workshops, interviews and narratives also shows the interconnectedness of gender pay and pension to many other domains.

The pandemic has put the spotlight on the importance of, during times of crises and subsequent responses, the interrelation between gender, social class and socioeconomic status, and age. To move away from inequalities and vulnerability, robust intersectional analysis, making sure it includes the lived experiences of women of colour, different age groups and people of different socioeconomic status(es), is necessary. In regard to economic intersectionality, many issues combined to make women vulnerable in the pandemic. In regard to disability, it was discussed that their access to healthcare lapsed, and many were left with medical and psychological issues as a result of this. Due to the worsening of ailments alongside other issues such as those with chronic energy conditions, many had to reduce their work hours and therefore experienced job insecurity. Multiple issues were identified that existed at the intersections of different vulnerabilities. Experts emphasised that stratification along citizenship lines means that undocumented migrants or those with unsettled status often had a total loss of income and had to rely on assistance from civil society organisations as the government response did not consider their situation. Many subsequently became homeless or turned to more dangerous work as a source of income including many women who became sex workers to support their family.

The most promising ideas for policy responses for ways forward that emanate from the findings include the shortening of working hours, with maintained wage levels – a policy solution that has been already successfully implemented in some sectors in a few countries. The pandemic can be seen as providing a social experiment demonstrating that working practices and the distribution of labour are possible to transform. A second promising way forward, away from individual vulnerability and towards equality and social justice, includes the minimum income guarantee; positive discrimination in funding to SMEs, and childcare allowance was also increased for those with the lowest levels of income during the pandemic.

A more structural level way forward is to re-focus on a care economy (in contrast to e.g., the gig economy), which prioritises those working in care and those receiving care. A care economy is one in which unpaid care is being fully supported.

- In general, policies need to be more gender-sensitive or gender-responsive, taking into account existing evidence on how specific groups will be affected by policy initiatives and then monitoring outcomes on the basis of factors such as gender. The approach needs to be intersectional and integrate the experiences of women of

colour.

- Policy responses need to show more consideration for the multifaceted experiences of those at the lower end of the pay scale. For example, mental health has knock on effects for the employment of women. Therefore, policies ensuring the continuation of employment, such as the Furlough Scheme, failed to mitigate against these issues.
- There are considerable policy gaps within the EU and there is a need for a more cohesive approach, particularly in relation to care. This includes a cross-national need for better and more granular data to capture what is happening and to understand the consequences of the pandemic. In particular, this is necessary to be able to monitor intersections of race, ethnicity and gender and to conduct analyses from a life course perspective.
- Regarding who needs to be involved, there must be consultation with the people who are affected themselves. Civil society has a role to play in advocating for these groups but those who are vulnerable need to be involved in shaping policy responses and power must be shared to enable their viewpoints to be heard. Advocacy voices and lived experiences should run through the whole process of policy development and implementation (not only as consultation in the beginning but feeding into all stages especially implementation on the ground).
- Apart from these quite broad statements, a number of more concrete suggestions were made, such as: a guarantee for minimum income; to increase carers' allowance and widen the criteria for access to carers' allowance; to shorten working hours without reducing pay; to increase funding for those who perform care, such as through well paid parental leave, to improve men's involvement; to promote social models of care, as opposed to focusing the burden of responsibility on families.

Work and labour market: ways forward

Some of the most affected target groups for this domain include women with care responsibilities, migrant women, domestic workers, elderly people with low pensions, and in particular groups who lack access or capacity to use digital tools. The problems identified could be better addressed through policy responses recognising informal work, affordable care facilities and alternatives to teleworking.

Although the problems are experienced and need to be addressed in different national and political contexts, similar problems were raised by the eight workshop participants, talking from different countries (e.g., Austria, Greece, Finland, Italy, Turkey and the UK), which points to similar structural problems. Here, it is important - in the European or international context - to be able to move beyond the national level, and beyond what we define as 'workplace'. Ways forward include to pay better policy attention to different forms of work and atypical workers, including migrant workers, young people, and to the ways in which all age groups and people with mental and physical disabilities can access digital tools. This

is particularly important when, in times of crisis, devising emergency measures, as these risk being undemocratic in the policymaking process, and risk remaining in place once recovery begins, and becoming institutionalised.

Concretely, reducing inequality in work and labour market is intimately linked to accessible and affordable care (both childcare and elderly care), to the inclusion of informal workers/atypical workers in the workforce (e.g., via trade unions and collective bargaining), and to the recognition of informal and unpaid work as work.

During the coming phases of recovery, a large number of workers will go to public employment services in order to be retrained and reintegrated in the labour market; digital transition and greening should be included to prepare these workers for digital working and for sustainable production. Based on the problems and policy responses that are described by the research participants, it is suggested that future policies targeting the work and labour market domain should:

- In general, in this domain as in others, to address the problems experienced, policy and civil societal responses need to be gender mainstreamed, gender-budgeted and pay attention to intersectional and interlinked inequalities and domains.
- Strengthen the positions of workers performing care and domestic work, for example by giving these groups and their interest groups advantages and influence in policy making. For example, issues like public transport, taxes, and safety can be 'mainstreamed' from care and domestic workers perspectives.
- Support digital literacy among vulnerable groups, such as elderly and people with disabilities, for example by launching targeted educational programs. A prerequisite for this is an equal digital infrastructure in Europe.
- Promote knowledge production on how increased teleworking affects the working environment for parents.

Economy: ways forward

It is already known that the pandemic has increased economic gender+ inequalities (EC 2021). Rather than producing knowledge on the consequences of this at the macro level, the specific contribution of this report is its focus on agency and 'lived effects' (Bacchi 2009) among groups and individuals made vulnerable because of the pandemic and its policy responses. It stands clear that the economy domain permeates all other domains (Walby 2009), in that economic decisions and consequences affect the conditions for, e.g., women in female dominated sectors of the labour market, women's ability to leave violent partners, and women's positions as both workers and carers.

The most salient problem related to the economy domain is the exacerbation of already existing gender+ inequalities. Furthermore, relatively new forms of economic inequalities due to school closures as well as re-traditionalisation of economic responsibilities have

emerged. This was enhanced by a tendency reported in the findings to form economic policy responses to mitigate economic effects caused by the pandemic for those already within the system, leaving the 'outsiders' unprotected e.g., short-term labour, and informal care sector workers. However, the research participants mentioned some promising ideas and practices that are worth paying attention to, such as state-provided general and targeted economic support with high levels of inclusiveness, and keeping childcare facilities and schools open. Based on the analysis of the narratives, a preliminary conclusion is that such policy responses have mitigated the harm for those women who have been able benefiting from them. However, the pandemic and its policy responses have made various groups of women more vulnerable than others. This insight needs to be taken into account, since the costs of not counteracting increased gender+ economic inequalities threaten the livelihood and the room for agency for those groups made increasingly vulnerable during the pandemic (cf. Deveaux 2006).

Finally, some possible ways forward are pointed out in the materials. In order to decrease the negative effects of rising economic gender+ inequalities during and after the pandemic, it is suggested that future economic policy interventions should:

- Value and prioritise female dominated sectors of the labour market (such as social and health work) to obtain resilience, in terms of qualified and adequately staffed institutions, for future crises. This is indeed a complicated and long-term goal. However, according to the interviewed health and social workers, there is a need for recognition, improved working conditions, and adequate payment in these professions. The pandemic has shown the importance of female dominated first-line workers yet appreciation must move from applauds to concrete measures.
- Condition economic support to businesses, especially larger companies, in a way that makes it possible for employees to develop their competences.
- Be gender-sensitive and inclusive in the sense that they take into account the conditions of women in more vulnerable positions, who have had decreased opportunities providing for themselves during the pandemic. For the maintenance of such targeted support systems, increased cooperation between policy actors at a variety of levels are needed: nations, local authorities, and the NGO sector.
- Include a gender+ perspective in all economic recovery plans to follow.

Fundamental human rights in health and education: ways forward

Since the domain of fundamental human rights is inclusive of many sub-issues and diverse, it has been necessary to focus on selected aspects (see table 2). As pointed out in previous studies, for example by the FRA (2021), the protection of fundamental rights has been a serious concern during the pandemic. This report feeds into this body of knowledge by analysing access to health and education from the perspective of groups made vulnerable during the pandemic, for example healthcare workers, patients, and single mothers.

Although the focus has been limited to access to health and education, nonetheless, the analysis reveals, that this domain permeates and overlaps with other domains (Walby 2009). For example, having access to healthcare is a precondition for maintaining work ability and an income of one's own, while having access to education is a precondition for women's participation in the labour market.

Some of the most distinctive human rights problems pointed out in this report concern increased health-related inequalities, social isolation (with all its negative health-related and educational consequences), lack of trust and misinformation, and the precarious situation of healthcare-workers and teachers. Nonetheless, several promising ideas and practices were mentioned by the research participants, for example: vaccination programs which do not require identity documents; grassroots initiatives for supporting elderly; transportation for elderly (offered by NGOs or municipalities); and NGOs advocating for the rights of ethnic minorities and migrants. Moreover, healthcare workers and teachers mentioned that they have learnt a lot during the pandemic - lessons that are overlapping with and are relevant for the domain of decision-making. The analysis shows that not taking the perspective of these professions might have severe costs for future crises. Both healthcare and education are feminised sectors, and the wellbeing of current and forthcoming generations relies heavily on these. Both systems must strengthen their resilience at the macro and meso level, rather than put their trust in individual professionals.

Finally, the data provide insights of relevance for the future. In particular, the workshop suggested several possible ways forward:

- More focus on public/community health rather than on personal/individual healthcare is needed. Specifically identifying the needs of different groups would also enable determining commonalities about problems and/or solutions in designing inclusive health-related policies. In this regard, comparing approaches of countries and regions, learning from promising practices, and connecting the dots between similar projects/initiatives can be helpful for policymakers.
- New methodologies and more participatory tools should be developed to reach out to and consult with specific groups, not to deepen or create new inequalities as in the case of arising digitalisation barriers for seniors or people who do not have the necessary technological equipment, and therefore cannot access health care.
- There is a need to develop an understanding of holistic care that is based on an understanding of intersectionality and interdependence and an emphasis on strengthening primary and preventive healthcare services in the face of future crises. Preventive care is crucial for an effective response to the pandemic and much less costly (less hospitalisation, less institutionalised medical care, etcetera).

Environmental justice: ways forward

The COVID-19 pandemic is not only a global health crisis; it is also a crisis for environment

and animal welfare (UN Think Piece 2020). However, in the context of this report, the climate and environmental related problems emerging during the pandemic have mostly been discussed in terms of transport and mobility, urban planning, air quality, and green spaces - all of which are features illustrating the interconnectedness between the domain of environmental justice and other domains (Walby 2009).

The results in this report contribute to the already well-known fact that mobility patterns as well as access to clean air and spaces are structured along several inequality grounds. This in turn relates to environmental justice concerns about the fair distribution among social groups of environmental quality. The spatial dimension of the pandemic is gendered, one example being the closure of a variety of resources such as outdoor play grounds where care takers would bring their children, women shelters, or even the closure of sporting facilities or cafés or other locations where people meet (who for a variety of reasons cannot or do not want to meet with others where they live). The "spatial capital" of different individuals, and from a more structural perspective for different groups of individuals, have furthermore been very unequal in the lockdowns with big differences in access to living spaces and green recreation areas where the intersection of many inequalities become apparent. The empirical analysis provides, unfortunately, very few promising ideas and practices. Moreover, social class stands out in the analysis. This can be interpreted in terms of deficient resilience (Forbes et al. 2009), since the individual responses to the pandemic - such as transporting oneself to recreation areas outside cities or having close access to green spaces - often are linked to social and economic resources. This needs to be taken into account and understood from a gender+ and a feminist institutionalism perspective. Through such theoretical perspectives, attention is given to how issues related to environmental justice are allocated at macro and meso levels rather than at groups and individuals made vulnerable (cf. Deveaux 2006).

When proposing possible ways forward, an important starting point is that both environmental concerns and inequalities need to be kept on the agenda even in times of crisis. Other ways forward suggested in the material in the findings include:

- Decision-making needs to be more inclusive. On this point there are some divergent views regarding who has been excluded. The workshops/interviews highlight that in countries where older people are more affluent and powerful, policy often targeted the needs of older people, at the expense of the younger generations. In the narratives, on the other hand, older people often expressed that the policy meant to protect them often left them feeling vulnerable and excluded. Despite such divergence, inclusive decision-making remains a key issue concerning not only age, but all other inequality grounds as well. This relates to environmental justice as the equal treatment of and opportunity for meaningful participation for all people, regardless of social factors such as gender, age, ethnic origin, economic status, educational background in the development and implementation of environmental laws, rules and policies.

- Energy poverty in times of crises needs to be addressed. For example, spending more time at home during lockdown meant that low-income households, to which the cost of electricity is prohibitive, had less access to heated environments in winter and air-conditioning in summer.
- Existing public green spaces should be improved, and new ones should be created. Such spaces should be accessible, especially to disadvantaged categories, even during lockdowns. As the narratives show, most 'solutions' to the problem of accessing green spaces are intrinsically private and rely on economic or social capital. The attention needs to be shifted to public solutions.
- Racial minorities, elderly people, and women did not participate enough in the urban planning processes. Their cities are not designed for them, for example regarding transportation and easily accessible green spaces, in particular during lockdown. Therefore, urban planners must allow for the participatory planning of space with regards to those who live in the community - a space which must work for them - to enable access to green space during lockdown.
- A discussion around how to encourage sustainable and independent mobility (bicycles, skateboards) for lower income groups is needed.
- For civil society, the importance of bystander interventions to reduce personal security incidents, like harassment, to improve the safety of public transport, in particular for vulnerable groups (women, minorities, LGBTQI+ people, etc.). To this end, societal organisations could organise training or awareness campaigns for the general population.
- Finally, there are many silences, specific issues and inequalities not explored that needs further attention. One suggestion is to increase the knowledge on different mobility patterns of men and women in the context of the pandemic to understand what changes and how. For instance, who used the family car and what implications did that have on mobility, work and social isolation?

Conclusions

This report has provided an examination of the behavioural, economic, social and environmental impacts of COVID-19 on individuals in Europe via qualitative indications from inequality experts in public authorities, academia and civil society; and via the accounts of individual lived experiences of people living throughout Europe. This first cycle of collection and analysis is necessarily exploratory in nature, identifying key inequalities, issues and ways forward. It also provides a standard for the second and third research cycles of RESISTIRÉ. In the upcoming cycles, the research activities will continue to explore the silences and potential ways forward, and related issues highlighted in the first cycle, in order to further examine the development of inequalities throughout the COVID-19 pandemic.

The overall findings of this first cycle of qualitative research describe a complex picture, where women remain significantly disadvantaged across all domains and where there is a downward spiral of increasing inequalities; being already marginalised or disadvantaged, makes you disproportionately more disadvantaged and marginalised.

COVID-19 and its policy responses have made the most vulnerable even more vulnerable, with strong gender regimes and social class and social capital regimes cutting across multiple domains. These findings suggest an interrelation between domains and intersections between inequalities. Changes in inequalities and gender relations in one domain, whether due to the pandemic itself or its policy and (civil) societal responses, correlate with changes on other domains - these appear to take each other as environments. The problems and inequalities triggered and worsened during and by the pandemic, or its policy responses, are strikingly similar across the domains, whether reported by public authority experts, NGO representatives, or individuals sharing their direct experiences during COVID-19. Inequalities in one domain have spill-over effects into other domains, and the intersections of gender and social class and capital, often made visible as gendered socioeconomic status, run like inequality regimes - cutting across the domains.

After this general introduction, the conclusion section is divided into two subsections. First, empirical conclusions and reflections about what kind of crisis the COVID-19 pandemic is. Second, the report ends with a section on theoretical contributions for future research and analysis.

Empirical contribution: what kind of crisis is the COVID-19 pandemic?

What kind of crisis is the pandemic represented to be? Which problems have been highlighted and which have not, and importantly, why so? What effects have policies had for individuals in what they have experienced and in how they have coped with the pandemic? Based on these questions, some of the most salient and domain-overlapping conclusions are outlined below, highlighting the pandemic as a crisis of: care; with a strong and implicit 'survival of the fittest'-norm in many policy responses; handled by decisionmakers through a dominant 'war-mentality'; affected by the degree of resilience invested in different actors and institutions; triggering implicit and gendered decisions and behaviours; and, finally, as a serious crisis of trust due to the failure of securing faith in society's responses to the pandemic.

First, the pandemic is a *care crisis*, where women unproportionally have worked with maintaining basic life sustaining functions in relation to, for example, health care, child care and elderly care, and caring for people with disabilities. This is especially evident in the domains of the gender care gap, gender pay and pension gap, work and labour market, fundamental human rights, and economy. Typical concerns problematised in relation to these domains are the dynamic between unpaid and paid care work, the gendered consequences of closures of childcare facilities and schools, the harsh working conditions for health care workers, and the tendency to take women's care work for granted in policy

making. The pandemic has in a devastating way shown the importance of care for the sustainability of life and how care is gendered in a multitude of ways. It is still yet to be seen how society in the future will address the effects of the massive work-overload leading to women seeing no other way than to reduce the working hours to manage (leading to less income) and/or being burned out (in need of care/rehabilitation themselves).

Second, pandemic policy making has been characterised by a '*survival of the fittest*'-mentality and failed to protect the most vulnerable groups. This is particularly evident in the economy and the work and labour market domains, since policies have been implicitly designed to protect foremost the 'insiders', i.e., representatives of the majority community who already prior to the pandemic had secure working positions, higher levels of education, and higher income. Furthermore, (too) little attention has been given to already vulnerable groups and those in risk of violence and other violation of human rights. The consequences of the focus on insiders are illustrated in several narratives told by various groups of women not being able to make use of universal and male-centred benefits. These narratives, depicting who is an insider and who is not, should be read as a reminder of the importance of the preparedness of political institutions – being able to make decisions without reinforcing gender+ equalities.

Third, a '*war mentality*' has been prevailing in pandemic decision-making. During the pandemic, there has been an emphasis on rapid decision-making by homogeneous (not diverse) teams and privileged (white men) individuals, while inclusive decision-making has been treated as less adequate given the exceptional circumstances and therefore legitimised. Two striking examples are the closure of childcare facilities and schools, leading to an intensification of women's unpaid care work, and lockdown measures more generally, complicating the situation of women subjected to gender-based violence. A few narratives use this '*war mentality*' metaphor in order to shed light on the strained and uncertain pandemic living conditions. Indeed, the COVID-19 pandemic has been and still is serious for many, but the narratives with women made vulnerable during the pandemic indicate that the lack of women in decision-making and the lack of critical gender+ perspectives have worsened the situation.

Fourth, the pandemic can be seen as a '*gender trigger*'. In times of uncertainty there is a risk of falling back on stereotypical traditional gender patterns. This has been observed in the results on several policy domains, in particular decision-making, gender-based violence, and gender care gap. Social norms that govern what we see as appropriate and affect our behaviour can play a bigger role in situations that have a high degree of structural ambiguity, i.e., when there is no strong guidance, implicit or explicit on how to be or act. Gender norms have been found to be determinant in how persons act in situations with a high degree of structural ambiguity and can act as 'triggers' (Riley & McGinn 2002; Husu & Callerstig 2019). This is for example illustrated in narratives on stereotypicisation of victims of gender-based violence, and re-traditionalisation of gender roles regarding paid and unpaid work. Thus, the pandemic can be seen as a gender trigger, in that it created a new and untested situation with little guidance and a big uncertainty in how to make decisions

and how to live.

Fifth, the pandemic is a serious crisis of *trust*. The mistrust and lack of confidence in society's institutions displayed in many narratives pose a threat not only to the individuals' opportunities to exercise their rights and to be able to equally influence society and their own lives. It also poses a threat to society's ability to deal with pandemics, such as ensuring compliance with advice and guidelines and high vaccination rates. However, the narratives also include experiences of and wishes for greater solidarity between people, since isolation and fear somehow unite people.

Sixth, last but not least, the *resilience* of the gender equality system (that is actors, organisations, and institutional mechanisms working to promote gender equality) during the COVID-19 pandemic has been uneven across countries and policy domains. The results highlight a lack of gender equality perspective in pandemic policy making, such as a lack of gender and intersectional analysis, and, related to this, a lack of (how to use) sufficient inequality data. Furthermore, the results show that most often an inclusive and representative decision-making was not practiced. This is for example illustrated in the narratives on how lockdowns restricted the access to public commons, green spaces, and accommodation for victims of gender-based violence. Thus, the pandemic is also a spatial crisis, in which access to recreation and safe spaces is distributed unequally between individuals and groups. There are however great variations, contextual and over time. In many instances, existing equality mechanisms seem to have created a situation where questions around gender and increasing levels of inequalities were considered to a higher extent as the crisis progressed, not least due to civil society organisations. The inertia of different systems, such as NGOs, private companies and public actors may be argued to be different in that they have different abilities and possibilities to adapt to reactions in their contextual environments. The real test of resilience will however become apparent in the ways that various equality systems will learn and potentially transform, where 'recovery' in the sense of the return to business-as-usual might not be the most desirable way forward but where the crisis, in the words of Arundhati Roy (2020 online), is a potential 'portal' that can be a gateway between one world and the next and where: 'We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.'

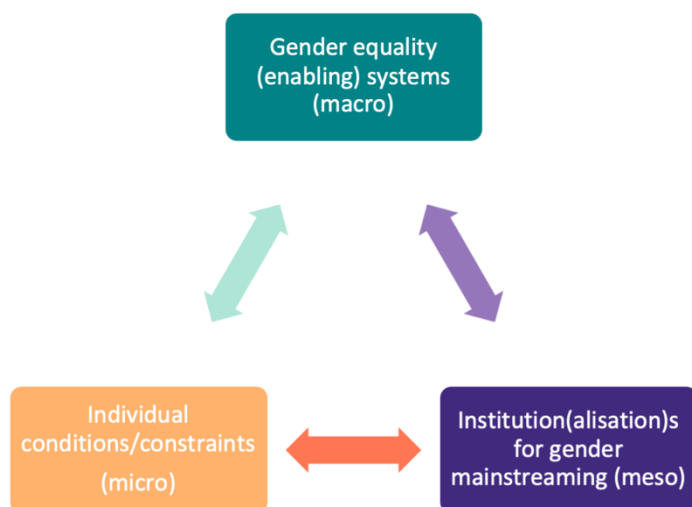
Theoretical contributions for future research

The aim of this report, and the empirical data collection that has proceeded it, is related to the broad overall aim of the project to identify and compare for whom, for what gender+ inequalities groups and with what intersections, and in what domains there are positive or negative COVID-19 impacts, and how these may respond to policy approaches. In order to approach this aim, the first round of the qualitative inquiry has taken a methodologically abductive approach, using a set of open-ended questions and the application of a

necessarily open theoretical framework. Such abductive approach enables the gathering of empirical data while simultaneously providing input for the development of the theoretical framework, and in a way which allows for the further refinement of existing questions and for the formulation of new questions.

The results from the first cycle have allowed for a development and refinement of the initial broad theoretical starting points. The results indicate not only that those three levels of analyses could fruitfully be applied (micro, meso, macro), but furthermore that the structural, institutional and individual levels interact and mutually shape each other (see figure 4). This raises some important questions for the future research agenda, including what questions to pose in the next set of data collection and how to analyse these.

Figure 4: A multi-level theoretical approach



Addressing how the different levels interact suggests the importance of a complex theoretical framework on multiple levels, which links the macro, meso and micro levels. On a systems and macro level, an analysis of gender regimes (Walby 2009) is useful as it theorises the significance of gender and places gender at the centre of/for societal transformation - but without excluding other inequality regimes. Macro social science theorising has often rendered gender invisible, therefore underestimating the significance of feminist projects for (transformative) change. In contrast to tendencies to make gender invisible or to reduce it to the family domains, the RESISTIRÉ results point to that gender must be located in all institutional domains, which are in turn intersected by other inequality regimes (class, ethnicity/race and others). On the meso level, the results may be analysed using feminist institutionalism as a point of departure, which would make visible how gender+ equality policies and COVID-19 policies contribute to changing formal and informal institutions, i.e., the 'rules of the game' (see Kenny 2007, 2013, 2014; Krook & Mackay 2011; Mackay & Waylen 2014) - or, indeed, how this has not happened as a consequence of COVID-19.

The results from this first qualitative study in the RESISTIRÉ project suggest that resilience is applied in three interlinked aspects; the resilience of the macro level entailing the abilities of different countries due to factors such as existing gender regimes (e.g., dual earner, dual carer) and national gender equality infrastructure (gender sensitive care and work social systems), the resilience of the meso level such as the level of or institutionalisation of mechanisms to ensure gender mainstreaming in decision making and service delivery, and finally the micro resilience of individuals such as subjective and material aspects affecting how individuals can cope with the effects pre, during and post the pandemic. Policies and civil society actions are not made in a vacuum. Organisations, both political and civil, exist within a broader societal and institutional context to which they will respond in order to legitimise their existence in different ways and to fit in with different types of demands (Scott 2008). They are affected by societal gender institutions, what have been called the 'deep structures of organisations' (Rao & Kelleher 2005). Societal gender institutions, such as taken-for-granted gendered assumptions and 'ways of thinking and working, that underlie decision making and action' (Rao & Kelleher 2005: 64), are transformed into gendered practices by organisations (Acker 1992). Organisations create and reproduce gendered divisions of labour, cultural definitions of masculinity and femininity, and ways of articulating men's and women's interests that reach beyond their borders (Connell 2006). Policy and actions by civil society thus in different ways shape human life. How policies materialise in a person's life, i.e., which concrete effects they will have on the personal life course, creates 'lived effects', or in Bacchi's words 'the impact on life and death' (Bacchi 2009). These material effects are related to how a problem is conceived in a policy and which solutions that are proposed, or not proposed, as a consequence. Policies also have 'subjectification effects' (in Bacchi's words: 'how people are thought about and how they think about themselves'), in that they affect both social relations and individual positions in society. Discourse affects both how a person understands their position and how they act in relation to it.

The outset of the project is to analyse behavioural, social and economic inequalities during COVID-19. With the primary data collected and the unique 31 country, multi-domain and multi-level methodology of RESISTIRÉ, where policies are mapped at the macro level, societal responses at the macro and meso levels, statistics collected at the macro and meso levels, and individual stories collected at the micro level, these perspectives taken together can fruitfully explain actions and behaviours in a specific context or situation, which interactions they are involved in, what actors they encounter and what the results or outcomes are from different chains of events, taking place at the backdrop of policy making and civil society.

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This report benefits from the material generated via the workshops and expert interviews, conducted and reported by the consortium partners.

Workshop	Partner	People
Work and the labour market	Yellow Window	
Gender care gap	ISAS	Vanda Maufras Černohorská, Roberto Cibin, Marcela Linková, Tereza Stöckelová
Gender pay and pension gaps	OBU	Anne Laure Humbert, Charoula Tzanakou, Clare Stovell, Alexis Still
Decision-making and politics	TUD	Sara Clavero, Yvonne Galligan, Sylvia Gavigan
Gender-based violence	DEUSTO	Elena Ghidoni, Laia Tarragona, María López Belloso, Dolores Morondo Taramundi
(Access to) health care	SU	Ayşe Gül Altınay, Kristen Biehl, Nazlı Türker, Ayşecan Terzioğlu
Environmental justice	K&I	Claudia Aglietti, Marina Cacace
Economy	ORU	Anne-Charlott Callerstig, Dag Balkmar, Sofia Strid

This report benefits from the material generated via the narrative interviews conducted by the national researchers.

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Annex 1: Workshop grid and reporting templates



RESISTIRÉ - REPORT ON WORKSHOPS (1st cycle)

The aims of the workshops are to a) collect information on the most salient behavioural, economic and social inequalities resulting from policy responses to Covid-19, and b) initiate the recruitment of informants for the narrative collection - the latter is predominantly for the second and third cycle, whereas for the first cycle partners will need to use their own networks to facilitate the recruitment.

1. General information

Domain: [name of domain] and workshop title:

Main facilitator: [name of researcher]

Note-taker / Co-facilitator (s): [name(s) of note-taker(s) and/or co-facilitators]

Date: [dd/mm/yyyy that the workshop took place]

Duration: [approximate duration of the workshop in minutes]

Number of smaller groups in session 3

Consent form signed:

Miro board web-address:

2. Information about the participants

No of participants:

Participant information: summarise info collected in the bio sheet (organisation, inequality group etc.):

3. Inequalities with focus on the thematic area and inequalities

[Here you can provide information about the participants' general reflections on changes

in inequalities due to Covid-19 policy responses with focus on the thematic area covered by the workshop from the workshop/questions posed in session 2. Provide information on the notes made on Miro and your reflection analysis based on them and the discussion.]

- Have inequalities related to [thematic area] changed due to Covid-19 policy responses and if so, how?
- What policy responses have affected the situation of individual/groups the most and why?

Digging deeper questions from workshop:

- What existing forms of inequalities persist or have increased?
- Are there new axes of inequalities that are created by Covid-19 policies?

4. Variations in the impact of Covid-19 policy and societal responses - concrete examples

[Here you can provide information about the participants' reflections on the variations in the impact of Covid-19 policy and societal responses and the individual and further developed ingroups concrete examples]

Individual examples:

- Describe the examples/specific situations/problems for the target group resulting from Covid policy responses
- Describe findings from the workshop on the problem and why it is a problem: the most obvious effects of the situation/problem described (consequences)
- *Describe the discussion made during the exercise*

Examples further developed in the smaller groups:

- Describe the finding how the examples were developed/characterised in more detail in the groups and the discussion made during the exercise
- What are the unexpected consequences (secondary effects, side effects, relation to other domains etc) of the situation/problem?
- What could have made a difference, what was missing, or indeed added that increased the problem?
- Who (what actors) were/need to be involved?
- Have policy-makers identified the problem and reacted? if yes, how and with what effect?
- Have civil society organisations or citizen initiatives identified the problem and reacted? if yes, how and with what effect?

5. Ways forward

[Summarise the participants reflections on for each of the examples being discussed]:

- What are the most affected target groups for this problem?
- Can this problem be solved through policy response?
- Can this problem be solved through civil society response?
- If there was one thing that has not yet been said in order to reach a deeper level of understanding/clarity, what would that be?

6. Conclusions

[Summarise the participants reflections on]:

- Reflections on the WS
- Lessons learnt

7. Other observations

[include information about other relevant information retrieved during the workshop]

8. Challenges and promising ideas of the workshop and methodology

What were the most surprising findings that were shared?

What were the most promising ideas for further action by policy-makers or civil society?

What could/should be changed/improved for the 2nd cycle workshop?

Please also upload downloaded information from Miro in the Workshop folder along with the report.

ANNEX 2: Interview grids and reporting templates



RESISTIRÉ - INTERVIEW QUESTIONNAIRE (1st cycle)

General information

Domain: [name of domain]

Interviewer: [name of researcher]

Format:	[online,	face-to-face]
Documentation	[recording,	transcribed etc.]
Date:	[dd/mm/yyyy	of interview]
Duration:	[duration	in minutes]
Rationale/reason	for	interviewing:
Consent form signed:		

Information about the informant

Organisation/authority:

Position in organisation/authority:

Background data:

General background

1. Could you please comment on the general context of Covid-19 policy responses, what do you think went well, and what did not go well?

Inequalities with focus on the domain

2. Considering different intersections (sex/gender, sexual orientation, gender identity, ethnicity, class, religion, disability, citizenship, etc.), which groups have been disproportionately and drastically affected by COVID-19?
3. Have inequalities related to access to healthcare changed due to Covid-19 policy responses and if so, how? What existing forms of inequalities have persisted and deepened? Have new forms of inequality emerged?

Variations in the impact of Covid-19 policy and societal responses concrete examples

4. What concrete policy responses have contributed to greater inequalities in terms of access to healthcare? Which groups have been affected the most and why?
5. Have policy-makers identified the problem and reacted? If yes, how and with what effect? Who (what actors) were involved?
6. Have civil society organisations identified the problem and reacted? If yes, how and with what effect? Who (what actors) were involved?
7. Can you give examples of concrete policy responses (at national or local level) which have made a positive difference in overcoming inequalities caused by the pandemic?
8. Can you give examples of concrete societal responses (by civil society) which have made a positive difference in overcoming inequalities caused by the pandemic? (If public authority) Has your institution reached out to any NGOs working with severely affected groups by the COVID-19 policies during the pandemic?

Ways forward

9. Which of these problems could be solved through better policy responses? What could make a difference? Who (what actors) need to be involved?
10. Which of these problems could be solved through better civil society responses? What could make a difference? Who (what actors) need to be involved?
11. What would be the message you want to give to the RESISTIRE group in terms of what we should work on in this project that is just starting (in relation to inequalities with regard to access to health)?

Other observations (for researcher to comment)

[include information about other relevant information retrieved during the workshop]

Challenges and promising ideas (for researcher to comment)

What were the most surprising findings that were shared?

What were the most promising ideas for further action by policy-makers or civil society?

ANNEX 3: Narrative grids and reporting templates



RESISTIRÉ – INDIVIDUAL NARRATIVE REPORT

CODE	NAR	Click here to enter text.
PSEUDONYM		Click here to enter text.

Please, add here a country code and a progressive number (e.g.: IT01)

HEADLINE

[Click here to enter text.](#)

NARRATIVE (Please, write the story as told by a person (using “I”), and include translated quotes from interviewee if possible. The narrative should ideally include a description of personal characteristics such as gender, age and life situation, the problem(s) described by the person, the causes and consequences as understood by the person and how they relate to Covid-19, the sequence of events as they are described, the places/locations and main actors involved).

Please use as many words you think is necessary to re-tell the story/narrative, but an approximate guideline is 750 words



Click here to enter text.

SPECIFICALLY TELLING QUOTES

Click here to enter text.

RELEVANT DOMAINS

1. Which of the following domains does the narrative cover (multiple selection possible):	Gender-based violence	<input type="checkbox"/>
	Work/labour market	<input type="checkbox"/>
	Economy	<input type="checkbox"/>
	Gender pay and pension gaps	<input type="checkbox"/>

	Gender care gap	<input type="checkbox"/>
	Decision-making and politics	<input type="checkbox"/>
	Environmental justice	<input type="checkbox"/>
	Human and fundamental rights	<input type="checkbox"/>
	Other	<input type="checkbox"/>
1.1. If "other", please specify:	Click here to enter text.	

RELEVANT INEQUALITY GROUNDS

2. Which of the following inequality grounds does the narrative cover (multiple selection possible):	Sex and/or gender	<input type="checkbox"/>
	Social class/socioeconomic background	<input type="checkbox"/>
	Age	<input type="checkbox"/>
	Disability	<input type="checkbox"/>
	Race/ethnicity	<input type="checkbox"/>
	Religion/belief	<input type="checkbox"/>
	Sexuality	<input type="checkbox"/>
	Gender identity	<input type="checkbox"/>
	Other	<input type="checkbox"/>
2.1. What are the key findings in relation to inequality grounds?	Click here to enter text.	

KEYWORDS (Please, include five to ten keywords that capture the narrative)

Click here to enter text.
