RESISTIRÉ
Reducing gendered inequalities caused by COVID-19 policies

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Agenda for Future Research

to Address the Impact of COVID-19 Policies on Gendered Inequalities

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RESISTIRÉ consortium

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Summary

RESISTIRÉ researches 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 works towards individual and societal resilience. It does so by mapping policies and social initiatives, collecting quantitative and qualitative data, and by analysing and translating these to insights that are then 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 results of the project's research activities conducted within its first cycle (May-July 2021), combined with expert discussions in Open Studios, have led to the development of Operational Recommendations, Pilot Projects and an Agenda for Future Research[1].

This Agenda for Future Research consists of four domains (Care, Work & Pay, Human Rights and Health, Gender-based Violence) which contain an analysis of previous findings from the RESISTIRÉ project, as well as an identification of research gaps. It also outlines which research questions and topics future research should address, and what questions RESISTIRÉ will focus on in the second cycle.

[1] Some outputs reported in this deliverable may be modified slightly after the publishing of this document, to further improve its quality and effectiveness.

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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 plus 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, prevent deaths and to address some of the socio-economic issues emerged (Cibin et al., 2021).

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 (Lokot & Avakyan, 2020; Walter & McGregor, 2020; Walby, 2015). The impacts 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 disproportionally 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 as victims of intimate partner violence. As these positions intersect with social class, ethnicity, age and other inequalities, we deploy a 'gender+' approach, which highlights and builds on gender relations and gender inequalities, but always considering how these intersect with other complex inequalities (Verloo, 2013; Walby et al., 2012). RESISTIRÉ helps 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 (April 2021/March 2023). All project activities are organised in these three cycles, feeding results into one another (see Figure 1).

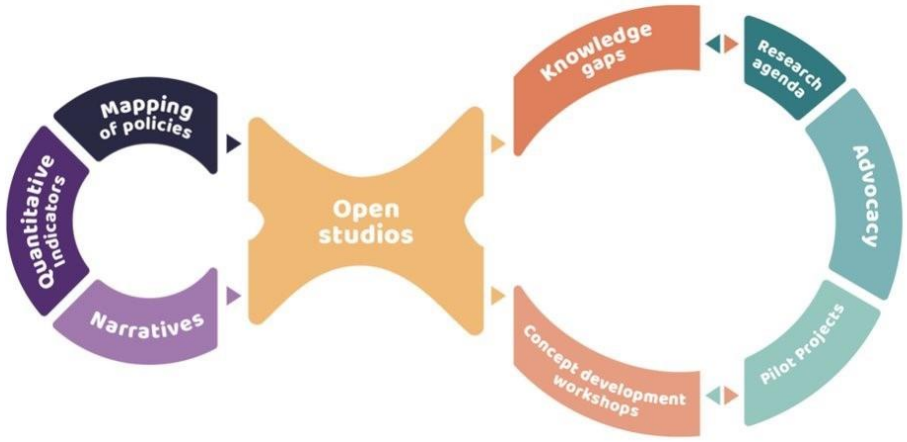


Figure 1: RESISTIRÉ methodological step-by-step three cycle process

This report provides an overview of the research agenda developed in the first cycle of the RESISTIRÉ process for the research community at large, including research funding organisations (RFOs). The contents of the Agenda for Future Research are based on systematic monitoring of the analyses of quantitative and qualitative data in the preceding research phase and discussions in the Open Studios leading to the identification of knowledge gaps. These gaps are gathered in a living repository accessible by all partners involved.

The aim of the research agenda is to formulate future research needs to understand/mitigate/eradicate behavioral, social, and economic inequalities produced by the policy responses to COVID-19. The purpose is to identify knowledge gaps for future research agendas, and to inform the research questions that will be taken up in the next cycle. Particular attention is paid to the overarching research related aims of the project:

- Investigate and analyze the impact of COVID-19 and of different policies developed by both the public and private sector on inequalities, and understand the role of civil society in mitigating these inequalities.
- Identify and compare in which domains there are positive/negative COVID-19 impacts, for which gender+ inequality groups, and how these may be impacted by policy.
- Identify knowledge gaps on how inequalities play out and develop during outbreak periods.

The findings produced by RESISTIRE during the research phase are based on the analysis of various empirical data collected and analysed in different work-packages: the mapping of Policies/CSO initiatives; official secondary data sources at the international and EU level, as well as Rapid Assessment Surveys at the national level; expert interviews/workshops; and narratives from members of vulnerable groups. In the research agenda these findings have been synthesized in order to identify what knowledge is currently missing in order to support further research aimed at improving the development and implementation of covid induced policies/responses considering their impacts on vulnerable groups and (pre)existing inequalities.

In the following section, the report will first provide an overview of the research agenda for four domains that were identified during the project:

- Care,
- Work & Pay,
- Human Rights and Health,
- Gender-based Violence.

For each domain, main findings from the first cycle are highlighted, as well as knowledge gaps identified based on the empirical data collection and analysis, and potential research questions. The research agenda of RESISTIRÉ's second cycle is provided in a second stage.

Research Agenda per Domain

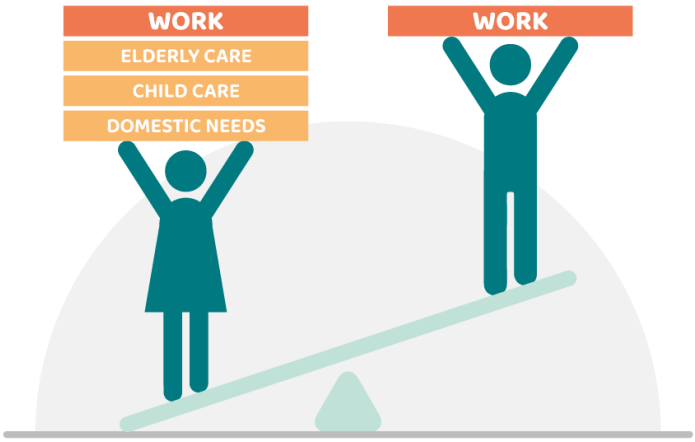
Knowledge Gaps and Research Questions Related to Care

Care work can be broadly defined as the activity of providing personal services to meet the physical, psychological, and emotional needs of one or more other persons (EIGE, 2021a; ILO, 2007). Care work can be done visibly – institutionalised as paid employment – or invisibly, in the home (ILO, 2007). The quantitative mapping performed by RESISTIRÉ focuses on the latter, given that the visibility of unpaid care work performed in the home increased exponentially during the pandemic crisis (Rubery and Tavora, 2020).

The effect of the pandemic on women's care responsibilities and on women's work, work-life balance and mental health

The findings from the first cycle of RESISTIRÉ indicate that there appears to be a link between the burden of childcare and a decrease in working hours during the pandemic.

In most of the countries mapped, a higher share of working women living with children under 18 reported that their working hours had decreased substantially, compared to men living with children of the same age and working women without dependent children. Decreased working hours may indicate an increased uptake of part-time work as opposed to full-time employment. Many of the reviewed Rapid Assessment Surveys (RAS) indicated that women took on the majority of care responsibilities and were particularly burdened with home-schooling. The RAS also suggested that care responsibilities increased during the pandemic due to the loss of formal and informal support, such as support services for disabled people, homecare for older adults and childcare offered by grandparents and friends.



This increased care burden has had consequences for women's well-being. Studies find that the pandemic had a greater impact on women's mental health than men's and that, compared to men, women felt more overwhelmed, exhausted and stressed and less satisfied with work, family life and life in general. Several studies suggest that women's poorer mental health outcomes are directly linked to the gender care gap and mothers in particular were found to suffer. In sum, the burden of women's care responsibilities seems to be associated with negative consequences on women's performance at work, their work-life balance and their mental health. Currently, the findings show that there are no comparable data at the European level on time spent on housework and childcare pre- and post-pandemic.

There is an overall research gap concerning the long-term effects of the increased care responsibilities during the pandemic on women's (in all their diversity) participation in paid work and the effects on their health.

Research Questions:

- How have the increasing care responsibilities during the pandemic affected women's work patterns and what long-term consequences may this have for women's possibilities to secure working conditions, career development and economic security from a life cycle perspective?
- How have the increased care responsibilities during the pandemic affected women's well-being and mental health?

The effect of the pandemic on men´s care responsibilities and the masculinisation of care work

A steep rise in the prevalence of home working during the pandemic is likely to have increased the opportunities for fathers to be involved in childcare, with possible lasting effects on gender norms and the gendered division of labour. Many RAS show that a substantial number of fathers increased their contribution to childcare during the pandemic due to remote working, which led to greater flexibility in work hours and reduced commute times. However, the RAS overwhelmingly indicate that women still took on the majority of care responsibilities and were particularly burdened with home-schooling. In sum, the pandemic has increased the time that some men spend on household/domestic tasks, with

potential effects on their care responsibilities and the masculinisation of care work.

There is an overall research gap related to the changing role of men (in all their diversity) and masculinity relations with regards to care responsibilities pre-, during and post-pandemic.

Research Questions:

- What short-term and long-term effects has increased remote working among fathers had on gender norms and the gendered division of care labour?
- What effects have the increased care responsibilities of men had on their work and health?
- What effects have the increased care responsibilities of men had on their family relations?

A re-traditionalisation of care responsibilities, intersectional perspectives and the effects for an equal division of care work

The analysis of national RAS has indicated that women have taken up more of the additional unpaid work and childcare than men, thus exacerbating existing gender inequalities. These results indicate the risk of a re-traditionalisation of gender roles with regards to care responsibilities, one example being young women and girls living at home that have increased their participation in care work. A number of RAS pointed to additional childcare and home-schooling responsibilities being more of a struggle for single-parent families, families with several children, families with low incomes and families where parents had lower levels of education. Some RAS indicated that less-educated women were disproportionately hit by the unequal division of household chores and faced mutually reinforcing barriers (low labour force participation, limited social protection coverage, and more stringent traditional gender norms). However, contrasting findings were observed in other national research, which found that a gender care gap was particularly observed among middle-class, highly educated city-dwelling women.

The collected narratives indicated that women have engaged in more intense care-work of those who are the most care-dependent. The focus on gender, class, disability, and age in the narratives concerning the gender care gap, also means that there are important knowledge gaps in these domains. Considering the number of migrant care workers in Europe, the narratives contain 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.

In sum, the findings indicate a re-traditionalisation of gender roles associated with care responsibilities and that the division of care responsibilities is influenced by intersectional gendered causes. The findings indicate a lack of data to conduct analysis of the intersections between the gender care gap and inequalities relating to race/ethnicity, nationality, sexuality and gender identity. Therefore, there is an overall research gap related to the short- and long-term effects on intersectional gendered norms and behaviours associated with care responsibilities.

Research Questions:

- What long-term effects will the widening care gap during the pandemic have for the division of unpaid care work post-pandemic from a gender perspective?
- How have the increasing care responsibilities during the pandemic affected women and men from an intersectional perspective, such as for young single mothers and fathers, elderly women and men caring for younger and older dependent others, people in different geographical locations and from differing socio-economic backgrounds?

The effect of changing care patterns during the pandemic on those who are dependent on care

Results show that inequalities have not only widened in terms of the provision of unpaid care, but also that the pandemic has had an effect on the recipients of care. Effects relate to both changes in the type of care needed and in the ways in which people are able to receive care. People who are particularly dependent on the care from others, such as people with disabilities and or very young/old people, have been severely impacted during the pandemic, and have often experienced precarity.

More research is necessary related to how the pandemic has affected receivers of in and unpaid care work on a short term and long-term perspective.

Research Question:

- How have patterns in the provision and care needs changed during the pandemic and to what effects for those groups that are depended on informal/unpaid care?

The lack of an equality perspective in pandemic policymaking and the effects on inequalities

Current policies relating to the domain of care work highlight how, from the beginning of the pandemic to the present day, the priority has been the maintenance of economic activity, while only occasionally trying to mitigate the problems that emerged in the management of care activities. Consequently, the underlying causes of the gender care gap in general have not been addressed.

One of the main issues is that in general, policies have only indirectly considered women. They have done so by building on stereotypical gender assumptions that assign the caregiver role to women. Even in countries that have long been devoted to a dual-earner model, where care activities are mostly outsourced outside the family context, gender inequality in care activities was quickly re-established by the crisis. Therefore, while most policies introduced to support care activities helped a portion of women to maintain an income and not lose their jobs, they also contributed to reinforcing gender stereotypes that see women as the primary or sole caregivers. This has reinforced the broader trend of more women taking up unpaid care work. Thus, such measures have also often had the effect of increasing the unpaid care work burden on women, leading to reduced income and increased risk of poverty, especially for single mothers and women in low-income categories.

Additionally, a lack of gender+ sensitivity in these policies can be observed. Measures are heteronormative and usually refer to fathers and mothers. Furthermore, the access criteria of the anti-crisis measures penalised specific categories of people, such as people with flexible or precarious contracts, parents of children in age groups not considered by the measures, and people not registered through social insurance. In most cases measures do not take into consideration all the informal relations that exist (e.g., those not defined by contracts, citizenship, family relations).

There is an overall research gap related to why equality perspectives have been absent in pandemic policy making. There are variations in the findings, but the results indicate the gender composition in policy making and the non-involvement of experts and consultation with civil society as having an impact.
Furthermore, information best practices regarding how public authorities, educational institutions, and workplaces have supported carers combining paid and unpaid care-work during the pandemic is scarce and should be mapped.

Research Questions:

- Have the composition and political areas of decision-making bodies had an influence on the type of policies designed to support care activities, both on the level of gender sensitivity of these policies and on the ability to take into account different categories of people (e.g., not regular workers, self-employed, single parents etc.)?
- How have civil society been engaged in the policy making? Has the absence of consultations with civil society had an impact on the type of policies designed to support care activities?
- How have pre-pandemic policy mechanisms to ensure the integration of a gender perspective into policy making been affected by the pandemic and to what effects?
- What have been the best practices in place during the pandemic to support carers combining paid and unpaid work? Who have been the actors and what have been the effects?

The impact of societal initiatives during the pandemic on inequalities related to care responsibilities

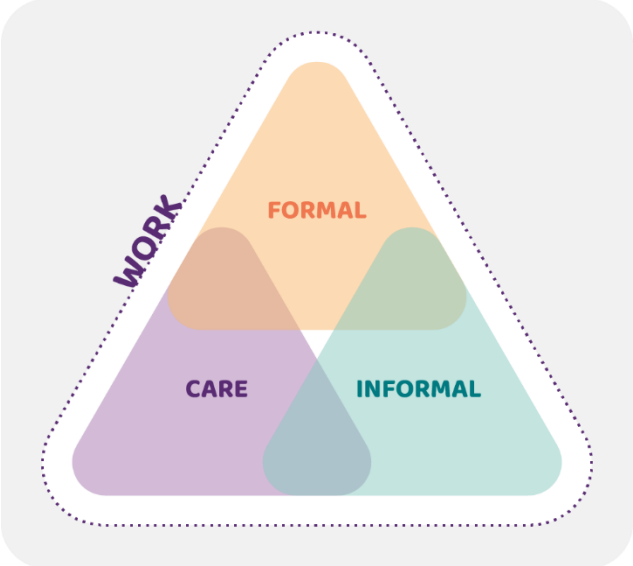
There are several responses promoted by civil society within the domain of the gender care gap. Firstly, there are initiatives to support care activities for children and persons with disabilities. Different CSO's organised campaigns and lobbying activities to draw attention to, among other things, gender inequalities during the pandemic and the unsustainable burden of care work that is placed on the shoulders of women. Second, support for families has also come from initiatives aimed at delivering goods to those who couldn't move and at matching requests for services with voluntary work through online mutual aid platforms. Third, several organisations offered emotional and psychological support to people dealing with excessive stress because of the burden of combining care work and professional work. Initiatives were created to support education and thereby indirectly to support families by easing the burden of this work, for instance offering assistance to students from vulnerable groups with their homework. Finally, organisations also tried to alleviate the care burden of women by providing information about care activities, e.g., with online courses to support in the new care responsibilities created by the pandemic or through a guide for vulnerable groups about health-care centres and their rights.

However, there remains a research gap on the effects of civil society during crises such as COVID-19. Action oriented and participatory research approaches may support knowledge development around how and when gender norms and practices can be transformed and also be an important part of evidence-based innovations within the

domain. Further research on the gender care gap should explore and develop innovations aiming to mitigate gender+ inequalities caused by policy responses to COVID-19. For this, the perspectives of underrepresented groups of women (migrants, refugees, people from LGBTQI+ communities), as well as men and children, need to be considered.

Knowledge Gaps and Research Questions Related to Work and Pay

Within RESISTIRÉ, the Work and Pay domain concerns itself with labour market issues, with particular focus on labour market inequalities such as the gender pay gap and the labour market gap, as well as the (gendered) experience of work, both formal and informal. This research found that 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 gendered impact of teleworking

For those who were employed, many RAS found that women were more likely to work from home than men, or to have the opportunity to do so. Studies also indicated that working from home increased the number of hours in paid work and women were more likely to report poor or worsening work-life balance during the pandemic than men. Despite this, some studies indicated that women appreciated home working more than men and reported that their productivity increased. Indicating a debate about the effect of teleworking, there were also reports that productivity declined when working at home. Furthermore, although teleworking appears to have helped some women, particularly single mothers, to combine work and caring responsibilities, it is difficult to predict the long-term trend of hybrid working considering cultures of presenteeism in the workplace.

There is a need for more research on the impact of teleworking on productivity and work-life balance, since quantitative data has been inconclusive. Additionally, results indicate that teleworking leads to a disadvantage in terms of promotion, since promotions are biased towards those working in the office. Whether this penalty will remain once teleworking is more normalised, is yet to be seen. Furthermore, more research is also needed on whether the increased presence of fathers at home – because of telework – might affect gender-role attitudes, making them more egalitarian.

Research Questions:

- What are the consequences of teleworking on women's productivity, the household divisions of labour and mental health?
- Will women take up teleworking more than men in the future? How does the normalisation of telework impact inequalities such as the gender care gap and the promotion penalty in the long-term?
- How can telework contribute to more egalitarian relations and distribution of care work in the household?

The impact of the pandemic on the gender pay and pension gap

The COVID-19 pandemic has had a profound effect on Europe's economy, however there was a lack of comparable and harmonised data at a European level on the gender pay and pension gap. A few, localised RAS were mapped, but these could not be extrapolated at a wider European level. Given that women with low skills or educational attainment are more likely to be employed in precarious or informal working conditions (EIGE, 2017; ILO, 2018), it is likely these groups will be most affected. Additional research is needed to discern the long-term effects of the pandemic on the gender pay and pension gap, especially for women in vulnerable positions.

Research Question:

- What is the long-term effect of the pandemic on the gender pay and pension gap, and, in particular, how are vulnerable groups impacted?

Policies in the domain of work and the overlooking of (gender) differences

In many countries, measures were gradually introduced to mitigate the effects of workplace closures, the need to stay at home, and rising unemployment, including: income support and compensation; job retention programmes; increased use of remote working, etc. However, such measures largely lacked a gender-sensitive lens and most of the policies excluded vulnerable workers such as atypical, informal and 'non-regular' workers. For instance, few policies or societal initiatives were mapped that related to the gender pay gap. A lack of investment was also noted in typically female-dominated sectors, such as health and health care facilities, which were overburdened with work during pandemic. This was reflected in qualitative indicators, where various groups of women stated they were not able to make use

of universal and male-centred benefits.
Despite the support provided by governments through various welfare schemes (e.g., furlough), more attention should be paid in research to those who could not benefit from these policies, for instance because they were not formally employed. Additionally, findings from across the RESISTIRÉ project indicate that those who were already in vulnerable positions prior to the pandemic (e.g., migrants, refugees, self-employed, sex workers etc.) have been most affected, however data relating to these groups is most limited. Increased intersectional analysis would also be important here.

Research Question:

- How has the pandemic affected those in non-formal or atypical employment? How do different inequality grounds lead to different experiences and outcomes for those in non-formal or atypical employment arrangements?

The vulnerability of women in the labour market is clear, but with sectoral differences

In the workshops, some experts reported women's working hours had increased, while others reported a reduction in women's employment. There was, however, consensus that variation is linked to sector-based differences: 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 is also dependant on parental status. In particular, single mothers were found to be most affected due to COVID-19 and were at higher risk of poverty.
There is a research gap in regards to the effects of the pandemic on women's working patterns. Sector-based analysis will be important, as well as comparisons according to parent status.

Research Questions:

- How has the pandemic affected women's working patterns within different economic sectors?
- What has been the impact of women's family arrangements on these patterns?

Low pensions as a risks factor for women

While women's pensions may not have been directly affected by the pandemic, this research has found that in some cases elderly women received such low pensions that they had to work to receive additional income. 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 increased visibility of unpaid care work and its opportunities

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. Researchers agree that one of the root causes of gender pay gap is the disproportionate amount of unpaid care work done by women. The increased visibility of care work in all its forms during the pandemic may have raised awareness of the value of women's contributions, but additional research is required.

Research Question:

- To what extent has the pandemic lead to a re-evaluation of care work, and how could policies and/or societal initiatives reinforce and strengthen positive changes?

Knowledge Gaps and Research Questions Related to Human Rights and Health

Within the broader domain of human and fundamental rights, inequalities related to health and healthcare presented some of the most pressing knowledge gaps and research questions yet to be addressed, especially in light of the effects of the COVID-19 pandemic and in terms of being prepared for any future health crises.

Gender+ inequalities in health and healthcare

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.

Numerous RAS have reported a significant increase in mental health problems during the pandemic such as depression, anxiety, and sleeping problems among the general population, caused by such factors as social isolation, unemployment, financial strains, uncertainties about the future, and work-life balance. In some countries, the impact on mental health was higher among women, and these differences were also found to be intersected with other vulnerabilities such as employment or parental status. Addressing this situation requires, among other factors, adequate access to mental healthcare, yet there is a notoriously high level of unmet need for mental health support in Europe (Alonso et al., 2007), and this will inevitably increase as a result of the pandemic, especially for the most vulnerable

Women have unique (physical and mental) health needs, but at the same time they are less likely to have access to quality health services, such as medicines, vaccines or insurance coverage for health costs (UN, 2020). Before the pandemic, gender and socioeconomic inequalities in access to medical care were repeatedly reported in the literature, while during the crisis, the strain on hospitals and healthcare workers has led to a disruption of healthcare services and deferment of non-urgent care.

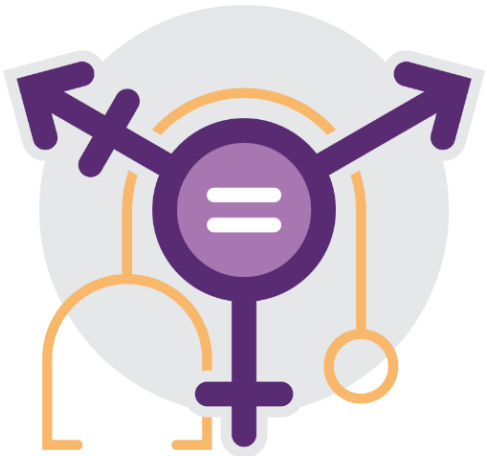
This has led to a rise of unmet medical care needs that was not consistent across different population groups. For instance, Eurofound data showed that, in some EU countries, a higher proportion of women than men reported a rise in their unmet healthcare needs since the start of the pandemic. In our qualitative research, women also reported difficulties in accessing sexual and reproductive health services. Moreover, transgender women have been affected as gender reassignment surgery is considered elective and, therefore, postponed. People

suffering from chronic illnesses, particularly older people, were also left more vulnerable.

Further analyses are needed to assess more systematically the extent to which the crisis has exacerbated such inequalities across Europe, especially in the intersection of multiple inequalities, such as ethnicity, socioeconomic status, disability, age, geographic location and sexual orientation. Eurostat data such as EU-SILC to be released at the end of 2021 would be useful in this endeavour as it will allow the use of harmonised data collected before and during/after the crisis. Still, some inequality grounds such as sexual orientation or some health outcomes such as sexual health needs cannot be examined using these Eurostat datasets.

Research Questions:

- What are the ways and policies to develop holistic healthcare based on an understanding of intersectionality and interdependence?
- How can primary and preventive healthcare services be strengthened in the face of future crises?
- Given the higher risks of delays in primary healthcare services for women, and especially for women with vulnerabilities, in which areas of healthcare have women disproportionately suffered negative consequences (e.g., cancer treatments, sexual health)?
- How can better quality access to women's healthcare be ensured in emergency contexts like future pandemics?
- How can access to transition-related healthcare and other care arrangements to address the needs of LGBTQI+ people be ensured during crises like the COVID-19 pandemic?
- How are non-urgent medical procedures defined and what does this mean for treatments linked to transitions?



Vaccination and vaccine hesitancy

Inequalities in vaccination rates have been observed despite vaccines being available for free in most European countries: data are generally unavailable to assess inequalities in vaccination rates at the European level, yet some evidence exists at the national level. For instance, England shows a lower vaccination rate for people with lower socioeconomic status, poor English proficiency, and non-white ethnicity in the 50 and 70 plus age groups (Office for National Statistics, 2021). Some of the RAS indicated that women were more hesitant to get vaccinated against COVID-19, whereas older age and higher levels of education were factors that increased the willingness to take the vaccine. Given the ever-present threat of a new wave of the COVID-19 virus, it becomes crucial to better understand the patterns in inequalities in vaccination and vaccine hesitancy, the mechanisms behind these inequalities, and approaches to increase vaccination rates among at-risk and vulnerable groups. Promising ideas and practices to increase vaccination rates among people outside the healthcare system need to be examined and supported, such as vaccination programs that do not require identity documents.

Research Questions:

- How can vaccination inequalities be assessed at the European level?
- What are the underlying reasons behind inequalities in vaccination rates and how can they be addressed?
- What are some of the most promising practices and methods to increase vaccination rates and are they applicable on a large scale?

Links between access to care and other domains examined in RESISTIRÉ

Access to care also has some associations with other domains examined in this project. For instance, increasing care responsibilities of women at home during the crisis makes it difficult for them to allocate time for their own healthcare needs, including doctor visits. Unemployment and financial challenges, besides pandemic anxieties, have also added to minimizing the frequency of doctor visits for women. More research is needed to analyse the outcomes of this situation, including for women's sense of isolation and vulnerability in the face of gender-based violence. Indeed, women and LGBTQI+ victims and survivors of GBV, rely primarily on doctors, nurses and social workers for assistance rather than relying on police services, making this situation more challenging especially as the pressure placed upon shelters and charitable organisations exceed their capacity.

Research Questions:

- How can the needs of different societal groups be identified, with a focus on community health (rather than focusing on personal/individual healthcare)?
- How can policymakers be assisted in developing inclusive health policies?
- In what ways can new methodologies and participatory tools be developed to reach the most vulnerable groups in society?

Healthcare workers as new vulnerable group

Healthcare workers have suffered one of the heaviest burdens of the pandemic, as illustrated by the qualitative research. Among this group, a clear gender divide can be observed, as women held the majority of high-risk healthcare positions. Often, this higher risk for women is further accentuated by other characteristics. For instance, undocumented migrants working as care workers for chronic patients experience difficulties in accessing testing or COVID-related care due to fear of deportation.

The absence of routines at the beginning of the pandemic, and the overworked staff throughout it (related to the general problem of understaffing in the healthcare sector), 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 healthcare as staff struggled meet even the most basic needs of the patients. However, healthcare workers have learned a lot during the pandemic – lessons that are relevant for the domain of decision-making – and not taking the perspective of these health professionals into account might have severe costs in terms of future health crises and the desirability of the profession. It is therefore essential to reach out and consult with these groups to enhance preparedness for future crises.

Research Questions:

- What are the short- and long-term consequences of the gendered composition of (front-line) healthcare jobs?
- What can be done to prevent staff from becoming overworked and to make the profession more attractive?
- What mechanisms can be used to include healthcare workers more in decision-making processes and make sure that their first-hand experiences and ideas are genuinely taken into account?

Digital gaps and health literacy

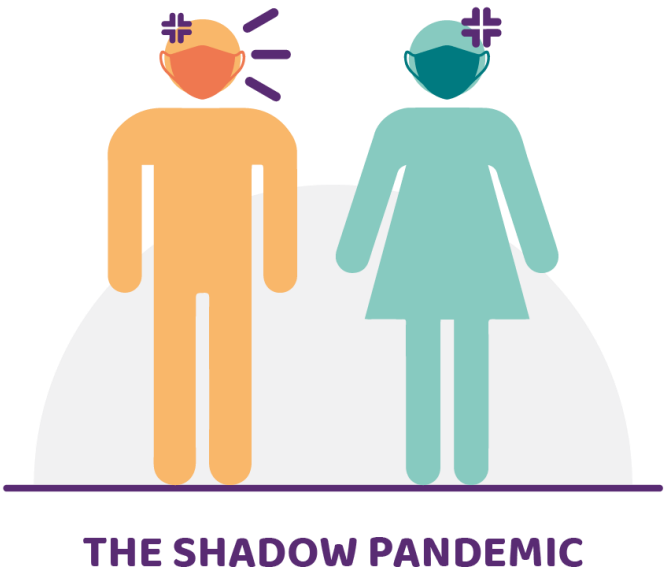
According to RESISTIRÉ's qualitative research, increased digitalisation in healthcare has created barriers for population groups with limited digital means and literacy, such as older people, individuals with disabilities, migrants, Roma families, or more generally people with a lower socio-economic status. These groups might face difficulties in accessing, understanding, appraising or using information on, for instance, how to prevent infection, how to get tested or vaccinated, how to build resilience, etc. These difficulties may be related to either a lack of means (e.g., a laptop or internet connection) or skills (e.g., language skills). It is therefore important to adapt the messages and tools related to the crisis to the literacy level and digital needs of the more vulnerable groups. Studies are needed to examine the adequacy between COVID-19 communications and health literacy levels, and develop initiatives to enhance this adequacy.

Research Questions:

- What are the short- and long-term consequences of increased healthcare digitalisation on the health of vulnerable groups?
- How can a digital divide in healthcare be prevented/reduced?

Knowledge Gaps and Research Questions Related to Gender-based Violence

Gender-based violence is violence directed towards a person because of their gender. It is rooted in gender inequality and continues to be one of the most widespread human rights violations within all societies. Both women and men experience gender-based violence but the majority of victims are women and girls. It is connected to power, capital, crime, economy, polity, and health. Prior to the COVID-19 pandemic, it has been estimated that one in three women will experience sexual or physical violence in their lifetime. This 'second' pandemic worsens during displacement and times of crisis; the threat of gender-based violence significantly increases for women and girls, and other already vulnerable groups, and is often accompanied by a reduction in support structures.



However, during the COVID-19 crisis, the RESISITIRÉ findings – based analysis of policies, societal responses, expert interviews, expert workshops, and individual narrative interviews in 31 countries - show country variations in prevalence, reporting, help-seeking patterns and support structures, and their funding.

These initial findings make the case for a need for more robust comparative evidence in the domain of gender-based violence in order to understand the impact of COVID-19 policies.

The crisis has intensified the problem of gender-based violence, but evidence of prevalence and reporting are unclear and contradictory

The findings from the first cycle research include that since the outbreak of COVID-19, emerging data and reports from frontliners suggest an intensification in and/or transformation of gender-based violence, in particularly (men's) violence against women and girls, including domestic violence, sexual violence and online violence and abuse, and violence against already vulnerable groups such as LGBTQI people and 65+ people. There are indications of increases in violence from intimate partners and of decreases in violence from non-partners - meaning that violence has increased when women are isolated at home with their partners, but decreased in other places (e.g., work) where there is less contact. This raises the need to explore the notion of home as a place of safety, which has formed the basis for policy on isolation and/or confinement in the home, since it neglects and worsens the situation of victims/survivors of multiple forms of gender-based violence in the home.

Evidence also suggests that these increases and intensifications continue to strain health services and other essential services, such as domestic violence shelters and helplines. In some countries, the state and/or public authorities have ear-marked funding for the NGO sector to increase its capacity to support victims of gender-based violence.

Simultaneously however, administrative and official data provided by public authorities show no change in the prevalence of gender-based violence or the intensity compared to prior the pandemic. The quantitative data on gender-based violence during the pandemic is thus contradictory: official administrative data show one thing, while reports provided by frontlines and NGOs offering legal, social, and psychological support to victims, show another.

The overall research gap thus concerns the immediate effects of the crisis on prevalence and women's and vulnerable groups safety. To address this gap, harmonised comparative data are needed. Findings on gender-based violence are contradictory and unclear, with increases in some contexts of the crisis and decreases in others: more harmonised quantitative data at the European level, and substantial European level research to address and analyse gender-based violence are needed. Data collection on gender-based violence should specifically include violence against LGBTQI; and when possible, distinguish between violence against lesbians, gay, trans, queer, and intersex: these groups may not experience the same levels of violence and vulnerability, but still tend to be grouped together as one. Further, the definition of domestic violence should be expanded to include violence of family members towards LGBTIQ+ people to be able to develop more inclusive preventive measures and policies in the face of a new crisis.

Research Questions:

- Why are there discrepancies in the findings between official data and reports from frontline actors? What are the causes of these discrepancies?
- What is the change in prevalence of gender-based violence during the crisis? With what consequences in terms of health and well-being?
- Are there increase or decreases in specific forms of violence? Are there new, emerging forms of violence, violations and abuse, due to different degrees of isolation, and to increased online presence?
- To what extent and which policies are functional to or constitute forms of GBV themselves (including psychological and economic violence)?
- These questions need to be addressed comparatively and by asking questions both about life-time prevalence and in the last year.

New forms and increased visibility of existing forms of gender-based violence: challenging the safety of the home and witnessing a re-traditionalisation of gender roles

Evidence suggests that new visibility of certain forms of violence have emerged as a consequence of isolation and the shift towards digital work and education, in particular new forms of online violence and abuse, and better visibility of forms of violence related to the home as a place of safety for women and children, and LGBTQI people. The shift to online/digital work and education have enabled increased, sometime new forms of violence and abuse as monitoring and control.

Studies also show that domestic violence against young women and LGBTQI+, who returned to their family homes, during the pandemic have increased. What emerges here is a form of re-traditionalisation of gender roles, which is monitored and controlled via online monitoring and policing, as an emerging form of violence - stretching its meaning beyond physicality and focusing on the experiences of the victim/survivor.

The RESISTIRÉ primary qualitative data show far-reaching effects of the crisis on gender-based violence related inequalities, in particular violence against young people and violence against LGBTQI people, in the context of new forms of online violence and abuse, by acquaintances as well as family members. Lockdowns and isolation have challenged the idea of the home as safe, not least by LGBTQI persons who have been forced to come out while staying at home.

Research Questions:

- Are there new, emerging forms of gender-based violence, violations and abuse? How do these relate to the notion of 'home' as a safe place? Under what conditions can the home be considered as a place of safety for women, girls, young people and LGBTQI people?
- What are the new, emerging forms of violence, violations and abuse, derived from isolation, lockdowns, and digitalisation? 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. What are the new forms, and with what effects for different groups and inequalities?
- How are these new forms, and increased visibility of existing forms, related to the shift from offline to online work and education?
- What are the impacts on specific inequality groups (e.g., women, girls, young people, older people, LGBTQI+ people)?
- Are patterns of differences or similarities between countries, related to the degree of lockdown, isolation, and resilience of the gender equality structure/institutions?

The effects of the crisis on women's and vulnerable groups' security and the role of the state versus civil society

While the evidence on the effects of the pandemic on women's and girls' and vulnerable groups' safety is mixed (see above), the evidence on security via reporting and access to the criminal justice system point in the same direction: many sources consulted during the first cycle mapping show that women were unlikely to report violence and abuse to the authorities and unlikely to tell anyone about their experiences of gender-based violence. If they did, they were more likely to seek psychological care from their GPs rather than assistance from the police.

The removal of access to escape routes, whether to friends, family, or alternative accommodations in shelters introduce obstacles for women and other vulnerable groups to gain information about and access to these services. Moreover, women with low digital literacy or a lack of access to digital tools 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. Safety from gender-based violence thus relate to knowledge and access to digital tools.

Simultaneously, there has been an increased need for assistance, increased pressure on shelters, and an increase in help seeking from civil societal organisations. Thus, the reporting

to the police of gender-based violence during the crisis has decreased, while the use of health services and civil society organisations have increased.

Such shift means an increased pressure on volunteer groups, and decreased pressure on the state funded criminal justice system. It also means that victims may receive less support and access to resources.

Civil society and NGOs are positioned differently in different countries, with state support enabling the sector to mobilise and support victims of GBV in some countries, whereas in others, the mobilising of NGOs support during the crisis has been enabled through other mechanisms. The conditions under which NGOs are able to mobilise and provide support to victims of GBV during crisis need to be further examined and compared.

Research Questions:

- Has there been a decrease in reporting, handling of cases or sentencing (or variations in punishment)? And if so, why?
- How can reporting of violence and abuse be facilitated/increased? How can women and vulnerable groups access digital help-seeking and support tools? What are the opportunities and constraints? Are new tools needed, or is it an issue of equal 'digital literacy'?
- How have digitalisation and digital il/literacy effected victims' capacity to report and authorities' powers to intervene? 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.
- How can civil society be better equipped to address the need of support of victims, in particular the support needed during lockdowns, and taking the shifting forms of violence and abuse, with a focus on different inequality groups, into account?
- The pandemic has created a particular set of challenges to the provision of services for victims/survivors of gender-based violence and reinforced the need to develop flexible and resilient systems of response and support. Under what conditions do these work, or not? Which systems have responded well to the new challenges posed by the pandemic? What made these systems more sustainable, more resilient in the face of a new crisis?
- What is the role and possible capacity of bystanders to gender-based violence (colleagues, neighbours, friends)?

The voices of and support to the most vulnerable

There is significant evidence that the most vulnerable were made even more vulnerable to gender-based violence during the crisis. The civil society sector has often stepped in to meet the different rights and needs of these groups, groups often left out of policy and mainstream societal processes and organising: public responses have primarily targeted mainstream women, and services and public policies have been unable to address gender-based violence intersectionally.

This has meant 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. The often excluded and multiply vulnerable groups include marginalised and disadvantaged groups such as LGBTQI+ victims of gender-based violence, +65 victims of gender-based violence homeless victims of gender-based violence, ROMA victims of gender-based violence, and refugee victims of gender-based violence.

Further, the situation of girls/women in trafficking and/or prostitution has been severely worsened during the crisis: trafficked girls have stayed with their exploiters as they had no home, women in prostitution were forced to work without any security measures; et cetera.

Research Questions:

- How do different polities/political systems include/exclude the voices and interests of the most marginalised in policy-making on gender-based violence? Are different systems better or worse; how, why?
- Comparative policy analysis of policymaking in times of crises: there is a lack of research that examine the effects of policy and the policymaking process on prevalence for different groups; research should contrast and compare policy-making on gender-based violence from an intersectional perspective, both across countries and across different crises within countries. Ultimately, such research would help further understand what policy could help reduce gender-based violence in times of crises.

Research Agenda for RESISTIRE's Second Cycle

Findings and gaps identified in the first research cycle

The first cycle of analysis shows that national policy and societal responses are unequally (un)able to address gender+ inequalities, despite decades of gender mainstreaming in EU policymaking. Furthermore, quantitative as well as qualitative indicators expose an increase in existing and new, emerging, inequalities, where some groups have been made vulnerable to a higher extent than others.

Findings and gaps identified by research on policies and societal responses

The first cycle policy mapping collected qualitative information on policies and societal responses at the national and regional levels that allow us to analyze the impact on the economic, social and environmental impacts of COVID-19. The aim was to describe and analyse the gender dimensions and impacts of policies and societal responses implemented in Europe in the course of and in relation to the COVID-19 pandemic.
The primary data were generated by 29 national researchers in the EU27 countries (excluding Estonia and Malta) along with Iceland, Serbia, Turkey, and the UK. The mapping showed that most policies introduced to manage the pandemic did not take gendered and intersectional inequalities, including e.g., gender and gender identity, nationality, migration, and age. This lack was especially pronounced in, but not limited to, the first phase of the pandemic. Among the eight domains, gender-based violence is the one with the most pronounced gender perspective. The second concerns work and pay. However, such measures have often targeted particular sectors and segments of the population, the more 'regular' ones, leaving specific groups of people and, in particular, women in a difficult position.

Although the pandemic has made the difficulties of care work more evident, little has been done to prevent the burden of this work falling mainly on women. While in some cases there has been a greater sensitivity to the need to support more affected groups, such as single mothers and people with disabilities, most of these measures have been gender blind and have failed to address intersecting inequalities. The need to legislate on issues such as the movement of people, the closure of schools and services for education, and the management of health-care services had substantial implications for the enactment and

protection of human and fundamental rights. COVID-related policies have often been supplemented with as well as counteracted by initiatives introduced by civil society organisations to combat these inequalities. Some groups have focused on collecting and analysing data to shed light on inequalities, while others have concentrated on awareness-raising and protest campaigns relating to the rights of different vulnerable groups. The forms of these initiatives have ranged from offering concrete support through the distribution of essential goods and providing shelter to creating mutual aid platforms to help meet the demand for and supply of goods and services. Many materials with information were produced and distributed to people in need whom official information channels often do not reach. Civil society organisations have also offered health and psychological assistance to people in need.

An analysis of the national reports and of the diversity of the policies that were mapped shows that the priority for policymakers, especially during the first phase of the pandemic, was to balance the protection of public health with maintaining economic production. In several cases, the national researchers pointed out that policies were underpinned by an implicit representation of society as cisgender and made up of 'traditional' and 'regular' families (where people have citizenship and standard employment contracts) with two parents and one or two children. In this layout and within the mapped policies, women were regarded as primarily responsible for unpaid care activities but also for performing essential jobs such as healthcare workers, domestic workers, cashiers etc.

Findings and gaps identified by quantitative research

The first cycle quantitative research collected comparative information on indicators that allow us to measure and monitor the economic, social and environmental impacts of COVID-19. Two types of mappings were conducted, providing us with both European and national level insights on the impact of COVID-19. The first mapping (European insights) looked at official secondary data sources at international and EU levels, while the second mapping (national insights) concerned Rapid Assessment Surveys (RAS), that is, studies conducted on the initiative of lobby groups, scientists or official agencies that provide fast, research-based assessments. The aim of the first analysis was to provide analytical insights before the outbreak to identify baseline levels and compare these with data collected during the pandemic. It also sets the baseline for cycles two and three of the project, which will delve deeper into the issues highlighted in this first cycle, and review and investigate the evolution of inequalities throughout the COVID-19 pandemic.

While evidence provided a clear picture of some aspects of inequalities in Europe, a detailed analysis was not possible for all domains due to data availability. In particular, comparable and harmonised data at a European level is needed on the gender pay gap, gender-based violence, decision making and environmental justice. Importantly, existing

data is particularly limited for the most marginalised groups in society and current analyses rarely extend beyond differences in socioeconomic status, family structure and education. Non-registered workers, migrants, refugees and the homeless are likely to have been severely affected by COVID-19 and related government restrictions, however little evidence is available to assess these implications across the domains of interest. There is an urgent need for European databases to take varied inequality grounds into consideration to better understand the economic, social and environmental impacts of COVID-19 related policies through a gender+ lens. Local rapid assessment surveys, providing fast, research-based assessments, have proved useful for filling some these gaps and offer an insight into issues at national level. However, further data and/or better integration of existing data is needed, especially at a European level.

Findings and gaps identified by qualitative research

The first cycle qualitative research collected information on indications that allow us to analyse economic, social and environmental inequalities within the framework developed in RESISTIRÉ. It included 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).

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 disproportionally vulnerable to further disadvantaged or 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 inter-relation 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'. 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 are different on the different levels. The individual experiences analysed 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.

The above-mentioned insights from the first cycle, call for second cycle attention on factors impacting the possibility for a fair and equal recovery, towards resilience and social justice. In the second cycle, a specific focus will be to continue to investigate in-depth the domains particularly affected by the pandemic. Particular attention will be paid to the unintended consequences of policy and societal responses, and to the ways forward in terms of better stories (that is, inspiring and promising practices).

Table 4 – Second Cycle Research Focus of the Three Research Work Packages

Focus/data collection	**Quantitative indicators (WP3)**	**Policy and societal responses (WP2)**	**Qualitative indications (WP4)**
Domains	All but particular attention to: • Care • Human and fundamental rights • Gender-based violence • Work and pay	All but particular attention to: • Care • Decision-making • Gender-based violence • Work and pay	Particular attention to: • Care (interviews/ narratives) • Gender-based violence (WS/interviews/ narratives) • Education (WS/interviews/ narratives) • Work and Pay (WS/interviews/ narratives)
Recovery	RAS, EU secondary data analysis	Recovery plans and policy	WS/interviews/narratives
Unintended consequences	RAS, EU secondary data analysis	Recovery plans and policy	WS/interviews/narratives
Better stories	RAS, EU secondary data analysis	Recovery plans and policy	WS/interviews/narratives
Gender+ data/intersectional analysis	RAS, EU secondary data analysis	Recovery plans and policy	WS/interviews/narratives
Resilience of gender equality systems and mechanisms for gender mainstreaming	RAS, EU secondary data analysis	Recovery plans and policy	WS/interviews/narratives

Cross-cutting research themes

A main conclusion from the first research cycle is the need to dig deeper into specific questions. While the first cycle enabled a generic scoping and wide data collection, the second cycle allows for a more focused approach, in order to dig deeper into some of the most salient inequalities touched upon in the first cycle. To facilitate depth over range, the research in the second cycle will therefore reduce the number of domains in focus, and ensure the inclusion of specifically vulnerable groups that were not given sufficient voice in the first cycle, including LGBTQI+, migrants, Roma, and 65+, from a gender+ perspective. Across all eight domains, five crosscutting research themes will guide the research and analysis in the second cycle: 1) recovery, 2) better stories, 3) gender+ data and intersectional analysis, 4) the resilience of gender equality systems and 5) the mechanisms for gender mainstreaming in times of crisis. Additionally, the RESISTIRÉ Advisory Board, which supports the project with their expertise, initiated the idea of a research theme on vaccination and inequalities and reasons related thereto.

Recovery

Based on the findings of the first cycle, and especially in relation to the overall lack of an integration of gender+ equality perspective in pandemic policy responses (including a lack of gender+ data and gender+ expertise in the policy process), there is a particular need in the second cycle to focus on the overall recovery politics, and the specific recovery policies. Research questions/focus:

Policies and societal responses

- How are gender + inequalities integrated into recovery plans initiatives to mitigate the effects from pandemic policymaking?
- How have civil society organizations contributed to the design of these recovery plans and policies and/or how are they responding to these measures?
- What are the potential effects from the findings?

Quantitative indicators

- Are gender+ data available for integration analysis in recovery plans on national and European levels?

Qualitative indications

- Which inequality grounds are taken into considerations in recovery plans and which are missing?
- What are the main obstacles for integrating gender+ perspectives in ongoing/future pandemic responses (including recovery plans)?
- What are the main effects on individuals from ongoing/future pandemic responses (including recovery plans)?

Better stories

Within RESISTIRÉ, we identify "Better Stories", a term taken from Dina Georgis (2013) for promising practices that identify how a given societal situation can be ameliorated to improve existing practices. From the findings of the first cycle, it is clear that there are many important contributions and innovative responses, not least from civil societal actors and feminist activists. There is an overall need to continue to collect and learn from these initiatives, in particular to develop an understanding of why and under which circumstances, some initiatives seem successful whereas others are regarded as failures. More research in needed into the long-term effects of initiatives and their applicability in different contexts. The focus on better stories here is relevant for all other crosscutting themes and the domains. Research questions/focus include:

Policies and societal responses

- What better stories can be detected in recovery plans and policies, and what makes these initiative a better story?
- What better stories can be identified in the processes of involvement of civil society organisations in the design of the recovery plans and policies?

Quantitative indicators

- What better stories can be detected in data collected on a national and European level and why?

Qualitative indications

- What better stories are voiced, experienced or found in the narratives, and what makes these better stories?

Unintended consequences

The unintended consequences of the COVID-19 policy and societal responses are an underlying focus in RESISTIRÉ. For the second research cycle however, we intend to bring this silent focus to the analytical fore, by explicitly asking questions about the unintended consequences.

Policies and societal responses

- Do recovery plans and policies take into account unexpected consequences related to gender+ inequalities that emerged and were identified during the early stages of the pandemic?
- During the design of the recovery plans and policies, have the policy makers used any tools to prevent the emergence of unintended consequences (e.g., Gender Impact Assessment)?

Quantitative indicators

- To what extent is quantitative gender+ data available that can indicate potential

unintended consequences of COVID-19 policy on national and European levels? What are the main data gaps?

Qualitative indications

- To what extent are unintended consequences experienced on the individual level, and how are these experienced by different inequality groups?

Integrating gender+ and intersectionality into the data collection and analysis

Existing data is particularly limited for the most marginalised groups in society and current analyses rarely extend beyond differences in socioeconomic status, family structure and education. Non-registered workers, migrants, refugees and the homeless are likely to have been severely affected by COVID-19 and related government restrictions, however little evidence is available to assess these implications across the domains of interest. Furthermore, although gender or sex variables were included in most national Rapid Assessment Surveys (RAS), analysis from a gender perspective was lacking in the reported findings. The reports by NRs showed that the design of policies to respond to the pandemic in Europe in many cases lacked a gender+ sensitivity, even if some exceptions are present. The qualitative findings shows that the fact that a gender + perspective was not taken into account in policy making had severe and unequal effects on how individuals are able to cope with the pandemic. There is an urgent need for European databases to take varied inequality grounds into consideration to better understand the economic, social and environmental impacts of COVID-19 related policies through a gender+ lens. Further data and/or better integration of existing data is needed, especially at a European level. The gap will be further investigated in the second research cycle. Research questions/focus:

Policies and societal responses

- Particular attention will be on when and why gender+ data is collected and/or used in policy making and on the role of civil society in the use of gender+ data

Quantitative indicators

- In order to understand gaps in gender+ data better, specific questions on methodology applied by national researchers in the first cycle will be addressed, including:
    1. the search process for the RAS;
    2. the rationale for inclusion for each RAS;
    3. an overview of what was missing among the RAS; and
    4. the rationale for selection of promising RAS .
- Opportunities for collaboration with RAS authors will be investigated alongside European data collection via a RESISTIRÉ phone-based app to address gaps in data and incorporate gender + analysis. This could focus particularly on the domains and

inequality grounds where comparable data was limited in cycle 1.

- A gender+ and intersectionality lens will be applied to EU secondary data analysis to enhance understanding and address a research gap - identified in the first cycle - of intersecting inequalities, e.g., interest groups who have been specifically vulnerable to the impact of the crisis, including, but not limited to single parents, migrants, LGBTQI, and youth.

Qualitative indications

- Specific focus will be paid to understand the effects of lack of gender+ data and intersectional policy analysis on individual lives in the analysis of the data collected through workshops, interviews and in the narratives
- In the narratives particular attention is paid to those vulnerable groups that were less represented in the collection in the first research cycle. Particular attention will be paid to; young persons, LGBTQI people, migrants, refugees, 65+ persons, victims/survivors or bystanders of gender-based violence. The collection will include women, men, and non-binary persons.

The resilience of gender equality systems and mechanisms for gender mainstreaming in times of crisis

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. Despite the fact that gender mainstreaming has been adopted as an approach in EU policymaking for over two decades, we continue to see that policies are in fact largely not mainstreamed at the national level.

The mapping show that most of the policies that were introduced to manage the pandem ic did not take into account aspects related to gender inequalities and other intersecting vulnerability grounds, such as gender identity, nationality, and age. This lack was especially pronounced in but not limited to the first phase of the pandemic. In the second cycle specific attention will be directed to understanding the resilience of gender equality systems and mechanisms for gender mainstreaming in times of crisis. Research needs to address resilience aspects on various levels of gender equality governance as well as the interdependency of macro, meso and micro levels to understand the effects on gender equality. The aim is to enable learning and development to build stronger gender equality systems to increase system readiness in times of crisis. Research questions/focus:

Policies and societal responses

- How has the gender composition of decision-makers and scientific and technical committees affected the gender sensitivity of the policies that have been adopted?
- Does the gender of the decision-makers make a difference?

- What have been the role of civil society, e.g., gender+ NGOs, in policy making?

Quantitative indicators

- How have datasets developed to monitor gender+ inequalities (both as part of regular and extraordinary monitoring) been affected in times of crisis?

Qualitative indications

- How is the resilience of gender equality system (including mechanisms for gender mainstreaming) affected in times of crisis?
- Which actors are involved on the different levels? Are these actors the same or different pre/during and post-pandemic?
- How are the experiences of citizens are accounted for and incorporated into policy making?

Domain-based research questions

In cycle 2 all domains are addressed but the focus has shifted to those that were more prominent or lacking in data in cycle 1. Below are the domains and research questions that will be in specific focus during cycle 2.

Care

Specific attention will be paid to the Care domain in Cycle 2 in all work-packages. Research questions/focus:

Policies and societal responses

- What consideration has been given to gender+ care-gap issues within national policies aimed at socio-economic recovery from the pandemic (especially with regard to the National Recovery and Resilience Plan instrument)?
- What role have civil society organisations had in the design processes of these plans and their reactions on both contents and processes?

Quantitative indicators

- What intersecting inequalities, relating to e.g., race/ethnicity, nationality, household composition, sexuality and gender identity can be identified within gender care gaps, through analysis of European level data and utilisation of national RAS?

Qualitative indications

- What role does care play in relation to recovery during the COVID-19-pandemic?
- In which ways are care, as a means of recovery, expressed in governmental policies, CSO responses and individuals' narratives?

Work and pay

Specific attention will be paid to the Work & Pay domain in Cycle 2 in all work-packages. Research questions/focus:

Policies and societal responses

- Have labour-related measures in recovery plans and policies taken into account how the pandemic has affected women and vulnerable groups differently?
- Have trade unions and employers' organizations been involved in the design of the policies? How are they responding to the plans?

Quantitative indicators

- What intersecting inequalities, relating to e.g., race/ethnicity, nationality, household

composition, sexuality and gender identity can be identified within labour market and pay gaps, through analysis of European level data and utilisation of national RAS?

Qualitative indications

- How have inequalities relating to the work & pay gap domain been informing recovery strategies and why?
- What effects have pandemic responses and recovery strategies had on individual lives in terms of work opportunities, working conditions and equal pay?

Gender-based violence

Specific attention will be paid to the GBV domain in Cycle 2 in all work-packages. Research questions/focus:

Policies and societal responses

- What consideration has been given to the need to strengthen the support to the victims of GBV and the collaboration with CSOs (that become more evident during the phases of home confinement) within national recovery plans and policies?
- How have inequalities relating to gender-based violence informed recovery strategies and why?

Quantitative indicators

- What intersecting inequalities, relating to e.g., race/ethnicity, nationality, sexuality and gender identity can be identified within gender-based violence (e.g., isolation and lockdown effects), through analysis of European level data and utilisation of national RAS?

Qualitative indications

- What effects have pandemic responses and recovery strategies had for individuals in relation to gender-based violence?
- How have isolation and lockdown affected the experiences of different forms o violence, e.g., physical violence vs coercion and control, and online violence? and more coercion an, surveillance and control?
- What is the role of technology in the emerging forms of gender-based violence during lockdown?

Human and fundamental rights: Education and Environmental Justice

Environmental Justice is a specific focus in WP2 and Education is especially addressed in WP4 where education is understood broadly and can include individuals' experiences of education in various settings and educational systems (from preschool services to higher education, online/offline settings, the state/local authorities/companies/NGOs etc.). Research questions/focus:

Policies and societal responses

- How have inequalities relating to the education focus of the domain been informing recovery strategies and why?
- What is the role/voice/visibility of pupils, students, and others in education in the recovery plans and policy?
- Does the recovery plans and policies contain actions to mitigate gender+ inequalities in relation to the availability of green spaces to support people's health and well-being?

Quantitative indicators

- What intersecting inequalities, relating to e.g., race/ethnicity, nationality, household composition, sexuality and gender identity can be identified in relation to the environment and education, through analysis of European level data and utilisation of national RAS?

Qualitative indications

- What effects have pandemic responses and recovery strategies had on individual lives in terms of education?

Decision-making

Decision-making is a particular focus in WP2. Research questions/focus:

Policies and societal responses

- Is it possible to identify any connections between the composition of the decision-making bodies and the level of gender+ sensitivity of the recovery plans and policies?
- What was the level of involvement of civil society, and in particular of organisations related to gender+ inequalities, in the design processes of recovery plans and policies?

Qualitative indications

- Is there any reference to decision-making in the narratives? If so, is this gendered?
- Are there any patterns in the narratives in terms of voicing and experiencing inequalities and the gendered composition of the counties' decision-making bodies?

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