

Project acronym: RESISTIRÉ

Project title: “RESponding to outbreaks through co-creaTive sustainable inclusive equality stRatEgies”

Grant agreement number: 101015990

Start date of project: 1 April 2021, Duration: 24 months



RESISTIRÉ

Reducing gendered inequalities
caused by COVID-19 policies

Deliverable 3.2

Summary report on mapping quantitative indicators – cycle 2

Due date of deliverable	30/04/2022
Submission date	29/04/2022
File Name	D3.2 RESISTIRE_ Summary report on mapping quantitative indicators – cycle 2
Organisation Responsible for Deliverable	OBU
Author name(s)	Stovell, C., Lionello, L., Rossetti, F., Charafeddine, R., Nugent, S., Still, A., Tanwar, J., Tzanakou, C.
Revision number	03
Status	Final
Dissemination Level	PU

Revision history

Version	Date	Modified by	Comments
0.1	13/04/22	Alain Denis, Marina Cacace	Internal quality check
0.2	20/04/22	Consortium partners	Comments and suggestions
0.3	21/04/22	OBU and Sciensano	Addressing comments and changes

Partners

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Sciensano

Acknowledgement and Disclaimer



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement no. 101015990.

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List of acronyms

Abbreviation	Meaning
App	Application
CBS	Dutch National Statistics Office
COGIS - NL	COVID-19 Gender (In)equality Survey - Netherlands
ECDC	European Centre for Disease Prevention and Control
EU	European Union
EU-SILC	European Union Statistics on Income and Living Conditions
IOM	International Organization for Migration
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
LISS	Longitudinal Internet Studies for the Social Sciences
NGOs	Non-Governmental Organisations
NHS	National Health Service
NRP	National Recovery Plan
NR	National Researcher
OBU	Oxford Brookes University
OECD	Organisation for Economic Co-operation and Development
PrEP	Pre-Exposure Prophylaxis
RAS	Rapid Assessment Survey
SHARE	Survey of Health, Ageing and Retirement in Europe
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

Summary

This report provides an overview of the second cycle mapping of quantitative indicators, at both national and European levels, that allow us to measure and monitor the economic, social and environmental impacts of COVID-19. National insights are derived from the mapping of Rapid Assessment Surveys (RAS), which are studies undertaken at fast pace to understand the impact of the pandemic. European-level insights come from reviews of the literature and analysis of relevant large-scale European datasets, such as European Union Statistics on Income and Living Conditions (EU-SILC) and Eurofound "Living working and COVID-19" e-survey. The report also demonstrates how we are addressing research gaps identified in the first cycle of RESISTIRÉ through ongoing quantitative analysis in collaboration with the authors of 'promising' mapped RAS and through the development of a mobile application (app).

In line with the theoretical conceptualisation of the RESISTIRÉ project, the report builds on an intersectional, gender+ approach (Verloo, 2013; Walby et al., 2012). The first cycle report on quantitative indicators provided analytical insights on the impact of the pandemic across multiple domains of inequality (work and the labour market, the economy, the gender pay and pension gap, the gender care gap, gender-based violence, decision-making and politics, human and fundamental rights, and environmental justice). In this second cycle, we have turned our focus towards the inequality grounds underpinning the RESISTIRÉ project. In this report, we provide an update of the quantitative mapping of both national and European indicators with an emphasis on the experiences of young/old people, single parents, migrants/refugees/asylum seekers and Lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities. This focus on the inequality grounds of age, relationship status, nationality, sexual orientation and gender identity emanated from observations in the first cycle showing a limited understanding about the experiences of these particular groups.

The findings of this second cycle of quantitative mapping demonstrate that COVID-19 policies have contributed to existing inequalities for vulnerable groups. Commonalities in experiences have been observed across our groups of focus, with pandemic restrictions preventing access to vital sources of support, care and education, as well as creating occupational and financial precarity. In combination, these factors have contributed to what appears to be a widespread mental health crisis. Intersectional gender+ analysis also reveals how, within vulnerable groups, inequality grounds can overlap and intersect. For example, women have tended to experience worse outcomes and additional pressures across all the inequality grounds explored here. However, despite many commonalities in outcomes, the ways in which pandemic restrictions impacted these vulnerable groups and the mechanisms of inequality are not always alike and tailored approaches are required to address these inequalities.

While evidence provided a clear picture of some aspects of inequalities in Europe, a detailed intersectional analysis was not possible for all vulnerable groups due to data availability. In particular, comparable and harmonised data at a European level is needed on LGBTQ+ communities, as most surveys include only a binary sex/gender variable. Some steps forwards in the research on LGBTQ+ communities have been taken by some RAS, however most of them limited to younger age groups. Moreover, harmonised European data are missing on different types of migrants, asylum seekers and refugees in particular. During the pandemic, a global survey has filled this gap by collecting data on the impact of COVID-19 on people with different residence statuses, from citizens to undocumented migrants, including information on their housing situation. Despite these gradual steps towards a deeper understanding of vulnerabilities, more work is needed to ensure the inclusion of vulnerable groups in European surveys.

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Introduction

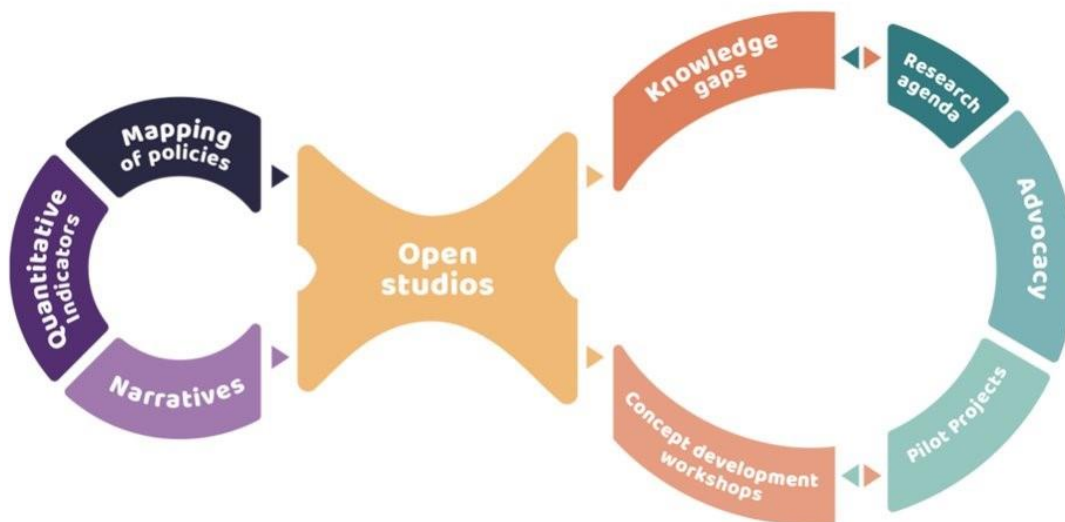
The COVID-19 pandemic has led to the introduction of national policy responses and recovery measures to slow infections, prevent deaths, and build recovery. But where already marginalised groups have been left behind (Axelsson et al., 2021), and where gender mainstreaming and intersectional responses have been scarce (Cibin et al., 2021), the impacts of COVID-19 and its responses, like those of other crises, have been highly gendered and intersected with sex, age, disability, ethnicity/race, migration status, religion, social class and other inequality grounds (Lokot and Avakyan, 2020; Stovell et al., 2021; Walter and McGregor, 2020). Their impacts and consequences - intended or not, short-term or long-term - are uneven, unequal, uncertain and disproportional for different groups (Cumming et al., 2021).

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. To meet this aim, 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. RESISTIRÉ builds on an intersectional, gender+ theoretical approach (Verloo, 2013; Walby et al., 2012). The project focuses on the intersection of specific domains of gender inequalities (work and the labour market, the economy, the gender pay and pension gap, the gender care gap, gender-based violence, decision-making and politics, human and fundamental rights, and environmental justice)¹, and specific inequality grounds (sex and/or gender, sexual orientation, ethnicity, race, nationality, class, age, religion/belief, disability, gender identity).

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.

¹ These domains are based on the EC Gender Equality Strategy (2020-25) and on the Beijing Platform for Action

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



This report is focused on quantitative research activities in the second cycle. It is developed in parallel with the policy report analysing the National Recovery Plans and recovery policies, led by the Institute of Sociology of the Czech Academy of Sciences (ISAS) (Cibin et al., 2022) and a qualitative research activities report led by Orebro University, Sweden (Sandström et al., 2022). While the policy report analyses different policy and social responses to the pandemic and the qualitative report analyses first-hand accounts of how these responses are having unequal and un-equalising effects on differently positioned groups of people, this report provides analytical, quantitative insights on the impact of these policy responses at both national and European level. National insights are derived from the mapping of Rapid Assessment Surveys (RAS), which are studies undertaken at fast pace to understand the impact of the pandemic. European-level insights come from reviews of the literature and analysis of relevant large-scale European datasets, such as EU-SILC and Eurofound. The report also demonstrates how we are addressing research gaps identified in the first cycle of RESISTIRÉ using quantitative analysis in collaboration with the authors of 'promising' mapped RAS and through the development of a mobile application.

The first cycle report on quantitative indicators provided analytical insights on the impact of the pandemic across the RESISTIRÉ domains of inequality. Data collected during the pandemic at both national (in the form of RAS) and European level were reviewed for each domain, with additional cross-national analyses conducted using data from before the outbreak to identify baseline levels (Stovell et al., 2021). This first cycle report demonstrated that women remain significantly disadvantaged across all domains despite

the progress in gender equality made in the last decade. In the second cycle, we have turned our focus on the inequality grounds underpinning the RESISTIRÉ project. In this report, we provide an update of the quantitative mapping of both national and European indicators with an emphasis on the experiences of young/old people, single parents, migrants/refugees/asylum seekers and LGBTQ+ communities. This focus on the inequality grounds of age, relationship status, nationality, sexual orientation and gender identity emanated from observations in the first cycle that understanding about the experiences of these particular groups was limited.

From a quantitative data perspective, at both European and national level, mapping of existing studies in both cycles of the RESISTIRÉ project has revealed that gender+ analysis on the impact of the pandemic has been limited or non-existent, despite the inclusion of relevant variables in datasets (e.g., sex/gender, age, socioeconomic background etc). RESISTIRÉ's agenda for future research (Živković et al., 2022) further identifies knowledge gaps based on all the research activities undertaken in the first cycle of the project and proposes potential research questions to address these gaps in the domains of Care, Work & Pay, Human Rights and Health, and Gender-based Violence. Through the quantitative activities in cycle two of the RESISTIRÉ project, we seek to address these data gaps and the limited use of intersectional analysis in two ways:

1. At national level, we have identified RAS that appear to be particularly promising for gender+ analysis and have started collaborating with the authors of these RAS to collect new data and/or undertake further analysis. These collaborations will enable us to contribute towards more and better gender+ analysis in existing and future quantitative data collection and analysis activities.
2. At European level, we have launched a mobile application that is collecting data on the impact of the pandemic, with question modules relating to the RESISTIRÉ domains of gender inequalities. This app has been translated in several languages to enable diverse participation and to help us understand how the COVID-19 pandemic has affected various groups.

In summary, this report therefore brings together three dimensions of quantitative research activities from cycle two of the RESISTIRÉ project. In the first section of the report, we analyse existing quantitative data on gender+ impacts of the pandemic from the perspective of four inequality grounds: age, relationship status, nationality, sexuality and gender identity. In each case, this analysis takes the form of a scoping literature review, mapping of national Rapid Assessment Surveys and original analysis of comparable European datasets. In the remainder of the report, we turn to ways in which we are collecting new data to address the data and analysis gaps identified by the RESISTIRÉ project (Živković et al., 2022). The second section outlines the current progress and next steps of the collaborations with promising RAS, while the third section is devoted to the development of the RESISTIRÉ mobile app, which was launched during the second cycle.

National and European Level Analysis

Methodology

Scoping Literature Review

We performed a scoping review of the published literature in order to identify the main pathways of inequalities through which the pandemic has affected the wellbeing and socioeconomic situation of our interest groups: older people, young people, single parents, migrants, refugees, asylum seekers, and LGBTQ+ communities. The scoping reviews were conducted for each group and consisted of searches on PubMed and Google Scholar with key words and terms relevant to our inequality grounds. We were interested in finding literature on the experience of these groups during the COVID-19 pandemic, as well as identifying pre-existing inequalities in wellbeing, socioeconomic status, and access to public services. The scoping review allowed us not only to gather insights from the published literature on the pathways through which COVID-19 has contributed to generate or amplify inequalities for our interest groups, but also to identify the extent to which the gender+ perspective has been applied in the literature.

Rapid Assessment Survey Analysis

In the first cycle of the RESISTIRÉ project, mapping of Rapid Assessment Surveys in 30 countries was undertaken by National Researchers (NRs). Rapid Assessment Surveys (RAS) are studies conducted on the initiative of lobby groups, scientists or official agencies that provide swift, research-based assessments of a particular phenomenon, in this case the impact of the COVID-19 pandemic and associated policies. In total, 291 national RAS were mapped in the first cycle (a full report of this process is included in Stovell et al, 2021). In the second cycle, NRs reported updates to these RAS and were also asked to identify any new 'promising' RAS that had not been mapped in the first cycle (more detail on this process is included in the later section on RAS collaborations). Updates were reported for 62 of the RAS mapped in cycle 1 and 25 new studies were identified, bringing the current number of mapped RAS to 316. It is important to note that this is was not intended to be a comprehensive database of all pertinent RAS. Instead, the mapping exercise provides a snapshot of the studies available at a national level.

In cycle two, NRs gave further details on the methodology they used in the first cycle for mapping RAS. According to these reports, we can see that NRs used different strategies to identify and report relevant studies. Most NRs conducted their search for RAS online. As well as Google and media reports, common resources were websites of universities, government ministries, national statistical agencies, funding organisations, consultancies, think tanks and relevant Non-Governmental Organisations (NGOs). Search terms were typically variations of 'COVID-19' and 'pandemic' in combination with terms like 'survey', 'research' and 'RAS'. These were also often combined with terms relating to domains and

inequality grounds of interest to RESISTIRÉ, such as 'gender', 'inequalities', 'minorities', 'women', 'family', 'education', 'LGBTQ', 'migrants', 'refugees', 'people with disabilities', 'violence' etc. Some NRs also contacted pertinent organisations or individuals directly to enquire about available studies or made use of personal networks. In some cases, these searches revealed pre-existing national databases of COVID-19 focused studies (e.g., the 'Covid-19 Social Data Austria' database). A database that specifically tracks studies investigating the impact of the pandemic on various inequalities was found in the UK ('The Observatory', compiled by the Government Equalities Office), while Sabanci University in Turkey produced a 'Monitoring Report on Gender Studies During The COVID-19 Pandemic'.

The availability of RAS appears to vary considerably across countries, but in almost all cases research from a gender+ perspective is limited. One of the key findings in the first research cycle was that, although most RAS included variables for sex or gender and many captured indicators relating to other inequality grounds (such as age, ethnicity and socio-economic status), analysis of the data often failed to consider these inequality grounds and especially how they intersect. Even more simple gender analysis was limited or non-existent in many studies and, in some countries, NRs struggled to find studies that examined the data according to any inequality ground. As outlined above, the UK is an exception in this case and several hundred RAS focusing on the consequences of the pandemic from an inequalities perspective were identified with the help of a targeted database, although even here analysis considering multiple intersections of inequality was rare. Across all the mapped RAS, 'work and the labour market' appears to be the most commonly represented domain. However, less focus has been given to the domains of gender pay gap, environment and decision making; and to vulnerable groups such as refugees and LGBTQ+ communities (especially adults).

Having previously assessed the mapped RAS from the perspective of domains of gender inequalities (Stovell et al., 2021), in the second cycle we focus on the mapped RAS that offer insight into four under-researched inequality grounds: age, sexuality and gender identity, nationality and relationship status. We consider the extent to which these inequality grounds were addressed by the mapped RAS and assess the common findings across RAS that specifically investigated the experiences of associated marginalised groups (older people, young people, single parents, migrants, refugees, asylum seekers and LGBTQ+ communities). Within the report, we refer to mapped RAS according to their country code and number (e.g. UK01), further details about all the RAS referenced in this report are included in Appendix 1.

European Analysis

In the first cycle of this project, we mapped indicators of inequalities potentially caused or accentuated by the pandemic and identified the relevant data sources that contain comparable data at the European level. Based on this mapping, we identified for this

second cycle the data sources that would allow a better understanding of the gender+ impacts of the pandemic from the perspective of four inequality grounds: age, sexuality and gender identity, nationality and relationship status. In particular, three data sources were pertinent for such an analysis: the “Living, working, and COVID-19” online survey, carried out by Eurofound in three time periods during the pandemic² (Eurofound, 2020); the Survey of Health, Ageing and Retirement in Europe (SHARE) Corona Surveys, collected on adults aged 50 years and older in two periods after the COVID-19 outbreak (Börsch-Supan, 2022a, 2022b); and the European Union Statistics on Income and Living Conditions (EU-SILC), one of the longest-running European surveys in Europe, and for which data for the 2020 survey were already available for some countries (Eurostat, 2022). It is important to highlight that the fieldwork for the EU-SILC 2020 occurred during the first semester of the year, and in some countries, started even before the crisis. Therefore, although we use 2020 data in this report, EU-SILC 2021 should be available in time for cycle 3 and will be used then to provide a better assessment of the impact of the crisis.

These data sources were used to undertake a descriptive analysis through visualizations of indicators which we found filled gaps in understanding about the situation of our interest groups according to the inequality mechanisms described in the scoping review.

All data analysis was conducted with microdata obtained from each institution carrying out the surveys. Data were weighted according to the methodology provided by the institutions and are representative of the populations they describe. More information about the weighting, data collection, and representation of the samples can be found on the websites of each survey. Data manipulations were completed using STATA and R statistical software. Visualizations were produced on R, using the Ggplot2 and Gtsummary packages.

The aim of the European analysis is to assess the intersectionality of inequalities experienced by the four groups of interest, however certain stratifications were not feasible. For instance, young adults were underrepresented in the surveys analysed, and therefore further stratification by socioeconomic status was not possible because of the low response rate in this age category. Data on the experience of the LGBTQ+ community were severely lacking. Only the Eurofound survey included a sex/gender question with three categories. Although this approach gives us no indication on sexual orientation and simply defines a non-binary sex identification (a very narrow category within the wide spectrum of identification of the LGBTQ+ community), yet these data were analysed to reflect on the experience of this community during the pandemic. Concerning migrants, we had only one variable in our dataset to indicate migration background, but this variable does not allow

² A fourth wave of the survey has been collected and a fifth wave is currently ongoing, however data were not yet available at the time of the current report.

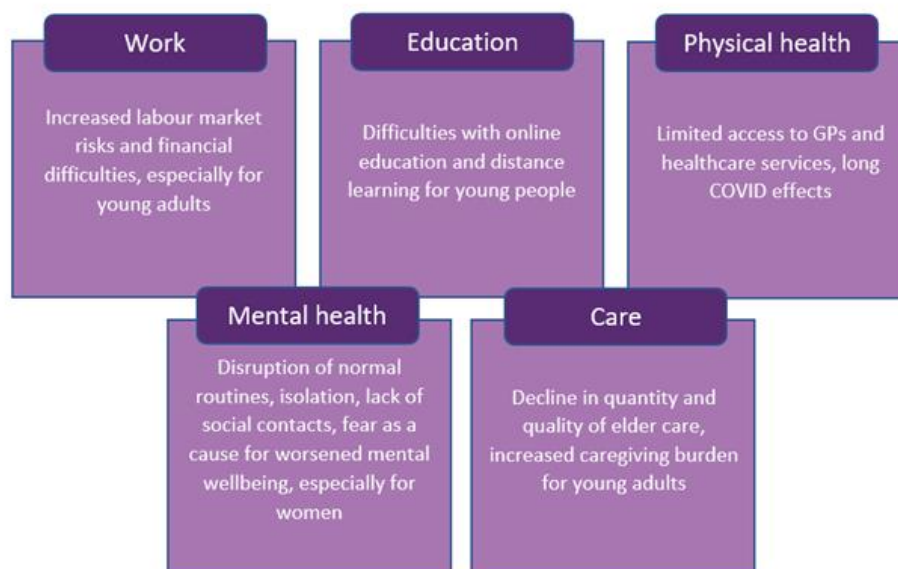
to differentiate further than “Native population”, “born in another European country”, and “not born in Europe”. This means we are lacking data to consider the heterogeneity within these groups (people born outside the EU are very diverse as they might come from countries with different socio-economic development) and between the different types of migrants (refugees, asylum seekers and documented migrants). Finally, all surveys (particularly online surveys, such as Eurofound) tend to overrepresent people with a higher socio-economic status, and therefore tend to represent less accurately the experience of the most vulnerable individuals in each group.

Results

AGE: young adults and the elderly during the COVID-19 pandemic

Age is the strongest predictor of mortality due to COVID-19 (Katikireddi et al., 2021a). In the first week of 2022, the joint surveillance bulletin of World Health Organization (WHO) Europe and European Centre for Disease Prevention and Control (ECDC) reported that 83.2% of fatal COVID-19 cases were individuals aged 65 and older (WHO Regional Office for Europe and European Centre for Disease Control, 2022). Age has also been observed as a key factor in differing experiences of COVID-19 response policies. In particular, the oldest and youngest age groups have been found to suffer the negative consequences of the pandemic in terms of their health, social and economic situation, and are the focus of our analysis here. While the elderly have had to avoid heightened risks of infection, young people have faced the consequences of school, university and childcare closures and disruption to extra-curricular activities.

We refer to young people as those aged up to 29 years old (following definitions used in reports such as International Labour Organization, 2020b). Survey data for those under the age of 18 is very limited so young adults are the main focus here (for the European-level analysis, EU-SILC data is one exception, since it includes participants as young as 16). For older people, the focus is on those aged 65 and over, since this is a common age for retirement (although when using the Eurofound survey for our European-level analysis, we used a threshold of 50+ because of the restricted numbers of older respondents).



Key themes of research on age

Scoping review of the literature

A review of the literature on the effects of COVID-19 by age group has led us to identify some pathways through which the pandemic has affected the situation for young people and older adults. These pathways are organised according to a selection of RESISTIRÉ's policy domains.

Care

Worsening of elder care provision due to lockdown restrictions: Those who rely on external sources for care support, which tends to be older adults (especially those over the age of 80), have experienced a decline in the quantity and quality of home care³ they receive, due to concerns about infection and the restrictions that have been imposed to avoid this. The first wave of the SHARE Corona survey reveals that, of the 5% of the respondents who received home care, about 21% reported difficulties in receiving the care they needed, mostly because of the inability of the caregiver to reach the home of the recipients (Bergmann and Wagner, 2021). Older adults living in care homes have also experienced negative consequences of the restrictions, both because of the practical difficulties of isolating in their rooms to avoid infections (Gordon et al., 2020) and because of the inability for family and external friends to visit (Brooke and Jackson, 2020).

Difficulties combining caregiving and work for younger adults, particularly women:

The disruptions to healthcare services due to COVID-19 have intensified caregiving demands of informal carers, which are identified to be in many cases young adults performing caregiving task and assuming responsibilities for family functioning (Landi et al., 2022). Despite most of the informal long-term care for older adults in Europe remains in large part provided by middle-aged women, younger adults are taking up an increasing share due to labour market and family changes (D'Amen et al., 2021). Ample evidence has shown that caregiving has a significant impact on the mental health of the carers (Hoyt et al., 2021), their wellbeing (Hamilton and Adamson, 2013), and their ability to balance work and care duties in everyday life (ME-WE consortium, 2019). Emerging evidence from the pandemic corroborates an increase in mental health inequalities among young adult carers of ill parents or family members compared to non-carers (Landi et al., 2022). This is assumed to be related to factors such as increased social isolation, school closures, and concerns about the health of the care recipients and their family's economic situation (King, 2021).

Work and Pay

Increased economic vulnerabilities and job loss, especially for younger adults and older women: The Organisation for Economic Co-operation and Development (OECD)

³ Defined as the care given by either family members or professional caretakers at home.

"Risks That Matter" 2020 survey finds that 36% of 18-29 year-olds reported financial difficulties since the beginning of the pandemic, a proportion that is higher compared to those aged 30-49 and 50-64 (OECD Policy Responses to Coronavirus (COVID-19), 2021a).⁴ For younger adults, income losses were related to the higher risk of losing their job or reducing their working hours (International Labour Organization, 2020a). According to the OECD, hours worked by younger adults fell by 26% between 2019 and late 2020, 11 percentage points higher than the loss in working hours experienced by older workers (Konle-Seidl and Picarella, 2021). This is partly due to younger people being more frequently employed in sectors that were severely hit by the crisis (e.g. sales-related sectors) and on temporary contracts (International Labour Organization, 2020b; Konle-Seidl and Picarella, 2021). Younger men were more likely to report loss of income, decline in working hours and unemployment compared to younger women, however this gender divide decreases when the type of employer and occupational groups are accounted for (International Labour Organization, 2020b). However, studies suggest that the gender gap in unemployment rates among young people is closing (OECD Policy Responses to Coronavirus (COVID-19), 2021a). Older adults suffered less severe financial consequences of the pandemic, especially those who were retired and living off pension benefits (Bonfatti et al., 2021).

Human & Fundamental Rights: Health

Worsened mental health due to isolation and restricted social contacts: Studies from before the pandemic have shown that the prevalence of loneliness is higher among the very elderly (80+), as well as among the young (15-24) (Dykstra, 2009). The introduction of social-distancing policies during the pandemic increased mental health problems, such as loneliness and depression, among the elderly, for whom these policies were often stricter (Armitage and Nellums, 2020;). However, it is among the youngest populations that the pandemic appears to have had the most dramatic impact on mental health. Evidence from several countries shows that the age group 15 to 24 reported increased poor mental health compared to both before the pandemic and to older age groups (Banks and Xu, 2020; Niedzwiedz et al., 2021; OECD Policy Responses to Coronavirus (COVID-19), 2021b). Among the risk factors that may have contributed to a deterioration of young people's mental health are loneliness due to social isolation, lack of social contacts (which are necessary, especially among adolescents, for development), school closures, and labour

⁴ The question asked respondents whether, at any time since the beginning of the COVID-19 pandemic, they or their household had experienced one or more of a set of specific finance-related events, such as: failed to pay a usual expense, took money out of savings or sold assets to pay for usual expense, took money from family or friends to pay for a usual expense, asked a charity or non-profit organisation for assistance because they could not afford to pay or went hungry because they could not afford to pay for food. Respondents could select all the options that applied (OECD Policy responses to Coronavirus (COVID-19), 2021a, p. 6).

market risks (International Labour Organization, 2020b; OECD Policy Responses to Coronavirus (COVID-19), 2021b; WHO Regional Office for Europe, 2022). Looking at a gender perspective, even before the pandemic, women reported higher levels of depression than men (Boerma et al., 2016), and this is confirmed by studies during the pandemic, both for the elderly (Atzendorf and Gruber, 2021; Silva et al., 2022) and for young people (Banks and Xu, 2020). In some countries, the gender divide has increased, exacerbating pre-existing inequalities in mental health between men and women (Banks and Xu, 2020; Sciensano, 2022).

Lack of clarity around age-based inequalities in access to healthcare: In many countries, the pandemic has led to strict healthcare rationing, with a consequent decrease in the amount of scheduled and emergency care, and in physician consultations (Arnault et al., 2021; Michalowsky et al., 2021). For this reason, unmet healthcare needs became particularly evident during the pandemic. Although elderly people have specific healthcare needs, which are on average greater than those of the younger age groups (Smolić et al., 2021), there is no evidence that age plays a role in unmet healthcare needs (Arnault et al., 2021). The elderly (80+) were in fact least likely to experience barriers in accessing medical treatments compared to the those aged 50-64 (Smolić et al., 2021). For the younger population, while a study from the U.S. suggests that urgent or emergency care was avoided more by young adults (18-24) compared to the 25-44 age group (Czeisler et al., 2020), no studies exploring inequalities in access to healthcare for younger groups were identified in the European context.

Human & Fundamental Rights: Education

Increased inequalities in access to education and educational attainment for young people: School and university closures have naturally had consequences for educational attainment (Zancajo, 2020). According to the Global Survey on 'Youth and COVID-19', one in eight young people aged 18-29 was left with no access to courses, training or teaching (International Labour Organization, 2020b).⁵ Accessing online learning has been more difficult for students with lower socio-economic status, due to lack of dedicated working space and equipment. In this way the pandemic has highlighted and contributed to existing digital gaps within classrooms (Zancajo, 2020). Over half the respondents in the Global Survey on 'Youth and COVID-19' reported to have learnt less since the pandemic, with women slightly more likely to report this than men (67% versus 63%). The most severe outcome of an interrupted education is increasing dropout rates, although statistics around Europe vary and a general trend is complex to identify because of the different schooling

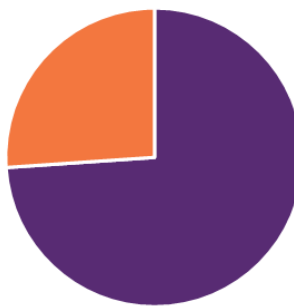
⁵ Some limitations of this survey should be taken into account. First and foremost, the survey population mainly represents students and young workers with a tertiary education. Among the workers who are not in education, 89% had a tertiary education. 65.8% of the sample aged 18-29 indicated to have at least a first tertiary degree level (for instance, a Bachelor Degree).



■ Total number of RAS
 ■ RAS with age as a primary focus

systems (Eurostat, 2021). Globally, the United Nations Educational, Scientific and Cultural Organization found that 23.8 million children and young adults were at risk of not returning to school in 2020 due to barriers in access and inequalities in opportunities to transition to online learning (UNESCO, 2020). For this “lockdown generation” (International Labour Organization, 2020a) there are likely to be enduring impacts of disruptions to education on work and social lives (International Labour Organization, 2020a), as well as on their mental health.

Analysis of mapped RAS



■ RAS focusing on young people
 ■ RAS focusing on older people

We now turn to look at the issues identified in the scoping review at a national level, investigating to what extent experiences relating to age have been picked up (or not) by the RAS mapped by the project.

Almost two thirds (57%) of the mapped RAS (179/316) were reported as capturing data on age. However, only 23 (7%) of these studies had age-related issues as a primary focus. A further, five studies focused on intersections of age and other inequalities, but did not have age as their primary focus.

Of these 23 studies, 17 (74%) focused on children, young people, students and ‘youth’ more broadly (BG04, CY10, CZ11, DK10, DK11, FR06, HU10, IS11, IT05, IT06, LT09, LV04, LV09, PL09, SE01, SE04, SK05 - see **Appendix 1** for further details about all the RAS included in this report) and only six explored the effects of COVID-19 on older people (CY03, IE12, NL06, PL03, SE07, SER08). One survey on age- and gender-related differences in instances of mental health (RO07) explored the experiences of people of all ages.

Among surveys on older people, most investigated issues related to **emotional wellbeing** and **physical health** (n = 5), with a particular focus on **social isolation**. Of those focusing on young people, about half (n = 9) focused on the experiences of young people in **education**, including their mental health and wellbeing. **Distance learning** and educational outcomes were the focus of six of these studies on young people, one on the effects on university age students, and five on the effects of the pandemic on school age children - principally teenagers (n = 4). **There were limited studies engaging with younger children’s opinions and perceptions** regarding the experiences of the

pandemic, although in some cases, parents were surveyed about their child's wellbeing and opinions (e.g. IT06, LT09). This is obviously linked to the necessity for thorough ethical restrictions around research with younger children. For surveys that are rapidly created to understand the impact of crises like the pandemic, these processes are likely to be too time consuming to allow for the inclusion of younger children, contributing to a gap in understanding about the effects of COVID policies on this age group.

There was **limited analysis of intersecting vulnerabilities** in these RAS, although the intersection of physical health and age was explored among young people in regards to long COVID (DK11) and in older people in regards to access to medical treatment (PL03). Living conditions and quality of life were explored in regards to age in both younger and older people, with a focus on the housing of higher education students (FR06) and issues such as poverty and internet access in elderly people (PL03).

Common Findings:

The mapped RAS reveal that **social distancing, fears of contracting COVID-19 and disruption of normal routines had negative impacts for older people, with loneliness and anxiety found to be a particular problem** (CY03, NL06, IE12, PL03, SER08). A study from the National Gerontology Centre in Cyprus (CY03) suggests that social isolation among older people has even had consequences for life expectancy. Based on prior statistics on the relationship between time in isolation and rates of death, the study estimated that, for every three months that older people were in isolation, there would be an extra 200 deaths annually in Cyprus. This was explained by the fact that isolation has been found to increase the risks of cardiovascular, cognitive, psychological, and hormonal conditions. A Serbian study of people over the age of 65 (SER08) found that being unable to care for dependents, such as grandchildren, due to social distancing restrictions had a negative impact on older people's mental health. This study also included gendered analysis, which revealed that **older women were at a higher risk of experiencing anxiety than older men during the pandemic**. An Irish study on those ageing with a pre-existing intellectual disability also found that respondents had more stress and anxiety if they were female (IE12). The Serbian study (SER08) offers insights into the mechanisms behind this gender difference, which was also noted in the scoping review of the wider literature. Higher risks of anxiety were linked to women being more likely to live alone, have lower income levels, and experience chronic illness; making them more dependent on others and therefore at a greater risk of elder abuse. In general, however, there was **limited consideration of gender in the surveys on older people**, with only a third considering the differences between elderly women and men. This could point to a significant gap in the data and may indicate assumptions about the homogeneity of older people's experiences.

Increases in levels of stress and anxiety and fears about the future were also observed

in the studies focusing on young people during the pandemic (BG04, CZ11, IS11, IT05, LV04, SK05). A study from Cyprus (CY10) found that university students reported increased anxiety and moderate-to-severe stress due to confinement. Another study examining students' views on their educational experiences and future plans, found that half of all high school students surveyed in Sweden were worried about their future since the pandemic (SE04). The causes of poor mental wellbeing were attributed to difficulties with online learning (CY10, HU10, IT05, IT06, LV04, SE01), balancing paid part time work and studies (CY10, SE04), lack of social interaction (CZ11), insufficient finances, resources and poor living conditions (CZ11, FR06, HU10, IT05, SK05), experiences of COVID-19 infection or fear of themselves or their family members contracting COVID-19 (DK11, IS11) and forms of physical, psychological and sexual abuse (PL09).

Poor mental health among young people was related to distance learning and school closures, with consequences for educational outcomes noted in several studies. A study from Denmark found that children in compulsory education experienced significant reductions in levels of concentration (DK10) and two studies from Hungary and Italy (HU10, IT06) found that behavioural issues were exacerbated among young people and parent-child relationships were negatively affected. According to the Hungarian study (HU10), **poor behaviour in children was more prevalent in lower income and single-parent households** and up to one in ten children were unable to access to devices for schoolwork. Another study from Italy (IT05) found students were made to share their devices and others suffered from poor network connectivity (IT05). For students who had access to technology, RAS observed an increase in social media use among teenagers compared to before the pandemic (BG04), with online formats being used to maintain social relationships with peers during periods of lockdown when physical interaction was restricted (IT05).

Sex-disaggregated data and gendered analysis were evident in just over a third of the surveys focusing on young people, with 6 out of the 17 surveys considering the differential effects of the pandemic on boys and girls. Echoing studies on older populations, **girls tended to report lower physical and emotional wellbeing than boys** (CY10, DK11, PL09, SK05). For example, female university students reported higher levels of anxiety in comparison to male students in Cyprus and Greece (CY10) and girls aged between 13 and 17 years of age in Poland assessed both their mental wellbeing and life satisfaction lower than male counterparts (PL09). This Polish study additionally found that girls were more likely to be at risk of physical, sexual and emotional abuse. According to a study from Slovakia (SK05), young women were also more likely to report that their family income had decreased and that they felt the impact of socioeconomic issues more intensely. Two further studies (LT09, SE01) looked specifically at the gendered outcomes of distance learning, with both finding that **girls struggled more with the move to online formats** and one highlighting increased incidences of medical concerns among female students, such as worse sleep, increased headaches and deteriorating mental health (LT09).

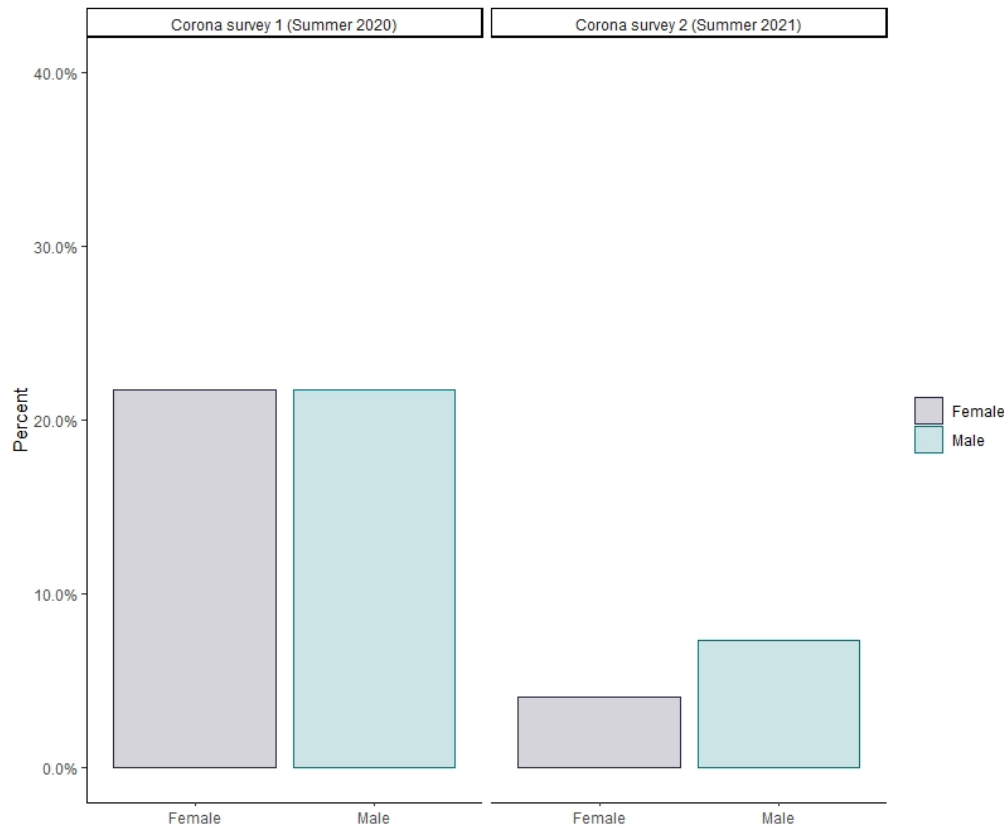
European-level analysis

The scoping review of the literature has shown that both younger and older adults were particularly hit by the pandemic. The review of the mapped RAS has provided further insights, especially on the wellbeing of these age groups and the intersectionality of vulnerabilities (e.g. age and socio-economic status). Using the available European survey data collected during the pandemic (SHARE Corona surveys and Eurofound surveys), we were able to build on existing data to provide more insights related to the experience of these two age groups during this period.

Care

The literature revealed difficulties among the elderly (especially those over 80) in receiving the care they needed (Bergmann and Wagner, 2021), however gendered analysis was lacking. Using the SHARE Corona surveys conducted in 2020 and 2021 we investigated the proportion of people reporting difficulties in obtaining home care across the pandemic by sex. **Women relied more on home care than men, both before the outbreak (7% versus 3.6%) and during the pandemic (10% versus 5.4%).** Since the beginning of the pandemic, both women and men reported difficulties in obtaining the quantity of home care they needed, especially due to the fact that the carer could not come to their home. An overall improvement is observed during the second wave of the survey, most likely because of fewer restrictions being in place at this time (Figure 2). During the second wave of the survey, a slightly higher proportion of men struggled to receive the amount of care needed, however this sex difference was not significant.

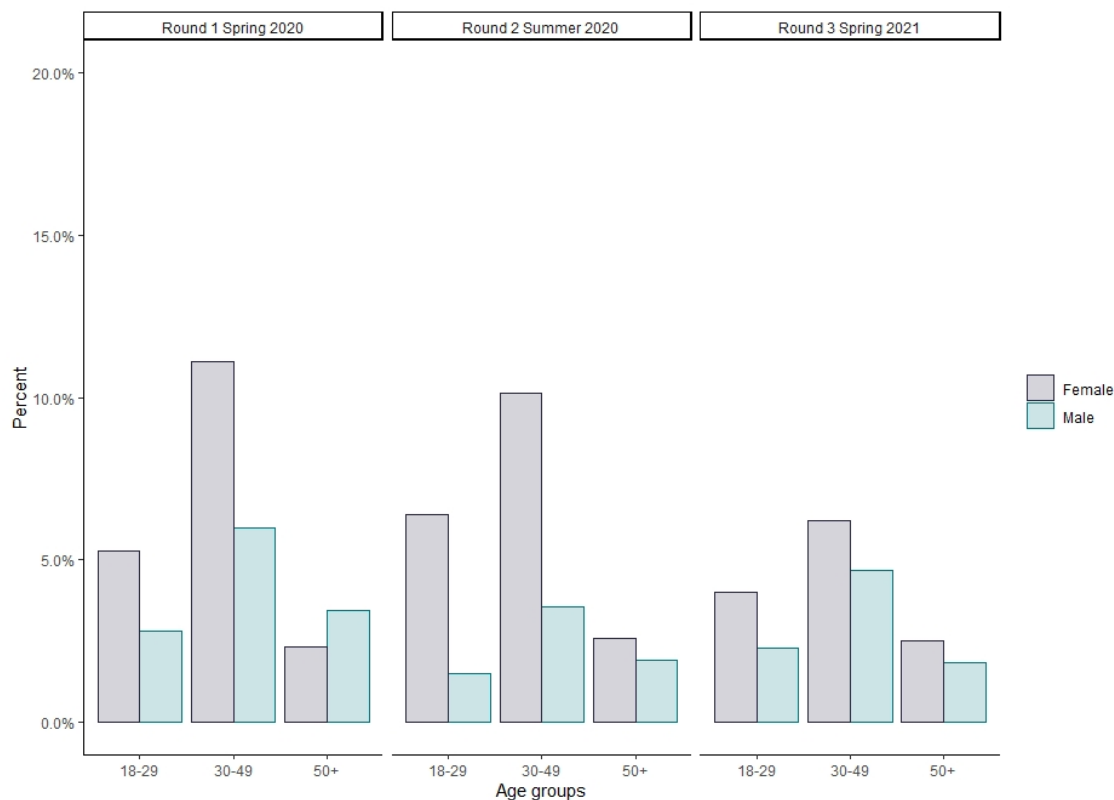
Figure 2: Percentage of people reporting difficulties in obtaining home care since the outbreak (Corona survey 1) and during the last three months (Corona survey 2) by sex and wave.



Source : Authors' computation, SHARE Corona surveys, 2020-2021

For younger adults, quantifying the balance of care and paid work is complex, partly because they often do not perceive their caregiving role as central, and might not report it (Brimblecombe et al., 2017). The Eurofound survey has investigated throughout the pandemic how family responsibilities have impacted on individuals' jobs, in particular the time dedicated to work. Despite family responsibilities potentially including a broad range of tasks, not only related to caregiving of elderly or sick adults within the household, it is a good starting point for identifying how the burden of care had an impact on young people's lives. Figure 3 shows that, in all three waves, people aged 30-49 were more likely than other age group to report that their family responsibilities have always or mostly prevented them from allocating enough time to their job. In all age groups, reports of issues with balancing work and family decreased in the third wave (spring 2021), which is unsurprisingly since restrictions had been lifted in most countries by that time. Across the three waves, **women, particularly those younger than 50, have struggled the most in terms of work-family balance. This gender difference was evident not only among middle-aged women and men, but also among the younger age group.** This is likely to be linked to women taking on a larger proportion of caring duties during the pandemic (Power, 2020; Stovell et al., 2021).

Figure 3: Percentage of the population in paid work (employment or self-employment) who reported that family responsibilities prevented them (always or most of the time) from dedicating enough time for their job by age group, sex and wave



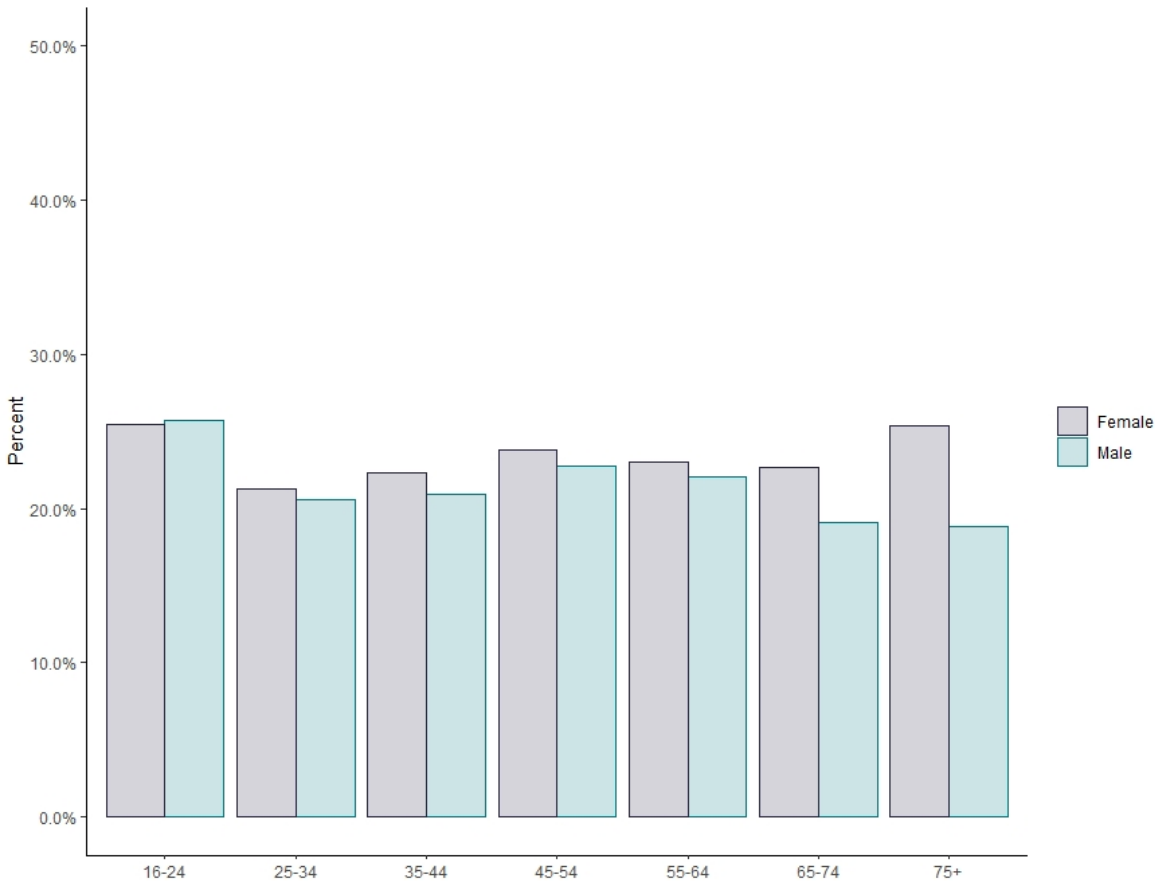
Source: Authors' computation, Eurofound "Living, working and COVID-19" survey

Work and Pay

Given their higher likelihood of holding precarious positions in the labour market, the wider literature review indicated that **younger adults are also more likely to have suffered economically than older adults**. This is confirmed in our analysis of European-wide data from EU-SILC 2020 (Figure 4). Looking at sex differences, for all but the youngest available age group, **a higher prevalence of difficulties in making ends meet for women is observed**. However, **sex differences are significant mainly for the oldest groups (65 and older)**, and this may be linked to the gender gap in pensions.⁶

⁶ This variable is collected at the household level, thus the answer is given only by one respondent and the same value is given to all the other members of the household.

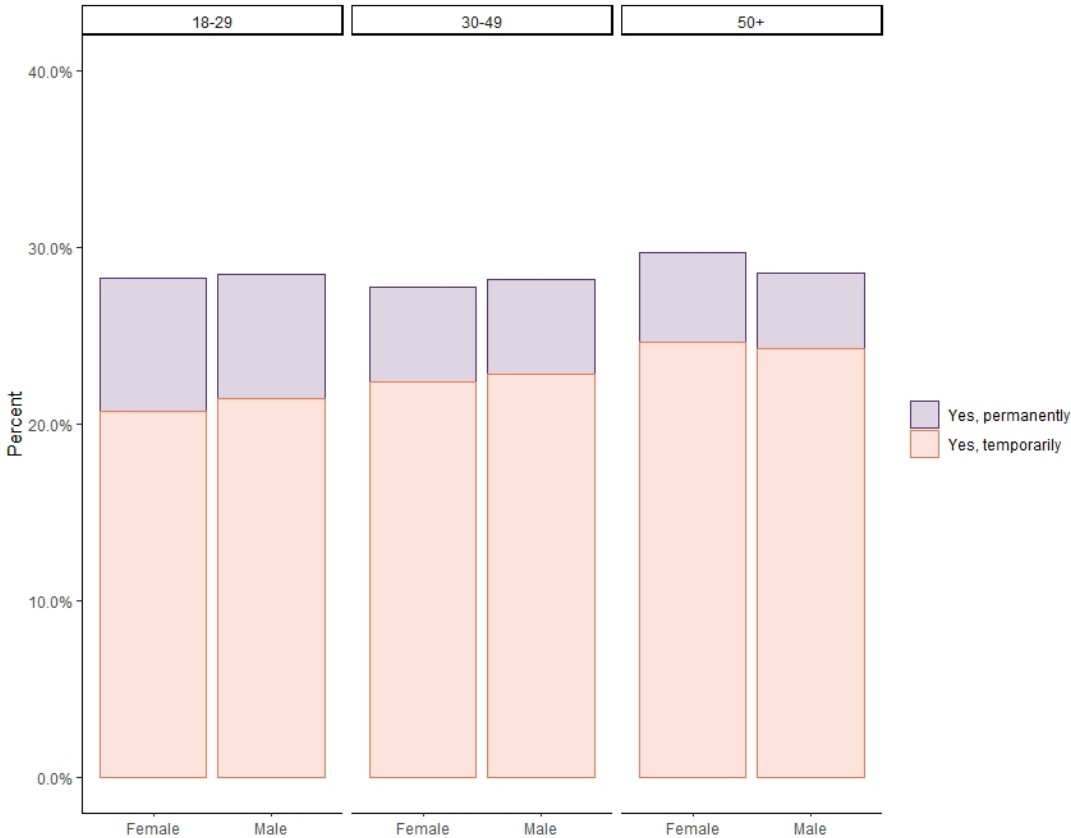
Figure 4: Percentage of the population reporting difficulties in making ends meet by age groups and sex



Source : Authors' computation, EU-SILC 2020

The analysis of the spring 2020 wave of Eurofound showed that around 23% of the respondents reported a permanent or temporary loss of their job. However, at this early stage of the pandemic, **neither age differences nor sex differences were significant in job loss** (Figure 5). These differences may be hidden by the fact that the survey does not include the type of occupation nor include many participants from a lower socio-economic demographic.

Figure 5: Percentage of the population who lost temporarily or permanently their job by age groups and sex

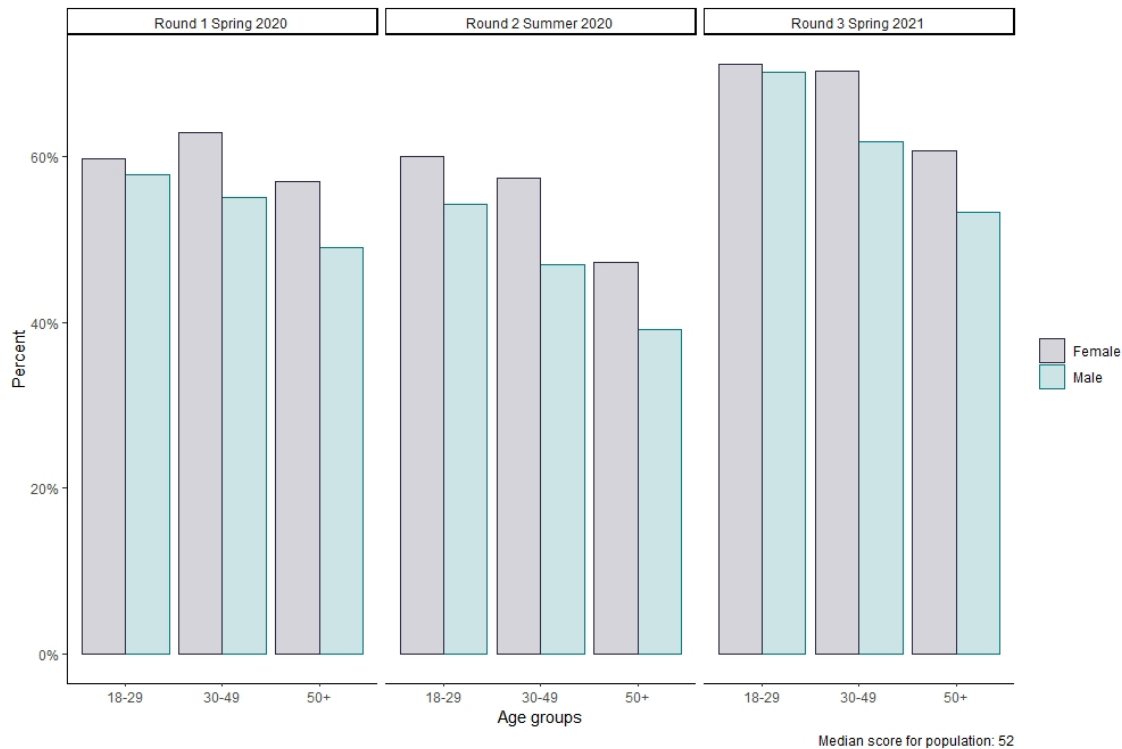


Source: Authors' computation, Eurofound "Living, working and COVID-19" survey, spring 2020

Human & Fundamental Rights: Mental health

The review of the literature and of the mapped RAS indicated that the pandemic and related policies have had severe consequences for the mental health of younger and older age groups. To investigate the relationship between age and mental health during the pandemic further, we used Eurofound survey data showing the World Health Organization mental wellbeing index for different age groups at three different time points between 2020 and 2021. This 5-item index is largely used to assess subjective psychological wellbeing (Topp et al., 2015). This analysis indicates that there was a **higher proportion of younger people scoring below the median on the WHO-5 index**, particularly in the second and third wave, and that **prevalence of below average wellbeing scores decreased with age** (Figure 6). Further analysis reveals that **women presented lower mental wellbeing across all age groups**, with gender differences particularly notable among those aged 30+.

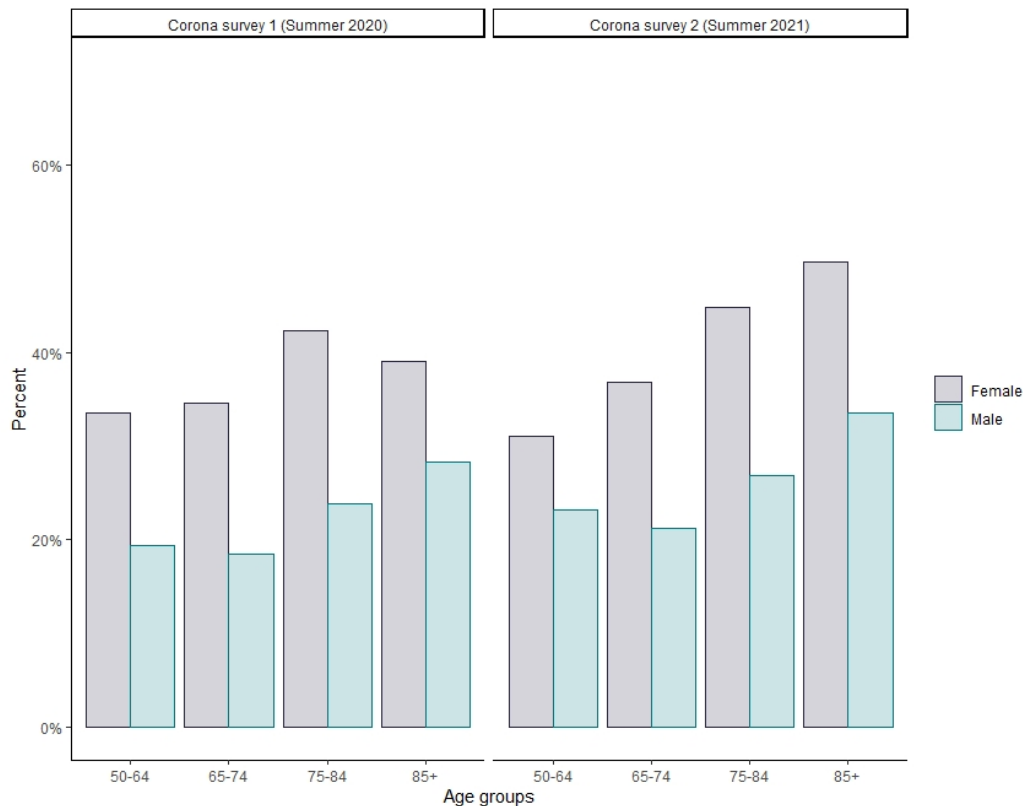
Figure 6: Percentage of the population scoring less than the median on the WHO-5 mental wellbeing index by age groups, sex and wave



Source : Authors' computation, Eurofound "Living, working and COVID-19" survey

As Eurofound data do not include large samples of older age groups, we analysed SHARE Corona survey data to gain a clearer picture of the experiences of older age groups. This analysis reveals **a higher prevalence of reporting sadness or depression as age increases among the elderly population** (Figure 7). It also appears that mental health issues could have increased among older age groups as the pandemic progressed, especially among women. Data collected in the summer of 2021 show a much clearer trend of increasing reports of mental health issues by age for women compared to the previous year.

Figure 7: Percentage of people who felt sad or depressed in the past month by age groups, sex and wave



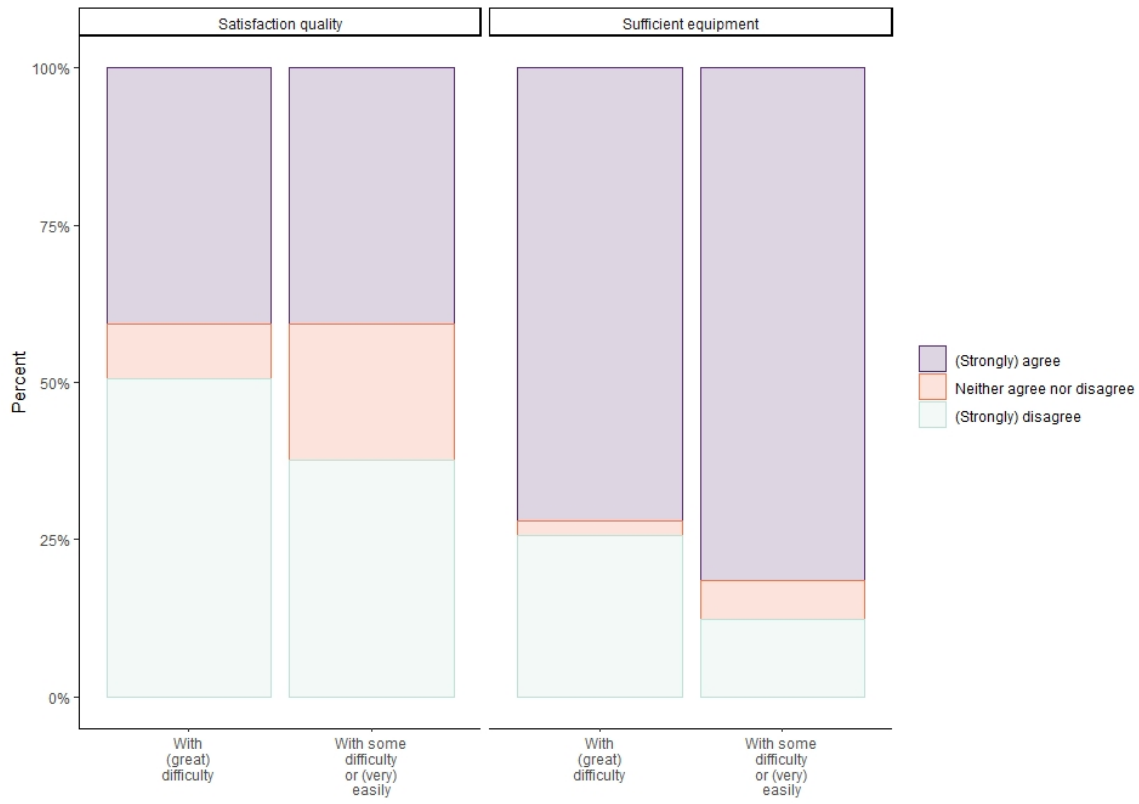
Source: Authors' computation, SHARE Corona surveys 2020-2021

Human & Fundamental Rights: Education

For younger age groups, the review of RAS and the wider literature indicate that the 'digital divide' is important for understanding the consequences of the pandemic on access to education. Using Eurofound data, we therefore investigated to what extent access to technology was an issue at a European level. Students aged 18-34 were asked whether they were satisfied with the quality of online education and whether they had the necessary equipment. **Students who struggled to make ends meet were more dissatisfied with the quality of home schooling and they were less likely to have the adequate means to carry out online education** (Figure 8). Further analysis (not shown here because of the small sample size) suggests that **it is particularly young girls from more disadvantaged households who report dissatisfaction with the quality of online education**, compared to younger men with the same family situation.

Figure 8: Percentage of people aged 18-34 according to their agreement with the statements 'I am satisfied with the quality of online education' and 'I had or have obtained

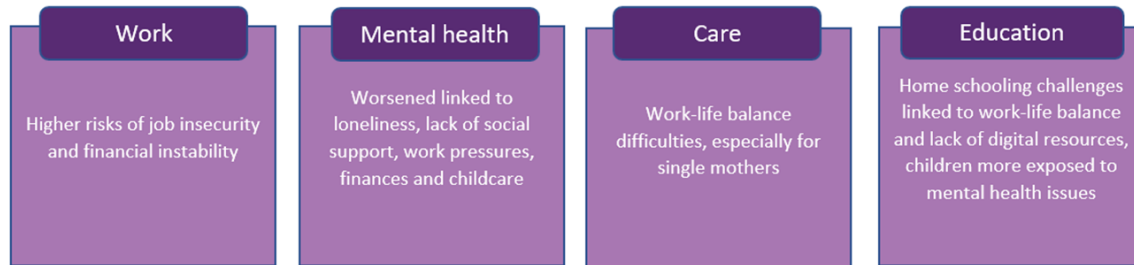
sufficient equipment to carry out online education at home' and the ability of the household to make ends meet



Source: Authors' computation, Eurofound "Living, working and COVID-19" survey, summer 2020

RELATIONSHIP STATUS: single parents during the COVID-19 pandemic

Although relationship status is not one of RESISTIRÉ's inequality grounds, research activities in cycle one identified single parents as a group that may have been particularly affected by pandemic policies, such as lockdowns and school/childcare closures (Nieuwenhuis, 2020). Raising children represents one of the most significant time investments in a household, as well as a significant cost, which puts single parents, reliant on a single income, in a more vulnerable position (Letablier and Luci, 2009; Spitzer et al., 2018). The COVID-19 pandemic, and the associated government restrictions to stop the spread of the virus, affected parents' caring practices due to the closure of childcare providers, educational institutions, and workplaces. This forced a sudden restructuring of household dynamics, requiring parents to manage work and caring duties simultaneously, merging the private and professional sphere and creating increased stress in an already complex situation (Craig and Churchill, 2021).



Key themes of research on single parents

Scoping review of the literature

Care

Overlapping of care and work duties for parents during lockdowns: The closures of many childcare providers and moves to online schooling in Europe have completely transformed the lives of parents, many of whom also had to switch to working from home to fulfil their caring duties. This presented an important new responsibility for most parents, requiring an almost full-time involvement in children's care and education. Most parents rely on childcare providers and schooling to offset some of the burden of care and give them the ability to work and provide for their family (Letablier and Luci, 2009; Spitzer et al., 2018). Having to care for a child without a partner represents a significant additional burden and investment. In addition, societal gender structures mean that single mothers are likely to be disproportionately affected by the additional burden of care, since they suffer the dual burden of both the gender pay and gender care gaps, putting them at greater risk difficulty balancing childcare and paid work (Zagel et al., 2021).

Work and Pay

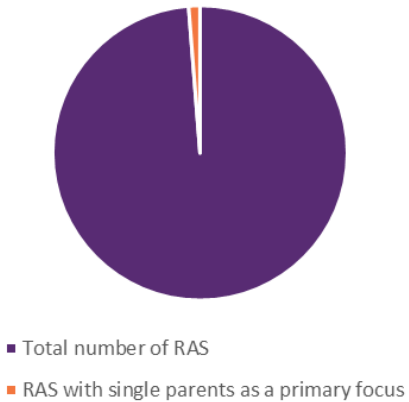
Increased risk of job insecurity: Evidence shows that single parents faced repercussions from their workplace, including job loss, because of their increased caring duties during the pandemic (Hertz et al., 2021; Iztayeva, 2021). Single parents' employment levels had been increasing since 2009 until the beginning of the pandemic, however a closer look at trends between mothers and fathers reveals that employment levels remained substantially higher for men than women. Single mothers are also significantly more likely to be in part-time employment than single fathers (Nieuwenhuis, 2020).

Increased risk of poverty due to precarity of work: Single parenthood is often found to be associated with a higher risk of poverty, and poverty rates have been found to be particularly higher for single mothers in OECD countries compared to single fathers (Zagel et al., 2021). Projections using data from the 2017 Household Finance and Consumption Survey indicate that single parents will be more vulnerable and more likely to live with a reduced income in the economic recession caused by the COVID-19 pandemic (Midões and Seré, 2021). In-work poverty remained substantially higher for single parents than for couples with children prior to the pandemic (Nieuwenhuis, 2020) and it is likely that the increase in job insecurity due to the crisis put single parents increasingly at risk of poverty.

Human & Fundamental Rights: Health

Increased risk to parents' and children's physical health and wellbeing: Few studies have specifically looked at a quantification of the mental wellbeing of parents, with the issues of the increased burden of care and costs due to the pandemic mostly investigated through qualitative interviews. Overwhelmingly, these qualitative studies found single parents overworked, stressed, and preoccupied about the future, as well as not supported enough by their employers (Iztayeva, 2021; Taylor et al., 2022). The impact on the wellbeing and health of single parents appears to trickle down to the rest of their households and affects the physical and mental health of their children too (Abay et al., 2021; Jara et al., 2021; Vandevijvere et al., 2021). Evidence suggests that children and young adults living in single parent households suffered more often from anxiety, depression, and sleep deprivation than children living in non-single parent households during lockdowns (Christner et al., 2021; Hafstad et al., 2021; Luijten et al., 2021). They also faced an increased risk of food deprivation, due to the increased risk of poverty and job loss (Vandevijvere et al., 2021).

Analysis of mapped RAS



Research on single parents was not particularly well represented within the mapped RAS. National researchers reported findings relating to single parents in only 13 of a total of 316 studies. Of these studies, only 4 (31%) specifically investigate the experiences of single parents during the pandemic (CZ07, SE05, IE11, PL06). The **financial impact** for single-parent households is the main focus of these RAS. Other topics include experiences of **home-schooling** and access to **social support**.

Common Findings

A Czech study focusing on the situation of single parents (CZ07) reminds us that **single parents are not a homogenous group and they have experienced the pandemic in different ways**. Overall, this study found that there was not a substantial difference between the proportion of the general population and the proportion of single parents whose lives were significantly affected by the pandemic. Interestingly, when asked in a Polish study of women's experiences during the pandemic (PL06) whether they thought that experiences of the pandemic had been easier for those in a couple, single women were less likely to agree that this was the case than mothers with a partner. The RAS authors suggest that this is because single mothers already have experience of dealing with changing and complex situations on their own.

However, in general, RAS findings reflect the scoping review of the wider literature and indicate that **single-parent households experienced more negative impacts of the pandemic, particularly in relation to finances**. The Polish study on women's experiences during the pandemic (PL06) found that single mothers were more fearful for the future, reported a lower sense of financial stability and had greater concern over the pandemic than mothers with a partner. An Irish study (IE11) found that single parents were more likely to report financial pressures than respondents living alone (68% vs 30%). The scoping review of the wider literature indicates this is likely to be linked to single parents' precarious work situations. Two RAS found that it has been harder for lone parents to retain work due to childcare demands (AT08, UK01) and another from Serbia reported that they are more vulnerable to exploitation at work, since the household is more reliant on their income (SER02). However, **the impact of the pandemic on employment for single parents was not a key focus among the mapped RAS**.

The pandemic also appears to have been more difficult for single parents from a social and wellbeing perspective. The same Irish study (IE11) found that, compared to those living alone, single parents were much more likely to report feeling lonely (41% vs 17%) and were less likely to have someone they could count on if they experienced

personal problems (74% vs 83%). This may be related to experiences of exclusion and judgement from others, which 48% of lone parents reported. Additionally, compared to those living alone, the majority of lone parents reported having significant financial pressures that they had to cope with alone (68% vs 30%), which impacted upon their wellbeing. Childcare responsibilities could also mean single parents had fewer opportunities to socialise and spend time with other adults during the pandemic than people living alone, especially if there were restrictions in place on the number of people who could meet. Loneliness was particularly an issue for single parents who were not in full-time employment (48% vs 33% in full-time employment) and this group was also less likely to have suitable childcare (43% vs 64% in full-time employment). There were also **intersections with wellbeing and age observed** among single parents in this study. Older single parents were less likely to have someone to count on than those under the age of 40 (70% vs 88%). However, younger lone parents were less likely to report that they could get practical help if needed (65% compared with 73% of those aged 40 and over). This may reflect the age of children among older and younger parents and differing childcare needs.

Echoing findings reported in our scoping of the wider literature, other RAS indicated that **children in single parent households had been more severely affected by the consequences of the pandemic**. A Hungarian study (HU10) found that 77% of children in single-parent households experienced at least two mental health issues (wandering attention, restlessness, anger outbreaks, and anxiety) compared to 46% of children in two-parent households. With regards to children's education, home schooling appears to have been particularly difficult for single-parent households (CZ07, AT08) who also struggled with access to necessary digital resources (CZ07, HU10).

European-level analysis

To understand how many households across Europe may be affected by the issues identified in the review of the RAS and wider literature, we used data from the EU-SILC European survey to investigate the number of single-parent households. We define single-parent households (or alternatively lone parent households) as any household composition that has only one adult providing for one or more children, who is separated/not living with a partner. Single parents can cohabit with other family or non-family members (for example, with parents or with flatmates). As seen in Figure 9, **single parent households make up a relatively small proportion of households in Europe**, and across all countries **single parent households are overwhelmingly headed by women** (Figure 10).⁷

⁷ Population composition is taken from the EU-SILC European survey as it is considered more accurate in representing European demographics as it relies on a larger sample and has been running for a longer time. Please see the EU-SILC website for more specifications.

Figure 9: Distribution of the population by household composition by country of residence

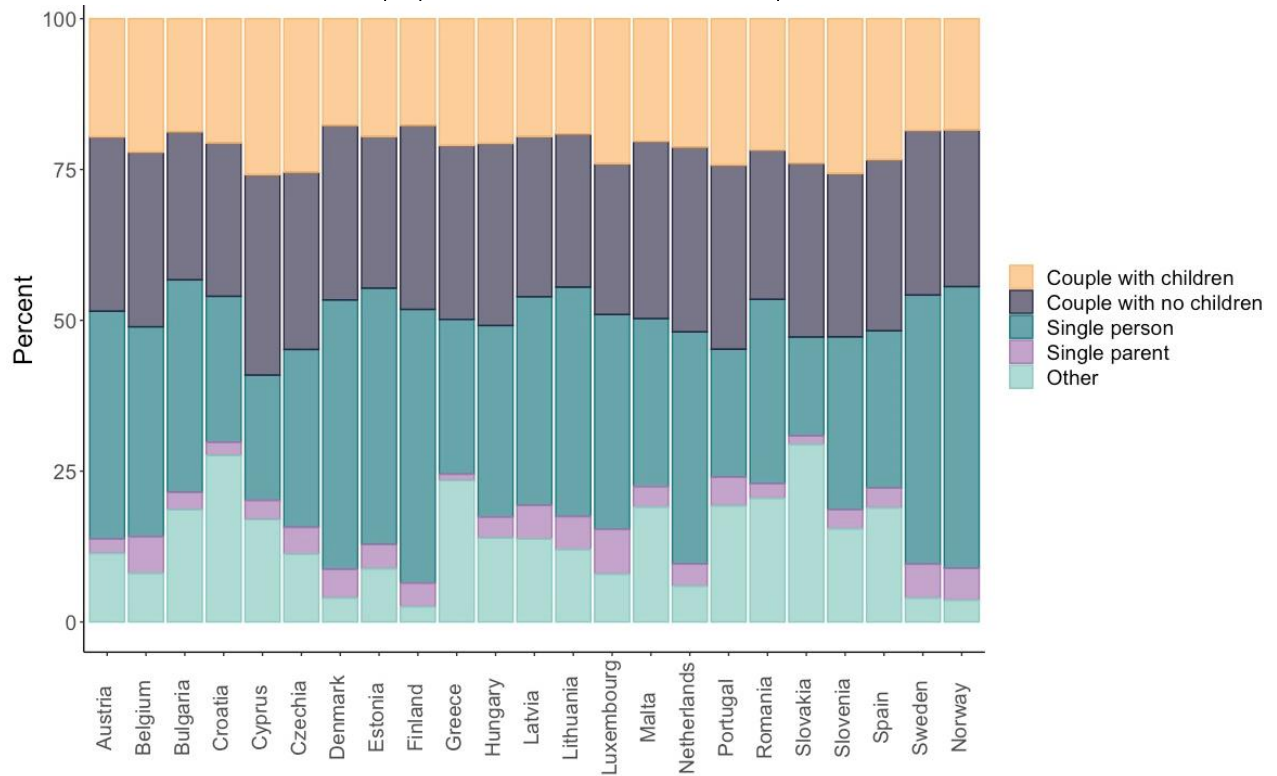
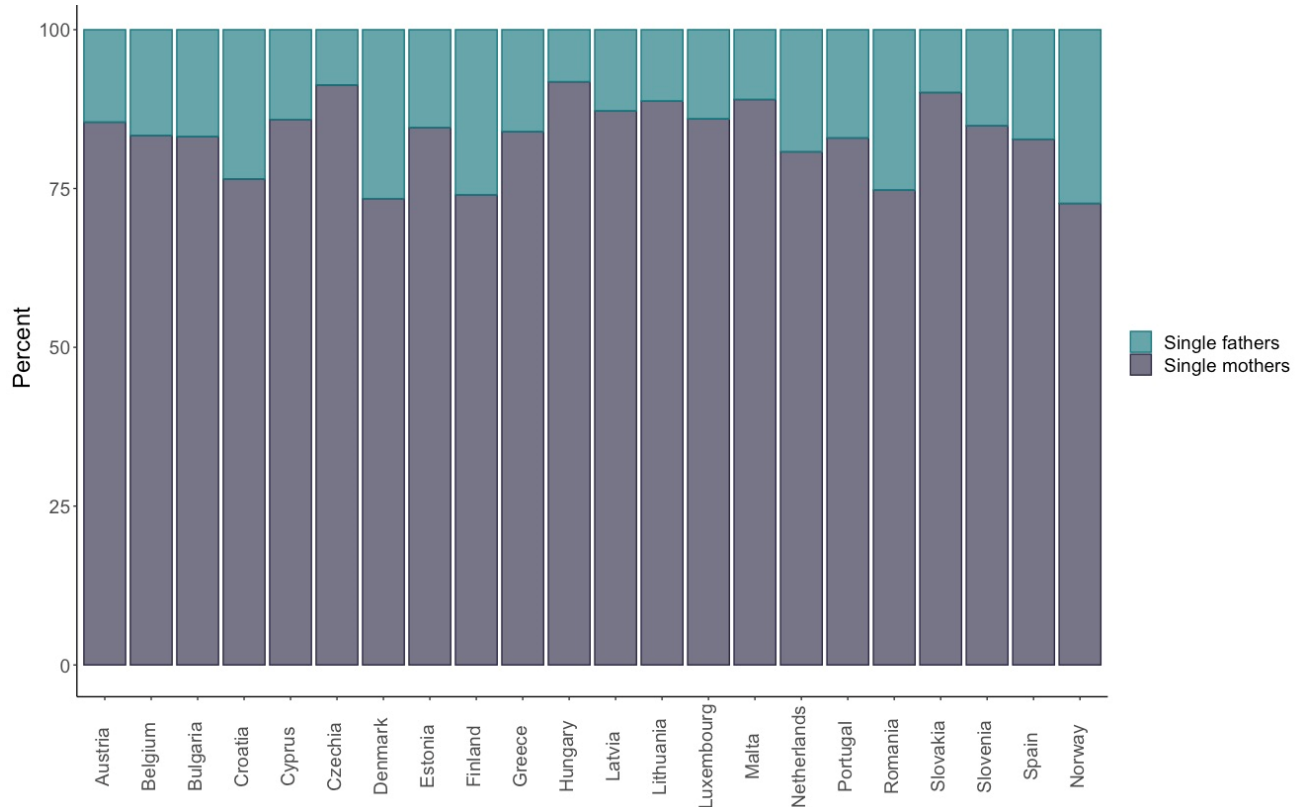


Figure 10: Distribution of single parent households by sex of the reference person by country of residence

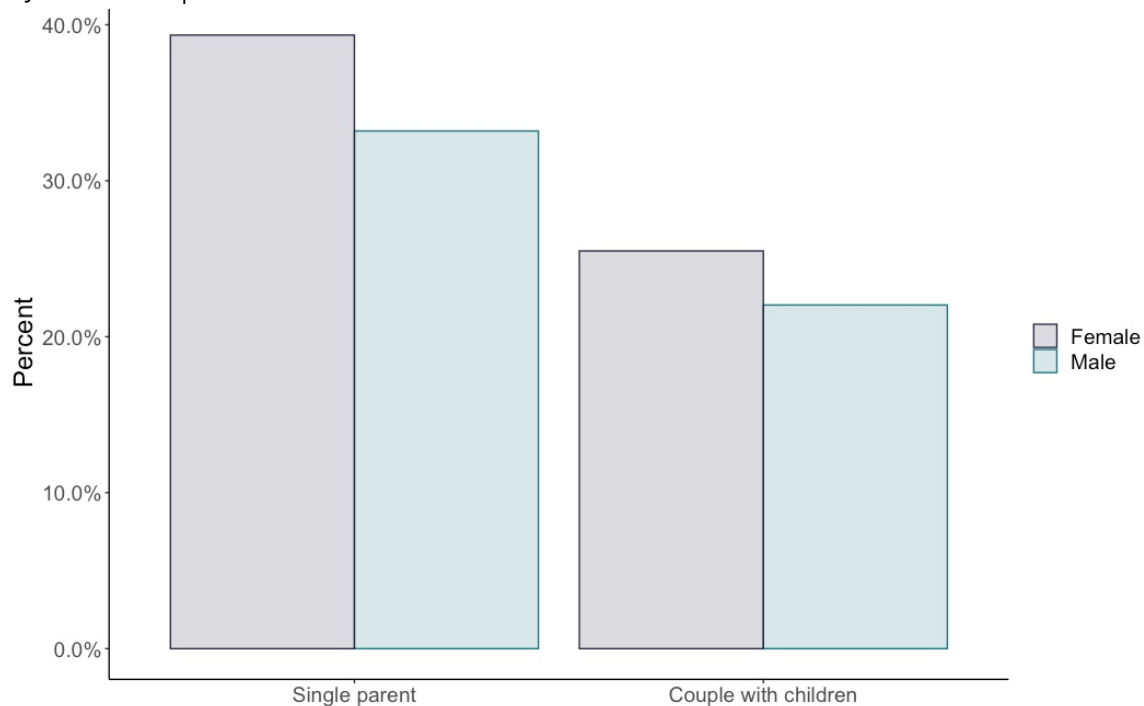


Source: Authors' computation, EU-SILC 2020

Work and Pay

Financial difficulties were identified as one of the key challenges for single parents in existing studies. Our analysis of European level data confirmed this was a cross-national issue. Looking at the ability to make ends meet for each household type, **single parents were more likely to struggle financially than those in two-parent households** (Figure 11). We notice that **single mothers in Europe were the group reporting the most difficulty making ends meet**, with a difference of more than 10 percentage points between single mothers and mothers with children and a partner.

Figure 11: Percentage of the population who reported having difficulty making ends meet by relationship status and sex



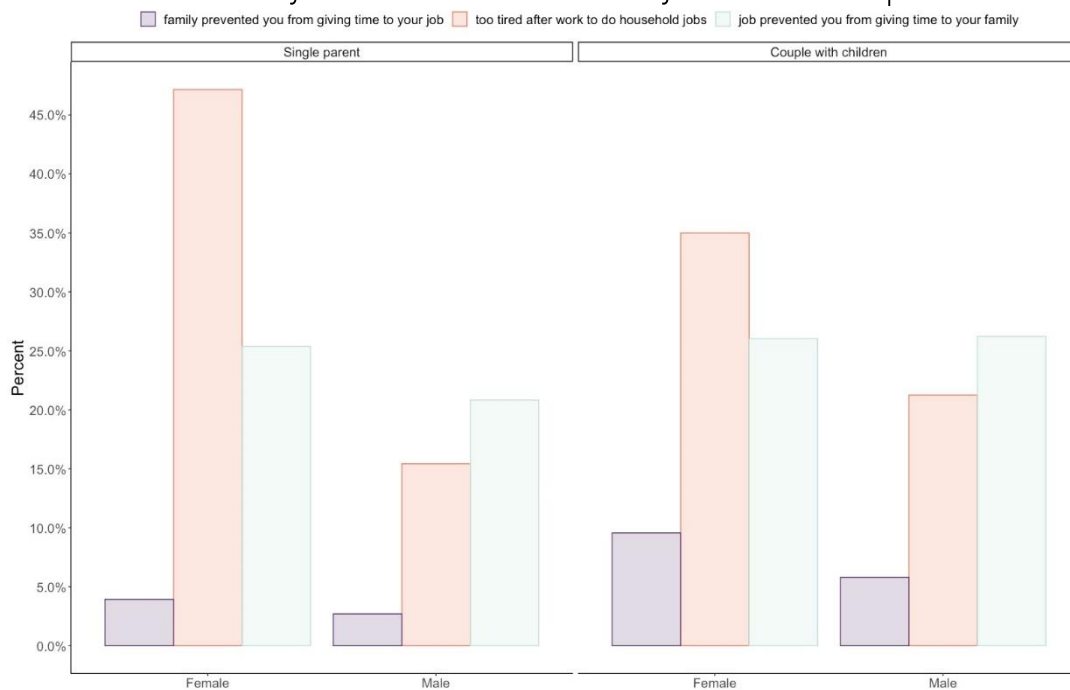
Source : Authors' computation, Eurofound "Living, working and COVID-19" survey, spring 2021

Care

To understand how the burden of work and care during the pandemic differed by the relationship status of parents, we used Eurofound data to compare the work life-balance of single-parents and parents with a partner in Europe (Figure 12). Work-life balance was measured by investigating time dedicated to the family, time dedicated to work, and tiredness due to responsibilities at work. In general, mothers were more likely than fathers to report that they were too tired after work to do households jobs. This stark gender divide across both household types suggests that the extra care burden overwhelmingly fell on women throughout the pandemic, regardless of household composition. However, the

greatest sex differences in work-life balance are found among single parents. Single mothers were by far the group with the highest level of paid work conflicting with ability to undertake domestic chores, while single fathers reported the lowest levels on all measures of difficulties balancing work and family. This suggests that single fathers had more access to support or fewer responsibilities than partnered fathers and mothers in general, and is likely to be linked to the finding that women are more likely to head single-parent households than men.

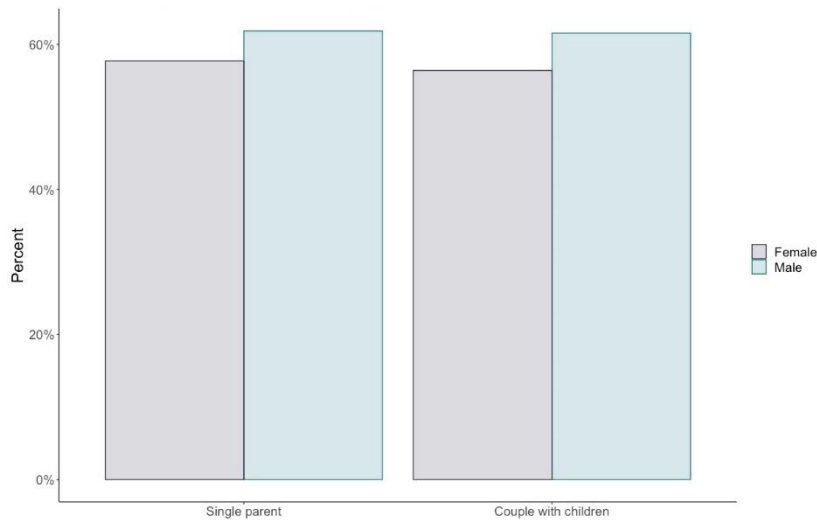
Figure 12: Percentage of the population who reported that the work and life balance statements were always or most of the time true by household composition and sex



Source : Authors' computation, Eurofound "Living, working and COVID-19" survey, spring 2021

As shown in Figure 13, **distance learning was an overwhelmingly negative experience for most European parents**, with an almost identical proportion of single parents and parents with a partner who were dissatisfied with the experience. Both mothers and fathers found the experience of having to balance work life with home-schooling to be a negative experience for their wellbeing.

Figure 13: Percentage of the population who disagreed with the statement that online schooling was a generally positive experience for them and their children

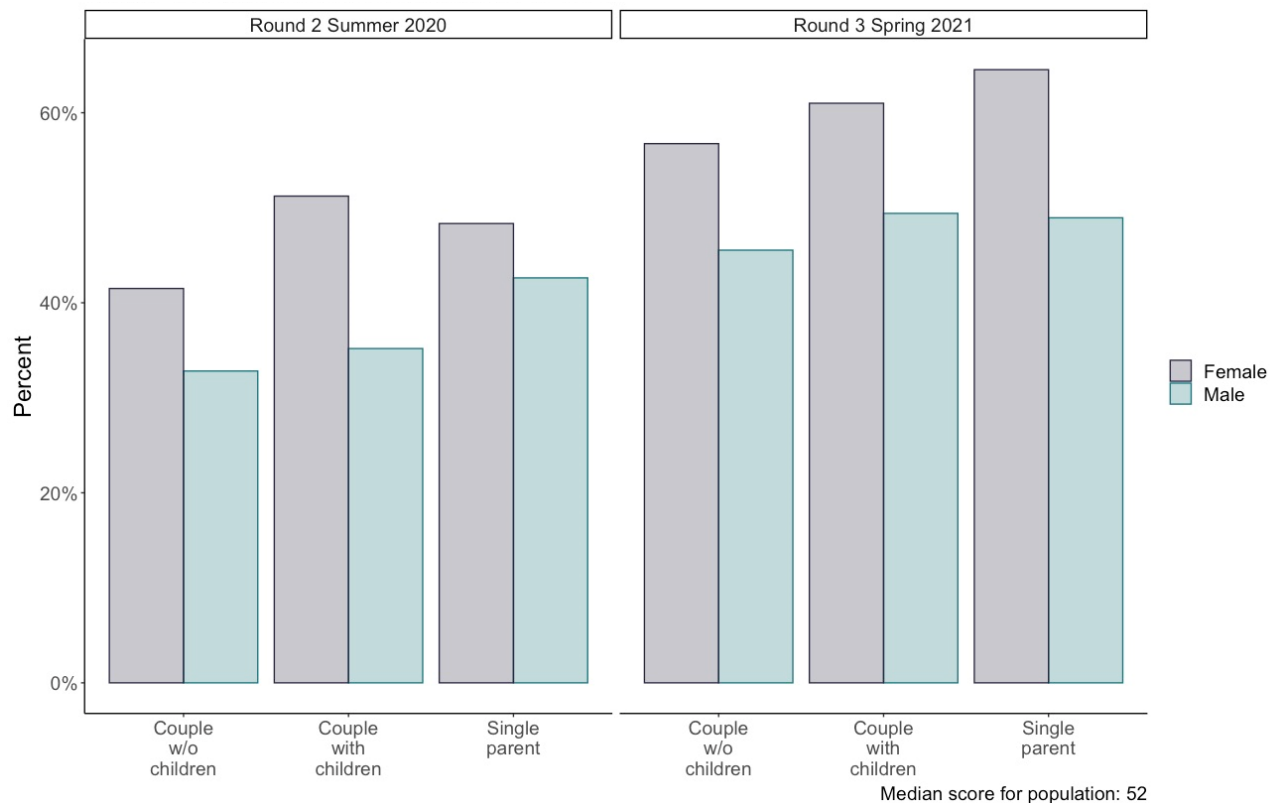


Source: Authors' computation, Eurofound "Living, working and COVID-19" survey, spring 2021

Human & Fundamental Rights: Mental health

According to our review of the literature and data from the RAS, single parents, and single mothers in particular, could be at heightened risk of poor mental health. However, there has been a lack of quantitative research investigating the impact of the pandemic on parents' emotional wellbeing. We therefore used the WHO-5 mental wellbeing scale included in the Eurofound survey to understand the scope of this issue at a European level and included gendered analysis (Figure 14).

Figure 14: Percentage of parents who scored lower than the median "WHO-5 mental wellbeing Index" score by their household composition
 Scores from 0 to 100. Summer 2020 (N= 20 608) and Spring 2021 (N= 29 323)

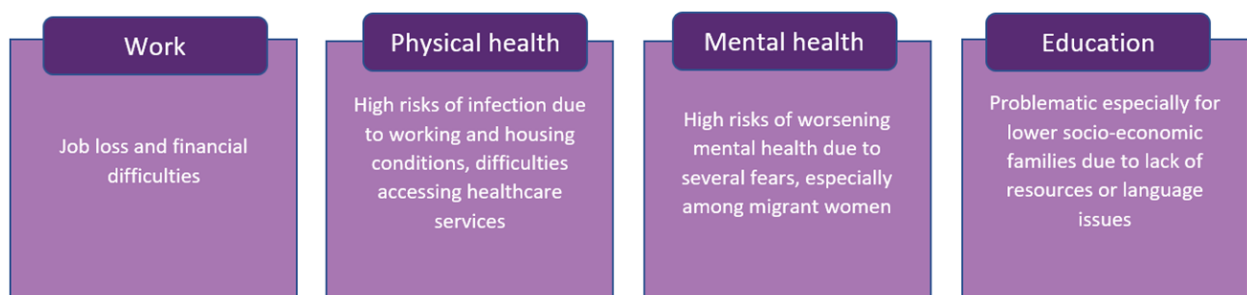


Source : Authors' computation, Eurofound "Living, working and COVID-19" survey

There was a notable increase in the proportion of parents scoring below the median on the WHO-5 mental wellbeing scale between summer 2020 and spring 2021 across all household types. This suggests that **mental health impacts on parents grew as the pandemic progressed**. Perhaps the unpredictability and relentlessness of the pandemic combined with the compounding effect of persistent financial, work and care pressures meant that parents were not able to find coping mechanisms. We can also observe a noticeable gender difference regardless of household type, with **mothers more likely to score below the median wellbeing score than fathers**, reflecting the findings from both our wider literature review and RAS analysis that mothers were disproportionately affected by government restrictions in terms of their social, economic and caring lives.

NATIONALITY: migrant populations during the COVID-19 pandemic

Migrant populations are widely recognised to be a vulnerable group and, despite cross-national differences, in most countries they are found to be disadvantaged in several domains compared to non-migrants (Biedinger et al., 2008; Kogan, 2006). The International Organization for Migration (IOM) describes 'migrant' as an "umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons" (International Organization for Migration, 2019, p. 132). Here, we focus specifically on three categories of international migrant: refugees, asylum seekers and documented migrants. In many countries, refugees have limited rights including restricted rights to work, limited freedom of movement and restricted access to bank accounts (United Nations High Commissioner for Refugees, 2021). For this reason, in the Work and Pay domain we mainly refer to migrant workers, while for Health and Education we cover inequality mechanisms that have affected both migrant workers and refugees.



Key themes of research on migrants

Scoping review of the literature

Work and pay

Less able to work from home: Although teleworking became the norm for many during the pandemic to limit risk of infection, not all jobs could be undertaken at home. Existing studies indicate a concentration of migrant workers within sectors where teleworking is not feasible (Fasani and Mazza, 2020). This was associated with reports of higher rates of infection among migrant workers, who were also more likely to be employed in jobs with close physical proximity, such as health or domestic care (Guadagno, 2020; OECD, 2020). Migrants are also more likely to use public transport to get to work, which contributed to a higher risk of infection (Guadagno, 2020).

Increased risk of job loss: A considerable number of migrants are employed in sectors that have been hardest hit by the COVID-19 crisis, such as food services, tourism, domestic care, construction and the garment industry (Guadagno, 2020; You et al., 2020).⁸ Not only are migrants employed in sectors that are at increased risk of shutdowns but, within these sectors, migrants are also more likely to be employed in precarious positions, or be self-employed (Guadagno, 2020; Katikireddi et al., 2021b; OECD, 2020). All these factors have contributed to increasing the likelihood of job loss for migrants.

Increased risk of financial difficulties: The financial consequences of job loss are likely to have a substantial impact on refugees and migrants and may be greater than for native populations since they may be unable to access welfare measures (Guadagno, 2020).

Human & Fundamental Rights: Health

Increased risk of COVID-19 infections due to living conditions: In European countries, migrants are more likely to live in sub-standard housing and in overcrowded dwellings compared to the native-born population (OECD/European Union, 2018). These poor conditions, combined with the higher likelihood of living in extended cohabiting families, increases migrants' chances of infection (OECD, 2020). In asylum centres, environmental factors (such as overcrowding, a lack of basic sanitation, and inadequate health information), are likely to have increased individuals' exposure to the virus and decreased the possibility for isolation in cases of infection (European Centre for Disease Prevention and Control, 2020; Kluge et al., 2020). Available evidence indicates that there was a high number of COVID-19 outbreaks in reception centres, and that the incidence of COVID-19 confirmed cases was higher in these facilities compared to the incidence among the general population (Da Mosto et al., 2021; Kondilis et al., 2021).

Increased risk of mental health issues: The lockdowns have seen an interruption of voluntary services that provide for migrants, asylum seekers and refugees, and the closure of borders has had major consequences for requests of legal refugee status (Kluge et al., 2020). These interconnected events have contributed to negatively affect both the physical and mental health of refugees and asylum seekers, who are already likely to suffer from pre-existing conditions, such as post-traumatic stress disorders, related to their migration experiences (Aragona et al., 2020; Júnior et al., 2020; Liem et al., 2020). This already vulnerable mental health is likely to have been aggravated by the pandemic due to the fear of income loss and government restrictions (Liem et al., 2020). In particular, studies have indicated that refugee and migrant women were already more at risk of negative mental health outcomes compared to men (Porter and Haslam, 2005) and so may also have suffered more severe risks for mental health concerns during the pandemic. The

⁸ Given the cross-country differences in refugees' rights to work, we do not consider the specific mechanisms in the domain of work and pay for this group.

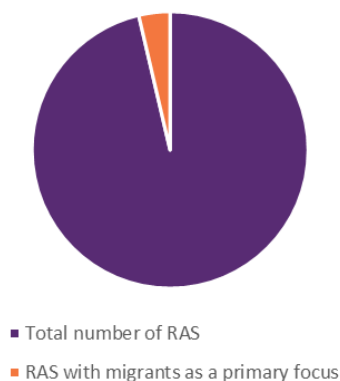
ApartTogether survey indicates that the mental health of refugees and migrants during the pandemic was significantly impacted, especially for women and those living in insecure housing situation (Spiritus-Beerden et al., 2021).

Increased difficulty in accessing healthcare services: The pandemic has put healthcare systems of all countries under a substantial strain. Compared to the native population, migrant groups may be more disadvantaged in accessing healthcare because of a lack of knowledge, government policies limiting coverage, language/cultural barriers or fears of deportation (Guadagno, 2020; You et al., 2020). According to the World Health Organisation (2018, p.10), asylum seekers, refugees and migrants are likely to face problems in “all the 5As of access to health care: availability, adequacy, accessibility, affordability and appropriateness”. Difficulty accessing healthcare services means that migrants may not have been covered for COVID-19 screening and treatment, which in turn could increase their infection and mortality rates.

Human & Fundamental Rights: Education

Increased inequality in access to education: Existing studies indicate that migrant parents tend to have fewer resources than native-born parents to help children with their homework, they are less likely to have access to a computer and an internet connection at home, and they cannot provide children with a quiet place to study (Di Pietro et al., 2020; OECD, 2020). However, these differences appear to be largely due to the fact that children of migrants are overrepresented among those with a low socio-economic status compared to native-born children (OECD, 2020). Moreover, 40% of native-born children of migrants do not speak the language of the host country at home, thus contributing to a challenging online learning process (OECD, 2020). Refugee children were, even before the pandemic, more likely to be out of school than other children, and the switch to online education has only made things worse, given the remote locations and precarious conditions of refugee camps (You et al., 2020, p. 36).

[Analysis of mapped RAS](#)



Research on migrants was not particularly well represented within the mapped RAS. Although 67 out of the 316 RAS (21%) were reported as covering nationality or race in some way, only 12 studies (4%) specifically investigate the experiences of migrants during the pandemic, suggesting that research has been limited in this area (AT06, DK06, ES09, FR03, GR04, IE09, IT01, NL04, RO04, SE08, TR09, UK10). The main topics of these 12 RAS were **employment** and **health**.

Common Findings

The key finding from RAS on documented migrants, refugees and asylum seekers is that these groups experienced a **rapid decline in their employment and economic situations, which exacerbated pre-existing inequalities and vulnerabilities**. However, there is **some indication among these RAS that the negative consequences of the pandemic on employment for migrants has recovered** (DK06, ES09). In Denmark (DK06) it was noted that this is particularly the case among non-Western migrant women, whose levels of employment are slightly higher than before the pandemic. The same level of recovery was not noted among people of Danish descent; however, migrants have significantly lower employment levels overall than the general population.

Studies also report that these groups experienced **higher levels of infection** (NL04, FR03), **mental health issues** (GR04, UK10), **risk of violence** (GR04), **hunger** (UK10) and **difficulty in social distancing** due to poor/overcrowded accommodation (IE09). Higher levels of infection were also associated with reports of **less trust in authorities** among these groups (AT06) and **lower levels of vaccination** (NL04). **Access to healthcare also declined**, in part due to fears of transmission (TR09).

Despite possible language barriers, studies suggest that **gaining information about the pandemic was not a particular concern for migrants and refugees**. In an Irish study of asylum seekers, 85% of respondents deemed that public health information was sufficient. According to an Austrian study on media use during the pandemic (AT06), there appeared to be a similar level of knowledge about COVID-19 measures among migrants and non-migrants, however, at least among some migrant communities, there was **less concern about the pandemic and more reported that restrictions were 'excessive'** compared to non-migrant groups. Similar findings were also reported in a Romanian study comparing the concerns of migrant and non-migrant populations (RO04). Lower levels of worry may be due to migrants experiencing greater concerns in other aspects of their lives (such as

separation from loved ones, financial and housing concerns, traumatic experiences of war etc.). However, studies including gender analysis (RO04, IT01) indicate that **migrant women were more likely to report concerns, distress and a higher level of fear about COVID-19 than migrant men**. According to a survey of migrants in Italy (IT01), **women were also more informed about the pandemic than men**.

Finally, two studies indicate that **rates of migration declined during the pandemic**. According to government figures (SE08), the rate of immigration in Sweden in 2020 was 29% lower than in 2019. Immigration among relatives of refugees was the group that saw the greatest decline in relative terms in Sweden. In the Basque region, immigration declined by more than 75% between 2020 and 2021 (ES09). Individuals travelling from Latin America and the Maghreb were most notably reduced. These reports of reduced migration are likely to be linked to travel restrictions that have been in place throughout the pandemic.

European-level analysis

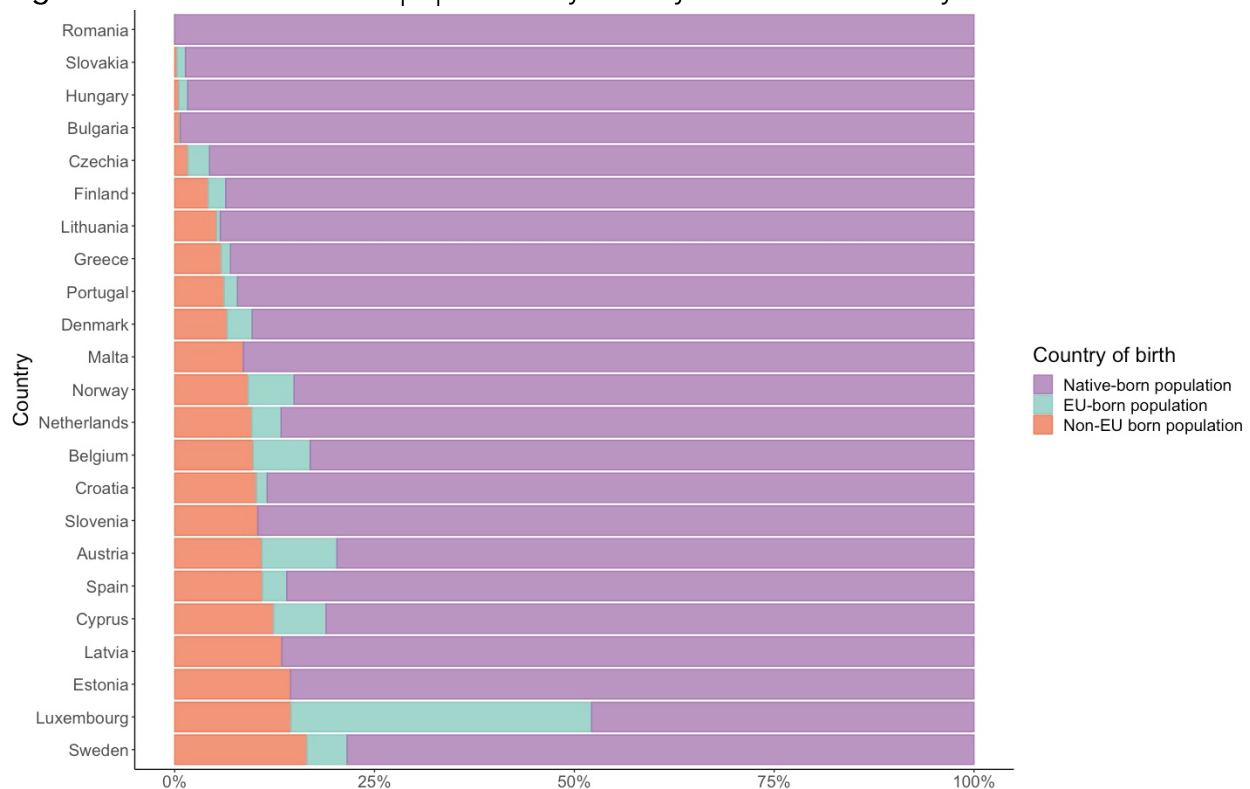
A review of the literature indicates that the COVID-19 pandemic has contributed to exacerbating migrants' pre-existing inequalities across a number of pathways (Kumar et al., 2021) and the review of mapped RAS has shown that migrants, refugees and asylum seekers have undergone a quick deterioration in their employment and economic situations. However, **empirical research measuring the effect of the crisis on inequalities for migrant groups - especially in Europe, and at cross-national level - is still lacking**. Most European-level analysis has been concentrated on the higher infection risk of the migrant population and their higher COVID-19 mortality rates (Katikireddi et al., 2021b; Maestripieri, 2021), however other specific inequality outcomes, as well as the intersection of inequalities, have been less investigated. Therefore, as part of the RESISTIRE second cycle, we conducted our own analysis of the EU-SILC 2020 to investigate these inequality outcomes.

This section includes only information on documented workers, as the EU-SILC does not include information about other types of migrants, and there is no harmonised European dataset for this either. Another note concerns the lack of gender analysis in this section. This is due to the fact that the relevant indicators were at the household-level and so did not differentiate much by sex. Therefore, we reported mostly on the intersection between migration status and socio-economic status.

Using data from EU-SILC 2020, we first established the distribution of the population according to the country of birth in European Union (EU) member state countries (except for France, Ireland, Poland, Switzerland and Serbia, as data for these countries were not available when data analysis was conducted) (Figure 15). **The share of people born in other EU member states varied from less than 1% (in Bulgaria, Estonia, Latvia, Malta,**

Romania, Slovakia) to 38% (in Luxembourg), and the share of persons born in a country outside the EU ranges from less than 1% (Romania, Slovenia) to 17% (Sweden). This distribution does not reflect refugees and undocumented workers since currently there are no European data available for these types of migrants. In addition, **there are challenges in collecting data from documented migrants in general surveys, such as the EU-SILC, as this population is more likely to have a high non-response rate due to language barriers.**

Figure 15: Distribution of the population by country of birth and country of residence.*



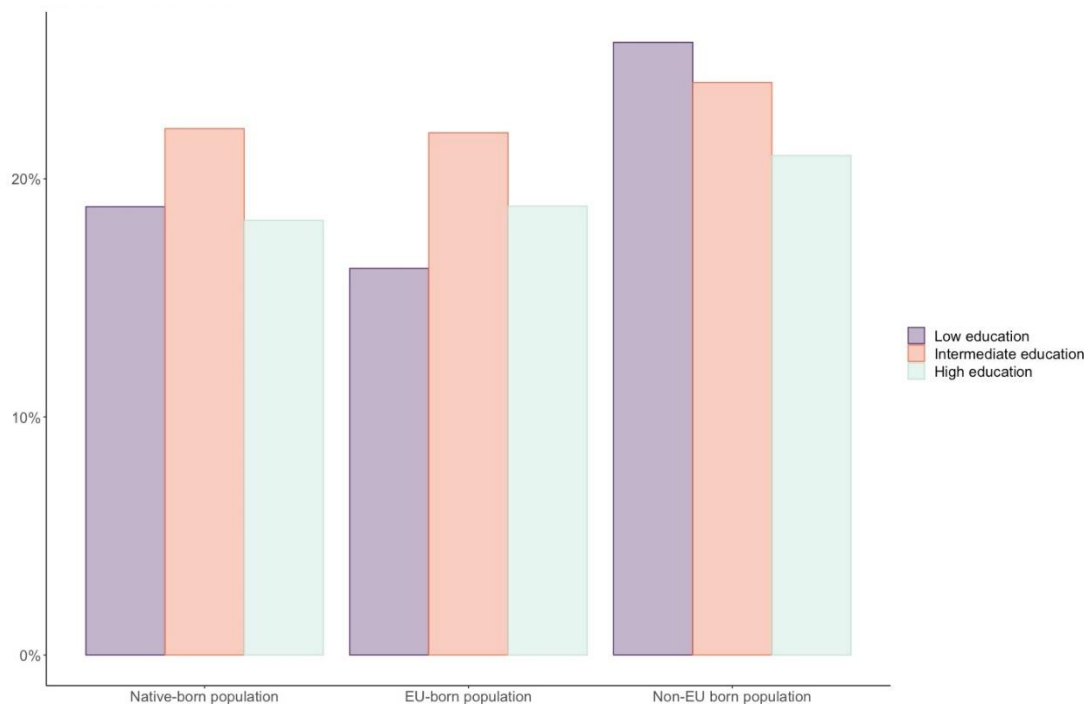
*Data for FR, IE, PL, CH and RS are not included as they were not available when data analysis was conducted. Source: Authors' computation, EU-SILC 2020

Work and Pay

As noted above, during the pandemic, migrants have been more at risk of job loss and economic hardship. An analysis of EU-SILC 2020 confirms this finding and adds an intersection with educational level. Figure 16 shows that **a higher proportion of people born outside the EU declared a decrease in their income in 2020 compared with native populations, even for highly educated migrants.** Among the lower educated, there are 7 percentage points of difference between non-EU born and native-born populations, this difference decreases but stays significant among the high educated groups (3 percentage points of difference). This **decrease in income was mainly due to an involuntary reduction in working time and job loss.** Non-EU born populations were

more at risk of reporting a job loss compared with native-born populations (30% of people born outside the EU compared with 17% for native-born populations), and this is the case among low educated (34% versus 19%) as well as high educated groups (28% versus 16%).

Figure 16: Percentage of the population who reported a decrease in their household income in 2020 compared to previous year by country of birth and educational level

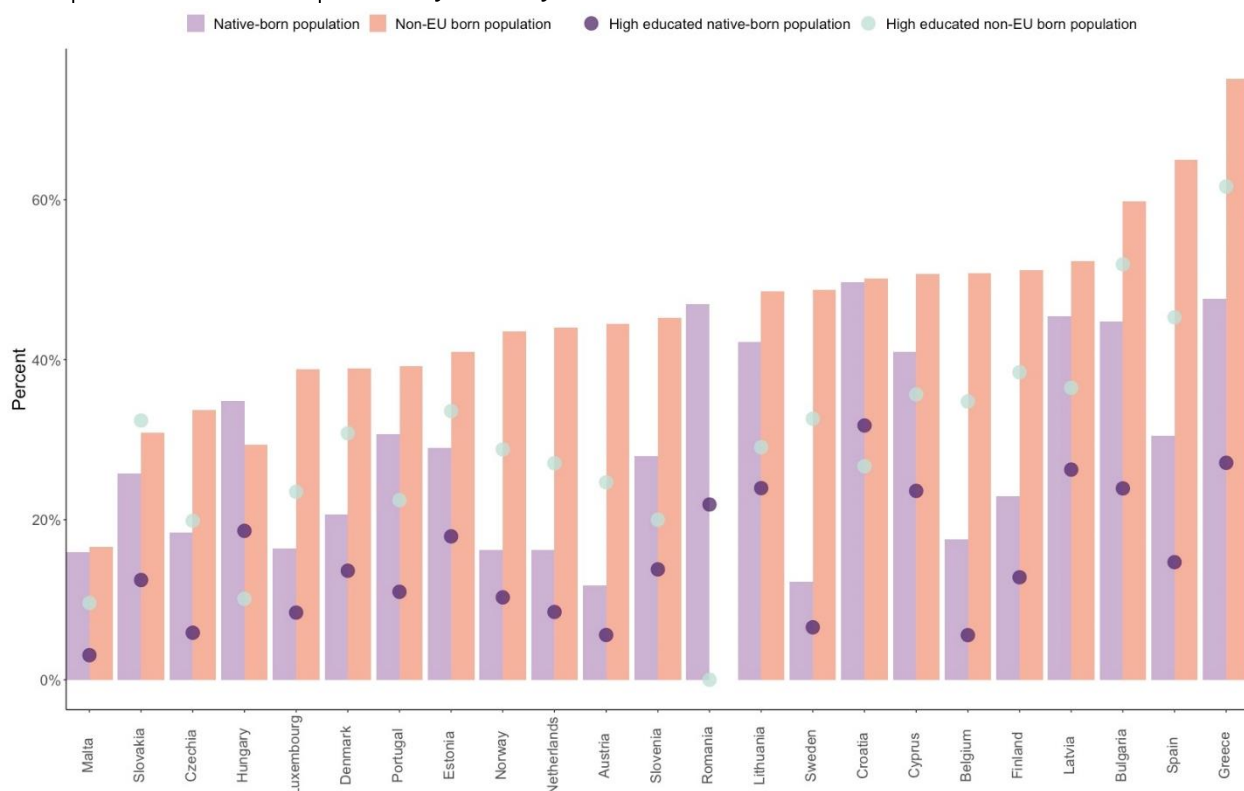


Source: Authors' computation, EU-SILC 2020

Income and job losses generally have an important impact on households, and the situation of people born outside the EU may be more fragile. **A higher percentage of people born outside the EU reported in 2020 that their household was unable to face unexpected expenses⁹** (54.7% compared to 33.5% of native-born populations). This inequality holds in most EU countries, even among people with a higher educational level (Figure 17). We should however note that the EU-SILC 2020 does not allow us to differentiate well between pre-existing inequalities and inequalities exacerbated by the pandemic, as data were collected across the first quarter of that year. Analysing the data of EU-SILC 2021 (which should be available for cycle 3) and comparing the situation to 2019, will allow a better assessment of the evolution of inequalities overtime.

⁹ The capacity to face unexpected expenses is based on the question: can your household afford an unexpected required expense (amount to be filled by country) and pay through its own resources? It differs from the ability to make ends meet indicator that is based on the question: thinking of your household's total income, is your household able to make ends meet, namely, to pay for its usual necessary expenses?

Figure 17: Percentage of the native-born and non-EU born populations unable to face unexpected financial expenses by country of residence and educational level



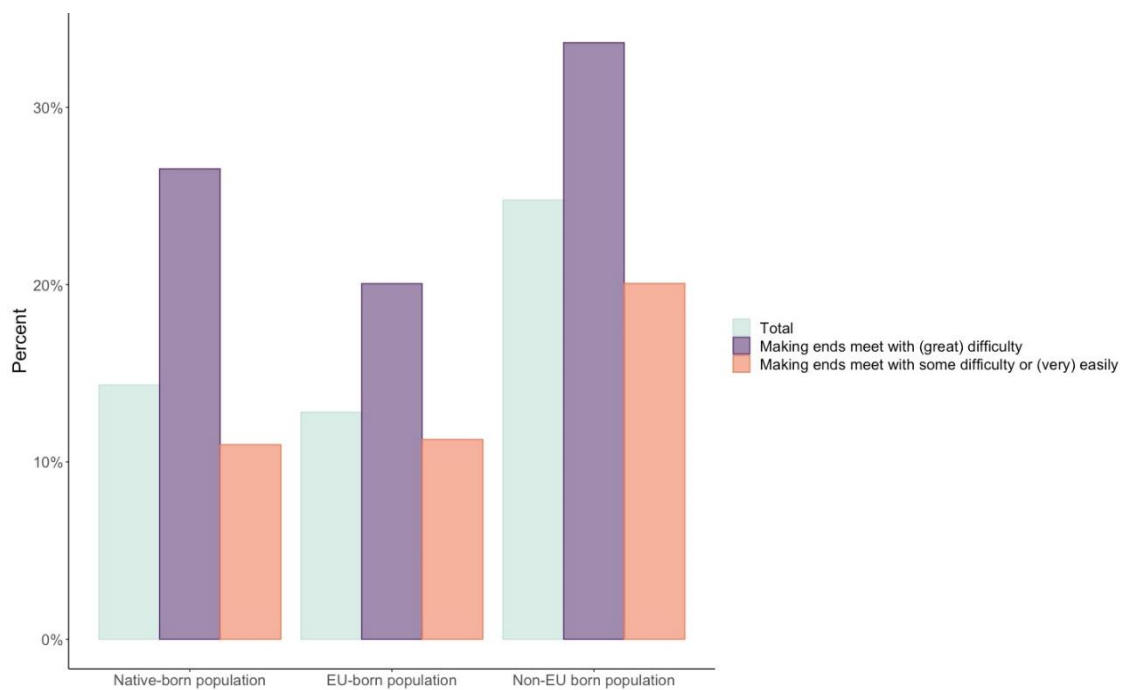
Source: Authors' computation, EU-SILC 2020

Human & Fundamental Rights - Health

In European countries, **migrants are more likely to live in sub-standard housing and in overcrowded dwellings**¹⁰ compared to the native-born population (OECD/European Union, 2018). Our analysis of EU-SILC data from 2020 found that the likelihood of living in overcrowded housing is higher among people born outside the EU (23.8% for 11.7% of the native-born population), and is even higher among migrants who report that their household had difficulty making ends meet (31.5%) (Figure 18). This makes it more difficult for migrants born outside the EU to respect social distancing and may increase their chances of infection, as identified in the wider literature and in the mapped RAS.

¹⁰ In the EU-SILC dataset, the percentage of the population living in an overcrowded household is determined based on the number of rooms that a household has at its disposal in relation to household size and composition.

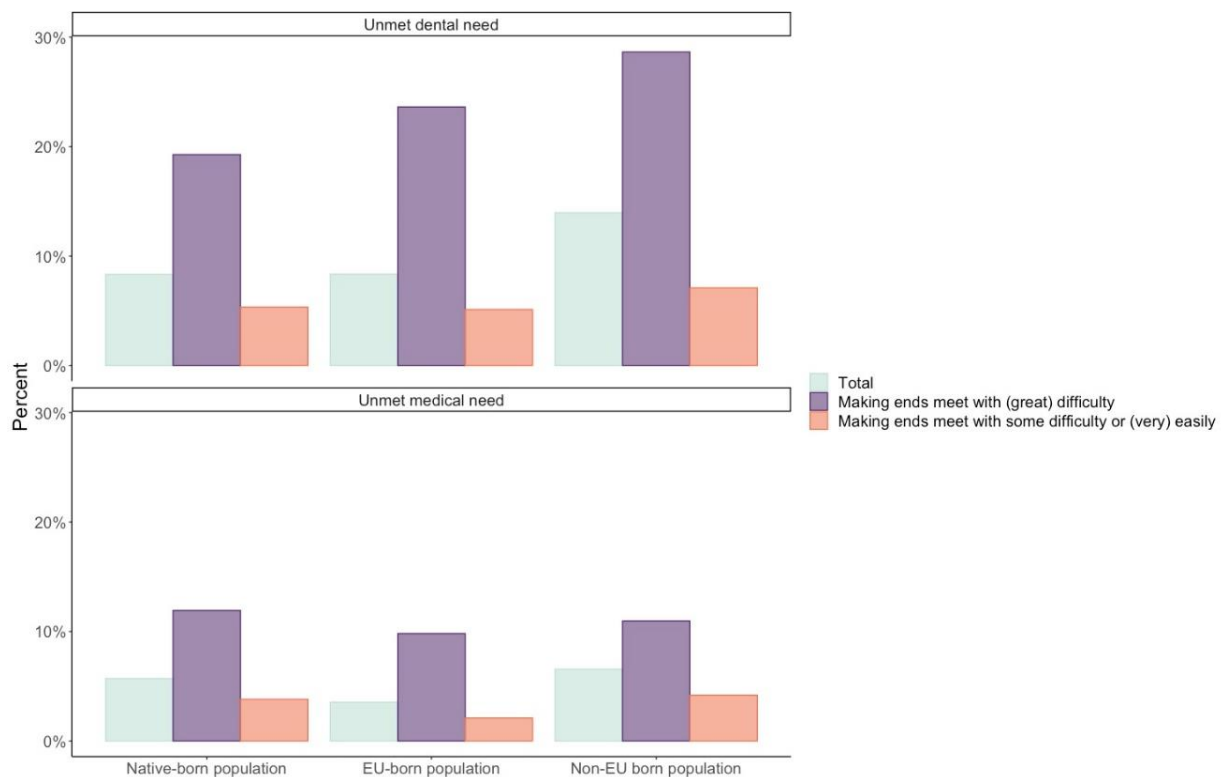
Figure 18: Percentage of the population living in overcrowded households by country of birth and the ability of the household to make ends meet



Source: Authors' computation, EU-SILC 2020

The scoping literature review and RAS revealed that migrant populations had difficulty accessing healthcare during the pandemic. To further understand this mechanism, we investigated the reported unmet needs for medical and dental examination, which revealed further **inequalities in the access to different types of treatment**. Although no difference was found in unmet medical needs between native-born populations and populations born outside the EU, a difference was observed for dental care (Figure 19). **Differences between native and migrant populations in access to dental care were particularly high among those living in households which struggled to make ends meet** (19% unmet dental need among native population versus 27% among people born outside the EU). Such inequalities by migration and social status in access to dental care have been observed previously in the literature, and have been mainly **explained by lack of dental insurance, cost of service and lower income**. Our analysis suggests that this situation still holds at the beginning of the crisis and **further analysis with the EU-SILC 2021 is needed, once this dataset becomes available, to better understand the impact of the crisis on access to care**.

Figure 19: Percentage of the population reporting an a) unmet need for dental examination and b) an unmet need for medical examination or treatment by country of birth and the ability of the household to make ends meet

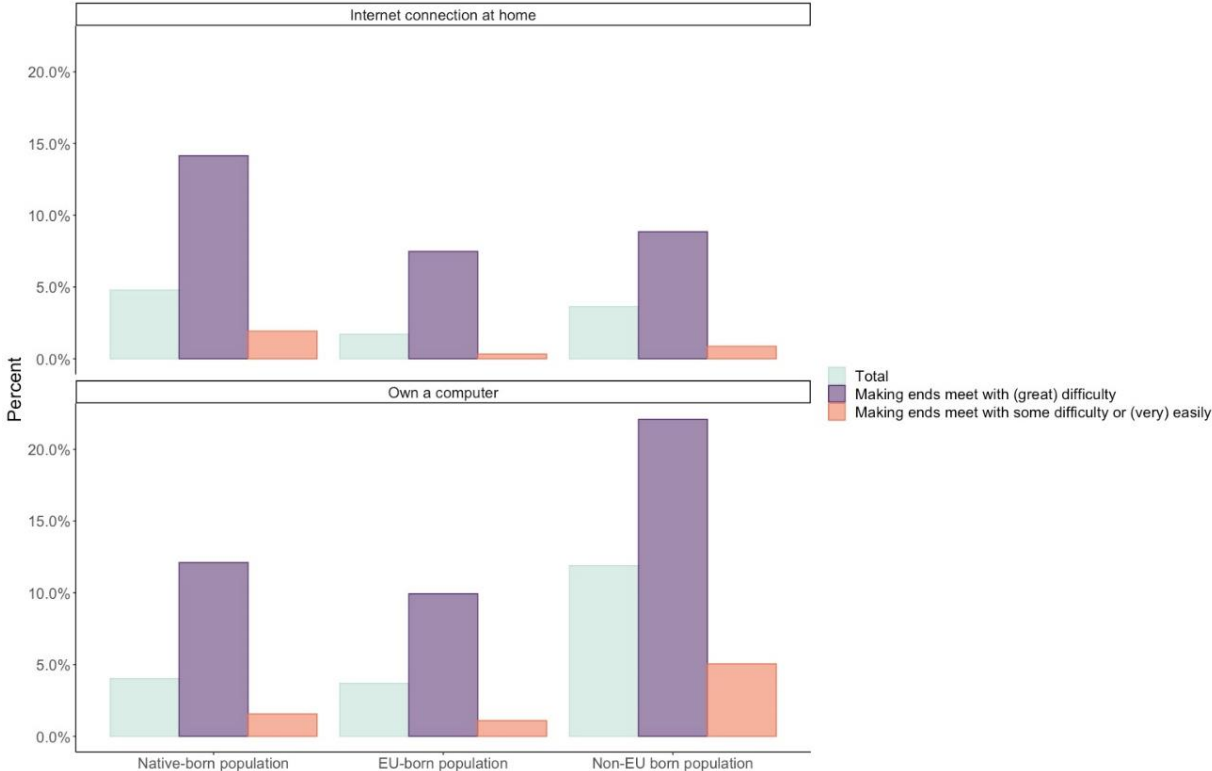


Source: Authors' computation, EU-SILC 2020

Human & Fundamental rights: Education

Access to digital resources was a particular issue for migrant families during school closures, according to the review of RAS and the wider literature. Through analysis of EU-SILC data from 2020, we investigated the extent to which this is a problem across Europe. These analyses reveal **a high proportion of people born outside the EU had no access to a computer at home, especially among those living in disadvantaged households** (26% with no computer access; Figure 20). However, **no such inequalities are found for access to an internet connection**. This may be because such a connection is a high priority for migrants to stay in contact with their native country.

Figure 20: Percentage of the population that does not a) have an internet connection because they cannot afford it, and b) own a computer in the household because they cannot afford it by country of birth and the ability of the household to make ends meet



Source: Authors' computation, EU-SILC 2020

SEXUALITY & GENDER IDENTITY: LGBTQ+ communities during the COVID-19 pandemic

Lesbian, gay, bisexual, transgender and queer communities¹¹ (LGBTQ+) have been historically disenfranchised and unequally treated in healthcare, and have faced irreparable social, economic, and wellbeing repercussions, most notably in the HIV/AIDS global pandemic. While COVID-19 likely does not put these communities at increased medical risk, (Booker and Meads, 2021; Martino et al., 2021) the wider economic, social, and behavioural determinants of health, as well as the social and structural barriers that these communities face, put them at increased risk of negative repercussion in a pandemic (Gil et al., 2021; McGowan et al., 2021; Teixeira da Silva, 2020).

To properly understand the risks that LGBTQ+ communities face, it is important to first outline the differences between sex, gender and sexuality. Gender is a socially constructed notion of the characteristics associated with masculinity and femininity. Sex, usually categorised as either male or female, is assigned at birth and distinguished by biological characteristics, mainly reproductive organs. Sexuality is a person's identity in relation to the gender(s) they are attracted to.



Key themes of research on sexuality and gender identity

Scoping review of the literature

Human & Fundamental Rights: Health

Reduced access to essential healthcare due to overcapacity and social discrimination:

The saturation of the healthcare system caused by COVID-19 has, in many instances, postponed care deemed non-critical to treat the most in need. The literature suggests that LGBTQ+ communities experienced greater marginalisation and difficulties in accessing healthcare than the wider population during the pandemic (Gil et al., 2021; Mirabella et al., 2021). For LGBTQ+ communities this could include reduced access to hormonal therapy

¹¹ and others who do not identify as straight or cisgender

for transitioning individuals, HIV/AIDS medications, pre-exposure prophylaxis (PrEP) and psychological support, which can be fundamental to some living in abusive, non-accepting households (Gil et al., 2021). In a worldwide study, men who have sex with men reported a reduction in HIV-self testing and interrupted use of PrEP, due to the inaccessibility of hospitals during the pandemic (Santos et al., 2021). Of those living with HIV, a large majority claimed to be unable to refill prescriptions remotely (Rao et al., 2021). This reduced access to care adds to existing forms of discrimination and stigmatization for LGBTQ+ communities in access to healthcare, such as a lack sensitivity, understanding and training in how to properly treat those who do not identify as straight or cisgender (Guethlein et al., 2021).

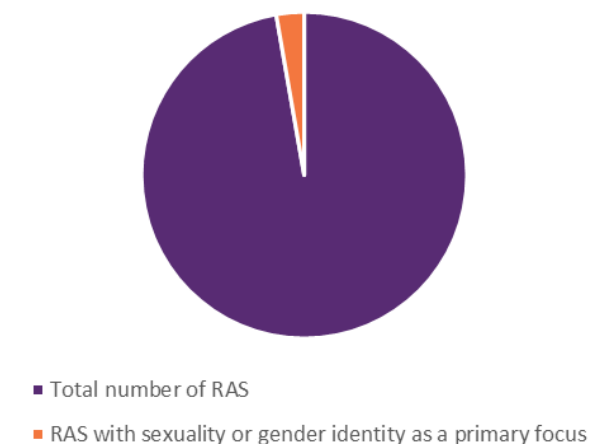
Increased risk of mental health issues due to reduced access to support and safe spaces: For LGBTQ+ communities, lockdowns might mean confinement with unsupportive individuals, which could have severe social and emotional repercussions, forcing some to hide their sexuality and/or gender identity or live in the reality of abusive family relationships. This is likely to be particularly difficult for young LGBTQ+ individuals who have less autonomy in who they live with (Gonzales et al., 2020). Across different countries, young adults have reported increases in anxiety because of living with their parents (Gato et al., 2021), and have been found to be less able to find positive coping mechanisms compared to the heterosexual and cisgender populations (Krueger et al., 2021). In addition, lockdowns and social distancing measures have also reduced access to LGBTQ+ support groups, which are particularly critical in the context of reduced contact with peers and potential reluctance to access healthcare systems (Philpot et al., 2021). Some support groups have tried to transition to digital provision during the pandemic, however this has proved complex since these organisations also provide physical safe spaces for LGBTQ+ individuals (Fish et al., 2020). Lack of access to these forms of support could have severe consequences for the mental wellbeing of those suffering mental health challenges at home (Suen et al., 2020). Global data has indicated a rise in levels of depression, anxiety, and thoughts of suicide among the LGBTQ+ community during the pandemic (Jarrett et al., 2021; Suen et al., 2020) and several studies indicate mental health impacts may have been higher than for heterosexual and cisgender counterparts (Duarte and Pereira, 2021; Fish et al., 2021; McGowan et al., 2021; Slemmon et al., 2022).

Gender-based Violence

Increased risk of abuse and violence: While the term gender-based violence disproportionately affects women because they are women, LGBTQ+ communities also suffer from gender-based violence because of their gender and sexuality. This is manifested in different forms, including physical, sexual, psychological, and economic. Being in lockdown with unsupportive individuals could lead to increased risks of abuse and violence among LGBTQ+ communities. It could also reduce individuals' ability to express themselves, which is a form of cultural and psychological violence that can be just as

devastating as physical violence. LGBTQ+ individuals experiencing violence and abuse are likely to have fewer resources to access support during the pandemic. They may also be less willing or able to access support or talk about their experiences because of their gender or sexuality, putting them in a particular vulnerable situation. (Fish et al., 2020; Gato et al., 2021).

Analysis of mapped RAS



Research on sexuality and gender identity was rather limited among the RAS. Of the 316 mapped RAS, 25 were identified as referring to sexuality or gender identity in some way, however only nine of these studies had sexuality or gender identity as a primary focus (AT01, BE11, ES08, GR03, IE07, NL07, PL01, PT07, TR08). Of these nine studies, two (AT01 and NL07) investigated sex and relationships in general and did not focus on the LGBTQ+ community or inequalities based on sexuality. One other (ES08) examined experiences of violence among women and LGBTQ+ community, but only captured qualitative data relating to the LGBTQ+ community.

The remaining six studies, which directly explored the consequences of the pandemic on the LGBTQ+ community, form the focus of our analysis here (BE11, GR03, IE07, PL01, PT07, TR08). These studies primarily investigated issues of **mental health** and **access to support or services**. It was striking that the majority of these studies (and those investigating sex and relationships more generally) were focused on **young people**. This suggests that information about inequalities and issues affecting members of the LGBTQ+ community over the age of thirty may be lacking. Most of these studies were also undertaken by NGOs, which could reflect an under-representation of the LGBTQ+ community in academic echelons and/or a lack of interest/funding to investigate this particular community.

Common findings

Reflecting the mechanisms outlined in the scoping of the wider literature, RAS focusing on LGBTQ+ issues indicate that **social distancing and lockdowns reduced access to LGBTQ+ support services, friends and more informal support networks** (GR03, TR08, IE07, PL01, PT07). For example, a study on access to health services found that mental health services for LGBTQ+ in Greece were shut down due to pandemic restrictions (GR03)

and a Polish study on LGBTQ+ school children (PL01) reported that psychological care for young people was less available during the pandemic. A Turkish survey of LGBTQ+ individuals (TR08) also indicated that there was reluctance to seek help from services that were still operational (e.g., housing and psychosocial support) due to fear of discrimination and concerns about protection of privacy.

Given this, it is concerning that the RAS also suggest that **demand for LGBTQ+ support services increased during the pandemic**. This appears to have created vulnerabilities, for example relating to **increased experiences of violence** (GR03, TR08) **and homelessness** (IE07). The Turkish RAS on this topic (TR08) finds that a culture of discrimination towards LGBTQ+ communities and impunity towards perpetrators of hate crimes, meant that respondents were reluctant to report violence due to fears of a negative response from authorities, dismissal of their testimonies and further violence from perpetrators. Decline in mental health during the pandemic was also a common finding (IE07, PT07, BE11). Effects of the pandemic on mental health have been observed in many of the RAS that survey the general population, however one RAS from an NGO in Ireland (IE07) offers a comparative perspective, indicating that **mental health issues have been elevated among LGBTQ+ youth** compared to non-LGBTQ+ individuals of the same age.

Reflecting findings from the wider literature outlined above, **rejection and tension with families during lockdowns** was another commonly identified issue in the RAS. Family and home are not necessarily safe spaces for those identifying as LGBTQ+ (TR08) and survey respondents reported distress at having to suppress their identity at home (IE07). However, one survey from a Polish NGO (PL01) reports that **school closures and distance learning were associated with fewer experiences of violence and harassment** among LGBTQ+ youth compared to before the pandemic. Distance learning may be more damaging over the long-term though, since the same survey also reported that **less education about LGBTQ+ issues** was provided during the pandemic than before.

The stereotype of **gender affirming healthcare as 'non-essential' was found to be a topic of concern and distress** for trans and non-binary persons (IE07). In the context of the pandemic this could mean these services and appointments were cancelled or postponed. According to a cross-national RAS (BE11) 50% of transgender respondents had restricted access to health care services during the pandemic. Those who had male sex assigned at birth and those with a lower monthly income were more likely to experience restrictions to health care.

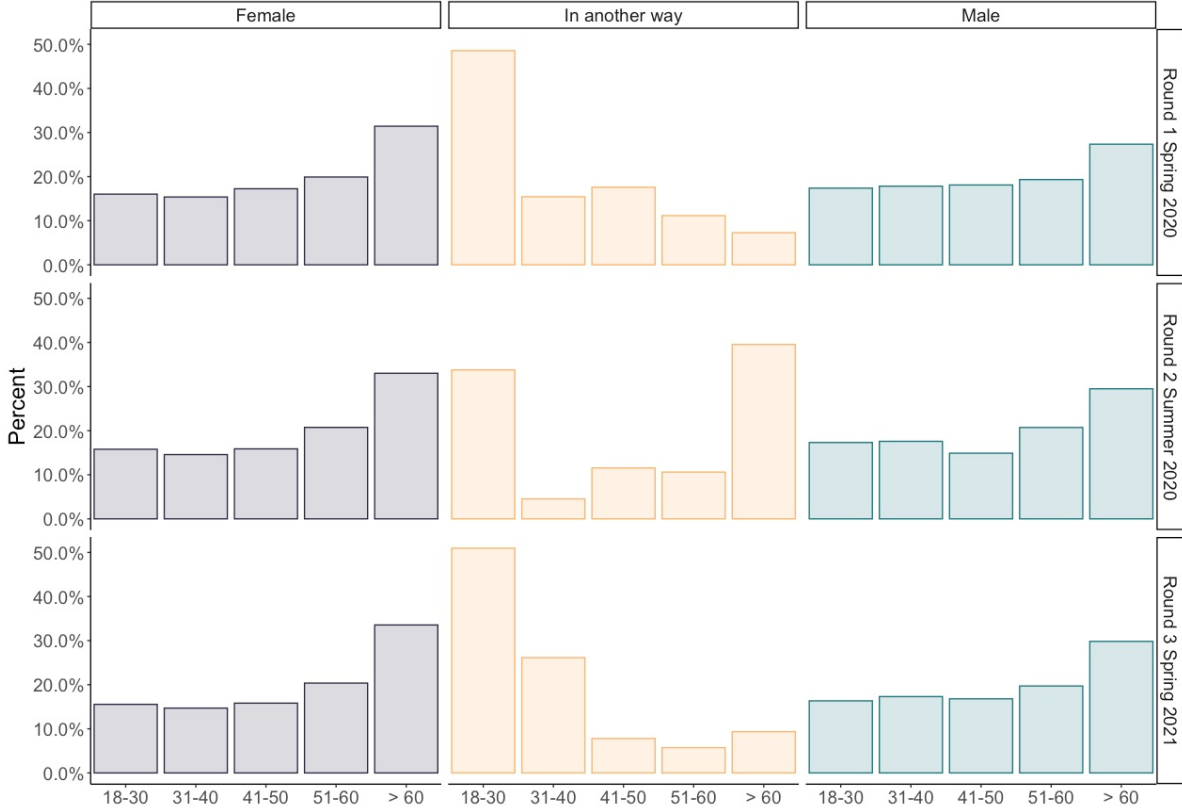
European-level analysis

Very few datasets are available at European level that allow for a meaningful comparison on the socio-economic status and wellbeing of people according to their gender or sexual identity. We were able to identify one large-scale survey that was suitable

for some analysis: Eurofound’s “Living, working, and COVID-19” (Figure 21). Of importance for our analysis, was that the survey allowed respondents to identify with three options: “male”, “female”, and “in another way”. While imperfect, as the question asks about sex rather than gender, it nonetheless provides some initial data to feed into further debates about how LGBTQ+ communities may have been affected by COVID-19. It is important to note that the sample size for the third category is quite small ranging from 100 people (0.4% of the sample) in the summer 2020 wave to 391 people in the spring 2021 wave (0.8%), and this will produce imprecise estimators, yet still important to report in the context of the data gap about LGBTQ+ communities.

Figure 21: Distribution of survey participants by age group and gender for each wave

Authors’ computation, Eurofound “Living, working and COVID-19” survey

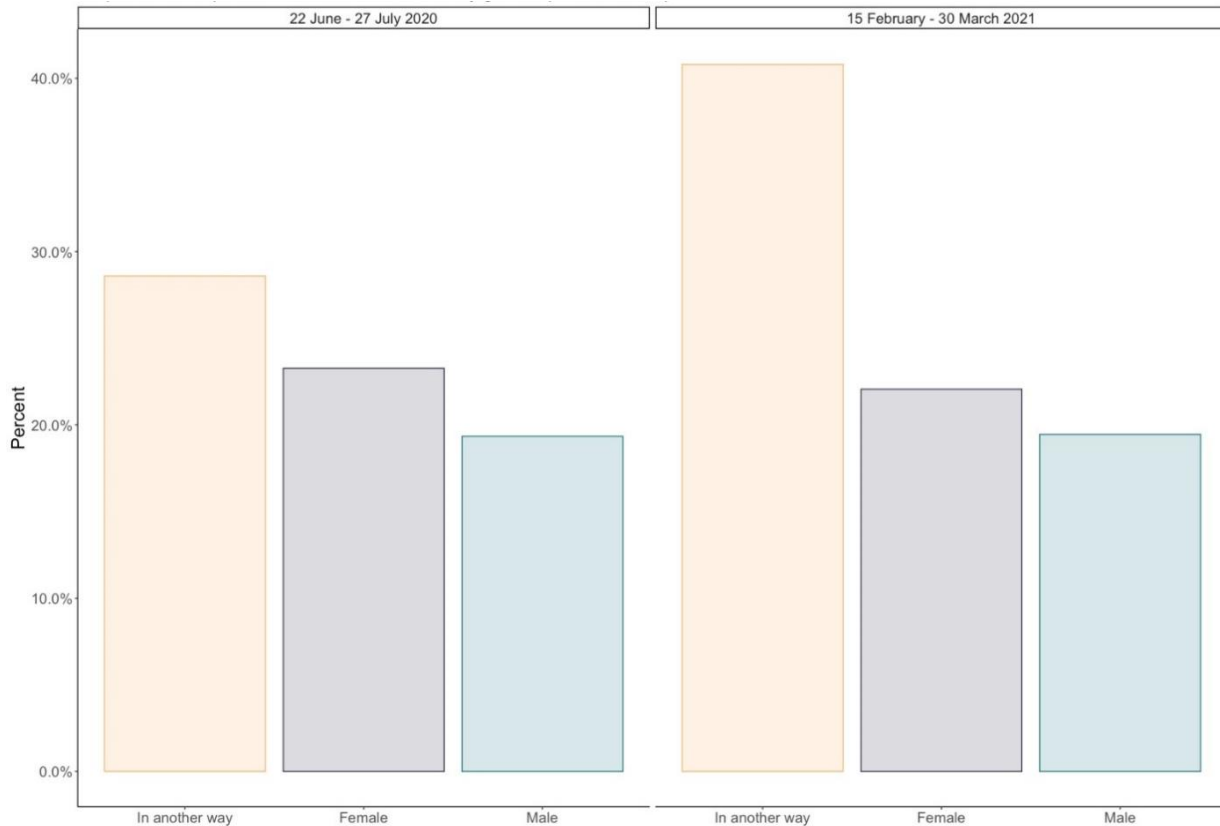


The data have some important limitations, however. Most notably, the identification “in another way” does not represent the whole spectrum of LGBTQ+ communities, and is most likely to indicate the experience of non-binary respondents. Moreover, very few people identified with the category “in another way” in each wave. Despite these limitations, a stratification with this additional variable offers an interesting glimpse in the experience of people who do not identify as either female or male. We therefore present visualizations that take this variable into account, but stress that these are not intended to be representative in any way of all LGBTQ+ communities.

Human & Fundamental Rights: Health

Both the RAS analysis and wider literature review indicate that accessing healthcare was a particular issue for LGBTQ+ communities. Using Eurofound data, we were able to investigate on a European level whether those who do not identify as female or male had greater unmet medical needs (Figure 22). **Many more of those who identified “in another way” reported some kind of unmet medical need compared to those who identified as female or male** (approximately 40% vs 20%). Importantly, **this inequality appears to have widened as the pandemic progressed**. As seen in Figure 22, the proportion of those who reported an unmet need between the summer of 2020 and the spring of 2021 increased by 10 percentage points for this group.

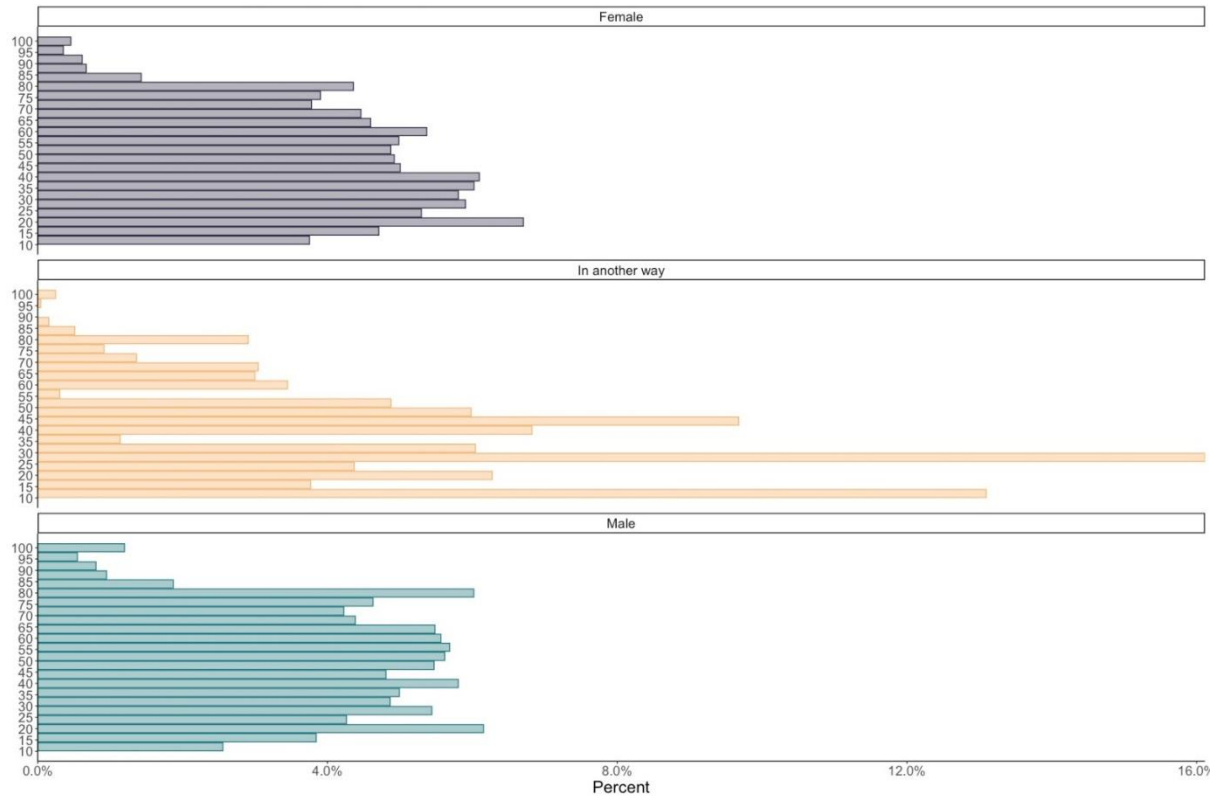
Figure 22: Percentage of the population with unmet medical need (wave 1 and wave 2)



Source: Authors' computation, Eurofound "Living, working and COVID-19" survey

As well as problems in accessing healthcare, those who did not identify as male or female appear to have reported lower levels of mental health during the pandemic. Figure 23 shows the distribution of scores for each gender across the WHO mental wellbeing index.

Figure 23: Distribution of the WHO-5 mental wellbeing index (measured on a scale of 0-100) respondents from wave 3 (N= 46 546)



Source: Authors' computation, Eurofound "Living, working and COVID-19" survey, spring 2021

According to this analysis, the median wellbeing score for women was slightly worse than for men (44 vs 52), however most respondents identifying as either male or female scored quite homogenous values across the scale. On the other hand, **those identifying "in another way" were more likely to score lower values on the mental wellbeing scale**, which is reflected in their lower median score of 40.¹² These findings could be linked to LGBTQ+ communities losing access during the pandemic to places that allow them to safely seek help and connect with supportive peers.

¹² These results should be interpreted as also significantly affected by the small proportion of respondents in the survey who identified "in another way".

RAS Collaborations

Methodology

The RAS mapping activities, which are outlined in the previous section of this report and in the first cycle D3.1 report (Stovell et al, 2021), have played a particularly important role in tracking the fast-paced developments of the COVID-19 pandemic. Analysis of these RAS has contributed to developing RESISTIRÉ's Open Studios, research agenda, policy recommendations and factsheets.

Part of this mapping exercise required each NR to identify three 'promising' RAS from their country of analysis, in order to develop a database of RAS with whom the RESISTIRE Consortium could establish links, foster further collaboration and exchange data. In the second research cycle, NRs were asked to further justify their choices of promising RAS and to review whether any further promising RAS had been conducted since the first cycle.

As an initial stage of collaboration, authors of promising RAS were put forward as experts for the Open Studios in cycles one and two to ensure that solutions and outcomes of this project are underpinned by current research. In this way, collaborations with RAS allow us to identify data knowledge gaps and relevant research questions in relation to domains and groups of interest within the RESISTIRÉ project. This will inform further data collection occurring within the RESISTIRÉ project, through narratives (T4.3) and a mobile app (T3.5), which aims to assess and predict gender+ inequalities in relation to COVID-19 response policies. In addition, 25 RAS have been identified to approach for undertaking further collaborative analysis with the RESISTIRÉ project. These collaborations seek to address the data knowledge gaps and relevant research questions outlined in the research agenda emanating from the first cycle of the RESISTIRÉ project (Živković et al 2022). An overview of the process of establishing these collaborations and a snapshot of the collaborations that are already underway is the key focus of this section of the report.

Why were RAS considered promising?

In total, 80 RAS were identified as promising by NRs in cycle one of the RESISTIRÉ project and a further 9 new promising RAS were identified in cycle two. According to reports from NRs, factors taken into account when identifying specific RAS as promising varied from the nature of the research design to the analysis and findings. **Longitudinal studies** were often identified by National Researchers as particularly promising, since the repeated data collection points allowed for changes across the waves of the pandemic to be analysed. By undertaking a longitudinal study, these RAS have been able to map the experiences of individuals over time and include follow up questions to address issues arising from ongoing analysis and national developments.

Several studies were deemed promising due to their **consideration of gender and gender+ approaches from the outset**. This included RAS employing feminist methodologies; considering the needs of vulnerable and/or underexplored groups; and focusing on how gender issues affected specific domains. In some cases, RAS were commended for identifying that a gender+ approach was lacking and actively incorporating this into subsequent waves of the project.

Studies that had already made a **tangible impact**, for example on policy making, were often reported as promising. Researchers indicated that the potential for impact increased when RAS included short cycles and regular reporting; questions that were adapted to changing circumstances allowing for fast feedback on the behaviour of people; and a large sample size, which gave credibility.

Finally, many of the RAS identified as promising were **broad in scope**, covering many policy domains. This enabled a more cohesive view of the economic, social or political situation of the country, as well as an exploration of topics that might otherwise have been missed in more focused surveys, such as political trust and perception of the economy.

Which promising RAS were identified for pursuing collaborations?

Out of the 89 promising RAS, 25 were selected to approach for undertaking further collaborative analysis with RESISTIRÉ. This shortlist was put together by Oxford Brookes University (OBU) according to various criteria, including: potential for impact, relevance to the RESISTIRÉ future research agenda (Živković et al 2022), potential for gender+ analysis, focus on under-researched or hard to reach policy domains and inequality groups, existing connections with members of the RESISTIRÉ project.

The shortlist of 25 RAS was shared with RESISTIRÉ Consortium partners, who provided feedback and added any new RAS that were considered promising. Partners were also invited to join RAS collaborations in an advisory role alongside OBU, to ensure that insights from across the RESISTIRÉ project about gender+ pandemic impacts and knowledge gaps were captured in the development of collaboration plans. Since the project aimed at 10-12 RAS collaborations, it was decided to contact RAS authors in two waves to avoid over-recruiting and take stock of the domains/inequality groups covered in the first wave. This would inform which RAS should be targeted in the second wave of contacts.

What is the purpose of collaborations?

One of the key findings in the first research cycle was that, although most RAS included variables for sex or gender and many captured indicators relating to other inequality grounds, more often than not, gender+ analysis of the data was limited or non-existent. This appeared to be a missed opportunity and it was considered important for RESISTIRÉ to **utilise the RAS collaborations to contribute towards more and better gender+**

analysis in existing and future RAS activities. This would enrich and increase the pool of secondary data that can be utilised in the future to investigate gender+ perspectives on the impact of COVID-19. It would also contribute towards enabling and supporting researchers, with different disciplinary and methodological backgrounds from academia and beyond, to understand how a gender+ approach and analysis can underpin their future research activities.

Within a gender+ perspective, **collaborations also seek to address RESISTIRÉ's agenda for future research**, which is based on the research activities undertaken in the first cycle of the project (Živković et al 2022). This agenda covers various policy domains, focusing primarily on Care, Work & Pay, Human Rights and Health, and Gender-based Violence. For each domain, knowledge gaps have been identified and potential research questions to address these gaps are proposed. As far as possible, the collaborations with promising RAS seek to address these gaps and/or provide the necessary data to do so. Collaboration could take many forms and would depend on the nature of the RAS, as well as the willingness and the resources of the RAS authors. However, two main collaboration approaches are envisaged:

- a) Influencing (modifying/adding) questions in current and future waves of the RAS to collect data that addresses the RESISTIRÉ research agenda and allows for gender+ analysis in relation to the impact of the pandemic.
- b) Conducting gender+ analysis on existing RAS data to provide new insights and better understanding of the pandemic's impact from a gender+ lens.

Current RAS Collaborations and Next Steps

Three collaborations are already underway, and discussions are in progress with four other potential collaborations, at the time of writing. A second wave of further approaches will be made, as necessary, to reach a total of 10-12 collaborations. Summaries of the purpose, nature and future plans for these three existing collaborations now follow.

The NHS COVID Teams Study, UK

Institution	<i>Department of Psychology, Health and Professional Development, Oxford Brookes University</i>
Funders	<i>ESRC, UK</i>
Contacts	<i>Professor Vince Connelly (Principal Investigator) Dr. Stefan Schilling (Research Fellow)</i>

As laid out in RESISTIRÉ's first cycle research agenda (Živković et al 2022), **inequalities relating to health and healthcare** present some of the most pressing knowledge gaps and research questions yet to be addressed within the domain of human and fundamental rights. Narrative interviews undertaken in cycle one have highlighted how healthcare

workers, in particular, have taken on some of the heaviest burdens of the pandemic. Among this group, a clear gender divide can be observed, as women held the majority of high-risk healthcare positions. The research agenda stresses the importance of taking the (gendered) perspectives of healthcare workers into account and encourages decision makers to draw on their experience to increase preparedness for future crises and improve conditions within the sector. It therefore proposes three questions that research should address in relation to healthcare workers:

- 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?

In response to this research agenda from cycle one, in cycle two of the project, members of the RESISTIRE project from OBU approached the team undertaking a RAS exploring the experiences of UK health workers, '[NHS COVID-19 teams](#)', to investigate collaboration possibilities.

Due to the unprecedented need to upscale capacity in intensive and acute care wards across the country, National Health Service (NHS) trusts in the UK deployed personnel from other care pathways into covid hospital wards. As a consequence, nurses, doctors, allied health professionals and healthcare assistants – often with little or no experience, training, or preparation – were deployed to intensive care wards to work alongside intensive care personnel. The NHS COVID-19 teams study is a UK-wide, two-phase study looking at how both permanent and deployed staff on such wards developed teamwork and team bonding, and how their work and experiences affected their mental health, retention and future career intentions. This research aims to inform evidence-based workforce guidance and accelerate wider team working theory, practice and policy.

Phase I of the study consisted of 75 semi-structured cross-sectional interviews conducted across NHS trusts in the UK, which were aimed at exploring how staff in COVID-19 wards navigated the past two years alongside professionals from different backgrounds and how they established teamwork and social support. The interviews also explored how this impacted on their personal life and family, their career and their mental health and work life balance. Phase II of the study is a survey, aimed at investigating hypotheses developed from the responses of these interviews. As such it tests how teamwork and team bonding was created and subsequently assesses the effect of teamwork and social support on the relationship between experiences during the COVID-19 pandemic and mental health, work life balance and career outcomes. Examining how widespread these experiences were, the study aims to provide lessons for how personnel from different backgrounds can work

better together in the future.

As an initial stage of the collaboration, **partners at OBU proposed to review the NHS COVID-19 teams study project from a gender+ perspective, bringing in insights from the first cycle of the RESISTIRE project.** The survey was already designed to collect demographic characteristics, such as gender, age, ethnic group, which would be key for allowing intersectional analysis. **The collaboration resulted in suggested modifications to the survey and the addition of new questions to ensure that gender+ implications - in relation to social support, gender-based violence and care - can be considered and analysed in the future.** Questions added to the survey included:

1. I feel the public valued my work. (Question included twice during and after COVID-19)
2. How often, if at all, did you experience physical violence, harassment or abuse from:
 - i. co-workers and managers?
 - ii. patients or relatives?
3. If you have care responsibilities (e.g., for children or elderly), how much did your work on a COVID-19 ward impact on those responsibilities? [if the participants answer with minor, moderate or major impact, then it triggers the following open-ended question]:
 - i. Could you please tell us in a few words how your work impacted your care responsibilities?

The survey was administered between 17 January - 31 March 2022 and received approximately 450 valid responses. Looking ahead, **plans are in place to continue this collaboration with gender+ analysis of the data once they are available.** It is envisaged that this analysis will respond to the research questions relating to healthcare workers from the RESISTIRÉ research agenda, which are listed above.

COVID-19 Gender (In)equality Survey, Netherlands

Institution	<i>Faculty of Social Sciences at Utrecht University</i>
Funders	<i>ODISSEI, the Faculty of Social and Behavioural Sciences at Utrecht University and the Department of Public Administration at Radboud University Nijmegen</i>
Contacts	<i>Dr. Mara Yerkes (Principal Investigator) Dr. Janna Besamusca (Assistant Professor)</i>

A key observation from research activities conducted in the first cycle of RESISTIRÉ was a lack of attention and research on the **impact of the pandemic on the gender pay and pension gap.** While some women's workload has increased during the pandemic (for

example, key workers in the healthcare sector), women were economically vulnerable due to layoffs being concentrated among those with short-term contracts in women-dominated sectors. It is important to understand both the short- and long-term financial consequences of this for women. In its research agenda, RESISTIRÉ has therefore identified a need for more data to enable analysis of the pay and pension gap in the context of the pandemic. In particular, research is needed on how vulnerable groups of women have been impacted, for example those with low skills or educational attainment and precarious or informal working conditions, since it is likely that these groups will be most affected. To respond to this, in cycle two of the RESISTIRÉ project, members of the consortium from OBU approached researchers in the Netherlands leading the (COGIS - NL) study, to investigate the possibility of collecting data on pay and pensions in subsequent waves of this longitudinal RAS.

The COGIS-NL study began in April 2020 (wave 1), with four further waves of the survey having been completed since then. The study examines differences in work, care and well-being between women and men in households with at least one child under 18 living at home and at least one working parent. Since June 2020, it has also examined differences between women and men in families without children under the age of 18 living at home. All surveys are administered by CentERdata, located at Tilburg University, the Netherlands, using their Longitudinal Internet Studies for the Social Sciences panel (LISS). The [LISS panel](#) is a representative, online survey panel based on a true probability sample drawn by the Dutch National Statistics Office (CBS) from Dutch population registers. The COGIS-NL study has provided key insights into the gendered impact of the pandemic in the Netherlands, for example highlighting the increase in father's participation in care work during the pandemic, but also the increase in women's perceived work pressure and significant decline in leisure time compared to men (Yerkes et al., 2020). The longitudinal data also provides insights into how these impacts develop throughout the pandemic, for example showing how initial changes in the gendered division of household work and care have disappeared, with a return to pre-pandemic gender unequal patterns (Remery et al., 2021).

The sixth and final wave of the survey is currently being collected. **In collaboration with RESISTIRÉ partners, questions have been added to this sixth wave that enable investigation of the long-term impact of the pandemic on pay and pensions from a gender+ perspective.** Respondents have been asked to what extent they agree or disagree with the following statements, according to answer categories on a 7-point scale (completely disagree, disagree, somewhat disagree, neutral, somewhat agree, agree, completely agree, not applicable):

1. Prior to the corona pandemic, I was able to:
 - a) Earn a stable income with paid work or some other way.
 - b) Contribute to an (occupational) pension and/or private pension funds.

- c) Save money.
2. Following the corona pandemic, in the next five years I believe I will be able to:
- a) Earn a stable income with paid work or some other way.
 - b) Contribute to an (occupational) pension and/or private pension funds.
 - c) Save money.

Data will be available for internal analysis from July 2022 and for public access from May 2023. Plans are underway to use this data for collaborative analysis between OBU and the RAS team to respond to the research gaps identified in the RESISTIRE research agenda.

We propose to investigate the effects of the pandemic on the gender pay and pension gap, paying particular attention to potential vulnerabilities among women in precarious working conditions. These groups include women working in short part-time positions (less than 20 hours/week), self-employed women and women without permanent employment contracts.

Deustobarómetro Social, Spain

Institution	<i>Faculty of Social Sciences at University of Deusto (Bilbao, Spain)</i>
Funders	<i>University of Deusto (Bilbao, Spain)</i>
Contacts	<i>María Silvestre Cabrera (Principal Investigator)</i>

Results from the first cycle of RESISTIRÉ indicate that working mothers' employment hours decreased substantially compared to fathers. RAS collected in the previous cycle also showed that women took on the majority of care responsibilities, and in many cases this increase was connected 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. An extra burden was also constituted by the need to support children with home-schooling. Studies find that the pandemic had a greater impact on women's mental health than men's and that this might be directly linked to the gender care gap.

In sum, women's increased care responsibilities seem to be associated with negative consequences for their performance at work, work-life balance and mental health. Against this background, the RESISTIRÉ research agenda developed a set of questions related to care that delve into the **long-term effects of women's (in all their diversity) increased care responsibilities during the pandemic on their participation in paid work, well-being and mental health.** The research agenda also aims at understanding the changes in the division of gender roles from fathers' perspectives, in particular the extent to which these changes were connected to remote working and the impact of increased care responsibilities on men's work and health.

Deustobarómetro social is a project coordinated by the Deusto Team Social Values at the University of Deusto and it is carried out by researchers affiliated with three different research teams (Deusto Social Values, Applied Ethics and Sociocultural Challenges). The project consists of a longitudinal survey carried out every six months with a representative sample (by sex, age and social class) of 1,000 people in the Basque Country region (Spain). The survey is divided into a fixed block of questions and a variable block. Fixed content includes questions on social policies and attitudes towards the welfare state, indicators of gender inequality, economy and employment, living conditions, youth, quality of democracy, immigration, values, political attitudes and identity. The variable block deals in-depth with a current issue or an issue related to the most intense concerns of Basque society.

Right after the COVID-19 outbreak and the following crisis, this RAS introduced new questions addressing the impact of the pandemic on the socio-economic situation. In particular, during the Winter 2020 and Summer 2021 editions, the RAS has inquired how telework was perceived in terms of impact on work productivity and work-life balance and the impact of the shift to the remote model on the quality of public services such as primary health care, education, welfare.

RESISTIRÉ partners approached this RAS with the aim of contributing to its variable block with a new set of questions that inquires on the distribution of care responsibilities during the pandemic, an issue that was not yet addressed in previous editions. In collaboration with RESISTIRÉ partners and in response to the project's research agenda, **new questions have been added to the survey that delve into the changes in the distribution of care responsibilities, the impact of this change on women workers' productivity and on their mental health:**

1. Could you tell me if the workload in the family environment has been modified as a result of the Covid pandemic? Please show your level of agreement with the following statements (Strongly agree, agree, neither agree nor disagree, disagree, strongly disagree):
 - a) I have had to dedicate more hours to the care of family members (children, elderly people)
 - b) I have had to spend more hours on housework
 - c) My partner has had to take on a much heavier workload than me
 - d) I have had more time for myself and my hobbies
 - e) I have been able to dedicate more time to my work and make progress on pending tasks at work

2. Which of the following statements is most similar to what you experienced? As a result of the Covid pandemic...
 - a) We have had to modify the distribution of tasks at home and that has burdened

- me
 - b) We have had to modify the distribution of tasks at home and that has benefited me
 - c) There has been no substantive change in the division of household chores
3. In the event that there has been a change in the distribution of tasks, this new situation has produced (check all the relevant answers):
- a) Relief
 - b) Distress
 - c) Liberation
 - d) Tiredness
 - e) Disgust
 - f) Fun
 - g) Sadness
 - h) Others (add):

Since the survey is already designed to collect demographic characteristics, such as gender, age and social class, the addition of these questions will allow for **analysis of changes in how women and men took up care responsibilities and how this affected their work patterns and health, with some degree of intersectionality.**

Furthermore, **the collaboration also pointed to the need to keep existing questions related to telework, to allow comparison of perceptions pre- and post-pandemic, and to add new questions investigating the impact of telework on productivity:**

1. Have you had to telework as a result of the pandemic?
 - a) Yes, teleworking has practically replaced the face-to-face work that I used to do
 - b) Yes, some of my work has moved to being done remotely (online)
 - c) No.
2. (Only for people who accessed telework as a result of the pandemic) When do you think your work has been most productive? When have you felt that you performed better at your job?
 - a) Before incorporating teleworking, when I carried out all my activity in person.
 - b) My performance has improved significantly thanks to the introduction of teleworking.
3. How has teleworking affected your work productivity?
(Very negatively, Negatively, It has not affected it, Positively, Very positively)
4. When the pandemic is over, to what extent would you like to continue teleworking?
(I would like it very much, I would like it, I would not care, I would not like it, I would

dislike it very much)

An internal meeting of the RAS team was held on the 23rd of March to discuss the introduction of this new block in the next edition of the RAS (Summer 2022). The proposal was accepted and the survey will be finalised on the 6th of April. The fieldwork will be carried out from the 9th to the 15th of May and results will be available at the end of June 2022. Intersectional analysis of these data according to sex, age and social class is planned and questions that have been included for comparison with RESISTIRÉ results will be analysed through a gender perspective. The results of the survey will be published on [the study website](#) and the data set will be made available online to enable others to conduct further gender+ research. An executive report will be published and presented to the media and through a press conference.

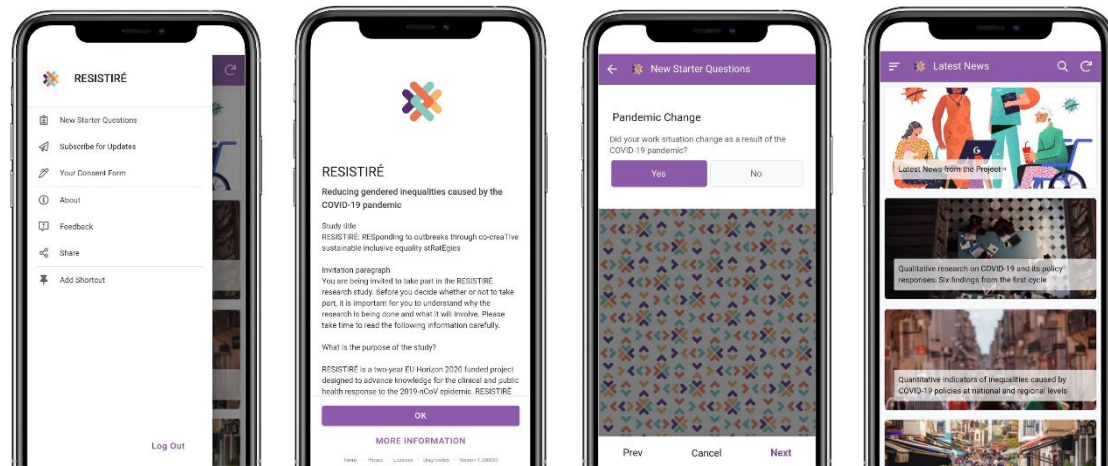
Mobile Application

Summary

As part of quantitative research activities in the RESISTIRÉ project, a free mobile application (app) has been developed as a data collection tool that allows the wider project to quickly adapt and respond to research gaps and emerging research questions. At the core of the RESISTIRÉ Study App functionality are survey questions that address the project's core domains of gender+ inequalities and allow us to collect data in relation to circumstances, opinions, attitudes and behaviours. These questions are prepared at regular intervals in response to cycle findings and serve to rapidly and widely provide measures of gender+ inequalities across Europe. Questions are co-designed with input from consortium partners using feminist methodologies and considering the needs of vulnerable and/or underrepresented groups. The questions are developed iteratively with other parts of the RESISTIRÉ project, including the mapping of existing studies and the identified knowledge gaps as outlined in the agenda for future research (Živković et al 2022). Questions have been developed to cover knowledge gaps in the domains of Care, Work & Pay, Human Rights and Health, and Gender-based Violence, particularly from a gender+ perspective. The app also collects regional-level geo-stamped and time-stamped responses from users' devices in order to specify responses to ensure geographic and temporal factors are considered.

The RESISTIRÉ Study App was designed and developed during cycle one. During cycle two, study question modules have been refined and translated for multi-lingual accessibility and the app was finalised for publication on the app stores (Figure 22). The app is available on both iOS ([link](#)) and Android ([link](#)) platforms. Data collection is now underway and results will be shared in reporting for cycle three. In the present report, we explain our approach to designing the app and outline progress made thus far in question development and translation, as well as the app completion and publishing process.

Figure 24: Screenshots of the RESISTIRÉ Study App user interface



Methodology

App Development Process

An app-based approach was identified as the most compatible platform to accomplish RESISTIRÉ's research goals since it is a) able to operate on a Europe-wide scale, b) easily accessible and usable for our target population in the context of socially distancing during the pandemic c) easily adaptable to the rapidly evolving nature of both the pandemic and RESISTIRÉ research operations, and d) able to ensure a high standard of privacy and security to protect potentially vulnerable populations.

The RESISTIRÉ Study App was developed on the AppSheet platform, which was a cost-effective and sufficiently flexible tool to be able to accomplish the requirements of a multi-national rapid assessment survey. AppSheet is an online app development platform acquired by Google in 2020. It is a no-code environment, which enables the rapid creation and distribution of mobile, tablet and web applications built using cloud data sources, such as spreadsheets and databases, particularly integrating with Google Workspace. AppSheet-based mobile applications have been approved as effective solutions across many fields, particularly in supporting work and research during COVID-19. AppSheet is free for prototyping and personal use and the organisation pledged to provide free usage for all COVID-19 related applications, which enhanced financial accessibility of application-based research during the pandemic. We customised the app with RESISTIRÉ branding and project information, and wrote bespoke formulas for how materials would be presented to app users. In cycle one, project partners were invited to trial the beta version of the app to test for usability and any errors with the user-interface. This also gave the development team the chance to test the security and privacy features of the app with incoming data from project partners.

Since RESISTIRÉ examines gender inequalities across Europe, including the EU-27, Serbia, Turkey and the UK, the app needed to be accessible to any adult over the age of 18 living within these countries. The nature of study questions was primarily aimed at adult experiences of the pandemic and children were not included as a target population due to ethical considerations. In order to achieve this scale of multinational participation, we prepared the app to be available on both the major mobile operating systems of Android and iOS and published the app on the two major international app marketplaces, Google Play and Apple Store. Links to these download the app will be regularly disseminated on RESISTIRÉ communications channels (newsletter, website, social media) as well as by project partners to their networks to encourage participation in the study. Although smartphone and internet access are relatively common in Europe, a limitation that we must account for in our data collection will be the lack of representation of individuals who may not have access to or possess smart phones or tablets. This may include people who cannot afford such devices, those who may not be familiar with their use, such as the elderly, or people living in remote areas without access to cellular service or electricity.

Furthermore, as a continuous study, the RESISTIRÉ app must be able to share new research materials, in the form of question modules, with study participants at regular (monthly) intervals. This objective was addressed with the specification for push notifications, or a brief message that pops up on the mobile device, whenever there is new research material uploaded on the app with which we would like the participants to engage. This allows us to schedule automatic engagements with anyone who has downloaded the app and connect them directly to the app without having to touch base with participants over other communication channels.

Question Development

Each RESISTIRÉ domain of gender+ inequalities was treated as a part (referred to as a module) of the overall study, which would be sent to participants via the app at monthly intervals during the pandemic/pandemic recovery period. The data collected through these modules from the same app user are linkable over the months of their participation in the study. The app platform is unable, however, to draw on users' responses to previous modules in real time, so each module needs to be able to stand alone and avoid interdependencies. As a result, essential filtering questions were repeated in some modules. So far, seven modules have been planned for dissemination via the app: employment, gender pay and pensions gaps, gender care gap, working from home, environmental justice, decision making, and perceptions and attitudes towards violence. The data collection needs (gender+ data gaps) identified through research insights gained from WP2-4 - in each cycle - have informed the development of the modules and will continue to do so going forward. To provide context to information collected under the six modules, we additionally developed a socio-demographic module to capture an individual's background and household characteristics. This includes questions on gender,

gender identity, sexual orientation, age, ethnicity, disability, relationship status, and educational background. To capture household characteristics, we also include questions on household size, dependent and adult children, as well as caring roles.

The first modules that all users are asked to complete when they download the app are the socio-demographic questions and employment module, referred to as New Starter Questions (see Appendix 2). Employment was chosen as the first core module since this was identified in the first cycle of RESISTIRÉ as one of the key areas where disadvantaged groups have been disproportionately affected by the COVID-19 crisis. Therefore, this aims to understand the extent to which groups - such as women, migrants, people in low paid jobs, the unemployed, self-employed, and older employees - have been affected by the pandemic, compared to their pre-pandemic employment situation.

Given the scale and multi-national nature of the RESISTIRÉ project, we translated each module in 11 European languages and four non-European languages in order to enhance accessibility of the platform. The European languages include: Basque, Croatian, Czech, French, German, Greek, Italian, Polish, Serbian, Spanish, and Swedish, while non-European languages are Arabic, Bengali, Kurdish and Turkish. The translation of the questionnaires in non-European languages had its rationale in making the app accessible to migrants, a key marginalised group of interest for the RESISTIRÉ project. For example, Bengali is one of the main languages among South Asians in the UK and there is a significant representation of Kurdish people within Turkey. Furthermore, to maximise language reach and enhance response rate, Consortium partners were willing to tap into their language competencies and make the app as accessible as possible.

The translation of modules was made possible through the multilingual capacity of the project partners. We followed a two-step process of translation: firstly, using online, automated translation tools DeepL.com and Systransoft.com, and subsequent validation of the quality of this machine translation by RESISTIRÉ project partners. By assuming the role of quality reviewers, project partners also checked the validity of measures and ensured that questions and response options were appropriate for diverse socio-economic, cultural, linguistic and political contexts.

Going forward, the data collected via the app will be used to inform further cycles of the RESISTIRÉ project. Analyses will be conducted for gender+ inequalities in relation to the COVID-19 pandemic, by country using geo-stamps and by time where possible. The data will be made available via interactive data visualisation platforms (e.g. Tableau Public) so that they can be used to provide insights to project partners, project stakeholders or the wider public.

Conclusions

This report has provided an examination of the behavioural, economic and social impacts of COVID-19 on individuals in Europe, via quantitative indications from a review of Rapid Assessment Surveys and the wider literature, along with original analysis of European datasets. This second cycle of quantitative investigation has focused on the unintended impacts of COVID-19 policy from a gender+ perspective according to four inequality grounds, where understanding appeared to be limited according to analysis in the first cycle: age, relationship status, nationality and sexuality/gender identity. It is important to remember vulnerable groups whose experiences have received less attention, as they are likely to have felt some of the worst consequences and not be adequately protected or supported through their hardships. We therefore use an examination of these inequality grounds to explore the consequences of pandemic policies for young people, the elderly, single parents, migrants, refugees, asylum seekers and LGBTQ+ communities. Within this analysis there has also been a focus on the domains of work and pay, care, gender-based violence, education and health. This has allowed us to examine in greater depth how inequalities have developed throughout the COVID-19 pandemic across a wide variety of indicators.

The findings of this second cycle of quantitative research are summarised thematically below. We then highlight some examples of better stories within the data and make recommendations for further measures to address the inequalities revealed in this report. This research also points to a number of gaps in knowledge and data, which we outline below along with a summary of how we have addressed these knowledge gaps through two ongoing research activities: the initiation of collaborations with national RAS authors and the development European data collection via a mobile-based app.

Summary of cycle two quantitative findings

A review of those studies that have investigated these groups, along with our own European level analyses describe a situation in which COVID-19 policies have contributed to exacerbating existing inequalities. Commonalities in experiences have been observed across the groups, with pandemic restrictions preventing access to vital sources of support, care and education, as well as increasing occupational and financial precarity. In combination, these factors have contributed to what appears to be a widespread mental health crisis. Intersectional gender+ analysis also reveals how, within vulnerable groups, inequality grounds can overlap and intersect. For example, women have tended to experience worse outcomes and additional pressures across all the inequality grounds explored here.

However, despite many commonalities in outcomes, the ways in which pandemic

restrictions impacted these vulnerable groups and the mechanisms of inequality are not always alike and tailored approaches are required to address these inequalities. For example, safety and safe spaces meant something for LGBTQ+ individuals, who were confined at home with intolerant and abusive family members, than for migrant workers in front-line roles, who were unable to work from home and escape infection. When it comes to financial precarity, single parents were faced with the impossible job of balancing increased care responsibilities with the need to support a family, while migrant groups struggled with barriers in access to and knowledge about welfare support. Among older people, gender differences in wellbeing may be linked to older women being more likely to live alone, have a low income and experience chronic illness. For younger age groups, the gender care gap is likely to be a key factor in women's lower wellbeing levels. In terms of access to health, the differentiated needs of vulnerable groups have been unmet in different ways, for example difficulties accessing dental care were noted for migrants and the consideration of gender-affirming treatments as non-essential was problematic for LGBTQ+ communities. In terms of access to education during school closures, there seem to be difficulties in common for children of migrants, single parents and those in low socio-economic households, who struggled with access to necessary technologies and working space at home.

Here, we summarise our key findings in relation to the impacts of COVID-19 policies for each inequality ground, from across our three modes of analysis (review of the wider literature, review of national RAS, analysis of EU-level datasets). It is important to stress that the groups we focus on here are far from homogenous and experiences will have varied across and within countries. Individuals may also cross a number of these groups and inequalities should be understood as intersecting and overlapping.

Age (young people and the elderly)

- **Younger age groups (16-24) reported more difficulties in making ends meet than older people**, this is likely to be due to young people being more likely to work in precarious jobs and in sectors that were unable to operate during the pandemic (e.g. retail and service industries).
- Regardless of age, women reported more financial difficulties. Although, **gender differences in the financial impact of the pandemic were greatest among older adults**, which could be linked to a gender gap in pensions
- Young people in education struggled with distance learning and concerns about educational outcomes and future prospects. Looking at intersectional data, **young people from lower socio-economic groups reported greatest difficulties in accessing education**.

- **Young people had heightened risks of mental health issues** and across all age groups **women were more likely to report low mental health**

Relationship status (single parents)

- Single parents were **more likely to struggle financially** during the pandemic than coupled parents. This was associated with having **greater difficulties balancing work with school and childcare closures, leading to reductions in working hours and job loss**. Reliant on one income, precarity at work was more financially devastating for single parent households.
- Financial and occupational precarity, as well as work-family conflict, are likely to be linked to findings that single parents experienced **poorer mental wellbeing** during the pandemic. Loneliness and lack of social support were reported as particular issues for single parents and mental health impacts appear to have increased as the pandemic progressed. **Lockdowns and social distancing restrictions are likely to have been particularly isolating for this group**.
- Further gender analysis reveals that these **unequal impacts apply primarily to single mothers** rather than single fathers. This is because single parent households are most commonly headed by women and mothers appear to have taken on much greater responsibility for care in the pandemic, regardless of relationship status. In contrast, single fathers reported lower levels of work-life balance issues than coupled fathers.
- These impacts appear to also have had knock-on effects for children. **Children in single parent households reported greater issues in mental health, behaviour and access to education** compared to children in two-parent households.

Nationality (migrants, asylum seekers and refugees)

- **Lockdown and social distancing measures were less successful at protecting migrant groups from infection, due to working and living conditions**. Migrants were highly represented in jobs that were not suitable for home working and migrants were found to be more likely to live in overcrowded accommodation. COVID-19 infection and mortality rates among migrant groups were higher than native populations.
- Reports of **lower levels of trust in authorities and uptake of vaccines** among migrant populations during the pandemic are also likely to have contributed to elevated infection levels for this group.

- Migrant groups experienced **greater levels of decline in income during the pandemic**, leading to increased risk of financial difficulties and poverty. This appears to be largely due to **job loss and involuntary reduction of working hours**, because these groups are more likely to work in precarious jobs and in sectors that were considerably hit by the pandemic. Difficulties in accessing welfare benefits was another issue, which exacerbated pre-existing inequalities and vulnerabilities.
- Among migrant groups, **higher levels of mental health issues have been reported, particularly for women**. Existing studies indicate that migrants may have had lower levels of worry about the pandemic than native populations, but this could be due to this group having other more pressing concerns. Women were more worried and more informed about the pandemic than men.
- **Inequalities in access to education and healthcare** were found during the pandemic for migrant groups. Inequalities in access to healthcare were particularly noted in dental care and are likely to be linked to costs of service, lack of insurance and limited knowledge about healthcare systems. Lower levels of access to a computer at home among migrant populations was a particular issue in the context of school closures and moves to online, home-based learning. Overcrowding at home is also likely to have contributed to difficulties in accessing home-schooling.
- Intersectional analysis including socio-economic status indicates that, for most outcomes, **the situation was worse for migrants including those who are highly educated and have no difficulties making ends meet**. This could indicate the presence of institutional inequalities and racism.

Sexuality (LGBTQ+ communities)

- Lockdowns could mean LGBTQ+ individuals were faced with the additional burden of being **confined in households where their sexuality and/or gender identity was not known or accepted**. At the same time, these measures also **reduced access to LGBTQ+ support services, safe spaces and informal networks** at a time when they were most needed.
- This is likely to be linked to reports of **heightened levels of mental health issues, experiences of violence and homelessness** among the LGBTQ+ community. LGBTQ+ individuals were reluctant to seek support from authorities due to fear of discrimination.
- Increased demand on healthcare providers and restrictions on 'non-essential' care led to **greater marginalisation and difficulties in accessing healthcare for**

LGBTQ+ communities (for example, access to gender-affirming treatments). Inequalities in unmet needs appear to have increased as the pandemic progressed for those identifying as non-binary.

Although the quantitative indicators we reported have focused on the negative impacts of the pandemic, there were also some examples of more positive outcomes and good practice within our analysis.

Better Stories

- There was some indication among RAS that the negative consequences of the pandemic on employment rates for migrants have recovered, with returns to pre-pandemic levels.
- RAS suggest that migrants and refugees were able to gain adequate information about the pandemic and associated measures, despite language barriers
- EU analysis did not find inequalities in access to an internet connection among migrant populations
- From early on in the pandemic, the Government Equalities Office in the UK used existing networks with academics to collate, share and maintain a database of research being undertaken on the effects of the pandemic from an equality and diversity perspective. This searchable database includes hundreds of studies and has facilitated collaborative research efforts.
- The Eurofound survey included a 3-category indicator of gender allowing people to identify as 'in another way', which is different than the approach used in most European-level surveys which include mainly a dichotomous sex/gender variable.

Knowledge and Data Gaps

Our review of national RAS data and the wider literature reveal that little has been done at European level to understand the full impact of the pandemic on vulnerable groups such as young people, the elderly, single parents, migrants, refugees, asylum seekers and LGBTQ+ communities. Research on these groups from a gender+ perspective is particularly lacking. In particular, our reviews of the quantitative literature and surveys in the European context reveal the following gaps in knowledge and data:

Age

- Greater investigation is needed from a gender+ perspective to understand the differences in older and younger people's experiences. For example, further analysis is required to investigate the intersectionality of gender, age and socioeconomic status on mental well-being.
- Lack of data on education consequences at a European level from a gender and age lens, partly due to different schooling systems

- Lack of data on younger children's experiences, due to ethical considerations. Lower participation rates among younger adults were also noted in EU level surveys, such as Eurofound, which limits the possibilities for analysis. Use of a mobile app could help this.
- Few of the mapped national RAS focused on older people's experiences and there were small numbers of older respondents in some EU COVID-19 surveys, which limits analytical possibilities. This could be due to a digital divide, since many surveys take place online
- What is the long-term impact of this challenging phase on the educational and job prospects of young women and men, especially those belonging to lower income households?
- What is the impact of the gender care gap among the youth on the future career prospects of young women? How is this different for young women from a low socio-economic status or with a migration background?

Relationship status (single parents)

- More quantitative research is needed on the impact of the pandemic on the wellbeing of parents in general, especially to understand the effect of COVID-19 policies on their mental health. It is important that this data should allow for comparative analysis of the experiences of particularly vulnerable groups of parents, such as single parents especially how gendered their experiences might have been.
- More research needed on the impact of the pandemic on single parents' employment, especially looking at the intersections of gender, age, socioeconomic status and educational background.
- More research is needed to fully understand the long-term economic effects of the pandemic on the lives of single parents from a gender+ perspective This should include analysis of relative (as well as absolute) income loss compared to pre-pandemic earning of single and coupled parents.
- More data is needed to understand the extent of the care gap between single mothers and fathers during the pandemic, as well as any other gender disparities in single parents' experiences of social and economic repercussions from COVID-19 measures. Further analysis should particularly seek to understand the mechanisms behind any gendered inequalities in single parents' experiences.

Nationality (migrants, asylum seekers and refugees)

- Empirical research measuring the impact of the pandemic for migrant groups is still lacking, especially in Europe and at cross-national level. Most of the research that has been done has focused on higher infection and mortality rates among these groups. Wider socio-economic impacts and intersecting gender+ inequalities have received less attention.

- Language barriers in responding to surveys need to be addressed to ensure greater data on the experiences of migrant groups
- In most of the European surveys, information on migration background, when available, is still limited. For instance, in cross-national surveys (e.g., EU-SILC, or SHARE), no information is collected on the reasons for migration (e.g. for work, or for war) or duration. This makes it is hard to identify which effects the pandemic has had on different groups of migrants.
- Further analysis of EU-SILC data is needed to understand the impact of the crisis on access to care.
- One cross-national survey that has collected information on migrants, asylum seekers and refugees is the ApartTogether survey, which recruited its respondents online (via social media). Although this is a good example of a targeted survey, the method of recruitment might have led to a bias in the estimation of the effects of the pandemic, since online recruitment means that only those with internet access could participate in the survey (World Health Organization, 2020).

Sexuality (LGBTQ+ communities)

- There is a lack of research on the experiences of LGBTQ+ communities during the pandemic, particularly studies investigating the experiences of adults. While some studies have been carried out, these remain largely small in sample, national in scope and limited in the quality of data and analysis. Most of the mapped RAS focusing on LGBTQ+ issues (and those investigating sex and relationships more generally) only surveyed young people.
- More research is needed to identify the key pathways which determine inequalities in wellbeing across genders, sexual identity, and sexual preference.
- Lack of research is linked to a lack of comparable data, preventing evidence-based analysis and policymaking. European-level comparable data on gender and sexual identity is needed in order to properly understand the full range of experiences of LGBTQ+ communities. This data needs to be granular, differentiating between gender identity, sexuality, and sex. Nevertheless, allowing for a non-binary gender question in European surveys would already improve data availability.

Addressing gaps in knowledge

We urge researchers to address these gaps and ensure that vulnerable groups and gender+ perspectives are considered within quantitative research on crises, such as the COVID-19 pandemic, to gain understanding about the ways in which existing inequalities may be exacerbated. This will not be possible on a large scale without more financial investment in research on vulnerable groups, which is often not considered as a high priority for funding.

We have sought to address some of these gaps in the European analysis presented in this

report, and will continue to undertake further analyses in cycle three of the RESISTIRÉ project, as more data becomes available. In this report, we have also outlined how we are addressing gaps in data and knowledge identified throughout the RESISTIRÉ project (Živković et al 2022) through collaborations with RAS authors and the development of European data collection via a mobile-based app. RAS collaborations have already addressed data gaps through the addition of questions to surveys investigating work-care intersections of healthcare workers in the UK, impressions of the long-term impact of the pandemic on gender pay and pension gaps in the Netherlands and experiences of teleworking in Spain. Further outcomes of RAS collaborations and the RESISTIRÉ Study App will also be reported in cycle three.

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Appendices

Appendix 1: RAS Details

Code	Country	RAS Name	Website or Report	INEQUALITY GROUNDS				Description
				Age	Single Parents	Migrants	Sexuality and Gender Identity	
AT01	Austria	Love, Intimacy and Sexuality in times of Corona	https://www.sfu.ac.at/de/person/rothmueller-barbara/ https://barbararothmueller.net/Bericht_02_2021.pdfhttps://barbararothmueller.net/rothmueller2020zwischenberichtCOVID19.pdf				X	An academic study. There was a pilot survey at the beginning of the pandemic (April 2020) and a follow up survey in November/December 2020. There were 8112 respondents in the pilot study, and 2569 in the second survey - all were over 14 and living in Germany, Austria and Switzerland. The study looks at sex and relationships and analysis does not focus on LGBT+ or inequalities based on sexuality.
AT06	Austria	Media use during the covid crisis (of migrants)	https://www.integrationsfonds.at/ https://www.integrationsfonds.at/fileadmin/content/AT/Downloads/Publikationen/O			X		Survey by the Austrian Integration Fund (ÖIF), a fund for the integration of refugees and migrants. 1518 respondents were made up of different migrant groups (people with Bosnian-Serbian-Croatian or Turkish migration background (1st and 2nd generation) and people from Syria and

			eIF_Forschungsbericht_Mediennutzung_2021.pdf					Afghanistan) and some Austrians as a control group. A key question for the study was whether migrants were able to access information about COVID-19 measures.
BE11	Belgium	Trans Care COVID-19	https://transcarecovid-19.com/				X	A survey focusing on transgender people's experiences of health and health care during the pandemic, undertaken by researchers from university hospitals in Germany and Ghent. Respondents were 5267 transgender people from 63 higher-middle income and high-income countries.
BG04	Bulgaria	The COVID-19 Lockdown Through the Eyes of Teenagers	https://www.unicef.org/bulgaria/en https://www.unicef.org/bulgaria/en/press-releases/covid-19-lockdown-through-eyes-teenagers	X				This survey was authored by the NGO UNICEF Bulgaria and analysed primary data. It was a one-off study that surveyed 810 students aged between 15 and 19 (grades 8-12) from all of Bulgaria. The main questions addressed in this study were: What do Bulgarian teenagers feel and think and how do they act in the COVID-19 setting? How are they coping with physical isolation and what are their online experiences like? What are teenagers' expectations in times of crisis and who do they recognise as authority figures? What do they say they miss and what do they need?
CY03	Cyprus	COVID-19 Isolation and Risk of Death in Elderly People in Cyprus	https://www.facebook.com/ngccyprus/?ref=page_internal	X				This study, by the research centre the National Gerontology Centre of Cyprus, analyses existing data showing the increased death risk for elderly people who live in isolation during the COVID-19 pandemic. It refers to mental health, loneliness, physical diseases associated with loneliness, restriction measures and the lockdown.

CY10	Cyprus	Examining the relationship between distance learning processes and university students' anxiety in times of Covid19	https://www.frederick.ac.cy https://oapub.org/soc/index.php/EJSSS/article/view/1012/1598	X				This survey was authored by the HEI Frederick University and was a one-off survey analysing primary data across Cyprus and Greece from 80 university student respondents. It examined students' levels of stress while coping with the challenges of e-learning, and while many of them were trying to balance work and online studies under extraordinary measures of confinement and physical distancing.
CZ07	Czech Republic	Survey on the situation of single parents in the coronavirus crisis	https://www.stem.cz/ https://www.stem.cz/wp-content/uploads/2021/03/STEM_Samozivitele_fin-3.pdf		X			A one-off survey undertaken by NGOs (STEM in collaboration with Single Mothers Club), with results published in February 2021. Respondents were 1026 single parents (89% women) and questions were broad ranging, covering topics such as finances, mental health, wellbeing, GBV, home-schooling and housing.
CZ11	Czech Republic	COVID-19 International Student Well-being Study	https://www.uantwerpen.be/en/research-groups/centre-population-family-health/research2/covid-19-internation/ https://www.soc.cas.cz/aktualita/vysokoskolsti-studenti-behem-prvni-vlny-pandemie-koronaviru	X				This study from the University of Antwerp was identified in the second cycle of RESISTIRE. It is a longitudinal analysis of primary data with other HEIs including Charles University and the Institute of Sociology of the Academy of Sciences of the Czech Republic. The study focused on university students and how the pandemic has affected their well-being, studies, and other related topics. The survey was conducted in 27 countries in Europe and North America. The quantitative data

								collection focused specifically on the University of Antwerp and sampled over 2000 students in May 2021.
DK06	Denmark	Non-Western immigrants' level of employment is back to normal (pre crisis)	https://www.ae.dk/the-economic-council-of-the-labour-movement https://www.ae.dk/analyse/2021-08-ikke-vestlige-indvandreres-beskaeftigelse-er-tilbage-paa-foer-krise-niveau			X		Mapped in first cycle and updated in second cycle. Survey focusing on employment from The Economic Council of the Labour Movement (ECLM) surveying 15-64-year-olds in the population who are employed in salaried jobs.
DK10	Denmark	Student attention in the online school	https://www.sociology.ku.dk/staff/researchers/?pure=en%2Fpublications%2F%2Fpublics-performing-trust-on-danish-twitter-during-the-covid19-lockdown(4acf6228-6979-4dda-b978-07f608ab2e3b).html	X				This study was organised by the HEI Copenhagen Centre for Social Data Science (SODAS) and analysed primary data. The survey was undertaken with teachers of students in compulsory education (grades 0-9 and the voluntary grade 10) and surveyed 123 respondents.
DK11	Denmark	LongCovidKidsDK	https://www.rigshospitalet.dk/presse-og-nyt/nyheder/nyheder/Sider/2022/februar/mange-unge-oplever-langvarige-symptomer-under-pandemien0209-8248.aspx	X				This study, organised by a large hospital in Denmark, was identified by National Researchers in cycle 2. It addresses mental health and long-term effects of the COVID-19 pandemic on young people (15-18 years old). It presents relevant findings regarding gender differences and could supplement the relatively scarce emphasis on gender as an inequality category in the first cycle.
ES08	Spain	Violence and Covid-19-	https://www.unizar.es/				X	A one-off academic study on experiences of violence during the pandemic was

		Impact on women and LGBTIQ+	https://www.aragon.es/documentos/20127/2523474/Violencia+y+Covid-19+Impacto+sobre+la+mujer+y+colectivos+LGTBI.pdf/5697c26c-7b6d-1e36-38ac-83f63577bbcd?t=1614678436155					undertaken in December 2020 among women and members of the LGBTQ+ community. However only qualitative data was collected from LGBTQ+ respondents.
ES09	Spain	The impact of COVID-19 on people of foreign origin in the Basque region	https://www.ikuspegi.eus/es/ https://www.ikuspegi.eus/documentos/panoramicas/pan80cas.pdf			X		Survey of migrants in the Basque region. Questions focus on working conditions, migration patterns and attitudes.
FR03	France	EpiCov	https://drees.solidarites-sante.gouv.fr https://www.epicov.fr/publications/			X		Longitudinal survey from the NGO L'Institut national de la santé et de la recherche médicale. 135,000 respondents over the age of 15 discussing contamination rates and the consequences of the epidemic on health and daily life.
FR06	France	Survey on students' living conditions during the health crisis	http://www.ovenational.education.fr/ http://www.ovenational.education.fr/enquete/la-vie-detudiant-confine/ http://www.ovenational.education.fr/wp-content/uploads/2020/09/OVE-INFO-42-La-vie-etudiante-au-temps-du-COVID-19.pdf	X				This survey from the government agency The Observatory of Student Life analysed primary data. The observatory undertook longitudinal analysis and regularly carried out this type of study, but did a special one for Covid. There was a total of 6130 respondents and the results are weighted to fit the student population as described by government statistics.

GR03	Greece	COVID-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report	http://www.ilga-europe.org/ https://ilga-europe.org/sites/default/files/LGBTI%20and%20COVID-19%20rapid%20assessment%20report.pdf				X	Study by an NGO (ILGA Europe). Results published in July 2020. Cross-national study with 30 countries (not really a national Greek study). Respondents appear to be representatives of NGOs; number is not reported. Main topic is about access to health services and impact on mental health.
GR04	Greece	The Cruelty of Containment: The Mental Health Toll of the EU's 'Hotspot' Approach on the Greek Islands	https://www.rescue.org/ https://eu.rescue.org/sites/default/files/2020-12/IRC_Cruelty_of_Containment_FINAL.pdf				X	Focusing on mental health and wellbeing. Secondary data from 55 refugees, migrants, and asylum seekers living on the Greek islands. Published December 2020.
HU10	Hungary	The effect of the pandemic situation on children	http://publicus.hu/en/home/ https://unicef.hu/mentalis-egeszseg/kutatas	X	X			This survey from UNICEF analysed primary data from 1000 parents with children between the ages of 3-18.
IE07	Ireland	LGBTI+ Life in Lockdown: One Year Later	https://www.belongto.org/ https://www.belongto.org/wp-content/uploads/2021/06/LGBTI-Life-in-Lockdown-1-Year-Later_BeLong-To-Youth-Services.pdf				X	Study by an NGO, BeLongG (a national organisation supporting LGBTQ+ young people in Ireland). Nationally representative sample of LGBTI+ young people (14-24) in Ireland. Second survey had a sample of 2279. Survey initially conducted in April 2020 with follow up in April 2021, may be subsequent waves. First report , Second report . Covers a broad range of topics: mental health

								including anxiety, stress, depression and suicidal ideation, wellbeing, physical and sexual health, home environment and housing.
IE09	Ireland	“Powerless”: Experiences of Direct Provision During the Covid-19 Pandemic	https://www.irishrefugeecouncil.ie/Handlers/Download.ashx?IDMF=419a9b2f-c405-4cc8-93c7-c27a618beb07			X		One-off study by the Irish Refugee Council of 418 people living in Direct Provision, which is a system of asylum seeker accommodation used in the Republic of Ireland. The system has been criticised by human rights organisations as illegal, inhuman and degrading. The sample represents 5.4% of this population. The main topics covered in the survey were safety and space during the pandemic, mental health, stigma, racism, children, schooling and parenting, and availability of support. Results were published in August 2020.
IE11	Ireland	Pulse Survey - Life at Home 2021: Renters, Lone Parents and Adults Living Alone or with a Parent	https://www.cso.ie/en/releasesandpublications/FP/FP-PSLHRLPLA/pulsesurvey-lifeathome2021rentersloneparentsandadultslivingaloneorwithaparent/introductionandsummaryofmainresults/#:~:text=Pulse%20surveys%2C%20which%20take%20the%20%E2%80%98pulse%E2%80%99%20of%20the,in%20private%20accommodation%20in%20the%20Republic%20of%20Ireland			X		A newer study reported in cycle 2 conducted by the Central Statistics Office in May-June 2021. Respondents were aged 18 and over living in private accommodation in the Republic of Ireland. The survey produced interesting results on the division of domestic responsibilities between couples (both same and opposite sex and including retired couples), the impact of children, and financial freedom.

IE12	Ireland	The Impact of COVID-19 on People Ageing with an Intellectual Disability in Ireland	https://idstilda.tcd.ie/wave4/launch.php	X				This survey from Trinity College Dublin analyses pre-existing data and is a supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA). As the COVID-19 pandemic began while data was still being collected for Wave 4, a COVID-19 questionnaire was added to the protocol and administered to 710 participants.
IS11	Iceland	Well-being and position of students at the University of Iceland during covid-19	https://student.is https://student.backend.jldevelopment.is/wp-content/uploads/2021/01/5-Konnun-9.-oktober.pdf	X				This survey from the University of Iceland's Student Council analysed primary, longitudinal data. Five surveys sent to students at the University of Iceland: March 22 2020, 6 April 2020; 14 May 2020; March 2021 (in collaboration with the ministry of education and culture) and the fifth 9 October 2021. In the October 2021 survey 2,208 students responded on topics such as their personal situation, well-being and education related matters. The responses were not segregated by gender or other inequality grounds.
IT01	Italy	The COVID-19 pandemic among the migrant and foreign-born population in the provinces of Milan, Bergamo, Brescia and Cremona	https://www.ismu.org/la-pandemia-covid-19-tra-la-popolazione-migrante-e-di-origine-straniera-nelle-province-di-mi-bg-bs-cr/			X		One-off study among 1415 migrants and foreign-born individuals within the provinces of Milan, Bergamo, Brescia, Cremona. Data collected in September - October 2021. Questions focused on physical and emotional health, covid infection rates, distance learning, welfare supports and concerns about the future.

IT05	Italy	Young people in the time of the coronavirus	https://www.savethechildre n.it/cosa-facciamo https://www.savethechildre n.it/press/scuola-e-covid-il-28-degli-adolescenti-un-compagno-di-classe-ha-smesso-di-frequentare-la	X					This survey was promoted by Save the Children and carried out by IPSOS. It analysed primary data and surveyed 1000 boys and girls aged 14-18 attending secondary school and was representative of the reference universe by gender, geographical area and age of the respondents. The survey took place in December 2020. Supplementary qualitative research was also undertaken to understand the opinions, moods and expectations of school age children regarding their future education.
IT06	Italy	Children and lockdown: The word from parents	https://www.unimib.it/comunicati/bambini-durante-lockdown-vulnerabili-ma-resilienti	X					This survey from the Università Milano Bicocca was undertaken in July/August and surveyed 3,440 families of children aged 1-10 years resident in the provinces of Lombardy - including Milan, Bergamo, Brescia, Cremona and Lodi - the cities most affected by COVID-19. This RAS was followed up with a second survey “Children and lockdown one year on: the word from parents”, carried out in September 2021. It involved 3203 people and investigated the psychophysical health effects of children aged 0-11 years old.
LT09	Lithuania	Distance Education of Children During the COVID-19 Pandemic: Threats and Opportunities	https://www.fsf.vu.lt/en/institute-of-psychology/about-institute-pi https://1a25a355-a578-4749-8fc5-d5df368163ad.filesusr.com/	X					This survey, organised by Vilnius University, Faculty of Philosophy, analysed primary data from the parents/ guardians and teachers of schoolchildren (1-8th graders). Around 150 parents/ guardians and 300 teachers were surveyed. Key topics included child health variables; variables of child's learning achievements and experiences; parental

		from an Ecosystem Perspective	ugd/d3b129_8bb7f49c518a4c14af1832604db46bb6.pdf					distress, experience of family life events, experience of stressful events, parental interpersonal relationships and consensus on child care and education; parental demographic variables. The quantitative study collected information on 320 children through a parental survey, of which 168 girls (52.5%) and 150 boys (46.9%).
LV04	Latvia	The impact of the COVID-19 pandemic on the mental health of Latvian adolescents and young people	https://www.pusaudzis.lv/ https://www.pusaudzis.lv/p%C4%93t%C4%ABjums	X				This survey was undertaken by the NGO, the Adolescent and Youth Psychotherapy Centre and analysed primary data from 1660 respondents' adolescents and young people aged 12 - 24 living in Latvia, of which 72% of respondents were girls. Standardised questionnaires in electronic format were distributed to respondents with the help of school psychologists, teachers and youth organisations. The survey focused on mental health in adolescents and the degree to which the pandemic caused deterioration in the psychological wellbeing of young people both at school and home.
LV09	Latvia	At the end of the school year survey	https://www.izm.gov.lv/lv https://home.edurio.com/izm-gada-nosleguma-aptaujas	X				This survey from the Latvian Ministry of Education and Science analysed primary data from teachers of general secondary and secondary vocational education institutions, parents of 1st - 12th grade students, 5th - 12th grade students of general secondary education institutions and students of secondary vocational education institutions and heads of general education and vocational education institutions. There was a

								total of 23,551 respondents, the majority of which were students.
NL04	The Netherlands	Population groups with migration background more severely affected by COVID-19	https://www.pharos.nl/ https://www.coronatiijden.nl/wp-content/uploads/2021/05/Policy-brief-Etniciteit-en-COVID-19-Coronatiijden-in-Nederland.pdf			X		One-off academic study among the largest population groups in the Netherlands with a migration background (i.e., people of Moroccan, Turkish and Surinamese origin) and of various smaller groups.
NL06	The Netherlands	Loneliness and Mental Health During the COVID-19 Pandemic: A Study Among Dutch Older Adults	https://www.coronatiijden.nl/sociale-isolatie-deelprojecten/	X				This survey from the HEIs Vrije University, Trimbos Institute and AISSR is a longitudinal survey conducted in May and June 2020. 1679 Dutch citizens aged 65-102 years were surveyed through an online panel. The survey explored how isolation at home affected vulnerable people and their caregivers, including those in nursing homes.
NL07	The Netherlands	Corona hinders adolescents' sexuality	https://www.rutgers.nl/nieuws-opinie/nieuwsarchief/corona-belemmert-de-seksualiteit-van-jongeren https://www.rutgers.nl/sites/rutgersnl/files/PDF-Onderzoek/Jongeren%2C%20seks%20en%20corona%20DEF.pdf				X	One-off study by an NGO with young people ages 16-25. 5,182 respondents, not generalisable sample (relatively sexually active). The study looks at sex and relationships and analysis does not focus on LGBT+ or inequalities based on sexuality. The questions cover a wide range of sexual health topics: information needs; flirting and dating; sex frequency and number of sex partners; condom use and testing behaviours; contraceptive use, unplanned pregnancy and abortion; sexual boundary crossing; sexting, dating apps and porn use. Results published in February 2021.

PL01	Poland	PANDEMIC AND REMOTE LEARNING STORIES OF LGBTQ + YOUTH. How has the situation of LGBTQ + youth changed during the pandemic and distance learning?	http://emocjonalnebhp.pl/?fbclid=IwAR3FZPZJrGLH0sWbSvW8cpw66LTgYOFT9pUJ-cbzPnIBPi6-eNyduu0k so http://emocjonalnebhp.pl/wp-content/uploads/2020/08/Raport-badawczy-2.pdf				X	One-off study by an NGO, which works on mental health. Respondents were 131 LGBTQ+ young people. Questions focused on mental health, remote learning, home situation – relations with parents and home members, cyberbullying, violence, psychological help, antidiscrimination education. Report published in August 2020.
PL03	Poland	Quality of Life of Elderly in Poland during the first year of COVID-19 pandemic	https://seniorhub.pl/ https://seniorhub.pl/wp-content/uploads/2021/05/raport-jakosc-zycia-osob-starszych-09.pdf	X				One off survey by the think tank Hub Institute of Senior Policy. It analysed primary data from 1188 respondents over the age of 60 years. Key topics included mental health, physical activity, social relations, actions of authorities, access to healthcare, use of Internet, vaccination.
PL06	Poland	Women versus the coronavirus. How has the pandemic changed their lives and work?	https://wyborcza.pl/0,0.html https://static.img.pl/im/6/26955/m26955216,NIEUSTRASZONA-W-PRACY-V2.pdf		X			This survey conducted by a polish newspaper in collaboration with an American bank was conducted with a nationwide, representative sample of 1500 respondents aged 18 and over. In addition, quota sampling was used to select 1000 women, 100 people who lost their jobs, 100 women in long-distance families and 100 single mothers. Questions in the survey were focused on employment, mental health, relationships and family life.

PL09	Poland	Negative experiences of young people during the pandemic	https://fdds.pl/en https://fdds.pl/Resources/Persistent/5/0/0/e/500e0774b0109a6892ce777b0d8595f528adea62/Negatywne-doswiadczenia-mlodziezy-w-trakcie-pandemii.-Raport-z-badan-ilosciowych-1.pdf	X					This one-off study from the NGO Empowering Children Foundation analysed primary data from 500 young people, between 13 and 17 years of age.
PT07	Portugal	Social and Psychological Health Support Networks for Youngsters LGBT+ during Covid-19 Pandemic	https://www.cig.gov.pt/; https://sigarra.up.pt/fpceup/en/				X		Study ran jointly by the government (Commission for Citizenship and Gender Equality), academics and LGBTIQ+ associations. Respondents were 632 LGBT+ young people (16-35), it was not a random sample. The main topics are support networks and mental health during lockdown. This appears to be an ongoing study. First wave findings published in June 2020.
RO04	Romania	Main Concerns in Times of COVID-19 in Three Groups of People: Italians, Romanian Immigrants in Italy, and Romanians in Romania	https://www.intechopen.com/online-first/main-concerns-in-times-of-covid-19-in-three-groups-of-people-italians-romanian-immigrants-in-italy-a			X			One-off academic study among Italians (N = 491), Romanian immigrants in Italy (N = 275), and Romanians in Romania (N = 312). Questions focused on mental health, social support and working conditions. The aim of the study was to “explore the principal sources of anxiety, fear, distress and uncertainty during the COVID-19 pandemic, and the differences between the groups. In addition, the study analysed the role of resilience as a potential moderator between perception of sources of anxiety during COVID-19 and distress”.

SE01	Sweden	Distance learning in high schools - may affect girls and boys differently	https://www.skolinspektionen.se/globalassets/02-beslut-rapporter-stat/granskningsrapporter/ovriga-publikationer/2021/fjarr--och-distansundervisning-i-gymnasieskolan/fjarr--och-distansundervisning-pa-gymnasieskolor-varen-2021-pm-2021_1666.pdf	X				The Swedish Schools Inspectorate conducted this survey at 119 upper secondary schools, where a total of 119 principals and 407 students were interviewed. The students also answered a web survey. Total number of respondents 526. The Swedish School Inspectorate released a final report on the consequences of remote teaching during the pandemic in December 2021. It includes the data reported in SE01 on upper secondary schools, as well as additional data for primary schools and adult education.
SE04	Sweden	High school students and COVID-19	https://www.ungdomsbarometern.se/rapportslapp-gymnasieungdomar-covid-19/ https://www.ungdomsbarometern.se/download/1698/?version=2	X				The Youth Barometer study surveyed 1317 high school students and were weighted based on gender and age to reflect high school students nationally. The survey has been running since 1991 to map attitudes and behavioural patterns of Swedish young people and has developed a special survey to explore the effects of the pandemic on young people in regards to their interests, opinions and media habits. The Youth Barometer has since released at least four more reports on young people's experiences of the pandemic. The latest one mapped in cycle 2 was released in July 2021, and it covers changed norms and optimism for the future.
SE07	Sweden	Every twentieth person over 70 shares housing with	https://scb.se/hitta-statistik/redaktionellt/var-tjugonde-over-70-delar-bostad-med-nagon-under-40/	X				One off survey from Statistics Sweden analysing pre-existing data of demographic information on living conditions in Sweden.

		someone under 40						
SE08	Sweden	Immigration decreased by more than a quarter in 2020	https://www.scb.se/pressmeddelande/invandringen-minskade-med-over-en-fjardedel-2020/			X		Regular monthly updates on migration figures from the Swedish government population statistics office and Migration Agency. Results from March 2021 were reported in cycle 1. In cycle 2 data was available up to November 2021. Since these are official statistics based on applications for residence, updates on undocumented migrants are unlikely, but both SCB and the Migration Agency have data broken down by gender.
SERO8	Serbia	Older Persons in the Republic of Serbia and COVID-19 Pandemic	https://serbia.unfpa.org https://serbia.unfpa.org/sites/default/files/publications/older-persons-and-covid-19-01-12.pdf	X				One off survey of primary data from the UNFPA, international UN agency. This was a mixed methods survey, with a quantitative study across 97 municipalities in Serbia and surveyed 1,054 respondents over the age of 65, of whom 436 male, 611 female and 7 who did not mark their gender. There were also three focus groups with older persons, with experts and service providers (ten interviews), independent regulatory bodies (two representatives), civil society organisations (representatives of ten civil society organisations and five branches of the Red Cross of Serbia) and decision-makers (one).
SK05	Slovakia	Youth in times of Corona	https://mladez.sk https://archiv.mladez.sk/wp-content/uploads/2020/05/R	X				A one-off survey from the NGO the Youth Council of Slovakia. It analysed primary data from 1000 respondents aged 15-29 years.

			mS_OSF_Webinar_Mladi-v-case-korony_FINAL.pdf					
TR08	Turkey	Research Report on LGBTI+ Persons' Access to Social Services During the Pandemic	https://spod.org.tr/ https://spod.org.tr/wp-content/uploads/2021/06/pandemi-EN-finn-1.pdf				X	One-off study by an NGO (SPoD - Social Policy, Gender Identity and Sexual Orientation Studies Association). Respondents were 856 LGBTI+ people in Turkey. Questions focused on access to services (housing, social assistance, mental health support and post-violence support) and attitudes regarding access to services. Results published in December 2020.
TR09	Turkey	Turkey Rapid Needs Assessment on the Impact of Covid-19 on Migrant and Refugee Populations	https://turkey.iom.int/ https://turkey.iom.int/report/s/iom-turkey-rapid-needs-assessment-impact-covid19-migrant-and-refugee-populations				X	Study among 9368 members of the migrant and refugee population in Turkey, conducted by an Intergovernmental International Organization in April-May 2020. Random sampling was used and questions focused on employment, mental health and psycho-social support.
UK10	United Kingdom	Hear Us: The experiences of refugee and asylum-seeking women during the pandemic	https://www.sistersnotstrangers.com/ https://dfbbceaf-7cbc-4bfa-8f79-6a8a879c2c25.filesusr.com/ugd/d37102_3eb3a41885e24e648f049a972e7e3335.pdf				X	One-off study conducted by a group of charities supporting women refugees and asylum seekers. Respondents were 115 women who have claimed or are seeking asylum in the UK. Questions focused on health, income, living conditions, and access to basic necessities. Results were published in July 2020.

Appendix 2: App 'New Starter' questions

Socio-demographic module

What is your birth year?

Prior to 2003 (not eligible)

What is your country of residence?

Austria Belgium Bulgaria Croatia, Republic of Cyprus Czech Republic Denmark

Estonia Finland France Germany Greece Hungary Iceland Ireland Italy Latvia Lithuania

Luxembourg Malta Netherlands Poland Portugal Romania Serbia Slovakia Slovenia Spain Sweden

Turkey, United Kingdom,

Not listed (Not Eligible)

Do you identify as a member of a minority ethnic group in your country of residence?

Yes | No | Prefer not to say

Are you a

Woman | Man | Non-binary | Other | Prefer not to say

Is your gender the same as the sex that was assigned to you at birth?

Yes | No | Prefer not to say

What is your sexual orientation?

Bisexual | Gay | Heterosexual | Lesbian | Other | Prefer not to say

Do you consider yourself to have a disability or long-term chronic illness?

Yes | No | Prefer not to say

What is your highest level of education?

Primary education (up to 7 years of schooling) Secondary education (up to 12 years of schooling)

Bachelor's or equivalent level

Master's, Doctoral or equivalent level

How many people live in your household excluding you?

0-15

What is your present relationship status?

Single | Cohabitation, married or in a civil partnership | Separated, divorced or widowed

Do you have children?

Yes / No / Prefer not to say

How many dependent children (aged 0-17) do you have?

0-15

How many adult children (aged 18 or above) do you have?

0-15

Do you have care responsibilities for one or more adults over 18 years of age (e.g. an older parent or another relative)?

Yes / No / Prefer not to say

Do you consider yourself to have a disability or long-term chronic illness?

Yes / No / Prefer not to say

Work/Employment Module

What is your current employment status?

Employed / Self-employed / Unemployed and looking for work / Unemployed and not looking for work / Retired / In education or training / Other

For those who respond 'Employed':

What type of employment contract do you currently have?

Fixed-term / Indefinite period or permanent / Agency staff or temporary employment / Zero hours / Freelancer, consultant or contractor / Other

In what sector do you work?

Private / Public / Non-profit / Other

What is the main activity of the organisation where you work?

Agriculture, Hunting, Forestry and Fishing / Mining and Quarrying / Manufacturing / Electricity, Gas and Water / Construction / Wholesale and Retail Trade and Restaurants and Hotels / Transport, Storage and Communication / Financing, Insurance, Real Estate and Business Services / Community, Social and Personal Services / Other

What is your main current occupation?

Managers/Professional / Technicians and associate professionals / Clerical support, Service and sales workers / Skilled agricultural, forestry and fishery workers / Craft and related trades workers / Plant and machine operators, and assemblers / Elementary occupations / Armed forces occupations / Other

Do you currently work full-time or part-time?

Full-time | Part-time | Don't know

Why do you work part-time?

Could not find a full-time job | Own illness or disability | Other family or personal responsibilities | In education or training | Other

For those who respond 'Self-employed':

What is your main business activity?

Agriculture, Hunting, Forestry and Fishing | Mining and Quarrying | Manufacturing | Electricity, Gas and Water | Construction | Wholesale and Retail Trade and Restaurants and Hotels | Transport, Storage and Communication | Financing, Insurance, Real Estate and Business Services | Community, Social and Personal Services | Other

What is your main current occupation?

Managers/Professional | Technicians and associate professionals | Clerical support, Service and sales workers | Skilled agricultural, forestry and fishery workers | Craft and related trades workers | Plant and machine operators, and assemblers | Elementary occupations | Armed forces occupations

Do you currently work full-time or part-time?

Full-time | Part-time

Did you experience a change in the quantity of business as a result of the COVID-19 pandemic?

Decreased a lot | Decreased a little | Increased a little | Increased a lot | Prefer not to say

Did you need access to financial support from the government as a result of the COVID-19 pandemic?

Yes | No | Prefer not to say

Are you worried about the future sustainability of your business?

Not at all | Very little | Somewhat | To a great extent | Prefer not to say

Do you plan to stay in self-employment in the future?

Yes | No | Don't know

For those who respond 'Unemployed and looking for work':

Why are you currently unemployed?

Could not find work | Redundancy | Own illness or disability | Other family or personal responsibilities | In education or training | Other

Would you like to work full-time or part-time?

Full-time | Part-time | Don't know

Did you do any training since March 2020?

Yes, self-funded | Yes, government funded | No training

For those who respond 'Unemployed and not looking for work':

Why are you currently not looking for work?

Could not find work | Redundancy | Own illness or disability | Other family or personal responsibilities | In education or training | Other

Do you plan to be in paid work in the next two years?

Yes, full-time | Yes, part-time | No | Don't know

For those who respond 'Retired':

Did you retire in or after March 2020?

Yes | No

Did you retire as a result of the COVID-19 pandemic?

Yes | No

Do you currently engage in any paid work in addition to your pension?

Yes | No

Do you engage in any unpaid volunteer work?

Yes | No

For those who respond 'In education or training':

Did you engage in any kind of paid work before March 2020 besides being in education or training?

Yes | No

Did you need access to financial support as a result of the COVID-19 pandemic?

Yes | No

Were you able to access financial support during the pandemic (in addition to any existing student loans or grants) at any time since March 2020?

Yes, from my university | Yes, from the government | Yes, from a bank loan | Yes, other | No | Prefer not to say

Are you worried about your future career prospects?

Not at all | Very little | Somewhat | To a great extent | Prefer not to say

For all:

What was your employment status before March 2020?

Employed | Self-employed | Unemployed and looking for work | Unemployed and not looking for work | Retired | In education or training | Other

For those who respond 'employed before pandemic':

Did you work full-time or part-time before March 2020?

Full-time | Part-time

What type of employment contract did you have before March 2020?

Fixed-term | Indefinite period or permanent | Agency staff or temporary employment | Zero hours | Freelancer, consultant or contractor | Other

What was your sector of work before March 2020?

Private | Public | Non-profit | Other

For all:

Did your work situation change as a result of the COVID-19 pandemic?

Yes | No

If Yes:

How was your work situation affected by the COVID-19 pandemic?

Started employment | Started self-employment | Changed job | Reduced working hours | Lost business | Lost job and received COVID-19 specific government help | Lost job and did not receive COVID-19 specific government help

For those who respond 'currently employed or self-employed':

Were you able to work from home at any time since March 2020?

Not at all | Once a week | A few times a week | Several times a week | All the time

Would you like to (continue to) work remotely in future?

Not at all | Once a week | A few times a week | Several times a week | All the time

Acknowledgements

This deliverable benefits from empirical material that has been produced by the RESISTIRÉ network of national researchers, including:

Country	Author/s
Austria	Elisabeth Anna Guenther, Celina Beck
Belgium	Nathalie Wuïame, Igor Zivkovic, Aart Kerremans
Bulgaria	Ralitsa Golemanova
Croatia	Sanja Sarnavka
Cyprus	Maria Kyprianou
Czech Republic	Vanda Maufras Černohorská
Denmark	Stine Thidemann Faber, Lise Rolandsen Agustin, Lærke Thrysøe Nielsen
Estonia	Raili Marling
Finland	Inkeri Tanhua
France	Suzanne de Cheveigné
Germany	Carolina Wienand-Sangare
Greece	Nelli Kambouri
Hungary	Agnes Kende
Iceland	Finnborg Salome Steinþórsdóttir
Ireland	Sara Clavero
Italy	Maresa Berliri, Claudia Aglietti
Latvia	Marita Zitmane
Lithuania	Vaida Tretjakova
Luxemburg	Aart Keremans
Netherlands	Marloes van Engen
Poland	Ewelina Ciaputa
Portugal	Catarina Sales de Oliveira
Romania	Monica Stroe
Serbia	Zorana Antonijevic
Slovakia	Zuzana Ocnasova
Slovenia	Katarina Zupevc
Spain	Elena Ghidoni, Laia Tarragona, María Silvestre Cabrera
Sweden	Lina Sandström
Turkey	Ayşe Gül Altınay, Nazlı Türker, Pınar Ensari
United Kingdom	Clare Stovell, Charoula Tzanakou, Alexis Still

This deliverable also benefits from the review, comments, and suggestions produced by the partners of the RESISTIRÉ project.

We wish to thank Lore Van Herreweghe for her valuable assistance with the use of the SHARE data.