RESISTIRÉ
Reducing gendered inequalities
caused by COVID-19 policies

Deliverable 4.2

Building back better?
Qualitative indications of inequalities produced by COVID-19 and its policy and societal responses. Second cycle summary report

Due date of deliverable	30/04/2022
Submission date	04/05/2022
File Name	D4.2_Building back better? Qualitative indications of inequalities produced by Covid-19 and its policy and societal responses. Second cycle summary report
Organisation Responsible of Deliverable	Örebro University (ORU)
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Contributors	TUD: Analysis of individual expert interviews TUD: report on workshop SU: report on workshop ORU: report on workshop ORU: Qual analysis of narrative interviews K&I: Quant analysis of narrative interviews
Revision number	01
Status	Final
Dissemination Level	PU

Revision history

Version	Date	Modified by	Comments
0.1	31.01.2022	ORU	Initial draft with report structure
0.2		SU, TUD, K&I	Data added. SU: workshops; TUD: interviews; K&I: narratives
0.3	08.04.2022	ORU	Draft report
0.4	15.04.2022	Partners	Comments by partners
0.5	20.04.2022	OBU	Internal quality review
0.6	25.04.2022	ORU	Comments from partners and quality review integrated
0.7	28.04.2022	ORU	Proofreading
0.8	03.05.2022	OBU	Follow-up quality check
0.9	03.05.2022	ORU	Final revisions
1.0	04.05.2022	ESF	Report checked and submitted

Partners

ESF
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Acknowledgement and Disclaimer

List of acronyms

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

Summary

The aim of RESISTIRÉ is to understand the unequal impacts of the COVID-19 outbreak and its policy and societal responses on behavioural, social and economic inequalities and to work towards individual and societal resilience. RESISTIRÉ does so by collecting and analysing policy data, quantitative data and qualitative data in the EU27, Iceland, Serbia, Turkey and the UK, and translating these into insights to be used for designing, devising and piloting solutions for improved policies and social innovations, which in turn can be deployed by policymakers, stakeholders and actors in the field across different policy domains. The project relies on a ten-partner multidisciplinary and multisectoral European consortium, and a well-established network of researchers in 31 countries.

The aim of this report is to analyse the gender+ inequality dimensions and the impacts that policies and societal responses implemented in Europe as a response to COVID-19 have had on people, to give voice to those people and groups who may not have been heard in the public debate, and to identify enablers and obstacles towards recovery, with a specific focus on four domains: gender-based violence, education, work and care; and with a specific focus on vulnerable groups, including: LGBTQI+, migrants, young people.

The report is based on three methods of qualitative data collection: pan-European workshops, expert interviews and narrative interviews. The material is extensive; all in all it includes 368 individuals, who generously shared their knowledge and experiences as activists and experts in civil society, public authorities and academia, and as individuals with lived experiences during COVID-19 across Europe. The data were collected via three pan-European workshops with inequality experts from civil society representing the voices of specific target groups, public authority experts and academics (n=38); semi-structured interviews with predominantly public authority experts and academics (n=24); and via individual narrative interviews with people from across Europe (n=306) and analysed using thematic analysis. The workshops addressed the domains gender-based violence, work, and education. The semi-structured interviews collected data from the national level in the same domains, as well as the care domain. The narrative interviews were conducted and analysed by the consortium partners and a network of 21 national researchers covering the EU27, Iceland, Serbia, Turkey, and the UK.

In line with the theoretical and conceptual approach of RESISTIRÉ, the report builds on an intersectional approach to gender which acknowledges the mutual shaping of multiple complex inequalities. Based on the research agenda produced in the first cycle, the analysis also draws on concepts of unintended consequences, resilience, recovery and better stories (Živković et al. 2022).

The overall findings of this second cycle of qualitative data collection describe a Europe where:

- Recovery is not taking place, despite an extensive political and societal response to

the pandemic. Instead, we are witnessing an increase in inequalities, and emerging forms of new inequalities, including:

- Intensification of gender-based violence and emergence of new mechanisms and methods of perpetrating violence.

- **Educational debts** – similar to the health debt - affecting millions of pupils and students around Europe and with long term effects that could be potentially devastating for a whole generation.

- **Digital poverty**, including unequal digital literacy and unequal access to digital tools, was prevalent across all domains and strongly interlinked with gender+ inequalities, but with different effects in different domains. Technological and digital shortages among some groups, influenced individual lives in terms of work and education, social contact and opportunities for health prevention. For instance, elderly and some migrant communities were not provided with health information, booking systems for testing and vaccines in an accessible format.

- **Time poverty**: Although remote work improved work-life balance for some, many women struggled to combine paid work with unpaid care work during the pandemic.

- **Welfare system favouring insiders**: while those with secure employment received some support, others were left without. People relying on casual work in the informal sector and the self-employed stood out as particularly vulnerable. Complicated bureaucratic procedures also excluded some people.

- Difficulties (re)entering the labour market: the pandemic made it more challenging for individuals to (re) enter the labour market either because employers were not recruiting new staff or because opportunities for education and training were more limited.

- **Social isolation and psychological concerns:** Tha The pandemic, and the social isolation it has caused, has had a detrimental effect on mental health which was apparent in cycle one. What the second cycle shows is that these effects appear to be persistent for many. A sense of hopelessness and helplessness are coming through strongly in some narratives.

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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, 2022), 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 (Stovell et al. 2021; Lokot & Avakyan 2020; Walter & 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. 2020).

The aim of RESISTIRÉ is to understand and provide insights and solutions to mitigate the unequal impacts of the COVID-19 outbreak and its policy responses on behavioural, social and economic inequalities in 31 countries: in the EU 27, Iceland, Serbia, Turkey and the UK, and to work towards individual and societal resilience.1 To meet these aims, RESISTIRÉ conducts policy analysis, quantitative analysis, and qualitative research activities which inform the design of innovative solutions. In this way, RESISTIRÉ responds to the outbreak through co-created and inclusive strategies that address old and new, durable and temporary, inequality patterns in and across the domains set out in the EC Gender Equality Strategy 2020-2025 (EC 2020).

RESISTIRÉ builds on an intersectional, gender+ theoretical approach (Verloo 2013). 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), and specific inequality grounds (sex and/or gender, sexual orientation, ethnicity, race, nationality, class, age, religion/belief, disability, gender identity).

The overall methodology is based on a step-by-step process running in three cycles over 30 months (April 2021 – September 2023). All project activities are organised in these three cycles, feeding results into one another, including feedback loops between the cycles (see Figure 1). The project relies on a ten-partner multidisciplinary and multisectoral European consortium, and a well-established network of researchers in the 31 countries.

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[1] Malta was included in the original project design, but is not included in this report due to the lack of delivered material from the national researcher for Malta.

Figure 1: RESISTIRÉ methodological step-by-step three cycle process
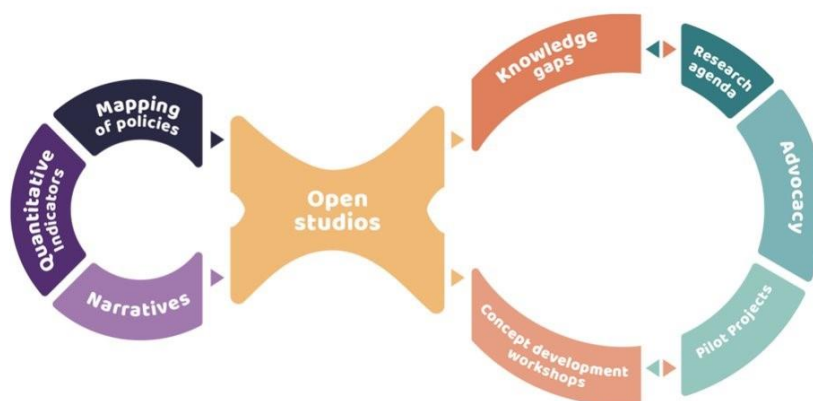
This report is focused on qualitative research activities in the second cycle. It provides insights on how COVID-19 and associated policy and civil societal responses have impacted social, economic and behavioural inequalities, on the unintended consequences of the policy and societal responses, on social and individual resilience, and on recovery – or the lack thereof. This report is developed in parallel with the policy report analysing recovery policy, including (but not limited to) the National Recovery Plans, led by the Institute of Sociology of the Czech Academy of Sciences (ISAS) (Cibin et al. 2022) and a report on quantitative indicators led by Oxford Brookes University, UK (Stovell et al. 2022).

While the policy report analyses different policy and social responses to the pandemic and the quantitative report provides analytical, quantitative, insights on the impact of these policy responses at national and European level, this qualitative report analyses first-hand accounts of how these responses are having unequal and un-equalising effects on differently positioned groups of people.

The aim is to analyse the gender+ inequality dimensions and the impacts that policies and societal responses implemented in Europe as a response to COVID-19 have had on people, to give voice to people and groups who may not have been heard in the public debate, and to identify silences and knowledge gaps, with a specific focus on education, care, work and violence, and on specific vulnerable groups, including: LGBTQI+, migrants, young and people. It identifies and compares for whom, for what gender+ inequalities groups, with what intersections, and in what domains there are positive/negative impacts from COVID-19 and its policy and societal responses, including: unintended consequences, enablers and obstacles towards 'recovery', individual and societal resilience, and finally, examples of better stories of responding to the pandemic.

In the first cycle, the focus was broad and set on uncovering the way that intersecting gender inequalities have been affected by pandemic policy making and Civil Society Organisation (CSO) responses, especially focusing on vulnerable groups. The results described a complex picture, where already vulnerable groups remain significantly disadvantaged across all domains and there is spiral of increasing inequalities. Being marginalised or disadvantaged makes individuals disproportionally vulnerable to further disadvantage and marginalisation. The findings suggested an interrelation between domains and intersections between inequalities. Changes in inequalities and gender relations in one domain, whether due to the pandemic itself or its policy and (civil) societal responses, were found to be interlinked with changes in other domains (Axelsson et al. 2021).

In this second cycle, the is placed on how attempts to mitigate inequalities resulting from, or brought to light by, the pandemic have been, or can be, included in a post-pandemic recovery. In light of a pre-covid situation - where inequalities were already a fundamental part of everyday lived experiences - the desired state of recovery is not to "recover back" to status quo. Rather, it is to understand the pandemic as a window of opportunity to mitigate the increased effects of the pandemic and, above all, to strive for a post-pandemic society where inequalities become a lesser problem. Useful in this respect is the concept of building back better, an approach to post-disaster recovery to reduce vulnerabilities to future disasters developed by the Global Facility for Disaster Reduction and Recovery (GFDRR). This concept emphasises building community resilience to address health, environmental, and economic shocks, and incorporates environment, governance, and gender as cross-cutting themes (GFDRR 2020). Building back better, as a concept, links recovery to addressing the underlying causes of vulnerability and marginalisation for building resilient systems, inclusive economies, and equitable societies. This concept is particularly important for analysing and understand better the findings of the RESISTIRÉ project.

Theoretical framing

The theoretical framing of this report is based on the RESISTIRÉ **gender+ and intersectional** approach, which highlights gender relations and gender inequalities, but always considers how these intersect with other complex inequalities (Verloo 2006, 2013). It is also framed by the notion of **unintended consequences**, making visible how some groups benefit, while others lose out; different policy responses have unequal and unintended consequences. These unequal and un-equalising unintended consequences and impacts can be analysed on individual, institutional and societal levels with the help of the concept of **resilience**, which enables an analysis of the variations in impacts and consequences in different contexts for different individuals. Resilience is defined as "the capacity of a system to absorb disturbance and reorganise while undergoing change to still retain essentially the same function, structure, identity, and feedbacks" (Forbes et al. 2009: 22041). Resilience thereby captures how a system manages to cope with a crisis, and how it may facilitate recovery after a traumatic period, what lessons that were learned, and the

willingness of system actors to take responsibility and control of development pathways (Chaskin 2008; Davoudi 2012). The effects on individuals and on individual behavioural and social and economic inequality of the pandemic and its policy responses can in this respect be seen as a "test" of the resilience of the existing gender equality institutions and mechanisms in a given geo-political context. Finally, the concept of **better stories** is used understand the inspiring practices, the better ways of responding to the pandemic (Georgis 2013).

Resilience draws attention to what worked and why, and what did not work, in terms of equality aspects were considered by policymakers and civil society actors. It draws attention to: the ways in which equality perspectives were incorporated and when these were lacking; which new innovative mechanisms were introduced, by whom and what can be learned from actions (not) taken, and what indicates potential ways forward. Resilience is used as a dynamic concept evoking different questions and issues between the first cycle and the second cycle. In the first cycle:

- **resilience** was used to highlight how well different societal equality mechanisms have coped with the pandemic, and why, identifying potential institutional differences that can explain variations in how resilient societies, communities, inequality groups and individuals have been. The report discussed whether there were specific factors related to COVID-19, conceptualised as a crisis and contrasted with other crises, such as the previous global economic crisis, the subsequent democratic crisis and the solidarity/migration crisis. It described ways in which the framing of COVID-19 as a problem had significant impact on how policies were designed, by whom and for whom and how they were implemented and consequently also on the effects (Bacchi 2009; Axelsson et al. 2021).

- In focusing on post-pandemic recovery in this second cycle, the focus remains on understanding factors impacting on the resilience of societies, communities and inequality groups and individuals and how that affects the possibility for recovery in a transformational sense. In line with the "**building back better**" approach this means emphasising the need to improve resilience to not only learn from and improve the ability to meet future crises but rather to highlight the interconnectedness inherent in that in doing so require us to address the structural causes behind gender inequality. In building back better this has been suggested to include mitigating gender-specific vulnerabilities through targeted support in the provision of health, welfare, education, and other forms of services to meet the differing needs of the most vulnerable, and using recovery as an opportunity to address biased social norms, and change discriminatory laws and policies; and finally, to creating care-sensitive economies and gender-inclusive governance systems (Nazneen & Araujo 2021).

- The report highlights **enablers/obstacles**, that is, factors that enable or hiner the possibility of a post-pandemic recovery in line with the approach of building back

better. In some instances, the report refers to obstacles/problems/challenges as 'hindering factors' and 'enabling factors' and 'facilitating factors' are used interchangeably.

We have paid special attention to four domains, which stood out as important in the first cycle: gender-based violence, care, work and education. This does not, however, mean that we do not consider the other domains in the analysis of the results, rather we see them as interconnected (which was also one of the conclusions from the first cycle). We have also looked particularly to those inequalities that were less visible in the first cycle, namely LGBTQI, age and migrant status, and have included all genders in the entire empirical data collection of the second cycle.

Closely related to a transformational understanding of recovery and resilience is understanding how transformation can be achieved, which is the focus in the second cycle. We have done this through investigating what the interviewed experts and participating professionals in the workshops consider to be promising practices, using the concept of "**better stories"** as a tool to discuss what and why something is understood as a practice contributing to change in the responses to the pandemic. As feminist scholar Dina Georgis (2013) argues in her book *The Better Story,* "there is always a better story than the better story." In RESISTIRÉ, we explore the possibilities for co-creating "better stories" of responding to the pandemic, asking questions such as: What have been some inspiring practices, initiatives, policies of responding to this crisis that we all share, but are not equally affected by? How can a gender+ perspective help us explore, make visible and co-create more egalitarian, more inclusive policies, initiatives and practices?

The report is structured as follows: methodology, including methods and materials; results by material and domain; a cross material discussion and conclusions, underpinned by pertinent theoretical frameworks and concepts.

Methodology

This chapter describes the overall methodological approach, including theoretical framing, methods and materials, and the relation between these, and the analysis based on the conceptual framework. The data collection relies on consortium partners and a network of national researchers in 31 countries.

The data collection method is bottom-up: the materials have been gathered from inequality experts in civil society, public authorities, academia, and from individual people across Europe sharing their professional knowledge and personal life experiences during the first year of COVID-19. The data cover 31 countries: the EU27, Iceland, Serbia, Turkey, and the UK, and were gathered via in three different steps, using different techniques, each step guided by the previous step, hence also feeding into the subsequent set. The first step/set of data was collected pan-European workshops with inequality experts from civil society organisations and elsewhere, with the primary aim to cast a wide net to identify the most salient inequalities and problems during COVID-19, including those experienced by marginalised groups, vulnerable groups, and other hard to reach groups. These workshops were facilitated by three Consortium partners. The second step/set of qualitative data was included interviews with experts in public authorities about the political and societal responses to COVID-19 and their impact on the target groups. The third set/step brought together 306 individual narrative interviews with individuals? throughout Europe in order to collect data on lived/direct and observed/indirect experiences of the impact of the outbreak and its policy responses, i.e., impact as lived, first-hand experience, and impact as observed, second-hand experience. All three data collection processes have been guided by the framework of policy domains drawn from the EC Gender Equality Strategy 2020-2025 (EC 2020) and the Beijing Declaration and Platform for Action (UN Women 1995) domains, both central to the RESISTIRÉ project (see Table 1). The policy domain of gender stereotypes, included in the EC Gender Equality Strategy, is considered in this report as a general, cross-cutting domain, relevant to all other domains and contributing to producing or increasing their impacts in terms of inequalities.

Table 1: Definitions of key domains in the report and RESISTIRÉ second cycle

Gender care gap	"Thriving at work while managing care responsibilities at home is a challenge, especially for women. Women often align their decision to work and how to work with their caring responsibilities and with whether and how these duties are shared with a partner. This is a particular challenge for single parents, most of whom are women, and for people living in remote rural areas for whom support solutions are often lacking. Women also carry a disproportionate burden of unpaid work, which constitutes a significant share of economic activity. Some emerging issues: "Sharing of care responsibilities at home is crucial", "Insufficient access to quality and affordable care services is one of the drivers of gender inequality in the labour market" (EC 2020, p.11).
Gender-based violence	"Violence that is directed against women [or transgender persons] because they are women, or that affects women disproportionally". Examples include "sexual harassment (also online), abuse of women, female genital mutilation (FGM), forced abortion and forced

	sterilisation, early and forced marriage, so-called 'honour-related violence', trafficking in human beings" (EC 2020: 3).
Work/ labour market	Many women still experience barriers to joining and remaining in the labour market. Connected topics: "Improving the work-life balance of workers is one of the ways of addressing the gender gaps in the labour market." [...] "Mainstreaming gender in public administration, state budgeting and financial management." [...] "Social and economic policies, taxation and social protection systems should not perpetuate structural gender inequalities based on traditional gender roles in the realm of work" (EC 2020: 8).
Human and fundamental rights	Severe socially restraining measures raise profound concerns about compliance with fundamental rights, e.g., non-discrimination; dignity; justice and equality; work and education; access to health; privacy and data protection, access to digital technologies. Within RESISTIRÉ, the second cycle and this report considers education

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

The report also draws on an interactive feminist approach (Callerstig & Lindholm 2011), entailing a process where the informants are invited to contribute both their knowledge and lived experiences including how to interpret and understand those experiences. The feminist interactive approach thus places the collaboration with informants and practitioners at the centre, where their tacit practical knowledge of the studied issues is key. The collaboration between researchers and practitioners brings together different and complementary knowledge. Practitioners contribute towards a complex, practical, and contextual understanding, whereas researchers provide more theoretical and abstract insights. The idea is that, while practitioners work to "solve" the problem practically, the researchers strive to gain new knowledge in order to develop theories and abstract models.

In RESISTIRÉ, interactive interaction with practitioners is an important part of the methodology, the workshops being one example. The narrative approach chosen is also

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

Interviews with inequality experts

As a first step towards exploring the four prioritised domains in greater depth compared to the first cycle, and in the context of the post-pandemic recovery, interviews were conducted with inequality experts in public authorities identified by the consortium partners based on their expertise, research, and civil society (see Table 2). The aim of the expert interviews was to collect the experts' views on the most salient behavioural, economic and social inequalities resulting from policy responses to COVID-19, with particular attention to Recovery and Resilience Plans (RRP) in their field of expertise. An additional aim was to explore alternative (better) policy responses to redress such inequalities. In addition, the interviews were used to gather suggestions for potential participants for the pan-European workshops. Eight RESISTIRÉ partners were involved in the data collection, conducting three interviews each, resulting in six interviews per domain and 24 in total. The interviews followed a semi-structured interview guide adapted to the domain. One interview was conducted face-to-face, the remainder were conducted via online video calls. All interviews were recorded. Once the data collection was completed, the interviewer summarised the results using the provided template. The interview reports were then analysed and synthesised into four reports (by TU Dublin), and focused on three overarching questions:

Which inequality grounds are addressed in the interviews?

Which obstacles for a fairer recovery (towards resilience and social justice) are emphasised by the interviewees?

Which enablers for a fairer recovery (towards resilience and social justice) are emphasised by the interviewees?

When these domain reports are presented in the results section of this report, the inequality grounds addressed have been integrated under the headings 'obstacles' and 'enablers'.

Table 2: Expert interviews by domain, organisation, country and partner conducting the interviews

Domain	Participants organisation/authority and country	Partner/Time
Gender-based violence	• A member of a Parliamentary Committee on GBV (Italy). • Representatives from two Institutes for Equality (Spain and Belgium). • A municipal-level gender equality expert (Turkey). • A representative from an NGO supporting victims of GBV (Latvia). • An expert on GBV from a pan-European women's organisation.	SU, DEUSTO Dec 2021-Jan 2022
Education	• A representative from a Greek NGO working in the field of disability in education. • A French official at the Ministry of National Education, Youth and Sport. • An official at the Ministry of Education, Youth and Sports in the Czech Republic. • An advisor on education from the Finnish Ministry of Education and Culture. • A representative from an employers' organisation that advocates for local government in Sweden. • In Iceland, three experts participated in the interview: one was the gender equality officer and two were advisors on education at the Ministry of education and Culture.	ORU, K&I Dec 2021-Jan 2022
Work and labour market	• A Greek gender expert in a governmental department knowledgeable in gender-based violence and work. • A head of social policy in an Irish business representative and lobbying group with expertise in diversity issues • An Irish representative who worked as an equality and international officer in a trade union centre.	TUD, OBU Dec 2021-Jan 2022

	• One UK expert representing a women's policy group in Northern Ireland. • A second UK representative worked for a trade union as a women's equality policy officer in the equalities team. • A third UK expert was a researcher knowledgeable in, for example, mentoring and girlhood.	
Gender care gap	• One expert, a researcher knowledgeable in integration and migration, was situated in the Czech Republic but who spoke from a broader Central and Eastern European (CEE) perspective. • One Belgian expert was responsible for the topic of care within an equality body and national human rights institution. • A second Belgian expert was a gender and policy secretary for an anti-poverty network. • A third Belgian expert was a director of the social actor division within an CSO focused on health and health prevention. • A Czech expert who was a chairperson within an association supporting medical staff with a migrant background. • An expert in Hungary who was a researcher with an expertise in international migration.	YW, ISAS Dec 2021-Jan 2022

Pan-European workshops with inequality experts

The domains explored via the expert workshops included gender-based violence, education, and work and labour market (see Živković et al. 2021; Kerremans et al. 2021). In January 2022, three online pan-European workshops were organised using a combination of Zoom and Miro, focusing on the selected domains. The participants were recruited based on their expertise in the selected domains and based on in which country they were active – aiming for diversity. The recruitment relied on the consortium partners' existing networks, snowballing, online searches, and the recommendations provided by the expert interviewees.

The aims of the workshops were to investigate with the participants behavioural, economic, and social inequalities resulting from covid policy responses and in particular recovery policy responses in each of the policy domain. As with the expert interviews an additional aim was also to collect information and discuss the better stories of recovery policies and civil society responses.

Each workshop lasted three hours and was led by a facilitator from the consortium and supported by co-facilitators and technical support, also from the consortium. The language

was English. The number of workshop participants ranged from 12 to 14. The participants were experts in their respective domains and included public officials, researchers and NGOs representing various interest groups (see Table 3 below). They were recruited with the help of the consortium partners using their expertise and existing networks. The RESISTIRÉ database of experts from the first cycle was also drawn upon.

All workshops followed the same structure and consisted of four parts: 1) introduction (including obtaining consent to record the workshop); 2) better stories of recovery policies; 3) missing and possible recovery responses; and 4) conclusions. In the first part of the workshop, the participants were asked to provide 'better stories' from their own organisations or communities. In the second part of the workshop, the participants were asked to provide better stories of recovery/resilience plans, as well as better stories of policy/strategies at the EU, national and local level respectively. In the third part of the workshop, participants were divided into smaller groups or 'break-out rooms' to discuss who/what is missing from recovery policies and in the final part, the workshop was concluded by asking the participants for their recommendations to the RESISTIRÉ group.

The initial analysis was done by the partner who facilitated the workshop, following a reporting template co-created by the partners in RESISTIRÉ. The reports followed the same structure as the workshops, focusing on better stories as well as missing and possible recovery responses. They also included a section on which inequality grounds were discussed at the workshop and a section of project-specific contributions (i.e., contributions to the Open Studios, policy recommendations and the research agenda). These reports were then adapted to fit the purpose of this report by ORU.

Table 3: Workshop participants and data collecting partner

Domain	Participants	Partner/Time
Gender-based violence	Twelve external participants and eight internal participants (including facilitators, technical support and observers). • The external workshop participants included: • a representative from a non-governmental umbrella organisation that advocates for human rights and equality for LGBTI+ people at European level • a Policy and Campaigns Officer from a European umbrella organisation for women's associations, a scientific collaborator who has conducted research on the missed opportunities to address gender-based violence in the health sector (Switzerland) • an NGO representative advocating for LGBTQI+ rights (Turkey), two psychologists with experience of both counselling victims of abuse and working with perpetrators	Sabanci University January 2022

	(Germany and Serbia)	
	• a lawyer and feminist activist who has worked extensively on the Istanbul Convention (Turkey)	
	• an associate professor of international law (Italy), and	
	• representatives from various women's rights associations working against gender-based violence (Hungary, Latvia, Ireland, and the Netherlands).	
Human fundamental rights: Education	• 14 external participants and six internal participants (including facilitators, technical support and observers). • The external workshop participants represented: • a global organisation for teachers' unions, • a federation of student unions (Sweden), • a CSO advocating for policy that improves education opportunities (Spain), an education reform initiative (Turkey), • a helpline for children (Finland), a CSO promoting the concept of inclusive education (Czech Republic), • a CSO offering free tutoring for pupils at risk of school dropout (Sweden), • a CSO advocating for children's rights (Spain), • a public official whose field of expertise was intercultural education and youth work (Iceland), • a children's rights organisation (Ireland), • a national evaluation centre (Finland), • a university (UK), • an interest group for schools (Ireland), and • a network for migrant women (Greece).	Örebro University January 2022
Work and labour market	Twelve external participants, seven internal participants (including facilitators, technical support and observers). The external participants represented a wide range of NGOs with expertise on EU-level as well as from countries such as Belgium, Finland, Ireland, Italy, Sweden, Turkey, UK and Ukraine. Most of their work was based in civil society or non-profit organisations dealing with inequalities in the workplace in relation to COVID-19	TU Dublin January 2022

Narrative interviews

Recruitment and data collection

The aim of the narrative interviews was to voice to individual experiences of behavioural, economic, and social inequalities from already vulnerable groups collected in EU27, and Iceland, Serbia, Turkey and the UK. The interviews were conducted and reported by 30 national researchers (NRs) in the EU27 (excluding Malta), and Iceland, Serbia, Turkey, and the UK. In some cases, one interview could generate multiple narratives (e.g., concerning different domains) and for that reason the NRs were instructed to collect ten narratives from no less than eight individuals. The NRs were recruited via the extensive network of professional connections among members of the consortium. Most of them are researchers and experts in social sciences with a focus on gender and inequalities. This data collection was coordinated by Knowledge and Innovation (K&I) and based on sets of guidelines and reporting templates, co-developed by the partners.

In line with the aim of narrative collection in the second cycle – that is to deepen the understanding of the impact of COVID-19 with a focus on four selected domains: care, education, gender-based violence, and work in the context of recovery – the NRs were asked to recruit participants in a strategic and targeted way (Campbell et al. 2020). The sampling and recruitment of informants was strategic to ensure the inclusion of voices that were lacking in the first cycle: young persons (15–29 years); LGBTQI+ people; migrants; refugees; 65+ persons; and victims/survivors or bystanders of gender-based violence. The NRs were also asked to consider the four prioritised domains when recruiting. Care was given a broad definition in the guidelines to the NRs that included aspects of care such as the care gap, self-care and well-being, holistic care and ecosystems of care. Education was also understood broadly and could include individuals' experiences of education in various settings and educational systems (from preschool services to higher education, online/offline settings, the state/local authorities/companies/NGOs). Gender-based violence and work follow the definitions used in the first cycle, and the EC Gender Equality Strategy 2020-2025.

The purpose of the narrative interviews was to include the direct voices of groups made vulnerable and marginalised (Campbell et al. 2020) in the selected domains. However, they were not limited to these, meaning that reasoning that did not refer to the chosen domains have been included in the narratives constructed from the interviews. In this second cycle, NRs used their existing networks to recruit women, men, and non-binary persons. Informed consent was obtained from all participants, following the procedure required by the European Commission (EC) or, if applicable, as required by national regulations. An example of participant information sheet and consent form was provided, and NRs adapted to national regulations if needed. Once the participants had received and understood all relevant information about the project and their participation in it, including their right to withdraw their consent at any stage, the consent form was either signed or given verbally and recorded.

The interview started with a general background question followed by the following open, 'grand', question: Many persons have been affected by the COVID-19 situation in different ways. Can you describe to me how you have been affected by COVID-19 and what this has meant for your situation? The goal of the interviews was for the narrators to remain the central actors throughout, and the interviewers were to take on the role of an 'active listener'. The second cycle of collecting narratives applied the same narrative inquiry technique as the first cycle, but the NRs were asked to consider posing additional probing questions to focus attention on the four selected domains: care, education, gender-based violence, and work. This was recommended since informants may have experiences relating to several domains. Interviewers could occasionally ask clarifying questions but had to be careful not to interfere too much with the story being told to them. New for the second cycle was also a question about whether the participant was vaccinated or not. NRs could use their personal judgement to determine how and when this question should be asked. Finally, to verify that the NRs had understood the narrators correctly, the interviewers ended the interviews by retelling the story back to narrators, giving them a chance to correct any misunderstandings.

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

Analysis of the narrative material

The first step of the analysis process involved a careful reading of all narratives while taking initial notes on themes relating to the overall research aims and theoretical framing of RESISTIRÉ and the second cycle research questions. As the narrative material is rich and diverse, and to keep focused on the task at hand, a deductively derived structure was used. Hence, all 306 narratives were compiled in an Excel database which was imported into NVivo. Using the attribute function in NVivo to select narratives relevant to a specific domain the narratives were read again, one domain at a time. After this initial sorting process, a more inductively inspired process ensued. This process was guided by several principles. Firstly, we had an interest in pointing out obstacles (various problems complicating

everyday life during the pandemic) and enablers (various ways of resisting, managing, and coping with these problems). Secondly, we wanted to give voice to the various groups made vulnerable during the pandemic, which is why some of results sections are structed by how the narrators are positioned in relation to the investigated domain (for example learners, parents, and teachers in the Education domain). Thirdly, for each domain, specific attention was paid to the salience of different inequality grounds. Although the analysis was mainly descriptive, there was an ambition to identify and make visible which forms of intersecting inequalities present in each domain.

Overall, the narratives give an extensive and multifaceted picture of the role of intersecting inequalities, care, education, gender-based violence, and work in individual lives during the COVID-19 pandemic. To illustrate this multitude of voices, the results section contains many 'quotes' from the narratives. Quotes shorter than 40 words are included in the main text, for longer quotes, block quotes are used. It is important to bear in mind that the quotes are rarely direct quotes from an individual, but rather a quote from an already processed and constructed narrative written by the NRs. Also, all names used in the results section are the pseudonyms given to the narrators by the NRs which is why the naming might appear inconsistent (e.g., some are given a letter rather than a name and some have been given quite colourful nicknames).

Overview of the narrative material

The number of narratives is equal to 306, while the number of respondents is 287 (216 women, 54 men, and 17 non-binary persons). The number of respondents from which two different narratives have been derived is nine. There are ten narratives per country, except for Austria (12), Croatia (11), Ireland (11), Italy (11), Lithuania (7), Luxembourg (12), Sweden (11), and Turkey (11) (see Table 4).

Table 4: Number of narratives per country (306 Narratives)

Country	Narratives	Country	Narratives
Austria	12	Italy	11
Belgium	10	Latvia	10
Bulgaria	10	Lithuania	7
Croatia	11	Luxembourg	12
Cyprus	10	Netherlands	10
Czech Republic	10	Poland	10

Denmark	10	Portugal	10
Estonia	10	Romania	10
Finland	10	Serbia	10
France	10	Slovenia	10
Germany	10	Slovakia	10
Greece	10	Spain	10
Hungary	10	Sweden	11
Iceland	10	Turkey	11
Ireland	11	United Kingdom	10

In terms of age, the largest age group is the 30-45 age group, with nearly twice as many individuals as the other three age groups (see Table 5.1). Most informants are women (see Table 5.2).

Table 5: Demography: sex and age (287 Participants)

Table 5.1 Age groups

Groups	N.	%
15-29	67	23.4
30-45	102	35.5
46-64	56	19.5
65+	62	21.6
Total	**287**	**100.0**

Table 5.2. Sex

Sex	N.	%
Female	216	75.3

Male	54	18.8
Non-binary	17	5.9
Total	**287**	**100.0**

Table 6 below presents the inequality grounds that the NRs stated as the main reason for recruiting a specific person. Some NRs selected 'other' as their basis for recruitment, Table 6.1 specifies the inequality grounds contained in this 'other' category.

Table 6. Inequality ground (basis recruitment)

	N.
Sex and/or gender	197
Social class/socioeconomic background	112
Age	121
Disability	36
Nationality	58
Ethnicity	39
Religion/belief	14
Sexual orientation	38
Gender Identity	24
Other*	62

* "Other": see Table 6.1

Table 6.1. "Other" inequality ground

	N.
Migrant/Refugees*	15
Working conditions	14
Mental and physical wellbeing	13

GBV victim/by-stander	8
Family background	6
Urban-rural divide	3
Not specified	3
Total	**62**

* 10 out of 15 have also ticked "nationality", while 5 did not

Table 7 below presents the inequality grounds that emerged in the narrative interviews. While there is considerable overlap with the basis for recruitment (see Table 6), there are some differences. For example, some individuals who were recruited based on their sex/gender or their ethnicity did not address these inequality grounds in the subsequent interviews. Social class and disability, on the other hand, were more prominent inequality grounds in the interviews than in the recruitment phase.

Table 7. Inequality grounds as emerged from the narratives

	N.
Sex and/or gender	170
Social class/socioeconomic background	132
Age	123
Disability	50
Nationality	59
Ethnicity	28
Religion/belief	12
Sexual orientation	34
Gender Identity	26
Other*	55

* "Other": see Table 7.1

7.1. "Other" inequality grounds

	N.
Mental and physical wellbeing	14
Migrant/refugee condition*	11
Vaccination status	7
Working condition	7
Family background	4
Urban-rural divide	3
Homeless status	2
Illiteracy	1
Not specified	6
Total	**55**

* 6 out of 11 have also ticked "nationality", while 5 did not

Results

This chapter presents the results for each type of data collection, starting with the results from the expert interviews, followed by the results from the workshops and finally, the results from the narrative interviews. Each section is subdivided into domains. Gender-based violence, education, and work and labour market is included in all, the expert and narrative interviews also contain a subsection on care. The chapter is mainly descriptive, aiming to capture overall tendencies as well as concrete examples related to various aspects of recovery in the material.

Expert interviews on violence, education, care, and work

This section presents the results from the expert interviews which, in turn, examine the following four domains: gender-based violence, education, work, and care. Each domain summarises obstacles and enablers for a fairer recovery as they were described by the interviewed experts. The section concludes with summary of the results in all four domains (see Table 8).

Gender-based violence

The expert interviews in the gender-based violence domain covered both depictions of the detrimental effects responses to the COVID-19 pandemic have had on the lives of victims/survivors of gender-based violence, and the obstacles faced by those supporting victims/survivors and working to end gender-based violence. If left unaddressed, these issues will hamper efforts to end the violence and act as obstacles for a fairer recovery. The interviewees also suggested some possible enablers for a fairer recovery, both in terms positive examples from their own experiences during the pandemic and in terms of recommendations for future responses.

Obstacles for a fairer recovery in the gender-based violence domain

Lack of funding as a possible obstacle to fair recovery was mentioned by several of the GBV experts. As one of the experts with general insights on European polices within the field (here after called European-level expert) explained, increased funding is of key importance in the fight against GBV, and crisis resilience funds should be made available for women's organisations. The Belgian expert highlighted that while there was an increase in the budget during the pandemic, there is a danger that this will be decreased in the coming years. The Spanish expert warned that the economic crisis could hinder recovery and have a negative impact on responses to GBV.

The absence of national and municipal 'crisis management plans' is a major obstacle to intervention and equality measures, according to the Turkish expert, who explained that there is a need for a more flexible economy which responds to the emerging needs of a crisis situation (like COVID-19 pandemic) and that there should be a pool of resources and

specific plans mobilised during a crisis. The lack of crisis management, in the context of many disasters faced by the country (e.g., wildfires, earthquakes, flooding) was described by the interviewee as 'intriguing'.

Another obstacle brought up by the European expert was that **women's shelters are not regarded as 'essential services'** in every country, which raises the question whether the Recovery and Resilience Plan (RRP) funds will be distributed to these shelters. This issue was also raised by the Latvian expert, who pointed out that women's shelters were initially not recognized as essential services in Latvia and were thus being shut down. The Turkish expert said that the decrease in the capacity of women's shelters run by the national Ministry, along with the increase in bureaucratic procedures of official reporting of violence, had discouraged women from filling out complaints and seeking restriction orders. As explained by this expert, the decrease in mobility due to the lockdowns and other pandemic measures prevented women from seeking support and resulted in women relying more on phone hotlines.

The Italian expert mentioned that empty streets (as a consequence of the lockdown) made women more vulnerable to violence, as well as other **negative effects of lockdowns**:

> *We registered an increase of reported crimes once the lockdown was lifted. This means that the crimes were perpetrated during the lockdown (e.g., domestic violence), but we could register them only later on, when women could go outside their homes and report them. During the lockdown, they suffered in silence, for fear of escalation and because they did not know where to go if they left their home to escape.*

Similar views regarding the extreme difficulty for victims to reach out for help during lockdowns was expressed by the European-level expert. As the interviewee explained, there was an increase in violence but not in reporting. Thus, there was a need for better policies which would enable reporting without the perpetrator knowing, and for better information-sharing with people who are looking for this kind of help. The expert representing the Parliamentary Committee in Italy differentiated between the lockdown situation and the post-lockdown environment. During the lockdown, they had focused on collecting data and providing recommendations to public stakeholders in order to mitigate the effects of lockdown measures on GBV (e.g., it urged the ministry of internal affairs to make new locations available for shelters, asked the ministry for equal opportunities to allocate more resources to support services, etc.). After the lockdown was lifted, the Committee realised that the situation had changed as **many women had lost their jobs. The lack of economic resources as well as the lack of independence made these women more vulnerable to violence**. Women with no economic independence tend to suffer in silence, as they are afraid of not finding alternative solutions. Moreover, the lack of economic independence can amplify unequal power relationships. The Turkish interviewee also mentioned that **unequal access to digital tools**, with many women not having smart phones or internet mobile plans, exacerbated existing vulnerabilities to GBV.

The **rise in online and digital violence**, expressing concern about the **lack of sufficient mechanisms or tools to deal with it**, was discussed by the European-level expert. As the expert pointed out, 'the Istanbul Convention is now over 10 years old and online violence has become more prevalent in these 10 years'. Therefore, the Convention needs to be updated to address this problem more effectively. The expert also noted that a comprehensive EU Directive on GBV is expected to be released in March, which will include measures to address online violence more effectively.

Other issues around the **Istanbul Convention** were also raised by some of the experts. According to the expert based in Turkey, the Istanbul Convention was as "an assurance, a guarantee against gender-based violence" and the withdrawal from the Convention was a major factor that increased the risk of GBV. It had made it more difficult to get support from the police, the courts, and other public authorities. It also made it harder for civil society organisations and municipalities to provide women with support in criminal and legal processes. This resulted in a significant decrease in reporting, as women lost their faith in the possibility of being supported through the official channels. The EU-level expert not only labelled Turkey's withdrawal as "shocking" but also expressed concern about some countries in the EU "threatening not to sign or to pull out". The Latvian expert pointed out that the Convention has not been ratified in her country as it is claimed to be "against the constitution", even though the Constitutional Court has already ruled otherwise. This expert also pointed out that while the Istanbul Convention is clear and comprehensive, it is also not explicit in relation to pornography and prostitution.

The need for better communication and dissemination of information on support and equality services at the local level, was noted by the Turkish expert. Similarly, the expert from the European-level organization said that there is a need to train police officers and judges in handling the GBV cases. This expert also emphasized **the need for appropriate education** (including sex education in schools) that challenges stereotypes in media, as schools are important for the prevention of gender-based violence. On the related topic, the Spanish expert discussed the detrimental impact of the far-right presence in the national and regional parliaments in Spain. Attempts to ban all educational activities related to GBV in schools were mentioned, as were policies or measures which imply the reduction of resources for GBV.

The danger of "emptying" GBV-related expressions, or of talking "lightly" about these issues, was discussed by the expert from Spain who noted that the phrase "GBV has increased" could become empty if it was not properly defined. She stressed the need to show what is really behind the expression "GBV has increased" by giving concrete examples, such as: a woman who is left without food for days, two separate shopping lists in the household (one for the aggressor and one for the victim, the latter smaller and of less quality); a women locked in a room, or the aggressor locking himself in a room with a child.

The European-level expert identified **lack of data on GBV** as an issue which was confirmed by national experts. The Belgian expert pointed out that there is no official data on femicide

in Belgium. The Spanish expert highlighted the lack of data on disability and GBV. Older women were described as another 'forgotten group'. The Turkish expert explained that there is a discrepancy between the statements of the Ministry for Family Affairs, claiming there was no increase in GBV during the pandemic, and the increasing number of women seeking support from the municipality.

The lack of a gender mainstreaming approach to policymaking, as well as **the lack of policies targeting specifically GBV** was brought up in a few interviews. The expert from the European-level organisation mentioned that while the Recovery and Resilience Fund from the EU has some gender-mainstreaming in it, it is not sufficient. The Italian informant stated that the Italian NRRP contains measures that encourage the improvement of women's employment, through clauses that favour female and youth's employment, as well as through the investment in childcare facilities and other services. Yet, according to this expert, these NRRP measures only provide an indirect response to gender-based violence, by influencing areas where inequality occurs (e.g., employment). The informant said that she would have liked to see some specific measures on gender-based violence. The expert in Latvia pointed out that the gender perspective is currently not included in the Latvian NRRP. This expert also mentioned that the 'gender equality action plan' in Latvia does not specify the ways to address GBV and that there are **no specific policies in place to protect the rights of the LGBTIQ+.**

Finally, two experts described **the lack of an intersectional approach** in addressing GBV as an obstacle. The Italian informant representing a Parliamentary Committee pointed out that there was still cultural (and political) resistance to addressing gender-based violence effectively. Available services, according to this expert, were standardized and did not take into account intersectional dimensions, despite increasing awareness of the need to include women with disabilities, migrant women, and others facing 'multiple discrimination'. Regarding migrant women, women seeking asylum, refugees and victims of trafficking, the Parliamentary Committee had proposed several measures to facilitate access to support services, but the informant added that good practices and law reform are needed. This is not foreseen in the national recovery plan, which focuses more on infrastructure and projects. The Belgian expert argued that while intersectionality is mentioned in policies related to GBV, there are few concrete measures in place. One exception mentioned was that some effort is undertaken to ensure that migrant people in Belgium are aware of their rights. An example of this is a brochure directed to migrant people who are victims of GBV, which clarifies that in case of reporting GBV they will not lose their residence/migration status. Migrant women, along with women from minority ethnic backgrounds, were also noted as groups disproportionally affected in this domain by both the Latvian expert and the European-level expert.

Enablers for a fairer recovery in the gender-based violence domain

Coordination was discussed as an important enabler by the experts based in Spain and Belgium, both countries with strong regional features that made coordination a necessity

during the pandemic. In Spain, new coordination tools and channels were created (e.g., 'telegram groups' of different regional representatives) which increased the possibility of working with networks and exchanging good and bad practices. As 'everything that has an impact on equality has an impact on GBV', the Spanish expert also saw a need to work across different areas and to have cross-cutting public policies, emphasising the importance of working with the media, as well as the education department, urbanism department, culture department, and with tax revenue office. According to the Belgian expert, the need to work across different sectors was particularly relevant in the multi-level structure of Belgium, with many different instances of government.

Both the Spanish and the Belgian expert also emphasised the **fundamental role of CSOs and the importance of funding them.** The Spanish expert highlighted their important role in providing support to victims of GBV, as well as their role in influencing governments and public institutions. The Belgian expert saw a need **to create spaces for ongoing communication between policy makers, the government, and CSOs**, adding that a specific budget is now allocated to the coordination with CSOs and that this was a result of the Istanbul Convention recommendations. According to the Turkish expert, close collaboration between women's organisations/civil society and the municipalities was key to equality work and to reaching the most vulnerable. This expert explained that the women's movement had been much better organised compared to public authorities and municipalities and during pandemic, online networking among women's organisations had made them even more efficient in terms of providing support to women across the country.

The Italian expert explained how their Parliamentary Committee works closely with women's organisations, shelters, and other associations on the ground. This synergy informs their analysis and their reports, as well as the measures that the Committee suggested to the government during the COVID-19 pandemic. The expert representing the European-level organisation also mentioned the importance of **collaboration between different CSOs**.

While the lack of intersectionality was mentioned as an obstacle by several informants, both the Spanish and European-level experts discussed **intersectionality as an enabler**. The Spanish interviewee, who represented a regional institute that promotes equal opportunities, highlighted that the Spanish government had made an effort to apply an intersectional lens in the design of all policies. This expert also emphasised that her institution engages with intersectionality in all the actions and materials they carry out. For example, all their material were "Easy to Read", to ensure that these were accessible to people with disability, older people, migrant people, and others. The Spanish expert also emphasised that their organisation is making efforts to avoid stereotyped images of women and to consider diversity by including, for example, older women, women with stretch marks, black women, Roma women and members of the LGTBI+ group. This expert also mentioned weight (fatphobia) and aesthetic violence as types of violence which rocketed during the lockdown, something that their organisation had taken into account in their work.

The need for intersectionality was also mentioned by the expert representing a European organisation, who emphasised the need for a directive which is holistic and intersectional.

Several experts argued that the pandemic has **increased awareness of GBV-related issues.** The expert from Italy noted that some measures not applied before the pandemic became widely known during the crisis because the commission urged the Superior Council of the Judiciary to encourage their application. This includes, for example, the removal of the perpetrator from the house instead of the victim. In Italy, awareness of the important role of anti-violence centres, as well as their difficulties in ensuring support, had also increased. The expert in Latvia argued that prior to the pandemic it was difficult to get support from the private sector, but due to increased awareness of the existence and the significance of domestic violence, this was no longer the case. A media campaign run during the pandemic by a major media outlet, asking people to contribute with their stories of violence increased awareness and resulted in a fundraising campaign, which collected over 400 thousand Euros for women's organisations dealing with GBV. It also resulted in parliamentary debates, and there are now meetings with different stakeholders held in the parliament to discuss policies and actions regarding GBV. The Latvian expert also noted the existence of a strong support network in the Latvian parliament for issues raised by feminist women's organisations. She described the changes taking place in Latvia in 2021 as follows:

> *It feels like spring flowers breaking through the ice. For a long time, we were growing under the ice, and now we are breaking through. For the first time in our 22 year history, we are not worried about funding at the end of the year. Significant donations are coming from companies.*

The issue of awareness was also discussed by the Spanish expert, who reflected on how the fight against GBV is something that is long term, not something that can be stopped immediately. As this expert argued, GBV is a structural problem, a social problem, and is a public, not a private, matter. For this reason, the expert argued it is everyone's responsibility, and all areas of action should be involved. The fact that its existence is acknowledged and is in the public debate is therefore important. The expert argued that this was not the case some years ago.

Finally, a number of possible 'better ways forward' were proposed. **Inclusive communication representing all women**, using tools which enable reaching as many women as possible, was listed as an important enabler by the Spanish expert. As she explained, there is a danger that the resources (guidelines, emergency numbers, campaigns etc.) remain within "our area of comfort" and do not reach all women. The expert based in Belgium highlighted the importance of ensuring that the victims are heard and that resources are provided to them. As this expert said, 'there is nothing worse for a GBV victim than to report and find a wall'. The informant noted that many efforts were undertaken to ensure that accommodation hostels as well as resources for courts and other services remained open during the pandemic. The Italian expert also discussed these issues and suggested some 'better ways forward', which included: **investing in specialised training**

of all stakeholders involved (possibly mandatory), **creating dedicated sessions and structures** specialised in violence across sectors (courts, prosecutor's office, hospitals, schools, communication) and **a specialised university curriculum**. Moreover, this expert suggested **awareness raising campaigns** as initiatives that should challenge prejudices and stereotypes (about both men and women) , in order to ensure an adequate understanding of the phenomenon of violence at the social and political level. The Italian expert also noted that women's organisations and anti-violence centres should take up a more prominent role in this sense, besides supporting victims. They should engage even more in training relevant stakeholders (e.g., police officers), and in prevention activities.

Education

The expert interviewees in the education domain centred around how COVID-19 responses, school closures and remote education in particular, has led to deepened inequalities in education. Several of the experts found it difficult to speak of recovery as they regarded the pandemic as an ongoing crisis, but they did suggest a number of possible enablers for a fairer recovery. Some of these suggestions were based on efforts made in their respective countries to limit the unequal effects of the pandemic. Others were framed more as possible areas of improvement.

Obstacles for a fairer recovery in education

One of the experts in Iceland noted that **it will take a long time to assess the effects of the pandemic on inequality**. As this expert emphasised, there were funds put into the education currently, but there would be an inevitable backlash once the funds run out. This would be particularly problematic if there is a post-pandemic economic crash resulting in rising economic inequalities. Based on his experience from previous crises, rising inequality tended to also lead to a rise in prejudice. **The uncertainty about whether there will be sufficient funds for education** is likely to be a long term problem, according to the Finnish expert, since Finland, like many other countries, has an ageing population which may result in a shrinking tax base. One of the main future challenges, according the expert, will be to maintain the same high standard of education.

Gender was not adequately considered during the peak of COVID-19 crisis and was still not adequately considered during the current "recovery phase", according to the expert in the Czech Republic. Although each Ministry in the Czech Republic has a Gender Focal Point team, which coordinates the implementation of gender strategies, this expert (who is a member of such a team in the Ministry of Education) believed that they were not given sufficient attention:

> *I really think that in the Czech Republic the gender perspective is not considered when it comes to important policies, including those related to COVID-19. Gender Focal Point teams are a niche within the whole government. They are always put on*

the back burner. Gender is never a preference, it is always forgotten, not only in COVID-19 policies.

Gender was not discussed as a central inequality ground in education in the remainder of the interviews. According to the Islandic experts, there were no indications that the pandemic had a major impact in that area: girls tended to do better than boys in school, and this had not changed during the pandemic. One of the experts in Iceland noted that girls could be more 'forthcoming' online as the boys were less dominating there than in a classroom, and in that sense, they may have benefitted from online education. On the other hand, **closing schools may have negative effects on girls in other areas.** Experts in Iceland noted that surveys conducted during the pandemic showed that girls were more likely to suffer from anxiety and depression. One of the Icelandic experts also highlighted problems associated with social life moving online during the pandemic, for example online sexual harassment, as well as the negatives effects of pornography on young boys. An increase in domestic violence and abuse was brought up by experts in Iceland and the Czech Republic. The latter saw a clear **link between the school closures and GBV** as family routines suddenly changed and parents were under a lot of stress, which may have led to violence at home.

The **transition to online teaching was described as a challenge** in various ways. The Finnish expert stated that traditional classroom teaching could not be easily moved online and while individual schools had developed new models of teaching, there had been **no national guidelines on how online teaching is best conducted**. The immediate challenge, according to the Finnish expert, is how to ensure that those who have fallen behind due to online education get the support needed to get back to the level they were before the pandemic. Regarding *who* had fallen behind, she said that those that struggled in school before the pandemic are generally struggling even more now. She mentioned pupils of migrant background as a particularly vulnerable group, as did experts in France, Iceland and Sweden.

To the experts in Iceland, classroom teaching was usually preferable as online education is typically less rewarding for teachers and pupils. As one of the experts in Iceland put it: '[classroom] teaching is magic when everything falls into place. You have that human touch, you have the group, you have the interaction and everybody mirroring themselves in the other'. The Islandic experts also noted that **online education made it more difficult for teachers to spot pupils in need of an extra support**. The informant from Sweden noted that online education was particularly problematic for students attending vocational programmes. Their development of practical skills suffered greatly as opportunities for workplace-based learning were scarce during the pandemic. Although the informant did not put it in such terms, class is a relevant inequality ground in this respect: online teaching is better suited for the non-vocational programmes that are dominated by the middle class.

In relation to the **digital tools required for online education** experts had different opinions depending on the country. In Iceland, the informers did not consider access to these tools

as problematic whereas in the Czech Republic, access to devices had been an issue for some families where children only had a mobile phone for their online lessons. The expert from the Czech Republic also discussed the difference between the cities and the suburbs in terms of Internet connection, as well as regional differences in terms of coverage.

Both Islandic and Czech experts noted that **some pupils' home environments were not always conducive to online education**. The Czech expert stated that schools normally have an equalising effect that levels out some socioeconomic inequalities. When schools were closed, inequalities became more evident. She referred to her own personal experience as an example of class inequality. Despite a highly qualified job and a university degree, she was sometimes unable to help her child with his schoolwork. She added that she could imagine that parents with less education 'were really lost in their attempt to explain things to their children'.

Several experts highlighted the need to acknowledge that **schools are important arenas for young people's social and emotional life.** The Finnish expert brought up **young people's mental health** challenges as one of the obstacles to fair and equal recovery, if not addressed. According to the Czech expert, the pandemic deepened inequalities in relation to the emotional life of children, as the school plays a key role in supporting the most listless and struggling students. As the expert explained:

> *[During the school closure] they suddenly found themselves alone, with social isolation and a heavy responsibility on their small shoulders. This made them feel bad. Yet again, the way they could cope with the situation through their parents and in their homes was in fact different. The context could have helped or worsened their feelings. So again, a deepening of inequality, also on an emotional level.*

Not all described online teaching as solely an obstacle, however. The Swedish expert argued that the education system worked relatively well during the pandemic because it allowed for a greater degree of flexibility, depending on the school or on the type of students. This expert was concerned that **the return to stricter national guidelines will allow less flexibility** as the government perceived classroom as 'always better' than online teaching during 'normal' circumstances. The informant felt that this type of reasoning was against the idea of equal access to education for all students.

The French expert explained that it was **difficult to assess the impact on learning of new hybrid/online forms of teaching** and recommended a system of monitoring should be developed.

The impact of the pandemic on teachers was identified as an obstacle and several experts argued that ensuring the well-being and competence of teachers was an important part of a fairer recovery. According to the Finnish expert, a recent survey by a teachers' union showed that a substantial proportion of teachers considered changing jobs due to the increased burden placed on them throughout the pandemic. The issue of overworked staff was also identified as a potential obstacle by the expert based in Sweden. While this expert

mentioned teachers, he also discussed school healthcare services in more detail. According to this expert, the move online meant that they had to identify alternative ways of working during the pandemic (e.g., spotting pupils with difficulties). The covid vaccination of children added to their workload, as did a higher-than-average level of sick leave among healthcare staff in schools. The expert from the Czech Republic referred to difficulties faced by Roma families, who often live in areas far from the city centre and thus attend smaller schools. As many teachers were ill during the pandemic, smaller schools lacked staff to carry out their online programmes. As a result, many students in these areas were not offered the possibility to follow the lessons online. The expert based in France, on the other hand, noted that since the beginning of the current school year (September 2021) teachers had stopped asking for help. To this expert, this indicated that: 'they are more comfortable and manage their classes well [...] they feel supported, they can rely on proper resources to help their pupils in any situation'.

The lack of coordination between the government's agencies and government and CSOs was also raised by some of the experts as an obstacle. According to the Swedish expert, the lack of coordination between different government agencies made the pandemic more difficult for schools, particularly in relation to the contradictory advice on safety measures. The expert in Greece, drawing on her own experiences working for a CSO focusing on disability in education, mentioned the lack of continuity in the collaboration between CSOs and policy makers as an obstacle, as well as the lack of information on how CSO's contributions are implemented within government agencies. The expert in the Czech Republic made a more general point about ineffective collaboration, stating that the formal process through which the government consults CSOs does not work well. According to her, the relationship between the authorities and CSOs needs to be mended, after the phase of distrust between the CSOs and the previous Czech government.

The expert in Czech Republic also stated that 'the measures that were taken by **the government were not communicated effectively',** which had implications for children's well-being:

> People didn't understand what to do, there were a lot of measures and they changed very quickly. And, because they were not explained, a lot of people were confused about what to do, what not to do, how to behave, and the same was true for children. They are even younger, so they were very scared. I saw some statistics from the beginning of the pandemic: mental health was really bad when you talk about children and adults. People were scared.

Perhaps also indicating a communication problem, the Swedish expert noted that while preschools and primary schools stayed opened throughout the pandemic, children from a foreign background were less likely to attend preschool during the pandemic. This could potentially have a negative effect on these children's development of their Swedish language skills.

The Greek expert suggested that the main obstacles to a fairer recovery from the pandemic

remained unchanged and that they included 'ignorance and prejudice; two deeply rooted belief systems, which are not going to change overnight'. For example, policy makers often use term 'accessibility', but **there is an overall lack of understanding of what disability actually is**, what disabled students' experiences and needs are, and what solutions should be developed. According to this expert, the degree of inequality affecting people with disabilities has not increased during the COVID-19 crisis, but they are still isolated and invisible. The Icelandic and French experts also identified students with disabilities as a potentially vulnerable group. While the French expert suggested that support for families of these children was provided during the crisis, the Icelandic experts mentioned children with autism and their parents as a group that was left with little support during the lockdown.

Enablers for a fairer recovery in education

Several experts stated that **inequalities in education had been considered in both the responses to the pandemic and in recovery policies**. The Finnish expert claimed that inequality was central to their recovery responses and extra funding that schools could apply for had been allocated for the specific purpose of tackling the unequal effects of the pandemic. The informant was generally quite optimistic about the possibility of a fair recovery, and she considered the conditions for equality in Finland to be good. According to her, they have a well-functioning education system with national curriculums that emphasise equality and laws that demand it. A similar view was expressed by the Icelandic experts, who had an overall impression that inequality had been given a lot of attention in the pandemic. The new education policy (2021-2030) for Iceland was also mentioned. The focus of this policy is on equal opportunity and education for all, and the experts felt that this was partially inspired by the pandemic. According to the French expert, inequalities were taken into account when managing the COVID-19 emergency in French schools and she described the response as timely, participatory, inclusive and innovative: 'From the very beginning, it became clear what the main difficulties would be, in moving from presence to distance education'.

Effective communication was discussed as an enabler in some interviews. In Iceland, the small size of the country was in itself an enabler, according to the informants, since this allowed the Ministry of Education to have direct lines of communication with schools. During the pandemic, the Minister of Education held weekly meetings with schoolmasters and the members of the student body, which made it easier for schools to flag potential problems. The French expert also emphasised the importance of communication. She has regular meetings with the representatives from academies (each covering a jurisdiction equal to about one French region), which allows problems to be solved at an early stage. During the pandemic, they also created a pedagogical continuity unit and maintained a constant dialogue between the Ministry and this unit with the 'aim to answer questions from teachers, school directors, and sometimes parents'. According to the French expert, "this dialogue enabled them to identify their needs, to produce resources, and to transmit or clarify instructions".

Ways of **tackling mental health issues in a proactive way** were also mentioned by some experts. Discussing the mental health of students, the Icelandic experts stated that despite calls for having a psychologist in every school, they decided to establish contracts between schools and local clinics instead, as 'school is an educational institution, not a medical institution'. The importance of mental health for young people was also emphasised by the expert based in Greece. According to this expert, the increase in psychological problems should be addressed by designing educational programmes in schools based on empathy and focused on developing social and communication skills, aiming to help students to learn how to express their fears and anxiety.

Proactive ways of tackling the digital divide were discussed by some of the experts. The expert in France, for example, anticipated that the French NRRP would have a positive impact in this regard:

> *The recovery plan in France has dedicated a large budget share to reduce the digital divide in terms of equipment and access to the digital means, and to train instructors in this new way of teaching (...). In addition, the plan allocates resources to fully combat the discrimination we have been able to identify since the beginning, and for which we have tried, in our own small way, to provide a response. Within the recovery plan the response will be even broader.*

The expert in Sweden noted that **some groups had actually benefited from online education**, for example pupils who had very poor pre-pandemic school attendance but flourished online. Apart from offering increased access to education for pupils who struggle with classroom teaching for various reasons, online teaching also has the potential for alleviating regional inequalities in education and offering more choices to children in rural areas, according to the Swedish expert. For example, children of foreign background may at present find it difficult to access home language education in rural areas, as that kind of competence is concentrated in more urban areas. To this expert, **flexibility was a crucial enabler**. While online education is good for some, for others it is not a suitable option, and it is important that they continue to have access to classroom teaching. He said allowing for flexibility had limited effects on inequality during the pandemic. In Sweden, shortly after the move to online teaching was announced, the recommendations were amended to allow for pupils in need of extra support to continue receiving their education in school if needed. The expert thought that this example provided good evidence that inequality has been a central concern in discussions and decision-making in Sweden, in relation to the pandemic and its impact on education. He also felt that the digitalisation of teaching during the pandemic had worked surprisingly well. The **digital competence has improved greatly** in the whole education system, and he saw a great potential in this.

A few **educational policy measures that may enable a fairer recovery** were mentioned by the Icelandic experts. These included the opening of summer schools for students who needed an 'extra boost', and an educational programme for people who became unemployed during the pandemic, encouraging them to go to upper secondary school or university. There were also hopes that foreigners would use this as an opportunity to learn

Icelandic. However, fewer people than expected availed of this offer. The expert in Sweden argued that the Swedish policy response showed the value placed on education. Sweden was one of few countries that kept primary schools open throughout the pandemic and, according to the expert, this decision was made with the best interest of the child in mind. As he discussed in the interview, not only were the educational needs of children seen as important, but also mental and physical health. In France, the informant emphasised her responsibility for 'educational continuity', which included actions and resources deployed to enable pupils to study at home during the school closure:

> *Where possible, they also opted for a gradual reopening, starting from the youngest and the most fragile pupils who were identified as the most in need, already in April 2020 (…). We reassured all the other students that they would be back in school in September 2020. We worked hard to prepare for the reopening even in a complex health situation with very strict protocols. We were aware that this health situation would continue for a long time and so we created a novel programme, which we called 'pedagogical continuity', developed with several colleagues based on an initiative of mine.*

The Icelandic experts also discussed several policies, which are not part of the country's recovery plan, but can help to ensure that schools are a safe and supportive environment for all, which can be seen as an important step towards fairer recovery. These include: a programme to make schools a pornography-free zone, and a project on reducing male dominance in the social life of schools. The 'gay community' was also mentioned as a target group regarding inclusion, particularly in relation to school sports. In Iceland, student associations have been very active during the pandemic, voicing concerns around students' well-being. They also worked hard at being more inclusive and they set up special support groups for pupils with a disability, foreign background pupils and those in vocational training (as they put it: 'it is difficult to learn carpentry online').

Finally, the expert based in Greece used vaccinated versus unvaccinated people as an example of new inequalities emerging. According to her, the answer to such issue lies in creating **systemic programmes of empathic education**, which would allow students and teachers to learn how to live with respect for each other. Expressing a similar sentiment, but on the topic of children's increased exposure to violence (not least online), the Czech informant made the following statement:

> *I think this is something that we need to focus on in schools, within the education system. Just instructing children on how to protect themselves, it is not enough. Schools should teach them to be kind to each other, to feel comfortable and accept their own bodies and their own mistakes, not to choose conflict, but to pay more attention to each other, to work together as a community.*

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Work

The work and labour market domain is vast, and the list of pandemic-related inequalities in the domain is potentially endless. Naturally, the expert interviews could only address a few of these. In the areas that were covered, obstacles and enablers for a fairer recovery correlated to a large extent. For example, the lack of collaboration between different actors is brought up as an obstacle, but there are also positive examples where such collaboration may work as enabler for a fairer recovery. Similarly, remote work is seen as both a possible enabler of gender equality and a possible obstacle.

Obstacles for a fairer recovery in work and employment

Lack of coordination and cooperation and the fragmentation of the CSO landscape was described as a problem by several interviewees. The Greek expert noted that the lack of coordination between decision making bodies and activities taking place on the ground is a possible obstacle for the fair recovery. The Irish expert who represented trade unions pointed out the lack of cooperation between different government departments. This interviewee discussed this issue in relation to national equality-related strategies which predated the COVID-19 pandemic. The Irish expert representing employers, on the other hand, emphasised that they often engage with different NGOs and CSOs, but this engagement can sometimes pose a challenge due to the large number of such organisations and the difficulties establishing who is the right person to engage with. This expert explained that her organisation does not claim to be 'an expert in everything' and therefore recognised the value of having many existing partnerships, working with NGOs and CSOs who are specialists in certain areas.

The issue of **slow implementation of policies** was discussed by the two Irish experts. The Irish expert representing employers, even though generally positive about the recovery policies in Ireland, provided the example of the workplace activation programme, which was not getting a significant uptake among employers who were 'still overwhelmed' and unable to offer the training required by the programme. This expert also noted that some of the existing programmes aimed at reducing inequalities also slowed down during the pandemic, largely due to other priorities and/or personnel shortages, and had therefore been extended. The expert representing trade unions noted that the Irish have been 'relatively slow' in terms of trying to equality proof the national policy initiatives in Ireland. However, the expert also mentioned that the fact that the Recovery and Resilience Plan was coordinated by the EU is a good thing as the plan had to be gender-proofed which, as he said, 'might not have happened if it was just up to ourselves'.

The need for better inclusion of specific groups, such as the Traveller community and people with disabilities, was brought up by both Irish experts. The expert who represented trade unions mentioned that representatives of the Traveller community had been calling

for inclusion in both targeted and mainstream initiatives. As the interviewee explained, they are now included in the 'Pathways to Work' programme and this is the first time that the Traveller community is included in a programme that was 'not a separate programme on a site'.

The issue of **childcare and the future of flexible work** was a concern for both UK-based experts. One was a local county councillor and discussed issues faced by members of middle-class communities who now work from home and struggle with childcare as a result. Many of these families had relied on au pairs from European countries (generally young women) as a more affordable form of childcare, however the combination of Brexit and the pandemic resulted in most of these women leaving the UK or no longer being able to work in the country. The UK expert who represented trade unions highlighted that many mothers had had **difficulties accessing furlough programmes** to take on caring responsibilities and had struggled with caring responsibilities due to the lack of flexibility offered by their employers. Many parents in the UK spend more on childcare than they do on mortgage or rent, and many of those in lower paid jobs are often not entitled to flexible work or are afraid to ask their employers for flexible working arrangements. As explained by the expert, the UK government undertook a consultation on flexible work in late 2021 to allow workers to request flexible work from their first day in employment. The expert argued that while this was a step forward, workers should have the right to flexible work rather than the right to request it. This expert also discussed **the future of teleworking**. As she explained, work from home measures allowed women to increase their hours and often switch from part- to full-time employment. The expert was concerned, however, about the future when employers request their employees to return to physical work locations. As the expert argued, these measures should continue to allow women, those involved in care, and disabled workers, to fully participate in workplace. The expert also mentioned that the UK government has been discussing the introduction of five days unpaid care leave, however the trade unions do not feel this is sufficient and are campaigning for the introduction of ten days paid care leave.

The **overall political context and structural issues** were raised by the expert from Northern Ireland, who discussed the complicated political situation and its impact on recovery. According to this expert, they were 'pretty bad' in Northern Ireland at taking intersections of different equality grounds into account in policymaking, with the only intersectionality addressed relating to 'working class protestant boys'. This expert believed that officials are aware of inequalities in Northern Ireland, however, commitments to developing strategies often do not materialise. For example, there is an agreement on a need to develop an executive childcare strategy but when the government was planning to open up society after lockdown, they 'forgot about childcare', which is 'the work that women are expected to do for free'. The UK-based expert who represented trade unions also discussed structural inequalities as an obstacle, arguing that there should be equality impact assessment of COVID-19 recovery policies. However, the assessment undertaken so far has been 'ill-considered and retrospective in nature'.

Finally, **statutory sick pay** was discussed by the UK-based trade union representative, who explained that as provisions were already inadequate prior to the pandemic this had had significant inequality impacts. This expert noted that two million workers do not qualify for sick pay in the UK and that most of these tend to be women, as they are often low-paid or part-time workers. Sick pay in the UK is one of the lowest in Europe and when people are unwell, they may choose not to isolate due to the loss of income. This expert argued that this creates further issues relating to transmission of illness and safety in the workplace.

Enablers for a fairer recovery in work and employment

Some of the respondents recognised **new opportunities arising from the COVID-19 crisis**. The Irish expert who represented employers discussed new opportunities in relation to diversity and inclusion, both in the labour market and on the ground in workplaces. According to the expert, the pandemic has shone a light on different issues, such as caring responsibilities, mental health issues, or people struggling to keep their careers on track while being less visible. All these issues can be addressed in a way that allows organisations to move forward in a stronger position. The expert in the UK who was a local government councillor mentioned that the awareness and appreciation for frontline workers also increased because of the pandemic, and she felt that was an improvement. She emphasised that the UK trade unions have done a lot to protect front line workers, for example ensuring safety measures were in place and that employers did not use the pandemic as an excuse to fire and rehire staff.

Furthermore, **remote working** was perceived as a new opportunity by some of the experts. The Irish respondent who represented employers emphasised positive changes for some groups, for example for people with disabilities who can now work remotely. As the expert explained, their homes are often set up for their needs and they also do not need to navigate the public transport, which in Ireland was never easy for people with disabilities. According to her, this results in some people being even more productive; however, this arrangement is not a 'one size fits all' as the workplace is a great source of social connection for some people who now miss that by virtue of working from home. Remote working was also discussed by the Irish trade union representative, who saw this issue as important in terms of gender balance and childcare, emphasising that flexible working is one way to reconcile and combine work and family. However, this expert also noted that there is a danger that women will avail of these opportunities more than men and that this is something that Covid had shed a light on. In other words, the effect on the gender care gap could be marginal or even negative. The expert based in Greece also mentioned that while the COVID-19 crisis has worsened gender inequalities, it also provides an opportunity for a gender sensitive recovery. According to this expert, there is an urgent need for targeted actions to advance gender equality in National Recovery and Resilience Plans, and it is important for various actors to work together.

While the lack of coordination was perceived as an obstacle, **effective collaboration** was mentioned as an enabler by several experts. The expert based in Greece emphasised that

a better collaboration with political leadership, public bodies, NGOs and frontline workers can be key towards a fairer recovery. This expert also noted that **the role of NGOs was crucial in addressing societal demands**, giving the example of an NGO that focused on advising women about work and employment. The Irish expert who represented employers also discussed how their organisation collaborates with different stakeholders, including working with various organisations and CSOs to develop toolkits for employers around such as issues as: neurodiversity, mental health, the recruitment of people from the International Protection System, as well as ways to connect people with previous convictions to employment. The Irish expert who represented trade unions mentioned their collaboration with Women's Aid and with the relevant department around domestic violence. The aim of this collaboration was to ensure that workplaces are supportive environments for people experiencing domestic violence and it brought several issues to light, including the introduction of flexible working arrangements and the introduction of a paid domestic violence leave. Both Irish experts also noted positive aspects of their involvement in the so-called Stakeholder Forum, which gathered various actors (unions, NGOs, employers, government) and engaged them in the social dialogue. The Irish trade union representative provided a positive example of such collaboration: women coming back from maternity leave were initially excluded from government payment schemes but when this issue was brought to the attention of the government by the trade unions and the National Women's Council, it was quickly solved. Finally, the expert in Northern Ireland also identified effective collaboration as an enabler. This expert has been involved in a roundtable with the Welfare Reform panel, which was initially set up for mitigations aimed at the impact of the welfare reform introduced by the UK government after the financial crash. According to this respondent, it is good that Northern Ireland is a 'small place' as their organisation has more access to politicians and the opportunities to frequently present evidence to different committees in the Assembly (which gives them some influence on the legislation).

Various **National Action Plans and other policies** introduced before and during the pandemic were also mentioned as possible enablers for a fairer recovery. The Greek expert noted that the National Action Plan in Greece provides an emphasis on the following sectors: equal participation in work, equal participation in decision making, gender mainstreaming and gender-based violence. However, the expert also emphasised that the plan is still in transition and has not been implemented yet. Both Irish experts mentioned several strategies which were in place before the pandemic, and which have been extended due to the pandemic. The strategies listed by the informant included: National Strategy for Women and Girls, the LGTB+ Strategy, the National Traveller and Roma Strategy, and the Comprehensive Employment Strategy for People with Disabilities. In addition to these, the Irish trade union representative discussed policies introduced during the pandemic. For example, the expert explained how some of the government payments introduced during the pandemic were paid to 'women in their own right' and individualised. The expert in Northern Ireland also discussed some pieces of legislation, including legislation about to go through in the Assembly which will give women (and men) paid leave if they are victims

of domestic abuse. As this expert explained, there were also bills going through on work-life balance and banning of zero-hours contracts, which are issues disproportionally affecting women, but the Assembly term is about to finish so there would not be enough time to process this.

Finally, the issue of **skills and labour shortages** was raised by one of the respondents based in Ireland, who represented employers. As this expert noted, the current skills and labour shortages in Ireland are a real opportunity to look at alternative sources of employment and to consider people who were previously not in the focus. She specifically mentioned people with disability or those on the neurodiversity spectrum.

Care

As seen in previous section regarding work, the interviewed experts often referred to how care structures work and the labour market. Thus, these two domains are often overlapping. This will be obvious in the following section as well, which presents how experts' reason about various aspects of care – often with a focus on paid care work.

Obstacles for a fairer recovery in care

Undervaluing the 'invisible care' and unpaid care work was reported by several experts. The Belgian expert, who represented an equality body, discussed the issue of 'invisible care', such as care work done by parents (mostly mothers) for their children, caring for disabled people/children, and caring for people who are otherwise unable to take care of themselves. As the expert noted, this work is typically undervalued. The interviewee also argued that this type of care work has been made invisible by policy, even during the pandemic, as it has focused most of its attention on the situation in hospitals and care homes. As the expert emphasised, there is a real inequality here: care workers outside of institutional settings are also in need of care and extra safety measures, but they were not included in policy measures.

Undervaluing care workers (mainly migrants) was also highlighted. The Central and Eastern European (CEE) expert, who represented a migration association, pointed out that migrant workers had to deal with the fear of losing their job and income amidst the uncertain situation and rapidly changing rules, as well as worries about their family health and safety back home. As the expert explained, because many of the migrant workers were already in a precarious situation before the pandemic (e.g., they were single mothers, women 50+ or women in a difficult financial situation), the restrictions resulted in a further jeopardy of their already fragile position. She also discussed how the travel restrictions for circular cross-border migrants were quickly lifted so they could continue their work as live-in caregivers of their clients, but very little attention was given to the precarious working conditions of migrant caretakers. She gave an example of Czech care workers who, upon arrival in a home as part of the circular scheme, had to follow up two-weeks quarantine, and had to provide a negative COVID-19 test which they had to pay for themselves. According to the expert, this made it especially difficult for female migrants who had to take care of their children

and other dependent relatives to conduct regular tasks and errands back home. The expert also discussed how the discrepancy between whose interests are more valued, namely the elderly clients in the 'care receiving countries' like Germany or Austria, and female migrants from the CEE region, could be illustrated by some of the officials' statements in the media. As she pointed out:

> *The German minister of health (…) appealed in the media to the nurses' care bonds with those clients claiming they should return. This was a moral appeal without taking the conditions in which they work into consideration.*

Lack of proper guidance for care workers in home settings was described as a problem. The CEE-level expert pointed out that most pandemic-related measures often concerned only formal care facilities and did not provide guidelines or supplies for workers providing care in patients' homes. While in some households the families were able to provide necessary protection, in other cases care workers had to secure their own protection equipment, even in times of medical goods shortage. As the expert explained:

> *Caretakers working in the formal institutions had to wear masks and use disinfectants, but that was not addressed at all [in live-in care services]. It always depended on the individual household, whether they were able to realise the gravity of the situation. This sector was perceived like 'but it's home care, it's not even a job in a sense'. So, as far as we know from [migrant workers'] experience abroad (…), some families checked where these women went as they were going out if they were sufficiently protected. So they really disciplined them.*

The interviewee also pointed out that the pandemic disrupted the external medical support and doctor's visits in the client's household. This in turn left the migrant caretakers, who do not have medical training, in a situation where they had no other choice left but to provide specialised care to their clients. She also mentioned some migrant workers were given smaller food allowance for themselves and their clients during the pandemic.

The ageing population and the difficulties in recruiting and retaining health care staff was problematised by the expert from Belgium, who represented a key partner for public health authorities. The expert argued that the recovery plans in Europe did not address the issues of health and *ageing* but the maintenance of the health system was a priority in policy responses during the crisis. The recruitment of health professionals in Belgium, as in many other European countries, is challenging due to the high international mobility of healthcare workers and wage differentials.

Communication between the government and CSOs was described as problematic by the Czech expert, who represented an organisation supporting migrant healthcare workers, listing the insufficient communication between relevant ministries and civil society actors and a lack of flexibility during times of crisis as one of the obstacles. The interviewee gave an example of organising a network of volunteers among migrants at the beginning of the crisis, but not getting any response from the government.

Finally, some of the experts discussed the **lack of care in a broader sense**, including taking care of mental health. The Belgian expert, who represented an organisation from the anti-poverty network, pointed out that moving **support services online meant limiting their availability to those that needed them most.** As the expert explained, if the support is not sufficient (e.g., paperwork for unemployment payments cannot be completed on time), this may result in anxieties, depression, and other mental health problems. This expert also noted that there has been a lot of focus on protecting measures, but very little has been done in taking care of the poorest parts of the population. Mental health was also discussed by the Czech expert who represented an organisation supporting migrant healthcare workers. This expert noted that some of the proposed measures and initiatives that were launched only supported certain groups of people. For example, psychological assistance for front line workers did not consider the specific needs of migrant medical and non-medical staff. As pointed out by the expert:

> [A] lot of people also said they needed a psychologist or psychological help. We knew there was a hotline for medical staff. The only problem is that the psychological help was provided mostly in the Czech language. And for a person who has some mental issues, it is very difficult to talk about what hurts him/her in a foreign language.

Enablers for a fairer recovery in care

Some of the experts described several promising **CSO responses**. Two experts emphasised the important role of the CSOs in relation to care. The Belgian expert, who represented an equality organisation and national human rights institution, discussed the CSO responses in relation to care for the elderly. As the interviewee explained, interest groups for those who live in care homes and other groups representing the elderly have been very vocal about the need to include these target groups of elderly people in policymaking. The CEE-level expert, who represented a migration association, also stressed the importance of CSOs working in the field of migration and integration. As this expert explained, some of the NGOs played a crucial role in providing migrant care workers with up-to-date information on anti-pandemic measures. According to her, this was important because the policies were often communicated in national languages only and were thus difficult to comprehend.

The pandemic made issues related to access to care and to the working condition of care workers more visible according to some of the experts. The Belgian expert, who represented the equality organisation and national human rights institution pointed out that COVID-19 has contributed to more urgent attention to the issues faced by the care sector, and this facilitated raising awareness. The same reflections were shared by the expert from Belgium who represented a key partner for public health authorities. As this expert pointed out, the pandemic has revealed problems with accessing care in Belgium and in many other industrialised countries. This interviewee also emphasised the need to focus on the prevention system, health literacy, and the ability to sufficiently reach out to the most vulnerable groups. The CEE-level expert, who represented a migration association, also

pointed out that the pandemic shed light on the precarious live-in conditions as in many countries migrant caretakers are either employed by agencies or operate with self-employment arrangements. As she argued, these types of contracts offered very limited or no protection during the crisis and do not allow migrant workers to claim any social supports or social benefits. According to her, these fragile and potentially exploitative working conditions vary from country to country, but inequality and vulnerability remains a common denominator. The Hungarian expert also emphasised that the pandemic has shed light on some of the risks concerning the current understanding of care and the existing solutions.

In Table 8 below, the results from the expert interviews in all four domains are summarised and clustered into general themes. Apart from summarising the results, Table 8 makes visible which obstacles and enablers are reoccurring across the different domains. For example, all four domains covered obstacles concerning political initiatives and capabilities, which is to be expected considering the policy-oriented focus of the interviews. Communication difficulties (within and between sectors) are also commonly reported, as are obstacles related to institutional capacity. In terms of enablers, the role of CSOs stand out as important.

Table 8. Summary of obstacles and enablers for an inclusive recovery in violence, work, care and education

GBV	WORK	CARE	EDUCATION
OBSTACLES			
Political initiatives and capability -The absence of national and municipal 'crisis management plans' -women's shelters are not being regarded as 'essential services' - Not adhering to the Istanbul Convention - The lack of a gender mainstreaming approach to policymaking, as well as the lack of policies targeting specifically GBV Institutional capacity	Political initiatives and capability -slow implementation of policies -statutory sick pay -overall political context and structural issues Role of CSO -Lack of coordination and cooperation and the fragmentation of the CSO landscape Personal prerequisites/ situation -childcare and the future of flexible work	Political initiatives and capability -lack of care in a broader sense, including taking care of mental health Institutional capacity -Lack of proper guidance for care workers in home settings - limited availability of support services related to telework Communication -Communication between the government and CSOs was described as problematic	Political initiatives and capability -Gender was not adequately considered -The difficulty of assessing the impact that the new way of teaching based on a hybrid presence of online learning -the return to stricter national guidelines will allow less flexibility Institutional capacity -transition to online teaching as a challenge -digital tools required for online education

- lack of sufficient mechanisms or tools to deal with digital violence		Demographical changes -Aging population and the difficulties in recruiting and retaining health care staff	Communication -the measures that were taken by the government were not communicated effective
Communication - The need for better communication and dissemination of information - -The danger of "emptying" GBV-related expressions		Valuing or recognizing work and workers -Undervaluing the 'invisible care' and unpaid care work -Undervaluing care workers (mainly migrants)	Funding -The uncertainty around the funding available
Funding -Lack of funding			Role of CSO -The lack of coordination between the government's agencies and government and CSOs
Data/analysis - The lack of proper data - the lack of an intersectional approach			Knowledge/Awareness -there is an overall lack of understanding of disability
Social (in)visibility -Empty streets			Social (in)visibility -Closing schools may have negative effects on girls in other areas
Personal prerequisites/ situation - unequal access to digital tools - many women had lost their jobs. The lack of economic resources as well as the lack of independence made these women more vulnerable to violence.			Personal prerequisites/situation -link between school closures and GBV -some pupils' home environments were not conducive to online education. -schools are an important arena for young people's social and emotional life -young people's mental health -The impact of the pandemic on teachers
ENABLERS			
Innovations/improvi	Pandemic as	Role of CSO	Political initiatives

RESISTIRÉ
Reducing gendered inequalities
caused by COVID-19 policies

ng institutional capacity/policy design - new coordination tools and channels were created (e.g., 'telegram groups' of different regional representatives) - creating dedicated sessions and structures -specialised university curriculum Data/analysis - intersectionality as an enabler Role of CSO - the role of CSOs is essential and fundamental (need to increase collaboration with civil society.) Knowledge/ Awareness - GBV-related issues have become part of the public agenda - investments in specialised training of all stakeholders Communication - Inclusive communication, - awareness raising campaigns Inclusion/ representation - the need for all women to be represented	window for change/positive effects -new opportunities arising from the COVID-19 crisis. -remote working -skills and labour shortages (opportunity to look at alternative sources of employment and to consider people who were previously not in the focus) Role of CSO -effective collaboration Political initiatives and capability -National Action Plans and other policies	-CSO responses Knowledge/Awareness -Raising awareness	and capability -the overall consideration for inequalities in the responses to the pandemic and in recovery policies. -educational policy measures that may enable a fairer recovery Communication -Effective communication Innovations/improving institutional capacity/policy design -tackling mental health issues in a proactive way -Proactive ways of tackling the digital divide, and the possible benefits of the online learning -systemic programmes of empathic education Pandemic as window for change/ positive effects -some groups had actually benefited from online education

Workshops on violence, education, care, and work

This section presents the results from the workshops on the following domains: gender-based violence, education, and work. Each domain summarises the workshop discussions by, first, describing 'silences' in recovery policies - i.e., what and who is missing in recovery policies, according to the workshops participants. Second, some of the promising existing and possible recovery policies mentioned during the workshops are presented. The aim of summarising the workshop discussions in line with these two steps is to point out specific inequalities caused by the pandemic and its policy responses, as well as synthesising and spreading inspiring 'better stories' of relevance for future recovery policymaking. This section concludes with a summary of the results in all three domains (see Table 9).

Gender-based violence

The participants in the workshop on gender-based violence discussed a range of aspects missing not only from recovery policies specifically, but also from responses to the pandemic and more general policies related to gender-based violence. These include the lack of specific policies, the exclusion of certain actors from the policy process and the exclusion of some target groups in policies. Some of these aspects are included under the first heading below. Under the second heading, some of the participants' positive examples, or 'better stories', of policy and civil society responses are presented. The section ends with some of the recommendations made by the participants, indicating what could be future better stories.

Silences in recovery policies on gender-based violence: what and who is missing?

The workshop participants pointed at a **lack of harmonisation at the EU-level**, particularly in relation to legal definitions and different criminal laws across different EU states. For instance, there is no EU-wide law on GBV including online violence and how to react to that. The discussion around the **significance of developing mechanisms to monitor and prevent online abuse** was developed further and participants drew attention to the lack of accountability of the tech platforms. The discussion highlighted that a consideration of online violence (as well as mechanisms to respond to it) is missing at the EU-level and in the Istanbul Convention. Law enforcement and more measures are required to prevent online harassment and violence according to one of the EU-level experts. A participant from the Netherlands drew attention to the importance of producing more knowledge and awareness about digital safety and suggested measures to prevent perpetrators from using technology to threaten or control families/victims online. A Latvian participant highlighted the need for improved ways of investigating and proving emotional and sexual violence, as well as a need to better understand the emotional control that a perpetrator wields over victims.

Several participants also **problematised data collection and monitoring systems regarding GBV**. In this regard, the lack of collection of data and standardisation at the EU

level and the absence of comparative studies regarding criminal laws of different countries were underlined. A participant from Ireland mentioned that there is no state or criminal justice data showing the extent of violence against certain groups, who are targeted because of sex, sexual orientation, and gender/gender-identity, which makes it impossible to place diverse forms of support. A participant from Turkey indicated that there is no monitoring system for GBV at the national level. A participant from a European umbrella organisation for women's associations also underlined the significance of monitoring implementations. For instance, gender mainstreaming has been included in the budgeting of recovery funds, but it can hardly create impact without proper implementation.

Regarding National Recovery and Resilience Plans, an EU-level expert highlighted **the lack of an intersectional approach** by underlining that GBV against LGBTQI+ people is not specifically mentioned in the plans. Along with LGBTQI+, women with disabilities and women with migrant backgrounds are also referred to as missing by a participant from Belgium. Speaking about the government's general approach rather than recovery plans per se, a participant from Turkey stated that the authorities prefer using 'equality between men and women' rather than 'gender equality' as the latter term also includes LGBTQI+ people.

The lack of consultation with organisations working on women's rights and/or LGBTQI+ rights in the development of recovery plans and policies was also mentioned. As for participation of NGOs working on GBV in policy design/NRRP, consultation with organisations working on LGBTQI+ rights were emphasised as the key to develop effective recovery policies and solutions. Since the needs and cases differ a lot in the context of GBV, it was suggested to consider different groups of LGBTQI+ community, such as elderly, those living in institutionalised settings, asylum seekers, and disabled people. A participant from Hungary indicated that women's organisations with several years of experience on gender equality and GBV were not given the opportunity to participate in the drafting process of the Hungarian Recovery and Resilience Plan in a direct and meaningful way.

The lack of acknowledgement of health sector's role in detecting and responding to GBV was highlighted by a participant from Switzerland who underlined that the health sector is a key player in detecting and responding to GBV, yet the sector is not included in policies, programs, and actions as a significant agent. She underlined that GBV is a public health priority and underlined the need to improve the role of the health sector in combating GBV.

The absence of perpetrator programs and multi-agency response to violence was also highlighted by the participants. The discussion revolved around a question of how to hold perpetrators accountable. Opposing the view that perpetrator programs are not feminist, a participant from an NGO working with perpetrators underline that perpetrator programs are not necessarily victimising men, but rather contribute to the protection of victims.

Better stories of recovery policies on and policy responses to gender-based violence

Asking the participants to share better stories of recovery and resilience plans, did not result in an extensive discussion since these plans generally lacked specific reference to GBV. However, several better stories of COVID-19 recovery policies on national and local level, as well as better stories from civil society, were shared by the participants.

Some of the better stories on the **national** level are reported below:

- *Cooperation between policymakers and CSOs:* In Spain, for example, a Catalogue of Urgent Measures of the Plan for Improvement and Modernization against GBV was agreed on by the Ministry of Equality and Ministry of Interior. The catalogue was drafted in July 2021, after a meeting with associations that work with victims of GBV. It was mentioned by the participant that Comisión de Malos Tratos participated in this meeting and that several governmental departments were involved. In Latvia, a series of laws was passed that would bring more protection to survivors, which was partly brought about because of strong campaigning and organizing of women's rights groups, as well as a more favourable government. These measures include: survivors can now apply to court without having to provide evidence and are given protection quite fast (usually within 24 hours; even if the property belongs to the perpetrator, the police can remove him for up to three months in some cases; women can apply to any court, anywhere in the country since avoiding the local court, which sometimes is not safe, can undermine the perpetrators' attempt to intervene; the police can now send information to social services so that women get support; the police can now initiate criminal process without the consent of the survivor; the police can also initiate a temporary protection order (without the consent of the survivor) when they respond to emergency calls.

- *The police force and other legal institutions*: In a landmark ruling in the Netherlands, a judge used the Istanbul Convention as an explanation for his ruling, which is expected to spark a different way of judging. In Ireland, the National Police and Security service (An Garda Síochána) launched Operation Faoiseamh on the 1st of April 2020 as part of their community engagement response to COVID-19. The aim of the operation is to prevent loss of life and to ensure that survivors of domestic abuse were supported and protected during this extraordinary time. The first phase of the operation involved reaching out and making contact with survivors of domestic abuse with a view to ascertaining any existing issues of concern, to offer support and to ensure that any issues identified were dealt with swiftly and decisively. The second phase concentrated on the execution of arrests and the commencement of prosecutions for offenses. A number of survivors used this opportunity to request further assistance and the operation has also led to the commencement of a number of prosecutions.

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Several better stories concerned the **local** level:

- *The importance of cooperation:* In Hungary, some local governments in (opposition-led) municipalities have been open to cooperate with women's rights NGOs since the 2019 local election. A pilot project with two local governments on the implementation of the Istanbul Convention was mentioned as an example of this. A participant from Turkey mentioned programs targeting municipalities. As a preventive strategy, KAOS GL (a LGBTQI+ rights organisation) has been providing capacity building and awareness raising trainings to relevant stakeholders in municipalities such as city guards and service providers regarding gender-based discrimination against particularly LGBTQI+ people. Additionally, this organisation provides socio-psychological and legal support.

- *Extending the use of existing facilities and services to meet the increased needs during the pandemic:* Examples from Turkey included Istanbul Metropolitan Municipality where a 40-room building was put into service as a women's shelter; in Izmir Metropolitan Municipality, the Women's Counselling Centre put the application line into service as a violence application line and in Eskişehir Metropolitan Municipality, the existing Women's Counselling and Solidarity Centre was used to combat violence during the global epidemic.

A number of examples of better stories from the **civil society** were also mentioned in the workshop:

- *Provision of free legal support to GBV survivors:* In Turkey, the Ankara Bar Association and their Gelincik Center provided such support. The 17 May Association had also started psychosocial support and legal support programs to support LGBTI+ survivors of violence. A participant from Switzerland mentioned a project in Albania aimed at strengthening referral mechanisms which have been mostly passive so far and waiting for women to take action. This participant also pointed at the need for more research and work to look into where the women are lost and how to make the system more proactive.

- *Shelters breaking isolation:* In the Netherlands, the innovative Orange House Approach developed by Blijf Groep had completely changed the way in which shelters work with victims of domestic violence and their families. It is systemic, focusing on the social context of the family and the environment, working with all family-members including (if safety allows) the ex- partner/perpetrator, towards an integrated family plan. The key motive is to break the isolation: being offered shelter at a secret address can lead to social isolation (where clients were not able to share their location or receive visitors). A recognizable, visible shelter aims to break this isolation for the women but also in particular for their children. By staying closer to the community, it is also easier to make that step back into the community.

- *Involving men:* A number of the initiatives mentioned focused on men, either as a

preventative measure or in the form of perpetrator programmes. During the first lockdown, civil society organisations in Austria, Germany and Switzerland worked together to develop a toolkit for men to prevent committing violence. These organizations are specialised in working with boys, men, and fathers. The toolkit includes ten concrete recommendations for men to follow, to help them remain calm and non-violent, such as taking space to tend to their needs, sharing their emotions, and protecting their boundaries. Currently, the toolkit has been translated to 22 languages, thereby increasing the reach of the toolkit. The toolkit has been subsequently shared by many civil society organizations across Europe. Participants also mentioned a project on gender sensitivity and prevention of gender-based violence, targeting specifically men with international family history (migrants and refugees). The Focus on Men (FOMEN) project composed of actors from seven different European countries (Austria, Croatia, Germany, Greece, Italy, and Spain). The project aims to reach these men through participatory intervention and capacity building programs. Examples of perpetrator programmes were brought up by participants from Italy, the Netherlands and Belgium. The Belgian participant mentioned that recently the perpetrators program has started to work more with teenagers due to their rising sexual abuses towards younger children. On a European level, the European Network for the Work with Perpetrators of Violence published guidelines for perpetrator programmes in COVID-19, as well as the Toolkit for revision of practice for perpetrator programmes in COVID-19.

Finally, apart from contributing their existing better stories, the participants were also asked to reflect on **possible better stories** in the form of policy recommendations for the future:

- *GBV should be addressed through legislation on one hand and through education on the other*: In Ireland, for example, there is a lot of awareness about consent raised among students of tertiary education, but not everybody goes through higher education. An Irish participant pointed at the need for educational recovery policies with more focus on respect. She suggested that children should be taught about good, positive, and respectful relationships and sexuality from an early age in school.

- *Support services at the municipal level could be developed further:* They should be more accessible to different groups, particularly by including transgender people. A participant from Turkey emphasized that (municipal) shelters and health care services (including elderly care) should be inclusive towards LGBTQI+ people. Similarly, local scholarship programs for students should be expanded to include LGBTQI+ youth who have been made more vulnerable during COVID-19, as they had to return home and stay with their parents or reside in other places where they were exposed to psychological and physical violence.

- *The need for a holistic, intersectoral, and intersectional approach:* Participants drew attention to the necessity of a holistic understanding of violence that would take into account different forms of violence at the intersections of different inequality

grounds (e.g., class, ethnicity, migration background, gender identity, sexual orientation, disability, and age) at different settings including online. Accordingly, policies should be designed with a holistic and intersectional approach with the participation of different actors from different sectors (including health sector), and in consultation with civil society organizations working on GBV and rights of women and LGBTQI+. Additionally, a participant from Belgium underlined the necessity to provide a platform and space for the most marginalized groups and those with intersecting identities and involve them in designing relevant policies.

Education

In the workshop on education, 'silences' in recovery policies was discussed in several different ways. Aspects of the policy process were discussed, as well as different perspectives not considered in this process, but part of the discussion was also taken up by the question of definitions: i.e. what do we mean by 'recovery'? in the second part of this section, the participants' 'better stories' of efforts made to counteract inequalities in education are presented. The section concludes with both concrete and more general recommendations made by the participants that could potentially lead to increased equality in education.

Silences in recovery policies on education: what and who is missing?

The discussion revolved mainly around the national and, to some extent, the local level. Thus, the **EU level and nationwide collaboration** were generally missing in the discussion. Some of the workshop participants wondered: What are the EU level policies on education? How come we, as experts in the field, know so little about them? Is there a need for more EU regulation? One thing the participants agreed on was that increased European collaboration would be positive. A pan-European committee where good (and bad) experiences and practices could be shared, was suggested. One of the Swedish participants also pointed out that the Nordic countries often pride themselves on their strong collaboration in other areas, yet when it comes to education during the pandemic, they have chosen very different approaches. In other words, there is room for **more regional collaboration** as well.

What works in one national context may not always work in another, but as one participant from Czech Republic pointed out, children's needs are essentially the same regardless of context. Concerning what/who is missing in recovery policies, the participants highlighted the **absence of children's voices** and a lack of children's **human rights perspectives**. An Irish participant mentioned that pupils with special needs and pupils attending vocational training received less or no education during school closure, and the Turkish participant wanted more attention to be given to the needs of children living in deep poverty. She also highlighted the plight of working children (including domestic labour). The difficult situation of the Roma population was highlighted by the Czech participant. The Greek representative

mentioned that her NGO met many migrant children who were not equipped for **digital distance-based** teaching. She also underlined that women and victims/survivors of **violence**, have suffered from school closures. One of the participants, a global union representative, emphasised that education is a universal human right: Everybody needs to be able to access education and feel well at school, hence we need to look at all different aspects, i.e., LGBTQI+ pupils, racialised pupils.

Furthermore, how to **define 'recovery plan'** was problematised by participants from the UK and Finland. Both of them said that the concept has fluid, unprecise, and multiple meanings. An Icelandic participant stated that the discussion needs to move on from keeping society (and the economy) going and the global union representative saw both opportunities and risks in the current situation. We could go down a road that makes education very instrumentalised (solely training people for the labour market). She added that a fair recovery will require increased funding but also that the funding is truly focused on equity and on closing the opportunity gap, not just the learning gap.

Among the participants, there was a wish to **include groups** that had not been considered enough. Several participants representing children's rights organisations stressed the importance of listening to children in general and **children with migration background**, including having direct communication with children. The importance of taking the situation of **international students/doctoral students** seriously and listening to those students who normally do not volunteer as spokespersons, was highlighted by a UK participant. Likewise, the Finnish participant said that is important to notice how **teachers' roles** have expanded during the pandemic. The participants also stressed that the **parents' perspective** needs to be included to find ways to ensure that families and children who face challenges at home are given enough support. A participant from Finland stated that parents (especially those of younger children) are in big need of support in terms of their mental health, so they can in turn help children with their education and mental health.

On a national level, the Czech participant asked for better **cooperation between different departments** (e.g., health, education, social affairs). Both the Czech and the Spanish participant highlighted that huge differences exist between schools. They argued that **national** policies are needed to address this. In Turkey, on the other hand, the system is very centralised, and the Turkish participant expressed a need to become more flexible to allow for more teacher and school **autonomy**, as the centralised system makes it difficult to respond to crisis and associated diverse needs of different groups of people.

Better stories of recovery policies on and policy responses to education

Several **promising existing** better stories of recovery policies were discussed among the participants. As it is difficult to make justice to lively workshop discussions in a report like this, just a few examples can be given. Concerning the **EU level**, two examples were mentioned: first, the *EU digital Action Plan 2021-2027* and second, the great financial investment from the EU to support strategic recovery. No motivation was given as to why

the first was a better story and the second suggestion came with the caveat that it seemed difficult to allocate this money.

When discussing **formal recovery/resilience plans**, the participants focused primarily on whether CSOs had been consulted in the recovery plans.

- *'Equity Audit'*: One participant who works for an organisation that represents teachers' unions globally, brought up a Scottish initiative called the 'Equity Audit' as a good example of cooperation between the government and teachers' unions. The aim of the initiative was to deepen the understanding of the impact COVID-19 and school closures had on children and young people from socio-economically disadvantaged backgrounds, and to support a recovery focusing on equality.

- *CSO: consultations:* A representative from the Swedish federation of student unions stated that they had been consulted by the ministry of education throughout the pandemic, although not much of it has later been made into statue or included in recovery plans. One of the Irish participants stated that CSOs had been consulted in the development of the national policy on education that will run from 2023 to 2028 (called 'Better outcomes, brighter futures'). She also brought up a recently launched programme called Introduction of Covid Learning and Support Scheme (CLASS) aimed at mitigating the pandemic's negative effect on student learning and well-being.

Most better stories related to the **national** and **local** level, of which some are described below.

- *Keeping schools open:* Several participants brought up the fact that governments had realised the importance of keeping schools open at an early stage as a better story (Sweden, Iceland, Spain). In other countries, such as Turkey, the response had been slower, but the Turkish participant indicated that there was 'a strong will' to keep schools open since September 2021. All countries represented had, however, dealt with at least partial school closures. While the negative impact of these closures was substantial, the pandemic had also increased awareness of the importance of schools, not just as educational institutions but also in a wider social sense. This increased awareness was put forward as better story by several participants. As one Spanish participant put it: 'One amazing outcome of this terrible crisis has been to acknowledge the importance of schools as not only learning places but as a central part of caring and supporting society'. To the organisation she represented, schools have many purposes apart from education. They can be safe, caring places, they facilitate family life and provide opportunities for play. Thus, her organisation advocates for governmental policies to address all these aspects of school.

- *School as multi purposed arena:* The Czech Ministry of Education, Youth and Sports financed a program intended to re-establish social ties and activities aimed at post-distance education. In Ireland, guidelines on well-being relating to the pandemic

were developed and one of the Swedish better stories was the increased funding to mental health services for young people. The Turkish participant's story, however, is perhaps more representative of the workshop as a whole. She mentioned that there were some initiatives and plans for catch-up programs, but their focus was limited to academic gaps, leaving social and emotional aspects unaddressed.

▫ *Counteracting knowledge gap caused by the pandemic:* Several participants highlighted measures that had specifically targeted disadvantaged groups: In Turkey, conditional cash transfers for education were given to low SES households and refugee children; in Iceland, when online teaching was introduced, iPads were given to children in 'vulnerable positions'; In Catalonia, the regional government started a program to help the recovery for vulnerable schools; in Finland, extra funding was given to educations providers/schools with the specific aim of reducing pandemic-related inequality. Several participants also brought up the introduction of summer schools for children who had fallen behind due to online learning, sometimes targeted at disadvantaged groups (Iceland, Ireland, Czech Republic, and Spain). In Sweden, extra funding had been allocated to reduce the knowledge gap and improve well-being.

▫ *Inclusive digitalisation:* Digitalisation was generally described as a challenge, both in terms of the social aspects already mentioned and it terms if unequal access to digital tools, but some positive aspects were also considered. The sharing of best practices in online education (Finland) and the development of infographics for parents/students on how to engage in online learning (Ireland) were mentioned as better stories. National broadcasters' involvement in providing education in some countries, Serbia for example, was also brought up as a better story. One of the Irish participants acknowledged that schools had been ill-prepared for online education when the pandemic started but that competence had increased greatly. Online or blended methods were likely to be useful post-pandemic as well, both for teaching and for communicating with parents. A Swedish participant from an organisation offering free tutoring for pupils at risk of school drop-out said their online tutoring programme existed before the pandemic but it had expanded greatly because of it. This had been particularly beneficial to pupils in rural areas.

▫ *The role of CSOs' social support and equality work:* The Swedish federation for student unions had tried to change routines and create a social support system when students had to study from home. Home is not a safe space for all children and home-schooling can add extra pressure to an already difficult situation. A representative from a Czech organisation reported their work with helping parents support their children during home-schooling as a better story. They had also worked with teachers and social workers using a trauma informed approach. Another participant represented an education reform initiative in Turkey that had developed tool kits for improving the relations between children and parents. Two of the participants, from

Ireland and Finland respectively, both worked for organisations that operated helplines for children and youth. Both stated that the pandemic had a severe effect on young people's mental health. The Irish participant added that education was one of the most common concerns of those calling the helpline during the pandemic. CSOs role in combating inequalities in terms of education outcomes were also highlighted by examples such as offering tutoring for children (online/offline) in socially excluded localities (Czech Republic) and developing methods for reaching more vulnerable groups such as children in rural areas and children with special needs (Turkey).

▢ *Empowering groups made vulnerable:* The overall discussion reflected the particular expertise of the participants, and the focus was primarily on primary and secondary education. There were a few exceptions, however. The Greek participant represented an organisation that work with the empowerment of migrant women and children in a broader sense than access to formal education. The UK participant spoke of the challenges faced by university students generally and doctoral students in particular. Many had faced severe disruptions to their research but had received little support from either the state or the universities. Instead, outside organisations such as the UK Council for Graduate Education were held up as a better story for providing the support that the universities did not.

The participants also discussed what future recovery policies on education should focus on. Except from already existing and possible recovery policies: What is **possible**?

▢ *A holistic approach to education:* One common theme for the suggestions made by the participants was that the approach to both education and health needs to be more holistic. A Swedish participant gave the Swedish Public Health Agency some credit for considering the wider health implications when recommending that schools should stay open. A Spanish participant highlighted the importance of recognising schools as caring institutions. Some participants saw possibilities both in terms of solidarity and wellbeing. They meant that the pandemic has revealed and deepened inequalities in education, but that solidarity among civil society organisations (Greece) and a focus on general wellbeing in education in school (Finland) is possible. The children's rights representative from Ireland recommended an Ombudsman report as an example of a similar approach and in Turkey, platforms for solidarity had been instrumental for teachers' well-being.

▢ *The relation between societal and school-specific inequalities:* The global union representative argued that we need to recognise that inequalities in wider society are reflected in the school microcosm and that efforts should be made to empower students. On a similar note, the Czech participant highlighted that the difficult situation faced by Roma children in school reflects the often-extreme poverty they live in, and the discrimination and stigmatisation they face in wider society. To tackle this, her organisation was working on a project that aimed to improve relations

between the Roma minority and the majority population by organising groups of Roma parents and majority Czech parents where they could get to know each other and where their children could play together.

▢ *Addressing teenagers and young adults:* Several participants argued that the consequences of the pandemic, especially for the 15-20 age groups that has been most affected by school closures, need to be assessed. In Iceland, it was difficult to maintain the same quality of education during the pandemic and standards have dropped. The negative effect on the well-being of young people is also something that has been monitored throughout. In Iceland, and presumably many other countries, there is a great deal of information available on the impact of the pandemic. What is needed now, according to the participants, is that future policies are informed by existing data and research. This matter is complicated somewhat by the fact that few European countries collect disaggregated data on racialised/ethnic groups (global union representative).

▢ *Concrete improvement suggestions:* Some of the participants discussed more concrete suggestions of what could be done for mitigating education related inequalities: provide teacher training on distance/hybrid teaching and on how to maintain curiosity and desire to learn across a screen (higher education in particular will see continuation of digital trend), recognise that teachers are not just teaching their curricula, but also what it means to care and be cared for (global union representative); compensate pupils disproportionately affected by the pandemic with better opportunities, it is not enough to provide a laptop if the living conditions make it difficult to study (Sweden); make sure that any digital device provided is accompanied by a tutor that can teach how to use the devices and make use of museums, libraries, community centres in the recovery from learning losses and in helping families (Spain); provide free school lunches for all children, strengthen psychological guidance services at school and strengthen the role of schools in the child protection system, reconfigure links between child protection systems and schools (Turkey).

▢ *The role of CSOs:* In the Nordic countries (represented by Sweden and Iceland in this group) the general trust in the (welfare) state's ability to handle the situation has been quite high and it is possible that the (over)reliance on the state has hampered the development of civil society initiatives. The Swedish participant said that civil society organisations are sometimes consulted by the state, but that the impact of this consultation on actual policy development appears marginal. According to one of the Spanish participants, the relationship between the current government and CSOs has been quite good. CSOs are being consulted and there are attempts to translate insights from CSOs into action. CSOs were also discussed in terms of their important accountability role in making sure policy is put into practice (global union representative); their role in monitoring, research and in advocating for change

(Turkey) and their role on providing support for to vulnerable groups (Sweden). Finally, civil society can also invest in providing new solutions (testing and piloting) – policymakers do not always have the answers (Spain).

Work

In the work and labour market workshop, participants discussed silences in recovery policies both in terms of groups not adequately considered (e.g., informal workers) and in terms of the failure to address the potentially unequal effects of some polices (e.g., policies on teleworking). Employers' responsibility for their employees' well-being was also discussed as missing. Some of these silences were addressed in the participants' better stories and recommendations for the future as they highlighted initiatives that may benefit groups made vulnerable by the pandemic.

Silences in recovery policies on work: what and who is missing?

Lack of acknowledgement of informal workers was a topic discussed at length. A participant remarked that, while the informal economy is significant in the EU, people working in the informal economy are still not recognised as workers. These workers have multiple reasons not to be formally registered. One is that they cannot afford to pay their taxes. This participant also made the interesting point that the pandemic has highlighted problems with the 'mainstream' concept of work – a concept which leads to the exclusion of informal, irregular, 'paperless' workers, i.e., poor people, migrants, people from the travelling community and other ethnic minorities. Indeed, cash grants and other social protection benefits that have been put in place to mitigate the consequences of the pandemic have excluded informal workers as well as those workers without the digital literacy necessary to apply online. In general, governments/national level policy did not put support mechanisms in place for informal workers, because their aim is to get all those workers registered in the system. An added complication is that trade unions tend to be quite conservative in this respect, even though a substantial part of the workforce is in the informal economy. Therefore, a participant from a global organization advocating for free trade union (based in Ukraine) emphasized that trade unions across EU need to expand their strategies and informal workers need to be recognised.

On a related note, participants also mentioned that there is a **lack of recovery policies on the labour market at regional levels for groups made** vulnerable, such as freelancers, artists from cultural sector, smaller companies, self-employed, people with disabilities, elderly, or retired workers. Similarly, the participant from Ireland highlighted that inclusion of vulnerable groups in recovery policy (which is now missing) could be incorporated for better resilience at work and for the economy.

The differentiated impacts of telework and policies to support (digital) inequalities was another aspect discussed by the participants in terms of what/who is missing. The increase in remote working in the aftermath of the COVID-19 outbreak has proven beneficial to some population groups such as people with disabilities, as the rise in telework has

facilitated their integration into the workforce. However, a participant from Ireland concluded that it has not been beneficial for all and this needs to be accounted for. For example, there are people living in remote/rural areas without good internet connection, therefore the urban/rural divide must be considered. There are also people living in small, cramped houses, who consequently do not have the adequate conditions for telework. Lack of education and skills also represent an important barrier to teleworking that needs to be considered. The Traveller and Roma population in various countries faced special difficulties. It was problematic for them to set up remote working arrangements, and neither the government nor employers in the Ukraine provided them with internet access or other types of support. One of the participants, who is based in Turkey, also noted that there is lack of policies regarding care workers on the European level.

Several participants problematised **the lack of integration of coherent policies, particularly in relation to telework**. Remote working is not available to frontline workers – i.e., people in the hospitality, care, health, transport, construction, retail sectors. Therefore, those workers cannot avail of the benefits offered by this type of work. The increase in teleworking also raises important gender issues. A participant from Ireland shared that while it may facilitate work-life balance, there is a danger that we will return to a culture of presenteeism. In addition to this, it must be noted that 'home' is not always a safe space, as it can also be a space of domestic violence. Additionally, a majority of participants emphasised that the COVID-19 pandemic created an increased unpaid care burden for women and also that there were visible inequalities of income for women. In general, human capital inequality has been increased, especially for the most vulnerable groups. Yet, as one of the policy experts emphasised, the policies relating to different impacts of the pandemic on employment continue to be fragmented.

Lack of employers' support and lack of policy enforcement was another problem brought up by participants, who reported abuse on the part of employers when employees switched to remote working in the wake of the pandemic. Despite the flexibility that telework offered, at the beginning there were not proper regulations in place and employers failed to take responsibility for the inclusion and well-being of remote workers. While there are now regulations (such as the right to disconnect), the problem is how to ensure this. On a more general level, a few participants agreed that on the EU level there are existing EU directives on employment rights, but these are not properly enforced.

On a national level, there was a consensus among participants that **care workers and their skills** are not properly recognised in the case of paid care work. It was said that care workers often do not require high qualifications, which often leads to a presumption of low skill. One participant, based in Ireland, also noted that there were different attitudes to, and valuing of, different forms of care work. According to this participant, some frontline workers were not particularly valued and were often not included in relevant policies (e.g., bonus pandemic payments for health care staff which did not include care workers).

Participants discussed the difficulties in accessing work for already **disadvantaged groups**.

One of the participants noted that single parents and those doing shared parenting are not properly included in the policies. There was a consensus that activation policies are often not fit for purpose, particularly in those countries in which the activation services have been outsourced to external providers (e.g., UK and Ireland). The expert from Ireland provided an example of some single parents who are not in a position to undertake full time employment. This situation is often compounded by some single parents being pushed towards low-paid, insecure employment. It was suggested by other participants that what is missing in recovery policies is the 'whole-system' approach regarding welfare policies, which connects to the theme above on the integration of policies.

Lack of wellbeing policies at work and in education was problematised by several participants. From the Irish and Finnish contexts, a lack of policies for mental health recovery and resilience were reported from national surveys especially for vulnerable groups such as youth, students, and workers. While the Belgian context is similar, large companies are coming forward to invest money regarding workplace related mental health issues. Also, in relation to the Belgian context, a lack of policies for the education sectors was noted in connection with a very high rate of teacher absenteeism. Recovery and resilience policy was missing to support schools to deal with the unprecedented situation that escalated due to several lockdowns (as schools closed and reopened very often) and this was followed by students having problems.

Better stories of recovery policies on and policy responses to work

In sharing **promising existing** better stories of recovery policies, many participants emphasised the role of the pandemic in giving visibility to problems that were hidden before and how this has stimulated policy change. As for the **EU level**, participants mentioned new EU policies on Telework and ICT based work as better stories of policy during the pandemic. These policies include: *Right to Disconnect (R2D)* (the European Parliament); *European Working Time Directive for Regulating Working Hours for Teleworkers*; and *Work-life Balance Directive for Working Parents of Children*. Also, the *European Framework Directive on Safety and Health at Work* extends coverage for the health-related aspects of teleworking. Similarly, the *EU Strategic Framework on Health and Safety at Work 2021–2027* aims to update protection standards for workers, while the *EU Social and Economy Action Plan* is a promising plan for recovery and resilience at a broader EU context. Another policy mentioned was the *EU Child Guarantee*. This includes free access to early years care and education for one parent families and other vulnerable children such as those from homeless or migrant groups.

A final EU policy of relevance, mentioned by a participant from a European network against racism, relates to the role of social movements during the pandemic. This representative made a link between the COVID-19 crisis and the civil rights mobilisations after the tragic death of George Floyd, which resulted in the acknowledgement of structural racism and its embeddedness in society. More particularly, those mobilisations resulted in the *EU Action plan Against Racism*, which acknowledges structural inequalities in the labour market and

how these are impacting racialized women disproportionately, through intersecting discriminations. Since this plan was launched, European institutions have started to work towards developing better practices to include minorities and immigrants with proper employment rights.

Participants provided very few better stories of **formal recovery/resilience plans**. Yet, one good example shared was Finland's Resilience and Recovery Facilities (RRF), aimed at improving the employability of vulnerable groups, including targeted programs, research on employability and the interplay of services and benefits.

Most examples of better stories concerned the **national and the local level**, of which some are described below:

- *National social protection systems and basic income:* The redesign of national social protection systems, with changes in the adequacy and coverage of unemployment benefits, was highlighted as promising better stories of recovery policy. In particular, developments in basic income policies were mentioned by the participants from Spain and Ireland. In Spain, the COVID-19 crisis accelerated the basic income policy, although this participant noted that migrants and other vulnerable groups are not included in this. In Ireland, a basic income pilot scheme will focus on people who work in art or performance sectors.

- *Redefining essential workers:* Several participants noted how the COVID-19 crisis has given visibility to workers who were not recognised before the pandemic started. The participant from Ukraine shared the example of street vendors, and how the various lockdowns have shown our need for this sector. This has led to new policies that recognise seasonal and platform workers (e.g., Uber drivers) as essential workers. In a similar vein, the participant from Turkey added that the COVID-19 crisis brought previously invisible essential front-line workers into visibility. She added that grassroot organisations are expanding and contributing to furthering employment rights movements as well as policy modification.

- *Mental health and wellbeing support:* The importance of mental health and wellbeing support programs, easing the transition between telework and office work, was highlighted. A participant from Belgium gave the example of UN agencies increasing capacity building trainings on mental and emotional wellbeing at work. In terms of gender, women workers have been targeted for support as the pandemic created an increased invisible unpaid workload among female workers. The participant from Ukraine also shared a promising story of recovery where psychological support was provided to staff for better mental health and wellbeing at the workplace.

- *Better and more flexible work-life balance policies:* A German researcher shared a story showing how better work-life balance is possible if employers are committed to facilitate this for employees. For example, the office spaces across her

organisation (based both in the UK and Germany) remained open during the second lockdown because there were employees who preferred to work from office. Keeping offices open gave employees the option to either work from home, in person (provided covid rules were observed) or both (hybrid work). In the view of this participant, this example gives us hope for well-integrated flexible work based on the needs assessment of workers. Following on this same theme, an Irish trade union representative explained that Irish authorities introduced a bill giving people the right to request to work remotely in the context of work-life balance policy. The representative from an organisation supporting one-parent families in Ireland added that the pandemic has brought awareness of greater care responsibilities for one-parent families and concurred with the view that the flexibility afforded by remote work was an opportunity for working parents to provide better care to their families. New work-life balance initiatives can have a significant impact for lower income families. In this regard, this participant mentioned that the Irish government provides direct funding for the wages of childcare professionals working in private childcare providers/centres. This is something which has been a long-advocated model by anti-poverty campaigners.

- *CSOs supporting workers' care needs:* One of the participants provided an example from Cyprus, where training centres are linked with childcare centres. There was also an example from Turkey, where caring co-ops were organised in neighbourhoods. Furthermore, a participant from Ireland provided an example from her own organisation which runs EU-funded employability programmes to support and prepare parents to go back to work through upskilling and doing mock interviews. The programme also offers advice on career change or career choice, as some of these parents have never been in education or employment.

The participants also discussed future recovery policies on work. What is **possible** and what should be prioritised when designing new and/or revised recovery policies mitigating inequalities?

- *Enforcement of existing legislation:* Participants, although coming from various countries and representing different interests, agreed that the existing employment legislation needs to be properly enforced. The same applied to gender mainstreaming, an approach that usually is there just 'on paper'. Being able to use pre-existing legislation was discussed as an important solution. Participants also agreed that, as one participant said, the 'lessons from the pandemic should not be lost' and that the 'employers should not be in the spotlight' of the recovery policies.

- *Workfare and the welfare state – a whole system approach:* There was a consensus in the room that the workfare/welfare state should have a whole system approach which: encompasses financial support for parents/carers; acknowledges all forms of care work (not just childcare); includes a long-term plan to deal with the mental health impact of the pandemic in the working sectors; develops trade union policies

aiming at integrating workers in small and medium companies into the labour market, and facilitating the recovery of these companies from the financial crisis created by the pandemic.

- *Identification and inclusion of groups made vulnerable:* Participants emphasised the need for training or intervention to improve employability among groups made vulnerable, which can be done by extending the definition of vulnerable groups at work and in the labour sector. It was suggested that outreach work should be carried out in order to identify marginalised workers. One of the participants suggested involving trade unions as possible social partners to identify marginalised groups. Participants shared that they would like to see the inclusion of benefit schemes for unemployed people and vulnerable groups at regional/national policy. They mentioned that intervention plans should be included for diverse segments of the population. They also indicated that a policy should be added in the workplace to tackle visible or non-visible glass ceilings for women in teleworking sectors or remote workplaces. Participants also mentioned the need for recovery policies for working parents (where both parents are working, either from home or in person) and for childcare responsibilities. Participants also urged for the need to develop consistent and stable recovery policies for universal social protection.

- *Inclusive digitalisation:* The importance of continuing to develop telework and new online tools to promote inclusion by expanding the employability of all people, was underlined by several participants. For example, the participant from Sweden emphasised how the pandemic increased the necessity of creating more inclusive online tools at workplaces for people with different abilities/disabilities.

- *The role of CSOs:* Given the current situation regarding the violation of work and human rights (especially among informal workers and workers from groups made vulnerable), top-down approaches to policy need to be accompanied by bottom-up approaches, according to the participants. These are issues that cannot be effectively tackled without social dialogue. Specifically, there is a need for multi-level coalitions around these issues so that these workers can gain a stronger voice. Since it is becoming clear that a one-size fits all approach for all workers is not working, there is a need for a more diverse and pluralistic approach to work. Participants also discussed the possibility of campaigns to raise workers' awareness about their health and safety, basic income, and general employment rights. This could be done through grassroots organisations. It was also suggested that the way the regulations are presented should be simplified so that they are understood by everybody.

The tables below summarise the results from the workshops on GBV, education and work. Table 9 lists the missing elements, clustered under thematic headings, as well as the recommendations given by the workshop participants. Table 10 lists the central elements of the better stories shared by the workshop participants (on the EU, national and local level).

Table 9. Missing elements in recovery policies and recommendations for improvement from workshops

	GBV	EDUCATION	WORK
Missing in recovery policies	Lack of policy initiatives/policy actors/policy coordination -The absence of perpetrator programs and multi-agency response to violence -The lack of acknowledgement of health sector's role in detecting and responding to GBV (also relevant for the lack of consultation) Lack of inclusion/representation -the lack of an intersectional approach Lack of data/analysis -problematised data collection and monitoring systems regarding GBV Lack of consultation -The lack of consultation with organisations working on women's rights and/or LGBTQI+ rights in the development of recovery plans and policies Lack of harmonisation of policies -lack of harmonization at the EU-level Lack of methods and tools - mechanisms to monitor and prevent online abuse	Lack of policy initiatives/policy actors/policy coordination -EU level and nationwide collaboration -more regional collaboration -better cooperation between different departments (national policies needed) -need to be more flexible to allow for more teacher and school autonomy Lack of inclusion/representation -the absence of children's voices and a lack of children's human rights perspectives. -children and women who are subjected to violence, have suffered from school closures. -include groups that had not been considered enough (children with migration background, international students/doctoral students) Lack of data/analysis -important to notice how teachers' roles have expanded -parents' perspective Lack of provision of (material) resources -many migrant children who were not equipped for digital distance-based teaching Definition of recovery -how to define 'recovery plan', the concept has fluid, unprecise, and multiple meanings	Lack of policy initiatives/policy actors/policy coordination -lack of recovery policies on the labour market at regional levels for groups made vulnerable -The differentiated impacts of telework and policies to support (digital) inequalities -the lack of integration of coherent policies, particularly in relation to telework -Lack of employers' support and lack of policy enforcement -Lack of wellbeing policies at work and in education Lack of inclusion/representation -Lack of acknowledgement of informal workers -care workers and the recognition of their skills -difficulties in accessing work for already disadvantaged groups (e.g., single parents and those doing shared parenting)
Recommendations	-GBV should be addressed through	-A holistic approach to education:	-Enforcement of existing legislation:

	legislation on one hand and through education on the other -support services at the municipal level -the need for a holistic, intersectoral, and intersectional approach	-The relation between societal and school-specific inequalities -Addressing teenagers and young adults -Concrete improvement suggestions: -The role of CSOs	Workfare and the welfare state – a whole system approach -Identification and inclusion of groups made vulnerable: -Inclusive digitalisation The role of CSOs

Table 10. Better stories shared by workshop participants in relation to recovery and resilience plans

	GBV	EDUCATION	WORK
General finding	In general, a lack of specific reference to GBV in recovery and resilience plans	Several better stories mentioned for Education in recovery and resilience plans When discussing formal recovery/resilience plans, the participants focused primarily on whether CSOs had been consulted in the recovery plans.	In sharing better stories many participants emphasised the role of the pandemic in giving visibility to problems that were hidden before and how this has stimulated policy change. Participants provided very few better stories of formal recovery/resilience plans.
Better stories on global, EU, national and local levels	National better stories with focus on: -Cooperation between policymakers and CSOs -The police force and other legal institutions Local better stories with focus on: -The importance of cooperation -Extending the use of existing facilities and services to meet the increased needs during the pandemic -Provision of free legal support to GBV survivors -Shelters breaking	EU level better stories with focus on: -*EU digital Action Plan 2021– 2027* and second, that the EU had put forward substantial funding to support strategic recovery. National and local level better stories with focus on: -Keeping schools open -School as multi-purpose arena -Counteracting knowledge gap caused by the pandemic -Inclusive digitalisation -The role of CSOs' social support and equality work -Empowering groups made vulnerable	EU level better stories with focus on: -new EU policies on Telework and ICT based work -the role of social movements during the pandemic. -Finland's Resilience and Recovery Facilities (RRF), aimed at improving the employability of vulnerable groups and includes targeted programs and research on employability and the interplay of services and benefits. National and local level better stories with focus on: -National social protection systems and basic income

		-Redefining essential workers -Mental health and wellbeing support -Better and more flexible work-life balance policies -CSOs supporting workers' care needs
	isolation -Involving men	

Narrative interviews on violence, education, work and care

This result section is structured by the four prioritised domains: gender-based violence, education, work, and care.

Gender-based violence

A total of 51 narratives were tagged by the national researchers as addressing the gender-based violence domain. These narratives are written from, at least, four perspectives: grass roots activists (e.g., people from various women's and/or LGBTQI+ communities); representatives of CSOs (e.g., shelters for women, men, and/or LGBTQI+ people); professionals (e.g., health care professionals, social workers, and teachers); and people who have been subjected to or by other means have encountered gender-based violence themselves during the pandemic. The following result section is devoted to analysing all narratives from the latter category (n=20) by focusing on: first, the intensification of gender-based violence; second, controlling intimate partner in terms of housing and mobility; and third, resistance towards gender-based violence.

Intensification of physical, psychological, sexual, economic, and legal violence

A general pattern in the narratives – regardless of national context, relation to the perpetrator(s), and the vulnerability profile of the narrator – is that increased isolation, movement restrictions, lockdowns and similar restrictive measures **intensified** the usage and experience of violence. The narrators rarely reported that the pandemic in itself, or the policy responses to it, 'triggered' violent acts from partners, family members, or other acquaintances. However, being subjected to violence during the pandemic, compared to pre-pandemic times, was described as more 'intense' in the narratives. This is exemplified in the following two quotes, in which some of Monika's (Slovakia) and Çiçek's (Turkey) experiences of **physical** violence are described. In both narratives, the social dynamics and political tensions caused by the COVID-19 pandemic and its policy responses surrounded and enclosed the narrators' experiences of physical violence in a couple relationship and a sibling relationship respectively:

> *Everything was on me, taking care of children, the baby, the household, the house. It was all on me and I couldn't take it anymore. Once, there was this situation, we came back home, he complained about the mess in the house. I was tired so I told him that kids can do some cleaning and then we… He smashed the plate on a table.*

We had an argument that I wanted to solve things and he did not. I said something bad about the behaviour of the oldest. He got mad and hit me in front of the kids. My daughter started to cry, so he hit her as well. I tried to defend her so he hit me again. I fell on the floor with my baby in my arms. (Monika, aged 34, Slovakia, C2NAR_SK05)

There was news about the statement of the head of Turkey's Presidency of Religious Affair targeting LGBTI+ individuals and claiming that "homosexuality brings with it illnesses (specifically referring to the COVID-19)". When I heard this news, I made some pro-LGBTI+ comments and opposed severely what he said. Then my brother started accusing me that how I am changed a lot and these ideas of LGBTI+ rights do not suit me. I got very angry and upset. We started to fight, and he beat me. (Çiçek, aged 26, Turkey, C2NAR_TR06)

Similarly, **psychological** violence was described as a more intense experience during the COVID-19 pandemic. In Marieta's (Bulgaria) and Mira's (Croatia) narratives, intimate partner violence was described as present already before the pandemic. However, the character of various forms of violent psychological acts – mostly verbal abuse – were depicted as more severe in the light of restrictive measures during the pandemic:

When he is abusive and he doesn't have something on the side to put his anger on, he puts it on you — in my case verbally, luckily, and not physically … While our situation was not rosy before that, the lockdown was a very serious factor in worsening it. (Marieta, aged 32, Bulgaria, C2NAR_BG06)

His drinking became heavier, and during the pandemic he had to swallow at least one bottle of brandy per day. He became aggressive, started to humiliate me, deprive me of money, call me a Serbian whore (Mira, aged 49, Croatia, C2NAR_HR02)

Compared to physical and psychological violence, sexual violence (which indeed overlap with the former two forms of violence) is not captured to a very large extent in the narratives. Nonetheless, sexual violence is present in, at least, two of the narratives. Monika (Slovakia) described how she tried to find a new flat after moving out from her previous partner during the pandemic: 'But any time I called to rent a flat, it was strange. There was this guy who asked me for "favours" if I would move in' (C2NAR_SK05). Thus, finding a new home during the COVID-19 pandemic was described as obstructed by sexist attitudes. In Mira's (Croatia) narrative, sexual violence was perhaps even more clearly articulated. The narrator said that she, together with the daughter of her previous partner, found a hidden camera in her male ex-partner's home: 'I found myself in the middle of an epidemic, trapped in an apartment with … a man who seemed to be filming our intimate relationships' (C2NAR_HR02). The experiences of Monika and Mira indicate that the intense and isolating nature of the pandemic seems to have made victims of sexual violence particularly vulnerable.

Another form of violence represented to a certain extent in the narratives is economic violence. The narrative of Sylvia from Slovakia, shows that economic violence harms not only the primary victim (in this case a woman whose income was taken away from her by her male

partner), but also secondary victims (in this case children, who could not participate fully in online teaching due to economic violence towards their mother):

> I was with a partner during the first wave. I experienced violence, both psychological and physical. He also took my money. He stole from me when he didn't find a job and didn't have money. He had no money, only I had parental allowances. But at that time a lot of money was needed. The children went on online schooling, I had to buy equipment and increase the data. In general, I have a feeling that more things are needed when they are online than when they go to school. That was very challenging. (Sylvia, aged 36, Slovakia, C2NAR_SK06)

Yet another form of violence present in the narratives is what could be conceptualised as legal violence. Here, this refers to how perpetrators (usually men in heterosexual relations) use the legal system in order to obstruct or delay litigations concerning divorce and custody. This is of course not specific for the COVID-19 pandemic, but as judicial systems were affected by the pandemic, victims of violence were left on hold. Evelyn's narrative illustrates the stress and loneliness connected to the waiting for a decision from, in this case, the Court of Appeal in Iceland:

> I've been going through a custody dispute with the father of my child for several years now. He was charged for violence against our child and after hearing about his abuse towards other children, I completely stopped him from seeing our child. Then a year and a half later a judgment from the main hearing in the District Court ruled that he should be granted full custody. The case goes to the district court just as covid is starting and it really took its toll on me and was absolutely horrible. The summer after this ruling was the first summer of covid so everything felt really strange both for the sake of covid and also because I felt as if I wasn't allowed to be with my child. It felt like I had lost my child. I did not have custody of my child but I was still trying to do my best to create a normal life for the both of us. I had good support here in Iceland but it was hard not being able to visit my parents who live abroad, both because of this custody battle and also covid. I experienced a lot of loneliness during this time. About half a year later the case then went to the Court of Appeal where the prior ruling was reversed and I was granted full custody. (Evelyn, aged 37, Iceland, C2NAR_IS10)

Finally, the forms of violence portrayed above are mostly pointed out in narratives of women in their 30s and 40s who have been subjected to violence from an intimate male partner or ex-partner. To some extent, the intersectional nature of various forms gender-based violence is captured in the narratives, for example in the descriptions of: Çiçek's vulnerable position as a woman defending LGBTQI+ people's rights in Turkey; the position of the Slovakian mother Sylvia's providing and nurturing for her children; the misuse of Mira's Serbian ethnicity as grounds for verbal abuse. In all, the forms of violence presented here are well-known in previous research on gender-based violence, but what stands out in this analysis is that the COVID-19 pandemic, and its policy responses, have added an extra layer of unease, uncertainty, and intensity for victims of gender-based violence.

Coercion, surveillance, and control

Except the forms of gender-based violence described so far, other restrictive behaviours – such as coercion, surveillance, and control – are present in the narratives. On top of the movement restrictions already in place in many countries, the narratives illustrate that perpetrators (mainly men in heterosexual relations) used the pandemic as an excuse to control and isolate' their female intimate partners even further as the narrator Emma from Sweden mentioned (C2NAR_SE07). Typically, surveillance and control were exercised through making decisions about where to live and settle down during the COVID-19 pandemic. Since housing is such a basic human need, maintaining the power over where to live was an 'effective' form of surveillance and control. When combined, consciously or not, with specific pandemic related movement restrictions it turns out to be even more forcible, which is illustrated in the narratives below of Marieta in Bulgaria and Emma in Sweden.

Marieta was not economically dependent on her male partner, but her story reveals another form of dependency – in terms of not being able to decide where to live:

> *I was dependent on him because we lived together in his flat. He knew it very well and made me as dependent as he could. During the pandemic, he wanted us to live in his house outside the city. I was fully isolated from people. (Marieta, aged 32, Bulgaria, C2NAR_BG06)*

In a similar vein, the narrative of Emma from Sweden delineates how the decision about where to live during the COVID-19 pandemic could function as a way for perpetrators to achieve increased surveillance and control. The narrative centres around Emma getting a new job, in which she could mainly telework. However, a precondition set up by her male ex-partner for her taking this job was to move to another city. This led to increased surveillance, isolation, and fear:

> *He would not have let me take this job if I hadn't agreed to move … He did not want me to work and expose myself to risks. Also, he was not working at the time, yet I did most of the housework. I was exhausted all the time but questioning the division of housework only led to arguments. Moving made the situation more dangerous, living near my friends and family had acted as a restraint in terms of violence as I always had the option of going to my mother if there was a crisis, but it also made the relationship calmer in some ways. As I was working from home and since I didn't know anyone in this city, he had complete control over me. He knew where I was at all times. (Emma, aged 30, Sweden, C2NAR_SE07)*

Although where to live and settle down during the COVID-19 pandemic stands out in the narratives with regard to controlling an intimate partner, other 'techniques' for controlling one's intimate partner's independence and mobility are present as well. Surprisingly, digital violence, for example by using online tools for surveillance, was not mentioned in the narratives. However, in one of the narratives, of Maria in Italy, it is said that her male ex-partner 'forbade [her] to use the phone' to call the national hotline service 1522 (C2NAR_IT04). Yet another way of controlling one's intimate partner was to provide the partner with necessities so that there was no need for leaving the home, illustrated here in

the narratives of Tina in Serbia, 'He didn't let me buy food during the lockdown, but he brought what he thought he needed' (C2NAR_RS04), and Mira in Slovakia: 'I would better not go anywhere … He bought large stock of food and if anything was missing, I shopped online' (C2NAR_SK07).

To summarize, the forms of controlling behaviours presented here are not specific for the COVID-19 pandemic, but when performed at the interpersonal level – at the same time as movement restrictions, lockdowns and similar policy responses permeate the societal level – the forms and degrees of control must be regarded as remarkably intense. This is especially true for regulating and manipulating an intimate partner in terms of housing and mobility. It is important to remember that the examples provided here are not exhaustive. Rather, the findings should be read as illustrations of, in particular, how women in heterosexual couples across Europe have experienced various forms of coercion, surveillance, and control from their male ex-partners or partners during the pandemic. In terms of intersecting inequality grounds, these forms of restrictive behaviours or 'techniques' related to housing and mobility show that gender (and gender-based violence) is deeply intertwined with place, space, and situatedness.

Resisting gender-based violence

The narratives are indeed markers of how people subjected to gender-based violence have been made vulnerable during the pandemic. Similarly, the narratives embody the agency of victims of violence in that they actively respond to the maltreatment they are subjected to.

In some narratives about intimate partner violence, the narrators talked about how they exercise resistance at the **intra-personal level**. They put their hope in faith, 'I was helped by my faith: even if I was not able to go to church, I prayed for patience' (Ljuda, aged 45, Estonia, C2NAR_EE09), or in future justice: 'I just want my children back … I believe there will be justice' (Mina, aged 36, Luxembourg, C2NAR_LU01). Others found meaning in looking after their home, garden and caring for their children. Of course, such coping strategies do not stop the violence, but they seemed to function as a temporary mental relief: 'it was awful, but I continued to work in the garden, perform all the housework, support the daughter' (Mira, aged 49, Croatia, C2NAR_HR02).

The most obvious form of resistance expressed in the narratives is the striving for **leaving a violent intimate partner relation**. In several narratives, the COVID-19 pandemic, with the increased levels and new forms of isolation connected to it, motivated individuals subjected to violence to leave their perpetrators where possible. This is exemplified in the following three excerpts. The first example is from Marieta, who described how the pandemic made her realise she had to leave:

> *The pandemic, in fact, sped up the process of our breakup. I knew something was off from the first weeks of our relationship. But I thought it could be fixed. With the lockdown, the relationship became so horrible that it motivated me to leave. I could*

finally see that this is truly wrong, that I shouldn't bear all of this, not even a part of it. Towards the end of our relationship, he was regularly swearing and shouting at me, threatening to beat me up, throwing objects at me. I left in the beginning of 2021, so I spent almost a year in this hell. I was lucky not to have a child with him. One day, I called my mother. I hadn't talked to her for a year and a half. I just called her and told her: I'm coming back to you. She had no idea what was going on before that. (Marieta, aged 32, Bulgaria, C2NAR_BG06)

Similarly, Emma described the breaking up and leaving process, triggered by the pandemic:

The pandemic made leaving more difficult and I had to wait for society to open up a bit more. Then in summer 2021, I had planned to go and visit a friend of mine for a week. On some level, I think I knew that I was leaving him. Before this trip I did everything to please him in order to make sure he would trust me to go. I made it to my friend's house but one night he showed up for a surprise visit and he became very violent. I realised then that this was the time to end things. (Emma, aged 30, Sweden, C2NAR_SE07)

Finally, Çiçek referred to leaving a violent brother as soon as restrictions were lifted:

After I was subjected to violence by my brother, I had needed to get support very much. However, my top priority was to get away from them at that time and I did not have a chance to think and act for my well-being. I tried to be more solution-oriented due to the emergency of the situation. After I left the house, I rarely communicate with my parents and my brother. I am just so happy that I am not with them right now. (Çiçek, aged 26, Turkey, C2NAR_TR06)

The narratives indicate that the possibilities of escaping gender-based violence, especially within intimate partner relations, have been limited during the COVID-19 pandemic. However, the narratives of Marieta, Emma, Çiçek and other survivors of gender-based violence reveal that resistance is possible. **Three enablers for leaving a violent relation during the pandemic stand out in the narratives:**

- being able to support oneself economically;
- having access to social networks; and
- having access to professional support.

Regarding financial independence, the narrator Marieta simply said that she 'wasn't financially dependent on him, luckily', which she described as a precondition for leaving her ex-partner (C2NAR_BG06). As for social networks, Maria's (Italy) and Mira's (Slovakia) narratives serve as examples of the importance of having access to family and community networks, such as brave mothers, caring neighbours, and parents with some extra living space:

Once, secretly, I asked my mother to get information from the counselling centre on how to deal with violence. They told her to contact 1522 … a neighbour of mine who heard me shouting, at a time when my husband had gone out, knocked on my

door and asked me how I was. I asked him to make a phone call and called 1522. (Maria, aged 35, Italy, C2NAR_IT04)

I always went to my parents. We now live with them. Fortunately, we have a very good relationship and they have always helped me, although it had not been easy. He threatened them too. (Mira, aged 35, Slovakia, C2NAR_SK07)

In terms of access to professional support, the extraordinary obstacles related to offering places in safe houses or providing other forms of support for victims of gender-based violence during the COVID-19 pandemic are represented in the narratives. However, there is also room for better stories of understanding and compassion. The narratives of Mira in Slovakia and Branko in Croatia both illustrate the importance of professional knowledge (among counsellors, social workers, the police, etc.) about how gender-based violence operate in intimate and family relations:

It was during the first wave, when after some incident I called the counsellor. She told me that I experience violence and gave me a number for a helpline for abused women. I called them. (Mira, aged 35, Slovakia, C2NAR_SK07)

I spoke with an intelligent inspector, and he could not believe it when he heard my story. He decided to report both of them [an ex-wife and a son who exposed Branko for psychological and physical violence]. I knew that this is the end. They escorted me to the apartment, I packed my life into 5 bags, and found private accommodation. In five days, I spoke with the organization that deals with domestic violence, the centre for social welfare, and finally, after five days was escorted to a safe house. Here I feel safe. And now I need to find a new place for living. I will probably go to the town where my sister lives, and will end my days living in peace with the world. (Branko, aged 66, Croatia, C2NAR_HR04)

Overall, this section has depicted that there is room for resistance towards gender-based violence. Although the analysed narratives are written primarily from the perspective of women subjected to violence in heterosexual intimate partner relations, they still offer some **intersectional insights**: Marieta's (Bulgaria) narrative on the importance of having an income of one's own shows how agency is conditioned and mutually constituted by gender and social class; Maria's (Italy) narrative on the support given to her by her mother can be read as a story of how empathy and solidarity are fostered through the intersections of gender, age, and generation; Branko's (Croatia) narrative serves as a reminder of the unpredictable ways of gender-based violence and the, sometimes, blurry boundaries between perpetrator and victim.

Finally, this section on resistance towards gender-based violence during the COVID-19 pandemic is closed by citing the narrative of Evelyn in Iceland. Her story reflected the frustration expressed in many narratives, a frustration that can foster **mobilisation and collective action** as a form of resistance:

The government's awareness-raising and increased emphasis placed on domestic violence in COVID-19 is not resulting in any actions from the government. Women, like me, have been forced to let their children into the hands of perpetrators. This

needs to change, so I am fighting with other women in pressuring the authorities to take action. (Evelyn, aged 37, Iceland, C2NAR_IS10)

Education

A total of 94 narratives were tagged by the national researchers as addressing the education domain. Out of these, 53 narratives were told from the perspective of learners, primarily young people studying at secondary school or university, 22 narratives were told from a parent's perspective, and 19 narratives were told from the perspective of teachers or other actors with insight into the education domain (e.g., NGOs, social workers). There was some overlap between categories (e.g., teachers who were also parents) and in some cases the narrative's relevance to the domain was not clear, hence the total number of narratives included in the analysis is less than 94. The results section below will start with the learners and some of the issues that can be identified in their narratives. This is followed by a section from the parents' perspective and a section on how teachers and other actors involved in the education domain experienced the pandemic.

Learners

The narratives told from the perspective of learners show how the pandemic has hampered people's access to education in a number of ways. Although the closing of schools was a measure applied differently across different countries, all countries saw at least some limitations on education in a physical environment at some stage during the pandemic. In a few narratives, the closure of educational institutions meant that there was no access to education. Lur, a non-binary, autistic person from the Basque country described how this affected them:

> *I was unemployed the entire time and I was studying to get my high school degree at the Adult's school. My education was completely interrupted because of covid when the schools shut down, and my educational center made no effort to keep in touch with us students and so I felt very lost (Lur, aged 33, Spain, C2NAR_ES01).*

Lur eventually started back in school and got their degree, but it took time to readjust. Due to their autism, they found changes in routines difficult to handle. Stories like Lur's are quite infrequent in the narratives, a far more common scenario was that education was still formally available but not in a physical setting. This **shift to online education** had severe implications for many of the narrators. In terms of access to the physical equipment required for this shift, this is clearly a question of inequality. Differences between countries are apparent in this regard. Not only in terms of ability to afford the necessary equipment (laptops, cameras, broadband etc.) but also in terms of the reliability of internet services. Several narrators' economic situation worsened during the pandemic, either because their parents lost their jobs or because they themselves lost their part-time jobs. This, of course, affected their ability to upgrade their digital equipment. For others, leaving campus essentially meant leaving access to Wi-Fi behind. When universities closed, many students returned to live with their parents. In some cases by choice, in others by force. Susan lived

in a student dormitory in Slovenia and during one of the lockdowns, the students were suddenly told to leave the dormitory and go home. A decision that Susan questioned:

> What about somebody who comes from a family with domestic violence and was forced to go back into that environment? Some students were forced to go home where everybody was COVID-19 positive, but they had no choice. Or they didn't have internet connection and they were not able to attend online lectures. Nobody cared about those students, it was just said we have to leave the dormitories (Susan, aged 21, Slovenia, C2NAR_SI08).

In the end, Susan got to stay as she had mandatory laboratory sessions on campus and the commute was too long, but she remained upset at the casual way in which students were essentially evicted from their home with no warning in advance. To some students, like Aliz from Hungary, **moving back home also meant losing one's sense of independence**:

> We were quarantined in our own flat by our dad, who took control on the grounds of an emergency, even though we had been independent for years, but now he was controlling who we could see and how. This caused so much tension that my sister and I moved to another flat for a week, and then we moved back home with new living arrangements. But after that our family life became very peaceful … In hindsight, it was difficult to move back home to my parents because of COVID, because the calm environment, the care of my parents, the fact that my dad even read my exam essays, made me forget what I was capable of (Aliz, aged 23, Hungary, C2NAR_HU01).

Several students also questioned the lack of support and understanding both from the university and the government. While school closures were debated widely, several university students felt that they had been forgotten about. It was simply assumed that they had not only **the digital equipment required but also the skills necessary to use them**. Müjde, a student from Turkey challenged this assumption:

> I had to use my phone and its data to follow online classes, write my papers and exams. Even so, I could not have stable internet access at home; the moment I moved the phone, I was losing internet … in June 2020, I bought a laptop using my scholarship money. So I went into a lot of debt to pay the monthly instalments of the laptop and the extra charges on my phone bill. However, as I did not have any keyboard literacy, I was so slow in typing to the extent that I failed some of my exams since I could not finish typing answers on time. Before the pandemic, I never a failed a course (Müjde, aged 23, Turkey, C2NAR_TR10).

Even for those who had access to the necessary tools, remote education was still a challenge. Not least because **many teachers were ill-prepared for the task**. Countless narratives related how pupils and students struggled to focus and lost motivation to study when classes moved online, partly because the teaching was not adapted to the online format. Maria, a teenage girl from Bulgaria, ascribed some of her teachers' shortcomings to their old age, lack of skills and tools:

Our teachers had no idea how to use all these digital tools because they are older and haven't worked with computers so much. Many of the teachers just sent us written presentations. We had to read and learn from them without having online live lessons because they didn't know how to do this, or didn't want to do it … In Maths it was also difficult even though we had online lessons. The teacher didn't have a blackboard to write the math problems, so she was only telling them verbally and it was really complicated to grasp anything (Maria, aged 15, Bulgaria, CSNAR_BG01).

Adam, a 21-year-old student from Poland, also stated that younger teachers were better at using the tools available to 'work together, brainstorm etc.' whereas with older teachers, it was usually a case of 'listening and reading the 90-minute lecture displayed on the screen' (C2NAR_PL01). Sometimes, it was not the teachers' shortcoming that was highlighted but the fact that the particular subject was not well suited to the online format. Mario, a 26-year-old drama student from Croatia, described his online lectures on body movement as 'grotesque' (C2NAR_HR09) and Greta, a master's student from Romania, felt completely disconnected from anthropology due to the online format:

It felt demotivating, uninspiring and alienating. I just could not connect with the classes. I would sit in the online class and I would wonder where the spark was. I would hear references to anthropology, we were obviously studying anthropology, there was an anthropological perspective applied to the talks, but it did not feel like anthropology (Greta, aged 23, Romania, C2NAR_RO01).

Greta came close to abandoning her studies altogether. She managed to graduate in the end but with a, in her own words, 'subpar thesis'. Many other narrators also said that their **learning process had been disrupted** and that they would have learnt more, got better grades or finished earlier if it had not been for the pandemic. Julia, a 17-year-old Spanish girl living in foster care, struggled to access online classes as the house she lived in as there was only one computer to share between several people. Her social worker gave her an old laptop that did not work very well, and she soon became too unmotivated to attend class. After a while, her teachers stopped reaching out to her, she failed all her exams and had to repeat a year (C2NAR_ES08). Several narrators were doctoral students whose projects were delayed as the pandemic made fieldwork impossible. Some of these managed to get extensions, others were met with little support from their universities. For Mary, a doctoral student living in Sweden but originally from a non-EU country, the situation was made worse by a recent change in Swedish migration law:

The pandemic also heavily affected my data collection. It was delayed by eight months, and in the end the university gave me a three-month extension. I will not be able to finish my PhD on time and there is a second aspect that makes this much worse. Last summer they changed the law for getting permanent residence in Sweden. Before this change, four years of employment as a PhD student entitled you to permanent residence. Now, you need a work contract guaranteeing employment for at least 18 months after your PhD (Mary, aged 29, Sweden, C2NAR_SE08).

Mary said that securing an 18-month position directly after a PhD is virtually underheard of in academia and she would have to finish her PhD under the pressure of deportation. She did not think that her university was supportive enough of their international students and employees. This was a sentiment shared by several student narrators who felt that **universities showed very little understanding of the particular difficulties of international students.** For instance, when students were told to 'go home' during lockdowns, it was not necessarily clear whether that meant they should leave the country or not (Anna, aged 26, Ireland, C2NAR_IE01).

Regarding learning outcomes and grades, the narratives show that this was not only a matter of uninspiring teaching resulting in lacking motivation, but it was also partly connected to their teachers' difficulty in **gauging what a suitable workload** was when education was done remotely. In some cases, this shifted during the pandemic. Peter, a 19-year-old student from Slovenia, described the first lockdown as the 'golden age' of the pandemic. No one expected it to last very long, the teachers gave them a small amount of coursework to do, and he had a lot of spare time for his hobbies. During the second lockdown, everything was different. They had normal classes but on zoom which meant spending seven hours a day in front of the computer screen, leaving him completely exhausted (C2NAR_SI09). On the other hand, if the bar is set too low, pupils could end up ill-prepared for university. This appeared to have been the case for Ben, a 21-year-old student from the Czech Republic who said the 'level of the coursework as well as the required standard decreased' in his school during the pandemic. When he started university in autumn 2021, he had some difficulties catching up as the 'courses were way more demanding' than what he had experienced in school (C2NAR_CZ09). For university graduates, a similar argument can be made: **the pandemic made some students feel ill-prepared for working life**. As Elisa, a transgender nursing student from Denmark, put it:

> *The things that I missed in relation to my education and the skills I could have gotten during internships are lost. They will not be compensated. My degree has not been put on hold. I just have to continue through it. I feel I could have become a better nurse if corona had not been there. The skills that you have as a nurse are the skills that I have not been taught. Now I have to learn them another way (Elisa, aged 25, Denmark, CSNAR_DK01).*

Remote education not only meant that many pupils and students struggled to meet their educational needs, but it also made it much **harder for them to meet their social needs**. To some extent, these two needs are interconnected in the narratives. Ben, who was cited above and whose experience with remote education was relatively positive, said he had two close friends that got him through it: 'I used to call them every day. So when I encountered any issues with homework or anything, they always helped me' (C2NAR_CZ09). When face-to-face social interaction with peers and teachers was lost, many found learning more difficult. Bastian, a queer student of social work found the social isolation particularly hard due to the difficult subject matters they studied:

We all switched to distance learning, which sometimes did not work very well. Eight hours a day, five days a week in a video call is really exhausting. Imagine, doing group dynamics in a video call with 50 people! This was strenuous … The topics we are learning, are really tough, such as child abuse and psychiatry. And then these topics stay with you, as you don't change the scenery and cannot chat with anyone about it (Bastian, aged 41, Austria, C2NAR_AT11).

The social isolation experienced when schools closed had a **considerable impact on the mental health of the narrators** and feelings of loneliness, anxiety, apathy and depression were commonly reported. For some, the negative impact of the isolation only became apparent as time went by:

I am generally an anxious and introverted person so in some ways I revelled in the opportunity to stay at home and cancel plans as it seemed like a sort of holiday from my responsibilities and obligations. However I underestimated the toll that the isolation would take on me long term. I have always suffered from low mood but this began to get worse (R, aged 28, UK, C2NAR_UK05).

'R' worked part-time whilst studying for her master's degree during the pandemic. As a newcomer in both her place of work and her university, she struggled to make meaningful connections. She said her mental health had been suffering for years but the pandemic was a breaking point and she started feeling suicidal. After receiving therapy and medication, she felt more positive about the future.

For others, the impact of the isolation was less severe and is probably best expressed as disappointment that **a considerable part of their youth did not turn out as anticipated**: they missed their friends, travelling, parties and other social gatherings. As Anna, 26-year-old migrant student living in Ireland, put it: 'everyone says: "these are your best years!" and then you are stuck at home all the time' (C2NAR_IE01).

Although remote education was viewed in a negative light by most, there were some exceptions. For instance, a few of the transgender narrators actually stated that they preferred it to in classroom teaching. Jan, a transman from Belgium explained why he felt this way:

In March, most of the school classes were given online, while the students were following from home. This was actually good for me, because I did not feel like I could be myself in school because I'm trans. So even though it was difficult to have remote education, on a social level it was better for me. People in school didn't understand me, and I had no friends (Jan, aged 19, Belgium, C2NAR_BE02).

Finally, considering the importance given to the social context provided by schools and universities, it is noteworthy that several of the narrators found that once educational institutions opened back up again, they were **struggling to reconnect with their peers.** Nora described it the following way:

I found it difficult to be completely isolated and taken away from people and when things started to feel normal again, I thought it was difficult to reach out to people

around me. Friendships did not develop normally during this time, especially those friendships I made in the beginning of my high school duration. So yes, the situation really affected my mental health (Nora, aged 18, Iceland, C2NAR_IS04).

The pandemic appeared to have caused a deterioration of social skills for some of the young people interviewed. Whether this effect will have long-term implications for them remains to be seen.

Parents

Many of the issues brought up in the previous section were apparent in the narratives told from the parents' perspective as well. The parents spoke of how their children struggled with remote education, both in terms of technical and social aspects, and many were worried about the effect on their children's well-being and their future prospects. They also spoke of their own struggles trying to motivate their children as best they could and the predominant theme in the parents' narratives is that **schools asked too much from parents** in this regard.

Several narrators spoke of **difficulties combining work with catering to their children's needs** when the schools closed, such as Elsa, the mother of a ten-year-old with a mental disability and a teenager:

> *My youngest son was jumping and bouncing around the house, so I needed a care provider before lunch and after lunch so I could work. I often had back-to-back meetings online and in the meantime was still trying to manage the care providers for my youngest and to give my oldest son some structure. I feel I failed in all of that. My oldest son developed a game addiction and stole money from my account to pay for the games. He did nothing at all for school (Elsa, aged 43, Netherlands, C2NAR_NL02).*

Other parents who have children with special needs also found school closures extremely challenging. In a sense, Elsa was lucky in that she had access to a care provider, which was not the case for several other parents in a similar situation. The feeling of failure on all fronts that Elsa describes was apparent in other narratives as well. Rachelè, a 41-year-old mother of five from Lithuania, has a child with a heart defect and for this reason, they home-schooled all but one of their children throughout the pandemic. She said that the 'teachers' requirements were very high' and that she as a mother 'was unable to fulfil them' (C2NAR_LT06). Rachelè also compared the first lockdown, when they all made an effort to do fun things together, with a much more difficult second lockdown. At this stage, she had started working part-time, but trying to keep up with work whilst managing her children's schoolwork became impossible and she had to leave her job.

Some of the parents also felt that **the use of technology was excessive** during the pandemic. Olga, a mother of three of Russian origin but living in Estonia, said this placed an extra burden on mothers:

I had to keep an eye on their electronic school application my cell phone to check whether they had a video lesson or what web application they were supposed to use to do some tasks, which work sheets had to be printed out and completed, then photographed and sent back to the teacher … I understand that the teachers were trying very hard to create diverse tasks to motivate students and help them learn but all this diversity also put a lot of stress on mothers, who had to be available to help the students. Supervising schoolwork was a full-time job even for me—and I work in education! (Olga, aged 38, Estonia, C2NAR_EE05).

Ammar, a Syrian living in Turkey, is also a teacher and a father of three. He held similar views but also questioned whether it was appropriate for young children:

Online education made the children depend too much on computers and technology which is not healthy especially in their early years. And if the children are attending online courses and if the father or the mother is not sitting next to them, they never pay attention to those courses (Ammar, aged 41, Turkey, C2NAR_TR07).

The use of technology was, of course, especially problematic in cases where the necessary resources were not available and even in more affluent countries, where access to high-speed broadband is almost universal, there are forgotten groups. In Sweden, asylum seekers in one such group. Sara, a refugee from Iran living in Sweden with her husband and teenage son, told her story:

Access to the internet was another huge obstacle. Every month we bought 200 minutes of phone credit and 3 GB of data each. That costs 300 SEK which is a big part of the 5000 SEK (approx. €500) we get each month. My son sometimes had to do online classes as well and one time he ran out of data in the middle of a lesson. I called the Migration Agency asking for help. They put me on hold and after 15 minutes, my phone credit ran out (Sara, aged 34, Sweden, C2NAR_SE10).

Not only did the Migration Agency fail Sara. The school also **failed in their obligation to ensure each child's right to education** was upheld. Sarah, a Syrian refugee living in Bulgaria, also faced difficulties helping her children when teaching moved online. As she did not speak Bulgarian, she could not help them much and they fell behind in their schoolwork (Sarah, aged 34, Bulgaria, CSNAR_BG09).

Apart from these stories told from a perspective of disadvantage, there are also stories told from a privileged perspective acknowledging inequalities in access to education. Andrea, a mother of two from Austria, said she had to convince the kindergarten director to take her older child back after she ended her maternity leave with her younger child. She believed **parents in less advantageous positions may not be as persuasive**:

I am afraid that less educated and less privileged families did not get the same support. Especially the migrants' kids, who would benefit from the pre-school year. The motto was kids should stay at home as much as possible. I think that as a consequence of this motto, those most in need of support did not receive it (Andrea, aged 42, Austria, C2NAR_AT10).

Cristina's teenage son is a top-level athlete, and all his in-school training was suspended when the pandemic hit. They were told that now 'we'll see who's really motivated' but Cristina was of the opinion that it is not just a matter of **individual motivation but also a matter of psychological support**. Not all parents are equally able to provide this, and when schools remove this support, inequalities emerge (Cristina, aged 47, Luxemburg, C2NAR_LU06).

There were also a few 'better stories' amongst the parents' narratives. Some of these told of difficult times mixed with **gratitude that they had got to spend more time with their children** and got to know them better. There were also narratives that described the shift to online education as surprisingly smooth. Sometimes these positive feelings were ascribed to their children being hard-working and motivated, but there were also narratives that praised the efforts of the school. Oonagh, a mother of two from Ireland said that her kids 'actually did great' and that 'everything was so well organised':

> *For example, my daughter needs routine, and her school ensured that a routine was followed. She had to be in front of the computer, wearing her uniform, from 8.45am to 3pm. "We had lots of parent-teacher meetings on Zoom and the teachers were brilliant. I am so thankful for that. Actually, her results went through the roof from Cs to As" (Oonagh, age NA, Ireland, C2NAR_IE05).*

Two things stand out in Oonagh's narrative. The first is that **communication between teachers and parents worked well**. The second is that **the school managed to cater for the individual needs of her daughter**. The second aspect was also apparent in Valeria's narrative:

> *Our family has a very good experience with our children's school – both before and during the pandemic. One of our sons got an assistant helping him and a few other migrant and Roma children in his class with the schoolwork. She continued to meet with him during the school closure for online sessions. We could be involved in our children's education, but it was great to get additional support, especially with the Czech language classes. Overall we appreciate the school's personal approach here (Valeria, aged 39, Czech Republic, C2NAR_CZ01).*

Valeria is originally from Russia, and she was pleased with how inclusive her children's school was to migrant children. However, inclusion in one area does not apply inclusion in all, and because of issues mainly relating to access to healthcare, she and her family felt like 'second class citizens' and were considering leaving the Czech Republic.

Teachers and other actors

There is a considerable overlap between this section and the last as several of the teachers are also parents. Olga, for example, who described her difficulties managing her children's online in the previous section also told of her own professional struggles:

> *I also have a tiny office at home but it does not have a door and thus could not be used for my own teaching. Not that the bedroom door helped: my daughter stood*

behind it, crying and demanding my attention. My students got to know my family, too. I am now conducting my Zoom seminars from my office and at times my daughter has to sit in my lap (Olga, aged 38, Estonia, C2NAR_EE05).

Apart from the lack of a **suitable working space**, Olga's main problem was that there simply were not enough hours in the day to fulfil her roles as both a mother and a teacher. She often woke up in the middle of the night to work. Although this **role conflict** was burdensome, she did see something positive in the fact that her students got to know her better.

Whether the teachers had children or not, balancing the learners' needs with their own needs became very difficult during the pandemic. As the learners' need for support increased, the **burden of work on the teachers often became unmanageable**. Just like the student and parent narrators, the **teachers spoke of vast inequalities** in the field of education and they often spoke with a greater understanding of the scope of the problems. The narratives contain a number of stories of teachers going above and beyond to help their pupils and students, despite some seemingly insurmountable obstacles. Fulya, a teacher from Turkey, said that when the pandemic started, only 18 out of 47 pupils in her class had access to the internet and several of the children dropped out of school. For girls, staying at home often meant increased housework which was an incentive to stay in school so in Fulya's experience, mostly boys dropped out. For those who stayed in school but could not join classes, Fulya started WhatsApp groups to keep them engaged. She also arranged peer learning classes in the garden for students who lived nearby each other: those who could attend via zoom taught those that could not. Fulya said that **teaching during the pandemic was completely dependent on the teachers' own initiatives**. It required 'a lot of flexibility, experience and endurance on the side of the teacher … But it also enhanced solidarity between teachers' (Fulya, aged 42, Turkey, C2NAR_TR03).

In Serbia, Ines worked as a pedagogical assistant for Roma children during the pandemic. These children had a very difficult time accessing education online and their parents were often functionally illiterate. During lockdown Ines had no way of checking on them but as soon as restrictions lifted, she started going to their settlements with homework, returning to pick it up a few days later. Being Roma herself and having no university degree, Ines did not feel respected as a colleague at the school, even though she was officially employed by the ministry of education. She said she did not mind this as she knew how important her work was:

> *I am very proud that even before the pandemic, I taught all the children I am responsible for to use Google as a searching tool for what interests them. It has made it much easier for them to follow the lessons; they don't have parents to ask when they don't know something, so they ask Google! Here I see how important my role as a pedagogical assistant is. For example, in 2018, 22 students repeated the class, and this year only three! (Ines, aged 46, Serbia, C2NAR_RS06).*

While the above narrators worked hard to meet even the most basic educational needs of

their pupils, there are also stories from less disadvantaged areas **where teachers tried to find ways to meet the neglected social needs** of the learners. Sonja, a university lecturer from Austria, gave one such example:

> *I also supervise several master's theses and have seen that many students have taken breaks due to the pandemic. To counteract this, I offered my students coaching outside while we went for a walk in the vineyards for an hour. I offered this in addition to my regular lessons because I noticed that more coaching was needed. Students made use of this offer a lot. But this meant much more work for me as a teacher – and my colleagues have had similar experiences. (Sonja, aged 65, Austria, C2NAR_AT09).*

Isabelle, who was involved in the management of a centre for children with mental disabilities in Luxemburg, said that special needs education was somewhat neglected during the pandemic: 'everything revolved around COVID... educational aspects were completely evacuated' (C2NAR_LU08). School closures also made life difficult for the parents of the children and Isabelle tells of the work the teachers did to support them:

> *Our institutions and our teachers were very creative. For example, some teachers went every day to see all the pupils in their cars in front of the door to see them and bring them something to relieve the parents and tell them you know what, I'm coming to get your daughter or your son, I'll take him or her for a walk in the neighbourhood for an hour so that you can take a break for an hour (Isabelle, 49, Luxemburg, C2NAR_LU08).*

In Spain, Nuria worked as a director of an early childhood education centre in a socially disadvantaged area. She said that during the pandemic, her **school 'had to cover many needs that went beyond the merely educational**, due to the lack of assistance from the social services' (Nuria, aged 55, Spain, C2NAR_ES10). This included providing families with necessities such as food and clothes. On top of this, the ever-changing protocols added to their workload. Nuria said the children suffered badly from social isolation and they had noticed some developmental delay but they had not 'had time to analyse in depth the impact at the educational level'. The **ties between schools and social services** were also explored by 'C', a social worker for the UK:

> *Due to school closures, all of our ability to monitor children was removed as usually schools and teachers played a significant role in keeping an eye on those who might be at risk of abuse. As social workers, we don't have the same capacity and therefore we all had to be on high alert. For many of these children, schooling was already very difficult as they are preoccupied by their trauma. They were often unsettled in their education and so the pandemic added even more uncertainty and anxiety to an already difficult situation (C, aged, 35, UK, C2NAR_UK08).*

A final perspective that should be acknowledged is that of those who work as educators outside the realms of formal education. **Many vulnerable groups rely on educational services provided by civil society organisations**, not least migrants who do not always have access to formal education. Ludmila, a retired woman from Germany, volunteered at

a centre offering various forms of support to migrant women. Most of those who worked at the centre were retired, and therefore vulnerable to infection, hence they could not continue teaching German or provide any of the other activities that the centre offered during the pandemic. This affected the well-being of both the volunteers and the migrant women. The latter group, who for various reason could not attend regular national integration courses, also lost out on a valuable educational opportunity (Ludmila, aged 66, Germany, CSNAR_DE09).

Work

In relation to the work domain,161 narratives were tagged by national researchers. No other domain was tagged as frequently, indicating the centrality of work in many people's lives. The narratives contain stories from people in a wide range of circumstances, from the relatively privileged to those who live in absolute poverty, each with their own story of how the pandemic affected their working life. It would be impossible to cover this range of experience here, hence this section will focus on four prominent themes in the narratives. The first two themes address the contrasting problems of underemployment, on the one hand, and overemployment, on the other. Many narrators found themselves working reduced hours, or no hours at all, due to the pandemic. At the other end of the spectrum, there are those that found themselves overburdened with work. Themes three and four will address two issues that are particularly prominent in the narratives that concern teleworking, but that can be applied more broadly as well: One is the impact of the pandemic on the narrators' perceived work-life balance, the second is the importance of work as a social context. As the themes presented here are frequently occurring, there is a danger of presenting only the most commonly voiced problems, leaving more marginalised voices unheard. To counteract this, the themes are kept broad enough to capture a range of experiences and efforts have been made to view the themes through an intersectional lens throughout.

Not enough work…

Around a quarter of the work narratives describe how the pandemic led to either unemployment or working reduced hours, usually resulting in a reduced income. It is clear from the narratives that those who found it difficult to make ends meet before the pandemic, struggled even more during it. People without secure employment, who relied on **irregular work in the informal sector** before the pandemic, stand out as particularly vulnerable as their access to social welfare is often limited. Several narrators from **ethnic minority groups**, such as the Roma, described such struggles. Ines is a Roma woman from Serbia who worked as a pedagogical assistant to Roma children during the pandemic. She said that the parents of these children usually 'survive by collecting rubbish on the street, and during curfew, they couldn't do that either'. She added: 'I don't know what these people survived on! I'm sure the kids were hungry!' (Ines, aged 46, Serbia, CSNAR_RS06). Teodora, a Roma woman living in Romania, described her situation:

My whole life was a struggle. I was neglected by my mother and was raised in a children's home since I was 11, where we would only get food, boarding and beatings, but no education. I cannot read or write. I had a very short career as a boxer for two years. I got married at 15-years-old and had to quit boxing. My husband is deaf and cannot speak, so we communicate through sign language. We get by helping people around the house, with cleaning, painting, cutting wood, gathering scrape metal and other odd jobs. My husband does the same type of work. We normally work together, because it is hard for him to communicate with others without my mediation (Teodora, aged 36, Romania, CSNAR_RO04).

Teodora and her husband were not eligible for welfare, and they were threatened with eviction from their house. In Teodora's case, it was not the work opportunities that ceased during the pandemic but rather her ability to take on work. Because one of her five children has meningitis, she stayed home with him for long periods of time as she was **afraid of infecting him with the virus**.

Many **undocumented migrants** were also left more vulnerable due to the pandemic. Bob, who migrated from China to Cyprus during the pandemic to live with his Cypriot wife, was unable to work and study due to his legal status. As he put it: 'I am not even sure I am residing in Cyprus legally' (C2NAR_CY03). The pandemic significantly **slowed down the process of both moving and obtaining a visa** which Bob found frustrating and he commented on the difference between China and Cyprus. In the former, technology was used much more efficiently. In the latter, personal contact with authorities was expected which was difficult during lockdowns. Despite his difficulties, Bob felt lucky to have the support of his wife and her family. Charlotte, who lived as an undocumented migrant in Belgium, was not so lucky:

I became undocumented around the time that the pandemic started. I had come to Belgium as a student, and finished my Advanced Master with high distinction. I received an offer from a professor to do a PhD, so I stayed … It later turned out that my degree was not eligible to be recognized for PhD funding. It was when this happened, that the pandemic also happened. Suddenly, I was undocumented during a global health crisis. This was very scary, and I lived in a precarious situation because I did not have any income, and I had to pay rent. I did not have any support system here. I had been finding student jobs in manual labour and cleaning, but in my position, I couldn't do it anymore during the pandemic (Charlotte, aged 33, Belgium, C2NAR_BE06).

Charlotte lived with a constant fear of having no income or 'being found out' as an undocumented migrant, which had a detrimental effect on her mental health. Even with the right documents, **migrants often appear in narratives concerning precarious working conditions and low pay**. For many, the situation worsened during the pandemic and for **those who found themselves outside the labour market, the pandemic made it more difficult to (re)enter it**. Ines, also a migrant living in Belgium, described her situation as follows:

My husband works and we are unlucky? because during the crisis the company he worked for went bankrupt and he was unemployed for almost a year. It was very difficult, the rent is quite expensive, it's increasing, the bills are increasing but the salary is the same … I'm looking for work, if I could find it easily, but I didn't study for it and I have back problems ... At the moment, I am stuck with the children at home. I signed up for sewing classes and paid for it and then finally it stopped because of covid and for me now it's not possible because I'm focused on the children and finding accommodation (Ines, aged 34, Belgium, C2NAR_BE04).

For Ines, the **pandemic disrupted her attempts at gaining skills** that could make her more employable. For others, even higher education was no guarantee of employment, and several narratives were told from the perspective of **recent graduates struggling to find suitable employment.** Young people have become a vulnerable group in that regard. Müjde, a student in Turkey, described her worries for the future in the following way:

I was so alienated from education, I even considered dropping out. Then I motivated myself to continue thinking that I should complete my education and have my economic independence. However, I have so many friends who are university graduates yet unemployed. I am also afraid to be one of them (Müjde, aged 23, Turkey, C2NAR_TR10).

Tibi, a law student from Hungary said that he already had two BA degrees in management and marketing but 'thanks to covid', he could not find marketing job after graduating so he applied to the Faculty of Law instead (Tibi, aged 25, Hungary, C2NAR_HU02). Tibi's narrative also discussed a homophobic LGBTQ law that was passed in Hungary during the pandemic, and he said that as a gay man, he faced additional limitations when looking for a job: 'I always wanted to work in a bigger company or a multinational company because they are more accepting than a small Hungarian company. That's why I never applied for a job there' (C2NAR_HU03).

Another group that stands out as badly hit by the pandemic is **self-employed people**. The narratives contain a number of stories from people in this category who found themselves with a drastically reduced income during the pandemic. A common concern, even in countries with well-developed welfare systems, was that self-employed people had not been adequately compensated for their loss of income. Narrators involved in various forms of artistic endeavours, in particular, appear frequently in the narratives. Anita, a singer from the Netherlands, found herself without work when all her performances were cancelled due to the pandemic. This put her in a very precarious situation:

I had no income anymore and was convinced that I would get help from the government like many other artists. But I didn't get it. Because I had not earned enough in the period before, I could not claim benefits. I could have objected, but then I would have had to gather so much paperwork that I didn't do it. I didn't feel taken seriously as a self-employed person. I therefore terminated my business. That meant that I had to tap into my savings that I had saved for my pension. That is now almost gone. I also had to rent out my cottage to have income. That meant that I

*wandered all over the country to stay with others when my cottage was rented out
again (Anita, aged 66, Netherland, C2NAR_NL01).*

**Anita's narrative shows a clear gap in the welfare system. It also shows how the
bureaucracy involved in applying for welfare, or contesting decisions, can exclude a lot
of people. Kristian, a Finnish art collector, was lucky enough to receive funding but he
was critical of the government's approach:**

> *I've applied for pandemic related funding for artists and got it. It's easy for me to
> write plans in the applications as I plan something all the time anyway. However, I
> don't think that it was fair to make us to write plans and compete for funding. Every
> professional artist should have simply received funding. Instead, money was
> provided for many big companies that did not even need it (Kristian, aged 46,
> Finland, C2NAR_FI07).*

Not all self-employed struggled during the pandemic. The type of business one was in
naturally played a role in this: whereas shop owners selling essential goods such as food
sometimes thrived, restaurant owners were often faced with the prospect of closing their
business. What is clear, however, is that welfare systems generally favour insiders, and
based on the narratives, small business owners do not necessarily belong to this group.
Tiina from Estonia found her own way of dealing with this fact:

> *I have a freelance job that I love doing and that fills me with a sense of creative
> achievement and then a job that I dislike that guarantees steady monthly income
> and also health benefits. … [me and my partner] both work in a sector of the
> economy where we agreed on a 25% pay cut at the beginning of the pandemic, as
> this is what the company proposed so that all of us could keep our jobs. The pay
> cut was very hard for us, as we are paying off a mortgage, but we also wanted to
> make sure that we get income and maintain our health benefits (Tiina, aged 48,
> Estonia, C2NAR_EE04).*

…or too much work

In addition to those who found themselves working less, there were also a number of
narrators who found themselves working far too much due to the pandemic. **Care workers**,
ranging from hospital staff to live-in care workers in the informal sector, stand out in this
regard. Ray is originally from Burundi, but he had been working as nurse in Belgium for the
past seven years. He described how an **excessive workload was combined with difficult
working conditions**, especially at the start of the pandemic:

> *At the beginning of the crisis, working conditions were very difficult in the hospitals:
> no masks were given and if you had one, you had to put your name on it, keep it on
> all day, or write down how many you had taken. We were sent to the battlefield
> without ammunition, we had no equipment. We had to treat all patients even if they
> had covid. We work with immunocompromised patients so it is also dangerous for
> them, but we had no protection. We were sent to the floors to help without knowing
> the patient's information. We had colleagues who caught the covid and
> contaminated the others. As we were short-staffed, we were obliged to work even
> if we had Covid, unless we didn't really stand on our legs anymore. We depended*

on the authorities, and when you love what you do you "sacrifice" yourself a little (Ray, aged 40, Belgium, C2NAR_BE03).

For Adina, a nurse living in the Czech Republic but working in Germany, the already long working days were extended by a very difficult commute:

The commute that usually takes twenty-five minutes got stretched to three hours and fifty minutes. Mainly because the government closed most of the crossings, and all the critical infrastructure workers and truck drivers were queueing at the one crossing that remained open. For me, it meant leaving for work three hours earlier, working my shift, and then driving home for three hours again. It got to a point where it was psychologically and physically unbearable (Adina, aged 53, Czech Republic, C2NAR_CZ10).

In addition to the mental and physical strain of commuting, Adina was also faced with hostility from the local population who regarded the commuters as 'virus spreaders'. However, she also spoke warmly of **the 'tremendous solidarity' between the commuters** and the **support offered by both her employer and her clients**.

Whereas Adina was in some sense overly mobile, **other care workers suffered badly from the lack of mobility and social isolation**. Milena is originally from Slovakia but was working as a live-in caregiver in Austria during the pandemic. Because she could not go home to Slovakia, she ended up living with her client for a long time and her strained relationship with her client's adult children made the situation worse:

The children underestimate how much work I have with my client. At the same time, they are rarely around. I find this particularly difficult because all the things that need to be done around the house are put on my shoulders, though they are not covered by my contract. I earn 800 euros net, "no man would do this job for so little money". For example, when it is snowing, I must clear the 100-150 m2 driveway so I can drive my client to the doctor. These are also physically demanding tasks that put additional strain on me and my colleague (who is 61 years old) (Milena, aged 50, Austria, C2NAR_AT02).

In Milena's narrative, the intersection of various forms of inequality is apparent: **the age, gender and nationality** of Milena and her older colleague put them in a very difficult position.

Apart from care workers, teachers were another category of workers that faced an increased workload during the pandemic. These narratives were discussed in more detail in the previous section on education but one thing that the narratives from both care workers and teachers show is that while they often increased the number of hours worked, much of the strain also came from the **emotional burden** of the type of work they had to do. This was also apparent in narratives from people who work for CSOs supporting people in need. Advaita, a non-binary person who worked for a CSO supporting the trans community in Serbia, described the general struggles of support workers but also how Advaita's own

experience differed:

> *It was also hard for those of us who provided psychological assistance services. We could not organize supervision; service providers had many burnout syndromes. By the way, I was in the most extensive life crisis in the last 10-15 years before COVID-19 … Even before COVID-19, I had that feeling of isolation, depression and loneliness. The support I gave to others helped me. It fulfilled that I could at least do something good and valuable for the trans community (Advaiata, aged 51, Serbia, CSNAR_RS08).*

As seen in the previous section, precarious working arrangements often left people without both work and an income. In some cases, however, precarity and uncertainty about the future led people to take on too much work. Nina is a journalist based in Slovakia who used to work internationally but border closures left her unable to perform her usual line of work. Partly motivated by the potential loss of income, partly by loneliness, she took on a lot of extra work:

> *I was not sure for how long and when I would be able to continue with my job. So I took a lot of other work, various projects that I was able to carry out from home. I took too much of it and I had enormous amount of work to do. In fact, I still do. Now I understand that it is not that much about fear of having no work but rather I try to kill loneliness (Nina, 29, Slovakia, C2NAR_SK04).*

Many of those who were over-worked during the pandemic reported some sense of relief that they were at least relatively stable financially but there were several exceptions. In some cases, over-working eventually led to a burnout that resulted in a reduced income. Others could not maintain their level of income despite working longer hours. Olga, a self-employed singing teacher who had to move her classes online, was **an example of this:**

> *I made a huge investment in equipment to build a kind of digital studio and create optimal sound. It was my only chance to teach but I hated it. I was running 70 hours a week to make sure everything ran smoothly. They were complicated pro-grams and I studied endlessly. Despite all the hours I worked, I lost a third of my income, which is not very high anyway (Olga, aged 59, Netherlands, C2NAR_NL07).*

Work-life balance

The previous section dealt primarily with those whose *paid* workload increased during the pandemic. There are, of course, also those whose *unpaid* workload increased. A number of narratives are from women who struggled to **cope with the increased care burden** brought on by the pandemic. In countries with lengthy school closures, **combining work with childcare** was particularly problematic. Maya is a teacher and a mother of three and her story was quite typical:

> *As a woman and a mother, I felt that I had to carry a lot of weight. I worked from home during the lockdowns and had to take care of the children and my husband*

had to work. He administers a canteen he is a chef in the private sector. It was very hard. We had to operate 4 laptops, we had internet problems because we have no land line. We had to pay extra for internet so it was an economic burden as well. I worked day and night during the lockdown. I worked until 3 o'clock in the morning some days to be able to cope and I had to wake up at 6 to prepare the children for their day (Maya, aged 49, Cyprus, C2NAR_CY07).

As the type of issues Maya described are covered in both the previous section on education, and in the final section on care, they will not be discussed further here, but Maya's narrative is interesting as she also said 'COVID-19 was a great period to get to know oneself, to spend quality time with the family during the lockdowns. I didn't mind the lockdowns'. Although it would clearly be wrong to state that Maya had achieved a better work-life balance, several other narrators express that they have managed to do so and like Maya, they often expressed **spending more time with family as a positive consequence of the pandemic**. Maija from Finland is the owner of a dance studio and much of her work was put on hold because of the pandemic. This was difficult on a professional and financial level, but she also saw some positives:

> *For instance, this has been the first time in decades that I suddenly had free weekends and could have a dinner with my family on Saturday. We have also learned in my family that you really do not need much money to survive. We haven't spent money on going to restaurants or ordering food, we haven't bought anything expect some very necessary items, such as new shoes to be able to walk to work. I feel that some unnecessary things have been cleaned out of my life and the pandemic has given me time to re-think how to better live up to my values (Maija, aged, 47, Finland, C2NAR_FI01).*

Maija ended up working less as restrictions made her work difficult to perform and gained new insight as a result of this. For several other narrators, **teleworking improved their work-life balance**. Even some mothers who expressed difficulties combining teleworking with childcare and household chores saw great benefits to teleworking. Marina, originally from Belarus but living in Germany for most of her adult life, is the main breadwinner of her family. The pandemic changed both her working life and family life substantially:

> *As I work in an IT-company, we always had the opportunity to work from home but since the beginning of pandemic, our office is closed and now that I am at home I get to realize more what happens at home and with my kids. This is really something that has changed in my life. I still remember when my son lost his first tooth. It happened during the day, he came home from school, running into my office room, showing me his tooth. And I was so moved that I had to cry because in normal circumstances I would not have been there to live this moment with him. Now, after school and kindergarten, my children first come into my office to tell me about their day. I am very happy to be part of this now (Marina, aged 38, Germany, C2NAR_DE02).*

It was not only parents who saw benefits to teleworking. Marija worked in administration at secondary school in Lithuania. She also did some teaching there. To her, the pandemic was

a largely positive experience:

> *Corona was an amazing time for me. I enjoyed very much the fact that life has just stopped, that my schedule for the first time was empty. And since everyone else has stopped as well, you didn't experience the fear of missing out. I relaxed both physically and emotionally … Last year we had the whole year of remote teaching. It was great! You work from home, you don't have to go anywhere. Of course, by the end of the second year, I started missing going out, seeing people, having parties. But during the first year I didn't need anything. And at school, when the question of remote teaching aroused, I prayed "let it be remote, let it be remote". Honestly, I can't think of anything negative (Marija, aged, 35, Lithuania, C2NAR_LT05).*

Marija suffered from anxiety, and she found **the pandemic gave her 'emotional rest'**. Emilia, a public servant from Greece, was in desperate **need of physical rest due to a disability** that affected her arm. She had worked remotely in a previous job but in her current job, she was expected in the office:

> *I started working in my new office in September, but the job is terrible. It is very bureaucratic and it exhausts me because I have to sit in an office all day and use my arm. Because I am afraid that I will catch COVID if I use the public transport, I have to drive to the office every day for one hour, which is very bad for my arm … I think that for people like me it makes a lot of sense to introduce remote work programs permanently, not just during lock downs (Marija, aged 49, Greece, C2NAR_GR05).*

While there are clearly several 'better stories' of teleworking present in the narratives, far from everybody saw it as mainly positive. Sonya, who is originally from Poland but who resided in Bulgaria, shared her story:

> *Working from home requires a lot of discipline because otherwise you end up sitting in front of the computer all day long. At first, I enjoyed it because I could wake up five minutes before my workday started and just go for it. But after one month, I felt that my body was sore, everything hurts. I was going outside very rarely and that wasn't so good. Some of my friends gained a lot of weight during this time. For sure, my work-life balance suffered a lot and the physical and psychological effects were not so good. When you go to the office, you go out to work and come back from it, so there's this space to leave and arrive. And your home remains your home only. With work from home, my apartment had to become everything - my living room, dining space, and working station. There is no 'safe space' from the work obligations somehow (Sonya, aged 30, Bulgaria, C2NAR_BG02).*

While Sonya thought that **teleworking at least made her more productive**, Diana said that teleworking made her feel like she was failing both as a mother and at work. She is a single mother of two children, she worked for the Danish Tax Agency and teleworking had a strong negative effect on her well-being:

> *It affected my mood, my energy and the general feeling of being able to do things. I didn't feel like I had energy to do anything. It was just a nightmare. I contacted my*

manager, because I have been down with stress before and it was those kind of symptoms that I was starting to feel again. They were returning. I felt that no matter what I did I was insufficient everywhere. I was allowed to go to the office even though we were sent home. It was approved by the deputy director, because if not I wouldn't have been allowed to go in. I was allowed to go in together with another colleague, so there was something outside of these four walls, where I just sat staring into the air (Diana, aged 44, Denmark, C2NAR_DK05).

Although Diana managed to secure permission to work from the office in the end, she questioned why **public agency employees had to work from home whereas it was only 'recommended' for others**. As she put it: 'We are actually also people, even though we work in public affairs'.

Social isolation

Diana's narrative that ended the previous section hints at the importance of the final theme on work: social isolation. Social isolation is a frequently occurring theme in the narratives overall, but what this section will focus on is **the importance of work as a social context** and what happens to people when they are removed from this context. Working conditions during the pandemic affected narrators' mental and physical health in a variety of ways, but for those who worked remotely, social isolation was one of the main causes of concern. Marina, whose positive experience of teleworking was described in the previous section, did not mention any health concerns, but she did believe that **something important was lost when work moved online**:

I have also realized that we never appreciated the time we spent with colleagues preparing a coffee in the office kitchen or having a short chat. I think that this is the basis for a good work environment and collaboration. All of that has now been lost. I believe that new regulations like working some days in the office and some days at home would be perfect (Marina, aged 38, Germany, C2NAR_DE02).

To Kristina, starting a new job as a social worker during the first lockdown in spring 2020 was **a disaster:**

That was not really nice starting a new job without being able to meet your colleagues for many, many months. I thought that was very uncomfortable. Likewise, I couldn't finish my former job. It was this vacuum like annoying thing. "It was something about learning by trying, call some colleagues, call some citizens. I didn't really know what I was supposed to do, because it was so unusual for everyone." I actually also ended up being on sick leave after a year, for a few months, with stress. I definitely think that was because of corona, because being in the crossing pressure of starting a new job and I wanted to do well (Kristina, aged 41, Denmark, C2NAR_DK08).

Coming back to the office turned out to be a double-edged sword, however. Despite working in a municipality that emphasised the importance of working against sexism and sexual harassment, some men in her workplace continued to cross boundaries:

What was different with working from home I think was, it's not that I have experienced it often, but for example getting a slap on the ass or something like that cannot happen when you are working from home (Kristina, aged 41, Denmark, C2NAR_DK08).

As Kristina's narrative shows, **starting a new job remotely can make it difficult to find one's footing** in a new work environment. For Victor, who moved to Slovenia from a former Yugoslavian country in 2019, the situation was made worse by the fact that he was **starting a new job in a new country**:

it was really hard to live with these measures, especially lockdown, it was hard to be isolated, not being able to leave the apartment except to get food, to be alone. At the time I was living alone. For the first time in a long time I felt alone, I felt anxiety, depression. Lack of human touch. Although I am not certain if it would have been better to be confined with a lot of people, family members, because I am aware of cases when the whole family was in a small apartment and it did not go well. But initially the isolation had bad impact on my mental health. It felt dreadfully for a month or two. I did not know what was going to happen, I was in a state of despair because of the whole situation, also because I was in a foreign country. I was working a remote job and it was very uncertain whether the company would continue to exist (Victor, aged 35, Slovenia, C2NAR_SI01).

To cope with his situation, Victor started drinking heavily but he soon realized this was not sustainable. Instead, he spent the rest of the pandemic working on self-improvement: he started reflecting more on life, he exercised more and learnt new skills for work. One the downside, learning a new language was made more difficult when living in isolation and one regret that Victor had was that after two years in Slovenia, he still could not speak the language.

Victor, and **other recent migrants can be more vulnerable to social isolation** of this kind as they **rely more on social contacts at work**. As Mo, a Syrian refugee living in Latvia where he has been working remotely for the past two years, put it: 'I don't have a big number of friends in Latvia. I had a big number of friends, but in Syria. Social interaction I had was at work. And I was deprived of that during lockdown' (Mo, aged, 29, Latvia, C2NAR_LV06). To Victor and Mo, as well as other migrants, the social isolation was harder to cope with because they were essentially **cut off from seeing their loved ones in their home country**. This was not only a concern of recent migrants, as the narrative below shows. 'The Beast' is originally from Greece but she had been living in Cyprus for a number of years. Unlike the previous narrators, she actually preferred not going to work, but she did find the lack of mobility frustrating:

I loved the lockdown phase. I could avoid seeing people that I didn't want to see, I lost weight because I cooked and exercised, I had the time to wash my curtains and clean the house at places that I never knew existed! … I love Cyprus and I chose to live here, but I miss my family in Greece. I miss travelling and being able to be there for my loved ones. I hate feeling uncertain. I don't want to fly home and be forced

to stay at a hotel for 7 days or more. I do not have so much annual leave available ('The Beast', aged 45, Cyprus, C2NAR_CY10).

Finally, while many narratives on social isolation come from those who worked remotely during the pandemic, those that were **isolated because they were essentially trapped *in* work** should also be mentioned. Milena, whose precarious working conditions were described in an earlier section, talked about her experience of isolation as imprisonment:

Thinking about the pandemic, I predominantly think about social isolation. At the beginning of the pandemic, I could not go home. I stayed for a long time with my client which came with a massive physical and mental burden. At first, I didn't recognize the signs and could not name social isolation as the main issue. During that time, I was constantly under pressure. Even when my mother passed away, I did not take the time to mourn. Recently I started to process what has happened. Living with my client feels like "a prison to me". My client feels the same way, he often misses his family (Milena, 50, Austria, C2NAR_AT02).

Care

A total of 111 narratives were tagged by the national researchers as addressing the gender care gap. In these narratives care is depicted in a variety of ways and is not restricted to the care gap (between women and men) per se. Rather, the narratives centre around how individuals have been dealing with a broad range of caring relations and relationships during the COVID-19 pandemic. This section presents how care and, in particular, dilemmas of care, come about in narratives on the following 'types' of caring relations: self-care; caring for children and grandchildren; caring for and getting cared for by partner(s); caring for and getting cared for by parent(s) and grandparent(s); and caring community relations. These relations do indeed overlap but are presented separately for analytical reasons. These relations are, of course, not covering all forms of relations, but still give a glance of the importance of care in relation to intersecting inequality grounds during the COVID-19 pandemic.

Selfcare

The narratives illustrate some features of how the COVID-19 pandemic and its policy responses, especially lockdowns and other restrictive measures, have **obstructed** individuals' ability to care for themselves. In the narratives, these limitations on selfcare are manifested in a variety of ways, including increased isolation, loneliness, and fear; intensified caring obligations and feelings of inadequacy in family relations; deprioritising oneself and being excessively careful with infection control measures. Women narrators responsible for the care of partners, children and other relatives were especially affected as the pandemic left many of them with no time for selfcare. The three narrative segments below describe common experiences of being **overburdened with caring obligations and household work** as mothers in heterosexual couple relationships. They all depict worsened conditions for prioritising and caring for oneself during the COVID-19 pandemic, but the consequences described differ:

I don't have time for myself and I still have to take care of the house. My husband supports me in some way but he does just some little things. I really have to plan how to keep the house tidy. This has also changed during the pandemic. Before the pandemic, my husband had to take care of many things because he knew that I was not there to cook the lunch or clean the kitchen afterwards. It was always his task. Now, I am being involved in more things. I really have a lot of responsibility and duties at my job, I actually don't want to take care of these other stuff. (Marina, aged 38, Germany, C2NAR_DE02)

Marina described how simply being present in the house more meant she was expected to do more of the housework, even though the time sha had available had not really increased. Whereas Marina described this as an annoyance, the consequences for 'R' were far more severe:

I started to feel suicidal but did not share these feelings with any of my friends, family or colleagues (as I continued to work part time). I also felt as though I was taking on more responsibilities around the house as the perception from my partner was that because I was working from home I had more time to do other things and didn't have it as hard as he did. Already the domestic responsibilities weren't even but I began to feel like a 1950s housewife as I was expected to make all the meals, clean the house and care for our dog all because I was in the house more. I am now in therapy and taking medication for my mental health and feel much more positive about the future, opening up to people about my feelings. My mental health has suffered for years however the pandemic made me hit a breaking point. (R, aged 28, UK, C2NAR_UK05)

For Elsa, whose narrative is cited below, being overworked led to a burnout and she described trying to make time for selfcare as a result of this:

The multitude of crisis like this caused me to develop a burnout. I have been burned out for a year now. I have developed heart problems. When I am under too much stress, my heart vibrates and rhythm disorders occur. I still have a long way to go for my recovery. I am building up slowly but it only takes a small thing to go wrong and I am many steps back again. Whether I will ever recover, I don't know. I have put up a log cabin in the garden to have a place where I can retreat from this over-crowded life. (Elsa, aged 43, the Netherlands, C2NAR_NL02)

Other narrators were not limited by the lack of time but rather the lack of access to other resources. The narrator Dulce's from Portugal, for example, described how her **ability to care for her own health** as a 72-year-old woman was limited by far-reaching lockdowns:

I used to attend classes at a gym of a day centre for seniors and water aerobics at the municipal swimming pool. The swimming pool is already open again but the senior centre is still closed. It is closed for 2 years now. I miss the classes but I see that people that were there for the entire day, watching tv and doing activities is really in need now. Sometimes I meet people that used to go there and I can see their quality of life decreased a lot, they comment they feel lonely and sad. (Dulce, aged 72, Portugal, C2NAR_PT04)

In another narrative, of 33-year-old Barbara in France, feelings of **being omitted** was the central theme. The narrator said that she, after giving birth, doubted her ability to take care of herself and her baby since her partner could not visit her:

> *When the baby was born, with the hospital health protocols, her father was allowed in during the birth but not afterwards. I felt a bit helpless, because I was on my own. I had to stay in for five days, which was a bit longer than usual because the baby lost weight. And Jean couldn't really visit me, not even for half an hour during the day. It was complicated. I felt very alone. Jean couldn't come and enjoy the first days either. Breastfeeding was a bit difficult at the beginning, I didn't really know if it was going to work or not. At the beginning, I didn't know if I could leave her for a few seconds to go to the toilet. In the beginning, you don't know at all. It would have been nice if François had been there, he would have watched her while I went to the toilet. I didn't take a shower for 3-4 days because I was afraid to leave. I had Jean on the phone, but it wasn't the same. (Barbara, aged 33, France, C2NAR_FR09)*

Another form of obstruction for caring for oneself during the COVID-19 pandemic was described by 27-year-old Inese from Latvia. She said that she sat at home for more than two years, frightened and excessively careful with infection control measures. From the narrative, one can assume that Inese's strategy was a way of caring for herself. However, based on Inese's comparison of her own behaviour during the pandemic with that of her friends, her strategy for selfcare may have been counterproductive:

> *The girlfriends had a different attitude towards life – they attended all their entertainment illegally. I didn't meet with them, I didn't participate, everyone considered me to be 'a fool of the year'. Now I don't know if it was worth it, it wasn't good for my mental health. (Inese, aged 27, Latvia, C2NAR_LV01)*

Although the narratives first and foremost included stories of worsened conditions for selfcare, there were important exceptions. Perhaps it is too much to call the narrative excerpts below 'better stories', but at least they can be seen as examples of how individuals have used their experiences of the COVID-19 pandemic to **take their own wellbeing more seriously**. For example, the 71-year-old narrator Karin from Sweden said that her daily long walks were 'important for [her] recreation and for channelling the frustration about staying at home too much' with a ten year older and unwell husband (C2NAR_SE05). Similarly, the 88-year-old narrator Rose from Serbia said that she 'often climbed and went down the stairs in [her] building' to stay healthy (C2NAR_RS01).

Katerina from Bulgaria explained the importance of not worrying about things outside your control:

> *Despite all the worries and the social isolation, I still continued to take good care of myself — I did sports, kept in touch with friends and even met with some of them, and so on. I had a very strong anxiety about the state of the world before the pandemic — but after the pandemic, the anxieties became so many and so strong that I just had to drop them all. I reached a high peak in anxieties and now I'm actually a bit calmer because I know I have no control over such large-scale*

phenomena. The world has its course and me worrying about it is not going to help.
(Katerina, aged 34, Bulgaria, C2NAR_BG08)

A similar experience, or advice, could be learned from the narrative of Elsa in the Netherlands, who used the metaphor of an oxygen mask in an airplane to represent her personal recovery process during the COVID-19 pandemic:

> *Taking care of myself first is the most important lesson from this period. Like in an airplane; put the oxygen mask on yourself first. When the burden of care is too high, it expressed itself in heart tremors. I have been in survival mode all day long. I had to revise my whole life. (Elsa, aged 43, the Netherlands, C2NAR_NL02)*

In yet another narrative from the Netherlands, which closes this section, selfcare was portrayed in its purest form. After being intensely involved in the care of her grown up son with autism during the pandemic, 56-year-old narrator Edith reported a need 'to recover from the intensive covid period with [her] son' and that she is now 'coming home to [her]self' (C2NAR_NL05).

Caring for children

The COVID-19 pandemic and its policy responses have changed, and often worsened, conditions for how to perform and secure good and equal care for children. This is reflected in the narratives, and just as in the first cycle of narratives many of them concern the situation of mothers during closures of childcare facilities and schools. As this topic was prioritised in a previous RESISTIRÉ publication (Axelsson, Callerstig, Sandström & Strid 2021), this section will focus on children's conditions and the relationship between parents and children, rather than the situation of mothers per se. The section presents voices of parents, predominantly mothers, thus illustrating some of the obstacles related to caring for children in various ages and with different needs.

Typical for the narratives of mothers of **preschool aged children** was the wish for getting **support from formal childcare institutions**, or, as 34-year-old Susanne in Germany said: 'I just wish to have a normal life, especially for our kids […] Not everybody is lucky to be able to work in home office and take care of the children at the same time' (C2NAR_DE04).

Another central theme was the **promotion of children's peer and play relations**. According to the narratives, lockdowns and restrictions made this much more complicated – especially for mothers who were made vulnerable during the pandemic. The narrator Rita is a Yemeni female refugee who reported increased **racism** and difficulties in everyday life during the pandemic:

> *Because of the pandemic, I was scared to give my elder child to kindergarten, so I kept him at home. So I take care of both children at home while my husband works. This is often quite tiring, but this is how it is now. Something I noticed after the start of the pandemic is that people in Bulgaria became more suspicious towards me. When I take my kids to the playground, they play with the other children there. But when the parents see me — that I'm not a Bulgarian and I'm wearing a hijab — they*

take their children away. This is very painful for my kids because they love playing with others. It's difficult to explain to them why the locals started being afraid of us, like we will carry the virus more. (Rita, aged 31, Bulgaria, C2NAR_BG04)

Gerri in Ireland is a lone parent and initially struggled after leaving the direct provision centre (which refers to the accommodation, food, money, and medical services people receive in Ireland while seeking asylum). Her son struggled in social situations due to **limited socialisation** and interaction opportunities during the pandemic, and Gerri herself lacked support networks:

> *Having a baby on my own was tough enough and then Covid happened. I couldn't go to the mother and baby classes I'd signed up for. We did some stuff online but it wasn't the same – no emotional connection. Lorcan and me both missed out. "Normally he'd be meeting other children for his social development, but he's been in the house only with me. We have a 33-year age difference, so we don't really have much in common! He should be playing. I don't enjoy playing and with me having no clue what to do with a baby, it makes it difficult for me and for him. I think Covid had a huge impact on social skills in children and in adults as well. I could be out there interacting with other Moms getting tips, seeing other people really helps." (Gerri, aged 35, Ireland, C2NAR_IE10)*

Children's lack of peer and play relations and limited socialisation due to lockdowns and similar restrictive measures were, in some narratives, heavily criticised as a matter of **declined human rights**. For example, the 42-year-old mother Anita in Italy, who had to leave work to care for her daughter, said that her daughter was not happy whatever she did for her. Her conclusion was distinct and explicitly criticised policymakers who did not consider the needs of working mothers or the needs of their children: 'You cannot keep a child indoors' (C2NAR_IT10).

In contrast to the narratives cited above, there were a few narratives in which mothers talk about their positive experiences of **receiving support** from childcare institutions. Like many others, Megija in Latvia said that her life as a mother was severely affected by restrictive measures. However, she was still grateful for the possibility to take her daughter to a local kindergarten where she continued to develop and received the care and attention needed during the pandemic:

> *The daughter had a kindergarten with on-call groups. According to the regulations, we were able to take my daughter to kindergarten because my husband and I were working. In general, she was often alone in a group or had a couple of children with her. I really appreciate it, it turned out to be individual work with my child, she had undivided attention. She gained so much, learned so much. I felt privileged that we had this experience. (Megija, aged 25, Latvia, C2NAR_LV02)*

Several narratives of mothers with **school-age children and teenagers** described what it wase like to combine mothering, paid work, and caring for children and teenagers with **disabilities** at home. While some narratives expressed stress, disappointment and grief, others were more optimistic and positive. Caring for children with neuropsychiatric

diagnoses and/or children in special needs was described as challenging since closed or not fully operating schools created a care gap that had to be filled, often by mothers. Grace, a self-employed mother in Iceland, tried to close this care gap by hiring an au-pair:

> *My older son is diagnosed with ADHD and staying with him at home was challenging. That resulted in us deciding to get an au-pair in order to survive that period. We still have an au-pair because the situations are still demanding, for example the threshold for getting sick is so much lower than it used to be, meaning that if the boys had a runny nose they must stay at home. Me and my husband don't have that many sick leave days to cover for that so that is why it is good for us to have an au-pair. I'm self-employed and if I had to stay at home every time they got sick that would mean a lot of income loss for me. (Grace, aged 35, Iceland, C2NAR_IS08)*

Tana in Latvia described a similar problem, as her son's school could not provide any distance learning. Although Tana was thankful for having an understanding boss, the situation finally became unbearable for her and her son. Therefore, she decided to hire nannies, which was necessary given that her husband worked abroad. Still, Tana was not too happy about that decision since it cost a lot and did not help her son to activate himself**:**

> *In the beginning, my biggest difficulty was with the child, he stopped going to school, and since he couldn't stay at home alone, I didn't have anyone to look after him. It was quite stressful for me. I needed to solve this problem. At first, I just took him to work with me, and then, of course, nannies, but this hits the pocket very hard. After all, this is a very expensive pleasure. None of the government was worried about this, they say, solve your problems yourself. Since he goes to a specialized school […], he did not have any distance learning. He just didn't do anything at home all this time. (Tana, aged 39, Latvia, C2NAR_LV08)*

The narrator 'B' in UK shared her story on a similar topic, that is caring for a 16-year-old daughter with autism. 'B' explained that the shared care of the daughter, together with her ex-partner, significantly eased the situation. Although the lockdown and the time spent with the daughter was not portrayed in a problem-free manner, the description was mainly positive:

> *My daughter and I got into a routine where we would eat breakfast and lunch together and take breaks to walk together as our daily exercise. I was lucky as I did not have a lot of the behavioural issues that I heard other parents had, as my daughter is very rule driven and was happy to do her schoolwork. There were consequences however for my daughter's emotional state due to her autism. Autism and anxiety go hand in hand and she has fears around death, and so the pandemic exacerbated her anxiety which I had to try and manage. She finds going out more stressful than staying in, so in many ways prefers lockdown to non-lockdown and we are still dealing with the fallout of that. I felt however that if I was going to be locked down with someone I was glad it was her, and we made the best of the situation. (B, aged 48, UK, C2NAR_UK09)*

Caring for grandchildren

The need, longing, and worrying for grandchildren during the COVID-19 pandemic was a common topic among several narrators in their 60s, 70s, and 80s. However, the stories of these narrators varied a lot in terms of how they describe the relations to their grandchildren. In some cases, like in the narrative of 87-year-old Zuzanna in Poland, **not being able to receive care from a grandchild** was the central theme. For Zuzanna, lockdown meant that her granddaughter could not support her:

> *My granddaughter takes care of me. I don't have contact with my son. He doesn't care. I was sceptic about the vaccination. But when I realized that my granddaughter was infected by COVID-19 and she could pass it to me I decided to vaccinate myself. Now, I am after two doses. Hopefully now I am protected and my granddaughter can visit me again and help me in daily activities. When she was in isolation and quarantine for almost 3 weeks it was hard time for me. I was alone [...] I had to manage everything. (Zuzanna, aged 87, Poland, C2NAR_PL06)*

Another problem pointed out among older narrators was the constant **worrying for their grandchildren's mental health and schooling** during the pandemic. The narrator Christina in Greece said that she took time off to care for her grandson, who became addicted to video games as schools were closed and he lost his daily routines:

> *My grandson got addicted to video games and was sleeping all day and playing all night. He never went out and now that's schools started he got ill and we had to take him to hospital too. He got appendicitis and missed many days from school. He has missed a lot of classes and cannot wake up in the morning. He is a good kid but he is no longer doing well at school. I speak with one of my clients who has children of the same age and she has the same problems. But again we share a lot and we go through all this together with my daughter in law. So I took time off to take care of the kid or my husband when they were in hospital. (Christina, aged 59, Greece, C2NAR_GR03)*

Dulce in Portugal spoke of her much-loved grandson and how her home became his place of study as schools shifted to remote learning during the pandemic. In her narrative, movement restrictions were not described as particularly problematic since she liked being at home. What troubled her, though, was not being able to fully support her grandson with his studies due to her lack of computer skills:

> *For me what was more difficult was to adapt to the online schooling of my grandson. When he is with his father (his parents are separated) he comes here to my house after school (the school is very close to my house). During confinement his father kept working (he is an Uber driver) so my grandson had classes at my house. I had difficulties to help him as I don't understand much of computers. (Dulce, aged 72, Portugal, C2NAR_PT04)*

Another theme in the narratives was the constant and somewhat unmanageable **missing of and longing for grandchildren**. For many narrators, not being able to meet their

grandchildren was a big disappointment during the pandemic. This was pictured in the narrative of 69-year-old Paula in Portugal:

> *One other thing that upset me much with Covid was missing my granddaughters from my older daughters. Usually they stay here after school while their parents are working. One of them, the older even has lunch here everyday because she attends the school of the neighbourhood. In the confinement periods I missed them very much. (Paula, aged 69, Portugal, C2NAR_PT08)*

However, creative ways of getting around restrictions of physical contacts are present in the narratives. The following example, from Karin in Sweden, can be read as an illustration of how older people strived, and still strive, to maintain relations to grandchildren. For Karin, this meant that her social life practically moved outdoors, especially before the vaccinations **started:**

> *At the Lucia celebrations in December, my grandchildren sang for us standing at our driveway in the cold, and afterwards we had waffles in the garage keeping all the doors open. It was cold, but we could at least see each other. Also, we have had birthday parties for the grandchildren next to a wind shelter down by the lake. (Karin, aged 71, Sweden, C2NAR_SE05)*

Finally, although the narratives on children and grandchildren reveal several obstacles for how care is performed in these relations, there were also better stories. The narrative of 87-year-old Trini is indeed such an exception, in that she explained that her family relations – to children and grandchildren – continued like before the pandemic. For her, this was a result of **living together** with, or close to, her children and grandchildren:

> *I am very lucky and I can count of the support of my wonderful family. I live with my son with disability, and my eldest daughter joined us, since she lost her job due to the pandemic. My other daughters live in the same building, so I am never alone. "I have a wonderful family, they all help me, the grandchildren too". (Trini, aged 87, Spain, C2NAR_ES07)*

Caring for parents and grandparent

At the most general level, many narratives on caring for parents (and to some extent grandparents) express worries and longing for elderly loved ones. Furthermore, the narratives uncover obstacles and inequalities related to caring for parents. In particular, the situation of **women with double caring obligations**, for children as well as elderly parents, is captured. A particularly telling example comes from the narrative of 68-year-old Halina, who was responsible for the care of her daughter as well as her mother. Lack of support from other family members and institutional caring services widened the gender care gap, and, ever worse, Halina said that without her support, her 94-year-old mother, who lay in bed and required 24/7 care, would die:

> *I come to my mother's place every Friday and I stay until Tuesday morning to care for her. I have two other female carers who support me in care when I am away […]*

it is hard to find replacement if something happens to those carers. I would stay then alone with my mother. But pandemic allowed me to work from home and then I was able to care for my mom [...] My mother, who has a disability, depression and does not want to be vaccinated, is extremely vulnerable group in this pandemic. Due to the pandemic her social life has diminished, she used to meet friends, neighbours visiting her at home, and now people come with their face covered and not stay long. I would say that it is hard to be all the time responsible for my mother's care. You need to constantly be in move, do groceries and fight with fear of infecting your vulnerable mother. I was already three times vaccinated. If I got sick then I have nobody to take care for my mom during weekends. I pay a lot for my mother's care [...] I think that children caring for their parents are heroes. But if I and two other carers gets sick there is nobody to care for my mother. She would die. (Halina, aged 68, Poland, C2NAR_PL03)

The narratives clearly illustrate that caring for elderly parents can be connected to feelings of uncertainty and inadequacy. For 65-year-old Sonja in Austria, being heavily engaged in the care of an elderly parent led to her no longer meeting anyone else (C2NAR_AT04). But more so, the COVID-19 pandemic has also shed light on the quality of care and inequalities related to elderly care. Many narrators were upset by this, for example 48-year-old Tiina in Estonia, whose story is far from unique. She was the primary caregiver of her elderly mother and father during the pandemic, and she was especially upset by the lack of state provided support and the high economic costs for what she perceived as basic caring needs:

My whole life has revolved around care in the past three years, with very limited outside help. I am ensured in the national health service and so are all my family members but it was impossible to secure daycare for my mother when she developed Alzheimer's. There are very few memory care institutions and they are too expensive for us. In addition, according to Estonian law the family is responsible for the care of the elderly [...] My father was also ailing and of no help. It is understandable that he was frightened by the possibility of memory lapses in himself but he became irritable and all this added to the stress. The situation was especially bad under the lockdown as they were cut off from all friends and we had to shoulder all care. (Tiina, aged 48, Estonia, C2NAR_EE04)

Different from the examples provided so far, in which the voices of middle-aged and elderly women are heard, a few narratives include stories of how **younger non-binary persons and women** have been unwillingly stuck in their parents' houses during the pandemic. This drained Lur a lot of energy, since they became the primary care giver or their disabled mother:

During covid I was living at home with my mother who was also disabled and my father. Living at home was difficult. My parents became very anxious after the confinement. My mother who was morbidly obese required much help at home as she couldn't move independently, clean herself independently, and despite my father helping some times during the day, I was required to take up the majority of her care, especially at night. Once confinement was over, my father began leaving the house again and my burden increased. This meant that for several months I had very little sleep as I was caring for my mother, and this negatively influenced my

mental health. This to me was worse than covid itself. I have an older brother who also did not contribute to her care. (Lur, aged 33, Spain, C2NAR_ES01)

The narrative of Müjde in Turkey described a similar problem. She had to return to her home city, to her parents and three brothers, as her university switched to online education. Her narrative described this as a very difficult period:

> *My mother has brittle bones disease, so it can be difficult and painful for her to do all the house chores. Although normally my youngest brother helps her at home, when I went back home during COVID period, all the burden of responsibility fell on me since my sisters are all married, and I am the only female child left in the household […] I had to do almost all the housework, preparing breakfast and dinner, cleaning the dishes, cleaning the house, doing laundry, serving tea in the evenings, serving guests, and so on. It was so difficult and exhausting to do all the household chores while also trying to follow online classes, submit papers on time and take exams. I remember times during which I was making coffee for the guests while also trying to respond to exam questions. Due to all that stress and work, I ended up having physical and psychological health issues. Müjde, aged 23, Turkey, C2NAR_TR10*

A common gendered problem in the narratives of Lur and Müjde was that their brothers and/or fathers did not engage in care work and household tasks. In both their narratives, the gendered division of care between themselves and their male family members can be described as **re-traditionalised**. As soon as they – for practical reasons – had to enter the houses of their families of birth, they were expected to take the main responsibility for their mothers in need.

Care among intimate partners

The narratives illustrate how the COVID-19 pandemic have affected and are affecting intimate partners' ways of caring for each other. Although the narratives differed a lot on this matter, a first common aspect was that lockdowns and similar restrictive measures led to **more strained and intensified couple relations, in which the conditions for and patterns of mutual care among partners changed**. For the 34-year-old narrator Katerina in Bulgaria, who started a new relationship with a woman just before the pandemic started, the new circumstances put a lot of strain on the relationship. Since 'all others social contacts were limited because of the lockdown', she and her partner both moved in together soon after started dating *and* ended their relationship quickly (C2NAR_BG08). For another narrator, 'B' in UK, lockdown meant that she could not see her partner at all. This, however, changed over time as 'bubbles' were allowed:

> *As my partner lives in another area, I was unable to see her for 10-12 weeks in the initial lockdown which caused a lot of stress. The first lockdown began the day before I would usually go and visit my partner on a weekly basis, and we had no warning or time for preparation […] Quite quickly however the restrictions were imposed more strictly and there were no choices to be made and no middle ground for discussion. Until they brought in bubbles, we were living totally separate lives. (B, aged 48, UK, C2NAR_UK09)*

Another problem was pointed out in the narrative of Maria in Greece, who talked about her ex-partners' 'careless' and 'weird attitude' towards the virus, which made her scared for her own and, even more so, for her daughter's health:

> *He is not afraid to catch it and he is careless. During the first year of the lockdowns, we split up because of this problem. I was really scared because my daughter's health is fragile, has an autoimmune disease. I was afraid that she would be infected. We split up after the fights and I was really depressed for a while, but then we got back together and spent the second year of the lockdown together. (Maria, aged 52, Greece, C2NAR_GR02)*

The noncaring attitude present in Maria's narrative differs considerably from the manifestations of care shown in the narrative of Emma in Iceland below. Emma's narrative described what it may be like living together with a partner who suffers from OCD and bacteriophobia. However, although this wss described as troublesome for Emma, she seems to have coped with the situation, and her supporting role, thanks to being trained in cognitive behavioural therapy:

> *She never took off her mask even when there was no obligation to wear a mask. She asks me constantly if I'm washing my hands and wearing a mask everywhere […] I'm trained in thinking along the lines of cognitive behavioural therapy (CBT) which has helped me a lot. (Emma, aged 34, Iceland, C2NAR_IS07)*

One of the most striking examples of changed and strained conditions regarding the care among partners is present in the narrative of 76-year-old Ester in Slovakia. Her narrative was centred around caring for a severely ill partner in the home. For her, 'if there was not the pandemic, everything would have been different'. Due to movements restrictions she was completely alone at times, caring for her dying husband:

> *The care, it was mainly on my shoulders. I needed to wake up twice a night, I couldn't leave him for more than hour. Only in the morning, when I was sure he was asleep I went to do something in the garden, to cheer myself up a bit. Otherwise I spent all the time with him, I was going just to the shop or pharmacy, nothing else […] It was exhausting, physically and psychologically. (Ester, aged 76, Slovakia, C2NAR_SK10)*

A second aspect of care among intimate partners was intrinsically linked to the forms and distribution of **childcare**. Several narratives from women giving birth during the pandemic concerned this problem, for example in the narrative of 33-year-old Barbara in France whose husband could not visit her at the hospital. The longing to be seen, heard, supported, and to share the care of the new-born baby is clearly expressed in Barbara's narrative through an everyday concern: 'he [the husband] would have watched her [the new-born baby] while I went to the toilet' (C2NAR_FR09). The narrative of 25-year-old Megija in Latvia described a similar problem in that Megija's husband was not allowed to come to the hospital after the birth of their child. Furthermore, the husband lost his job due to the

pandemic. Although this had negative economic consequences for the family, it was still depicted in a positive way in terms of shared childcare responsibilities:

> For me it was a plus that my husband was home for 3 months. My health slowly returned after childbirth. It was good that the husband was at home, that there was a complete involvement of the husband, that the husband was experiencing the growth of the youngest child. (Megija, aged 25, Latvia, C2NAR_LV02)

A final example of mutual childcare responsibilities among partners will be illustrated by the narrative of 37-year-old Sadia in France: a doctoral student from North Africa who gave birth to her second child during the pandemic. The narrator had no family members in France and felt isolated and lonely during the pandemic. However, she felt fortunate to have a husband '100% for equality' and described positive changes in her partner relationship due to her husband's engagement in their lives as partners and parents:

> The pandemic has changed me actually, it has changed us totally. It's strengthened me and my husband, it's brought us closer together, because … I know a lot of couples that haven't survived. (Sadia, aged 37, France, C2NAR_FR01)

Community relations of care

While the previous sections on care focused on intra-personal and inter-personal aspects of caring relations, this closing section presents what could be understood as potential better stories of how caring community relations have mitigated some of the care-related inequalities during the COVID-19 pandemic. Here, the term 'community relations' refers to larger networks of interconnected and spatial relationships.

First, **solidarity within LGBTQI+, feminist, and migrant communities** stand out as enablers and promoters of care, for example in the narrative of Katia in Greece – in which creative ways of sharing childcare obligations and getting around restrictive measures emerged:

> During the pandemic I became very aware of how important my LGBTQ friends and community are for me and my life. I live with my girlfriend and we have a two year old son who couldn't go to day care centre. I worked from home because I am teaching English, but I could not take care of the two-year-old when I was teaching. My partner is working in a coffee shop. When it was closed because of the lock downs she was taking care of our daughter, but when they opened again and day care centres were still closed, it was very difficult for us. We received a lot of help from friends from the lesbian community. One friend who lives close by would come and take her for walks with the stroller while I was working. When my partner got tired she would meet with friends in house which we were not allowed to travel to because it was far away from where we live. She would send a message that she was commuting to provide help to someone in need and would go to our friends' house to spend some time there with our daughter. It was illegal but these meeting made it easier to go through the pandemic. Once she was stopped by the police and said that she was going to her mother to help her because she was old. She had a baby in the car so they did not question her and did not give her a fine, because if you

were travelling unnecessarily outside your area you got a fine. She could not say that this was because she was going to a friend's house for her own psychological health because such relations that are not blood relations are not recognised by the Greek police. (Katia, aged 42, Greece, C2NAR_GR07)

Similarly, the narratives of Florian from Romania and Advaita from Serbia reveal the vulnerable position of trans people who, according to these narratives, had to rely on mutual care and support from/within LGBTQI+ communities rather than the state or local governments:

For a few months during the pandemic I relied on money from an LGBTQ association that handed out food vouchers for the underprivileged members of the queer community […] During the pandemic, I was supported to buy my medication with funds raised by a MAD support group, as well as by a couple of associations in the field of LGBTQ rights. I consider myself privileged because I have these networks of support, even if they cannot solve the problem in the long-term. (Florian, aged 23, Romania, C2NAR_RO09)

We have a hotline in the organization, and we do advocacy programs. These advocacy programs have entirely stopped; we have focused only on providing essential assistance online or by phone. We had to stop self-help groups. The state of Serbia had no response to the needs of the trans community. None! We had a case of a trafficked woman. We had consultations with the state anti-trafficking team. They didn't know what to do with her! And they didn't want to allow her to be in a safe women's house; women's organizations were against it because she's a trans woman! However, two anti-trafficking women's organizations, Athens and Astra, helped us. They paid for the apartment and food for that person provided everything for her. Our budgets are minimal; we could not do without them. They proved to be feminist allies in this case. And this is not often the case when feminist organizations accept us. So we have a lot of problems on that side as well. (Advaita, aged 51, Serbia, C2NAR_RS08)

Although a tense relation between some trans and feminist communities is apparent in Advaita's narrative above, the need for care and solidarity among groups made vulnerable during the COVID-19 pandemic was the main message in their narrative. Likewise, the narrative below, from Marina in Greece, can be read as a declaration of the need for taking care seriously. For her, this was what feminist mobilisation during the pandemic was all about:

Feminism is about care and about violence. Both are important. During the pandemic, I had spent some weeks when I didn't leave the house at all. I was inside the house online most of the time, having meetings with the groups I am working with. This was important because I am that kind of person, I feel stronger when I struggle about causes I believe in. I think it is not the same if you care more about your family. But I do not have children and my cats are not something to worry about. I feel old and at the same time young because although there were lock downs, I feel like I managed to keep doing what makes me active. I think that feminism has gained a lot during the pandemic. We have gained strength because we kept struggling to get things right. Younger women have joined to struggle and we are now a lot. We do not always agree older and younger feminists but we are

together and this is what matters. So I think overall although the pandemic was a very dark moment for women and women's freedom, it was also for Greece at least an important moment because feminists have gained strength. (Marina, aged 65, Greece, C2NAR_GR10)

Another example of mutual support and care among groups made vulnerable during the COVID-19 pandemic, in this case female migrant live-in care workers looking after each other, was told by Maria in Spain:

Together with other migrant women, we usually go to a telephone booth centre to send money to our families, because we cannot do that through banks. This centre has become a place to share information, help each other find work, get news about each other's lives and share our experiences. We are a very large group of women. I know women whose employers don't let them go out in the street, meet people from other villages, for fear of bringing the COVID to the house and infecting the elderly person. People are more distrustful or think we are not responsible persons, because we are migrants. As an immigrant, I feel that if someone says something to me, I can't answer or defend myself for fear that they will tell on me because of my irregular situation. Now I work in a house where I feel protected, I want to keep working there, I look after them and they look after me. (Maria, aged 28, Spain, C2NAR_ES02)

Second, some of the narratives show that **neighbourhoods and local communities** can provide a great sense of mutual support among people. These narratives can be read as representations of how care, as it is practised in daily life and among acquaintances, might mitigate inequalities which otherwise would have increased unless caring needs were not taken seriously. Many, but not all, of the examples below mainly concern age and aging, for example the narrative of Gabriella in Italy:

There was no attention paid to lonely elderly people during the pandemic by the institutions. It would have been necessary for a list of lonely elderly people to be compiled, with the input of the municipality and the town hall and the collaboration of the general practitioner, and to contact them to find out if they needed help … With friends we helped each other. The Neighbourhood Elder Citizens' Centre sent out the phone numbers to call for help or for shopping at home. With some people in the building, we sometimes greeted each other through the window. A family who had rented out a piece of the communal terrace for a party was reported and fined by the carabinieri. (Gabriella, aged 76, Italy, C2NAR_IT02)

Likewise, the narrator Sandrine, who ran a shop in a Portuguese village, said that her shop was a meeting point for the elderly in the village. She described it as a caring place for listening and talking about human fundamental needs:

The old people that come to the shop suffered much. They were afraid of dying and were home alone without anyone to talk to. Coming to the shop and meeting neighbours is very important to them, my shop is a little a meeting point here in the village. I also like talking to them, mostly the old ladies, listening to their problems and so. (Sandrine, aged 44, Portugal, C2NAR_PT01)

Another example from a Portuguese narrative described how the narrator Álvaro, who

cared for his wife at home during the pandemic until her death, experienced great empathy from his local community:

> *Later the funeral was also complicated due to Covid constraints. But it was amazing because that day, not in front of the church but uphill there were more than one hundred people saying goodbye to her. I was quite afraid that the police did something since clusters of people were forbidden but they did nothing. (Álvaro, aged 71, C2NAR_ PT09)*

Finally, a better story of **friendship building** in a, before the COVID-19 pandemic somewhat commonplace and anonymous neighbourhood, will close this section. The narrator is Oonagh, a divorced mother of two children living in a working-class area, whose story can be read as a call for the need for more caring and mutually supporting community relations after the pandemic:

> *What really saved me from the loneliness and sense of isolation was the neighbours in the street. First, we started a WhatsApp group to help each other out. As there were very large queues at the supermarket, someone would just get the shopping done and buy multipacks. And it was like "I´ve got a bag full of oranges, anybody needs oranges? That is how I started building friendships with people I never knew, and this developed in a way that I had never imagined. I now feel we are all part of a big family. My children and I, we feel safe here, very secure. The pandemic made me really appreciate the value of building new friendships". You see, I didn't know people in the street before Covid. Just "hello". "Then we started creating a collective garden in the alleyways. Starting the garden was amazing". You see, we have no gardens in our houses here. Then one of the neighbours said, as a joke, that she needed a garden for her disabled child. And then we made it happen. A lot of work still needs to be done, but we all now have a shared garden we can go to and sit down. We already had all sort of gatherings there: Bingo, Summer parties, Christmas Carols. That is a great positive effect from Covid, "so it was not all just putting our heads down". (Oonagh, age NA, Ireland, C2NAR_IE05)*

Based on the analysis of the narratives, reported above, a summary table (Table 11) is provided below. This table indicates common themes for each domain, as described in the narratives, concerning factors that enable or hinder individual resilience and a person's ability to improve their situation. These themes also mirror the common thread of how the pandemic continues to impact on vulnerable groups in the context of the different domains.

Table 11: Summary of obstacles and enablers

Obstacles	
GBV	**Intensification of violence** While the pandemic was rarely the starting point of violence in the narratives, many narrators reported that increased isolation, movement restrictions, lockdowns and similar restrictive measures had *intensified* the usage and experience of violence.

	The many forms of violence Isolation made victims of physical, psychological and sexual violence more vulnerable; economic hardship caused by the pandemic increased dependence and economic violence and control; pandemic-related delays in courts enabled a form of 'legal violence' (especially relating to divorce and custody arrangements). **Control and surveillance** Lockdowns and related measures that reduced mobility enabled perpetrators to regulate and manipulate an intimate partner in terms of housing and mobility.
Education	**Lack of access to digital tools (and knowledge on how to use them)** Technical issues were commonly reported by both learners, parents and educators. In cases were access to the internet or necessary devices was absent, children's fundamental right to education was not upheld. Many also questioned the assumption that the skills to use these tools were already in place. Learners also found that many teachers did not properly acknowledge the difference between offline and online education, both in terms of teaching style and in terms of finding a suitable workload. **Unmanageable demands on both teachers and parents** From the teachers' perspective, schools relied too much on individual teachers' ability to make online education work. Parents, who often had to combine work with home-schooling, also stated that the demands placed on them was unreasonable. **Social isolation** Isolation limited learners' access to peer-to-peer learning. It also affected their mental health which in turn had a negative effect on education outcomes. When schools reopened again, some struggled to reconnect to with their peers. For teachers, trying to meet the learners neglected social needs became an additional work task on top of their already busy workload. **Loss of independence** Universities shifting to online education meant that many students moved back home to their parents, sometimes resulting in experiences of regression and a loss of independence. **Lack of support** Both learners, parents and educators frequently reported that schools/universities/government offered little support and showed little understanding of the negative effect of online education, both in terms of educational outcomes and mental health. **Disrupted/delayed learning process** Learners often reported that the pandemic had disrupted their learning process and that they would have learnt more, got better grades, or finished earlier if it had not been for the pandemic. Some felt ill-prepared for further studies or a working-life.
Work	**Rise in unemployment/underemployment**

Many narrators report losing their job or working reduced hours due to the pandemic, leading to different levels of economic and mental strain partly depending on their access to welfare.

Welfare systems favour insiders
The narratives show clear gaps in the welfare systems of many countries. While those with secure employment got at least some support, others were left without. People relying on casual work in the informal sector and the self-employed stand out as particularly vulnerable. Complicated bureaucratic procedures also excluded some people.

Difficulties (re)entering the labour market
For those outside the labour market, the pandemic made it more difficult to find a way in. Either because employers were not hiring new staff or because opportunities for education and training were more limited.

Increased workload due to the pandemic
For those in in-demand line of work, not least care-workers, the pandemic often led to an increased workload, sometimes resulting in burnouts. The increased burden could be in terms of number of hours worked but it could also be in terms of an increased emotional burden.

Work-life balance
Teleworking often led to blurred boundaries between work and private live which affected the mental health of some in a negative way. Women who had to combine paid work with increased unpaid care work found this particularly difficult to cope with.

The importance of work as a social context
Many teleworkers missed in-person social interaction with colleagues. Sometimes this was described as a need to have something 'outside the four walls of home'. It was also seen as important for creating a collaborative work environment and those new to the job, it was a way of learning how to perform one's job. For those with few social contacts outside work, social isolation from colleagues was particularly problematic.

Care

The pandemic obstructed the ability to care for oneself
For women in particular, increased care demands from others usually meant deprioritising their own well-being. For some narrators, excessive efforts to protect their physical health by avoiding infection led to severe negative effects on their mental well-being.

Meeting new care needs of others
For parents, the pandemic meant they had to support some needs of their children that were usually filled by interaction with peers, including the need to play.

The suspension of intergenerational care
As older people were considered an at-risk group, interaction between grandchildren and grandparents were severely limited. This affected not only the practical support that parents received from grandparents, but also the relationships between grandchildren and grandparents.

	Lack of state support Limited access to state supported childcare and elderly care is frequently reported as obstacles to gender equality in the narratives.
Enablers	
GBV	In some narratives, the intensification of violence during the pandemic acted as a trigger to leave an abusive partner. This was not an option for all narrators as it usually relied on one of the following three factors: **Economic independence** Being able to support oneself economically is often a crucial enabler. **Access to social networks** In the narratives, this includes family and community networks in form of brave mothers, caring neighbours, and parents with some extra living space. **Access to professional support** While many narratives revolve around the difficulty in accessing support, there are some better stories of women who received support in the form of shelters and counselling which enabled them leaving. These narrators emphasise the importance of being met with compassion and understanding by people who are knowledgeable about how gender-based violence works.
Education	**Support from parents and peers** From the learners' perspective, maintaining contact with peers was an important enabler. Learners who described their relationship to their parents as good usually fared better emotionally. Academic support from parents was also important. **Communication with schools** Parents who reported that remote education worked said this was largely due to communication with schools working well. **Schools catering to the individual needs of learners** Another enabler brought up by parents and learners was schools that catered to the individual needs of the learners. **Online education can limit exposure to harassment and bullying** Some learners reported a preference for online education as it left them less exposed to harassment and bullying. If the aim is a school environment that is safe and inclusive for all, it is clearly problematic to label this an 'enabler', but it is important to acknowledge that in-person education is not everybody's first choice.
Work	**Support from employers and co-worker** Solidarity between workers, and employers who made efforts to improving working conditions, made even difficult situations more manageable. **The benefits of spending more time at home** Some, but not all, who found themselves spending more time at home during the pandemic, either because they were teleworking or working reduced hours,

	saw spending more time with family as positive. Cutting out lengthy and burdensome commutes also led to an improved work-life balance for some teleworkers. In addition, not all work-related interaction is welcome, and some appreciated working from home for that reason.
Care	**The pandemic enabled the ability to care for oneself** To some narrators, the pandemic had given them the time and space to take better care of themselves. **Caring communities** Many narratives speak of the importance of care in a wider sense, provided at the community level. Solidarity within LGBTQI+, feminist, and migrant communities stand out in this regard but also the help and support provided on a neighbourhood level.

Concluding discussion

This report has provided an examination of the behavioural, economic and social impacts of COVID-19 on individuals in Europe via qualitative indications from inequality experts in public authorities, academia and civil society; and via the accounts of individual lived experiences of people living throughout Europe. This second cycle of collection and analysis has looked deeper into the issues highlighted in the project's first cycle of research, creativity, and solution activities, in order to further examine the development of inequalities throughout the COVID-19 pandemic.

The overall findings of this second cycle of qualitative research describe, a complex picture, where women remain, yet again, significantly disadvantaged across all domains: while the first cycle identified/conceptualised the development as a "downward spiral of increasing inequalities; being already marginalised or disadvantaged, makes you disproportionly more disadvantaged and marginalised" (Axelsson et al. 2021: 109) - this second cycle of research show no indication of this slowing down; on the contrary, the spiral keeps spinning downwards – in some cases exponentially: the so-called recovery responses have widened the existing gaps, and created new ones; the most vulnerable are even more vulnerable, the most marginalised are even more marginalised. This raises the question about the situation and variations in situations of the less vulnerable and less marginalised, the privileged and relatively powerful during the pandemic.

Inequalities in gender-based violence, education, work and care

This section describes and compares the pandemic-related inequalities identified in the expert interviews, the workshops and the narrative interviews respectively. Education is the only domain new to this cycle, hence it is given slightly more room below. The other three were covered in cycle one as well and an overall conclusion is that cycle two largely confirms the cycle one findings regarding which groups have been disproportionately affected by

the pandemic. As the different types of data material tended to highlight similar inequality grounds, the description below only mentions type of material when noteworthy differences were found.

Violence: Both the expert interviewees and the workshop participants pointed out the need for an intersectional approach to gender-based violence. Challenges in this regard differed depending on the national context but issues highlighted included a need for: better data on women with disabilities and GBV, as well older women and GBV; targeted support services for migrant women, women seeking asylum, refugees and victims of trafficking; the inclusion of LGBTQI+ people in policy and recovery plans and an overall need for more inclusive communication, both in terms of language and imagery used. As most narratives in the GBV domain were told from the perspective of non-migrant, cisgender women, in heterosexual relationships and in a similar age range, the intersectional analysis was somewhat limited, but class/socio-economic status was clearly another salient inequality ground. As one of the expert interviewees pointed out, many women lost their jobs due to the pandemic which left them more vulnerable to violence. Women with no economic independence tended to suffer in silence, as they wre afraid of not finding alternative solutions. This was also apparent in the narratives as economic independence was described as an enabler for leaving an abusive relationship.

Education: In the education domain, age stood out as the most salient inequality ground. Responses to the pandemic in this domain, the switch to remote education in particular, severely affected many young people's educational achievements. It also had a negative effect on their well-being, their social skills, their sense of independence and their outlook on the future. However, not all youth were equally affected, and the class/socio-economic status of a person played a large part in how well they coped: it affected not only access to digital tools and sufficient space available to study, but also the kind of help that their parents could provide. Migrant children, who are more likely to live in low-income households, were particularly vulnerable as they often faced the additional challenge of insufficient language skills (their own and/or their parents'). The results also indicate that migrant families were more likely than non-migrant families to keep children home from early childhood education, when based on recommendation (rather than regulation). This could be due to a failure of communication or, as one of the narratives suggested, because migrant parents lacked the persuasive power to convince the school that their child needed to attend. Gender was not specified as a salient inequality ground in terms of educational achievement in the workshop, the interviews, or the narratives. One of the expert interviewees stated that girls did better in school before the pandemic and they still do better, but he did not frame this as an inequality issue (indicative of a tendency in the interviews to view gender inequality as an issue affecting only women). Although not disproportionately affected academically, remote education had some considerable knock-on effects for girls. For example, when schools and universities closed, girls spent more time at home and as a result, many were forced to take on more household chores. Gender as an inequality ground was also apparent in the unequal effects on mental health (girls fared

worse than boys) and in the sense that teaching is a profession dominated by women and overworked teachers were identified as a vulnerable group. Finally, disability and gender identity also stood out as salient inequality grounds. In the case of disability, special needs of learners with disabilities were often neglected during the crisis which was made apparent across the different types of data. Regarding gender identity, the preference several transgender narrators showed for remote education and their reluctance to attend school for fear of bullying was noteworthy. In this case, the narrative material clearly diverges from the more optimistic interpretation made by one of the expert interviewees. In this expert's opinion, remote education had been positive for pupils who had poor school attendance prior to the pandemic. This interpretation however, failed to get to the root cause of why the pupils stayed home in the first place.

Work: In the work and labour market domain, gender was highlighted as a salient inequality ground. Experts in both the interviews and workshop discussed the possible benefits of teleworking for some women as it could make it easier to combine work and family commitments. While this could have a positive impact on the gender pay gap (if it enables women to work full-time instead of part-time), it is far less certain that the impact on the gender care gap will be positive. Teleworking has the potential to reduce inequalities by allowing some groups that have previously struggled to enter the labour market a chance to do so (e.g., working mothers, people with disabilities) but the experts also saw a danger in new inequalities emerging in this area as not all workers may be able, or allowed, to telework. The potential benefits of teleworking were apparent in the narratives as well, but they also made one of the main disadvantages of teleworking more visible: work is an important social context and for some people, teleworking had a negative effect on well-being. Recent immigrants stood out as particularly vulnerable as they often relied more on social connections made at work. Migrant workers stood out as a vulnerable group in a more general sense as well, and the specific plight of migrant care workers is explored further in the care section below. In the narratives, some workers were made vulnerable due to too much work (especially healthcare workers and teacher) whereas others lost both their work and most of their income. Gaps in the welfare systems of several countries were apparent and some groups who may not have been considered vulnerable prior to the pandemic, such as the self-employed, were left with very little financial support. The salient intersection of age and gender was also made visible by some older women's struggles to secure an adequate pension. Finally, young people were badly affected as they found it difficult to enter the labour market during the pandemic.

Care: Care was given a broad definition in the second cycle and as a result, the material from the expert interviews and the narrative interviews differed in focus . In the expert interviewees, the focus was primarily on unpaid and underpaid care work. In both, women and migrants were highlighted as vulnerable groups. The intersection of gender, nationality, class and age was particularly salient as many care workers are older migrant women whose working conditions, and financial situation, is highly precarious. Circular migrants who worked as live-in caregivers during the pandemic were especially badly

affected due to border closures and quarantine rules which made it difficult for them to travel between countries. The narrative interviews contain several stories from migrant care workers that confirm the depictions given in the expert interviews, but they were included in the work domain rather than the care domain. In the narrative section of the care domain, the analytical focus was on different relations of care. In these relations, inequalities were apparent both in terms of who provided the care (usually women) and whether one received adequate care (children, elderly people and people with disability were particularly vulnerable): access to care, and relief from caring duties, was largely dependent on the socio-economic status of the narrator, but social networks also played a role.

The interviewed experts, and the experts participating at the workshops, had no difficulties identifying policy responses to the pandemic that had deepened inequalities and which groups had been disproportionately affected by these measures. They also gave some examples of initiatives that may have helped to mitigate some of the adverse effects of the pandemic. However, it was clear that most of the experts consulted regarded the pandemic as an ongoing crisis. They were still in 'crisis management mode' and found it difficult to speak of recovery. That the crisis is still ongoing was also made apparent by the narratives. Although there were some exceptions, most of the narrators were worse off because of the pandemic and they were still feeling the economic, social, and emotional effects of it. In short, there was little evidence of things returning to normal or even much of an indication of what that 'new normal' might look like.

Post-pandemic recovery and resilience – *building back better*?

Many informants and workshop participants have asked what should be the "new normal" after the COVID-19 pandemic. An important discussion has revolved around how community resilience can be strengthened to better face future crisis based on learning from existing crisis. Future challenges that have been discussed include health crisis, economic crisis, environmental crisis and war as potential, even likely, future threats. Building resilience have been argued to be an essential part of recovery strategies developed to facilitate the transition to life after crisis. The role of learning, in and from crisis, is a crucial element of how to develop resilience (ref). Resilience, as discussed earlier captures how a system manages to cope with a crisis, but more importantly how it may facilitate recovery after a traumatic period, what lessons could be learned, and how willing system actors are to take responsibility and control of development pathways. Crises highlight both flaws and strengths and they give important insights into how and when resilience can be strengthened. Below we will discuss some of the key findings from the second cycle.

Addressing the root causes of inequalities to strengthen the resilience of people

The research evidence from RESISTIRÉ's first and second cycle clearly show how social inequalities are not only an effect of crisis, but rather how it is a threat to the overall societal resilience in the ability to cope with the crisis. Just as the COVID-19 virus was found to affect

certain groups harder in terms of physical health, e.g., those with non- communicable diseases such as type-2 diabetes or hypertension were found to have higher hospitalisation and death rates, inequality poses a specific vulnerability to experiencing negative effects. These effects act like domino-bricks that set in motion a negative spiral with negative synergy effects in not just one domain but in many. We understand this as a specific type of vulnerability to the disease that is caused by the lack or unequal distribution of individual resources and possibilities (both social and economic) necessary to mitigate the negative effects from the pandemic. This affects both how individuals can cope with the disease itself (e.g., the now growing evidence of how Covid have disproportionally hit segregated communities) but also how they cope with the consequences from efforts to control the disease. The individual situation of a person pre-covid, has affected how well they have coped with life during COVID-19, and it will affect individual possibilities to recovery, that is, conditions of life post-covid. For some groups the crisis continues on, longer than for others, with difficulties that are hard or even impossible to overcome. COVID-19 has thus caused another type of long-term sickness than the health related post-covid syndrome, and that needs to be addressed as part of all recovery strategies. Inclusive recovery strategies should include all, not just a privileged few. Furthermore, prevention, or future "immunity", to this type of vulnerability cannot be achieved simply with one-time individual help efforts (in a vaccine shot manner), but must be handled as the complex social problem it is. It thus requires not only to build individual resilience but to target the structural roots that causes some to become more vulnerable than others.

In all domains it is clear how individual opportunities are unequally distributed, affecting already vulnerable groups. Personal prerequisites and situations were highlighted as a particular obstacle to an inclusive recovery. One striking example is the economic situation of survivors of gender-based violence, another is the particular vulnerability of migrant children when it comes a lack of necessary digital equipment needed for home schooling. Many inequalities have been highlighted in the data, below we will give some examples:

A growing education debt

Many actors have pointed out the accumulated so-called *health debt* due to postponed planned treatment, screenings such as mammograms and preventive health measures. In order to come to terms with these overdue, delayed measures and the negative effects they may have caused, special attention is given to the problem such as staff working extra hours in screening services once they have re-opened. Less attention seems to be given to the similar *education debt* affecting millions of students around Europe and with long term effects potentially devastating for a whole generation.

Digital poverty

A cross cutting theme that affects all domains and are strongly interlinked with gender+ inequalities are the effects caused by digital and technology shortage among some groups and similarly the privileges for others. It affects individual lives in terms of work and

education, social contact and opportunities for health prevention, for instance elderly and immigrants having difficulties in accessing health information, book tests and vaccines and others .

Social isolation and psychological concerns

The narratives illuminate the psychological and psycho-social effects of the pandemic. While it was clear in the first cycle that many have suffered from the social isolation caused by COVID-19 restrictions, the second cycle shows that these effects appear to be persistent for many: some elderly people have remained socially isolated even after restrictions were lifted and some of the younger narrators struggled to reconnect to peers once schools were reopened. A sense of hopelessness and helplessness are coming through in some narratives and many strong metaphors were used in the narratives to capture this, for example "war", "prison", "cocooning", "fear". Unhealthy coping strategies also emerge in the narratives, such as increases in alcohol and drug abuse.

Social (in)visibility of inequalities: isolation of problems

The social isolation/confinement can be extended to an isolation and confinement of inequalities and problems. During lockdown, such isolation has created a growing social invisibility, in turn leaving pre-existing and by the pandemic intensified problems - including gender-based violence, economic hardship and decreasing mental health, and school dropout - less easily detectable and left invisible, undisturbed and isolated. While the narratives typically describe already existing **gender-based violence and violation** - where the pandemic was neither the starting point nor the not cause of violence - many narrators reported that increased isolation, movement restrictions, lockdowns and similar restrictive measures had intensified the use and experience of violence. Perpetrators of violence have been given 'an opportunity' to increase their control and surveillance of victims/survivors: lockdowns and related measures that reduced mobility enabled perpetrators to regulate and manipulate an intimate partner in terms of restrained mobility. Isolation, and the lack of mobility, has functioned as intensifiers and multipliers of violence and violations. Isolation has made victims of physical, psychological and sexual violence more vulnerable. Economic hardship caused by the pandemic increased dependence and economic violence and control. Pandemic-related delays in courts enabled a form of 'legal violence' and economic violence, especially relating to divorce and custody arrangements.

Addressing problems of societal and institutional resilience

Inequalities between countries becoming more apparent

The results indicate that the inequalities caused by different levels of economic, social welfare and pandemic policy responses between countries are well accentuated in the second cycle. While measures have been counter-acting pandemic effects in all countries, the differences in their scope and impact are becoming more accentuated as time has passed. This is also notable in the reasoning made in the workshops and interviews.

Different policy responses have emerged as a result to how the effects of the pandemic have been framed e.g., the narratives used by politicians, such as if the pandemic will have economic or human costs (or both) and if the costs are distributed more among certain groups, or even across society as a whole (Narlikar & Sottilotta, 2021; also pointed out by Axelsson et al. 2021). These differences in approaches to, or choices made in different countries has been addressed in other research, but to a lesser degree (or not at all) focusing on policies to mitigate inequalities. Yet, the differences in policy responses, whether designed to mitigate inequalities or not, have effect on inequalities. In Sweden, as an example, the Gender Equality Agency conclude that even though in 2020 the pandemic had effects on all the national gender equality objectives very few policy responses have been made to counteract those effects, the exemption being the area of gender-based violence (Gender Equality Agency 2021). However, the effect of the decision in Sweden to keep schools and kindergartens open have had tremendous impact on keeping the growing inequality costs, visible in countries where schools and kindergartens where closed, on a low level. The results show how the cost or depth arising from such responses tend to grow over time, e.g., the longer the schools and kindergartens remained closed, the higher the effects.

The multiplying effects of the policy choices made (and those that will be made as part of future recovery strategies), have the potential of not only growing inequalities in a particular country but also in widening the gaps between countries. This raises concern around existing cohesion policies designed on a European level such as the European strategy for gender equality.

Growing tension among groups

Another, and potentially related aspect to the growing inequalities in societies discussed above, is the negative effect it may have on societal cohesion and solidarity. The results indicate growing societal tensions: migrants vs citizens vs permanent residents; young vs. old, vaccinated vs. non-vaccinated etc. Citizens trust in governments rely on governments ability to demonstrate their capacity to handle the pandemic in a meaningful and transparent way. Trust in fellow citizens is impacted by how well you can rely on others to follow recommendations and show solidarity. Growing inequalities in a society have a negative impact on conflict on many different levels. COVID-19 did not create this weakness that it is now exposing but may very well contribute to it if not taken into consideration.

Obstacles and enablers - how can resilience be strengthened?

As discussed in the RESISTIRÉ first cycle qualitative report (Axelsson et al. 2021) most of the COVID-19 pandemic policy responses investigated, were found to a large degree to not integrate a concern for vulnerable groups and pre-existing inequalities (Cibin et al. 2021). This has had considerable negative effects, deepening existing and enabling the emergence of new forms of inequalities. The resilience in coping with the inequality dimension of the crisis was found to be low and in need to be improved. In this second study

we have focused on the potential for an inclusive recovery. We have, in particular focused on what factors that affect an inclusive recovery, both negative and positive factors, and what areas of concerns that are important to integrate into recovery strategies; what is referred to as building back better. These factors are instrumental in how a system can build mechanisms for resilience. If they are present and utilised by system actors, they can enable transformation. If these factors are not present, they can hinder or have a negative impact on the opportunities for an inclusive recovery. The factors raised by experts and professionals in the interviews and workshop are presented in figure below:

Figure 2. Obstacles and enablers to building back better: Strengthening resilience in recovery on an institutional level
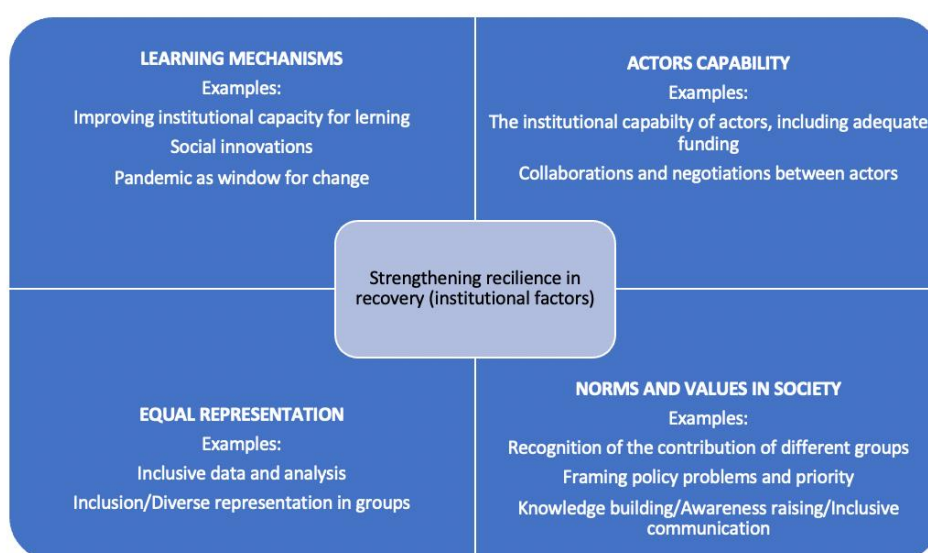
The results from the interviews and workshops indicate four different areas (shown in Figure 2 above) of institutional mechanisms:

Learning mechanisms

One theme relates to the importance of actively promoting learning in different ways such as strengthening institutional capacity for learning and adaptation in, and from, crises; promoting social innovation as a way to develop powerful responses in, and beyond crises, and in recognizing the transformational potential of the pandemic.

Actors' capability

A second strong theme relates to actors' capability in mitigating gender-specific vulnerabilities providing targeted support in general services or in the design of specific measures. Capability relates broadly to both internal and external factors (such as internal prioritisation of the organisation and receiving adequate funding). An important aspect of this area relates to the importance of collaboration between public and civil society actors.

Equal representation

A third theme concerns how representative aspects are taken into account in various ways. One being in the constitution/construction of groups (e.g., for conducting analysis, decision-making groups, task forces, for consultation), another in terms of context and content (e.g., use of gender disseminated data, integrating intersectional perspectives).

Norms and values in society

The fourth and final theme concerns how actors work with and impact on broader norms and values in society. It relates to the normative and material aspects that actors may have in recognising/not recognising the contribution of different groups, framing policy problems and their priority. It relates to actors working with knowledge building, awareness raising and inclusive communication.

Turning then to the question of how resilience can be strengthened on the individual level. It is clear that the impact of the pandemic has been particularly difficult for already vulnerable groups and in setting off a spiral of intersecting inequalities it has made already difficult conditions worse. Yet, it is important to not only highlight the negative impact of the pandemic but also to focus on the better stories on both an institutional and an individual level. These better stories, or promising practices, may reveal important clues on how to build resilience.

While the expert interviews and workshops have provided many insights on institutional better stories, the narratives provide a rich spectrum of examples of how marginalisation and vulnerability do not equal passiveness. Individuals who have been disproportionately affected are neither actors without agency nor merely victims. Besides the negative personal effects of the pandemic, there is also considerable evidence of the important role and agency of non-privileged groups during the Covid-crisis. Women have played a key role as front-line workers and have scaled up unpaid care to counteract the effects of closure of fundamental societal care services. In light of these findings, many actors have argued that the pandemic has potentially contributed towards the empowerment of women and in the transformation of gender roles on a global scale. Even though this may be so, it is important to recognize that not all forms of agency lead to empowerment in being able to make strategic life choices (Kabeer 1999). On the contrary, some forms of agency may even have a negative impact on an individual's quality of life and wellbeing in the long run and narratives around the agency of vulnerable groups must be able to balance these two sides of the coin (Nazneen & Araujo 2021).

Furthermore, in the effort of building back better, several important dilemmas have been pin-pointed when considering how the agency and empowerment for vulnerable groups may be strengthened that need to be taken into account by institutional actors promoting them. These include the recognition of an intersectional perspective in matters of representation where the internal power hierarchies within social movements needs to be considered. For efforts to promote collaboration and negotiations, the unequal power

distribution between public and civil society actors needs to be considered. Here NGOs often have limited time and resources and where the conditions for the interplay, on a more general level, are determined by a political elite that may or may not consider gender equality a priority (Nazneen & Araujo 2021). Another is the overburden of recovery placed on certain groups such as relying on female altruism for women's mobilization in providing care work. As part of recovery strategies, this overburden has been emphasized as a feminization of recovery, entailing "women working for recovery" rather than "recovery work for women", which have been found in studies of previous crisis recovery (Zoe Alburo-Cañete 2022).

In terms of *building back better* on the individual level, the narratives provide many factors on what may hinder and what may enable individual or personal resilience. While there are differences between the different domains in focus, there are also many similarities. As for the institutional factors discussed above, these factors can hinder or have negative impact on the opportunities for an inclusive recovery if they are missing and strengthen individual situations if they are present. The main overarching themes emphasized in the narratives (summarised in Table 11 above) are highlighted in Table 12 below.

Table 12. Obstacles and enablers to building back better: Strengthening resilience in recovery on an individual level

• Access to social networks (e.g., family, friends)
• Support received in workplace/school (e.g., by teachers, managers, peers)
• Access to material resources (e.g., economic situation, digital tools etc.)
• Possibilities to wellbeing and self-care
• Communication and mobility possibilities (including lack of constraints such as control and surveillance)
• Absence of Isolation/visibility of personal situation
• Manageable time and workload (including care responsibilities)
• Opportunities to provide/voice opinions and engage in matters that concerns oneself and society as a whole

The results indicate a strong link between institutional and individual factors that enable the possibilities for building back better. However, the results also point to the need for better understanding the link between the two, as well as the conditions for individual agency with a transformational impact, e.g., through investigating better stories on an individual level.

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Acknowledgements

This report benefits from the material generated via the workshops and expert interviews, conducted and reported by the consortium partners (Table 13), and from the material generated via the narrative interviews conducted by the national researchers (Table 14).

Table 13: List of researchers conducting the workshops and expert interviews

Domain	Partner	Researchers
Care	ISAS	Vanda Maufras Černohorská, Elaheh Mohammadi
	YW	Nathalie Wuiame, Aart Kerremans, Igor Zivkovic
Education	ORU	Tobias Axelsson, Anne-Charlott Callerstig, Lina Sandström, Sofia Strid
	K&I	Claudia Aglietti
	YW	Aart Kerremans
Gender-based violence	SU	Ayşe Gül Altınay, Nazlı Türker, Pınar Ensari
	UDEUST	Laia Tarragona, Elena Ghidoni.
	YW	Grace Romeo
Work	TUD	Sara Clavero, Alicja Bobek, Yvonne Galligan
	OBU	Clare Stovell, Alexis Still, Charikleia Tzanakou
	YW	Igor Zivkovic

Table 14: List of researchers conducting the narrative interviews

Country	Author/s
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Bulgaria	Ralitsa Golemanova
Croatia	Sanja Sarnavka
Cyprus	Maria Kyprianou
Czech Republic	Vanda Maufras Černohorská
Denmark	Stine Thidemann Faber, Lise Rolandsen Agustin, Lærke Thrysøe Nielsen
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Serbia	Zorana Antonijevic
Slovakia	Zuzana Ocenasova
Slovenia	Katarina Zupevc
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Sweden	Tobias Axelsson, Lina Sandström
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United Kingdom	Clare Stovell, Charikleia Tzanakou, Alexis Still