RESISTIRÉ
Reducing gendered inequalities caused by COVID-19 policies

Striving for Social Justice: Vulnerable Groups in the Recovery Policies

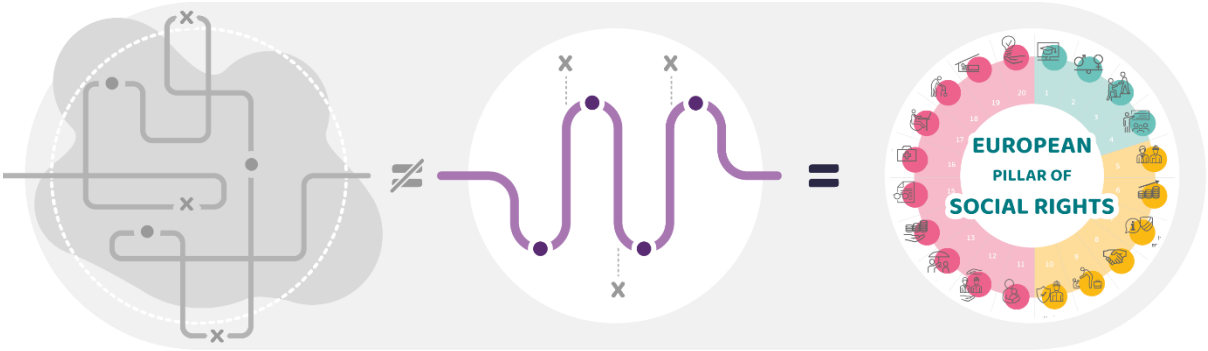
Recommendations to policy makers to address gender+ vulnerabilities in recovery policies, based on RESISTIRÉ findings.

Most of the National Recovery and Resilience Plans (NRRPs) focused their attention on the economy and finance, support for business, the construction of infrastructures, and economic stabilisation. In most cases the design process of the plans was based on consultations with organisations involved in the production, labour, and economic sectors. Insufficient importance was assigned to engaging with actors representing the interests of vulnerable groups. As a result, even though the European Commission's guide on how to prepare the plans clearly stated the importance of recognising and addressing women and vulnerable groups, in conformity with the principles of the European Pillar of Social Rights, most of the NRRPs lack concrete measures targeting vulnerable groups and address different inequality grounds in cursory terms only. The failure to address gender+ vulnerable and disadvantaged groups in the policy design process means that there is a risk that the NRRPs will not only fail to achieve their set goals, but that their measures will further aggravate the situation of these groups.

Recommendations

Put social justice at the core of recovery policies

Crisis mitigation measures should be driven not only by economic recovery but also by social justice considerations. Recovery policies should ensure that the **social rights of vulnerable and disadvantaged groups are equally protected**. Lessons drawn from the COVID-19 response and the policy gaps indicate that it is necessary to come up with measures in the policy design phase that address **access to work, fair wages, social and healthcare benefits, and goods and services availability for vulnerable and disadvantaged groups**. To this end, the wealth of available research findings relating to the impact of COVID-19 on vulnerable groups should be used to inform new policies, such as the NRRPs and the revisions of these plans.



Monitor and evaluate the effects of crisis management policies on vulnerable groups

To ensure that newly introduced policies are non-discriminatory, **careful monitoring and assessment of the outcomes of the policy implementation is necessary**. Policy monitoring and evaluation, including the indicators used, must *inter alia* consider the specific **impact of policies on vulnerable groups**. For the NRRPs, this specifically means that the Commission's Recovery and Resilience Task Force should include vulnerable groups in its monitoring and evaluation processes; how NRRPs address vulnerable groups should be also included in the Recovery and Resilience scoreboard.

Advocate for the revision and reformulation of policies that exacerbate inequalities

In line with the European Commission guidelines, **Member States should address the needs of vulnerable groups in consultation with the relevant stakeholders and CSOs** in the implementation phase of the NRRPs. Consultation processes and civil society inclusion in the NRRPs revision should be monitored by the Commission.

Design modes of communication that are accessible even to the most vulnerable

Authorities responsible for issues relating to vulnerable groups and civil society organisations that work with vulnerable groups must together ensure that **adequate and accessible communication channels are in place** with which to inform vulnerable groups about the new policies and their potential consequences in an accessible way. The authorities should provide support to civil society organisations, which generally do a large share of the communication work.

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› Problem Statement

Viruses should not make any distinction between those they infect. Everyone should face an equal burden regardless of their socioeconomic status, origins, or identities. However, as shown by RESISTIRÉ findings, **people who were in a vulnerable position before the pandemic, such as migrants, people with disabilities, LGBTQI+ communities, etc., were disproportionately affected by the COVID-19 pandemic** and the ensuing economic and social consequences.

First, while the pandemic put the healthcare systems of all countries under a substantial strain, it was various vulnerable groups that were the most affected by **the limited access to healthcare**:

- **People with disabilities** experienced an increased risk of negative outcomes from COVID-19 but also faced greater challenges arising from the sudden disruption of their healthcare and rehabilitation routines.[1]

- **Migrant groups struggled with access to healthcare due to government policies limiting coverage, language/cultural barriers, or fears of deportation.**[2] [3] According to the World Health Organisation,[4] asylum seekers, refugees, and migrants are likely to face problems in 'all the 5As of access to healthcare: availability, adequacy, accessibility, affordability and appropriateness'.

- **LGBTQI+ communities experienced greater marginalisation and difficulties in accessing healthcare** than the wider population.[5] [6] In a worldwide study, men who have sex with men reported a reduction in HIV-self-testing and interrupted the use of PrEP[7] when hospitals became inaccessible during the pandemic.[8]

- **Older adults** (especially those over the age of 80) **experienced a decline in the quantity and quality of home care** because of concerns about infection and because of the restrictions that were imposed to prevent this. The first wave of the SHARE Corona survey reveals that, of the 5% of the respondents who received home care, about 21% reported having difficulties obtaining the care they needed, mostly because of the inability of the caregiver to reach the recipient's home.[9]

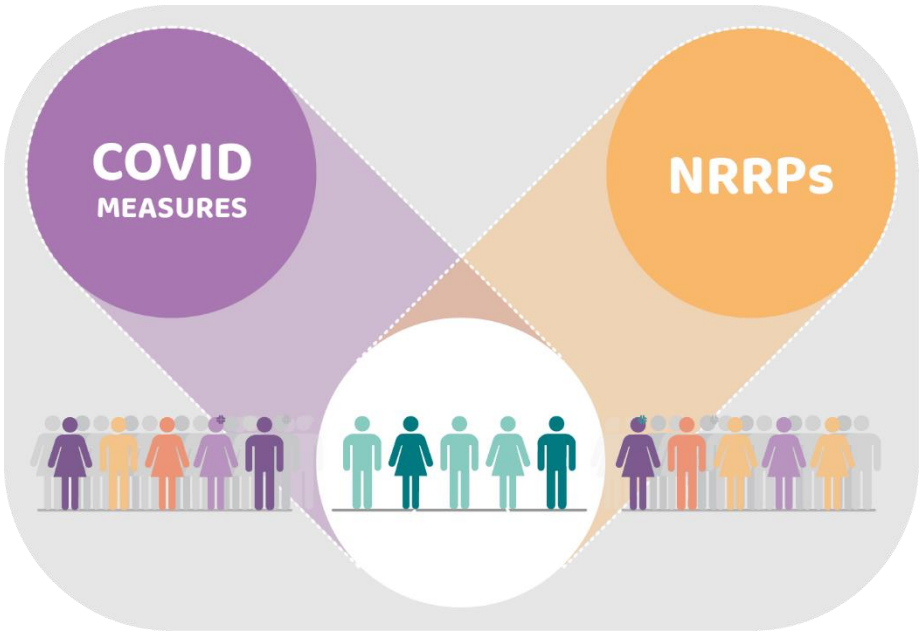
Second, **economic hardship and job loss** had a harsher impact on vulnerable groups. The closure of childcare services led to a sudden shift in households dynamics. **The additional burden of care took its toll on single parents in particular**, putting them at a higher risk of job loss.[10] **Other vulnerable groups (e.g. refugees, asylum seekers, ethnic minorities) were also exposed to a higher risk of job insecurity.** Not only were they often employed in the sectors that were hit the hardest by the COVID-19 crisis, such as food services, tourism,

domestic care, and construction, they were also more likely to have precarious employment contracts.[11] [12] The financial consequences of job loss are likely to have a substantial impact on refugees and migrants and may be greater than for native populations, as they may be unable to access welfare measures.[13] **Age was also an important factor for the domain of work and pay. Younger adults experienced a loss of income** as a result of job loss and reduced working hours[14] in the sectors that were severely hit by the pandemic and especially in the case of those working on temporary contracts.[15] [16]

The NRRPs were drawn up to address and mitigate inequalities resulting from or aggravated by the crisis. As such their intended focus should be to address the needs of vulnerable groups and building bottom-up strategies that prioritise the participation of vulnerable groups in the crisis responses. As RESISTIRÉ findings attest, this intention has not been fulfilled.

› Insights from RESISTIRÉ

Policy responses to the pandemic, both in the initial phase of the crisis and in the process of drafting the NRRPs, have failed to address the challenges and needs of the vulnerable groups.



FAILURE TO ADDRESS VULNERABLE GROUPS

The initial response to the pandemic almost completely forgot about vulnerable groups

During the initial phase of the pandemic, RESISTIRÉ mapped 298 policies in EU-27 countries, along with Iceland, the UK, Serbia, and Turkey, that specifically addressed the relationship between the crisis and relevant inequalities. The main findings showed that there was a **lack of attention given to specific inequality grounds and the related vulnerable groups**. The most frequent grounds mentioned by these policies were age and class, both of which were present in more than eighty policies. This was followed by disability (24%), nationality (14%), gender identity (10%), and ethnicity (10%). For instance, policies relating to work and care mostly focused on so-called 'traditional' family models, on citizenship criteria, and on employed on the standard form of contracts, thereby excluding large segments of society that did not fit these criteria, such as unregistered migrants and informal workers. The lack of attention devoted to vulnerable categories must be considered together with the three

main obstacles that the most vulnerable groups encountered when they tried to access the services that were made available in different countries to mitigate the adverse effects of the pandemic: **the increasing use of digital technologies, language barriers, and complicated procedures and bureaucracy**.

NRRPs fail to address social justice issues

The results of the RESISTIRÉ policy mapping suggest that the majority of the NRRPs give some consideration to mitigating inequalities for vulnerable groups. Almost all the plans address inequalities pertaining to age (25 out of 26 analysed) and social class/socioeconomic background (all except Sweden and Finland). Inequalities related to disability are mentioned in 21 plans. However, **there is almost no space devoted to issues pertaining to religion and belief, gender identity, and sexual orientation**. Nearly half of the plans contain at least a cursory mention of inequalities related to nationality (11 plans) and ethnicity (13 plans), and a similar number of documents consider other inequality grounds, such as those related to geography (e.g. urban vs rural) and employment status and inequalities related to digital access and health status. Figure 1 presents the number of inequality domains covered in different NRRPs.

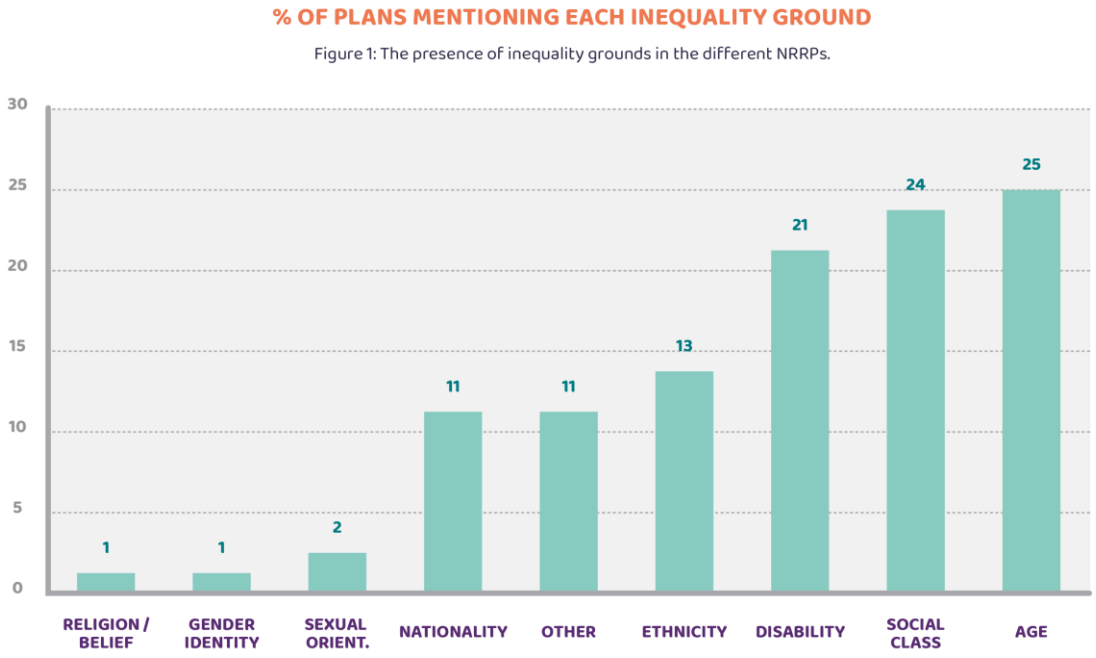
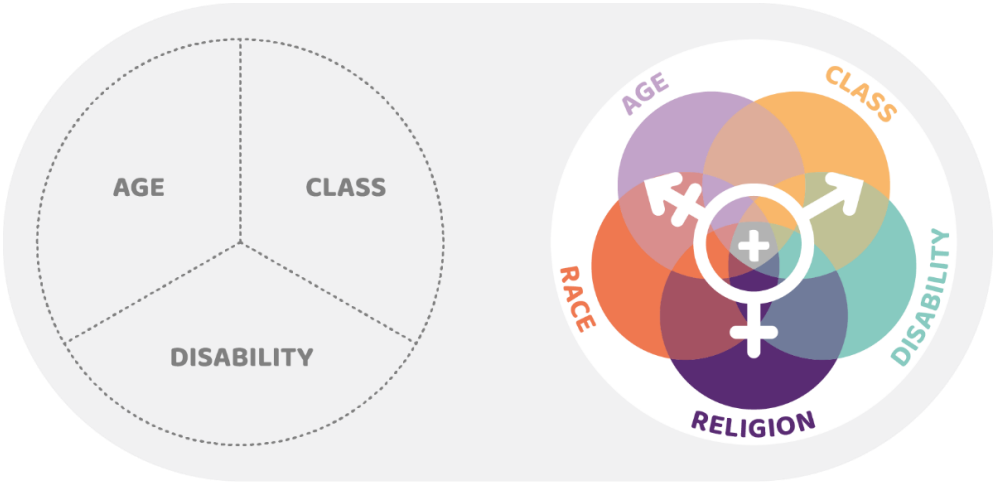


Figure 1: The presence of inequality grounds in the different NRRPs.

Despite some references to the complex situation of vulnerable groups, most of the NRRPs were focused on measures aimed at repairing the economic damage caused by the crisis, while measures to address inequalities were pushed into the background. This has been

criticised by many civil society organisations that were consulted by the RESISTIRÉ project, and they argued that the need to fight the **economic fallout of the COVID-19 pandemic appears to have overshadowed social justice issues in the NRRPs.**

While various inequality grounds are touched on in the NRRPs, **one-third of them do not contain any concrete measures to address these inequalities**. More often than not, the plans address these inequalities in vague and general terms. When inequality grounds such as 'age', 'social class', or 'disability' are mentioned, in most cases they are considered in isolation. **Intersections with other identity grounds, primarily sex/gender, are rarely taken into account.**



NRRPs INTERSECTIONAL APPROACH

The following excerpt is an example of the **inaction of the state and local governments** in the face of **issues experienced by trans people**, who had to rely on mutual care and support from/within LGBTQI+ communities:

> **"We have a hotline in the organisation, and we do advocacy programmes. These advocacy programmes have entirely stopped; we have only focused 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 house for women; women's organisations were against it because she's a trans woman! In the end, two anti-trafficking women's organisations, Athens and Astra, helped us. They paid for an apartment and food for the person and provided her with everything. Our budgets are minimal; we could not have done without them. They proved to be feminist allies in this case. And it isn't often the case that feminist organisations accept us. So we have a lot of problems on that side as well."**

The lived experience of COVID-19: vulnerable groups

While most of the NRRPs focused on overcoming the pandemic's economic fallout, the narratives collected showed that the pandemic had a disproportionate impact on members of more vulnerable groups. This was particularly prominent in relation to work, education, and maintaining standards of living. For example, migrants sometimes found that their legal situation was affected by the pandemic, while their irregular status also made it more difficult to obtain work. A Chinese man who migrated to Cyprus during the pandemic to live with his Cypriot wife was **unable to work and study** because of his legal status. The pandemic significantly **increased the length of the process involved in both moving and obtaining a visa**, which he 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.

Another interviewee, a young migrant woman living in Belgium, found herself in the midst of the transition from being a university student to employee when the pandemic started:

> **"I became undocumented around the time that the pandemic started. I had come to Belgium as a student and finished my Advanced Master's 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 recognised for PhD funding. It was when this was happening that the pandemic started. 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 that anymore during the pandemic."**

In terms of **socioeconomic background**, the people who found it difficult to make ends meet before the pandemic struggled even more to do so after it began. A Roma woman living in Romania used to make a living by doing odd jobs with her husband (helping people around the house with cleaning, painting, cutting wood, and gathering scrap metal). During the pandemic she was not able to take on work, as one of her five children suffered from meningitis and she was afraid of infecting him with the virus. At the same time, her husband had a hearing impairment and could not communicate with others without his wife's help. The couple was not eligible for welfare, and they were threatened with eviction from their house during the COVID-19 crisis.

The COVID-19 pandemic also exacerbated the difficulties faced by people with **disabilities**. This was particularly true for disabled persons whose education was interrupted by the

pandemic. One of the interviewees, 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 Adults' School. My education was completely interrupted because of Covid when the schools shut down, and my educational centre made no effort to keep in touch with us students, and so I felt very lost."**

Limited access to care facilities during the pandemic was hard on both caregivers and care receivers. One of the interviewees, a 48-year-old woman from Estonia, 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 by the high financial costs of 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 insured 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 caring for 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 the care."**

Finally, the pandemic impacted the vulnerable position of **trans people** who 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 got support 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."**

Better Stories

Within RESISTIRE, we identify 'Better Stories', a term borrowed from Dina Georgis to refer to promising practices that identify how a given societal situation can be ameliorated to improve existing practices.

Some of the policies included in the National Recovery and Resilience Plans devote specific attention to vulnerable groups and can thus be considered 'better stories' that provide an example of how policy can tackle inequalities. This factsheet presents examples of the **most promising and the most concrete proposals included in the National Recovery and Resilience Plans aimed at reducing inequalities**.

In Spain, the reforms on education specifically **target socioeconomic disadvantage** by investing in projects that strengthen accessible and affordable educational services in areas where 'families with a low educational and economic level, single-headed families, minorities, the Roma population, or migrant families' live. This, in turn, will contribute to **promoting social inclusion and equality and equal opportunities for girls and boys in rural areas** (Component 21). Moreover, the reforms tackle socioeconomic disadvantage in access to university by increasing the number of scholarships and reducing the fees in public university curricula'.

In the Greek plan, measures to **increase the labour market participation and socioeconomic integration of disabled people** include: (1) the Personal Care Assistant programme (Axis 3), which has the dual purpose of (a) helping people with disabilities to find work and (b) creating jobs for carers of people with disabilities including children on the autism spectrum; (2) adults on the autism spectrum are given priority in active and passive labour market programmes and in training (Axis 3).

In Romania, a measure in the recovery plan envisages the provision of medical screening devices for breast and cervical cancer in 10 mobile medical units. These mobile units are meant to operate in disadvantaged areas and to focus especially on **Roma communities**. It is worth underscoring the **intersectional frame of this measure**, which focuses on specific needs relating to **sex, social class, and ethnic grounds**.

About RESISTIRÉ

This factsheet is based on data collected within RESISTIRÉ's second research cycle, which ran from December 2021 to 28 February 2022. In this research 31 national researchers worked with the consortium to map policies, societal responses, and qualitative and quantitative indicators relating to the pandemic in EU-27 countries, along with Iceland, the UK, Serbia, and Turkey.[4] This research activity was accompanied by workshops and interviews with gender equality experts whose input informed the main findings from expert consultations.[5]

RESISTIRÉ is an EU-funded Horizon 2020 project the aim of which is to 1) understand the impact of COVID-19 policy responses on behavioural, social and economic inequalities in the EU27, Serbia, Turkey, Iceland, and the UK on the basis of a conceptual gender+ framework, and 2) design, devise and pilot policy solutions and social innovations to be deployed by policymakers, stakeholders and actors in different policy domains.

Find out more about the project at **https://resistire-project.eu**.

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