COVINFORM

CORONAVIRUS VULNERABILITIES AND INFORMATION DYNAMICS RESEARCH AND MODELLING

D6.3 Analysis: Community and citizen responses and impacts

This project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under Grant Agreement No 101016247.

Project

Acronym	**COVINFORM**
Title	COronavirus Vulnerabilities and INFOrmation dynamics Research and Modelling
Coordinator	SYNYO GmbH
Reference	101016247
Type	Research and Innovation Action (RIA)
Programme	HORIZON 2020
Topic	SC1-PHE-CORONAVIRUS-2020-2C Behavioural, social and economic impacts of the outbreak response
Start	01 November 2020
Duration	36 months
Website	https://covinform.eu

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Acknowledgement: This project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under Grant Agreement No 101016247.

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Deliverable

Number	**D6.3**
Title	**Analysis: Community and citizen responses and impacts**
Lead beneficiary	KEMEA
Work package	WP6
Dissemination level	Public (PU)
Nature	Report (RE)
Due date	31.05.2022
Submission date	31.05.2022

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Document history

Version	Date	Comments
0.1	15.02.2022	Structural draft by KEMEA
0.2	31.03.2022	Structural revision by all partners
0.x	15.04.2022	Section submissions by TRI (“Background”), SINUS (“Methods” and “fieldwork”), KEMEA (“Focus on local impacts of governmental responses”) AUTRC (“Focus on voluntary and resident-led initiatives”)
1.0	22.04.2022	Integration of interview findings per country and first draft by KEMEA
1.1	01-15.05.2022	Submission of additional interview findings and other necessary material by SYNYO, UANTWERPEN, SINUS, SU
1.2	23.05.2022	Revised structure by SINUS
1.3	25.05.2022	Final draft by KEMEA
1.4	27.05.2022	Quality check by USCS and SYNYO
2.0	31.05.2022	Submission

Executive Summary

This deliverable provides an initial descriptive analysis of the findings of interviews conducted with N=38 representatives of civil society organisations and grassroots initiatives active in COVID-19 responses in nine municipalities: Vienna, Austria; Antwerp, Belgium; Mannheim, Germany; Athens, Greece; Rome, Italy; Lisbon, Portugal; Madrid, Spain; Gothenburg, Sweden; and Swansea, Wales (UK). The scope of the deliverable is municipal/sub-municipal: it explores the way local conditions and actors in cities and neighbourhoods across Europe mediated the impacts of the COVID-19 pandemic, and helped shape responses to it. Thematically, the deliverable focuses on local baseline conditions, COVID-19 impact timelines, and multi-stakeholder responses. Key findings per thematic area follow:

- **Local baseline conditions:** most CSO representatives characterised the neighbourhoods in which they worked as 1) highly diverse; 2) socioeconomically disadvantaged ('vulnerable') vis-à-vis municipal and national averages. Their conceptions of 'vulnerability' in the research sites were shaped by the specific groups with which they worked; however, many voiced an implicitly 'intersectional' understanding of how specific vulnerabilities co-occur and aggravate one another, as well as of links between the structural inequalities that perpetuate them. The interviewees confirmed that CSOs play a critical role in addressing the material, health, and social needs of vulnerable groups within the research sites, often in close cooperation with each other, governmental actors, and residents themselves.
- **COVID-19 impact timelines:** interviewees indicated that the onset of the pandemic and phasing-in of restrictions quickly degraded their target groups' quality of life. The impact was worst for those with multiple pre-existing vulnerabilities: as such 'most vulnerable' individuals already faced multiple barriers to accessing support, retrenchment and contact restrictions amounted to a catastrophic loss of both formal and informal safety nets. For CSO workers themselves, the result was often a grinding increase in workloads and stress. In most research sites, the introduction of vaccines has partially, but not entirely mitigated the burdens on CSOs and their clients. A positive dimension reported by many interviewees is quick (if challenging) adaptation to hybrid digital/physical work, which has enhanced efficiency. Another is a surge in volunteerism and expressions of solidarity, as well as improved recognition of the role of CSOs and care workers in general.
- **Local multi-stakeholder responses:** Interviewees confirmed the important role of CSOs in responding to the pandemic on a local level. CSOs not only filled gaps in the governmental service spectrum, but also assisted vulnerable groups in overcoming barriers to governmental services, e.g., digital, linguistic, and cultural divides. Interviewees gave a mixed assessment of local governmental responses, identifying some strengths alongside a range of weaknesses and unintended impacts; their observations could provide lessons for future planning. They also shed some light on the novel role of voluntary and resident-led initiatives, which in some sites appear to have filled gaps unaddressed by either authorities or established CSO networks.

These findings have provided valuable impetus for further research ongoing within the COVINFORM project, in particular the qualitative interviews currently underway with residents of the sub-national research sites. Findings from the resident interviews will be integrated into the second iteration of this deliverable (D6.7).

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Acronyms & Abbreviations

Term	Description
GDPR	General Data Protection Regulation
GRT	Gypsy, Roma, Traveller (UK abbreviation)
PPE	Personal protective equipment

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1 Introduction

This document provides an initial descriptive analysis of local COVID-19 impacts and responses in nine sub-municipal/municipal research sites across Europe, based on interviews with representatives of civil society organisations and grassroots initiatives that were active in these sites.

Within the COVINFORM project, work package 6 is concerned with studying COVID-19 impact and response at the "community" level. The aims of WP6 are:

- To review and describe community structures and stakeholder networks, local implementations and impacts of governmental responses, and voluntary and citizen-led responses in selected sub-national research sites in the 15 project target countries;
- To carry out primary empirical research among civil society stakeholders and residents in selected sub-national research sites in 10 target countries;
- To perform an in-depth analysis of key dimensions of impact in the project target countries;
- To synthesise research findings on citizen responses and impacts in a complex systems framework and prepare recommendations and other inputs for WP8.

Deliverables D6.1 'Baseline report Community and citizen responses' established a foundation for these aims via desk research in 15 sites, whereas D6.2 'Research design: Community and citizen responses' defined procedures for empirical research in 10 sites, in order to build upon this foundation.

The purpose of D6.3 is to report on the empirical research conducted with CSO representatives in the sub-national research sites during Winter 2021 and Spring 2022. Due to challenges in recruiting CSO representatives during the overlapping COVID-19 and Ukraine crises, this deliverable does not encompass findings from all ten research sites; rather, only findings from the nine sites in which N≥3 interviews had been conducted were included. Findings from the remaining CSO representative interviews will be integrated into the second iteration of this deliverable (D6.7), alongside the findings of interviews with the residents themselves.

This deliverable adopts a simple scientific report structure. Section 2 consists of key findings from the background desk research (D6.1), a summary of the methods utilised in the empirical research (D6.2), and an overview of recruiting procedures and challenges. Section 3 consists of a top-level analysis of the findings per country. Section 4 consists of a general comparative discussion of the research findings, followed by focused discussions of the local impacts of governmental responses (including unintended impacts) and voluntary and resident-led initiatives in the research sites. Finally, Section 5 reiterates the purpose of the deliverable and concludes with recommendations for further research.

2 Background, methods, and fieldwork

2.1 Background

The main objective of the empirical research as part of this task under WP6 was to capitalise on the findings from the desktop research executed and reported in "D6.1 Baseline report Community and citizen responses" and conduct specific research within eight (8) targeted countries. The desktop research conducted in T6.1 focused on local COVID-19 impacts; local articulations of national- and regional-level policy responses; local policy responses; and responses by local actors in the sub-

national research sites. In order to situate the findings of the empirical research, key findings of the desk research are summarised here.

2.1.1 The overall role of CSOs in local responses

Civil society organizations (CSOs) – which include voluntary organizations, charities, communities, mutual aid groups (MAGs), social enterprises, and other social-related organizations – are critical components of development and national cohesion. CSOs fill the gaps that the government and private sector don't address. CSOs have a variety of responsibilities and are an important source of information for both individuals and government. CSOs in the COVINFORM target nations have developed a wide range of activities to support various groups, with a focus on the underprivileged and underserved who were directly impacted by the COVID-19 government reaction measures. Most of the COVID-19 community-led initiatives tackled the pandemic's barriers, problems, and hardships, either in collaboration with their local governments or on their own. CSOs, like governments, have had to adapt to the COVID-19 pandemic and take on new responsibilities in addition to their regular responsibilities. This section explores CSOs' pandemic planning and preparedness across countries, discussing measures in place prior to the pandemic, CSO adaptation and new strategies implemented, and, if applicable, affiliations and cooperative partnerships with government bodies, as well as their relationships with the main governmental authorities. Broadly speaking, CSOs understand community needs better than governmental bodies and focus on reaching the hardest-to-reach and neglected communities.[1] In many countries around the world, the civil society are trusted and have more moral authority, and a far-ranging network reaching rural regions. This idea is particularly relevant to faith communities, which provide assistance as well as unity to society's most vulnerable members. Trust in the civil society is essential when recovering from the pandemic and restoring the global economy.[2]

2.1.2 CSO activity in a multi-level governance context

A general finding across all countries was that local conditions mediated the pandemic in complex ways; that a diverse constellation of actors participated in responses; and that the following factors often characterised successful "multi-level governance" practices:

- Organization: well-functioning networks with clear communication channels; coordination between governmental authorities, CSOs, grassroots initiatives; consideration of and synergy with informal support structures.
- Solidarity: proactive outreach to local residents, especially vulnerable individuals and groups.
- Cooperation: e.g., between government, civil society, and the private sector.
- Technology: improvement of infrastructure and promotion of ICT channels that enable risk reduction (e.g., work/study from home, contact tracing).
- Culture and respect for diversity: sensitivity and adaptation to local cultures via cooperation with local actors, including with regard to the proactive mitigation of barriers.
- Door-to-door action: mobile clinics, vaccine vans, etc. to reach vulnerable areas and groups.

Specific examples in selected countries and localities follow.

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[1] https://reliefweb.int/sites/reliefweb.int/files/resources/The%20future%20of%20civil%20society%20organisations.pdf [Access 13/04/22].

[2] World Economic Forum. 2020. *3 reasons why civil society is essential to COVID-19 recovery*. [online] Available at: https://www.weforum.org/agenda/2020/05/why-civil-society-is-essential-to-covid-19-pandemic-recovery/ [Accessed 14 April 2022].

In **Austria**, several CSO and resident-led initiatives addressed the exclusionary measures put in place by the government or assisting vulnerable members of society. For example, going to the supermarket to run errands for the elderly or other groups considered to be high risk and encouraged to implement physical distancing during times of high community transmission (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). During the first wave of the COVID-19 pandemic, especially in Spring 2020, churches, community organisations, NGOs, and neighbourhood initiatives in particular were active (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). These include support for individuals belonging to groups with an increased health risk, such as the elderly or individuals with pre-existing conditions. The use of hashtags to promote awareness about the many activities implemented to support communities was a frequent trend among CSOs. For example, under the hashtag #Nachbarschaftschallenge (translation: Neighbourhoodchallenge), people volunteered to run errands for those at risk, which was managed online[3] in the form of a virtual noticeboard where users can post requests e.g., support for running daily errands, dog walking, etc.). The Diakonie, a charity, also founded the #Gutenachbarschaft[4] hashtag (translation: Goodneighbourhood), specialising in supporting citizens with their daily errands (ibid.). Following a similar tactic, #studentsagainstcovid, an initiative of students within and beyond Vienna, was created as a volunteering initiative, or to offer paid support to students during the crisis.[5] Caritas, a church run Austrian wide NGO, also launched a neighbourhood support website.[6] In addition to national or city level initiatives, there were others in almost every district (e.g., Aspern-Seestadt, Alsergrund, Innere Stadt, Döbling districts). Initiatives persisted throughout the pandemic, with many businesses and organisations informing the Austrian government that adaptation of measures and enhanced planning was required (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). On 6 August 2020, the European Commission also announced a scheme to the amount of EUR 665 million to assist not-profit organisations (NPO) and their associated entities to adequately respond to continuing COVID-19 outbreaks[7]. Following the introduction of the scheme, NPOs could receive aid in the form of direct grants to preserve NPO activities (ibid.).

Belgium's CSO and resident-led response to COVID-19 had a bottom-up approach. A notable response was initiated through the union of different ethnic communities (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). This was observed via the different communication initiatives implemented. For example, a vast number of socio-cultural organisations, religious institutions and key community figures unified in response to the crisis and focused on establishing initiatives that would help foster COVID-19 measures. This included food distribution hubs, support with administrative tasks (i.e., completing documents), telephone help lines, and online support meetings. Here, the religious community, especially Belgium's mosques, were active in the food

[3] Corona-nachbarschaftshilfe.at. n.d. *Corona Nachbarschaftshilfe in Österreich*. [online] Available at: https://corona-nachbarschaftshilfe.at [Accessed 14 April 2022].

[4] Diakonie.at. n.d. *Nachbarschaft und Lebensräume - Diakonie*. [online] Available at: https://www.diakonie.at/unsere-themen/nachbarschaft-und-lebensraeume [Accessed 14 April 2022].

[5] iamstudent Magazin. 2020. *Corona: Studenten und Studentinnen helfen - Jobs & Freiwilligenarbeit*. [online] Available at: https://www.iamstudent.at/blog/corona-studenten-helfen-jobs/ [Accessed 14 April 2022].

[6] Caritas.at. n.d. *Team Nächstenliebe Initiativen*. [online] Available at: https://www.caritas.at/spenden-helfen/spenden/aktuelle-spendenaufrufe/team-naechstenliebe/team-naechstenliebe-initiativen#c82140 [Accessed 14 April 2022].

[7] Practical Law. 2020. *COVID-19: Commission approves Austrian scheme to support non-profit organisations and their related entities affected by coronavirus outbreak | Practical Law*. [online] Available at: https://uk.practicallaw.thomsonreuters.com/w-026-9043?transitionType=Default&contextData=(sc.Default)&firstPage=true [Accessed 14 April 2022].

distribution efforts. Regarding collaborative work, there was an increase in community cooperation between community organisations in Antwerp, Belgium's second city. Promising initiatives introduced by the different community organisations in Antwerp include Antwerp's Sensi Ambassadors,' 'Antwerp Helps' volunteer initiative, Zipster's COVID coaches, 'Coronababbels,' and other initiatives throughout Borgerhout, a small district in Antwerp (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). Fortunately, Belgian CSOs received substantial support from the government throughout the crisis (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). 'The Human Link,' an Antwerp-based organisation, for example, received funding from the City of Antwerp to assist frontline health care workers (HCWs).[8] The programme comprises coaching for individuals and groups, courses, and workshops, intending to acknowledge the heightened pressure, stress, worry, and anger experienced by HCWs (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). Moreover, the Borgerhout district council, during the later stages of the COVID-19 pandemic, presented its commitment to long-term COVID-19 planning and declared that additional budgets would be allocated to solidarity initiatives helping residents severely affected by the COVID-19 pandemic.

In **Germany**, CSO initiatives, resident-led initiatives, and public-private cooperations ranged from business support such as Nebenan.de[9], a neighbourhood platform operated by the Good Hood start-up, offering help concerning COVID-19, and supporting local businesses during times of crisis (ibid.). A hotline service was also provided across different German cities. Additional initiatives set up include helfen-shop.berlinis[10], a non-profit platform that purchases vouchers from restaurants, bars, cafes, clubs and theatres in Berlin (ibid.). To help some of these individual projects directly, donation platforms were set up. Platforms include the betterplace.org initiative. As also seen in some of the COVINFORM target countries (e.g., Sweden), Germany paid particular attention to addressing domestic violence, via an initiative called "Engagementportal bürgeractiv."[11] The information portal "Corona Engagement (found on "bürgeraktiv – das Engagementportal")," concentrating on social engagement, offers examples of engagement during the pandemic, from companies to individual citizens.

In response to the COVID-19 outbreak in **Spain**, CSOs such as FrenaLaCurva (Stop the Curve), a citizen platform and community, found that citizen participation and volunteering were not utilised components in the COVID-19 response.[12] FrenaLaCurva, which commenced after receiving institutional and governmental support, rapidly progressed into a grass-roots project aimed at bringing together the numerous civic initiatives which were spontaneously being set up to meet local needs. The platform was built in 24 hours and was dynamically designed to meet changing demands and different contexts as new challenges arose. Volunteers, entrepreneurs, civil servants, and social organisations used the channel to organise social energy and civic resilience, involving more than 2,000 activists from

[8] Thehumanlink.be. n.d. *The Human Link*. [online] Available at: https://www.thehumanlink.be [Accessed 14 April 2022].

[9] Nebenan.de. n.d. *Das Netzwerk für dich und deine Nachbarn*. [online] Available at: https://nebenan.de [Accessed 14 April 2022].

[10] Gutschein von Helfen.Berlin. n.d. *Gutscheine für Berliner Liebingsorte - Gutschein von Helfen.Berlin*. [online] Available at: https://helfen-shop.berlin [Accessed 8 April 2022].

[11] Berlin.de. n.d. *Freiwilliges Engagement rund um Corona - Berlin.de*. [online] Available at: https://www.berlin.de/buergeraktiv/informieren/corona-hilfe/koordinierungsstellen/ [Accessed 8 April 2022].

[12] Festival Frena la curva. 2020. *Innovación abierta y cooperación anfibia en Frena la Curva*. [online] Available at: https://festival.frenalacurva.net/innovacion-abierta-y-cooperacion-anfibia-en-frena-la-curva/ [Accessed 8 April 2022].

more than 300 social organisations.[13] Until today, the technology of FrenaLaCurva was implemented in 22 countries, and more than 100 multidisciplinary teams were formed, also resulting in two social impact initiatives (ibid.). CSOs also worked collaboratively during the pandemic. This includes Siegwerk's partnership with NGOs Banco de Alimentos and Caritas, two NGOs known for their work to fight hunger in Spain.[14]

In the **UK, the country of Wales**, well-known and established CSOs, whether they may be local or national, instantly adjusted their services and ways of working to deal with urgent issues. Whilst informal hyper-local groups were being established to address local community needs, the voluntary sector went above and beyond to help both individuals and public services which were under a lot of pressure. In terms of initiatives implemented, a vast number were effective during the first wave of COVID-19. According to Building Communities Trust (BCT), a support project helping community development across Wales, community organisations "shifted their operations almost immediately lockdown was declared. This work was focused on dealing with basic needs such as food, medicines, and sharing key information."[15] In addition, BCT shed light on how established groups "already possessed the infrastructure to underpin community responses" with them already possessing equipment, buildings, and vehicles, and "local knowledge" all of which helped strengthen COVID-19 community response (ibid.).

With regards to countries with presidential structures, **Greek** CSOs implemented responses in terms of adaptation to planning and preparedness and ensuring that government bodies address the country's most pressing needs. Such as providing heightened support to vulnerable communities, (see COVINFORM *"D6.1 Baseline report: Community and citizen responses"*). For example, METAdrasi, an NGO set up a helpdesk in August 2021 to help assist refugees and other migrants residing outside camps – predominantly in cities but also provinces – to finalise the procedure of vaccination against COVID-19.[16] In addition, particular attention was required towards communities with certain disabilities, as the COVID-19 pandemic strained original support provided. In an open letter to the Greek government on 17 July 2020, NGOs, civil society organisations and practitioners working in migrant integration facilities expressed concerns regarding the restrictive policies implemented by the Greek government on all reception centres in Greece.[17] Following this call for help, CSOs, e.g., Together for Children[18], a network of Greek CSOs supporting people with disabilities established a frequent

[13] The Innovation in Politics Institute. 2022. *Digital community response to COVID-19 in Spain wins Innovation in Politics Award - The Innovation in Politics Institute*. [online] Available at: https://innovationinpolitics.eu/press-release/digital-community-response-to-covid-19-in-spain-wins-innovation-in-politics-award/ [Accessed 14 April 2022].

[14] Siegwerk Druckfarben AG & Co. KGaA. 2020. *Spain - Siegwerk Spain supports its community during difficult Covid-19 pandemic*. [online] Available at: https://www.siegwerk.com/en/our-responsibility/corporate-social-responsibility/local-projects/detail/projects/spain-siegwerk-spain-supports-its-community-during-difficult-covid-19-pandemic.html [Accessed 14 April 2022].

[15] Welsh Parliament, Equality, Local Government and Communities Committee, 2021. *Impact of Covid-19 on the voluntary sector*. Cardiff Bay: Senedd Commission, p.15.

[16] InfoMigrants. 2021. *Greece's Covid vaccination program for migrants problematic: NGO*. [online] Available at: https://www.infomigrants.net/en/post/36939/greeces-covid-vaccination-program-for-migrants-problematic-ngo [Accessed 14 April 2022].

[17] European Website on Integration. 2020. *Open letter: 'Discrimination does not protect against COVID-19'*. [online] Available at: https://ec.europa.eu/migrant-integration/library-document/open-letter-discrimination-does-not-protect-against-covid-19_en [Accessed 9 April 2022].

[18] Mazigiatopaidi.gr. n.d. *Together for Children*. [online] Available at: https://mazigiatopaidi.gr/en/pages/i-enosi [Accessed 5 April 2022].

channel of communication with policymakers.[19] The two-way communication assisted individuals with disabilities and service providers to work with policymaker and emergency planners during the COVID-19 pandemic (ibid.). So far, with the support received by the Greek government, CSOs have adapted to the crisis and helped students with intellectual disabilities who are self-isolating, to access educational platforms online – sustaining their education, social interactions, whilst also protecting their psychological health (ibid.).

Regarding **Italy's** CSO and resident-led initiatives and adaptation to the pandemic, the CSO Italian Alliance for Sustainable Development (ASviS) is an example worth highlighting. Established on 3 February 2016, following the initiative of the Unipolis Foundation and the University of Rome "Tor Vergata," primary goals of the CSO included enhancing awareness of Italian society, economic stakeholders, and institutions about the relevance of the 2030 Agenda for Sustainable Development, and to deploy them to accomplish its Sustainable Development Goals (SDGs).[20] To date, the CSO has united approximately 270 member organisations[21] among the most crucial civil society institutions and networks. In response to the pandemic, especially during the peak of the crisis, the CSO established the AlleanzaAgisce, a solidarity initiative gathering, disseminating, and providing instant access to projects conducted by affiliates of ASviS's network throughout Italy (ibid.). The initiative not only helped those from vulnerable communities, but also key workers, women, enterprises, students, and culture professionals majorly affected by the pandemic. The activities implemented ranged from free webinars, digital laboratories for children, training courses for teachers, remote psychological support, public information campaigns, transformation of museum exhibitions into virtual tours, and fundraising initiatives. Thus far, the project has witnessed the participation of 79 of ASviS' member organisations[22], 214 examples of good practice, and received a "Solidarity award" from the UN's SDG Action Campaign, a UN initiative acknowledging the 50 best solidarity initiatives presented around the world during the COVID-19 response.[23]

Like Greece, **Portugal**, a semi-presidential democratic republic, saw heightened support by CSOs and public-private partnerships for vulnerable communities, especially migrant populations.[24] A survey of Portuguese authorities focusing on the human rights of migrants, for example, found heightened attention was given to tackle the most persistent vulnerabilities of immigrant, refugees, as well as

[19] Euro.who.int. 2021. *Greece: civil society reduces barriers to health and education for young people with disabilities during the pandemic*. [online] Available at: https://www.euro.who.int/en/countries/greece/news/news/2021/12/greece-civil-society-reduces-barriers-to-health-and-education-for-young-people-with-disabilities-during-the-pandemic [Accessed 7 April 2022].

[20] Asvis.it. n.d. *ASviS - Alleanza Italiana per lo Sviluppo Sostenibile*. [online] Available at: https://asvis.it/asvis-italian-alliance-for-sustainable-development [Accessed 14 April 2022].

[21] Sdgs.un.org. n.d. *#AlleanzaAgisce, ASviS mobilises in response to the covid-19 crisis | Department of Economic and Social Affairs*. [online] Available at: https://sdgs.un.org/fr/node/33376 [Accessed 7 April 2022].

[22] Schwegmann, C., Mazrekaj, D., Schiltz, F., Gelber, G., Heidegger, P., Beales, S. and Titl, V., 2020. *Time to reach for the moon: The EU needs to step up action and lead the transformation to sustainability*. Civil society SDG monitoring report. [online] SDG Watch Europe, Make Europe Sustainable For All, p.53. Available at: https://www.sdgwatcheurope.org/wp-content/uploads/2020/10/Time-to-reach-for-the-moon-web.pdf [Accessed 14 April 2022].

[23] Italian Alliance for Sustainable Development (ASviS), 2020. *Italy and the Sustainable Development Goals*. [online] Italian Alliance for Sustainable Development (ASviS), p.127. Available at: https://asvis.it/public/asvis2/files/Rapporto_ASviS/Rapporto_ASviS_2020/Report_ASviS_2020_ENG_final.pdf [Accessed 14 April 2022].

[24] The Permanent Mission of Portugal to the United Nations Office and Other International Organisations in Geneva, 2021. *Questionnaire Special Rapporteur on the Human Rights of Migrants: "After one and a half year: the impact of COVID-19 on the human rights of migrants"*. Office of the UN High Commissioner for Human Rights, pp.2-3.

members of the Roma communities in the context of the COVID-19 pandemic (ibid.). Here, the work of Calouste Gulbenkian Foundation (FCG) is noteworthy. Established in 1956, the institution aims to enhance people's lives through art, charity, science, and education. In one initial response, the FCG introduced the Gulbenkian Care Project.[25] Some of its aims included strengthening the already strained response capacity of organisations supporting elderly people, especially in terms of domestic care services (ibid.). Consistently supportive of FCG's work, Portugal's High Commission for Migration (ACM) signed a protocol to provide funds amounting to 100,000 EUR to forty-one of Portugal's CSOs.[26] Out of these forty-one organisations, twenty-nine assist migrants and descendants, four support refugee populations, and eight support Roma communities.[27] As stated in the questionnaire, support to the afore-mentioned communities ensured the promotion and contribution towards improving living conditions, namely elderly, single-parent families, and large families in situations of extended unemployment or unstable employment. One example of a CSO receiving the support is the Portuguese Refugee Council. The list of remaining CSOs can be found here.[28]

Also, a parliamentary republic with a semi-presidential regime, **Romania's** pre-COVID-19 CSO scene consisted of a vast number of "umbrella" organisations (e.g., associations and federations) forming to assist NGOs working in a certain field or sharing familiar interests and practices. This includes Federatia Volum[29] (a group of NGOs working with volunteers), *FONSS*[30] (a group of organisations working in social services) or Federatia Fundatiilor Comunitare din Romania[31] (a group of community foundations).[32] During Romania's response to COVID-19, CSOs established new coalitions to advance their area of work, avoid redundancies, acquire additional funds, and rapidly share data and resources in order to respond efficiently. Other applicable civil society actors during the COVID-19 pandemic include informal initiative groups of professionals (e.g., Funky Citizens[33], Code for Romania[34], Geeks for Democracy[35], Declic[36])/volunteers (e.g., Red cross, Cumparaturi la Usa Ta (Door-step Delivery),

[25] Calouste Gulbenkian Foundation. n.d. *Emergency Fund Covid-19*. [online] Available at: https://gulbenkian.pt/en/emergency-fund-covid-19/ [Accessed 7 April 2022].

[26] European Website on Integration. 2020. *Portugal - € 100 000 given to organisations helping migrants during COVID-19*. [online] Available at: https://ec.europa.eu/migrant-integration/news/portugal-eu-100-000-given-organisations-helping-migrants-during-covid-19_en [Accessed 14 April 2022].

[27] The Permanent Mission of Portugal to the United Nations Office and Other International Organisations in Geneva, 2021. *Questionnaire Special Rapporteur on the Human Rights of Migrants: "After one and a half year: the impact of COVID-19 on the human rights of migrants"*. Office of the UN High Commissioner for Human Rights, pp.2-3.

[28] European Website on Integration. 2020. *Portugal - € 100 000 given to organisations helping migrants during COVID-19*. [online] Available at: https://ec.europa.eu/migrant-integration/news/portugal-eu-100-000-given-organisations-helping-migrants-during-covid-19_en [Accessed 14 April 2022].

[29] Federatia VOLUM. n.d. *Federația Organizațiilor care Sprijină Dezvoltarea Voluntariatului în România*. [online] Available at: http://federatiavolum.ro [Accessed 14 April 2022].

[30] FONSS - Federația Organizațiilor Neguvernamentale pentru Servicii Sociale. n.d. [online] Available at: https://fonss.ro [Accessed 6 April 2022].

[31] Federatia Fundatiilor Comunitare din Romania. n.d. [online] Available at: https://ffcr.ro [Accessed 5 April 2022].

[32] World Bank, 2020. *Rapid Assessment of Romanian CSO in the Context of COVID-19*. [online] World Bank, pp.25-49. Available at: https://documents1.worldbank.org/curated/en/374111602685815317/pdf/Rapid-Assessment-of-Romanian-CSO-in-the-Context-of-COVID-19.pdf [Accessed 14 April 2022].

[33] Funky.ong. n.d. *Despre Noi – Funky Citizens*. [online] Available at: https://funky.ong/en/despre-noi/ [Accessed 8 April 2022].

[34] Code for Romania. n.d. [online] Available at: https://code4.ro/en [Accessed 5 April 2022].

[35] Geeks for Democracy. n.d. [online] Available at: https://g4d.ro [Accessed 1 April 2022].

[36] Declic :: societatea civilă în acțiune. n.d. [online] Available at: https://www.declic.ro [Accessed 6 April 2022].

Bucharest Construction Students Association[37], Viziere.ro, The Social Solidarity Humanitarian Action, Kane – New Romanian Cuisine)/businesses. Key factors contributing towards the union of Romanian CSOs during the COVID-19 pandemic include the amplitude of the crisis and deterioration of resources within the medical units, and more broadly, the country's insufficient protective and intervention tools (ibid.). As noted in a paper addressing cooperation in Polish and Romanian Civil Society, many Romanian CSOs reoriented their work to deliver specialist services and emergency relief with the intention of supplementing the country's capacity in those fields (Buzasu & Marczewski, 2020). During the COVID-19 outbreak, it appears that the health crisis strengthened the relationship between government and civil society – a relationship that has been challenging during pre-COVID years. CSOs embraced a moderately co-operative approach toward the government and have been active in contributing to alleviate the socioeconomic impacts of the pandemic, especially by creating coalitions and partnering with public authorities and businesses. In response, the Romanian government has made its policymaking and crisis response measures more apparent and cooperative by coordinating discussions and including CSOs in decision making, thereby permitting sincere collaboration (Buzasu & Marczewski, 2020).

Sweden, a constitutional monarchy, saw the strengthening of public-private partnerships collaboration during the COVID-19 pandemic. The national body for dialogue and consultation between government and civil society (NOD), for example, supported CSOs dealing with the COVID-19 crisis.[38] Once the virus hit Sweden, NOD's steering group, especially representatives from both the civil society and the Government Offices of Sweden, helped coordinate CSO efforts and produce weekly status reports outlining civil society needs and desired initiatives during the pandemic.[39] The Swedish government supported CSOs specialising in domestic violence issues, especially during COVID-19, which exacerbated the number of domestic violence cases being reported.[40] Special attention was also provided to CSOs working closely with children affected by violence, issues related to honour related violence and oppression, and LGBTI-persons. For example, the Swedish Gender Equality Agency were presented with the task of recognising and increasing efficient working methods that municipalities could use to share information about domestic violence and 'honour'-based violence and oppression. Efforts were also directed at establishing contact with victims of violence. The work would be based on the scientific contexts and circumstances stemming from the outbreak of COVID-19 (ibid.).

As a constitutional monarchy and parliamentary democracy, CSOs in **the United Kingdom (e.g., England and Wales)** were supported by their respective governments to provide the much-needed support to vulnerable communities (Wilson et al., 2021, Rees et al., 2021). Understandably, addressing such needs in England meant shifting the types of services provided to communities. There was specific request for services for individuals whose typical support and care needs could not be met by themselves or by their own networks, including houseless/homeless people, or those requiring dedicated medical care, income or food help, hands-on daily help or assistance with childcare and

[37] Universitatea Tehnica de Constructii Bucuresti. n.d. *Student associations - Universitatea Tehnica de Constructii Bucuresti*. [online] Available at: https://utcb.ro/en/discover/for-students/student-associations/ [Accessed 14 April 2022].

[38] Government Offices of Sweden. 2020. *NOD to help coordinate civil society in response to the new coronavirus*. [online] Available at: https://www.government.se/press-releases/2020/04/nod-to-help-coordinate-civil-society-in-response-to-the-new-coronavirus/ [Accessed 14 April 2022].

[39] https://www.government.se/press-releases/2020/04/nod-to-help-coordinate-civil-society-in-response-to-the-new-coronavirus/ (Access 08/04/22)

[40] Rm.coe.int. n.d. [online] Available at: https://rm.coe.int/sweden-covid-19/1680a02283 [Accessed 14 April 2022].

education (Harris, 2021). Birmingham also saw an immediate upsurge of activities, including voluntary organisations taking hasty action with no external 'prompting'. As stated in the *Community-based responses to Covid-19 in Birmingham: Insights and experiences* report, MAGs worked across neighbourhoods and volunteer-led initiatives and faith groups reacted to needs immediately. Worth touching on here is the Birmingham's coordinate city-wide response. This involved recognised leadership within the Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector by organisations well-known for certain areas of specialist knowledge. The key goal was to contribute effectively to city wide planning and decisions, underlining the needs of vulnerable communities. Organisations from across the VCFSE sector functioned collaboratively to combat the impact of the COVID-19 crisis. Worth mentioning here are the efforts of the COVID-19 Community Champions. The network, comprising volunteers across the 69 wards in the city, provided up-to-date information on how residents should protect themselves and other against the COVID-19 virus.[41] With this in mind, Birmingham also had a locality-based and hyper-local community response (Wilson et al., 2021).

In the report addressing Birmingham's CSO response and adaptation to COVID-19 (Wilson et al., 2021), researchers shed light on how the pandemic led to a rise in unemployment and uncertainty amongst individual's futures. Responding to these challenges, established groups re-shifted their focus away from operating the types of activities originally provided pre-COVID-19 and towards offering welfare advice. Similarly, in Wales, voluntary organisations/groups adapted their services to provide essential support to residents without being promoted or requested to do so (Rees et al., 2021). Besides service adaptation, both countries also witnessed a surge in participation within the voluntary sector. In Wales, for example, most organisations documented a drastic increase in new volunteers, especially in areas with high COVID-19 outbreaks, the escalating demand for foodbanks, and support with day-to-day activities (Rees et al., 2021).

2.2 Methods

2.2.1 Theoretical framework

Based on the desktop research findings, as well as the project's overall aims and the WP6 aims outlined in the Description of Action, two core topics were identified for the T6.3 research: local baseline conditions and COVID-19 impacts as experienced and interpreted by CSO representatives (and other local actors) in the sub-national (municipal/sub-municipal) research sites; and local multi-stakeholder COVID-19 responses in the research sites, particularly those which the interviewee CSOs, other CSOs, or grassroots resident groups initiated or participated in. It was determined that special attention should be paid to the "success factors" above. Finally, it was resolved that from a theoretical perspective, the task should not approach "communities" (and "vulnerable communities" in particular) as passive objects impacted by the pandemic, but as particular configurations of experience and social action produced within particular structural contexts through the interaction of human and non-human actants (including SARS-CoV-2 itself).

Within the sociological literature on community, two approaches that stood out as helpful to the consortium are those taken by Brint (2001) and MacQueen et al. (2001). Brint proposes a "disaggregated" theory of community, extracting "precise and narrowly-defined variables from the

[41] Birmingham.gov.uk. n.d. *What are COVID-19 Community Champions? | COVID-19 Community Champions | Birmingham City Council*. [online] Available at: https://www.birmingham.gov.uk/COVID-19_Community_Champions [Accessed 13 April 2022].

community concept" and proposing that a "community" is a social grouping that displays some, but not necessarily all, of these variables (pg. 3). MacQueen et al. take a similarly "disaggregated" approach, but does so inductively rather than deductively. Within the context of a US study on participatory HIV vaccine trials, they conducted qualitative interviews with N=25 African Americans in Durham, North Carolina; N=26 gay men in San Francisco, California; N=25 injection drug users in Philadelphia, Pennsylvania; and N=42 HIV vaccine researchers nationwide. Interviewees were asked the open question, "what does community mean to you?", and responses were coded and analysed, revealing 17 semantic elements in four clusters; the most commonly-mentioned elements were "locus", "sharing", "action", "[social] ties", and "diversity" (pg. 1931).

Based on the ecological validity of MacQueen et al.'s approach, a literature review was conducted to determine whether MacQueen et al.'s inductively-defined elements played a role in COVID-19 impacts and responses on a local level. It was determined that locus (e.g., geographical status distributions, population density, transportation infrastructures, etc.), sharing (e.g., shared attitudes and behaviours, values, etc.), social ties (e.g., online and in-person social networks, etc.), diversity (e.g., ethnic and cultural diversity), and joint action (e.g., centralised vs. decentralised or injunction-based vs. incentive-based approaches to multi-level governance) all played a significant role in determining or mediating COVID-19 outcomes in sites worldwide. Given this, as well as the resonance of MacQueen et al.'s emic approach to theory-building via interviews with vulnerable groups (with which COVINFORM is concerned), it was determined to use their framework as a basis for creating more detailed research questions and interview topic guides.

Finally, as COVINFORM adopts a complex adaptive systems/socio-ecological systems framework, the ecological science definition of "community" as a group bound by interdependencies was also taken into account. A neighbourhood is an example of this: regardless of whether they share social ties or characteristics, people living in the same neighbourhood are interdependent, especially under pandemic conditions. Drawing on the theory and methodology established in COVINFORM WP3, the sub-national research sites examined in WP4-6 can also be interpreted as socio-ecological systems (SES). This theoretical synthesis is viable because Ostrom's SESF variables and MacQueen et al.'s definitional elements of community serve complementary purposes: the former describe objective properties of systems as viewed "from the outside", whereas the latter describe subjective experiences and interpretations of systems "from within". A preliminary hypothesis on community in an SES context is that the extent to which localised socio-ecological (sub-)systems are experienced and interpreted as "communities" correlates with their resilience to both negative impacts of COVID-19 and negative trade-offs of COVID-19 policy responses. This hypothesis will not be taken up in detail in this first iteration of D6.3, but rather, will be examined in the second iteration through analysis of the original transcripts.

2.2.2 Research questions and interview topic guide

Research questions

Based on the MacQueen et al. and Ostrom frameworks, a set of research questions were developed for CSOs active in the sub-municipal research sites. One set of research questions deal with **local baseline conditions, vulnerabilities, CSO networks, and COVID-19 impact timelines**. These questions primarily address the elements *locus*, *sharing*, *social ties*, and *diversity*. A second core set of research questions deal with **local COVID-19 responses**: specifically, **health and social services**, **risk**

communications, and **vaccination campaigns**. These questions primarily address the elements *joint action* and *sharing* (in the sense of distributions).

A full list of sub-questions can be found in D6.2.

Interview topic guide

In the WP6 interviews as a whole, it was determined to use a variation on the Problem-Centred Interview format (PCI) (Witzel 2000). Generally, the interviewer begins the PCI with an open question designed to elicit a short narrative account in which s/he does not intervene, then takes an increasingly active role as the interview progresses. The interviewer can make three basic types of interjection: specific explorations, which follow up on topics spontaneously elicited by the interviewee; general explorations, which delve into topics that relate to the content of the interviewee's narration, but have not yet been directly elicited; and ad hoc questions, which introduce topics outside the scope of the narration that are nevertheless crucial to the research aims (e.g., necessary to ensure comparability across interview subjects).

With regard to CSO representatives, T6.1 desk research indicated that CSOs played a significant role in shaping the field of social action in the research sites; CSO representatives meet Bogner and Menz's (2009) definition of "experts". The CSO interview topic guide followed Döringer's so-called "PCI expert interview" format, progressing from a narrative opening account to a more structured exploration of the research questions identified above (2021). Mirroring MacQueen et al., the opening question used was "What does the word 'community' mean to you?" Translations of "community" appropriate to each linguistic context were discussed in a teleconference workshop co-organised by SINUS and SYNYO. After this opening question, the topic guide elicits a semi-narrative account of the **baseline conditions** in the research site (i.e., MacQueen et al.'s elements of "community") and the **impact** of the pandemic during three phases: before the first lockdown, after lockdowns were introduced, and after vaccines were introduced. The topic guide then moved to a more structured discussion of **health and social services** in the research site, **risk communication** in the research site, and CSO involvement in **vaccination campaigns** in the research site. It concluded by shifting back into a more narrative and reflective mode, asking about **drawbacks** to the pandemic management; **positive impacts** or instances; and mid- and long-term **changes to the local research sites** precipitated by the pandemic.

The CSO representative interview topic guide is included in D6.2 as an Annex.

2.3 Fieldwork

2.3.1 Sample

WP6 gathers data from two groups: 1) representatives of civil society organisations (CSOs) and grassroots organisations in the sub-national research sites; 2) residents of the sub-national research sites. This iteration of D6.3 deals only with the findings of the first set of CSO representative interviews.

In D6.2, it was determined that N≥5 CSO representatives should be interviewed per site, and that the following quotas would be sought on a best-effort basis:

Table 1. Planned CSO representative sample

Attribute	Quota
Representative of a CSO established before the COVID-19 pandemic	N≥1

Representative of a CSO or grassroots initiative/action established during the COVID-19 pandemic	N≥1
Self-identifies as female	N≥2
Works directly with vulnerable groups	N≥2
Self-identifies as a member of a vulnerable group	N≥1

2.3.2 Recruiting procedure

During the research, WP leader SINUS maintained contact with several partners to provide feedback and guidance regarding their proposed samples. Each partner began by assembling a list of CSOs active in their target sub-national research site, then assessed the candidate organisations for relevance with regard to participation in COVID-19 responses and contact with vulnerable groups. The following deadlines were set for recruiting and interviewing:

- 07.02.22: deadline for partners to send along a list of target CSOs/initiatives and the status of their recruiting efforts
- 28.02.22: deadline for partners to send along a brief update on recruiting and fieldwork progress
- March 2022: partners requested to submit their analysis, using the findings template provided in D6.2 and online, at any time in March
- 28.03.22: final deadline for partners to submit analysis, using the findings template
- 08.04.22: extended final deadline for partners to submit analysis, using the findings template

During February, several questions arose regarding the recruiting: for instance, while "civil society organization (CSO)" usually refers to non-governmental organisations and groups (NGOs/NPOs, charities, community groups/organisations, religious organisations, educational institutions, labour unions/groups, political action groups, grassroots initiatives, etc.), some partners inquired about the relevance of interviewing governmental officials active on the local level, who had not been targeted in WP4. It was determined that in cases in which local officials were active in COVID-19 responses, and particularly in which they worked together with CSOs, they would be appropriate as interviewees. Finally, during February 2022, it was decided by the consortium partners to focus the forthcoming resident interviews on low-socioeconomic-status women. Accordingly, several partners targeted at least one CSO serving this particular vulnerable group. This should enable triangulation with the findings of the interviews planned with residents of the research sites during Spring-Summer 2022.

2.3.3 Recruiting challenges and their impact on findings

The recruiting itself progressed with significantly more difficulty than anticipated. There are several potential reasons for this. First, in D6.2, it was indicated that recruitment of CSO representatives would be conducted primarily through partners' own networks built up over the course of their experience, and that this could entail direct outreach to the target CSOs themselves, or outreach via gatekeepers such as national and local governmental organisations, other CSOs, universities, fieldwork institutes and recruiting agencies, other research institutes, or private individuals (e.g., professional or personal contacts of the researchers). In reality, it turned out that relatively few of the research partners had existing direct contacts with relevant CSOs in their target sub-national research sites, nor with gatekeeper organisations capable of recruiting such CSOs.

As a result, the means of recruiting was often direct, "cold" outreach to the target CSOs. Considering the challenge of cold outreach, this worked well in most cases: a wide range of CSO contacts perceived the project as a potential vector for making their experiences, assessments, and recommendations for the future known to the scientific community and policymakers alike. However, this means of recruiting did impose a delay on some partners: as of May 2022, nine out of ten planned research sites have submitted N≥3 interview findings. Another negative consequence of falling back on this method is that it has proven difficult to realise the planned sample of N≥1 representative per site of a grassroots initiative/action established during the COVID-19 pandemic. The decentralised and delocalised status of such initiatives (many are online platforms) also proved a complication, as some partners perceived this as contradicting the imperative to recruit representatives of organisations that worked primarily on a local level. As a result, Section 4.3 of this deliverable, "Focus on voluntary and resident-led initiatives," is based primarily on established CSO representatives' observations of and engagement with grassroots activity, as well as on desk research. Prior to the next iteration of this deliverable, an attempt will be made to deepen these findings by reaching out to N≥1 initiative/action established COVID-19 per target country (not necessarily restricted to the local research sites).

3 Findings (sites with N≥3 complete interviews)

A total of 38 interviews were conducted, across nine of the target research sites (76% of the target of N=50). The sample was well-balanced in terms of gender (65% female), and most interviewees were in middle age range, 40-60 years. All of the interviewees resided in the country in which they were interviewed and speak the official language fluently. Among those interviewees who reported their COVID-19 vaccination status, the majority were vaccinated. The interviewees worked on levels ranging from founding management to first-line staff, and represented a spectrum of CSOs, including organisations providing various types of material support (e.g., housing, food, etc.); physical and psychological health services; women's services; children's, youth, and family services; services oriented toward refugees and other migrants; services oriented toward ethnic and linguistic minority populations; etc. Both secular and religious (in this case, Islamic and Christian) organisations were represented. Most of the CSOs represented provided multiple types of service. The CSOs ranged in size from neighbourhood organisations to multinational organisations; in the latter case, the representatives were asked to focus on their organisation's sub-municipal or municipal-level activities (to the extent possible). The following sub-chapters summarise the findings in research sites in which at least N≥3 interviews had been conducted as of May 2022.

3.1 Austria (Vienna)

3.1.1 Interviewees

Interviewee 1: The interviewee works for a women's support organisation, based in the 2nd district but operating city-wide, that particularly focuses on migrant women of Muslim background. The provides support on a range of issues, including human rights (e.g., anti-people-smuggling/abduction) and domestic issues (e.g., marriage and divorce counselling and anti-forced-marriage work). The CSO also provides German classes to migrant women of Muslim background, including basic instruction on how to write and read, as many of the CSO's clients are illiterate in their native languages.

Interviewee 2: The interviewee works at a large transnational aid organisation that is active in many areas of social support in Austria and many other countries. He works in as an advisor for people who experience long-term or short-time financial hardship and stress, as well as other issues. The organisation provides short-term financial support, in particular for rent and energy bills, school costs, public transportation costs, etc. Many of their clients are migrants. Excluded from these services are students and asylum-seekers, as they have their own services.

Interviewee 3: The interviewee works for a big transnational aid organisation that also enjoys an auxiliary status in Austria. They are active in many areas of social support, and strongly involved in the national COVID-19 response. The interviewee works in a management position overseeing the organisation's services for houseless/homeless people and refugees; she manages budgets, proposals, and similar organisation-level issues, rather than assisting clients on a day-to-day basis.

Interviews 4 and 5 are scheduled, but have not yet been conducted.

3.1.2 Spontaneous definitions of "community"

The interviewees' spontaneous definitions of community emphasised the factors of **sharing**, **social ties**, and **joint action**. For the interviewees, **sharing** can mean living under shared conditions – i.e., as is the case in geographical communities – and/or sharing certain characteristics or a common history – i.e., as is the case in many non-geographical communities.

> *"A group of people that share similar circumstances such as work, private lives, friendships, a nation state" (R3, Austria).*
>
> *"Community means not alone. It means being together even if it is just a community of two people. It also means a sort of cohesion" (R1, Austria).*
>
> *"Community signals some sort of coherence or some connecting characteristics such as a common history or values or current life circumstances" (R2, Austria).*

3.1.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): Interviewees did not speak too much about the research site in terms of specific time periods/ during the pandemic and after the pandemic as they did not spend time at the research site (due to their organisation closing and their activities moved to virtual/phone support) as they were either in home office or their organisation is not located/ focused on the second district.

The research side is the 2nd district which stretches along the Danube and the Danube canal. It is one of the biggest districts in Vienna and the home of the Prater, a big inner-city forest. The nearby Praterstern is one of the city main public transport hubs. Between 1624 and 1670 it was also the part of the city where the Jewish Ghetto was located. Little is left from that time. However, there still is a considerable Jewish Orthodox community in the district. The district has change much in the last 20 years. For decades the 2nd district was seen as district that homes many residents of low SES and many migrants, particularly from Ex-Yugoslavian countries as well as Ex-UDSSR countries such as Georgia. For decades it was also infamously known as a dangerous neighbourhood. However, in the last 20 years the district became slowly more diverse and gentrified, without pushing its original residents out of the district. Instead, new residents, mostly middle class and educated, entered the district. This led to a sociodemographically diverse population in the 2nd district which is also called 'Leopoldstadt'. These days the district has areas that cater to middle and high SES residents and others that are mostly

inhabited by low SES residents. The district has three main market areas which are popular meeting points. Other important meetings points are Mexicoplatz and Praterstern as well as the Prater. The district's vulnerable groups are diverse. Most visible, however, are economic vulnerabilities. As in all of Vienna, substantial Social Housing is located in Leopoldstadt. Simultaneously, there are big housing developments that got realised using the space of on old train station. These developments particularly cater to young middle to upper-middle class families. As outlined by our interviewees: economic vulnerability is a common denominator for vulnerable groups in the 2nd district.

"Vulnerability" in the research sites: The clients of these three CSOs are vulnerable in diverse and multiple ways. Whereas the women are exposed to stereotypes based on gendered identity as Muslim migrant women in a Central European city many of them also experience financial vulnerabilities and other structural issues attached to their migrant status. Their lack of German often leads to social exclusion and difficulties managing everyday life and the Austrian bureaucracy. The women in her class are often traumatized and suffer from psychological health issues. Many of the women having troubles progressing in their learnings. Many, particularly the ones that arrived as refugees, suffer from being homesick.

In the case of the second CSO, there too financial vulnerabilities compound with structural disadvantages that migrants face in Austria including hindrances in maneuvering the welfare system. During the pandemic there were three main groups in need of the service: 1.) people who have been living in precarious situations for many years, 2.) people who have been living in precarious situations for many years and whose support network such as other family members fell away once the first lockdown hit, and 3.) self-employed people who had lost their income through Corona and needed financial support for the first time in their lives. The latter group was harder to work with as they needed to be convinced to change their lifestyle drastically. Nonetheless, what became visible was that many people in Vienna are just managing to get by with the help of their informal networks. The pandemic often cut them off from their usual support network. In the case of the third CSO, the target groups are people who are acutely impacted by houseless/homelessness or people who have been houseless/homeless as well as rough sleepers as well as refugees mainly from Syria, Afghanistan the Ukraine and so on.

The clients of the third CSO are often impacted by chronic health issues such as co-morbidities which makes them socially and health wise vulnerable. Additionally, they have very limited ways of protecting themselves against the virus as they do not have a private space. At times, the intellectual capacity to understand the pandemic and it dynamic is not sufficiently given. Having to go into quarantine also meant to be taken out of their environment and factually locking them up in dedicated quarantine facilities. A particular problem during the lockdown was that most of health and social services stopped operating leaving people in need without food or health care. Even though other organisations took on the distribution of food it took a long time to inform people in need which organisation was providing food support during the first lockdown and where to find them. Additional vulnerabilities that the interviewee witnessed in the local research site were language barriers as many of their clients are migrants from Eastern European countries. Although they tried to translate information as much as possible the language barriers led to a lower compliance of public health care measures. The third interviewee also mentioned the employees of the NGO as a vulnerable group. She explained to us that this was the first time that her staff was simultaneously experiencing a crisis and also support their target group getting through the exact same crisis.

Little can be drawn from the interviews in relation to the particular vulnerabilities of people living in the second district. Reasons are that the first two organisations do not particularly work with people from the second district. The third CSO works a very particular group of people. Finally, the second district has a very diverse groups of residents. Economically vulnerable groups can be found in some areas of the district.

CSOs in the research sites: The interviewees mentioned that they are somewhat connected to other CSOs, in the research sites and across Vienna, but did not go into detail.

3.1.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): During the early phase of the pandemic interviewees changed their everyday habits which somehow get back to normal after the first lockdown. Nonetheless, all three organisations experienced an interruption of their operations. For two of the three organisations it meant that they did not have direct contact with their clients anymore as they were sent into home office and contact with clients was handled via the phone or email. CSO 2 said that there were initial additional barriers such as that some people did not know how to send documents via email. This often went hand in hand with language barriers which got exacerbated by language issues which made it hard for clients (and advisors) to note done correct email addresses etc. They needed to get creative. The interviewee for example started asking their clients for their email address instead of giving them the email address of the organisation. Sometimes, he had to call the client up to four times to get the correct email address. However, he also stated that all of his clients adopted quickly and already a few months later everybody found ways to send documents via email. However, there were also other issues within the organisation. For example: the organisation never implemented a '2G' (vaccinated or recovered) rule for clients as they wanted to keep the services as accessible as possible. This made employees feel unsafe and not looked after by their organisation once home office regulations were lifted.

Time period 2 (under restrictions) & time period 3 (phasing out restrictions): Not all interviewees interviewed testified specifically to changes in conditions or practices that occurred between phases of the pandemic. However, they did testify to the impact of lockdowns. For instance, the practitioner interview partner from the first CSO we interviewed told us that she started using WhatsApp for her classes as many of her clients did not have a laptop or computer. In her experience the women where strongly impacted by the lockdowns. First, many women had no space where they could focus and participate in their online classes. Second, many of these women also experienced setbacks in their German learning due to the change of setting and difficulties that come with conducting language lessons via WhatsApp. However, it was important for the women to stay in touch. The classes were an opportunity for the women in feel connected to others and maintain contacts to other people outside their family. When the first lockdown took place, it was particularly hard for the women that they could not leave the house anymore and spend some time with other women as these language classes were often their only social outing. For our interviewee the work intensified during the lockdown. In pre-pandemic times she would teach groups of 10. During the lockdowns she had to split up the groups and only worked with two people at the same time teaching via WhatsApp. This meant considerably more work for our interviewee. The organisation never closed during the lockdowns. However, they had to minimise the number of clients they could cater too due to social distancing rules. The minimized client numbers are still in place during the OMICRON wave.

Similarly, the third CSO representative outlined that one of the biggest issues for all clients were the closure of many services as well as increased barriers to reach government agencies. The uncertainty of the pandemic was compounded with bureaucratic uncertainties, particularly for people who needed government support for the first time in their lives. Amongst their clients, with time, compliance decreased. More and more often clients just disappeared after a positive test so that they would not need to quarantine in one of the communal quarantine quarters and taken out of their everyday lives. This was particularly hard for groups who already mistrusted the government.

3.1.5 Local COVID-19 responses

Health and social services: In the second interview we have heard that there were gaps in the long-term care (LTC) service provision during the first lockdown. Some of the carers were not allowed to enter the country anymore or refused to come out of fear of catching COVID-19. In their organisation they received calls from people in need of care who were left for days without any support. This highlights the general issues related to LTC in Austria. The third CSO outlined that it was really difficult as all food banks and similar services closed during the first lockdown. This was a particular issue for people who are not entitled to state support.

As an organisation that also operated as first responders during the pandemic the employees of the third CSO were also in a vulnerable position. In the beginning of the pandemic, they often did not have enough masks and home office was impossible for their employees.

Risk communications and vaccination campaigns: None of the three organisations interviewed took on strong roles in crisis communication to their clients. However, if deemed necessary they used their channels to adopt government messages and inform their clients. Particularly, at the first CSO the clients received their information through their communities.

The interviewees did not speak in detail on governmental risk communication measures. CSO 3 did mention that the City of Vienna was quick in translating relevant information in multiple language. This made things easier for the CSOs. The organisation accompanied their clients to the vaccine centres.

> *"One woman from Syria said to me that from tomorrow onwards the 2G+ rule applies. And I did not even know that yet. So, I asked her where she got the information from and she showed me a guy speaking Arabic on one of their channels within her community. This is how information was spread. It seems like that there are people in the community who do their research and then inform the rest of their community"* (R1, Austria).

3.1.6 Voluntary and resident-led initiatives

Besides the efforts of the City of Vienna to address these issues and support vulnerable groups, multiple initiatives were launched on community level. Vulnerable groups, such as older people or people with pre-existing health conditions, were assisted by individuals or organizations through different actions. For instance, individuals volunteered to run errands for vulnerable people,[42] or migrant women were introduced to online exchange platforms and language courses. Many other community-led initiatives were targeting social issues, mainly to respond to loneliness and social isolation. An example is a project from one Viennese district, which aimed to bring people from the

[42] https://corona-nachbarschaftshilfe.at/

district in contact through telephone or letters.[43] Several initiatives set up virtual cafes or online discussion tables to get people talking with each other.[44] [45] Since the cultural scene was particularly impacted by the COVID-19 restrictions, some actions were started to support this sector. For instance, people were asked to forego refunds for tickets which were cancelled[46], or direct financial support.[47] As a response to the closure of schools, some initiatives matched older people with school children to support them with homework. Social media channels were used to easily connect people in need of assistance with volunteers, which was managed under the hashtag #Nachbarschaftschallenge.

In our expert interviews, all interviewees mentioned that services for vulnerable people needed to be re-arranged, to adjust to the COVID-19 regulations. They noted that particularly in the early phase of the pandemic, citizens were actively helping vulnerable people or older residents in their neighborhood, for example with errands or shopping. Thus, despite the challenges of the situation, both CSOs and voluntary initiatives ensured to support people in need throughout the pandemic.

3.1.7 Concluding evaluation

Drawbacks: Interviewee 1 indicated that the biggest challenge was to organise the lessons via WhatsApp; there was no preparation for the first lockdown. The ministry of education requested virtual lessons; this switch was very challenging, also regarding the timekeeping and how to organise language courses virtually. Another challenge was the controlling; the interviewee had to make screenshots of her calls with time and date to 'prove' that she did her lessons. This documenting process was very time consuming.

Interviewee 2 indicated that receiving help was the hardest for those who prior depend on the informal sector as it took several months to get them into the social system. He commented that there were real gaps in the delivery of care for old people once COVID hit and their carers were not allowed to enter the country anymore. These people were often left alone with the care they needed. Similarly, Interviewee 3 perceived significant gaps in responses, most notably the closing of food banks.

Positive impacts/instances: Interviewee 1 expressed pride in their ability to organise their own rules efficiently that they were always able to stay open during the phases where face-to-face lessons were possible; even if individuals caught corona, they never had clusters. Testing was tedious for the women, but it has paid off: "It's a kind of team and everyone has to contribute." Another positive aspect was a feeling of togetherness and community might have been strengthened. Due to the switch to WhatsApp, the women tried out functions such as sending voice messages. For example, one woman recorded herself reading and sent it to the interviewee. These little learning successes made her appreciate her job.

Interviewee 2 indicated that overall, the City of Vienna and its CSO network did a good job in supporting people during the pandemic. A positive aspect that he could observe was a shift towards digitalisation from his clients. Everyone showed great adoptability to the new situation.

Conversely, Interviewee 3 found it difficult to identify positive dimensions of the pandemic.

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[43] https://www.meinbezirk.at/josefstadt/c-lokales/josefstaedter-initiative-achtsamer-achter-hilft_a4394397

[44] https://plaudertischerl.at/

[45] https://www.meinbezirk.at/wien/c-lokales/mit-14-juni-starten-die-plaudertischerl-wieder_a4694699

[46] https://www.igkultur.at/artikel/norefundforculture

[47] https://igbildendekunst.at/themen/kunst-und-geld/ohne-kunst-wirds-still/

Changes to the community: Interviewee 2 does not believe that the pandemic stimulated some long-term change. He does believe that some institutions became more flexible and he hopes this continues on for example, that people do not need to come by but can apply for help online. However, he believes that the important city government institutions will not. He assumes that they will keep complex and time consuming in-time application processes on as a barrier for people to apply.

Conversely, Interviewee 3 believes that the pandemic will have a lasting impact – specifically, that it has resulted in a permanent "state of emergency" that negatively impacts our everyday lives and makes living together with others a bit more difficult.

More detailed analysis of perceived changes to the community will follow in iteration 2 of this deliverable.

3.2 Belgium (Antwerp)

3.2.1 Interviewees

Interviewee 1: an employee at the Antwerp branch of a CSO that characterises itself as a 'pluralistic socio-cultural organisation'. The organization works on various different projects, with the common scope of promoting participatory processes and active dialogue, e.g. between local government and the city, or between different groups in society. Examples of projects they run include e-inclusion trainings, citizen climate groups, and cohousing initiatives.

Interviewee 2: a decision-maker at a sociocultural meeting house that provides a space for people to "meet, create, rehearse, teach and reflect" in the sub-municipal research site. The non-profit meeting house rents out spaces to external partners (for diverse activities including theatre, sports, music, arts and crafts), and also has its own café and restaurant where they organize neighbourhood meals.

Interviewee 3: a decision-maker at an NGO that has specific expertise in providing specialised outpatient services for people with serious dependence problems on illegal substances. The NGO runs a wide variety of activities within this scope, ranging from preventative outreach work to day care for houseless/homeless people.

3.2.2 Spontaneous definitions of "community"

The interviewees' spontaneous definitions of community emphasized the elements of involvement, connection, sharing, social network, and common norms, values and rules. For example, R1 characterised a community as follows:

> *"[You are a community] from the moment you feel involved with a certain group of people, and share something together, develop something, and possibly contribute to it, and feel connected"* (R1, Belgium)

R2 emphasized that although members of communities typically have something in common, there may still be considerable diversity within a community, and it is important to consider communities from an intersectional perspective:

> *"Within a society, you have different communities of people that have something in common. […] This is not just about ethnic or religious background, it can also be people who are interested in ping pong, or people who are interested in dancing, or in smoking weed… Communities are by definition always intersectional. In a community there can be people who are somewhat similar in one way, but not at all similar in others"* (R2, Belgium)

R3 defined communities mostly in a geographical sense, as a collection of people who have a *"certain connectedness because they live in a shared environment"*. R3 emphasized the importance of agreement on common norms and rules to guide community living:

> *"A community needs to explore together how they will live together, despite the differences that exist. Linked to this, you have a political system that allows you to regulate the community according to common agreements"* (R3, Belgium)

3.2.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): The research site is the Antwerp district of Borgerhout. It is Antwerp's smallest district, but it is densely populated, housing over 45,000 inhabitants. The Borgerhout district is characterised by its diversity: in 2020, only a minority of Borgerhout residents had two Belgian parents, and there are many first- and second-generation migrants living in the district. The incomes of Borgerhout residents are relatively low compared to the rest of Antwerp. Geographically, the neighborhood is built around a big shopping street called the Turnhoutsebaan, offering a multicultural array of food and clothing stores.

Two of the interviewees work for organisations that have a broader geographical scope, working in all of the province of Antwerp. The other interviewee works for a CSO that operates at the district-level, and this informant was therefore well-placed to describe the sub-municipal research site. He characterised Borgerhout as follows:

> *"Very diverse and rich in its diversity. Densely populated, with little greenery and little space for youth. On the other hand, it is a lively district. […] There is a fabric of communities that have connections with each other, but that sometimes also live parallel lives. Not necessarily intentionally, but perhaps organically grown, or historically grown. Above all, the district is diverse in its people, in the things you can do here, and experience here." (R2, Belgium)*

"Vulnerability" in the research sites: Each of the three CSOs work with target groups that are vulnerable in various ways. The main drivers of vulnerability identified by the interviewees revolve around poverty and living conditions. A shared sentiment between the interviews is that vulnerability arises from a combination of factors. In a COVID-19 context, R1 felt vulnerability is made up of *"a sum of vulnerable factors: housing, finances, health, age, network, and of course the neighbourhood where you live. The more vulnerable factors, the more likely you are to be hit harder."*

R2 discussed how his organisation initially used the Belgian government category of people with "increased compensation" (*verhoogde tegemoetkoming*) to define who was most vulnerable, which is a categorisation that is determined mostly based on income level. However, during the pandemic it became even clearer that this label does not cover everyone in need of special assistance, and the organisation therefore decided to be more flexible in their definition.

R3 works a lot with houseless/homeless people, and emphasized how the vulnerability of this group was magnified during the crisis. The COVID-19 rules were in many cases almost impossible to follow for this group of people, and a lot of the help available to them in pre-pandemic times was halted or scaled down. R3 underlined that communication is an important driver of vulnerability too, as in a health crisis it is a severe disadvantage to have limited access to information.

3.2.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): The first period of the pandemic was a challenging time characterised by extreme uncertainty for all of the interviewees. Looking back, R3 remembers that "nobody knew exactly what was happening, and what was going to happen in the future". Due to the diverse nature of the three CSOs, the initial impact on the day-to-day operation of the CSO activities were also quite different. For R1 and R2, the CSOs' main activities could not continue when restrictions were first announced, and there was considerable shock and confusion. R2 described how when the lockdown was first announced and the CSOs activities had to be put on hold, the team had a moment of thinking *"oh my god, what happened to us now?"*. The work of R1 and R2 moved to being predominantly online, which came with numerous challenges. R1 lamented that his organisation was "particularly slow" to switch to a digital way of working, and it took several months for this to improve.

R3 had quite a different experience, because his CSO managed to continue most of their service provision to the houseless/homeless people and to people who use drugs. For this CSO, the most pressing issue in the early phase of the pandemic was that of face masks: *"the masks were a major problem, it was a battle to obtain masks"*. In the face of the limited availability of personal protective equipment, the CSO had to find a balance between continuing to provide high-quality services to their target groups and minimising risk of COVID-19 transmission. R3 indicated that this was an extremely challenging balancing act, which led to considerable discussion within the organisation as well.

Time period 2 (under restrictions): All three interviewees highlighted that the COVID-19 restrictions posed numerous difficulties. R1 explained that since his organisation's work revolves around bringing people in dialogue with each other, the restrictions on meeting in groups were detrimental. Attempts to organize alternative solutions, such as meeting in small groups outside, came with practical challenges: *"where are you going to meet in a relatively warm place where you don't get rained on?"* (R3, Belgium). As the rules constantly changed, the CSO representatives found themselves having to constantly readjust. R2 described how in this time period he would carefully watch the weekly press conferences on Friday and figure out how they applied to his organisation. *"And then every Friday I would stand at the laminating machine, preparing the signs with the new rules for the following Monday"* (R2, Belgium). Like the other interviewees, R2 expressed a sense of frustration at having to operationalise enforce top-down rules that were often vague and inconsistently defined: "There was so much extra workload involved, and the rules just changed way too often" (R2, Belgium).

R3 also underlined that raising awareness about and enforcing the COVID-19 restrictions was one of the main challenges faced by his CSO. It was no easy task to convince their clients of the importance of the COVID-19 measures, and it was a recurring source of disagreement and tension. This became even more challenging as the pandemic dragged on, particularly because there were not that many COVID-19 cases among their target groups. Contrary to the CSO's initial expectation that the virus would spread rapidly among the people using their services, the transmission remained relatively limited. This resulted in many people not taking the crisis very seriously.

Time period 3 (phasing out restrictions): In spring 2022, when the interviews were conducted, the three interviewees indicated their CSOs' activities were largely back to normal. Some level of hybridity between face-to-face and virtual working modes is still maintained, which the interviewees view positively. As the emergency phase of the pandemic is no longer current, a sense of stability has returned. At the same time, policy about COVID-19 has now become more decentralised, which also poses some challenges. R3 explains that whereas in earlier phases of the pandemic there were clear

top-down instructions in relation to pandemic measures, it is now more a matter of *“every sector coming up with its own guidelines”*, which he considers to cause some inconsistencies.

3.2.5 Local COVID-19 responses

Health and social services: Interviewees agreed that the (partial) closure or digitalisation of services had far-reaching negative consequences. R3, in particular, expressed his frustration about how *“many types of support services and organisations just retracted behind their computers, which particularly for vulnerable groups made it very difficult to get help”*. The COVID-19 pandemic showed that face-to-face contact and outreach remains essential for many types of services and activities. Particularly early on in the pandemic, interviewees considered the governmental responses to have overlooked the severity of the collateral damage caused by the COVID-19 restrictions. However, the interviewees also shared the sentiment that public agencies generally tried their best, and that an improved balance was found as time passed.

Risk communications and vaccination campaigns: In all three interviews, communication in times of crisis emerged as an important topic. The interviewees shared the perspective that access to relevant and reliable information about COVID-19 is an important driver of vulnerability. R1 stressed that with regards to communication about COVID-19, there are several different factors at play, including language ability, level of education, culture, and religious background. In his experience, there are also remarkable differences in how people respond to ‘official’ COVID-19 communication within groups that share a particular characteristic, such as a particular migrant background. He therefore underlined that risk communication *“is about networks, and you can’t reduce it to one simple parameter”*. R1 also lamented the government approach to ignore people who believe in fake news or use alternative information channels. He feels strongly it is important to maintain a dialogue. *“You need to acknowledge them, so that the contact doesn't break down and the chance increases that a constructive exchange can happen”* (R1, Belgium).

The interviewees noted that particularly among more vulnerable groups, there was often more limited awareness about COVID-19 and the latest measures in place. R2 noted that although access barriers to relevant information definitely played a role in this, it is also important to view it in light of these groups’ priorities in life. People living in difficult circumstances frequently did not experience the pandemic as the most immediate or significant threat, which made it more challenging to communicate effectively about COVID-19.

Vaccination was considered an important turning point in the crisis. By the time the vaccination campaign was rolled out, interviewees also considered the COVID-19 communication to have improved. R3 acknowledged that a lot of effort went into provision of information about vaccination, and praised the “regular updates and webinars organised specifically for CSOs” in the context of the vaccination campaign.

3.2.6 Voluntary and resident-led initiatives

The Borgerhout district is one neighborhood, where the income is relatively low in comparison to the rest of Antwerp (Stad in Cijfers, 2020). This was further exacerbated as a result of the pandemic and an increased demand for free food distributions was noted (Stad Antwerpen, 2021). Communities in Antwerp launched different initiatives to support persons suffering from such impacts, many of which were listed on a joint website to inform and connect people. For example, mosques in Borgerhout organized multiple solidary initiatives, including food distributions.

Other examples of community initiatives included telephone helplines or online support meetings. Generally, a website was established for Antwerp, which provided information on existing community initiatives and to connect people.

In Antwerp, psychological wellbeing was also reported as a major negative impact from the pandemic (Stad Antwerpen, 2021). Several community organisations merged efforts to address psychological impacts under the umbrella of the 'Coronababbels' initiative. One person active in this initiative describes that 'social advisors' received training on topics related to psychological health as well as on COVID-19. They supported different groups of people with tailored assistance and helped them to cope with their emotions.

In Antwerp, socio-cultural organizations, religious institutions, and key community persons played a significant role for the COVID-19 response. They were particularly engaged in communication efforts, to translate and disseminate information (Atlas, 2020) and combat misinformation and fake news (Stad Antwerpen, 2021). Specific ambassadors from religious or migrant communities were recruited to provide trustful information to their networks (City of Antwerp, 2020). In one of the expert interviews, an interviewee mentioned that networks, religion, and traditions can considerably determine the chances of receiving correct information. One important aspect when communicating with people from various backgrounds and networks is to give them a voice and make them be heard.

3.2.7 Concluding evaluation

Drawbacks: All three interviewees expressed frustration with the indirect negative impact of the COVID-19 crisis caused by the pandemic measures, ranging from isolation and loneliness to financial consequences. R1 in particular was quite critical of the restrictions that were imposed, which he considered to insufficiently consider the broader social damage they were causing. At the same time, the respondents agreed that the measures were necessary and, in most cases, proportional.

Positive impacts/instances: Although the COVID-19 pandemic was a stressful and challenging time for all three CSO respondents, it also presented a unique learning opportunity, promoted a sense of solidarity, and in some instances served as a booster for new collaborations and initiatives. R2 explained, for example, that as the COVID-19 pandemic highlighted the food insecurity faced by many households in the district, his CSO prioritised the scale-up of providing affordable community meals. They received additional funding for this during the pandemic, and the initiative was such a success that they have now been awarded longer-time financing to continue it. More generally, R2 feels that within his organisation the COVID-19 impact brought about an increased focus on paying attention to the needs of vulnerable groups, which has also translated into reduced rates for a broad range of their activities. In terms of collaboration with other stakeholders and partners, the pandemic presented an opportunity to "break down some walls, or at least lower them" (R2, Belgium).

Finally, a positive side-effect of the pandemic is considered to include the "more efficient use of digital tools" (R3, Belgium).

Changes to the community: Overall, the respondents did not seem to think the pandemic had brought about significant changes to the community. In terms of broader societal long-term impacts, R1 did feel the overall impact had been negative, citing higher rates of depression, self-harm, loneliness and isolation.

3.3 Germany (Mannheim)

3.3.1 Interviewees

Interviewee 1: a decision-maker at a health and social support CSO in Mannheim. The CSO is a non-profit association that has been doing street- and community-level work for decades, with a portfolio of about 3500 annual contacts and 1000 people from the entire district, mostly Mannheim and the wider city area.

Interviewee 2: a decision-maker at a women's services CSO, which is responsible for providing counselling and assistance to women who have experienced or are still experiencing domestic and sexual violence. The CSO also manages multiple shelters for women and children. It serves about 400-500 clients a year, including about 200 post-police contacts; these have doubled in the Corona period.

Interviewee 3: a decision-maker at the Mannheim office of a large international CSO active in many areas of social and health service provision; since 2015, the interviewee has been working primarily with refugees. The refugees served by the CSO now include many Ukrainians, otherwise many from Syria, the Balkans, Iraq, Afghanistan, Africa, and in essence all countries of the world.

Interviewee 4: a social worker at the neighbourhood management association (*Quartiersmanagement*) in one of the target neighbourhoods of Mannheim, charged with comprehensive tasks, including networking in the district, individual case assistance and counselling, and image enhancement for the district.

Interviewee 5: a religious leader at a Christian congregation in one of the target neighbourhoods of Mannheim. The interviewee is working to put their institution at the service of the wider community: "this means we have the responsibility to give religious institutions back to the people in the community who live and work here, or are tourists, instead of directing institutions only to congregation members."

3.3.2 Spontaneous definitions of "community"

Interviewees' spontaneous, emic definitions of "community" tended to focus on the specific target groups with which their organisations work, rather than the geographical site in which they work. They often characterised these target groups as unified by shared vulnerabilities. Interviewees spontaneously described a range of vulnerabilities contingent upon their target groups' living conditions: chronic illness and/or disabilities; experiences of violence; single parenthood; precarious housing; low education or unrecognised qualifications; and, in the case of refugees and other migrants, legal and language barriers to integration.

Despite a clear focus on their own target groups' **shared characteristics** (vulnerabilities), several interviewees also spontaneously mentioned several of the "disambiguated" elements of community cited by MacQueen et al. (2001): primarily **locus** (common living environment and conditions) and **diversity** (a variety of different social groups coexisting), as well as the need for improved **joint action** on the part of government and CSOs, as defining attributes of the target research sites as geographical "communities". Of MacQueen et al.'s elements, **social ties** were mentioned least frequently.

"For me, community means thinking about everyone, the children, the women, everyone; that wasn't the focus of the government at all […] community means all of us, we all live here and have to get along together. That has to be taken seriously" (R2, Germany)

"In my neighbourhood [there are many social groups, but] we have almost never found that there are big rivalries between the groups - the people here are united by the fact that they are poor and that the refrigerator is empty at the end of the month" (R4, Germany).

"Our catchment area [neighbourhood] is more of a community with different bridgeheads to different communities" (R5, Germany).

3.3.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): The local research sites in Mannheim are the neighbourhoods of Schönau, Neckarstadt-West, and Innenstadt/Jungbusch. These neighbourhoods were selected due to their comparatively poor performance on several sociodemographic indicators that correlate with health outcomes (Galobardes et al. 2006a; Galobardes et al. 2006b). Specifically, the average population density, living density, and unemployment rate across all three neighbourhoods are substantially higher than in Mannheim as a whole, as is the percentage of foreign and migration-background residents (Stadt Mannheim 2022). Interviewees' descriptions of these sites prior to COVID-19 generally concurred with the image presented by municipal statistics: disadvantaged districts with a high rate of Hartz IV recipients, single parents, large families, child poverty, and old-age poverty, as well as large migration-background populations. One locally-situated interviewee also bemoaned a limited selection of stores, restaurants, and cultural activities. However, some interviewees also mentioned the existence of spaces for socialisation, such as parks, churches, cafes, community hall, a culture house, schoolyards, etc.

"Parts of Schönau, Jungbusch, Hochstedt-Rheinau – they have a problem, it's due to their social situation, their income, the space in their apartment or not" (R1, Germany).

"Vulnerability" in the research sites: With regard to vulnerability, interviewees often spontaneously characterised their target groups' vulnerabilities and risks as intersectional, noting how co-occurring physical/health, psychological, and social vulnerabilities compound one another. Specific cases mentioned by interviewees include deaf refugees; transgendered victims of domestic violence; single parents of autistic children; etc. Interviewees also noted that these compounding vulnerabilities can lead to a sense of disempowerment. Several interviewees, however, also stressed positive characteristics of the target groups with whom they work, such as resilience and determination.

"People who say of themselves, we're cut off, no one hears us, no one redoes the houses, no one cares about us" (R4, Germany)

"They are often desperate people, but open to doing something themselves […] People often bring with them the willingness to become active themselves and do something to improve their lives" (R1, Germany).

CSOs in the research sites: One positive dimension of the research sites on which all interviewees concurred was the depth and breadth of cooperation and networking among local civil society groups and the local public sector. Among the institutions with which interviewees had worked were organizations for migrants, Central Institute for Mental Health, a network of therapists, an addiction support network, the health department, the hospitals, many doctors and practices, the health

insurance companies, the organized round tables of the City of Mannheim, Inclusion Services, and the Youth Welfare Office, the Franklin Barracks urban development, Jewish community groups, the Christian-Jewish Society, the Christian-Islamic Society; the Forum of Religions, the Institute for German-Turkish Integration Studies, Diakonie, Caritas, and cultural organisations (the National Theatre, Organization Kultur Quer, Enjoy Jazz, TIK7). Whereas some interviewees harshly criticized certain specific dimensions of interaction between CSOs and the public sector during the pandemic (such as the effectiveness of communication), all interviewees characterised service providers and practitioners in the research sites as generally well-networked rather than fragmented.

> *"There's really no one we don't work with, except political parties of the extreme direction […] Not a week goes by that I don't talk to at least 50 players" (Germany, Respondent 3).*

3.3.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): Interviewees testified that initially, neither they, nor their target groups, knew exactly what to expect from the announcement of a new disease. However, all interviewees concurred that within a short timeframe, living conditions for their target groups became significantly more difficult and unstable. Governmental services that were already subject to barriers became near-impossible to access: e.g., employment services for the precarious; immigration services for refugees; etc. As a result, pressure increased on CSOs (and "all-purpose" municipal services) to fill these gaps. With regard to conditions in the research sites more generally: most interviewees testified primarily to effects on their own target groups. However, some interviewees mentioned a general increase in visible hardships as both fear and restrictions increased: e.g., lack of access to toilets and showers for the houseless/homeless; loneliness among the elderly; etc.

Time period 2 (under restrictions): Some interviewees' organisations were able to resume nearly all of their conventional services (albeit sometimes digitally), while some were not. The size and portfolio of each organisation appears to have partially determined the impact of lockdowns on their ability to offer services: smaller organisations appear to have often been severely disrupted, whereas some larger organisations continued most of their normal (face-to-face) procedures. Interviewees reported implementing health-protective strategies when possible, such as offering services through a window rather than in the same room. Eventually, CSOs of all sizes moved forward with digitalisation of those services that could be digitalised. However, for smaller organisations in particular, this sometimes involved barriers: for instance, the lack of work laptops and work mobile phones, etc.

All interviewees, regardless of CSO size, reported that their workloads increased significantly. This is partially because the volume of service requests increased; partially because of the need to adapt workflows (e.g., digitalisation); and partially because of the need to introduce additional steps and considerations at multiple stages in all types of workflow (e.g., hygiene considerations).

Interviewees reported that the challenges facing their target groups remained severe throughout the lockdowns and interim periods. Existing vulnerabilities were continuously aggravated: e.g., poor access to services; precarious employment and/or housing; disrupted schedules (due to short work, childcare, etc.); the challenge of being locked down either alone or with stressful family members, especially those with special needs; etc. Several interviewees reported that compliance with regulations was challenging for some of their clients, and that the need to mediate between different views of the pandemic was stressful.

Time period 3 (phasing out restrictions): All interviewees concurred that their CSOs took advantage of loosening restrictions to re-offer services as soon as possible. Several interviewees' early designation as "system-relevant workers" meant that they had access to resources, such as testing, PPE, and priority vaccines, that helped speed this process. All interviewees also reported that the pandemic has forced some positive changes: increased digital competence; new training opportunities; and increased efficiency with regard to the delivery of some services (e.g., via digitalisation).

However, all interviewees also reported that challenges, such as high workloads and disconnect within the staff and between staff and clients, persist. Especially smaller organisations reported that not all services could be re-introduced, and that certain health-protective measures have remained in place, including some with adverse effects on operations (e.g., a reduction in personnel present on-site, due to the presence of at-risk groups among staff).

3.3.5 Local COVID-19 responses (governmental and CSO)

Health and social services: First, it is important to note here that interviewees primarily answered the interviewers' questions on social and health services with regard to social and psychosocial services rather than public health services directly related to COVID-19 (e.g., hospital access).

Interviewees concurred that the sudden total or partial closure of governmental offices and reduction in social services was "catastrophic" for both their CSOs and their target groups. During the periods of lockdown, several key social services (such as the Youth Welfare Office) offered no opportunities for face-to-face contact and very limited opportunities for contact by telephone, meaning that only the digitally literate could maintain access. Several interviewees mentioned that the imposition of additional procedural barriers (e.g., COVID-19 tests; stricter adherence to scheduled appointments; etc.) to governmental services often proved to be 'the straw that broke the camel's back' for vulnerable populations who had already faced access barriers.

Several interviewees furthermore stated that these access barriers mitigated the intended positive impact of relief efforts, such as the offer of subsidies for the self-employed. One interviewee mentioned that such efforts were also not effectively communicated to their intended target groups: e.g., grants were misunderstood as loans that would have to be repaid.

While all interviewees were critical of governmental services, some also praised aspects of the local governmental response: the speed with which the city formed a COVID-19 task force, as well as the fact that responses were multilingual and population-centric from the offset – a good practice learned from living in a diverse city.

With regard to CSO responses, interviewees identified a range of barriers, from lack of digital capacity and competence to simple overwork. However, all interviewees expressed determination to continue offering as many standard services as possible, and indeed to expand their portfolios of services to address new needs. Interviewees indicated that in addition to doing their best to continue providing their typical services, CSOs were expected to step in and help their target groups overcome barriers to governmental services. However, the extent to which CSOs could do so was often limited by a lack of effective coordination, or even timely communication, with governmental actors.

> *"[Lack of accessibility by telephone] was absolutely catastrophic" (Germany, Respondent 2).*

"[Access to benefits] was all so complicated that many either didn't even try or didn't make it. Others were so afraid of having to pay it back at some point that they didn't try either. So you could practically forget about it" (Germany, Respondent 5).

One positive development mentioned by several interviewees was solidarity and willingness to volunteer among residents in general. In several cases, the interviewees' CSOs actively sought to catalyse, organise, and leverage this trend to the advantage of their target groups. Only one interviewee mentioned anti-lockdown protests/riots/vandalism as an example of a disruptive, harmful 'grassroots' response on the part of ordinary residents.

"There are more volunteers now, students and pupils have been shopping for seniors because they couldn't do anything else, now they know about it and keep doing it, it's great" (Germany, Respondent 4).

Risk communications and vaccination campaigns: Interviewees confirmed that most risk communication in Mannheim was carried out by public authorities; CSOs assisted in distributing materials, but only one CSO interviewee indicated that their organisation actively created materials. In this case, the materials related to that organisation's own service offers. Additionally, one interviewee representing the municipal administration indicated that their office created materials above and beyond those provided by state or federal authorities: e.g., offers of assistance with everyday chores and channels for social contact.

"We distributed a four-page flyer with offers, from walking the dog to conversations to shopping to pen pal offers" (R4, Germany).

"We kept trying things in public spaces that sent out a message, texts on bridges, chalk on the ground, we're still here trying to be here for you, it was hard" (R5, Germany).

Several interviewees praised governmental risk communications measures for (often) being multilingual from the onset of the pandemic; for utilising multiple channels/modes of communication (e.g., well-placed posters, video, radio, online); and for sometimes focusing on the specific needs of certain vulnerable populations. Several interviewees also positively assessed mobile vaccination efforts (vaccination buses and teams). However, interviewees also criticised governmental risk communication measures for missing certain gaps: e.g., non-visual communications for the blind.

Interviewees were split on the efficacy of governmental cooperation with CSOs with regard to risk communications and vaccination campaigns: one indicated that their (larger) organisation maintained day-to-day communication with the health department, while another indicated that their (smaller) organisation contributed input to the health department that went unanswered for months.

Two interviewees were especially critical, noting the lack of "simple language" translations; the lack of effective explainer videos on vaccination; difficulty booking vaccination appointments, especially for the digitally excluded; the imposition of unrealistic demands for compliance (e.g., refraining from contact with one's sick child); and drawbacks of a 'fear-based' approach to communication in general.

"[I am critical of] fear-mongering, the whole thing: the health care system is collapsing and everything is terrible, instead of placing an emphasis on the importance of the community" (R2, Germany).

> *"Fear-based communication I think brought out a lot of these resistance attitudes. Self-efficacy should have been addressed much more, you could have done a thousand fun things instead of complicating everything with German dourness" (R5, Germany).*

3.3.6 Voluntary and resident-led initiatives

In Germany, multiple civil society measures were established to support people in need due to the circumstances of the pandemic. The thematic areas of these initiatives are very diverse, ranging from networks to buy and sell things to support local businesses (Nebenan.de) or retailers (Kiezware.de), to platforms to buy vouchers for different businesses (e.g., in Berlin, helfen-shop.berlin) or multiple networking platforms to offer help with daily needs (e.g., in Berlin, Bürgeraktiv – das Engagementportal: www.berlin.de/buergeraktiv/). Some resident-led initiatives include petitions concerning different areas in relation to COVID-19, as for example access to vaccinations for people with disabilities or re-opening childcare when institutions were closed. In some communities, citizens were setting up online groups to offer support for vulnerable persons, but also to provide information, advice, or guidance on how to get through the pandemic. Social media channels were used to connect neighbours willing to assist people in need, which was managed under the hashtag #Nachbarschaftschallenge.

The Mannheim-area CSO representatives interviewed did not explicitly discuss voluntary and resident-led initiatives specific to their region/locality. In order to fill this gap, additional desk research will be done prior to iteration 2 of this deliverable.

3.3.7 Concluding evaluation

Drawbacks: All interviewees criticised governmental services, to a greater or lesser extent, for a lack of responsiveness and accessibility; some interviewees assessed their performance as "catastrophic". Several interviewees questioned whether the apparent new societal focus on social and health vulnerabilities would translate into meaningful change. Several interviewees also questioned restrictive measures such as lockdowns and 3G requirements, assessing them as ineffective and/or inhumane. This did not strike the interviewers as mere reactionary complaining; rather, it can be interpreted as a whole-of-society, cost-benefit analysis approach to restrictions (though it was not explicitly framed that way). Finally, several interviewees acknowledged a condition of exhaustion after the past several years' sequence of crises.

> *"It can't be that whole areas are unavailable for weeks and months from people who depend on them, that's an outrageous disaster" (R5, Germany).*

> *"The working conditions in nursing have not improved a bit, and as long as that does not change, the shortage of skilled workers will also remain" (R1, Germany).*

Positive impacts/instances: Interviewees identified increased organisational efficiency via digitalisation; spontaneous displays of solidarity and mutual aid among local residents; the development of new services and initiatives; and a new awareness of social issues – specifically, the vulnerabilities facing their CSOs' target groups – as positive outcomes of the pandemic. Some interviewees also indicated that COVID-19 had challenged the resilience and adaptive capacity of their CSOs and/or society as a whole, and that they feel as if they had successfully met this challenge.

> *"The spontaneous solidarity and ideas about a better society after the first lockdown, that's where a different quality of being often shines" (R5, Germany).*

> *"Violence against women has become a topic in the pandemic that has finally stuck. Now, for the first time in 30 years, politicians have realized that it won't go away. Finally there are outpatient counselling centres, for the first time!" (R1, Germany).*

Changes to the community: Several interviewees indicated potentially lasting psychosocial changes among their target groups, colleagues, and/or society at large: lingering fear; exhaustion/burnout; the loss of a common, shared truth and a retreat into 'filter bubbles'; changing communication strategies and a reduction in meaningful discourse; and an overall drop in social cohesion and sociality. While interviewees have tried to maintain a positive attitude, several expressed doubt as to whether these losses could be reversed.

> *"Now the war and the Ukraine crisis are coming and ruining what might have been possible" (R2, Germany).*

> *"But I don't even know what the new normal is supposed to be – the fears remain, many people are totally scared now and can't even be like they used to be […] it has all become very, very exhausting" (R2, Germany).*

3.4 Greece (Athens)

3.4.1 Interviewees

Interviewee 1: a decision-maker with administrative duties at accommodation facilities/shelters that offer assistance (and in certain cases physical and psychological healthcare assistance) to the elderly, the houseless/homeless, and refugees and other migrants, with the support of the local Metropolitan Church (Christian). The CSO is located in one of the target neighbourhoods of Athens: Nea Ionia. This CSO actively engages with the local community with a variety of socio-cultural and religious activities, while simultaneously cooperating with other non-governmental organizations.

Interviewee 2: a religious leader of a metropolitan religious organisation, with active engagement in four target neighbourhoods of Athens: Chalkidona, Nea Ionia, Irakleio, and Philadelphia. This CSO has established a constant engagement prior and during the crisis with the local community, via participating in socio-cultural activities and events such as fundraisers, as well as via supporting other CSOs.

Interviewee 3: a social worker and decision-maker at a local CSO dedicated primarily to children's issues. This interviewee has worked with the general population, but emphasizes issues facing children and other vulnerable groups, such as disability, health related issues, and sexual identity. This interviewee has specifically been working with individuals living in borderline poverty conditions, individuals that lack legal documentation, runaway children/young adults, children/young adults who experienced psychological and/or physical torture or sexual abuse, etc.

Interviewee 4: a social worker and executive decision-maker at a CSO in the target neighbourhoods of Athens that provides psycho-social and health care support to houseless/homeless individuals, residents with psychological health issues, refugees and other migrants, substance addicts, and Roma community members, as well as other vulnerable residents. This CSO also operates a day-care centre that provides food rations, laundry services, showers, and other daily basic needs. In addition, this CSO has created facilities that host beds for houseless/homeless and poor residents, to mitigate the negative impact of COVID-19.

Interviewee 5: a decision-maker and social worker at a CSO with non-profit NGO status that provides various social and health services in the target neighbourhoods of Athens. This CSO conducts interventions to promote psychological health and the social integration of individuals in Greece and abroad, thus mainly focuses on socially excluded groups such as houseless/homeless, Roma, and refugees and other migrants. During COVID-19, this CSO has distributed personal hygiene products (i.e. masks), operated a 24/7 psychological support hotline, and organized COVID-19 awareness information campaigns.

3.4.2 Spontaneous definitions of "community"

For most Greek interviewees, the word "community" connotes very familiar and traditional places of gathering, such as the café – a place of co-existence and interaction, which was the main gathering place for people of older generations. Community can be interpreted as a small village and town, albeit, according to interviewees, not a big city such as Athens. Some interviewees linked community to education and universities, athletic clubs, and in general places of social gathering which do not exceed a certain amount of participants, thus, small scale. For some interviewees, a community can be a place filled with people who speak different languages, have different cultures, religions, and values – which is to say, community can have a multicultural character.

3.4.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): The CSO representatives interviewed in Greece described the sites in which they work in quite different ways. Three of the interviewees reported that the area of responsibility for their affiliated CSO is homogenous, while two interviewees claimed that multiple societal groups from a variety of different ethnic and social background have created a non-homogenous environment. In most areas, the main local societal community group are Greek citizens of average income and decent educational status, some of whom might have a refugee background (Asia Minor), whereas surrounding communities present a similar sociodemographic profile. There are also non-homogenous minority groups, which mainly consist of current refugees and other migrants. Additionally, not all residents share "average" socioeconomic status: e.g., there are also houseless/homeless citizens and vulnerable individuals, such as children, living in conditions of extreme poverty, with a variety of ethnic and societal background, as well as drug and alcohol addicts, citizens that make an earning out of begging (so-called "*professional beggars*") psychologically ill citizens, and Roma. An important observation on the part of the interviewees was that "average" citizens of Greek background and migrants and other refugees who strive towards societal integration, whereas some other sub-groups, such as socioeconomically vulnerable citizens and drug addicts, have been observed to stray away from the "community" as a whole, despite assistance provided by CSOs and other actors.

"Vulnerability" in the research sites: The Greek CSO representatives interviewed suggested that vulnerability is multidimensional and includes both societal and biological characteristics, e.g., poverty, living conditions, age, clinical conditions, etc. This interpretation adheres to (explicit and implicit) governmental interpretations of vulnerability. CSOs in the research site actively work with vulnerable populations within the local community, such as elderly poor citizens, children, migrants, drug addicts, houseless/homeless citizens, and refugees, as well as citizens who experienced a cease of business activities or a periodical limitation which subsequently negatively influenced their income. Most CSOs testified to adopting a socio-psychological counselling role "by nature", as well as to actively providing both materialistic assistance (such as child - elderly care, as well as food support) and non-materialistic

assistance to residents in need. The CSOs also contributed to raising awareness on issues revolving around COVID-19 and psychological support. Most interviewees suggested that there is no discrimination towards recipients of assistance, and most of the interviewees' CSOs operate childcare facilities, as well as conducting frequent events to provide food to poor citizens. It is important to highlight that some of these initiatives are made feasible through donations. Some interviewees suggest that the "most vulnerable" have remained in that position during COVID-19: particularly children with health-related issues, run-away children due to domestic abuse and child sexual abuse, etc.. One interviewee, contrary to the opinion of the rest, did not consider houseless/homeless citizens to be vulnerable; this interviewee referenced comparatively low COVID-19 infection rates within this population, suggesting that they were not as vulnerable to infection as citizens who live in high-density housing. It is important to state that this interviewee's CSO participated in establishing significant new temporary housing facilities for houseless/homeless and precarious citizens during the first few months of the pandemic.

CSOs in the research sites: the interviewees reported that well before the outbreak, CSOs had been addressing the needs of citizens who are living in a borderline poverty condition; victims of domestic abuse (child abuse and child sexual abuse); runaway children; and other groups that face severe health-related challenges and issues that cannot be addressed by the governmental healthcare system, e.g., due to the lack of necessary documentation, etc. Interviewees noted that these non-homogenous groups also include some undocumented migrants that (mostly) cannot communicate utilizing European languages.

Interviewees indicated that collaborations between CSOs and GOs in various domains are normal within the research site, and are conducted for a variety of cases, ranging from remembrance and awareness raising on historical events such as the Asia Minor Disaster (1922) to contemporary socio-health related crises such as COVID-19. Throughout the duration of these collaborations, interviewees reported that partnerships were forged within the municipality and neighboring municipalities. This collaboration has led to a network of cooperation between NGOs, other CSOs, and governmental organizations and agencies. The interviewees confirmed that over the course of the pandemic, the governmental healthcare system implemented a series of measures, with included the development of intensive care units, recruitment of medical staff, specialisation of certain hospitals (i.e., hospitals only for COVID- 19 patients), establishment of vaccination centers in local areas, free diagnostic tests distribution to students by pharmacies, etc. Throughout this process, many CSOs reached out to governmental entities and established solid communication and collaboration channels, offering assistance to facilities that serve vulnerable citizens (such as elderly citizens) with particular social and health-related needs.

3.4.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): In the first phase of managing the pandemic and its consequences, mandatory quarantine measures were imposed to reduce the spread of the virus and to give the health system the time re-organize and procure equipment, medicines and ICU beds to respond to pandemic. The interviewees reported that their CSOs and those in their networks participated in COVID-19 responses from the outset, often in cooperation with the Municipality of Athens and the National Center of Social Solidarity. The interviewees assessed the contribution of CSOs as vital in ensuring the continuity of health system operations, which in turn provided assistance to community members in need during the initial, dire period. Interviewees suggested that CSOs have a

high rate of collaboration between each other and governmental authorities, and that this is expedited by the relative lack of bureaucracy within some CSOs as opposed to the government, which enables them to respond more swiftly to the needs of their target groups.

Time period 2 (under restrictions) & time period 3 (phasing out restrictions): The worsening of the pandemic and imposition of restrictions on social contact led to a number of challenges. Some interviewees highlighted that when the first lockdowns were introduced, members of the community were forced to live and adapt to new communication and interaction conditions. The social restrictions that were imposed made human contact and social relationships very difficult, resulting in a progressive revision of the collective-social perception in favour of individuality. Interviewees also suggested that due to the lack of a set protocol on how collaborative networks operate, conflicts between organisations were sometimes observed.

Nevertheless, in many cases, collaborative networks of service providers did work together in a solid manner. Interviewees noted that representatives of governmental organizations and agencies did not always abide completely to the directives provided by their respective entities, but rather, went above and beyond, taking responsibility for courses of action that fell outside specific agency mandates and normal capabilities. This served the end goal of inter-agency collaboration and allowed issues to be addressed in a more realistic, effective and practical way. Some examples of agencies in which this was seen to take place are the Ministry of Health, General Secretariat of Gender Equality, and Ministry of Justice.

Interviewees further indicated that during the second and third time periods, CSOs developed adaptive strategies that responded to the changing conditions of their target populations. For instance, mobile units were formed consisting of a social service employee, a doctor, and a medic, which operated on a shift basis in order to provide clothing, food, medical assistance, and information on facilities to houseless/homeless citizens, especially during extreme weather periods (during which they were particularly vulnerable). New approaches were also developed to respond to the needs of refugees and other migrants.

3.4.5 Local COVID-19 responses

Health and social services: In relation to health and social services, most interviewees expressed satisfaction with the responses of the social service system, but nevertheless reported that the lack of resources, awareness, personnel, and appropriate protocols were significant systemic weaknesses. The interviewees' CSOs and those in their networks contributed to the overall response by providing healthcare and counselling services for vulnerable citizens (disabled, elderly, children, no or low income citizens), as well as distributing health care products (masks, disinfectant sprays) with the assistance of doctors and nurses. Interviewees believed that CSOs helped fill gaps in the Greek governmental response, particularly for socially excluded citizens. Examples mentioned by interviewees include the following:

- In cooperation with the European Anti-Violence Network and the General Secretariat for Family Policy and Gender Equality, CSOs created facilities to accommodate victims of domestic abuse.
- In cooperation with psychological health professionals, CSOs operated a phone helpline for citizens and orchestrated awareness campaigns for vulnerable groups.
- Several CSOs developed communications and outreach materials targeting the psychological impact of COVID-19, coping mechanisms, and discussions about welfare, educational and

health services. The main recipients of these campaigns were citizens living in isolated geographical parts of the community and other vulnerable citizens such as Roma, houseless/homeless citizens, refugees and other migrants.

- Some CSOs, in cooperation with governmental ministries, took the utilization of digital communication a step further and developed communication tools for their beneficiaries. Specifically, a 24/7 chatting tool was developed for victims of domestic abuse – a phenomenon which increased during periods of social isolation under COVID-19.

Interviewees indicated that in some cases, these responses were guided by formal or semi-formal strategic response plans.

With regard to institutional resources, interviewees highlighted the importance of a database for effective healthcare provision in local communities, as well as the importance of a contingency plan for healthcare professionals who have a high rate of exposure to COVID-19.

Risk communications and vaccination campaigns: Regarding communication, the interviewees mostly concurred in assessing governmental communication campaigns as effective and successful. Nevertheless, they indicated that on a municipal level in particular, CSOs played an important role in cooperating with authorities to disseminate materials provided by the government (specifically, a bi-weekly bulletin). CSOs furthermore took their own initiative to raise awareness on the importance of good hygiene, and later, of vaccination.

Weaknesses in the governmental campaign highlighted by interviewees included certain controversial statements by governmental representatives or healthcare experts, as well as ineffective measures to counter disinformation. The interviewees were highly critical of the negative impact of certain anti-vaccine health care practitioners and health experts, and were generally in favour of restrictive measures imposed on unvaccinated residents. They highlighted low education and partial literacy, fragmented social connectivity, and precarious living conditions (e.g., houseless/homelessness) as barriers that sometimes prevented vulnerable residents from accessing valid and reliable information. They furthermore reported that CSOs actively contributed to the development of awareness-raising strategies designed specifically to mitigate such barriers, e.g., through community discussions, door-to-door visitations, poster campaigns, and street work targeting the houseless/homeless.

With regard to the vaccination campaign, the majority of interviewees highlighted the importance of placing respect for human rights at the centre of attention, while simultaneously providing realistic and clear information as to why people should be vaccinated. They indicated that such information should explicitly combat misinformation, and that it should directly address the concerns of people with chronic conditions (i.e., cancer patients). Some interviewees expressed the opinion that governmental authorities were not able to effectively communicate why vaccination was necessary, in the face of misinformation that aggravated citizen reluctance. Interviewees reserved particularly harsh criticism for health care personnel who were not vaccinated, and suggested that experts who reject the scientific consensus should be "held accountable".

3.4.6 Voluntary and resident-led initiatives

Similarly to all other research sites, Athens, the capital of Greece, experienced major social, economic and cultural implications as a result of the pandemic. This placed pressure on the psychological health

of citizens, causing feelings of isolation, post-traumatic stress, or depression.[48] Migrants and refugees residing in Athens are particularly vulnerable, due to living conditions and limited access to health services,[49] as are houseless/homeless citizens. In the expert interviews, it was discussed that multiple voluntary initiatives emerged targeting those vulnerable groups. Often, ordinary residents got involved in initiatives that were established by CSOs. For instance, some initiatives aimed to distribute food and provide basic products to vulnerable groups, such as houseless/homeless people or refugees. Citizens further supported CSOs in their actions to make books, education, and medical, dental, or psychiatric services accessible.

An additional category of grassroot initiatives were those focused on addressing the information and communication needs of vulnerable groups (e.g., houseless/homeless people or refugees and other migrants), especially with regard to vaccinations. Moreover, due to the limited capacities of the national health care system, other initiatives aimed to support the system with complementary actions. This was described by interviewees as particularly relevant, since governmental agencies were not capable of serving all of the needs of vulnerable groups. In brief, interviewees concurred that resident-led initiatives contributed alongside established CSOs to fulfilling the basic needs for vulnerable groups.

3.4.7 Concluding evaluation

Drawbacks: The CSO representatives highlighted that hospital visitation protocols were not appropriately amended during COVID-19; as a result, many hospitalized citizens could not be visited by relatives, resulting in a negative psychological impact (which could be interpreted as the result of an error in the governmental response). According to some interviewees, social relations have become distanced and perceptions of society have been altered: “social interaction, as it is expressed through human contact, has been burdened with the fear of the pandemic and the fear of infection and death”. It was observed that this new status quo has had a particularly negative effect on young people, whose socialization depends on human interaction and contact. Interviewees furthermore indicated that lockdowns have forced many businesses to close (e.g., commercial stores, and especially the catering sector). This has resulted in serious social and economic consequences: “workers lost their jobs, companies accumulated debts, the income of those who worked was reduced… these circumstances have led to a humanitarian crisis, in addition to the ongoing health crisis.” Another important effect is the psychological impact of loneliness and isolation. CSO representatives indicated that in response to this effect, they have encouraged citizens to communicate more and demonstrate solidarity with their fellow community members.

Positive impacts/instances: The CSO representatives suggested that wearing a mask has prevented unnecessary deaths, not only from COVID-19, but also from typical annual flus. The latter have historically claimed the lives of many elderly hospital and residence home patients, due to visitors not wearing masks. COVID-19 has highlighted that it is extremely important that healthcare personnel and visitors wear a mask, particularly if they refuse to get vaccinated.

[48] Anastasiou, Evgenia, and Marie-Noelle Duquenne. 2021. What about the “Social Aspect of COVID”? Exploring the Determinants of Social Isolation on the Greek Population during the COVID-19 Lockdown. Social Sciences 10: 27. https:// doi.org/10.3390/socsci1001002.

[49] https://www.kathimerini.gr/society/561387805/ayximenos-o-kindynos-loimoxis-apo-ton-io-gia-toys-metanastes/.

Changes to the community: Most interviewees suggested that COVID-19 will have a long-lasting imprint on residents' *modus operandi*, their way of thinking, and their behavioural patterns. They believe that as a result, the social issues that the pandemic has highlighted may be regard as landmarks representative of permanent impacts on peoples' physical and psychological states and daily lives. Such impacts will likely be observed particularly in health care facilities and elderly care facilities, as well as among health care practitioners (as opposed to e.g. young, healthy residents). CSO representatives observed that many members of the general public avoided overcrowding, adhered to social distancing, and continued wearing masks even when lockdowns ended. Some suggested that the public may not consider the relaxation of restrictions as a constructive step. However, interviewees also noted that the pandemic offered an opportunity to implement new, improved social and institutional policies and practices in a variety of sectors, such as public administration, education, employment and the economy, particularly highlighting the importance of new technology in facilitating distance working and studying.

3.5 Italy (Rome)

3.5.1 Interviewees

Interviewee 1 works for a social-health organisation that provides care to houseless/homeless and migrant populations living near Termini station, the biggest railway station of Rome. This interview provided insights on the struggles houseless/homeless people faced during the pandemic.

Interviewee 2 works for a social-health association that operates with a mobile unit within the city of Rome to provide health care to the houseless/homeless population or living in precarious housing conditions. The interview provided a very insightful overview of the situation of this particular population during the pandemic, the interaction between civil society and governmental structures at the local level, and the interaction between civil society associations.

Interviewee 3 works for a social enterprise whose purpose is to contribute to the wellbeing and development of an inclusive community through the activation of interventions and services in the social, educational and psychological fields. She is in charge of an office implemented within the municipality of Rome for the housing and reception of asylum seekers and refugees. Her testimony highlighted the difficulties encountered during the period of the pandemic by asylum seekers and refugees and by operators working in the reception centres for asylum seekers and refugees.

Interviewee 4 is responsible for a shelter for mothers with minor children, located in the north of Rome. The shelter hosts mainly women victims of violence and a small percentage of women victims of sex trafficking. The women come from different countries and cultures. The interviewee's testimony was very valuable to understand how the sense of community was perceived before and after the pandemic by this vulnerable population group, as well as to identify the main challenges in managing the pandemic related to pre-existing traumatic experiences and the coexistence of different cultures, languages and traditions.

3.5.2 Spontaneous definitions of "community"

The preliminary analysis of Italian CSO representative interviews did not focus on spontaneous definitions of "community". This theme will be analysed in the second iteration of this deliverable.

3.5.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): The preliminary analysis of Italian CSO representative interviews did not focus on general descriptions of the research site. This theme will be analysed in the second iteration of this deliverable.

“Vulnerability” in the research sites: Vulnerable groups specifically mentioned by the interviewees included houseless/homeless citizens, the elderly, people with disabilities or psychological health problems, drug addicts, female victims of domestic violence, migrants, and asylum seekers and refugees (including unaccompanied minors and victims of torture). Some interviewees indicated that whereas their CSOs (or other CSOs in the research site) focused on assisting specific vulnerable groups before the pandemic, the criteria for who they considered to be their target groups loosened during the pandemic, i.e., they offered assistance to any vulnerable person in need.

CSOs in the research sites: The CSOs represented by the interviewees, and CSOs in their professional networks, assist vulnerable groups such as houseless/homeless citizens, asylum seekers, refugees and other migrants, unaccompanied migrant minors, youth with disabilities, and vulnerable women. Via their organizations, they provide multiple services, such as reintegration and rehabilitation, medical services, protection from human rights violations, legal procedures for asylum seekers and refugees in reception centres, and counselling in reception centres.

It was acknowledged by the majority of interviewees that the pandemic ‘"awakened’’ local communities, resulting in the creation of a network between CSOs, public and governmental authorities, international organizations, volunteers, and residents, thus increasing cooperation on minimizing the pandemic’s effects. The interviewees stated that CSOs sometimes initiated and led cooperation with authorities and other organisations at all operational levels, prompted by both direct effects of the pandemic and indirect effects, such as citizens’ sense of abandonment. The pandemic proved the importance of cooperation between organizations to respond to each issue the pandemic caused, as well as to better address the general needs of vulnerable groups.

3.5.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): For several interviewees, the first phase of the pandemic was the most challenging, since a sense of fear and closure dominated. Early restrictions left some people unemployed and living in the streets, especially those who were working without a contract. Interviewees mentioned that reliable information was not always easily available from governmental institutions, and hence, CSOs had to adapt, operate, and cope on an ad-hoc basis. Furthermore, practitioners had to work alone because of social distancing measures, and often felt lonely.

Time period 2 (under restrictions): During the second period, additional operational challenges were raised for CSOs. Interviewees characterised the second phase as the “reaction and solidarity” phase. Interviewees conveyed the sense that citizens in municipal areas were either asking for help, or volunteering in any way they could. Epidemiological work was in the centre of actions. However, refuges and other migrants still faced the same issues as in the first phase (e.g., stagnant residency processes, etc.).

Time period 3 (phasing out restrictions): The third phase included the roll-out of vaccinations, which was acknowledged by interviewees to be a key means of combatting the pandemic’s worst effects. “Solidarity” and “vaccination” were highlighted as key aspects of the third phase. Vaccination enabled the loosening of some restrictions, which in turn enabled the resumption of important services, such

as residency processes for refugees and other migrants. However, interviewees did stress that the roll-out of vaccines did not immediately mitigate all of the harms facing vulnerable groups.

3.5.5 Local COVID-19 responses

Health and social services: Regarding health and social services, interviewees voiced critical comments, especially in regards to the centralised nature of governmental services. Since governmental responses to COVID-19 were formulated far away from local communities, they did not always appropriately address those communities' needs; some CSOs had to implement changes continuously to adapt to new ministerial decrees during the pandemic. Spaces that had been created to assist the need of certain vulnerable groups had to be adapted to needs of other, newly-vulnerable community members. Some organizations also had to reorient their mandates, implementing services beyond their main services. Issues regarding the healthcare system were also pointed out, such as systemic gaps and weaknesses. For instance, some interviewees suggested that vulnerable groups such as houseless/homeless people were neglected by the health care system.

Interviewees assessed their own and other civil society associations as crucial in the management of the pandemic in Rome, and it was mentioned that they were a key player with whom government authorities worked efficiently to provide assistance, treatments, and vaccines. Throughout the pandemic, interviewees observed that cooperation increased between governmental authorities and CSOs (here it should be noted that even during the pre-COVID era, interviewees observed a high rate of cooperation). For instance, it was observed that synergies between public and civil society were substantially important in efforts to serve and manage houseless/homeless people, a quite challenging activity. Public-private synergies were identified as key dimensions in responses targeted toward vulnerable populations, and it was acknowledged that they should be continued.

Regarding the interviewees' own personal lives, the pandemic affected them significantly. However, they worked hard to adapt to the era by reorganizing services and spaces, as well as taking on flexible shifts, etc. Some practitioners experienced a sentiment of abandonment by institutions; however, they also expressed great levels of teamwork, team spirit, and solidarity.

Risk communications and vaccination campaigns: Regarding governmental communication campaigns, responders were quite critical of certain weaknesses and inadequacies. Issues such as poor coordination, unclear messages, or messages not appropriate for all citizens were observed. CSOs sometimes had to react quickly to fill these gaps and inadequacies. Language barriers and cultural aspects were also mentioned – issues that CSOs had to respond to by translating official messages and adapting them to their target groups' cultural norms.

The vaccination campaign was acknowledged by interviewees to be quite successful, but its mandatory nature created scepticism, and in some cases, mistrust. Interviewees suggested that such campaigns must explain the importance of vaccination in clear, easy-to-understand, and comprehensive ways, and that special care must be taken when addressing non-Spanish-speaking populations. With regard to vulnerable refugee and migrant populations living in camps, centres, etc., cultural aspects and language were acknowledged to be the most critical limitations to both COVID-19 communication campaigns and vaccination campaigns. The interviewees' CSOs helped address these issues by preparing leaflets and educating groups.

3.5.6 Voluntary and resident-led initiatives

In Rome, the COVID-19 situation was never as critical as it was in other Italian cities; however, not all population groups were impacted in the same way, and pre-existing inequalities were often further exacerbated. Thus, the need for support was acknowledged and a dedicated website, RomaAiutaRoma, was established to provide a range of information, including solidary initiatives and resident-led initiatives.[50] Other initiatives, such as mobile clinics providing care for marginalized groups, also depended on community involvement.[51]

Within our expert interviews, one interviewee mentioned that the pandemic “awoke” local communities, saying that due to limited support by the government, residents took the initiative and collaborated with local CSOs to provide help to people in need of assistance. Particularly in the second phase of the pandemic, residents showed solidarity and offered help in any way they could. They started reflecting on possibilities to help the most vulnerable in their communities, and established semi-autonomous systems of support, realizing they don’t necessarily need guidance from any institution. The interviewee highlighted that the pandemic made citizens more aware about vulnerable groups in their neighborhoods, and drove them to rethink the meaning of “community”. It was further noted that local CSOs experienced increased interest on the part of volunteers who wanted to be part of the response.

Another interviewee pointed out that particularly with regard to the vaccination campaign, collaboration between GOs, NGOs, and the communities they serve was very important. People need to receive correct information, in their native language, to make them understand the necessity of being vaccinated. Collaborating with cultural mediators was the most appropriate way to promote the vaccine, according to this interviewee. Another interviewee pointed out that the inclusion of ethnic community leaders in vaccination campaigns significantly increased the vaccination rates within their community, leaving only a very small percentage unvaccinated.

3.5.7 Concluding evaluation

Drawbacks: CSO representatives from Italy identified a variety of drawbacks, positive impacts, and changes to the community. With regards to the drawbacks of the pandemic management and response, the first interviewee especially criticised the detachment of governmental response decision-making from the municipalities and the communities. Another identified drawback was linked to the sense of insecurity that pervaded Italy during the pandemic. The way communications were conducted, specifically the large number of ministerial decrees, made it difficult to establish long term projections: one interviewee indicated that it felt like “going on a ship after having been on the Titanic”. The second interviewee also highlighted drawbacks in policymaking, specifically the lack of an effective balance between centralised and regionalised decision-making and health care models. According to the third interviewee, the most important negative impacts and drawbacks stemmed from the perceived “abandonment” of CSO workers by their own institutions and the government. This interviewee indicated that particularly in the early stages of the pandemic, institutions should have paid particular attention to the needs of their staff, considering the exceptional and new situation they were facing.

[50] https://www.comune.roma.it/romaiutaroma/.

[51] https://www.intersos.org/en/rome-and-covid-19-support-for-the-vulnerable-who-are-no-longer-invisible/.

Positive impacts/instances: Regarding positive impacts or instances that stemmed from the pandemic management and overall response, the first interviewee pointed out improved contact and coordination between communities and CSOs. The interviewee suggested that the pandemic made citizens acknowledge that there are many people in need that share the same spaces with them, and that citizens are starting to rethink the meaning of community. By revealing the gaps in governmental and CSO services, the pandemic offered an opportunity for ordinary residents to organise and fill these gaps, helping them realise that they can do things themselves. The interviewee suggested that if it is well-managed, this can be a positive process. According to the second interviewee, a positive impact for their CSO was that the pandemic was an "important test that prompted us to level-up our skills, professionalism, and experience; in its dramatic nature, it was an experience that made us grow." With regard to policymaking, the interviewee identified improved cooperation between CSOs as a positive impact. The third interviewee firmly believes that solidarity among employees of their organisation was a positive aspect, highlighting this several times: "I think that in this difficult situation, work dynamics that brought you a bit far away were bypassed to give space for solidarity."

Changes to the community: In regards to temporary or permanent community changes, the first interviewee stated that for him, a "community" is a part of the population that shared the same spaces. It is linked to a territory. His CSO's surrounding community is atypical because being located near a train station, it involves all the people who live there, but also those who pass through it. On one hand, the pandemic exacerbated social differences within this community, but on the other hand, it brought greater cohesion and interest among those who lived in the same spaces. According to the second interviewee, COVID-19 acted as a wake-up call for local communities, which can be observed in a higher rate of volunteer participation: "Increased requests for volunteers to be part of the association; increased donations and financial support."

According to the third interviewee, social distancing could have a long-term negative impact for relationships in society. In particular, they think that "There is a difficulty that, for heaven's sake, there is a virus, of course we must be careful, but at an even deeper level, it insinuates a certain mistrust for the other person, and therefore can be dangerous. I believe that the effects of all this will be seen later on, especially on children. I believe that relationships themselves should be taken care of more, as an approach, as an exchange, as listening, in order to try to recover what the distancing has created."

3.6 Portugal (Lisbon)

3.6.1 Interviewees

Interviewee 1: a member of the board of a social solidarity organization in Lisbon that provides different kinds of support to visually impaired people, whose duties are based on providing advice to the board in all aspects.

Interviewee 2: a founding member of a social solidarity organization in Lisbon that provides different kinds of support to a community with multiple vulnerabilities, whose duties are essentially based on providing technical guidance to community intervention teams and project management.

Interviewee 3: a leader of a Portuguese religious youth organisation, whose mission is essentially to promote the integral formation of children and young people from 6 to 22 years old through non-formal education based on experimentation, outdoor life and community work. The participant acts at a local level, integrated into an animation team that manages the operation of activities and provides the opportunity to develop various areas of the community.

Interviewee 4: a founding member of a social solidarity organization in Lisbon that provides different kinds of support to other CSO's at the national level, whose duties are essentially based on providing training to teams of technicians and volunteers, project management and carrying out the general management of the institution.

Interviewee 5: an executive director of a social solidarity institution that provides support at various levels to a community of migrants with multiple vulnerabilities, whose duties are essentially related to ensuring the sustainability of the institution.

3.6.2 Spontaneous definitions of "community"

The preliminary analysis of Portuguese CSO representative interviews did not focus on spontaneous definitions of "community". This theme will be analysed in the second iteration of this deliverable.

3.6.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): The preliminary analysis of Portuguese CSO representative interviews did not focus on general descriptions of the research site. This theme will be analysed in the second iteration of this deliverable.

"Vulnerability" in the research sites: In relation to the research site, almost all of the interviewees identified the main vulnerabilities against COVID 19 to be related (i.e., intersectional): on the one hand, physical vulnerability to contagion due to health conditions or/and age determinants, and on the other hand, vulnerability to social exclusion. The interviewees stressed the fact that many physically and/or socially vulnerable people lacked basic capacities to react to the impacts of the pandemic stemming from isolation during the confinement periods.

CSOs in the research sites: In the local research site before the beginning of the COVID 19 pandemic, CSOs were providing assistance, support, and relief to people dealing with severe socioeconomic difficulties such as extreme poverty, job insecurity, or unemployment; ethnic, racial or gender discrimination; domestic violence; social exclusion; and/or houseless/homelessness. This population included refugees and other migrants, children and adolescents, and women and families. An overlapping, but distinct group of CSOs were providing assistance to people that faced significant challenges due to health related issues (e.g., chronically ill people, the elderly, or people with disabilities such as visual impairment). Most of the aforementioned organizations are active mainly, but not exclusively, at a local level, engaging in the field/on the street with highly vulnerable communities and social groups that prior to the pandemic already faced great challenges in terms of living conditions and deprivation of basic goods (e.g., food and housing), but also access to social and health support. The interviewees indicated that although the above-mentioned targeted groups constitute a rather heterogeneous grouping of people, there are in some cases CSOs that work especially towards promoting tolerance, sharing, and the ability for different groups to integrate and work together; this is especially the case for CSOs involved with the youth and their families

3.6.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): The interviewees indicated that during the first phase of the pandemic, there was a sharp aggravation of needs resulting from the fact that people's income dramatically dropped, in addition to a significant decrease in the capacity of institutions to provide some kinds of support. Since the majority of the CSOs interviewed maintained direct, face-to-face contact with their target groups, the inability to carry out their face-to-face activities meant that some

were initially forced to suspend entirely their activities, or to deliver their services and activities in a virtual mode. Interviewees reported that this was not always appropriate, and that even when possible, it imposed many limitations on their performance. Furthermore, the imposed isolation measures installed a significant dependence on digital media, leading to an even more accentuated exclusion of those target populations with limited knowledge of technology (like the elderly for example) and/or limited access to even basic digital means and equipment, such as computers or the internet (e.g. houseless/homeless people). Such existing digital divides created major limitations in communication and access to digital platforms, which were essential in order to access a significant fraction of health and social services. Additionally, interviewees acknowledged the fact that people often had limited access to reliable information concerning the pandemic, and that the information they did have access to was often diffuse and confusing, creating an even more complicated situation that enhanced the feelings of fear, helplessness, and isolation. The lack of reliable information also led to a substantial lack of understanding of how people were supposed to behave (i.e., health-protective behaviours); the interviewees identified this lack of understanding as a notable determinant of the high incidence of the disease among vulnerable groups at a later stage of the pandemic. All the above mentioned drawbacks were worsened even more by language barriers existing in some populations, leading to an overwhelming amount of support requests to CSOs with multilingual competence.

Time period 2 (under restrictions): Interviewees characterised the second period of the pandemic as marked mainly by the coordinated and intensive efforts of their and other CSOs to cover basic needs such as food distribution (by setting up food banks), essential products provision, and healthcare assistance. What interviewees stressed was that the main goal was not only cover emergency needs, but also, and more importantly, to maintain their direct contact with their targeted groups, either by supporting them online or restarting field work as soon as possible. Making all efforts to maintain contact was critical to prevent people from falling through the gaps, and enabled CSOs to provide guidance and psychological support to enable people to cope with the new and unknown circumstances imposed by the pandemic – in addition to continuing to provide their standard services.

Time period 3 (phasing out restrictions): Regarding the main characteristics of the third phase of the pandemic, it was acknowledged by the interviewees that all involved stakeholders have been making significant efforts to regain their normal modus operandi – although in many cases, all activities and services have still not yet resumed. The interviewees sense that feelings of fear among their target groups have partially subsided, as living conditions are almost normalized – despite some measures related to COVID-19 still being implemented. In a context where some (still-indistinct) permanent changes appear to have taken place, some interviewees observe a greater affiliation between target groups and CSOs, which has helped to maintain social cohesion.

3.6.5 Local COVID-19 responses

Health and social services: With regard to health and social services, interviewees identified a number of systemic gaps, underlining the fact that although public entities were responsive and did their best to react appropriately, they were clearly not prepared, nor did they always have the proper training or sufficient human recourses to deal with an unprecedented level of pressure. This led to significant delays and lack of availability in service delivery.

As for the issue of cooperation between CSOs and the government, all representatives described either pre-existing concrete collaboration networks or new synergies which developed between CSOs, governmental organisations, and residents in designing and implementing measures and responses to

support the community. Although such collaboration networks faced a variety of challenges due to the differing operational cultures and strategies of governmental organisations and CSOs (e.g., the level of bureaucracy, approaches toward work in the field, etc.), interviewees indicated that a number of collaborations have been maintained over time.

Risk communications and vaccination campaigns: The majority of CSOs representatives stated that the vaccination process and campaigns were well-strategised and tailored, resulting in a quite successful vaccination campaign overall. However, the interviewees' views on risk communication in a more general sense appear to be rather polarized. Several provided a positive assessment of governmental risk communication measures, whereas others pointed out inconsistencies and flaws, suggesting that risk communications in Portugal could have been conducted in a better way. The more critical interviewees stated that the governmental risk communication strategy was characterized by an initial phase of inconsistency, during which sensationalism, lack of consistence, and contradictions were major barriers to effective reception. These interviewees acknowledged that the campaign improved over time, eventually managing to change many people's behaviour. Interviewees also highlighted the role of CSOs in carrying out awareness-raising actions: e.g., distributing informational material and releasing audiovisual media with practical guidelines, such as videos on how to wash your hands, how to use a mask, the safety of vaccines for young people, etc.

3.6.6 Voluntary and resident-led initiatives

As the Portuguese region with the highest ageing index (INE, 2020), Alentejo was confronted with significant challenges due to the COVID-19 pandemic. High infection rates among older people, especially within nursing homes, and consequently, higher number of deaths, demonstrated that additional support was urgently needed. Strict governmental measures to protect this vulnerable group also had severe impacts on people's psychological health, leading to feelings of loneliness, lack of emotional support, and isolation (Brooke & Jackson, 2020; Eghtesadi, 2020; Fallon et al, 2020). Thus, in many cases, long-term facilities themselves took the initiative and established telephone or web-based visits, to ensure that residents could keep in touch with their families. Facilities furthermore used social media platforms to update families and carers on residents' health status.

In our expert interviews, additional insights on resident-led initiatives in Portugal were collected. One interviewee mentioned that overall, the government did a good job on the social level, generally providing support for people in need. Nevertheless, multiple support networks within the population formed, in which ordinary residents came together and supported each other. Particularly in smaller places, where people are closer, mutual aid networks took shape much faster than in large urban settings. One interviewee mentioned that children and teenagers needed support regarding distance learning, since many did not possess a computer. In some cases, neighbours offered to share their electronic devices so that children could attend online classes. A third interviewee argued that the pandemic created greater awareness among the population regarding the need to help each other. This interviewee explained that the long pandemic phase offered the time and room to think about solidarity more deeply, which motivated some individuals to act and start their own initiatives.

3.6.7 Concluding evaluation

Drawbacks: In relation to the pandemic management, CSOs presented a variety of drawbacks, which mostly related to breaks in services and institutional activities, the lack of a clear strategic plan, inconsistent communication, and fake news. According to the first interviewee, specific drawbacks

included incomplete communication of critical information, delays in services, and restrictions on their CSO's activities. The second interviewee highlighted fake news and sensationalism. The main drawbacks for the third interviewee were the restriction of community activities in the field/on the street, a lack of transparency and consistency in governmental communication and decision processes, and generalized demotivation throughout society. The lack of a clear strategic plan and inconsistent communication were the most important drawbacks for the fourth interviewee. Finally, discrimination by health and social services, lack of access to information, and the lack of clearly identifiable and trustworthy authority figures were the main drawbacks for the last interviewee.

Positive impacts/instances: The main positive impacts for most CSOs were the environmental (carbon) impact due to a significant decrease in movement; digital skill acquisition; increased solidarity among the members of the community; and a new appreciation of the value of human relationships. The first interviewee highlighted the importance of support networks. The main positive impacts for the second interviewee was the recognition of the power to change harmful behaviours on the individual and societal level at the beginning of the pandemic (e.g., reduction in environmentally damaging behaviour), the emergence of new relations of cooperation and solidarity, an increased sense of national appreciation, an increased sense of self-knowledge and appreciation, and a stronger domestic economy. According to the third interviewee, renewed awareness of the value of human relations and development of new digital skills were the most important positive impacts. The fourth interviewee highlighted the importance of the emergence of new relations of cooperation and solidarity. Finally, the main positive aspects highlighted by last interviewee were related to gains in the quality of human relationships and the creation and maintenance of community-level mutual aid and health awareness.

Changes to the community: In relation to temporary and permanent changes to the community, CSO representatives tended to argue that changes occurred within psychological and social relationships, but that these changes are unlikely to permanently alter the fabric of the community in the Alentejo region. According to the first interviewee, there have been changes in people's ways of thinking that are not necessarily permanent. The second and third interviewees suggested that no significant, permanent changes had taken place. Conversely, the fourth interviewee suggested that psychological and human relationship may indeed have changed. The main change according to the last interviewee occurred at the level of people's psychological health, the long-term impact of which remain to be seen.

3.7 Spain (Madrid)

3.7.1 Interviewees

Interviewee 1: a decision-maker at a CSO that works with migrants, primarily from South America. The CSO focuses on promoting the integration of migrants into Spanish society through reception programmes, information, legal and employment advice, school support, etc. It caters for migrants from Latin America, but its programmes are also attended by people from other parts of the world, especially sub-Saharan Africa, and the Maghreb.

Interviewee 2: a decision-maker and psychologist at a CSO that works with vulnerable populations at local level (Madrid). The main objective of this CSO is to increase the quality of life of people who are in a situation of social exclusion. It focuses on socially vulnerable groups, especially young migrants, providing employment training, programmes to reduce the digital divide, legal support, and guidance, etc. Many of the CSO's clients are young migrant women with a basic level of education.

Interviewee 3: a first-line practitioner at a CSO that works with vulnerable women. This CSO has several specific lines of action: climate justice, gender, global citizenship where they work on migration matters, humanitarian action, and volunteering, which is always in dialogue with the other areas. Its user profile is mainly women in domestic work, household, and care work, many of whom are migrants. The CSO's emphasis is on advocacy and policy work (including co-creation with vulnerable groups) rather than direct intervention.

Interviewee 4: a first-line practitioner at the Madrid office of a worldwide health CSO. Within the Municipality of Madrid, the CSO works with socially excluded populations: migrants, women in prostitution or sexual exploitation, and transgender people. It has a specific programme to fight against female genital mutilation in Spain. They develop health education programmes and refer people to the health and social services of the public system. The interviewee is particularly concerned with the situation of sex workers.

Interviewee 5: a decision-maker at the Madrid office of a well-established national CSO that aims to protect the rights of women and their children and to eradicate gender violence. It develops programmes of legal advice, psychological care, and protection of children and women who suffer gender violence.

3.7.2 Spontaneous definitions of "community"

The preliminary analysis of Spanish CSO representative interviews did not focus on spontaneous definitions of "community". This theme will be analysed in the second iteration of this deliverable.

3.7.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): The interviewees confirmed the fact that in Madrid, which concentrates a large number of foreign residents mainly from Latin America and North Africa, employment had already suffered majorly during the recent economic crisis of 2008, the impacts of which were still ongoing. The working environment in the country was hostile during the last years for foreign workers due to economic crisis and changes in the labour regulations. In most cases, migrants who did not own a visa or work permit were forced into the informal economy and female migrant workers were affected the most. The cuts also in public services that the crisis demanded had already affected migrant women, thus the pandemic found them in very precarious economic, labour, and social conditions. For example, governmental measures impacted the economy in general which in turn affect majorly the sectors where migrant women worked. Additionally, the fear of infection led to job losses for domestic workers and caregivers, who are mainly migrant women and suddenly faced unemployment. It was observed that COVID-19 aggravated these factors. The pandemic majorly affected households who were already living in poor economic circumstances and employment, as well as those who did not have any economic support and handled their expenses on a day-to-day basis, increasing the demand for social assistance. Hence, COVID-19 increased the vulnerable population and affected mostly those who are living already in poor conditions.

> *"…the profile is generally a person in a state [...] in a purely working age, then [...] above all the most vulnerable ones are irregular people, those without papers, those who find it more difficult to find work, and within this large number also the, the [...] the women's issue, right? Women are generally able to find work more easily, but they are the most exploited in terms of work. Those with very low salaries, very little, without labour rights, without having [...]*

without having one hundred percent contributions, in general, right? Knowing that everyone is vulnerable, but they still have much more, don't they?" (Spain).

"Vulnerability" in the research sites: The interviewees mentioned the following specific vulnerable groups as target groups within the communities in which they operate:

- Second generation migrants: young women who have not completed compulsory studies, migrants, or nationals whose parents are foreigners.
- Single-mother households: women with dependent children.
- Women who are responsible for two families: one in Spain and the other in their country of origin, which they support with their income.
- Women who come from Africa and do not speak Spanish well.
- Women, especially young women, who arrived just before the pandemic and who did not yet have support networks.
- Older women who have lost their jobs and, due to their age, have very little chance of getting a job again.
- Female victims of gender violence, who have been forced to live with their abuser during confinement.
- Women affected by the digital divide: they do not have devices, internet connections and/or sufficient skills to carry out transactions digitally.

The interviewees indicated that migrant women furthermore faced health issues as they were observed to be more exposed to the virus since their working roles could not be operated via telework, in some cases they had to use public transportation, and in some cases they were observed to not have adequately tailored hygiene-related protective measures. Furthermore, delays or issues accessing the public health system led to insufficient medical care or psychological health issues, which were caused by the stress of experiencing economic difficulties. These difficulties may include the inability to cover basic needs, send money to the families that assist in their country of origin, or even the inability provide the technical equipment for their children to continue their education via tele-schooling. Further, grandparents could not support their children neither by providing financial assistance nor by offering to baby sit since the fear of infection was very high. Depression and anxiety were some of the psychological health issues that migrant females experience during the pandemic.

CSOs in the research sites: Interviewees confirmed that the role of CSOs in Madrid working with vulnerable women was crucial in the management of the pandemic, especially during the first wave when public social services were shut down. Even at the time of the submission of this report, in May 2022, this has not been fully restored, especially face-to-face services. CSOs assisted people in need through continuously providing extra services, such as food distribution, hygiene material etc. Additionally, they had also increased their online and phone assistance because of the volume of requests, while acknowledging that face-to-face interaction is preferable. Their operations continue without receiving substantial public resources. They utilize their available sources, and, in some cases, they received donations, voluntary work, and a lot of personal effort in the beginning of the pandemic. Addressing the needs of vulnerable populations can take place with public policy networks involving governmental actors and civil society associations. That was achieved in the case of Madrid and was very beneficial for information exchange, resources and intervention capacities.

3.7.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): In the beginning of the pandemic, the CSOs investigated were forced to cover activities that were disrupted mainly due to lack of protection means. There were times that the CSOs struggled to meet the needs, either by not having the necessary equipment or human resources. The phasing in of restrictions demanded a shift in the activities that these CSOs used to perform and a shift to provide immediate assistance such as food, goods and services. Their work was shifted mainly to assist via telephone or with face-to-face visits to homes or in streets for immediate response. Volunteering was also fundamental to continue their activities. Their role regarding management and cooperation with other organizations as well as public institutions was crucial leading to resolve multiple issues and mitigate COVID-19 impact as well as assisting vulnerable groups to reach the appropriate organization and seek help instantly.

Time period 2 (under restrictions): During the second phase, the interviewees indicated that many of their organisations' activities shifted to digitization. However, street work continued as well as frequent visits to essential need products such as food, clothes and even computers in families in need. Since public administrations were shut down during lockdowns, CSOs were operating continuously to socially accompany the most vulnerable people (especially women) throughout the pandemic, despite strict confinement and mobility restrictions. Even though the pandemic demanded telework, CSOs acknowledge the importance of working in the streets were most of the vulnerable populations may need assistance.

Time period 3 (phasing out restrictions): The interviewees indicated that in "the new normality", their respective CSOs continue their work primary face-to face but with measures to avoid overcrowded situations. CSOs were from the beginning in the frontline providing social services in order to minimize the pandemic impact on vulnerable populations.

3.7.5 Local COVID-19 responses

Health and social services: During the pandemic, the main health and social measures promoted by the investigated CSOs focused primary at health measures by distributing hygiene products in the streets and educating people regarding socio-health issues as well as providing psychological health assistance. Further, vaccination was made available and accessible to vulnerable groups.

Regarding social measures, the interviewees' CSOs and other organisations in their networks helped guarantee and provide basic needs such as food and basic necessities. This was done either by distributing them via accessible ways during the lockdowns or even by proving prepaid cards to cover the cost for basic products, as well as services such as legal advice for rental payments and any other housing issue. The interviewees' CSOs also provided special aid for electricity bills payment. Additionally, they assisted families to adapt in the new era of digitalization by providing laptops and internet connections, or by educating people to carry out activities online, especially performing online applications (e.g., low-income benefit and unemployment applications submitted to public administration agencies). Interviewees indicated that these services became necessary even for some families who were not considered to be leaving under the poverty line before the pandemic. Furthermore, the interviewees' CSOs assisted vulnerable groups to renew or apply for identification papers, IDs etc. Another important aspect of assistance to vulnerable population provided by the interviewees' CSOs was psychological support and legal advice to women victims of domestic violence during the pandemic and especially during lockdowns.

Risk communications and vaccination campaigns: Regarding risk communication, the interviewees acknowledged that official communication campaigns were mostly appropriate and adequate, even though they suffer from inconsistency from time to time, as well as contradictions. However, the interviewees' CSOs, as well as other organisations in their networks, did run supplementary education programs to inform primary vulnerable groups and combat disinformation and misinformation. Cultural aspects were also considered from informing the public, to provide appropriate food to each cultural group. The vaccination campaigns are considered to be successful by almost all interviewees. However, they also identified some gaps, especially regarding communicating on when and how to get vaccinated as well as how to use the COVID-19 certificate. The interviewees' CSOs helped fill this gap by creating relevant material in multiple languages to address this issue and reach different migrant and migration-background populations (in particular women).

3.7.6 Voluntary and resident-led initiatives

The City of Madrid was heavily impacted by the pandemic, resulting in high infection rates and numbers of deaths. In Spain, multiple voluntary and solidarity initiatives were launched to respond to different areas, where people required support due to the pandemic. For example, volunteers were sending solidarity letters to people suffering from isolation and loneliness,[52] several platforms were established to connect people offering support with people requesting support,[53] telephone support lines were introduced,[54] or virtual meeting spaces for exchange of actors from various sectors (forgood.es) were generated. The Rey Juan Carlos University has created an initiative that helps older people to take out their trash during the state of alarm in Madrid.[55] A group of Metro de Madrid has mobilized thousands of people via social media channels to raise funds for vulnerable people.[56] With their initiative, they were able to provide resources for health centers, senior citizens, essential products, or food for vulnerable people.

Interviewees from our expert interviews mentioned that CSOs were at any point of time working on the frontline, to assists people in need of help. From an operational point of view, the participation of citizens as volunteers was essential. Their initiatives allowed many organizations to scale up interventions on a local level and ensured that CSOs can keep up their response, despite the increased demand for assistance.

3.7.7 Concluding evaluation

Drawbacks: The interviewed CSO representatives identified different types of drawbacks for the success of their intervention process, which could be divided into external and internal factors. The former have to do with all the contextual conditioning factors that these organisations had to overcome to develop their work. These are fundamentally those limitations encountered by the aid seekers and consequently by the CSOs in accessing the health and social measures implemented by

[52] https://www.madridiario.es/cartas-para-paliarsoledad-enfermos-coronavirus.

[53] https://www.hacesfalta.org/oportunidades/iniciativas/buscador/.

[54] https://www.idea-alzira.com/becamos.

[55] https://www.madrid.es/portales/munimadrid/es/Inicio/El-Ayuntamiento/Todas-las-noticias/Madrid-se-suma-a-YoTeAyudoConLaBasura-jovenes-dispuestos-a-bajar-la-basura-a-quien-lo-necesite/?vgnextfmt=default&vgnextoid=8c0eea44a7b21710VgnVCM2000001f4a900aRCRD&vgnextchannel=e40362215c483510VgnVCM2000001f4a900aRCRD.

[56] https://www.metromadrid.es/en/press-release/2020-05-10/an-initiative-by-metro-de-madrids-employees-raises-over-eu110-000-to-fight-covid-19.

public administrations at different levels (national, regional, and local) throughout the health crisis. The latter refer to organisational and/or individual aspects that negatively affected the success of the intervention, or at least the perception of it. In general, the interviewees identified the obstacles they had to face to access the measures or aid granted by the different public administrations as the main drawbacks to successfully carrying out their intervention. In this sense, they highlight the digital, linguistic, and bureaucratic gaps as the main limitations for accessing this aid. The interviewees admitted that the digital divide, especially among migrant women engaged in domestic and care work, made it difficult for this population to access these benefits, mainly those related to unemployment and low-income benefits (*Expedientes de Regulación Temporal de Empleo* and *Ingreso Mínimo Vital*, respectively).

On the other hand, the interviewees pointed out that, initially, the procedures for accessing these financial aids were complex and, in some cases, required documents that were difficult to file quickly and easily. In addition, some interviewees also mentioned that those procedures that could be carried out in person, by appointment, did not have flexible opening hours that would allow migrant women workers to access such services. In this regard, one interviewee stated:

> *"For example, the equality space [was open] only from Monday to Friday until five in the afternoon, that is, when are we going to be able to access it?, that is unfeasible, for me they are spaces that are created for other types of women".*

In addition to the digital and bureaucratic barriers to accessing institutions, migrant women, in some cases, were also affected by the language barrier, according to the interviewees. Most of these telephonic/ICT procedures were not available in the languages of origin of these women. The interviewees' CSOs had to provide intercultural mediation to facilitate the migrant women's access to official information. Internally, the interviewees' organisations, particularly the smaller ones, acknowledged that they had limited infrastructure and material and technological resources to deal with the health crisis.

Positive impacts/instances: In general, the interviewees' CSOs positively rate their intervention to mitigate the effects of the pandemic on the most vulnerable populations in the city of Madrid, mainly among women and migrants, although not exclusively (as the pandemic affected different sectors of society across the board). Among the factors that they consider having made a difference in their respective interventions, they highlight the adaptability of these organisations not only to the new reality imposed by the pandemic but above all to what to do and how to do it in order to improve the situation of the people most affected by the impact of COVID-19. Faced with the social and health challenges posed by the pandemic, the interviewees' organisations did not hesitate to adapt their work methodology and programmes to respond immediately to the new needs introduced by COVID-19. In the words of one of the interviewees:

> *"I think we have been able to adapt very well to the COVID context [...] I think it has been a quick response and also an intelligent response in the sense of knowing how to reposition the issue [...] [of] women domestic workers, how we have been able to put this pandemic context back at the centre and I think the visibility given to the sector has been quite important".*

Interviewees of larger organisations highlight their prevention capacities, i.e., their capacity to have anticipated the health emergency, digitising the internal processes of their organisation in advance, and having provided the necessary resources (technological and material) to face the crisis in a timely manner. For the interviewees from small CSOs, this reality was quite different. The other aspect that most of the interviewees valued in terms of the **positive** effects of their intervention during the

pandemic was having maintained contact with and accompaniment of vulnerable women that benefited from their aid and services, albeit by telephone or electronic means. Ensuring socialisation with these women, as well as favouring listening, were considered key elements in maintaining their psychological health by the interviewees. In this respect, two of the interviewees highlighted:

> *"that part [in] which you can socialise, that part of mental health and [of] having greater contact has been encouraged". "what I like is listening, listening to the people we work with".*

Changes to the community: Regarding possible changes in the communities or vulnerable women affected by the pandemic, the interviewees are generally sceptical about such changes. In this sense, they consider that it is either too early to speak of hypothetical behavioural changes, and even more so of lasting changes in Madrid society, or that if such changes have occurred, they have been insufficient to change their situation of vulnerability. The following statement by an interviewee summarises the general opinion in this sense:

> *"If you ask someone what has really changed, I don't know if they can tell you anything [...] so this resilience that you say about what mechanisms I think are survival mechanisms, they are not anything else, they are automatic, I don't think they are aware of any change".*

In the same vein, with the new normality, some of the interviewees state that they are concerned to observe greater lags in the health and social services of the public administrations for the care of the most vulnerable populations, in this case vulnerable women, which means that after the health crisis, the vulnerability of these people could have continued to increase.

3.8 Sweden (Gothenburg)

3.8.1 Interviewees

Interviewee 1 is working as a “health guide” through the organisation of the city district’s local hospital (operated by the municipality) providing health-promoting advice and wellness activities, for example by working with health, guiding people and having a local presence. Among the motivations to work as a health guide, IP6:1 lists the importance of spreading information in the society, believing that their work affects people.

Interviewee 2 works as a “health guide through the local hospital providing health-promoting advice and activities. IP6:2 started working during the pandemic and has been active in several city district areas in Arabic and Swedish.

Interviewee 3 has been working as a doula and cultural interpreter since 2008, mainly using Swedish and Arabic. Since the pandemic started, this position has also entailed working as a so-called vaccination guide.

Interviewee 4 is working as a doula, cultural interpreter, health guide and vaccination guide mainly using Swedish and Arabic.

3.8.2 Spontaneous definitions of “community”

The preliminary analysis of Swedish CSO representative interviews did not focus on spontaneous definitions of “community”. This theme will be analysed in the second iteration of this deliverable.

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3.8.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): The interviewees characterised the research sites as extremely diverse, both with regard to residents' backgrounds and with regard to their attitudes and behaviour. Specifically, the research site was described by interviewee 4 as *"very segregated"* and *"full of immigrants [from different countries] speaking different languages"* . Interview partners 1 and 2 both mentioned that the research sites and adjacent neighbourhoods are different in terms of receptivity to health information, with interviewee 2 specifically contrasting the research site of Bergsjön with the nearby neighbourhoods of Gamlestan, Kortedala, and Kviberg: "*So I believe that people in Gamlestan, Kortedala, Kviberg, wanted to listen more. They were in the mood to talk. But in Bergsjön for example, 'no I don't want to talk about it, no I have enough information'*".

"Vulnerability" in the research sites: The target area of north-eastern Gothenburg was described as an area with socioeconomic challenges. The interviewees argued that many of the residents in the target area are poorly integrated with Swedish society. The interviewees use words and phrases such as "gap", "two cities" or "two societies" to metaphorically describe the remoteness between the general Swedish society and the target area. Interview partner 4 stated: *"Most of them (individuals in the target area) sit at home; they are not social, they don't go to work places, they are not close to anyone and don't get any information"*. All interviewees also argued that the target group often had little education and language skills, both in their native languages as in Swedish, as well as low health literacy. All interviewees emphasised the vast prevalence of distrust for Swedish society: Swedish politics, the Swedish media, the Swedish welfare system, etc. They indicated that this distrust tends to hinder proper integration, as well as the target group's ability to obtain important health related information. In addition, groups with migration backgrounds were repeatedly discussed as holders of incorrect information in regards to the pandemic, and as vulnerable to a large amount of disinformation and myths regarding the virus as well as the vaccine and the government's intentions with it.

Interviewee 2 discussed the feeling of exclusion among certain people in the neighbourhood, by sharing a story about a man who believed that only immigrant dense neighbourhoods were given the vaccines: *"For example, a man said to me, for example, that we only work in areas with migration background. So they thought that these areas with migration background are the ones taking vaccines, not Swedes."* Another circulating myth that the interviewees mentioned is that the Swedish government is testing the vaccine on immigrants, possibly with the aim of eliminating them. Other myths were that the vaccine contains a chip or that it may cause infertility, autism, menstrual issues, cancer, magnetism and electricity in the body, or death. Interviewee 1 further touched upon the subject of vulnerability by referring to the fact that people are hesitant to contact health services, fearing that authorities will consider them unfit parents and that their children will be taken away from them by social services: *"They're scared, actually, to contact doctors. They think that, what's it called, to take the children away from them… Ah! That the social services will contact them and take their kids away, if the mother contacts a doctor and a psychologist and so on."*

CSOs in the research sites: Since the interviewees were interviewed based on their very specific mission as "vaccination guides", employed by the regional and local authorities, not a lot of attention was paid to other potential CSOs in the area. However, the interviewees mentioned that the different roles of vaccination guides, health guides, cultural interpreters, doulas and similar positions, are clearly intertwined. They mentioned that these different roles could collaborate towards similar goals, as well as with other associations and medical centres working under similar conditions. Meetings were

arranged where they could get together and ask e.g. medical questions to medical professionals, as well as receiving support and feedback from peers. The vaccination guides/health guides/cultural interpreters/doulas, etc. also indicated that they and their colleagues had WhatsApp groups where they could help each other out.

3.8.4 COVID-19 impact timeline

Time period 1 (pre-vaccine): The Swedish Corona strategy differed quite a lot from other European countries with no obvious lockdowns. Thus, it is difficult to describe the impact of COVID-19 in terms of time periods defined by policy changes. In addition, the interviewees' mission as "vaccination guides" was initiated as the vaccinations launched. While three of the interviewees worked in a similar cultural interpretive/health guidance role before Covid, one did not. The section below will rather be described in terms of the vaccination guide work progressed from start and up until recently.

Time period 2 (post-vaccine): All interviewees argued that their and their "vaccination guide" colleagues' hard work paid off, and that the vaccination rates increased immensely since the initiative launched. There was a change of attitude towards vaccinations among the target group, from great scepticism to a larger amount of acceptance. The sub-area of northeast Gothenburg, Angered, is the area with the most significant increase of vaccination rates. Interviewee 2 said: *"For me, the best praise has been looking at the data. Before we started, perhaps 30% of the people living in the northeast had received vaccination. After two months of working with this, it was almost 50%"*. Similarly, interviewee 5 said: *"You know, in numbers, from 30 to 40 to 80 (percent), we can see an increase. Of course we are very happy for every person we meet that changes their mind and says 'I will take the vaccine' and calls us and asks where they can get vaccinated. Or: 'I want to book an appointment, can you help me?'. We become very proud and content."*

3.8.5 Local COVID-19 responses

Health and social services: During the interviews, interviewees mainly commented on their own performance and that of their colleagues; less attention was given to employers, i.e., the regional and local governments, etc. The interviewees generally agreed that the regional and local governments did a sufficient job working with the target groups in vulnerable areas. With regard to cooperation between governmental actors and CSOs, interviewee 1 mentioned having received effective informational support from the government – *"directly, you could give opinions and ask and get rapid replies"* – as well as support from other parts of the municipality: *"we did actually cooperate in various places, with other nurses and assistant nurses, in different localities throughout the whole north-eastern area"*. However, some interviewees also stated that inadequate attention was paid to these especially affected areas at the onset of the pandemic. For instance, interviewee 4 said that the regional and local governments needed to prioritise differently and *"start off strong in these areas."*

Risk communications and vaccination campaigns: With regard to risk communications, interviewees mentioned challenges in reaching certain groups within their neighbourhoods, stating that less-integrated groups often seek information via media sources from their home countries and/or via social media. For instance, interviewee 2 stated: *"Not everyone speaks Swedish, and not everyone is integrated in the society. Usually people might get information from friends or relatives in their home countries, for example. Or watch the home country's television, not Swedish!"* Language skills were mentioned as a barrier, as was lack of trust in Swedish society and authorities. Cultural barriers were also discussed, for example by interviewee 6, who mentioned that people with immigrant backgrounds

had more difficulties in understanding how to follow restrictions: *"[...] It isn't just the language, it is behaviour. They are raised in other countries. Also at the moment, many people are thinking in completely different ways, [some think] that there is no such thing as a virus or a pandemic or anything like that. They are thinking that this is just politics, since no one talks to them. Some are thinking like this. That is why, when you have this way of thinking, it is difficult to keep your distance. They do not think there is anything (a pandemic)."*

For this reason, all interviewees emphasised the importance of their working roles and how important it is for people with immigrant backgrounds to be able to communicate with someone with a similar background, to bridge cultural divides. Interviewee 2 stated: *"[Health guides] have a great network – that's number one. Number two, we can understand culture and how one thinks. That's very important!"* Interviewee 2 went on to state that translating materials into non-Swedish languages alone was insufficient – efforts also had to be made to communicate in a culturally appropriate way. Similarly, interviewees 4 and 6 emphasised the importance of bicultural competence and trust, with the latter stating: *"I believe that people from a migration background that have a good education and more information, they can affect more. Since I do not believe you can solve a 'Middle Eastern problem' in a 'Swedish way'. We have a large gap. And that gap exists here and now. So I believe that the ones organising, they have to make efforts, they have to come from a migration background but have a Swedish education."*

With regard to the vaccination campaign, the official communication about the vaccination campaigns in the target areas was handled by the regional and local governments. The interviewees, in their role as vaccination guides, handed out brochures, and also did improvisational "marketing" on their own to communicate about the campaign: for example, they used Facebook groups and WhatsApp groups to inform residents about upcoming events, available vaccination slots, as where they could meet up for talks/lectures in the area in coming days, etc. A lot of the communication was also performed face-to-face in a more private role, e.g., via reaching out to acquaintances in their networks, such as association members and neighbours. All interviewees found the overall information provided by authorities to be clear and sufficient, but argued that further culturally-appropriate adaptations and interpretations were needed. They understood their role as exactly to fill this gap. All interviewees spontaneously mentioned disinformation and myths regarding vaccines as a challenge, but they also testified to people actively contacting them in order to seek information, assistance in booking vaccine appointments, etc.

3.8.6 Voluntary and resident-led initiatives

Our expert interviews were conducted with vaccination guides, who were employed by the local government to support people with immigrant backgrounds in Gothenburg. They emphasize that it's important to share language or culture with people, so that they are willing to engage in conversations and listen. Local partners, e.g. from the Swedish Church or (secular or religious) Arab/Muslim organizations, were involved in the work, to reach an even larger group of people. Health "ambassadors" were further introduced to share reliable, correct information on COVID-19 within their networks. The interviewees further mentioned the advantages of their big networks within the community; people trusted them, and were much more accessible for information. Some interviewees further organized meetings to provide health information, while others created WhatsApp groups to support each other. They all agreed that without involving mediators who understood the culture and spoke the language, it would have been very difficult to create bridges between cultural divides.

3.8.7 Concluding evaluation

Drawbacks: The interviewees all evaluated their work as generally successful, though also as hampered by certain barriers, especially dealing with distrust and disinformation. However, several interviewees also mentioned the uncertainty of their employment situations and the uncomfortable working conditions as potential threats to the sustainability of the working role. For instance, interviewee 2 criticised the gig-based nature of the job as an impediment to retention: *"I can see that health guides need more responsibility and a higher position so that they can get more long-term work, and not just work hourly. They start working as health guides, today there's work, but tomorrow there isn't, so they look for another job. And they have to recruit new health guides all the time."* Similarly, interviewee 4 criticised the low pay, relative to the amount of risk and time commitment taken on: *"we work, you know, mostly outdoors. Sometimes at night, it's so cold out, at eight, nine PM [...] We have to risk all the time to be outside among people, and we have a family at home. It's not a lot of pay. It's not like they [employers] think a lot about us*."

Positive impacts/instances: Despite the above drawbacks, all interviewees expressed great pride in their work, and reconfirmed their commitment to it. They were especially proud that their work appears to have significantly improved vaccination rates in their neighbourhoods, among migration-background residents in particular. Interviewee 3 furthermore expressed satisfaction in the public recognition that the job had received: *"Especially lately, we've become better known, with different agencies and radio and television has focused more on our work."* All interviewees agreed that the role should be maintained, and indeed expanded, in the Swedish public health system, with interviewee 2 stating: *"I think that more responsibilities should be given to health guides. It is very important. They have a large network - that is the first thing. Secondly, we can understand cultures and how people think. And that is very important!"*

Changes to the community: No apparent changes to the community were mentioned, other than the aforementioned aspects of increased vaccination rates, changed attitudes, and an overall gain in awareness of and attention to health issues, the public health system, and health guides in particular.

3.9 United Kingdom: Wales (Swansea)

3.9.1 Interviewees

Interviewee 1 works as an engagement officer with BAME communities for a local municipal council in the Swansea area during the pandemic, from August 2020 onward; she also contributed in a decision-maker role to an engagement project for a local health authority. She identifies as a BAME woman from one of the deprived areas in Swansea.

Interviewee 2 works as an engagement officer in the West Wales region for a Welsh children's rights agency, focusing on building relationships with Gypsy, Romani, and Traveller people before and during the pandemic. She worked both directly with these communities in an advisory role, and as an advocate vis-à-vis policymakers and the public.

Interviewee 3 works as a community engagement officer in the Swansea area, working directly with many minority communities. He is known as a BAME community leader and advocate, and contributed to a Community Cohesion Plan that was aimed at diminishing social tensions and improving cooperation mostly in deprived areas.

Interviewee 4 is a policy researcher at a women's labour organisation in South Wales. She has contributed to several reports about the pandemic and gender issues, and has worked with the Welsh Government, local Councils, and companies to address and change gender disparities. Her work specifically encompasses intersectional disparities, particularly relating to gender and the family.

3.9.2 Spontaneous definitions of "community"

The preliminary analysis of Welsh CSO representative interviews did not focus on spontaneous definitions of "community". This theme will be analysed in the second iteration of this deliverable.

3.9.3 Local baseline conditions

General description of the research sites (e.g., before COVID-19): Interviewees 1 and 3, who work in a community engagement capacity, described the smaller deprived areas in Swansea County as characterised by strong bonds, articulated geographically but formed around identity factors such as gender, ethnicity, age, faith, and family histories of poverty. It is a region that has many deprived areas: in particular, the villages north and east of Swansea city centre are poor (e.g. Morriston, Clydach, Pontardawe, Blaen-Y-Maes, Langyfelach), as are some urban neighbourhoods in Swansea (e.g. Sandfields, Sketty, Townhill). Swansea Council support for deprived communities (in accordance with the Welsh Government statistic) had initially been organised around the themes of employability, health, and education, but in 2018, this changed to mostly employability. Interviewee 4 adds that digital access gaps are an area in these deprived communities: *"digital poverty become a very big issue, and they needed to redefine the digital poverty in the [redacted area in South Wales]'s woman's policies as well, like, how they are actually seeing it, and so on. This is, this is not only about home-schooling concern, but it's also the, the have women access to the online working environment, have women are applying for jobs?"*

Interviewee 2, who works primarily with travelling communities, reports that there are several GRT (Gypsy, Roma, Traveller) camps in West Wales (Pembrokeshire, Carmarthen, and Ceredigion); mostly Gypsies, a couple of Irish Traveller sites (around 20 in total), but not so many Romani. The Irish Travellers don't travel very often, but they are the most mobile of these groups. In Pembroke, GRTs are the largest ethnic minority. These areas are generally rather welcoming to GRTs, whereas the interviewee argued that in Swansea and Neath Port Talbot more stigmatisation and racism directed towards GRTs, but not nearly as much as in the Vale, Newport and Cardiff. The interviewee said that she's had a great bond with the communities and she feels like they are welcoming of her and trust her (e.g. she receives texts at Saturday evenings, which she is fine with, so it has become a 24/7 kind of job). She said that this is not the case in other areas where engagement officers aren't so helpful and many problems are not picked up on. Councils are alright in organising water and electricity and internet connections.

"Vulnerability" in the research sites: Interviewee 1 used the multiple deprivation statistic from the Welsh government to indicate marginalisation, and derives her working definition of vulnerability from it was well, though she makes the distinction between biological and social vulnerability. She holds that the State renders people vulnerable, but also that people are intrinsically vulnerable because of intergenerational ways of life that are strongly dependent on State aid, which is no longer sufficiently available. She noted that a group of marginalised people (with social vulnerability) in the deprived areas didn't like not being prioritised in the pandemic as vulnerability was focused biologically on age and clinical conditions. Interviewee 3 said that in their capacity as a community worker, he has seen

Swansea, Neath, and Port Talbot areas struggle with cohesion of the communities. He mentioned that there had been some tensions between certain communities, without specifying which ones. Finally, interviewee 4 focused on the gender perspective, mentioning that governmental labour policies that fail to recognise unpaid labour render women financially and economically vulnerable, especially during crises like COVID-19. All three interviewees confirmed that in relative terms, the research site has quite a few poor neighbourhoods; the pressures of poverty and right-wing populist agendas may have caused tensions.

Interviewee 2 spoke mostly to vulnerabilities among GRT communities, including legal discrimination and various economic conditions. The interviewee specifically criticised the new 'Police, Crime, Sentencing and Courts Bill 2021', which turns trespass from a civil into a criminal offence, allowing the police to arrest people who are Gypsies, Roma and Travellers (GRT) and confiscate their homes, if they stop in places that have not been designated for them. Vulnerability was furthermore understood by the interviewee as dependency on State aid., e.g., through benefits (universal credit). Women registered as single or widowed with children often receive benefits, which is their main source of income. The men in the communities have other income streams, but may also have some sort of relation or affiliation with these women. Children tend to not go to State schools after primary school. In Pembroke there is a special GRT high school, but this is an exception. GRT families tend to have families with 3-7 children living in single trailers or with a small additional structure, in which many children share rooms. If one family member gets ill, they cannot isolate and/or protect other family members from being infected. Poverty also meant that people didn't have the resources to make long phone calls (or be in a queue), nor could they necessarily use the internet to find things out about the pandemic measures. The interviewee helped set up a Facebook group that made the guidelines accessible for people with low telecommunications access and those who don't primarily use text to communicate (i.e., low literacy).

CSOs in the research sites: The interviewees are aware of numerous CSOs in the research sites, including foodbanks, BAME psychological health support, faith-based organisation (e.g., churches and the Swansea Mosque), and the organisation Travelling Ahead, which works with GRT communities. All interviewees work with other CSOs on at least an occasional basis, sharing knowledge and practices, including during the pandemic. For instance, interviewee 4 stated: *"we're already working with businesses to improve flexible working. So, we had guidelines already about how to how to make efficient flexible working and remote working […] our teams are quite busy during that time organizing webinars and doing most of those meetings and so on […] as an organization, we have been already doing flexible working, remote working, so we try to share our experiences with other organizations."*

3.9.4 COVID-19 impact timeline

Time period 1 (phasing in restrictions): Interviewees 1 and 3 spoke primarily to knock-on impacts in BAME groups within the research site. Interviewee 1 indicated that initially, there did not appear to be a significantly higher death rate within these groups, but there were increased reports of racist abuse, both in public spaces and online; interviewee 3 mentioned that economic impacts within these groups were also severe, especially as precarious employment in heavily-impacted service industries is common. Interviewee 4 added a gender perspective on this situation, stressing that that many women are key workers, or that many key workers are women, so they have faced a comparatively greater exposure than men. She cautioned against generalising the social category of 'women', though:

"When we're talking about women, there are lots of intersectional indicators that you can actually discuss, you know, which women? Like the keyworkers; keyworkers have very tough time, they scared of pandemic, they couldn't deal with their have families, that the schools just completely shut down, but they needed to work and so on, and the schools opened again, in later stages and so on, that was just the big problem. Then, you know, there are self-employed women, for example, they couldn't benefit from the self-employment schemes, the uptake of the self-employment help, for example, much lower amount of women than men. ONS statistics shows this, you know, 30% to 60%, something like that, or, you know, a little you know, there's a huge gender disparity there. So, you know, and if you look at the BME women's perspective, ethnic minority women's perspective, that's a completely different story because they are normally working in the low paid sector anyway."

Interviewee 2 mentioned that until November 2020, no GRTs believed they had caught COVID-19, and some felt like it wasn't real or that they may be naturally immune to it. During the lockdowns, many lost their income arrangements, so had to go on benefits; lots of the work and social activities outside the camp sites wasn't possible anymore, so major life changes took place. Women were mostly staying in or near their trailers, whilst men congregated on the sites.

Time period 2 (under restrictions): Interviewees 1 and 3 indicated that the knock-on effects first noticed in the initial phase of the disease worsened, with the former indicating that in summer 2020, when the news broke that BAME people suffered more disproportionately, and were thus seen as more vulnerable than white populations, remarks were heard in shopping centres and supermarkets, as well as on public forums such as Facebook, wherein white populations expressed frustration at the thought that BAME people would be prioritised over them. However, the interviewees also indicated that both CSOs and residents themselves began developing more effective coping strategies during this period; for instance, throughout the first and second periods, interviewee 1 worked extensively to organise and acquire funding for projects around health, wellbeing, and leisure, whereas interviewee 3 stated: *"so, what happened, you know, initially because there were no mechanisms, no systems in place, and when we established those mechanisms, have those systems in place. And what we have done – the resilience is there now – it kind of make sure that the community resilience there, and then we monitored those activities within the communities, and if they have any other issues, etcetera."*

Interviewee 2 mentioned that as restrictions became more severe, economic impacts in the GRT community did as well. Furthermore, in November 2020, the first people in the GRT community started to get ill and die, which was shocking to many, and which coincided with some people wanting to be vaccinated (mostly people older than 35 years old).

Time period 3 (phasing out restrictions): Interviewees 1 and 3 spoke positively about ongoing efforts to build resilience in vulnerable communities in the research sites, but cautioned that as the risk of disease itself recedes, the threat to the communities is now the narrowness and "temporary" status of the provisions made during the earlier stages of the pandemic, with interviewee 3 stating: *"say the businesses, they were given very targeted subsidies in support at the time, but again, will that support be still available? Like, houseless/homeless people, refugees and asylum seekers were specifically supported with resources for them to be accommodated. So accommodations are available, but, again, that's just that level of resources, and [now] support is no longer there, is not available. So, if, you know, you give that injection [of support] and then you take it back and suddenly it's not available, then you just kind of go to square zero, isn't it."* Meanwhile, interviewee 2 focused on vaccinations in the GRT community, indicating that as people continued to get sick and die, more people in these communities

have felt the need to be vaccinated; fortunately, mobile vaccination units have been organised to help fill this need directly at camp sites.

3.9.5 Local COVID-19 responses

Health and social services: Interviewees 1 and 3 said that many BAME communities in Swansea experienced problems of accessing critical health and social services. Especially GPs were impossible to get hold of, which prevented many people from reporting and addressing health problems. Interviewee 1 mentioned that the deprived areas had more accessibility issues (that she knew of) than the more economically thriving areas (richer urban neighbourhoods and villages in the West and on the Gower peninsula). However, interviewee 1 was quite happy with the way the Welsh government and the local Swansea Council responded to the pandemic; this is because she feels like everyone did the best they could with all the uncertainties, especially in the beginning, and that this extended to government officials. Also, it seems like she received funding for all requests she made. In the context of the greater South Wales region, interviewee 4 mentioned that maternity wards had to adapt, restricting services in a way that resulted in many women not having birthing partners, which was traumatic for many. Childcare services changing and closing was also difficult, especially for women, as they were generally the ones picking up these tasks. Interviewee 4 also stressed that gender violence did not end with lockdowns, indeed, in some cases it appears to have increased, with victims additionally unable to access support due to restrictions.

Focusing on the GRT target group, interviewee 2 stated that many GRTs couldn't go to the testing and vaccination sites, nor could they make an appointment for this. In Pembrokeshire, walk-in testing and vaccination vehicles were parked outside the sites for people to get tested and vaccinated; there wasn't a difference between genders. Due to limited phone call and text possibilities, mainly because people have limited credit and couldn't spend an hour on the phone waiting for a clinic to pick up (which was normal for GP clinics before the pandemic, but exacerbated hugely during the pandemic), many couldn't access a GP, so when ill, went straight to an emergency room. Also, according to the interviewee, whether or not social services were arranged properly for GRTs often depended on the individual in the engagement officer role in a given local county.

Risk communications and vaccination campaigns:

Interviewee 1 accepted that the local authorities didn't know very well what was needed, as also she found out about new vulnerabilities and issues along the way. For instance, the vaccination programme wasn't suitable for sex workers who work at night and can't come to the vaccination centres for all kinds of reasons (including being controlled), so CSOs organised to bring a vaccine van (the 'Imbulance') to the sex workers at night where they waited for business. This process of "learning on the job" also extended to language barriers in healthcare settings: the interviewer acknowledged that the existence of language gaps was already know before the pandemic, but suggested that this and other barriers came out more clearly during the pandemic, when BAME communities in particular did not come forward for testing and vaccination as much as local white populations. Interviewee 3 also discussed issues facing minority populations, specifically differing cultural norms: for instance, tricky situations came into being when people, such as shopkeepers or officials, did not realise that some 'rule-breakers' were refugees or asylum-seekers who had been used to other sets of rules and norms. The interviewee noted that it was left up to shopkeepers and other establishment holders to ensure that their patrons stuck to the rules, so they had to make a conscious efforts to teach 'rule-breakers' – otherwise they would be threatened with being shut. Interviewee 4 addressed gendered

aspects of risk communication, arguing that what were conceived of as the “risks” of the pandemic were not always aligned with what women experience as risk – the main element being the loss of the vital support networks that women tend to build around them and depend on, especially when they have families with small children.

Interviewee 2 emphasised that assumptions that underpinned the risk communication campaigns of the Welsh government did not adequately address the fact that GRT families tend to have families with 3-7 children in living in single trailers or with a small additional structure, in which many children share rooms, and in which certain recommended behaviours, such as isolation from infected family members, are functionally impossible. The interviewee also criticised the campaign materials as “wordy” and inadequately visual (e.g., inappropriate for low-literacy target groups). Furthermore, the interviewee acknowledged that historical mistrust of authorities and different value systems that come with having a different culture reduced the positive impact of the campaigns. Although CSOs attended weekly and monthly meetings with the Welsh Government to make changes to the way GRT communities were addressed and governed, the interviewee said that these meetings seemed to yield very little change for the better. CSOs sometimes took their own initiative to supplement governmental campaigns: for instance, the interviewee’s group set up a (private/restricted) Facebook page that enabled the usage of voice-messaging for people who couldn’t read or write very well.

Interviewee 1 also explicitly addressed the role of CSOs in supplementing governmental risk communication and vaccine campaigns, stating that when it became apparent that adequate information wasn’t available in all necessary languages, the Swansea Mosque worked to fill the gap. First, they organised a broadcasting system for guided prayers before, after, and during Ramadan that enabled people to better exercise their faith while remaining in their homes during the lockdowns. Later, when it became apparent that BAME people and Muslims amongst them did not follow up on vaccination invitations because of misinformation (e.g., the vaccine being haram, i.e. containing pork, making people ill, or implanting people with microchips), the Mosque promoted the vaccine by providing correct information. The interviewee also mentioned the ‘Tell Me More’ campaign in Swansea and Neath Port Talbot, in which community leaders were video-recorded getting the vaccine and explaining why it was good.

3.9.6 Voluntary and resident-led initiatives

In Wales, COVID-19 responses were not only organized on national, municipal, and sub-municipal level; they were also established on community level, including communities of practice, socio-cultural and ethnic backgrounds. Besides existing organizations, multiple grassroot initiatives launched regular information briefings on different topics, including pandemic measures or vaccinations. Moreover, through blogs people shared their thoughts about the pandemic situation, but also provided information on activities during the lockdown. The Welsh government supported such volunteer activities and increased their opportunities through financial support.[57] Moreover, some initiatives were launched to express concerns about the vulnerability of certain groups, as for example people with learning disabilities.[58]

One interviewee from our expert interviews explained that many initiatives popped up from faith-based communities, addressing poverty and clinical vulnerable people. For instance, the Swansea

[57] Third sector resilience fund for Wales - WCVA.

[58] Joint response to Coronavirus outbreak across Wales - Learning Disability Wales (ldw.org.uk).

Mosque Foodbank not only made over 2000 food parcels available for people in need; they further supported the vaccination progress among their community. With a mobile van, they reached people who could not come to a vaccination center and offered vaccines. As a response to misinformation, they further used the Mosque's broadcasting system to promote the vaccination. The interviewee further mentioned that community leaders were producing videos to explain the purpose and need of getting vaccinated.

3.9.7 Concluding evaluation

Drawbacks: All interviewees indicated that COVID-19 had aggravated certain existing (intersectional) inequalities and power disparities. For instance, interviewee 1 returned attention to the issue of discrimination, mentioning how incidents of racist abuse were seen to increase. Interviewee 4 argued that the pandemic increased the inequities between men and women regarding their work progression and career prospects, as women incur larger domestic labour burdens on average, and sometimes have had a harder time flexibly working from home. Conversely, interviewee 2 noted that in GRT communities, the impositions of restrictions did not reify existing social roles, so much as alter them in destabilising ways: the traditional, largely gendered roles from before the pandemic were strongly limited during the lockdowns, as they entailed going offsite to gain income by e.g. collecting and selling scrap (men) and cleaning (women). This limitation drove many people to become newly reliant on benefits, which they did not like, as they felt as if since they don't contribute to the State (via tax), they should not receive anything from the State.

Positive impacts/instances: All interviewees indicated that COVID-19 had increased consciousness of the critical importance of caring human relationships in modern society, as well as of the diversity and complexity of such relationships. For instance, interviewees 1 and 3 both testified to instances in which vulnerable community members were helped by volunteers, CSOs, or ordinary neighbours in ways that would not have necessarily been expected before the pandemic, and that the willingness to help was not necessarily dependent upon having extensive resources oneself. Interviewee 1 mentioned that particularly vulnerable people considered and envisioned others more vulnerable than them to the extent that a poor, single, shielding person with a small social circle returned a food parcel dropped off at her place as they felt they couldn't accept it because 'others had it worse and needed it more'. So it seems like she noted changes in how people considered themselves vulnerable and were more aware of how vulnerability, deprivation, and marginalisation were part of Welsh and Swansea society.

While patterns of interaction likely differed in GRT communities, Interviewee 2 confirmed that there were also instances of very effective responses facilitated by public-private cooperation: for instance, interviewee had a quick and direct line to the vaccine equity manager in Pembrokeshire and Carmarthenshire which allowed her to rapidly report issues and resulted in the testing and vaccination teams being parked outside the sites on several occasions. Up to 90 people were vaccinated in one instance, which would not have happened otherwise according to the interviewee.

Interviewee 3 indicated that such spontaneous outpouring of solidarity from organisations and ordinary residents alike had a significant emotional impact and resonance: *"And the most vulnerable families have been provided help by someone within the neighbourhood by that family, they were not relatives, but because they thought that's their responsibility to go out and help and support. And there are so many other examples, say, SCVS [Swansea Council for Voluntary Service] had, I think, more than 1000 volunteers, you know. People come in, and just volunteer. There are people who need food delivery, because at once we had requests coming in from the Welsh government and the local*

authorities; food parcels to be delivered, but we didn't have the resources. So people just came in, saying 'Oh, we don't mind, just give it to us'. They came in and said 'Okay, we will deliver'. So, you know, those are the kind of individuals who came forward, and then there were some kind of small community groups, etcetera. In some organization they come together and then say 'Look, we need to be doing something'. So, it was very much kind of, you know, very much a different way of showing community resilience, that, you know, people just wanted to help and support each other. It was beautiful, honestly, it was so beautiful, you know."

Finally, several interviewees also indicated that the pressures of the pandemic forced positive operational changes within their own and other organisations, as well as potentially within society as a whole. For instance, digitalised services, while subject to their own set of access barriers, can be convenient for many residents, as well as for CSOs themselves; care must simply be taken to ensure that alternative pathways are kept available. Speaking from a gender perspective, Interviewee 4 gave a detailed analysis of the potential impacts of online work, arguing that new arrangements can meaningfully benefit some vulnerable groups, but that thought must be given to unintended consequences and trade-offs: *"One thing that I want to highlight, though, like flexible working, some people really liked, like, working at home, and it's really benefited some people, particularly disabled women, because they can't access workplaces anyway. But at [redacted organisation name], we have been campaigning for flexible working remote working a job working for the young, because this is this is how we need to organize our workspace from a gender perspective as well to just you know, meet the needs of different groups and so on, particularly the women, because they're still burdening them much of the childcare and so on. So they need more flexibility."*

Changes to the community: Interviewees 1, 3, and 4 suggested that the pandemic has likely changed the (geographically situated) reference communities in various ways, whereas interviewee 2 was more sceptical of whether it had done so for the GRT community. Interviewees 1 and 3, for instance, suggested that new patterns of mutual support and joint action within BAME and Muslim communities appear to be sustainable. Interviewee 1 remarked on the (re)invigorated community feeling that the pandemic has prompted, and suggested that the community has held on to that feeling by setting up projects around health, wellbeing, and leisure (e.g. yoga and swimming groups for Muslim women in Port Talbot). Similarly, interviewee 3 argued that new digital offerings that allowed Muslim people to attend the religious services in their own home and feel part of their religious community were profound, insofar as they will allow vulnerable, frail people, or people who cannot join services in the Mosque for other reasons, to attend services; in the interviewee's opinion, these offerings seem like something that will be kept beyond the pandemic. Conversely, interviewee 2 was sceptical as to whether the pandemic will yield sustainable positive changes for the GRT community: according to the interviewee, the GRTs still are not properly heard by the councils or Welsh government, neither of which seems to take the time to understand and care properly for these people and their culture. Furthermore, the potentially deleterious 'Police, Crime, Sentencing and Courts Bill 2021' is still planned to go ahead, which will further structuralise GRT vulnerability in the face of future crises.

4 Discussion

4.1 General comparative discussion

Comparative analysis of the CSO interviews conducted to date allows for the identification of several similarities across the countries and sub-national sites studied, as well as certain differences. The experiences and perceptions of the CSO representatives are summarised below.

4.1.1 Local baseline conditions

In relation to the **research sites prior to COVID-19,** the majority of CSO representatives interviewed characterised the neighbourhoods in which they work as 1) highly diverse; 2) socioeconomically disadvantaged vis-à-vis municipal and national averages. With regard to diversity, interviewees described the research sites as home to residents with a wide range of ethnic, cultural, linguistic, and sociodemographic backgrounds; only in a few cases did interviewees describe the sites as ethnically homogenous. In specific, experts from Austria, Belgium, Germany, Italy, Sweden and Wales predominantly reported working almost exclusively in multinational and multicultural communities, whereas experts from both Greece and Portugal reported working in both multinational/multicultural communities and majority-Greek/Portuguese communities. With regard to socioeconomics, many interviewees described the research sites as marked by indicators of disadvantage, such as below-average incomes; above-average unemployment and/or precarious employment; dense living conditions; houseless/homelessness and/or precarious housing situations; physical and/or psychological health disparities; digital divides; simultaneous dependence upon, and imperilled access to, state and non-state social services; and lack of social integration and/or cohesion. Research sites appear to differ somewhat with regard to socioeconomic diversity: some interviewees described disadvantaged conditions as predominant within their neighbourhoods, whereas other interviewees described an 'uneven and combined' socioeconomic condition in which entrenched deprivation co-existed side-by-side with gentrification. Research sites also appear to differ somewhat with regard to social integration/cohesion: some interviewees described certain social groups within their neighbourhoods as not integrated into the dominant society, and/or as socially fragmented/atomised, whereas other interviewees described the neighbourhoods in which they worked as highly cohesive, e.g., bound by shared identities and/or experiences (albeit sometimes experiences of deprivation).

The CSO representatives' observations regarding diversity and socioeconomic deprivation directly connected to their observations regarding **vulnerability in the research sites**. CSO representatives tended to define "vulnerability" with reference: 1) to the specific groups with which they worked; and 2) with reference to other specific groups in the neighbourhoods in which they worked. Examples given of **specific vulnerable groups** included refugees, asylum-seekers, and other migrants (lack of local language skills and other integration challenges); economically precarious residents; houseless/homeless and precariously-housed residents; people with physical disabilities; women in high-risk situations (societal gender disparities, gender violence, etc.); children and minors in high-risk situations (houseless/homelessness, domestic violence, sexual abuse, unaccompanied migration, etc.); chronically ill people; elderly people; addicts; etc. In many cases, interviewees reported working primarily with one or two such groups, providing 'secondary' support to a circle of overlapping groups, and working in neighbourhoods in which nearly the entire range of such groups can be found.

Beyond providing examples of specific vulnerable groups, many interviewees across multiple countries identified **individual and group-level risk factors that contribute to vulnerability**. These factors include material deprivation (e.g., low and/or precarious income, no or precarious housing, lack of access to quality food, etc.); lack of access to social and societal resources and institutions; experiences of ethnic and/or gender violence and abuse; physical and/or psychological illness or lack of wellbeing; old or young age; experiences of harmful dependency (on substances, a partner or group, the state, etc.); communication barriers (e.g., lack of fluency in the official language, low literacy, vision or hearing impairment, etc.); parenthood of special-needs or at-risk children; single parenthood; lack of active and robust familial and social networks; and lack of meaningful integration into mainstream society in general. Some interviewees furthermore identified structural conditions that inculcate and perpetuate such risk factors: these include entrenched socioeconomic, ethnic, and gender inequality; challenging labour market and housing market conditions; highly bureaucratic institutions, especially social welfare and immigration systems; inadequate public health systems; and active discrimination and violence on grounds of gender, ethnicity, national origin, etc. Some of these conditions were framed as primarily local (e.g., bad housing availability, bad infrastructure), whereas others were framed as national or even European in scope (e.g., discrimination, ineffective immigration systems).

It is striking that several interviewees across countries **framed vulnerability as inherently intersectional**: 1) they often noted that vulnerability factors tended to co-occur and overlap, sometimes causing and/or aggravating one another, e.g., socioeconomic deprivation and poor physical and psychological health; 2) they sometimes suggested that the societal conditions that perpetuate vulnerability were also structurally interlinked, e.g., socioeconomic, ethnic, and gender inequality.

With regard to **CSOs and the research site during COVID-19,** the majority of interviewees indicated that CSOs, including their own and others, played a critical role in the research sites. As mentioned in Section 3, the CSOs represented included organisations providing various types of material support (e.g., housing, food, etc.); physical and psychological health services; women's services; children's, youth, and family services; services oriented toward refugees and other migrants; services oriented toward ethnic and linguistic minority populations; etc. In specific, in Austria, the CSOs represented provide social educational services (language courses) and attend the needs of citizens living in poverty. Similarly, in Belgium, the CSOs represented offer assistance to individuals that face health and societal challenges linked to poor healthcare and living conditions, including cases of domestic abuse. In Greece, the CSOs represented provide health and social services, such as support to undocumented migrant groups, including victims of domestic abuse and sexual abuse, often children. The CSOs represented in Germany, Italy, Portugal, Sweden, and Wales also work to accommodate the healthcare and societal needs of their beneficiaries, which in most cases include overcoming barriers to social integration. Most interviewees indicated that their CSOs provided multiple types of service. This was especially true in the worst phases of pandemic, during which CSOs were sometimes required to act in an ad-hoc manner to answer their target groups' urgent needs, regardless of whether these fell under their original scope of activity.

The interviewees made it clear that CSOs have not worked in a vacuum: on the contrary, they have cooperated extensively with each other, as well as with local authorities and everyday residents, to fill the gaps in the governmental welfare and healthcare system revealed by the pandemic. They did so by: 1) assisting people in overcoming access barriers to governmental services; and 2) providing additional services, often including on-site and/or mobile/door-to-door healthcare; counselling; accommodations; and distribution of basic necessities (food, hygiene equipment, clothes, etc.). CSOs

were also active in awareness-raising initiatives, often distributing governmental communications materials and sometimes also creating their own campaigns on health-protective behaviour, strategies for improving psychological and social wellbeing, vaccine safety, etc.

4.1.2 COVID-19 impact timelines

After discussing conditions in the research sites prior to COVID-19, the interviewees were asked to discuss how the pandemic unfolded in their neighbourhoods/cities, as well as the local impacts of response measures taken by governments and others. As anticipated, the details differed widely from site to site. However, some broad cross-site trends were visible, which follow below.

During the first time period (phasing in restrictions), interviewees in all countries reported the quick onset of widespread confusion in Winter/Spring 2020, as well as, to a certain extent, fear, which intensified once case numbers and death rates began to increase in Spring. The simultaneous impact of the pandemic itself and restrictive policies implemented in response to the pandemic quickly made life harder for the represented CSOs' target groups: interviewees reported witnessing rapid increases in job loss and precarity, material deprivation, homelessness, physical and psychological illness, and social isolation. In some cases, interviewees also reported gradual increases in second-order effects such as discrimination, up to and including verbal abuse and even physical violence. These issues were aggravated by the restriction of in-person access to critical governmental services: in some cases, access by telephone remained possible, whereas in other cases, telephone access also fell away, leaving online access as the only option. This naturally posed a significant challenge, as the same vulnerable groups that require such services often lack digital tools and skills.

For some CSOs, these negative impacts drove an immediate increase in the number of residents requesting their services. For other CSOs, the same impacts led to a temporary drop-off in contact rates, precipitated by a combination of negative factors such as uncertainty regarding social contact and PPE regulations, fear of contagion, and increased time stress. Over the medium term, however, contact rates appear to have intensified for the majority of CSOs. In addition to an increase in demand from their primary target groups, many interviewees reported new pressure to provide services outside their organisations' traditional scopes of activity: for instance, provision of basic material assistance, housing assistance, etc., including to individuals who did not need such services prior to the pandemic. Finally, many interviewees reported an increase in requests for assistance in accessing governmental services, which had previously been accessible in-person, but which had moved online in response to restrictions (thus imposing new access barriers).

For most interviewees, the consequence for their organisations was a significant increase in both workload and stress. Several factors compounded CSO stress burdens, including: confusion as to the ever-changing status quo with regard to both the pandemic itself and governmental regulations; the difficulty of bringing services online; the difficulty of shifting staff from a work-in-person to a work-from-home model; illness, burnout, or other challenging personal/familial circumstances among staff; an oversaturated information environment; ineffective channels of communication with relevant governmental authorities; etc. In some cases, overcoming these challenges required building entirely new workflows and skillsets: for instance, staff at some small CSOs had never been provided with work laptops or digital training prior to the pandemic, making the shift to home-office a major financial and logistical hurdle. For CSOs that were permitted to maintain in-person services even as restrictions were phased in, other sets of challenges arose: for instance, poor availability of PPE and tests; difficulty in convincing clients to comply with health-protective guidelines; the stressful task of balancing their

clients' needs against their staff members' own health considerations and anxieties; etc. Several interviewees remarked on the fact that first-line practitioners who work with vulnerable groups are themselves often vulnerable – not only on a health level (e.g., increased risk of exposure to COVID-19), but also sometimes on a social level (e.g., more likely than average to be female, belong to an ethnic minority, earn an insufficient income, work under precarious conditions, or suffer from other structural inequalities).

Due to this spectrum of challenges, several interviewees described the first few months of the pandemic as the most challenging phase for their organisations. As the pandemic progressed, many interviewees indicated that their organisations adapted more quickly than had been expected: they established more or less successful continuity plans for their services, intensified their cooperation with both governmental authorities and other CSOs, and/or experienced an increase in both recognition and assistance from the general public, in the form of volunteering and/or (in relevant cases) donations. Nearly all interviewees confirmed that the efforts of CSOs were vital to safeguarding the wellbeing of their target groups and the research site communities in general.

During the second time period (under restrictions), both the represented CSOs and their target groups continued to encounter the above spectrum of adaptation challenges. In many interviewees' accounts, as restrictions reached their apex, the impact on their target groups became quite severe. In countries that implemented total or near-total lockdowns, interviewees reported that their clients increasingly suffered from social and material deprivation. A rule of thumb appears to be that the impact of lockdowns was worse for those with more pre-existing (intersectional) vulnerabilities: concrete examples of 'most vulnerable' individuals cited by participants include precariously employed single parents of special-needs children; irregular migrant sex workers at risk of domestic violence; precariously-employed and/or precariously-housed support-group attendees with shallow social networks; etc. For such 'most vulnerable' individuals, who already faced complex, multi-layered, mutually reinforcing barriers to accessing support, the retrenchment of services and imposition of social contact restrictions – or even mandatory hygiene measures – sometimes appears to have been 'the straw that broke the camel's back'. An additional complicating factor was that social contact restrictions not only closed off the channels by which many of the 'most vulnerable' accessed institutional support, but also cut them off from any informal support networks to which they might have turned as a back-up. In brief, for some of the 'most vulnerable', the pandemic precipitated a near-total failure of formal and informal safety nets.

Interviewees described their own professional experiences as restrictions reached their apex in more mixed terms. On the one hand, some interviewees indicated that their CSOs began to adapt more quickly than anticipated, effectively digitalising some services and implementing health-protective procedures to enable other services to continue or resume face-to-face. Some interviewees reported particular success in using mobile-first channels, such as WhatsApp and TikTok. Many interviewees reported iteratively developing adaptive strategies that responded to the concrete needs of their target groups in increasingly effective ways: for instance, in Greece and Wales, interdisciplinary mobile response units were formed to provide material and health assistance (and later, vaccines) on a street-level/door-to-door basis. In several sites, interviewees also reported engaging in new, sometimes unprecedented types of cooperation with an increasingly wide range of organisations: different norms and communications procedures sometimes made this complicated, but when it worked out, it was professionally rewarding as well as effective.

On the other hand, CSO workloads appear to have continued to increase across all research sites: this was a result of both the increasing volume of needs and the imposition of new steps in all stages of workflows (e.g., hygiene measures, tests, etc.). Here, it should be noted that many interviewees, especially those providing direct material or health assistance, reported that digitalisation was not a silver bullet: it was critical to continue face-to-face and street-level work with as few interruptions as possible throughout the pandemic. Several interviewees indicated that maintaining a lifeline to their clients in whatever ways possible was crucial in order to prevent them from falling through the gaps, in the knowledge that once that occurred, restoring contact might prove impossible. In some cases, governmental policies made this difficult: for instance, a practitioner in Austria indicated that some clients who received a positive COVID-19 test dropped off the radar rather than complying with quarantine, even if this meant losing access to services. Less extreme examples were reported in several sites: for instance, clients rejecting hygiene procedures or the use of PPE, etc. In some cases, this led to tension with staff members or other clients – which staff members were expected to mediate (often in the absence of mediation training).

During the third time period (phasing out restrictions), interviewees could be observed to fall increasingly into two camps: those saw the above spectrum of challenges recede somewhat due to the introduction of vaccines and phasing-out of restrictions, and those that reported that many of these challenges persisted to a substantial degree. The former outnumbered the latter: for instance, many interviewees reported improving cooperation with authorities over the course of the pandemic – particularly with regard to vaccination efforts, which the majority of interviewees regard as having been mostly successful. Vaccines have allowed the majority of the CSOs represented to at least partially resume their traditional (face-to-face) services. Many interviewees furthermore acknowledged the acquisition of new digital skills and literacy as an indirect positive consequence which stemmed from the challenge of adaptation to distance work; many also reported that the adoption of hybrid working models, in which bureaucratic operations and some non-critical interactions are digitalised, has made their CSOs more efficient. Finally, many interviewees identified the rejuvenation of solidarity and social cohesion between a variety of actors within local communities as another highlight of this phase. However, there was by no means a consensus among interviewees that ‘the crisis had passed’, nor that we have arrived at a (more or less acceptable) ‘new normal’. For instance, many interviewees expressed persisting professional and interpersonal challenges within their organisations and teams; endless frustration with shifting governmental legislative and risk communication approaches; anxiety as to the long-term psychosocial effects of restrictions and new communication behaviours, etc. For a minority of interviewees, such frustrations and anxieties dominated the remainder of the interviews.

4.1.3 Local COVID-19 responses

After being asked to narrate the local impacts of the pandemic chronologically, the interviewees were asked targeted follow-up questions about specific topics: local access to (health and) social services, local implementations of risk communication campaigns, and local vaccination campaigns.

Many of the represented CSOs reported offering both **social services and health services**, particularly if the latter are interpreted broadly as including psychological support: a trend visible in multiple research sites is that regardless of their original scopes of activity, CSOs were expected by their clients to perform some level of ad-hoc counselling work, in order to help alleviate the psychosocial impacts of isolation and stress. Many of the social-service-focused CSOs interviewed furthermore reported

working in close cooperation with governmental health authorities and/or physical and psychological health experts from local institutions, especially with regard to psychological health awareness initiatives and COVID-19 information dissemination.

Nearly all interviewees reported that the contribution of CSOs was crucial to the maintenance of a base level of wellbeing in their countries, cities, and neighbourhoods. On the one hand, CSOs supported governmental health and social services both by filling gaps: they did so both in 'ordinary' ways (e.g., operating shelters and food banks, providing counselling and legal support) and 'extraordinary' ways (e.g., interviewees in Spain reported distributing prepaid SIM cards). On the other hand, CSOs also supported governmental services by empowering the 'most vulnerable' to overcome access barriers, which the imposition of social contact restrictions had severely aggravated. CSOs fulfilled these system-critical functions on an individual level, in networks with other CSOs, and in cooperation with authorities themselves; they moreover did so on local, regional, national, and sometimes European levels (e.g., interviewees in Greece who focused on domestic abuse reported cooperating with the European Anti-Violence Network as well as the responsible national ministries). In many cases, interviewees linked the gaps in governmental health and social services to a lack of personnel, protocols, resources, and training; however, in some cases, interviewees indicted authorities for neglecting the needs of particular vulnerable groups.

A similar evaluation pattern held with regard to **risk communication**. A majority of interviewees provided a mixed assessment of governmental risk communication efforts. On the one hand, many praised the intentions behind the campaigns, as well as certain aspects of their implementation: practices that were lauded in particular sites, for example, included running multilingual and multichannel campaigns from the start, making special efforts to reach out to minorities by recruiting community leaders as 'ambassadors', working in cooperation with local CSOs to directly reach those marginalised groups to whom they have access, etc.

On the other hand, many interviewees reported feeling overwhelmed by the seemingly constant barrage of information, assessments, recommendations, and restrictions, which in many sites often seemed to vary week by week, and town by town. In the worst cases, governmental messaging was perceived as inconsistent, or even self-contradictory. Some interviewees further criticised governmental campaigns for neglecting certain marginalised groups, such as persons with disabilities or cultural minorities. Regarding the tone of messaging around regulation compliance and particularly vaccines, interviewees were split: some called for a hard line against sceptics/resisters/rejectors, while others recommended a less prosecutorial tone, arguing that messages that alienated certain parts of the population would only reinforce their non-health-protective behaviours.

Regarding the role of CSOs themselves, a majority of interviewees indicated that their organisations primarily helped distribute risk communication materials and amplify messages developed by governmental health authorities. A minority, however, indicated that their organisations developed semi-autonomous parallel campaigns: case by case (and depending on organisational resources), this could entail anything from writing inspiring messages in chalk on local sidewalks, to regularly posting tailored social media content, to operating 24/7 helplines oriented toward specific vulnerable groups.

Finally, with regard to the **vaccination campaign**, CSO representatives were generally positive toward governmental efforts. In many cases, CSOs took an active role in promoting vaccination campaigns among their target groups; in some sites, this extended to operating mobile vaccination teams. In general, interviewees were especially positive toward initiatives like mobile teams, which sought to

proactively meet specific vulnerable groups 'where they were', rather than placing the burden of initiative on them. As with risk communication in general, nearly all interviewees highlighted the importance of providing clear, targeted information to combat misinformation, including specific myths that circulated within particular communities (e.g., in Sweden, the notion that the government was testing vaccines on migration-background residents).

While the topic of vaccine rejection did not assume a prominent role in many interviews, a few interviewees expressed contrasting views on the subject. As mentioned above, some called for a more 'humane', less prosecutorial approach to vaccine sceptics/resisters/rejectors; others, however, reserved their harshest criticism for these segments of the population – and especially for the minority of health experts and healthcare personnel who cast public doubt on the safety or efficacy of vaccines, thereby undermining the efforts of the majority of practitioners in the field.

4.1.4 Concluding evaluations

Many interviewees felt as if their **organizations were tested by the pandemic**, and had proven themselves as able to adapt in order to provide a tailored response towards their target groups, neighbourhoods, and societies. These interviewees often reported that the **transition towards digital working methods** had improved the efficiency of certain practices within their organisations, and in some cases had also improved the accessibility of services to vulnerable individuals (though in other cases, digitalisation was regarded as an insufficient solution, as it aggravated existing digital divides). In specific, interviewees in Austria suggested that while digitalisation was challenging, certain ad hoc solutions, such as the use of particular digital channels for particular tasks, had proven quite effective, and would be continued post-pandemic. Similarly, interviewees in Belgium suggested that the pandemic was an important opportunity to reflect on the working methodology of CSOs, which allowed them to improve themselves in order to become more effective and resilient. Interviewees in Portugal and Spain also praised the acquisition of digital skills by both CSOs and residents as an outcome of the efforts to adapt in the new status quo.

On a more general social level, many reported that **feelings of solidarity** and a **sense of community** were intensified, both between different CSOs and between CSOs and the general public. Several CSO representatives from a variety of countries such as Spain, Greece, Portugal, and Wales indicated the significance of togetherness and solidarity, which have enhanced human relations within their communities while raising awareness of vulnerabilities and risks.

Many CSO representatives concurred that the pandemic would have some **long-lasting societal impacts**, such as increasing use of information and communications technology in day-to-day life and an increase in the number of services that are provided at a distance. The representatives expressed mixed opinions as to the durability of other local impacts of the pandemic and response measures. In specific, CSOs in Austria, Sweden and Wales firmly believe that no radical changes took place in a local context, whereas in contrast, their colleagues from Belgium, Greece, Italy, Spain and Portugal have identified the following changes: in Belgium, the negative psychological effects of the pandemic and resulting periods of isolation, particularly on young people and the elderly; in Greece, changes in the behavioural patterns of citizens and healthcare facilities, e.g., avoidance of crowds and wearing a mask in social gatherings, even after the end of lockdowns; in Italy, higher volunteer participation rates, increased donations, and overall increased appreciation of community and solidarity, but also a potential chilling effect of social distancing on social relationships; and in Portugal, mid-term (but likely

not long-term) negative impacts on psychological health and alterations in patterns of social interaction.

4.2 Focus on local impacts of governmental responses, including unintended impacts

A majority of the CSO representatives interviewed across the target research sites reported at least some degree of cooperation with governmental actors on a local level. Interviewees gave varying assessments of the local impacts of governmental responses. Nearly all interviewees expressed critical viewpoints, with some identifying extensive weaknesses and failures; however, many interviewees also praised certain governmental actions in their cities/neighbourhoods, as well as identifying positive lessons learned for their organisations and for society as a whole.

The weaknesses and failures identified by interviewees included systemic weaknesses in healthcare provision and communication; unintended impacts of response measures; lack of support towards CSOs; and the implementation of measures that (sometimes unintentionally) hindered CSO activities. With regard to healthcare provision and the unintended impacts of response measures, many criticisms related to **lack of access/capacity** on the one hand, and **negative psycho-social impacts of socially restrictive measures** on the other. Some identified these as interlinked, for instance, within the context of elderly care homes or hospitals. An example is that in Austria, interviewees reported that one negative impact of travel and immigration restrictions was that migration-background healthcare and elderly care workers who had temporarily left the country prior to the pandemic were not allowed back in; the impact of this problem on elderly people suddenly left without a caregiver went unnoticed for some time. Austrian interviewees also reported that contact restrictions imposed an additional barrier on vulnerable individuals who depended on CSO services. In Italy, interviewees report that the regional healthcare systems experienced fragmentation and lack of robustness both negatively impacted the local communities. In Belgium, some CSO representatives emphasized "inhumane" conditions in long-term healthcare facilities, due in particular to the imposition of restrictions such as prolonged isolation, which causes socio-psychological damage. In Greece as well, CSOs suggested that the respective authorities neglected to amend hospital visitation protocols, resulting in severe negative psychological impacts on patients and their families alike. Negative psychological impacts were also observed in the wider public due to the imposition of lockdowns, particularly among young and elderly residents, who may rely more on certain types of close human interaction. CSOs furthermore reported that in some cases, pandemic-related measures forced the permanent closure of businesses, introducing another layer in the health-humanitarian crisis. Generally, CSOs highlighted the challenging nature of attempting to implement social control measures that reduced transmission and exposure while simultaneously enabling the continuing provision of critical services, and indicated that **a more "humane" approach** should be sought in relation to COVID-19-related policy making processes.

Several interviewees across multiple countries also criticised governmental responses for **lack of attentiveness to CSO needs**. In Italy, CSO representatives were rather critical of limited or weak governmental support at the local community and municipality level, whereas interviewees in Austria reported a feeling of having been abandoned by authorities on the federal level. CSOs in both countries noted the large number of ministerial decrees released, observing that it was often difficult for CSOs to adapt. The drawbacks that were reported in Portugal, bear similarities with the communities of the aforementioned countries, as interviewees report the lack of a consistent strategic plan, insufficient communication, and restriction of CSO activities. Moreover, CSOs reported delays in services and

information exclusion, fake news, sensationalism in information dissemination, and a lack of a central representative leading figure, as well as in certain cases discrimination by social and health services, particularly for patients with chronic diseases. In addition, some CSOs express their concerns regarding the uncertainty of their employment status quo in the future, emphasising that the system should not neglect the importance of healthcare experts, particularly since they have been working long hours in a stressful environment and have a high risk exposure to the virus.

Regarding positive impacts of the pandemic and governmental responses, many interviewees suggested that the **implementation of simple health-protective measures has saved lives**, indicating a positive change in the day-to-day modus operandi of healthcare professionals and visitors. For instance, in Greece, interviewees highlighted the importance of implementing and normalizing health-protective behaviours such as wearing a mask and basic hand hygiene, which have likely prevented deaths from seasonal influenza as well as from COVID-19 among elderly target groups. A related positive impact noted by many interviewees was increasing **attention paid by policymakers and the public to the multifaceted needs of vulnerable groups**, which can be interpreted as an indirect positive impact and could conceivably lead towards beneficial long-term changes within the realm of health and social provision services.

Assessments of governmental risk communication and information management were also mixed. As mentioned above, in Italy and Austria, interviewees felt **overwhelmed by seemingly constant shifts** in the “official line” communicated by the relevant ministries. A **lack of clear and sufficient information** was also reported by CSOs in Sweden, some of which felt as if the burden was placed on them to deal with the impact of fake news and disinformation. Some CSOs also reported that minorities (e.g., BAME) experienced an **increase of racist abuse** incidents both on virtual spaces and in the public, which indicates the impact of inadequate risk communications and information management.

4.3 Focus on voluntary and resident-led initiatives

The COVID-19 pandemic created a major challenge to every country around the world. The impacts of this pandemic can be observed on multiple levels, ranging from state level, to cities, communities, and individual citizen level.[59] Whilst governments are mainly working on the frontline of managing such crises, including the implementation of measures, health and social services, economic or public investments, ordinary residents in many localities also played a key role in supporting the most vulnerable people through their voluntary engagement.[60] Across Europe, the COVID-19 pandemic has massively stimulated the willingness of citizens to volunteer and a strong expression of solidarity could be observed.[61] In many communities, grassroot initiatives were established by citizens, often in collaboration with local governments or existing organizations. The active engagement of volunteers and citizens can be particularly helpful to address negative psychological consequences of the pandemic, such as loneliness, lack of social contacts, as well as to support vulnerable groups to fulfil their basic needs.[62] However, resident-led initiatives can also be highly valuable when they aim to involve individuals in discussions or decision-making, by giving them a voice over public matter. In practice, the variety of voluntary and grassroot initiatives was remarkable, covering neighbourhood

[59] https://library.fes.de/pdf-files/bueros/lissabon/17148.pdf.

[60] Ibid.

[61] https://biblio.ugent.be/publication/8714649/file/8714651.pdf.

[62] https://library.fes.de/pdf-files/bueros/lissabon/17148.pdf.

help, virtual platforms, websites, online consultations, knowledge sharing or practical help. The thematic areas of initiatives were just as diverse, ranging from solidarity actions to health care, social care, food, culture, environmental activities, or education.[63]

Several trends could be seen across the countries and sub-national sites researched. These are summarized below.

The importance of online platforms and campaigns: One frequently mentioned initiative led by volunteers was managed and coordinated through hashtags in social media channels. Its main purpose was to either raise awareness on increased needs of vulnerable people or to connect volunteers with people requiring assistance.[64] As we could see in Austria and Germany, the hashtag #Nachbarschaftschallenge was used to connect people in need of help for simple tasks (e.g. groceries, dog walking etc.) with volunteers in their neighbourhood. Users were calling for action in different social media platforms, motivating people to provide voluntary help in their community. Particularly vulnerable groups, such as older people, or people in quarantine were targeted with these calls.[65]

Another common action of voluntary response was organized via online matchmaking, wherefor online platforms were developed to either connect people, provide information on solidarity actions or to offer practical assistance. This was particularly relevant due to the fact that social distancing required online alternatives to register volunteers, as they were not able to offer their support in person.[66] Some of them were established by local authorities, others by NGOs, CSOs or voluntary groups. In some cases, those platforms covered the entire country, while others were specifically created for one neighbourhood. Besides for matchmaking, online tools were further used to create a communication channel for people, who suffer from loneliness. This provides a space for exchange, chatting and socializing, particularly in times of lockdown or quarantine.

Cooperation across levels and sectors: Many of the initiatives identified during the desk research and mentioned by expert interviewees were born out of cooperation between existing organizations and external volunteers. This cooperation was perceived as very helpful for both creating and implementing measures. Multiple interviewees have mentioned that the collaborations have considerably strengthened the relationships between organizations, which is only beneficial for the future. With merged forces, a variety of thematic areas can be covered and is certainly helpful to address different vulnerable groups. However, without the help of volunteers many initiatives led by organizations would not be operational, particularly in consideration of the increased demand due to the pandemic.

Cooperation between secular and religious institutions was another pronounced feature of civil society responses. In multiple countries (e.g. Italy, Sweden, UK), religious communities were heavily engaged in solidarity actions, providing food or essential goods to vulnerable people within their communities. Religious leaders often collaborated with (secular) local authorities to help implementing COVID-19 measures, sharing reliable information or to act as translators and mediators. As a response to misinformation, many community leaders shared correct, reliable information about the virus or the

[63] https://library.fes.de/pdf-files/bueros/lissabon/17148.pdf.

[64] https://www.ulf-ooe.at/wp-content/uploads/2020/05/CEV-Volunteers-In-Solidarity-Covid-19.pdf.

[65] https://www.derstandard.at/story/2000115636108/nachbarschaftschallenge-wiener-rufen-dazu-auf-aelteren-mit-besorgungen-zu-helfen.

[66] https://biblio.ugent.be/publication/8714649/file/8714651.pdf.

vaccination within their community. Thus, in most countries it was acknowledged that key persons in communities, religious or ethnic groups must be involved in the pandemic response. Community members often have more trust in their leaders rather than governmental bodies or authorities.

Doubts as to the sustainability of voluntary and resident-led initiatives: voluntary engagement has surely played a significant role in fighting the negative impacts of the COVID-19 pandemic, particularly for vulnerable and marginalized population groups. However, one must note that most of these initiatives are only adopted short-term, and very few of them are developed into long-term strategies for future crises. Moreover, many of these initiatives are promoted or led by public authorities or organizations, which could be due to the financial and human resources or the reason, that activities usually involve agents from different fields.[67]

5 Conclusion

COVINFORM WP6 focuses on local COVID-19 impacts and responses in specified sub-national research sites across Europe. Within the work package, T6.1 entails desk research on impacts and responses in 15 sub-national research sites, whereas T6.2 and T6.3 entail the design and implementation of empirical research in 10 of these sites. This deliverable reports on T6.3, providing an initial descriptive analysis based on interviews conducted with representatives of civil society organisations and grassroots initiatives that were active in the research sites. Due to delays in recruiting imposed by the overlapping COVID-19 and Ukraine crisis, this deliverable encompasses findings from nine sites (those in which N≥3 interviews were conducted by May 2022). Findings from the remaining CSO representative interviews will be integrated into the second iteration of this deliverable (D6.7), alongside the findings of interviews with the residents themselves.

In the following months, further empirical research will be conducted within the COVINFORM project. The preliminary analysis of CSO representative interviews offers a valuable impetus for this research. With regard to health and social services, further research could concentrate on the existing gaps and weaknesses that have been identified in D6.3 – particularly regarding the unintended (and sometimes ‘perverse’) impacts of governmental responses on a local vs. national level, which can bear similarities on an EU level. It is recommended to further research the impact of non-pharmaceutical interventions and implemented measures on both the individual psycho-social level and the social structural level, whilst simultaneously actively working to identify realistic methods of mitigating social inequalities and systemic weaknesses, particularly regarding access to critical health and social services. Particular attention must be paid to how governmental responses in areas other than health might impact healthcare system access and operations during periods of prolonged health and humanitarian crises.

With regard to risk communication and vaccination campaigns, further research could emphasize how governmental measures and restrictions have performed vis-à-vis the anti-vaccine movement: have risk communication measures adequately countered misinformation and disinformation about COVID-19 vaccines, and have restrictions effectively incentivised vaccination, particularly with vulnerable groups? Or alternately, have risk communication measures failed to address important concerns, or even unintentionally aggravated such concerns? Likewise, have restrictions unintentionally played into the discursive strategies utilised by anti-vaccine actors, thereby potentially hardening vaccine

[67] https://library.fes.de/pdf-files/bueros/lissabon/17148.pdf.

resistance among some groups? Finally, special attention should be paid to joint action between governmental and civil society organisations: did GOs effectively take advantage of CSO networks? Did GOs provide CSOs with the support that they needed, and take their requests and feedback seriously? Are there instances in which improved coordination with CSOs could have led to the pre-emption and/or mitigation of unintentional negative consequences of governmental responses?

With regard to voluntary and resident-led initiatives: thus far, the majority of our expert interviews were conducted with representatives of CSOs, who only briefly mentioned resident-led and voluntary initiatives. Ideally, additional interviews main actors from the voluntary sector would be conducted to get a better understanding of their work. Additional knowledge on how resident-led initiatives target vulnerable groups, assist the health and social sector, or contribute to pandemic communication would be valuable to CSO and governmental stakeholders alike: e.g., how did they collaborate with public authorities? How were volunteers approached? How were initiatives coordinated, and who was involved in decision-making? How were volunteers mobilized effectively, and how were conflicts of interest resolved? Discussing such questions more in-depth could provide useful details on how to best engage citizens in the event of a future crisis

In brief, one of the main objectives of future research could be to identify how the dynamics between governmental organisations, CSOs, and ordinary residents evolved during and after the COVID-19 pandemic; how these dynamics mediated responses and impacts; and lessons learned regarding the role of CSOs and residents themselves as active partners in future crisis response mechanisms.

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