RESISTIRÉ
Reducing gendered inequalities
caused by COVID-19 policies

D4.4. Summary report

Report on inequalities caused by policy and societal responses to COVID-19 in Europe

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Partners

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Acknowledgement and Disclaimer

List of acronyms

Abbreviation	Meaning
EC	European commission
CSO	Civil society organisation
ICTU	Irish congress of trade unions
LGBTQI	Lesbian, gay, bisexual, trans, queer, intersex
NR	National researcher
NWCI	National women's council of Ireland
ICTU	Irish congress of trade unions
RRF	Resilience and recovery facility
RRP	Resilience and recovery plan
R2D	Right to disconnect

Summary

The aim of RESISTIRÉ is to understand the unequal impacts of the COVID-19 outbreak and its policy and societal responses on behavioural, social and economic inequalities and to work towards individual and societal resilience. RESISTIRÉ does so by collecting and analysing policy data, quantitative data and qualitative data in the EU27 (except Malta), Iceland, Serbia, Turkey and the UK, and translating these into insights to be used for designing, devising and piloting solutions for improved policies and social innovations, which in turn can be deployed by policymakers, stakeholders and actors in the field across different policy domains. This project process is repeated in three cycles, each step and cycle feeding the next one.

Throughout the course of the three project cycles, research has consistently shown that already vulnerable and marginalised groups have become even more vulnerable and marginalised; existing inequalities have increased, and new ones have emerged (Axelsson et al. 2021; Cibin et al. 2021, 2022; 2023; Harroche et al. 2023; Sandström et al. 2022, 2023; Stovell et al. 2021, 2022).

This report summarises the main findings from each of the three research cycles of qualitative indications of inequalities (previously published in Axelsson et al., 2021, Sandström et al. 2022, and Sandström et al. 2023). In total, it builds on 793 narratives from interviews with 741 individuals about their personal experiences during COVID-19, 14 pan-European workshops with 209 inequality experts and representatives from civil society, public authorities, and academia, and 71 semi-structured interviews with experts in public authorities. The areas where the impact of the pandemic outbreak on inequalities were explored are drawn from the policy domains in the EU Gender Equality Strategy (EC, 2020), and the fundamental human rights and environmental justice domains (the latter from the Beijing Platform for Action, 1995) including: gender-based violence; work and labour market; economy, gender pay and pension gap; gender care gap, decision-making and politics, environmental justice and human and fundamental rights.

First cycle results: Obstacles and enablers

The first cycle includes data gathered between July and September 2021, from a set of: 1) eight workshops with inequality experts from civil society organisations (CSOs) representing the voices of specific target groups, representatives of relevant public authority experts and academics (n=106; 68 external, 38 internal); 2) Semi-structured interviews conducted with public authority experts and academics (n=23) by consortium partners from nine European countries, and 3) 188 narratives analysed from 157 interviews with members of the general public in their respective countries that were conducted by the consortium partners and a network of 21 national researchers covering the EU27 (except Malta), and Iceland, Serbia, Turkey, and the UK.

Theoretical tools from feminist institutionalism (e.g., Kenny 2007, 2013, 2014; Mackay et

al. 2010; Mackay & Waylen 2014), individual and social resilience (Chaskin 2008; Forbes et al. 2009; Davoudi 2012), vulnerability (Deveaux 2006, 2007; Gilson 2016), and intersectionality (e.g., Verloo 2006, 2013; Walby et al. 2012; Hankivsky et al. 2014) were used for linking (micro) experiences to organisational (meso) and structural (macro) contexts. The research made use of the analytical notion of resilience, defined as "the capacity of a system to absorb disturbance and reorganise while undergoing change to still retain essentially the same function, structure, identity, and feedbacks" (Forbes et al. 2009: 22041).

The overall findings of the first cycle of qualitative data drew attention in particular to the ways in which women were often multiply disadvantaged in relation to the eight domains and experienced additional difficulties accessing support. Gender norms regarding care and household duties were re-traditionalised and factors such as age, social class and ethnicity were often interwoven in ways that further disadvantaged women. Despite the predominance of stories of women in particular finding themselves marginalised and exhausted by the changes wrought by the pandemic, there are also some "better stories" from individuals from which various stakeholders at meso and national levels may derive inspiration going forwards Axelsson et al. 2021). In some cases, men became more involved in care work, women found themselves reaching out more than before for support and there was greater cross generational support at local level between the young and the elderly (Živković et al. 2021).

Second cycle results: Building back better

The second cycle includes data gathered between December 2021 and February 2022 from three pan-European workshops with inequality experts from civil society representing the voices of specific target groups, public authority experts and academics (n=59; 38 external, 21 internal); semi-structured interviews with predominantly public authority experts and academics (n=24); and 287 individual narrative interviews with people from across Europe, resulting in 306 narratives. The theoretical approach echoes that outlined above for the first cycle and the focus was upon the domains of gender-based violence, work, education, and care. Based on the findings of the first cycle, this cycle also paid more attention to unintended consequences, resilience, recovery, and better stories (Živković et al. 2022).

Findings suggest that pre-existing inequalities intensified during this period, with new problems becoming evident, such as new ways of perpetrating gender-based violence with the shift to online work and education, using online tools to control, restrict and for surveillance, and an 'educational debt', similar to the health debt, emerging. It became clear that school closures and the shift to online education led to exclusion of those with poor access to computer technology, digital illiteracy, or adequate internet facilities. In many reported instances, this was interlaced with an additional workload for mothers in particular, as they found themselves isolated in the home, sometimes combining salaried online work with extra responsibility for the unpaid work of supporting their children as well as for housework in general. Unsurprisingly, situations like this were

noted to exacerbate marital tensions as well, particularly if one or both parents now found themselves either without work or with double workloads. It was found that welfare provisions tended to favour those who already enjoyed secure positions within the system, such as those with secure employment. Among those most affected were migrants who may lack the necessary language skills to avail themselves of online education opportunities, bureaucratic support systems and information. As people became confined to their homes and the world shifted to online communication, this appears to have increased the isolation felt by the already vulnerable and further limited their access to former support systems. Furthermore, the elderly, migrant communities, those in casual work or self-employment in particular found themselves lacking access to complicated or bureaucratic health and welfare system provisions.

While negative effects on the mental wellbeing of many was noted in the first cycle of this research, in the second cycle it was observed that these effects persisted or worsened over time. All the above-mentioned hindrances impacted upon the qualifications and preparedness for those affected to re-enter the social world of education and the labour market once restrictions began to be lifted.

Third cycle results: Agency and better stories

The third cycle used the findings of the first two as a springboard to draw out "better stories" (Georgis 2013; Altınay 2019) from which lessons may be learned going forward. The first two cycles noted how the pandemic has shed light on many pre-existing and intersecting forms of inequality throughout Europe and observed how new ones have emerged (Axelsson et al. 2021; Cibin et al. 2021, 2022; 2023; Harroche et al. 2023; Sandström et al. 2022; Stovell et al. 2021, 2022). This third cycle was concerned with strategic forms of agency (Lister 2004, 2021) and asked what kind of agency is or may be practiced by individuals and street-level bureaucrats (Lipsky 1971), stressing what enabled or hindered strategic agency.

This third cycle used two methods of qualitative data collection. Between September and December 2022, 297 narrative interviews, resulting in 299 analysed narratives, with marginalised or vulnerable individuals, and 24 semi-structured interviews with front-line workers in public authorities, so called street-level bureaucrats, were conducted.[1] The sampling was purposive (Campbell et al. 2020). The analysis drew upon the above-mentioned theoretical approaches, particularly Ruth Lister's (2004, 2021) typology of agency; better stories (Georgis 2013) and an intersectional approach to gender (Walby et al. 2012).

The main findings from the narrative interviews were that people experienced social

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[1] Three workshops with inequality experts from civil society organisations (n=44; 27 external, 17 internal) were also conducted. These were not included in the qualitative analysis, for a summary of the results, see Cibin et al (2023).

isolation, fear, loneliness, pressures on close relationships, inactivity, and boredom or, conversely, increased work burdens of paid and/or unpaid work, reduced access to services and financial precariousness. Some interviewees dealt with these challenges by exercising considerable agency. Some appealed to forms of social support, engaged in various forms of self-care, or even resisted policy regulations. Others embraced the changes as offering them a chance to re-evaluate their lives – sometimes prompting them to make positive changes, such as deciding to leave an already abusive relationship that had become intolerable under the pressures of the pandemic.

Two pertinent examples of 'better stories' found in the narrative interviews relate to solidarity. Firstly, it was noted that the pandemic had brought to light the fact that individuals were not alone in suffering from poor mental health. Similarly, some noted a stronger sense of community had evolved during the pandemic. Examples like this provide important 'counter narratives' (Georgis 2013; Lister 2015) that may be used as a platform from which to develop forms of strategic political agency (Rikala 2020: 1034) that work against the shaming and othering of marginalised groups.

Regarding the street-level bureaucrats, it was noted that their situations were often ambiguous (Gofen & Lotta 2021). On the one hand, they held a degree of power as gatekeepers to a variety of resources. On the other, they too found themselves victims to the situation and reported shortages of staff, resources and time, a disregard/distrust of regulations and lack of information. In this sense, they too constituted a 'vulnerable group', caught between the constantly changing top-down policies and the real needs of themselves and their clients. Like those interviewed for the narratives, they adopted various strategies to resist, redefine and organise themselves in order to both manage the demands placed upon them from above, while at the same time finding ways for themselves and their clients to navigate the system so as to redress inequalities.

Although some street-level bureaucrats found ways to work around regulations, or to collaborate in constructive ways with colleagues, it was nevertheless observed that clients often felt frustrated by the powerlessness of street-level bureaucrats to effect real change in the overarching system governed by those higher up.

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Based on the overall findings, the results from all three cycles indicate that an effective reduction in inequalities in times of crises requires co-ordinated efforts that involve ongoing feedback between the three levels we have examined: policy makers, CSO representatives/street-level bureaucrats and members of the general public who experience discrimination or intersecting forms of vulnerability and marginalisation. Overall, these findings will inform policy makers and other actors about ways to address intersecting inequalities in general, and in particular, those being reinforced, widened or newly created as a result of any future crisis so that effective mitigating policies against increasing vulnerability in society can be put in place in a timely manner.

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Introduction

The aim of RESISTIRÉ is to understand the unequal impacts of the COVID-19 outbreak and its policy responses on behavioural, social, and economic inequalities and to design solutions and innovations to work towards individual and societal resilience. To meet this aim, RESISTIRÉ has conducted policy analysis, quantitative research, and qualitative research to inform the design of innovative solutions, including operational recommendations, new research agendas, and pilot actions. It has responded to the outbreak through co-created and inclusive strategies that address old and new, durable and temporary, inequality patterns in and across different policy domains. The domains include work and the labour market; the economy; the gender pay and pension gaps; the gender care gap; gender-based violence; decision-making and politics; human and fundamental rights; and environmental justice.

This report summarises the main qualitative results of each of the three cycles of RESISTIRÉ. In total, it builds on 793 narratives with 741 individuals about their personal experiences during COVID-19, 14 pan-European workshops with 209 inequality experts and representatives from civil society, public authorities, and academia, and 71 semi-structured interviews with experts in public authorities. For more detailed information and analyses, please refer to the three reports published at the end of each of the three project cycles (Axelsson et al., 2021; Sandström et al. 2022; Sandström et al. 2023).

Methodology

The overall methodology is based on a step-by-step process implemented in three cycles over 30 months (April 2021 – September 2023). All project activities were organised in the three cycles, feeding results into one another, including feedback loops between the cycles (Figure 1). The aim was to use co-creation to translate research findings into pilot solutions, a research agenda, and policy recommendations for designing innovations and policies with a view to reducing inequality in general and enhancing inclusiveness in dealing with potential future social crises.

The project involves an eleven-partner multidisciplinary and multisectoral European consortium and a well-established network of researchers in 30 countries (EU27 (except Malta), Iceland, Serbia, Turkey, and the UK). RESISTIRÉ has engaged in policy analysis, quantitative analysis, and qualitative research to inform the development of innovative solutions. By adopting co-created and inclusive strategies, RESISTIRÉ has tackled both existing and emerging patterns of inequality. With reference to the European Commission Gender Equality Strategy 2020-2025 (EC 2020), and the Beijing Platform for Action (UN 1995), we have considered eight domains: 1) work and the labour market, 2) care work, 3) pay and pensions, 4) decision making and politics, 5) gender-based violence, 6) fundamental human rights, 7) economy, and 8) environmental justice. The policy domain of gender stereotypes, included in the EC Gender Equality Strategy, is

considered here as a general, cross-cutting domain, relevant to all other domains and contributing to producing or increasing their impacts in terms of inequalities.

Data collection includes: 1) pan-European workshops with national level experts/first line assistance to specific target groups; 2) complementary national interviews with experts in local public authorities; and 3) insights on lived and observed experiences collected via individual narrative interviews (Kim 2019a, 2019b; Lara 1998; Lindsay & Schwind 2016; Lyons 2007, Chase 2005)). These include both direct and indirect experiences of the impact of the outbreak and its policy responses, i.e. impact as lived (first-hand experience), and impact as observed (second-hand experience). It also aims to highlight voices that may not otherwise have been heard. In other words, it draws upon the experiences not only of researchers and representatives of Civil Society Organisations (CSOs) focusing on inequality issues, but also those of members of the general public from various walks of life who were interviewed by consortium members and researchers. The objective has been to draw attention both to the ways the pandemic has tended to exacerbate pre-existing inequalities and has eclipsed many voices. However, it also shows evidence of resilience that may provide insights for building greater equity in future. In total, the research has involved near 1000 individual participants in workshops and interviews.

Our data cover public authority experts, civils society experts, and individual people in marginalised positions. The analysis responds to the outbreak and addresses old and new, durable and temporary inequality patterns in and across selected policy domains. The overall methodology of RESISTIRÉ is based on a step-by-step process running in three cycles over 30 months. All project activities were organised in these three cycles.

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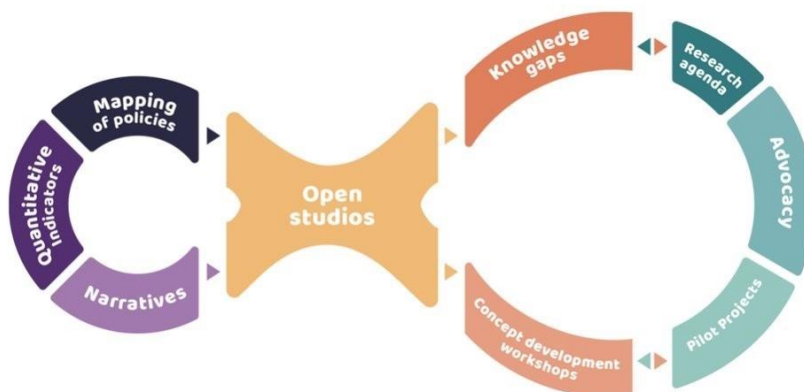
Results

Cycle one: Obstacles and enablers

Aims

The primary aims the first cycle research was to cast a wide, exploratory net to capture some of the most prominent forms of inequality experienced during the COVID-19 pandemic by people who were already vulnerable in various ways prior to its outbreak. The insights gleaned were then to form the groundwork for the subsequent two cycles of this research project.

Methods

The first step in data collection consisted of holding eight pan-European online workshops that drew upon the network of our ten-partner international research consortium. Inequality experts working mainly in Civil Society Organisations (CSOs), public authorities and academic research were invited to attend the workshops, which were led by an experienced researcher from the consortium. Each workshop focused on one of the RESISTIRÉ policy domains: 1) decision making and politics, 2) gender care gap, 3) gender-based violence, 4) gender pay and pension gaps, 5) work and labour market, 6) economy, 7) human rights and access to healthcare, 8) environmental justice.

To complement the workshops, a total of 23 semi-structured interviews were conducted with inequality experts from public authorities, academic research, and civil society. These expert interviews concerned how inequalities in the policy domains had been affected by the pandemic and by its policy and societal responses. They also inquired into how inequalities might be addressed in the future and finally, what areas may have been 'silenced' or overlooked. The interviews were conducted by partners, who recruited interviewees among employees in public authorities.

The third set of data included 158 individual narrative interviews and concerned the way in which the informants' lives had been affected by the pandemic and by the policies implemented to deal with it. Questions posed were open-ended, with the interviewer playing the role of an active listener. After conducting the interview, the researchers summarised the narratives following a template that included the interviewee's gender, age, life circumstances and problems experienced in relation to the pandemic. It also included inequality factors and policy domains. The interviews were conducted by partners and the network of national researchers. The focus of the recruitment was women or those who identify as women, and who were living in particularly vulnerable situations.1 In all, 188 narratives were gathered from 155 women and three men, with some interviews resulting in more than one written narrative. Using the pre-decided 8 key domains, these narratives were then analysed using the qualitative software tool, NVivo. More than half of the women were mothers, and the ages ranged between 18-

91 years. Approximately 15% of the interviewees had migrant status.

The overarching goal with this methodology was to produce a body of data that was ethnographic or bottom-up in nature, focusing on the lived experience of individuals. It makes no claim to be representative but is designed instead to be illustrative of how broader trends may play out in the complexity of individual lives.

Results

Below is a breakdown of results according to each of the eight domains The results are presented according to the empirical data sets, first workshop and expert interviews and followed by results from the narrative interviews.

Decision-making and politics

Workshops and interviews

The workshops and interviews conducted in relation to this domain confirmed findings from other studies (see European Commission 2021) that gender inequality worsened during the pandemic, with women largely absent both from decision making processes and in informing the public about the pandemic measures. The emphasis by those in positions of authority on the need for rapid decision making was used to justify the prominence given to homogenous teams and white males, while representatives of disadvantaged groups were not considered. Traditional gender stereotypes re-emerged in a pandemic discourse that was reminiscent of wartime, portraying men as leaders and saviours and women as carers, and with decision makers defining what was to be considered an "essential service". This gendering process was reproduced in the media, which featured mainly male experts, while women were shown demonstrating, for example, how to wash one's hands. Prevailing discourses of post-pandemic recovery focused on white, working-class men while largely ignoring women and minority or vulnerable groups.

A conclusion drawn from these findings was that these circumstances resulted in a general blindness to differential impacts according to gender and other forms of inequality. For example, lockdown measures and school closures were decided upon without consideration for those in vulnerable situations, such as single mothers, women living in abusive relationships, those working on part-time, temporary, or zero-hour contracts. Measures were not taken to address the detrimental effects of the policies upon mental health, potential ethnophobia, the difficulties for undocumented people to access support, the reduced independence, and the special needs of those living with disabilities, and the implications of isolating women from their partners during pregnancy check-ups or when giving birth.

Additional reflections from the first cycle workshop findings were that having a greater number of women involved in decision making would likely have ameliorated the above-mentioned negative effects. Further, as women are over-represented in part-time work and many of these jobs were lost during the pandemic, women's opportunities to

acquire leadership positions in workplaces was significantly reduced. Finally, the loss of income for disappearing part-time jobs seems even worse in this situation.

Narrative interviews

Many of those interviewed expressed discontent and mistrust in the authorities' and media's way of handling the pandemic. Authorities were criticised for being distant from the realities experienced in people's everyday lives and from the factors that are essential to wellbeing. It was broadly held that those most heavily affected by pandemic restrictions were also those least likely to be heard or represented in decision making. Some expressed dissatisfaction with the governments' provision of support for vulnerable groups, such as single mothers, university students, migrants, homeless people, artists and freelancers. Others felt that some policies made no sense, such as closing schools or limiting funeral attendance to ten people while supermarkets were teeming. There were complaints about the constantly changing regulations, fear mongering and shaming of those who were hesitant about vaccination. There was also concern about the damage done to fundamental democratic rights by prohibitions upon public gatherings, including any right to protest against the emergency measures being taken.

The gender care gap

Workshops and expert interviews

Women throughout Europe have traditionally tended to bear a greater burden of responsibility for caring for family. However, workshops and expert interviews in this study show how this burden had increased considerably on account of the pandemic restrictions.

There was agreement among workshop participants and expert interviewees that closures of schools and childcare facilities impacted heavily upon women, and more so upon those in lower socio-economic classes. Although fathers' increased participation in childcare and domestic work was noted, generally, it was women and single mothers in particular who featured in workshop discussions and interviews as suffering deteriorating mental health, increased risk of unemployment / poverty, greater demands for domestic work, unpaid care for children, the sick, aging / disabled relatives and for supervising home schooling. Migrant and undocumented women were noted as suffering particularly from school closures due to poor language skills and a lack of online facilities. On the other hand, women were also over-represented as frontline professional care workers who often found themselves with a double workload, both outside the home and in it. This was exacerbated by the fact that grandparents who were now in isolation could no longer help offload, nor benefit from support by their grandchildren.

Also noteworthy was the vulnerability among the elderly who suffered from isolation, digital illiteracy, and less availability of quality care. The same applied to those with disabilities.

Interviewees spontaneously focused mainly upon the problem with school closures. Once again, age, economic status and socio-economic class crosscut gender as compounding factors. Women frequently referred to the problems school closures caused as they struggled to juggle their own altered work responsibilities with responsibility for overseeing the schoolwork of their children, some of whom had special needs. The home environment offered no clear boundaries and many women felt ill-equipped to support their children in subjects they themselves lacked competence in. Many children, interviewees explained, suffered from isolation and anxiety about the pandemic, and it was apparent that traditional gender norms often became reinforced, with fathers' abdicating responsibility even if they were at home and unemployed. Authors such as Stowell et al. (2021) have endorsed our findings that women have been disproportionately adversely affected by pandemic measures – with more women than men losing jobs and bearing increasing care responsibilities with consequent risks to their economic and mental wellbeing.

Gender-based violence

Workshops and expert interviews

The 2021 European Commission report on gender-based violence concludes that this form of abuse, deeply rooted in gender inequity and which primarily affects women, was exacerbated during the pandemic. All the workshop participants and interviewees supported this conclusion. Those noted as being most at risk were women who were already living with violent partners; women involved in trafficking or prostitution; and undocumented migrant women.

The situation of these women interplayed with the economic vulnerability and difficulties they faced in accessing outside support. All of this was exacerbated by the isolation induced by lockdown measures. It was broadly agreed that any measures to address gender-based violence tended to target mainstream women, leaving homeless, disabled, and migrant women largely ignored. As the world shifted to online communication, many of these groups fell behind, lacking access to digital literacy or facilities. Similarly, access to shelters was reduced.

Narrative interviews

The narratives highlighted the lack of attention to these vulnerable women's plight in policy making, and the effects of isolation and dependence. Many felt they had to rely upon their own resources rather than expect any support from the authorities. In some countries, such as Romania, the breakdown in school routines led some girls from underprivileged backgrounds to make themselves vulnerable to exploitation, with some ending up in drug rings about which the police showed little interest. Stories from countries such as Ireland told of women finding themselves trapped in homes where there was increasing tensions as husbands found themselves isolated in the house as well and often taking out their frustrations on those closest to them. As casual contact with friends and supporters outside the home became impossible due to restrictions,

women often had nowhere to turn to for relief.

Once again, the material from the workshops, expert interviews as well as narratives illustrate how gender, class, ethnicity, and nationality intersect in compounding vulnerabilities, and how these were exacerbated by lockdown measures.

Gender pay and pension gap

Workshops and expert interviews

Since the gender pay and pension gap domain overlaps considerably with other domains, it is difficult to isolate it from the work and labour market domain, as well as from the wider economy domain. It is especially interconnected with the care gap domain as inequalities in that domain lead to inequalities in pay and pensions. One of the root causes of the gender pay gap is the disproportionate amount of unpaid care work done by women. This was significantly impacted by the pandemic, thus reinforcing such gap. The more specific contribution of the workshop and expert interviews lies in providing insight into how women experience the causes and consequences of the gender pay and pension gap in the light of the pandemic.

In both the workshops and interviews, it became apparent that the shift of women from the labour market into unpaid care work, especially in the home (including supervision of schoolwork due to school closures), was both counteracting earlier positive equality developments and indeed intensifying the gender pay gap.

During the workshops, differences were noted between countries and sectors. In Turkey and the UK, for example, the increased burden on female healthcare workers was predicted to result in large numbers of women leaving the profession, while in Sweden, healthcare workers enjoyed stronger trade unions and better terms of reference in their employment. Workshop participants foresaw a broadening gender pay and pension gap resulting from the pandemic. Furthermore, the gender pay gap and pension gap were found to be closely interrelated, as well as intersecting with the other identified vulnerability factors.

Narrative interviews

The personal stories told in the narratives showed that poorer working conditions, lower salaries and more insecure employment, stress factors at home, a shrinking household economy, fear and uncertainty all led to deteriorating mental and physical health, which in turn led to women finding it harder to subsequently re-enter the workplace.

Work and labour market

Workshops and expert interviews

Many of the issues that arose in workshop discussions and interviews in relation to work and the labour market echo those already described in the other domains. Again, we see the particular vulnerability of women, and again this is crosscut by the other, intersecting inequality factors. A vertically and horizontally gender-segregated labour

market was apparent across all countries. However, there were differences between North-East and South-West regions of Europe due to differences in the infrastructural preparedness for digitisation of labour markets. The workshops and interviews brought to light the way the pandemic had impacted on five areas in particular: i) stagnation in women's advancements/careers; ii) lack of affordable care; iii) unequal access to, appropriateness of and effects of teleworking and digitisation; iv) the exclusion of workers in insecure employment (who often come from vulnerable groups in the first place) from benefits or support; and v) the already noted link between domestic violence and changing work situations.

Narrative interviews

The findings show that frontline healthcare workers, who were predominantly women, often found themselves overloaded with work, especially as colleagues became sick and patient numbers increased, with staff who remained on duty often feeling overwhelmed or unappreciated. By contrast, other women found themselves with no work at all. Overall, while some experienced heavy increases in workload and others loss of earnings and occupation, increased stress was common to both groups. Fear of contracting the virus and spreading it to loved ones contributed to worsening the situation. For migrant care workers, this sometimes resulted in ethnic discrimination as migrant workers were portrayed as 'virus spreaders'. Many of the personal narratives also allude to the way fear of infection also prevented people from using public transport and made employers wary of employees. Age and disability also feature as older people and those already suffering from various forms of disability often feared contracting the virus if they continued to work.

In general, the less vulnerable and those who were able to benefit from economic support policies or workplace flexibility appreciated it. By contrast, those in precarious work, who could not readily shift to online work or who suffered from other forms of marginalisation, found themselves multiply disadvantaged as they were usually not entitled to furlough benefits or were simply excluded from consideration.

Economy

Workshops and expert interviews

Once again, when one examines the economic impact of the COVID-19 pandemic, similar patterns appear of deepening inequalities, above all according to gender, socio-economic class, ethnic identity, age, nationality, and disability status. These patterns were noted by the participants in the workshops and expert interviews. One example was how pandemic economic policies were directed towards 'insiders', that is groups and individuals who are already in the labour market and are included in general social and employment security systems. Other workers, such as those in so called short labour sectors (i.e., tourism and hospitality), mostly women and intersected with age and ethnic identity, tend to be excluded from unemployment benefits in general and were therefore not included to the same extent in pandemic economic policy design.

Unsurprisingly, the economic effects of the pandemic to a large extent mirrored those found in the domains of work and the labour market, the gender care gap, and gender pay and pension gap. In all of these domains, it was notable that many inequalities were evident prior to the pandemic – such as greater economic vulnerability among women and migrants. As noted above, these forms of inequity were compounded by the effects of measures such as school closures on women in general, and multiply disadvantaged women in low-paid employment, with insecure contracts and fragile economies in particular. A process of "re-traditionalisation" of women's roles as unpaid carers, seems to have reversed any progress that had been made in many countries towards greater gender equity.

Narrative interviews

The observations collected through the workshop and expert interviews were heavily endorsed by the narratives collected from individual members of the public. It was apparent that economic effects at the micro or individual level were in many cases directly related to the macro-economic changes, such as cessation of tourism, closure of restaurants and other public venues. Sectors such as these, which often take on employees from already vulnerable groups and include many self-employed and poorly paid workers, were therefore particularly hard hit.

Human rights and access to healthcare and education

Workshops and expert interviews

Once again, the findings from the workshops and expert interviews show how the pandemic intensified pre-existing inequities and had a particularly harsh effect upon those who were already vulnerable. This report, like others (see C1 report), notes that women have been disproportionately negatively impacted throughout the European region. Despite women's particular healthcare requirements, especially regarding reproductive health, they were overall less likely to be able to access quality healthcare. This, it is noted, is especially true of women from rural or marginalised communities such as black, Asian, Roma and other ethnic minorities. The workshop participants in this study noted that in many instances, ethnic minority groups were also subject to various forms of stigmatisation or discrimination during the pandemic.

Overall, age was noted as significant since the greatest risk to health from infection was borne by the elderly, although socio-economic status was also considered a major factor since it was generally easier for white-collar workers to isolate themselves and maintain an income working from home. There was broad consensus that those in precarious employment and life circumstances – such as the homeless and undocumented migrants – were both more likely to be exposed to the virus, to be more severely affected by lockdown regulations and have greater difficulty accessing healthcare. Similarly, it was pointed out that the deprioritising of areas of healthcare other than COVID meant that many sick and vulnerable people found themselves waiting for care.

Some of the experts who contributed to the workshops alluded to the differences in

political culture in their various countries. In contexts where there was a general mistrust of authorities and longstanding experiences of limited inclusion in democratic processes, these contributors proposed that many members of the public were sceptical of the information promulgated by those in powerful positions, making it difficult for both patients and health care workers to make informed decisions.

Finally, workshop participants described healthcare workers as a special 'vulnerable' group through their inevitable exposure to the virus and pointed out that the female-dominated positions in the healthcare sector – nurses, cleaners – were at greatest risk.

Narrative interviews
Narratives told from the perspective of both providers and receivers of healthcare show how access to healthcare was severely hampered by the pandemic. Nurses reported that understaffing, as well as lack of training and clear guidelines frequently prevented them from providing care. Patients with other healthcare needs spoke of being deprioritised when all focus was placed on combating COVID-19. They also expressed distress of undergoing surgeries or other medical treatment without the support of family or friends visiting. Other interviewees focused on the way school closures had deepened inequity in relation to education, as we have seen above. Finally, narratives told from the perspective of ethnic minorities and migrants show how already marginalised groups were pushed further into the margins as access to not only healthcare and education but also other human rights such as work, social welfare and housing, became even more limited.

Environmental justice

Workshops and expert interviews
The RESISTIRÉ workshop that was held on the topic of environmental justice focused on transport and mobility patterns; urban planning, clean air, clean water and green spaces; supermarkets, farmers markets, packaging. Overall, two themes emerged from the workshop discussions, expert interviews, and narratives alike as particularly salient: access to green spaces and to public transport. Yet again, the intersection of various of the noted forms of inequality was seen (gender and socio-economic class, ethnicity/race/nationality, and age).

The workshop participants focused particularly on mobility and access to green spaces. Lockdown policies in general reduced people's mobility and in some countries, such as Turkey, where public transport was already limited prior to the pandemic and groups such as the elderly and children were singled out for greater restrictions. The overall effects of pandemic policies on public transport meant that those from socio-economic groups that could not afford to own a car suffered most – once again, women on low incomes were a notable group - with reduced access to jobs, leisure and essential services. Also, ethnicity was reported to be an important factor. One workshop expert commented that the pandemic experience was prompting many to re-evaluate the importance of access to green areas and urban dwellers were now looking for country

residences in greater numbers. Some of the wealthier were able to move to their second homes and escape from the tight restrictions in urban areas. But the less well-off evidently found themselves confined to apartments in urban settings with little or no access to nature and in countries such as Spain, their right to move outside their homes was restricted to buying medicines or food or for walking dogs. Those already living in crowded conditions, were now forced into tighter contact with one another.

One workshop participant pointed out that green recovery plans were largely being drawn up by a male dominated lobby, and were tending to overlook inequality issues, focusing on market-based solutions for post-pandemic recovery such as hydrogen and digitisation instead of investment in social innovation or the care sector. The interviews conducted also provided additional insights in areas such as waste management, displaying the narrow representation and inclusion in environmental policy making.

Finally, both the workshop and the expert interviews stressed that the pandemic had drawn attention away from the greater, looming question of climate change. It was noted that lockdown measures also prevented people from holding protests about environmental issues, which were every bit as much of an existential crisis for humanity.

Narrative interviews
Strict lockdown measures evidently gave the outdoors a new significance for many people. Several narrators spoke of how important it felt to be outside – in a garden, a public green area or simply outdoors – as a way to break the monotony many experienced of being confined to the home. The outdoors could also permit some relaxed, distanced social interaction. However, different countries adopted different policies regarding individuals' mobility and access to public space and this was considered irrational and unjustified. Some countries restricted public transport during the pandemic, leaving those in lower socio-economic groups who did not own cars more or less immobilised. Interviewees also mentioned their fear of catching the virus if they did use available public transport. Limited transport options for those most reliant on them - older people, ethnic minorities, younger people, and those with disabilities - meant these people were far less able to access social support and job opportunities. It therefore impacted directly on economic opportunities and, consequently, wellbeing. Many of those living in densely populated and polluted suburban areas lacked access to any green spaces or gardens and yet they too were often forced to stay home and bear the consequences of isolation and loneliness.

Conclusions

This first cycle showed how gender inequality intersects with other forms of inequality, in particular, socio-economic class, ethnicity/race/nationality, age and disability status in the context of the COVID-19 pandemic. Data gathered from inequality experts, members of public authorities, CSOs as well as individual members of the public all point to the same conclusions. Overall, people who were already vulnerable prior to the outbreak of this pandemic suffered disproportionately both from the pandemic itself

and from the policy measures that were introduced to handle it. Policies that limited access to support for victims of gender-based violence, or restricted access to green spaces and public commons affected people inequitably.

Of particular importance, we contend, was the fact that policy decision making was largely done by teams of men in relatively privileged positions who focused primarily upon survival of infection. A discourse of war – or emergency – revitalized stereotypical ideals of male saviours and female carers. This entrenched traditional gender norms, and failed to take into account the gendered and intersecting vulnerabilities of those who were already struggling.

We conclude that the initial period of the pandemic thus gave rise to two crises: a crisis of care and a crisis of trust. The crisis of care, we propose, affected women disproportionately since their labour was overrepresented in both paid and unpaid provision of care: in frontline healthcare, childcare, care of the elderly and of those with disabilities. This gender imbalance is clearest in relation to the gender care gap, gender pay and pension gap, work and labour market, human rights and economy. It reflected the tendency for predominantly male policy makers to take women's care work for granted, particularly when deciding over closures of schools and childcare facilities. The long-term consequences for women's wellbeing remain to be seen.

A crisis of trust has also resulted from the focus of pandemic policy upon protecting those with higher levels of education and greater job security, while failing to take into consideration the negative impact these policies would have upon the most vulnerable and least visible. Scepticism towards the authorities was evident in many of the individual narratives and it alerts us to the tension that arises between authorities and populations when democratic freedoms are infringed upon. While fear mongering, as the material shows, may enforce compliance, it may also lead to grass roots solidarity in opposition to authorities and ultimately to delegitimisation of the leadership.

CSOs and CSO members come to play an increasingly important role in feedback loops, making the plight of the most vulnerable more visible to policy makers, who may in turn adapt. At this stage in the research, it was hypothesised that business will never return to pre-pandemic normality. Instead, one may hope, there may be lessons learned that will, in the longer term, benefit the most vulnerable groups in society throughout Europe and beyond.

Of particular interest in the subsequent cycles of this research was the question of 'resilience', and to see how this situation evolved over time, since the pandemic drew attention to features of inequality and the way that they intersect.

Cycle two: Building back better

Aim

Taking inspiration from the findings of the first cycle of this RESISTIRÉ project, the second cycle focused on the impact of the COVID-19 pandemic, and the policies introduced to control it, upon gender and other intersecting dimensions of inequality.

The first cycle of the project identified eight domains in which intersecting inequalities had existed prior to the pandemic but had become intensified during the first year. We noted that the pandemic had drawn attention to these inequalities, even as it exacerbated them. The second cycle explored how the situation progressed with time to interrogate what may be learned from this and put to good use in the future for addressing inequalities in general. The idea was to consider not simply how societies may "recover", but how they may "build back better", reducing inequalities, using insights from the pandemic about how they intersect. In particular, this cycle aimed to give voice to those people and groups who may not have been heard in the public debate, and to identify factors that may either facilitate or hinder recovery. The following four domains were selected as of particular relevance: gender-based violence, education, work and care, with a specific focus on vulnerable groups including: LGBTQI+, migrants, and young people.

Methods

As in the first cycle, data collection was conducted by our consortium partners and a network of national researchers in 30 countries. Data was again gathered from inequality experts from civil society, public authorities, academia, and from members of the public throughout Europe regarding their knowledge and personal experiences during the first year of the pandemic. 30 countries were included: the EU27 (except Malta), Iceland, Serbia, Turkey, and the UK.

The initial phase of data collection consisted of the consortium partners facilitating three pan-European workshops in January 2022, with inequality experts from civil society representing the voices of specific target groups, public authority experts and academics (n=38). The workshops consisted of open discussions about the effects of the pandemic upon gender inequalities and their intersections with other inequality factors and identifying particularly vulnerable relevant groups.

In addition, 24 interviews were conducted with inequality experts in public authorities, researchers and civil society actors identified by the consortium partners according to their expertise. The key questions posed concerned what interviewees noted as an obstacle or, by contrast, a facilitating factor for the emergence of a more equitable and socially just post-pandemic recovery.

Finally, a total of 287 narrative interviews (216 women, 54 men, and 17 non-binary), resulting in 306 narratives, were subsequently held with vulnerable individuals throughout Europe about their lived experience and observations. This method does not only yield insights into personal experiences but may also function as a "consciousness raising tool" (Gunnarsson 2006) that counteracts the tendency for individuals to blame themselves for their circumstances and instead shifts focus to broader societal forces that shape individual lives. This enabled an examination of the way personal choices are interwoven with gender norms and various forces of oppression. The 306 narratives were analysed with the help of the software tool NVivo, and attention was paid to mentions of obstacles on a pathway to fairer post-pandemic recovery but also enablers, that might promote greater equality in future.

Results

The results are structured according to the analytical questions and contains evidence first from workshops and expert interviews presented in relation to obstacles and enabling factors for each of the domains investigated, second by an account of ideas for ´building back better´ and then finally by results from the narrative interviews.

Gender-based violence

Obstacles to improvement
Several factors were mentioned that could have led to a reduction in gender-based violence but were missing from pandemic responses and from national pandemic recovery plans. First, a lack of prioritisation and funding for women's organisations and the concern that the economic effects of the pandemic would worsen this. Second, the absence of national and municipal crisis management plans was noted in Turkey in particular. Third, it was also noted that while violence had been perpetrated during lockdown, many women had been unable, unwilling, or too afraid of escalation to reach out and lodge reports until after lockdown restrictions were lifted and they might get a chance to escape from the domestic situation. It was suggested that the possibility to make anonymous reporting might be helpful. However, in some countries, it was noted, there were women who lacked access to mobile phones or computers and many women had also by now lost their jobs and found themselves even more vulnerable than before the pandemic.

Some workshop participants and experts commented on the general rising trend in online violence and that the concept of gender-based violence was now at risk being hollowed out if it was not clearly defined with concrete examples.

In addition, it was observed that there is a need to mainstream information and education about sexuality in policy making, among the public and in schools, but also among police in the justice systems that handle gender-based violence cases. Regrettably, right wing political developments in some European countries work against this and tend to reinforce traditional gender stereotypes. Several of the participating countries may have policies in place for greater gender equity in employment but lack

any measures devoted specifically to gender-based violence or the rights of LGBTIQ+ persons.

Finally, two experts lamented the lack of an intersectional approach to gender-based violence, by which they meant that despite increasing awareness of multiple forms of discrimination faced by, for example, women with disabilities, migrant or trafficked women, few provisions have been made to improve the situation.

Factors that would enable post-pandemic improvements in relation to gender-based violence
The workshop participants and experts agreed that coordination, collaboration, and regular communication between various public sectors, including policy making, the media, CSOs, shelters, educational institutions, urban development agencies, culture, law and authorities at every level would be of value. Materials produced in an accessible format that included, for instance, images of people from a wide variety of backgrounds and identities would also be beneficial.

Some believed that the pandemic had in fact brought greater public awareness to the problem of gender-based violence and in the need for interventions. Building back better might mean investing in specialised training of all stakeholders (staff in hospitals, educational institutes, the police, and legal system), particularly with regard to prevention, and broad awareness raising efforts to challenge prejudice and gender stereotyping.

Education
Obstacles to improvement
The workshop participants and experts agreed that school closures and the shift to online education had greatly exacerbated inequalities generally and they saw few opportunities to close the gaps post-pandemic. They felt largely unclear about when it will be possible to fully appreciate the impact the pandemic has had on education and were also uncertain about the future of funding for education. They broadly agreed that gender+ inequalities had been overlooked during the onset of the pandemic and continued to be now that recovery was being envisaged.

The shift to online teaching had, they proposed, caused significant distress for many children. It was associated with greater tensions in their households and associated exposure to gender-based violence, feelings of isolation and consequent depression / anxiety, an increase in online sexual harassment and accessing of pornography sites by young boys.

The lack of national guidelines about how to deliver online education to school children was also pointed out. Problems included identifying individual children in need of extra support and ensuring that each child had access to adequate electronic facilities and a conducive environment for learning.

The increased burden put upon teachers under these circumstances was also cited as troubling since many now found themselves struggling to keep the pace. As with healthcare staff, absenteeism due to infection among teachers added to the workloads of healthy colleagues. There was also little coordination between CSOs and policy makers, and between various governmental departments. Overall, it was felt that communication was problematic. Information to the public often resulted in confusion and fear and members of some of the most vulnerable groups – such as the disabled, or immigrant children in Sweden – avoided school even when there were no closures, thus exacerbating their exclusion.

Factors that would enable post-pandemic improvements in relation to education
As in other domains, the workshop participants and experts agreed that the pandemic had drawn attention to the problem of inequalities in the field of education and that this boded well for greater awareness in forging future policies. There were also examples cited of fruitful communication, for example in Iceland and France, where the Ministries of Education had had direct two-way communication with schools during the pandemic about needs, resources, and regulations.

Several workshop participants and experts observed that the pandemic had brought students' mental health requirements to public consciousness, and they believed this would positively influence decision making going forwards. One expert commented that online teaching in Sweden was not wholly negative but had also been beneficial in evening out regional inequalities and providing children who find the classroom environment challenging with more peace and quiet for study. The rapid expansion of online activities does seem to have broadened the variety of possibilities available for delivering education in ways tailored to a greater range of needs.

Work

Obstacles to improvement
For the most part, the workshop participants and experts cited the same factors operating as both obstacles to and enablers of a more equitable post-pandemic recovery. Lack of collaboration, for instance, was noted as a problem and improved collaboration as a facilitator for building back better. Similarly, remote working was identified as in some instances problematic and, in others, as enabling greater gender equity. Several workshop participants and experts commented on how the crisis situation had made the generally poor cooperation between CSOs, and between decision makers and those affected, all the more palpable. The Irish expert also observed that programmes addressing inequalities prior to the pandemic had largely been stalled by the crisis situation and, now that so many priorities had shifted, it was unclear what would happen when restrictions lifted.

The EU Recovery and Resilience Facility was lauded for its attention to gender, which might have been missed in national plans. Experts spoke of the importance of the mainstreaming of particular groups – such as the Traveller community, Roma people,

people with disabilities – in the national plans, instead of or as well as designing programmes specific to them for helping them enter the workplace.

The possibility of working from home has been a mixed blessing. While some have benefited from the increased flexibility, enabling some women as well as people with disabilities to go from part-time to full-time work, others have struggled to combine household / family responsibilities with work demands. For those from less fortunate backgrounds and in insecure employment, lack of entitlement to statutory sick pay became critical. As a UK-based trade union representative reported, two million workers in the UK lack statutory sick pay. Most of these are women as they are over-represented in low-paid and part-time work. When infection rates were high, this raised concerns about transmission of illness and workplace safety as some workers could not afford to stay home when sick. However, inequalities in entitlement existed before the pandemic and they look set to continue after it.

Factors that would enable post-pandemic improvements in relation to work

As noted above, the same factors that were identified as problematic were also recognised as offering new opportunities – above all the option of working remotely, and the need for greater collaboration between various parties to address inequalities related to work.

Care

Obstacles to improvements

There was consensus among the workshop participants and experts that the domains of care and work are intertwined. Above all, care work was said to be 'invisible' in policy making, unpaid and to fall largely on women, who do the lion's share of caring for children, older people and the disabled or infirm. Employment in many care institutions in migrant-receiving countries is also often insecure and taken by recent immigrants, many of whose lives are already precarious in various ways. This insecurity, the experts agreed, was exacerbated by lockdown measures such as unpaid periods of quarantining or having to pay for regular COVID tests or protective clothing oneself.

The workshop participants and experts agreed that their governments could do more to address intersectional inequalities in future policy making and recovery plans, taking into consideration the way that the interactions between factors such as gender, socio-economic / migrant status, language proficiency, access to online facilities, age and disability may intensify vulnerability and jeopardise mental health. They also lamented the often-poor communication between CSOs on the one hand, who have experience on the ground, and government ministries on the other.

Factors that would enable post-pandemic improvements in relation to care

In sum, it may be said that the workshop participants and experts saw the above-mentioned obstacles as the flip side of potential improvements in the future. Ironically, the pandemic could be used as an awareness-raising opportunity to better address the

inequalities that it has brought into focus. The role of CSOs was stressed as central in relation to all domains in mediating between the needs of vulnerable people and the policymakers whose decisions impacted upon them.

Building back better

Ideas for building back better included, firstly, enlightening the relevant stakeholders in each domain about the intersecting nature of inequality factors and of how these inequalities had been both exacerbated and brought to light during the pandemic.

Recognition of the lack of coordination and communication between different levels and between countries and consequent lack of harmonisation, the lack of resources / materials / information in appropriate formats and languages, and the lack of data about and representation of those impacted by decision making were all issues that the experts noted should be addressed in future policy.

Some experts cited examples of policy refinement at EU level that had already been prompted by the pandemic. In some of the countries included in this study, recovery policies also provided examples of how to build back better. Others noted that the definition of essential services was being re-examined, since the pandemic had illustrated the importance of workers such as street vendors, seasonal and platform (e.g. Uber) workers (Brodkin 2021). Similarly, attention was drawn to the way in which understanding of mental health and its relationship to gender and other inequality factors was now playing a more prominent role in decision making.

The work-life balance benefits of flexible arrangements for work and education, with hybrid online / onsite options, were also noted. This may be particularly helpful for single parents or low-income families who are trying to juggle multiple demands. There was broad agreement that decision making about post-pandemic recovery should go well beyond economic recovery and factor in new understandings. All forms of caring should be considered work, and there should be long-term plans for supporting mental health. Furthermore, efforts should be made to identify and provide appropriate support to those who find themselves suffering various forms of exclusion.

Overall, it was observed that top-down policy making needed to be welded firmly into bottom-up articulations of needs.

Narrative interviews

Of the total 257 narrative interviews carried out with members of the public, 51 included information about gender-based violence. The interviewees were mainly women in their 30s and 40s. Unsurprisingly, the interviews relating to gender-based violence revealed that the isolation, restricted mobility, and economic hardships suffered by many during the pandemic lockdowns tended to intensify tensions in already abusive relationships. In our data, this found expression in physical, psychological (coercion, surveillance) and economic violence perpetrated by male partners towards females. Although it was not

spontaneously mentioned in these interviews, it is possible that sexual violence intensified as well. The interviews highlighted the importance of economic independence and access to support networks for women considering leaving an abusive partner. These findings are by no means novel, yet the extreme situation that many found themselves in during lockdown nevertheless alerts us to the need for greater preventive and supportive measures.

A total of 94 narrative interviews related to the issue of education (53 students, 22 parents and 19 teachers or education professionals). The students interviewed described how lockdown restrictions and the shift to online learning had completely disrupted their education. Some had been forced to move back home to their parents. Some lacked the computer skills or equipment to keep up. Complaints were made of teachers being unprepared, giving unreasonable workloads or poor follow-up. The social lives of students and school children suffered greatly and this in turn led to enduring mental health problems and difficulties in reintegrating once restrictions were lifted.

Some parents commended the way teachers had adapted to online delivery of education. Some also appreciated the extra time with their children and some children evidently did better in the quieter environment of the home than in a noisy classroom. However, many of the parents interviewed said their children struggled with the sudden shift to online schooling and that they felt inadequate to support them, especially if they were struggling to keep up with changing demands at work as well. The problems were magnified for those with poor internet access or digital literacy and language difficulties.

Many of the teaching and pedagogical staff interviewed were also parents, so they experienced the situation from both perspectives. Some explained how these roles could put conflicting demands on them. Interviewees from some countries described how the shift to online teaching brought inequalities into sharp focus. Those who lacked access to the internet lagged behind, and girls in particular were at risk of dropping out of school altogether to help with extra care work in the home. Teachers said they found themselves making ever greater efforts to meet students' new requirements, many of which went beyond the purely educational. A number of interviewees also explained how teaching delivered to immigrants by volunteer CSO workers had been affected since many of these volunteers were older / retirees who were forced to discontinue due to infection risks.

Many of the interviews conducted (161) related to the domain of work, making this the most frequently mentioned issue of the four domains. Five primary themes emerged in these narratives: underworking, overworking, work-life balance and the workplace as a social context and care.

The pandemic led to many of those in insecure employment losing their income sources altogether, thus aggravating their vulnerability. This was especially true of groups that

were already significantly marginalised, such as the Roma people. Lockdown also slowed down the processing times for visas, therefore keeping migrants from entering the labour market. Smaller businesses struggled to survive, and employees often did not meet the eligibility criteria for furlough schemes or had difficulty applying and competing for support.

By contrast, those working in the care sector found themselves overloaded with work, as did many teachers. Many jobs within care provision throughout Europe are female dominated, low paid and high in immigrant employees. This was coupled in many cases with the added emotional burden of involvement with people now suffering from the effects of isolation or illness.

In terms of work-life balance, some women said they struggled to keep up with their paid work while also being expected to provide care for children now home from school, while others appreciated the opportunity to work from home, spend less time commuting and have more time with family. Some also found the quietening down of society altogether gave them an emotional break from social pressure. The role of the workplace for social contact was also noted in some narratives, particularly in relation to starting in a new workplace or for immigrants hoping to integrate into the host society who were not only isolated from relatives in their home country but also from work colleagues. 111 narratives alluded to the issue of care – self-care, caring for family members and caring in the community.

Isolation, fear, immobility, and additional care burdens in the home meant that many women found themselves putting aside their own needs, for example for exercise, social interaction, or time for themselves. In general, they felt a need for greater childcare support, particularly if they had children with special needs.

Alongside this was the restriction in contact with grandchildren and grandparents, which often left both parties suffering. Women described often finding themselves sandwiched between caring for children on the one hand and parents on the other and the complications that lockdowns and infection risks meant for this.

Unsurprisingly, the caring relationship between partners was often also described as strained by the pandemic, with some partners adopting radically different attitudes to infections risks or vaccination, and others simply finding that the lack of outside stimulation when spending most of their time together affected the relationship dynamic.

In terms of community care, some interviewees alluded to the importance of networks in promoting a feeling of care within the community, such as, for example, LGBTQI+ communities. Others also mentioned grass-roots neighbourhood initiatives that cropped up to help older people and other vulnerable individuals with shopping and so on, while In Portugal, two interviewees spoke of how their fellow villagers found ways to gather near the shop and ease their loneliness.

Conclusions

The second cycle research findings have shown that women continued to experience accelerating degrees of disadvantage across the domains of violence, education, work and care. Recovery responses tend to have widened rather than narrowed inequalities and to have created new ones.

The main conclusion is that an intersectional approach is needed when discussing inequality in relation to each of the four domains. Our data showed, for example, that women were at greater risk of gender-based violence if they were economically disadvantaged. Similarly, in relation to education, those who lacked access to computer facilities, a calm environment, linguistic competence and parental support had greater difficulty adapting to online education than those from more privileged backgrounds. In some countries and groups, gender roles also became re-traditionalised, with girls withdrawing from education in order to help with increasing care requirements at home. Gender was also significant insofar as women tend to predominate in the teaching profession and they found themselves heavily burdened with new work responsibilities on top of increased care duties in the home.

In relation to work, it seemed that remote working might enable women to achieve a greater work-life balance and thus close the gender pay gap, as it enabled some of those previously excluded from the labour market (e.g., those with disabilities) to find new ways into employment. It was noted though that remote working might exacerbate the social exclusion of people such as new immigrants, for whom the workplace often provided a crucial site of social integration.

There was little to suggest that remote working would narrow the gender care gap. Further, migrant workers, pensioners, the self-employed or in insecure employment and young people entering the labour market all tended to be ignored in measures to redress loss of earnings.

Regarding care, it was found that gender, nationality, socio-economic class and age interplayed in exacerbating inequalities. The pandemic circumstances created greater care needs, but also shifted responsibility for care provision. Again, women, those in lower socio-economic classes and migrant workers featured among those most affected. Correspondingly, the care support systems for particular groups, such as children, those with disabilities and older people, were also observed to have been negatively affected by pandemic measures. At the time data was collected in this second cycle, workshop participants and experts saw no evidence of improvement in the foreseeable future.

How to build back better for post-pandemic recovery and resilience? The findings show that inequalities are detrimental to a society's resilience in the face of major crisis. It therefore behoves policymakers and other stakeholders to address the root causes of inequality in order to strengthen a society's ability to respond constructively to emergency measures.

Some of the most glaring problems noted were digital poverty, social isolation, invisibility of vulnerable groups, differences between the various countries (e.g. Sweden's choice to keep schools and pre-schools open), growing divisions between social groups and consequent increases in tensions. The second cycle research has considered what factors might contribute to enhancing resilience and reducing inequalities going forwards into the post-pandemic period.

We propose four main areas through which society could be 'built back better': Firstly, it is possible to learn lessons from the effects of the pandemic on vulnerable groups. This information could be collated and then utilised to enhance awareness in future policy making. Secondly, more education and funding of actors at different levels of society engaging with the interests of vulnerable groups and individuals, and greater ongoing coordination between these, would be beneficial. Thirdly, greater representation of affected groups, both in data gathered and in decision making forums, would help reduce blind spots and enhance inclusivity. Finally, we argue for reflection upon the way unquestioned cultural norms and values may contribute to perpetuating or deepening inequalities and for consideration of how these may be addressed.

In each of these areas, efforts to enhance and disseminate understanding of the intersectional nature of inequality would, we believe, yield significant benefits in terms of greater equity and empowerment of the most vulnerable in society.

Cycle three: Agency and better stories

Aim
Alongside other literature, the previous two cycles of research showed not only how pre-existing inequalities increased as a result of the COVID-19 pandemic and restrictions, but also how new ones emerged. Less attention has however been paid to individual agency and practices that may transform inequalities. This third and final cycle of the qualitative research conducted in RESISTIRÉ therefore focused on individual 'better stories' and strategic forms of agency used by marginalised people. With an analytical focus on gender+ inequalities, the third cycle therefore asked what kind of agency individuals and front-line workers in public authorities (street-level bureaucrats) practice, and what factors promote or hinder their strategic agency. Attention was hence shifted to the way that some have developed or made use of various strategies to better cope with life in times of crisis.

Methods
The third cycle was based on narrative interviews conducted with marginalised individuals (n=297; resulting in 299 narratives) in the EU27 (excluding Malta), Iceland, Serbia, Turkey and the UK, and semi-structured interviews conducted with street-level

bureaucrats (n=24) from 9 European countries. Data collection was conducted by consortium partners and a network of national researchers in 30 countries. Interviews were conducted with individuals across Europe, who shared their personal and professional experiences. Firstly, narrative interviews were carried out with 297 individuals in the EU27 (except for Malta), Iceland, Serbia, Turkey, and the UK about their lived experiences of the pandemic and its policy responses. Secondly, semi-structured interviews were conducted with 24 experts and street-level bureaucrats in Belgium, Czech Republic, Ireland, Italy, Luxembourg, Spain, Sweden, and Turkey about their professional experience of dealing with clients.

Of the 297 people recruited for narrative interviews, 235 were women, 47 were men, and 15 were non-binary. 44% (131) were between 20 and 45 years of age. 247 interviewees were new, while 50 had been interviewed in previous cycles. Selection and interviews methods were the same as in previous cycles but in the third cycle, the reporting template also provided sections for the various kinds of coping strategy adopted by interviewees: '*getting by*', '*getting out*', *getting (back) at*' and '*getting organised*' (see below). The national researchers identified the main challenges experienced, the main events related, and the actions described; involved actors (e.g., friends, employer, unemployment office, criminal justice system etc.); causes and consequences of events; triggers of a specific situation (e.g. specific encounters or actions that set events in motion) and the effects on individuals; places/locations. The narratives were then sorted into four categories, each one relating to a form of agency, and NVivo was used to code relevant subthemes within these categories.

Semi-structured interviews were also conducted with 24 street-level bureaucrats to explore the interplay between the individual and institutions and how societal systems are supporting or hindering individuals' strategic agency. Both the narrative interviews and the semi-structured interviews with street-level bureaucrats were analysed thematically, drawing on Ruth Lister's (2004, 2021) typology of agency and an intersectional approach to gender which acknowledges the centrality of gender and the mutual shaping of multiple complex inequalities (Walby et al. 2012).

Results

Narrative interviews

The narratives were categorised using Lister's (2004, 2021) framework of agency types. The notion of strategic agency refers to the way marginalised individuals cope with their vulnerabilities in ways that envision a better future. This may include the way they deal with issues such as encountering the social security, healthcare or education system, or with their working life. Lister argues that people use both individual or personal agency and political agency, and they do so in both 'everyday' and 'strategic' ways. Personal everyday agency includes **'getting by'** best one can with available resources and in one's circumstances. Personal strategic agency includes finding means to **'get out'** of a troublesome situation. Political everyday agency includes **'getting back at'** the system through micro-level acts of resistance. And political strategic agency refers to collective

organisation, **'getting organised',** in order to make political claims. Lister's four categories of agency can be applied to understanding how both individuals and groups respond to oppression by disrupting dominant norms and narratives.

While the various forms of agency are far from watertight definitions, and often overlap, the results nevertheless show that '*getting by*' was by far the most commonly used form of agency and was noted in 242 of the 299 narratives. '*Getting out*' was noted in 167 narratives. Political actions were less common, with '*getting organised*' occurring in 130, and '*getting (back) at*' occurring in only 97 narratives.

Everyday coping – 'getting by'
Some of the adversities that people noted included fear of infection, social isolation, pressure on close relationships, inactivity / boredom, increased burdens of paid or unpaid work, limited access to services (including medical services), economic uncertainty or hardship, mental health problems.

Interviewees reported trying to cope with the above by making do, as best they could, under their constrained circumstances. 'Getting by' included trying to mollify fears and feelings of isolation by avoiding the news, keeping in touch with friends and relatives online, exercising outdoors regularly. Working from home could both enhance and inhibit agency since it enabled some to keep up a regular income while others found themselves trapped in the house, taking extra responsibility for home schooled children or caring for relatives.

Those employed in the care sector also described struggling to get by due to the ambivalence of their role – the pressure to keep up with growing demands as patient numbers increased and staff went off sick – and the difficulty this meant in taking care of their own needs for support and self-care.

Many also found themselves financially compromised, particularly the self-employed and those with insecure employment contracts. In cases of extreme poverty, coping strategies included limiting the number of meals eaten in a day.

Everyday resistance ('getting back at')
Everyday acts of resistance are a form of micro-political action by individuals against a system perceived as oppressive. Themes that recurred in the narratives collected included various degrees of anger about the way the pandemic had been handled by those in power; a sense of injustice about inequitable distribution of support; a lack of access to services such as medical and childcare; and unfair (e.g. ageist) stereotyping in the design of pandemic measures.

Many were enraged by the inequities that were caused or exacerbated by pandemic measures, with the most vulnerable often finding themselves deprived of support or compensation for economic losses. Those living in cramped accommodation with no

garden, for instance, experienced lockdown in very different ways from those living in more salubrious housing. Some described the situation as veering towards authoritarianism by forbidding all forms of public gathering as well as dictating how private space was to be used.

While many interviewees expressed anger about the unfairness of the lockdown measures, few took definitive action. Of those that did, these actions included rejecting conformist values, refusing vaccination, breaching lockdown regulations, performing unrecorded work or putting less effort into one's work, and some even opted to leave their job ('*got out*') in pursuit of something better.

Some were able to work the system to their advantage and not simply '*get by*' but bend the regulations such that they '*got back*' at it in creative ways, using forms of resistance and defiance. For example, some found ways to meet friends in outdoor spaces to break the sense of isolation.

Transcending adversity ('getting out')
An individual's agency to escape from adverse situations may be aided or hampered by the socio-cultural resources available to them. These may include their chances of accessing education, employment, or accommodation.

Although some interviewees spoke of how the pandemic had prompted them to try to '*get out*' of situations, they were not always successful. Nevertheless, they mentioned how the pandemic had brought a new awareness about their desire to make changes. More definitive efforts to '*get out*' of situations of adversity were also noted in the narratives. Perhaps the most striking example was of people who felt pressurised by the new circumstances into leaving an abusive or distressing relationship. By contrast, a few claimed they felt prompted to resolve relationship issues such an unequal distributions of household labour, changing jobs or coming out about one's sexuality.

For some, '*getting out*' of the workplace and being able to work from home reduced time stress and enhanced quality of family life or freed up time for self-care. While some initially welcomed the slower, quieter pace of life as a time of respite and reflection over their values moving forwards, many found that with time, this became increasingly irksome. A number of interviewees commented on the mental health effects of the pandemic, but it was also noted that the crisis had been positive in bringing to light pre-existing problems and giving people reason to begin actively seeking help, which may bring longer-term benefits.

Collective action ('getting organised')
'*Getting organised*' refers here to the ways individuals and groups collaborate for mutual benefit. There were examples of both formal and informal organisations and stories told from the perspective of both giving and receiving support, sometimes by one and the same person.

While Lister (2021: 164) observes that poverty generally tends to mitigate against collective organisation or identity, the narratives yielded examples of vulnerable people who found ways to develop community-based and collective self-help initiatives, such as neighbourhood support groups and online support communities. While the latter was experienced as limiting in some regards (such as building rapport through body language), it enabled people with mobility problems to feel more included than they would have been otherwise and reduced the sense of physical distance between individuals.

Although less frequent, there were also instances of people organising not only to help one another, but also to effect social change at a structural level. Spurred by their own experiences, some of those interviewed had become active in organisations working to support groups such as the disabled or survivors of domestic abuse.

Several narrators stated that '*getting organised*' constituted a way of coping with the pandemic as it gave them a sense of purpose. On the other hand, the pandemic could also make it more difficult to engage in organisational activity if, for example, one was homebound and caring for children or a disabled relative. And for those employed within civil society organisations providing support for the vulnerable, the pandemic meant greater workloads, sometimes leading to burnout.

Interviews with street-level bureaucrats

The term street-level is used to refer to workers who deliver welfare either through public or private organisations (Lipsky 2021; Smith 2012). They are thus often in an ambiguous situation; caught between the demands of the organisation they are employed by and the clients they serve. While they may belong to a vulnerable group themselves, they also enjoy a degree of discretionary power in the implementation of policy on the ground. Examples include care workers, teachers, police officers, social workers, mental health counsellors, employment officers and more.

The pandemic exposed many of these workers to greatly increased pressures from both their employers and their clients, while simultaneously reducing available resources. However, the rapidly shifting policy landscape also gave them greater space for manoeuvre in their interpretations of regulations, and some used resistance or improvisation to manage their situations and show loyalty to the needs of clients. The main problem described by street-level bureaucrats for their clients was the economic vulnerability experienced by their clients. Those who lost their jobs were finding it hard to find work again and this was impacting on other areas of life – for example, children in insecure households had greater difficulty studying online, alimony and debt payments became harder to honour.

On the positive side, both organisations / institutions and peers in some instances began to mobilise resources to help those in need. Examples included food packages and the

provision of free language classes but also greater leniency from some police officers for those who were found to have breached regulations. The interviewed street level bureaucrats reported increasing inequalities and difficulties in relation to the pandemic also in other areas, these included:

- *Isolation, Fear and Physical and Mental Health*

Those living alone were noted to be at risk of feeling isolated and suffering a deterioration of their wellbeing, both physical and mental. The sick, elderly or disabled already living in care homes were unable to receive regular visitors and the use of face masks could make it difficult for them to recognise even staff they were familiar with. Factors that street-level bureaucrats noted as supportive for their clients in these circumstances were vibrant family or social networks and access to online communication.

- *Gender-based violence*

Difficulties in approaching the authorities face to face during lockdown were noted as hindering victims of gender-based violence from seeking help or lodging reports. There were also problems with finding safe housing for those who did lodge reports. However, access to hotlines was noted as significant for victims and applications for housing in shelters reportedly increased during the lockdown.

- *Proximity – access to face-to-face and drop-in services*

Lockdown measures meant that many face-to-face services became severely restricted. These included services such as prenatal care (with fathers-to-be being excluded) and social work.

- *The digital divide*

The street-level bureaucrats interviewed spoke also of the disparities between those who had easy access to online facilities and those who did not. Not only children in less advantaged situations, but also their parents faced with the sudden shift to online education often lacked the skills or tools to make the transition. This gave previously existing inequalities new significance and tended to exacerbate them.

- *Shortages of staff, resources and time*

The care sector in particular was noted to have been affected by earlier budget cuts, increased staff absences during the pandemic due to infection alongside a growing need for care by the elderly, disabled or sick.

- *Bureaucratic rules*

Some interviewees commented on the way in which bureaucratic regulations made people's ability to access services sluggish and inefficient.

- *Information deficit*

It was also said that certain groups lacked access to information updates during the pandemic. This was particularly problematic for immigrant groups whose understanding of the host country's language and various bureaucratic systems was limited. And it was not made any easier by the fact that regulations changed so rapidly and could be confusing.

- *Not following or trusting the rules*

Interviewees from the police or teaching professions, for instance, noted that people tired of the restrictions with time and became increasingly inclined to flout them, thus generating some anxiety for others who continued to fear infection.

The strategic agency of street-level bureaucrats

The street level bureaucrats were asked how they themselves had responded to the difficulties and inequalities their clients met, these findings were analysed using Listers framework.

Getting by

The street-level bureaucrats interviewed described how they adapted to the changing situation by both showing loyalty to their organisation and simultaneously responding to the worsening situations their clients were facing (cf. Cooper et al. 2015). Many spoke of how they tried to help their clients with basic provisions in the hopes that this would help find ways to '*get out*' of constraining situations.

All interviewees reported that they found ways to navigate the new regulations in such a way as to continue service delivery for their clients. Some worked longer hours or took on more tasks and often found ways to help especially vulnerable clients, such as immigrants who suddenly found themselves without work and therefore disqualified from a continued right to reside in the host country. Other new migrants were now finding it difficult to enter the labour market due to the closure of many small businesses that might formerly have provided an entry point. Again, language difficulties added to these people's vulnerabilities.

Getting out

When constrained by the regulations, many street-level bureaucrats, in collaboration with their clients, found innovative ways to escape the limitations. For example, one particular group of women began producing embroidery work and manufacturing medical uniforms and masks and using the revenue to supplement their reduced household incomes. Some opted to keep classroom windows open in schools to circulate air, and a parents' association began providing bread and soup once a week. Interviewees described small changes they made in everyday management and how they adopted new tools – often in collaboration with clients – to try to address their clients' vulnerability. It was evident that changes in practice were only really effective if they were supported by institutional policies.

Getting back at

Some street-level bureaucrats found themselves faced with clients who defied the regulations. A policeman commented on the problem of dealing with those who disregarded the social distancing regulations. Social workers sometimes had to deal with people who refused to wear face masks or continued to gather in large groups.

Further, the street-level bureaucrats themselves sometimes decided to ignore the new, quickly changing rules so as to honour the best interests of their clients. For example, out of compassion for a pregnant woman whose husband was undergoing chemotherapy, a midwife decided to help with a home birth to minimise the mother's possible exposure to infection in the hospital setting.

It transpired that both street-level bureaucrats and their clients exercised a degree of resistance in relation to the regulations. This sometimes backfired on the street-level bureaucrats when they sympathised with their clients' frustrations but found themselves powerless to do anything to help. This contributed to stress and sometimes fear of clients' behaviour and lack of clear support by their own organisation. However, there were also instances of street-level bureaucrats cooperating with clients in contravention of regulations and thereby risking their jobs.

Getting organised

There was some evidence in our material of the pandemic propelling people into closer collaboration with one another, and thus providing one another with greater support. Within the medical field, some reported working more closely with colleagues to learn how best to manage patients suffering from COVID-19. Social workers who were working in NGOs also reported working more closely with other organisations and government agencies to better assist their clients. And some mentioned organising seminars with colleagues and members of other organisations to exchange ideas about best practices and lessons learned. The interviews revealed that when workers were able to come together and organise, this provided a degree of stress relief and inspiration for participants. However, many reported that it nevertheless remained difficult to gain traction and influence upwards in their organisation.

Limitations were reported in the ability of lower-level actors to get their voices heard by higher level authorities and decision makers.

Conclusions
The strategic agency of vulnerable groups during crises

By viewing social exclusion and vulnerability as practice and process rather than conditions, we acknowledge the role of both structure and agency. Previous research has revealed how the effectiveness of strategic agency depends upon institutional and social responsiveness. When institutions counteract the use of strategic agency, people may simply continue to struggle but with growing resentment and cynicism towards the system. On the other hand, when strategic agency is met with institutional support,

transformation becomes more likely, and tensions tend to resolve. The role of street-level bureaucrats in this process is often pivotal (Evans, 2010, Cooper et al. 2015). In the analysis of the narrative interviews and supported by the interviews with street-level bureaucrats, a conclusion is that the strategies described by Lister often are interactive and mutually re-enforcing between actors and institutions, service providers and clients.

Another conclusion is that, while, all narratives provide account of one or more forms of strategic agency, those who benefited from changes brought about by the pandemic and who were able to exercise more strategic forms of agency (getting out/getting organised) tended to be those who already enjoyed a reasonable degree of security. Although there were some noteworthy exceptions of people 'getting out' or 'getting organised' seemingly against all odds, it seems that those who were already in precarious situations were likely to find themselves propelled into worsening circumstances.

Further, we can conclude that various forms of vulnerability intersect. For example, gender, socio-economic status, age and ethnicity might coalesce in the case of a single mother of migrant background on a low income, and older women might face increased care burdens yet lower pension entitlements than a male counterpart. While some were already living in precarious situations prior to the pandemic and found their circumstances aggravated, others had enjoyed relative security previously but were confronted with significant new challenges as a result of the pandemic.

Overall, a conclusion is that access to both social and material capital played significant roles in how well people coped with the new challenges. Some clearly felt that they had benefited from strengthened local-level social ties developed in response to both the pandemic and to the dearth of support from public authorities. Involvement in neighbourhood initiatives often fuelled their sense of personal agency. Others, however, found themselves unable to access these resources regardless of what inequality grounds they were affected by.

In sum, it was therefore apparent that 'better stories' as well as stories of hopelessness and exclusion could often be found in most narratives, and that some stories contained both elements in a single narrative.

Support to marginalised groups during crisis and beyond

Lister describes social exclusion as the 'practice of the more powerful which structures the possible field of action of the less powerful' (2004: 96). Street-level bureaucrats are more powerful than their clients and during the pandemic, acted as gatekeepers to a variety of resources, information and connections. Nevertheless, they were in turn less powerful than the decision makers above them and, like their clients, made use of various strategies to resist, redefine, and act collectively or in solidarity with their clients to cope with or influence the system. Furthermore, many of the respondents in the narrative interviews were themselves working as street-level bureaucrats, facing

dilemmas both in their private and professional life that they describe in the interviews.

The interviews findings show how the street-level bureaucrats found that the pandemic brought with it important lessons in relation to service delivery both in times of crises and for the future recovery and development work to come. These included:

Digitalisation of services

Street-level bureaucrats interviewed generally viewed the digitalisation of education and services as a positive development that enabled greater access for individuals and saved considerable amounts of time – particularly for people in remoter areas and their service providers. It was also said to facilitate communication between organisations and generally ease and speed up the flow of information between all stakeholders.

Negative effects were noted for particularly vulnerable groups. For example, those with hearing difficulties or language limitations found telephone conversations unsatisfactory and, as noted, the less privileged often lacked sufficient access to digital facilities.

New professional knowledge gained

The pandemic was said to have brought to light the material and emotional needs of vulnerable groups. In some cases, families were provided with screens so that they could follow online education. Some of our interviewees felt they had acquired greater insight into the reality of their clients' home lives and were therefore better equipped to respond appropriately with input such as counselling / bereavement support, education in digital literacy and how to use services such as online banking. They also felt they had developed new methods of reaching out to their clients and maintaining contact.

Lack of crisis preparation

Many interviewees commented on the general lack of preparedness when the pandemic broke out, and on how many of the services worst hit had already been understaffed and under-resourced prior to the pandemic. However, several also claimed that they had learned quickly to adjust, particularly in improving their digital literacy, and that the lessons they had taken from this crisis would serve them even in the future. One interviewee observed that people had become more flexible in their work and that teams were collaborating better. Another posited that their organisation's planning would become more comprehensive and systematic in future.

The better stories

The concept of better stories is applied to both the micro and meso levels. On the micro level, it refers to the way marginalised individuals make use of resources in their everyday lives, whereas on a meso level it refers to initiatives that have the potential to induce social change (Georgis 2013). On both levels, better stories are inclusive, and representative of marginalised communities and they challenge dominant narratives and power structures, including those that uphold the separation of the personal and political. These stories are valuable in promoting social change and creating more just

and equitable societies. Georgis argues that the stories we tell shape our understanding of the world and ourselves, and that dominant narratives often exclude and marginalise certain groups of people. She therefore proposes that better stories are those that include and represent marginalised communities. Such stories help disrupt dominant narratives, dissolve the divide between the personal and the political and create more equitable and just societies.

In RESISTIRÉ, we use the concept of better stories to inspire initiatives that may help build a more equitable future. We explore what the narratives tell us about the factors that may help this work in practice and why.

Our qualitative data offered clues as to what factors facilitated or hindered the unfolding of 'better stories', or even contributed to 'bad story' outcomes by creating or exacerbating inequalities. The pandemic had widespread effects on both the receipt and delivery of support and public services by street-level bureaucrats. Factors influencing this were the proximity and physical accessibility of services, the digital divide, staff and resource shortages, bureaucratic red tape, lack of appropriate information about specific regulations and news, mistrust of the rules and therefore refusal to follow them.

Despite the limitations of support available to the most vulnerable, a spirit of solidarity is notable in many of the narratives. People exchanged information and offered each other material, social and emotional support through neighbourhood networks; street- level bureaucrats offered one another collegial support to handle new demands; helplines increased their support to women at risk of gender-based violence and young people coming to terms with their gender identity were now finding more support through online communities.

While larger scale social mobilisation to address systemic inequalities was less evident in our interview data, there were many initiatives representing spontaneous and rapid responses to the exigencies of the pandemic. This is unsurprising given the urgency and rapid evolution of the situation. We contend that it is nonetheless important to highlight these 'better stories' of solidarity as 'counter narratives' that offer insights into people's capacity to support one another and, ultimately, to have a broader impact on society.

Final reflections

RESISTIRÉ advances our knowledge about the effects of the pandemic on already vulnerable groups with a view to promoting societal change. We believe that it is not enough to simply recover and return to ´how things used to be´ before the pandemic. Instead, we see the pandemic as an opportunity to 'build back better'. To address the inequalities highlighted and widened by the crisis, we need to both tackle the root causes of such inequalities and understand how to take them into consideration in future crises.

In an effort to build back better, several important dilemmas have been pinpointed when considering how agency and empowerment for vulnerable groups may be strengthened. These dilemmas need to be considered by institutional actors who have the power to make a difference. The pandemic has also shown us what is important to consider when strengthening the resilience of societies and people. It has pinpointed weaknesses and strengths that arise from actors and systems, interactions, and actions.

The synthesis of the research results suggest COVID-19 was experienced as:

- **A crisis of inequality**, people who were already vulnerable and marginalised prior to the outbreak of the pandemic suffered disproportionately both from the pandemic itself and from the policy measures introduced to handle it. The pandemic exacerbated pre-existing inequalities and exposed major gaps in welfare systems throughout Europe. The fact that the pandemic emergency measures were often authoritarian and insensitive to the needs of the most vulnerable left many despondent, and lacking confidence in the public authorities to help them – supporting the conclusion of the pandemic as a crisis of trust.

- **A crisis of trust**, where pandemic policy protected those with higher levels of education and greater job security, while failing to consider its negative impacts on the most vulnerable and least visible. Scepticism towards authorities was evident, alerting us to tensions evoked when democratic freedoms are infringed upon. Fear mongering may enforce compliance but may also lead to grass roots solidarity in opposing authorities and delegitimising leadership.

- **A crisis of care**, which affected (migrant) women disproportionately. Their labour was over-represented in both paid and unpaid provision of care: in frontline healthcare, childcare, care of the elderly and of those with disabilities. This gender imbalance is clearest in relation to the gender care gap, gender pay and pension gap, work and labour market, human rights, and economy.

However, the pandemic also shows:

- **A better story of solidarity,** which is notable in many of the interviews. People exchanged information and offered each other material, social and emotional support through neighbourhood networks. Street-level bureaucrats offered one another collegial support to handle new demands. Helplines increased their support to women at risk of gender-based violence and young people coming to terms with their gender identity were now finding more support through online communities. The pandemic drew attention to the fact that many people were suffering from mental health problems, and this made it easier for some individuals to begin acknowledging and addressing their own difficulties. There was a strengthening of community resulting from the pandemic. While larger scale social mobilisation to address systemic inequalities was less evident in our interview data, there were many initiatives representing spontaneous and rapid responses to the exigencies of the pandemic. Stories like these show how it is possible for vulnerable people to exercise agency and make collective political claims.

- **A better story of resilience**: When institutions counteract agency, people may simply continue to struggle but with growing resentment and cynicism towards the system. When institutions offer support, transformation becomes more likely, and tensions tend to resolve. Street-level bureaucrats can be pivotal in this process. Street-level bureaucrats held power over their clients as gatekeepers to a variety of resources, information and connections. But they were less powerful than the decision makers above them and, like their clients, used various strategies to resist, redefine, and act collectively or in solidarity with their clients.

- **A better story of visibility**: The pandemic contributed to deepening inequalities in several areas but at the same time, it also helped make many of the difficulties marginalised people face in their everyday life more visible. Examples highlighted in RESISTIRÉ include: First, the pandemic was detrimental to the mental wellbeing of many people, even longer term, but it also had a positive effect on heightening awareness of mental health problems and bringing them squarely into the forum of public discourse. Second, it put care, in its many guises, as well as gendered inequalities relating to care, into the spotlight. And third, it made the link between isolation and gender-based violence painfully apparent to many, adding much needed attention to the issue. Although this increased visibility is positive, there is a danger of losing momentum and letting things slip out of view once things get back to 'normal'. In other words, the pandemic risks being a missed opportunity to 'build back better'.

To sum up, while the pandemic clearly has had devastating and deadly consequences, it is nonetheless important to highlight the better stories emerging from it. These provide a 'counter narrative' and offer insights into people's capacity to support one

another and, ultimately, to have a broader impact on society. They illustrate ways in which it may be possible to exercise agency to counteract the shaming, invisibility and othering of marginalised groups. They may thus be seen as the seeds of strategic political acts for making collective claims. For this reason, the notion of better stories (borrowed from Dina Georgis, 2013) which represents a key building block in the RESISTIRÉ conceptual framework, has been monumental for the project. Better stories of change-oriented civil society responses and individual agency have been in a particular focus of this project, alongside the collection and analysis of data showing trends of recovery or change in different social and economic domains.

Better stories enable making visible that change – beyond only coping – is indeed possible, from which even better stories of responding to crises could be developed. Against this backdrop, future crisis research should be geared towards examining more closely what practices can transform/change inequality situations, with a focus on both public authorities and policies, together with civil society organisations and marginalised individuals' practices and strategies.

We leave as final remarks some of the more important recommendations we have arrived at. The project results show that there is still an overwhelming need for empirical research on the impact of the pandemic from the perspective of the gender+ and inequality domains lens applied in RESISTIRÉ. This includes both basic research to better understand the effects of the pandemic, and applied research, i.e., seeking practical applications for research results obtained directed towards specific practical aims or objectives.

First, lessons may be learned from the effects of the pandemic on vulnerable groups, including intersectional inequalities. This information could be collated and then utilised to enhance awareness in future policy making. Second, more education and funding of actors at different levels of society who protect the interests of vulnerable people, and greater coordination between these, would be beneficial. Third, greater representation of affected groups, both in data gathered and in decision making forums, would help reduce blind spots and enhance inclusivity. Again, intersectional data collection and analysis are required. Fourth, we argue for reflection upon the way unquestioned cultural norms and values may contribute to perpetuating or deepening inequalities and for consideration of how these may be addressed.

In each of these areas, efforts to enhance and disseminate understanding of the intersectional nature of inequality would, we believe, yield significant benefits in terms of greater equity and empowerment of the most vulnerable in society.

Finally, in the words of Arundhati Roy the pandemic could be viewed as 'portal' between worlds: "We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us. Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it" (Roy 2000: no page number).

References

Altınay, A.G. (2019). Undoing academic cultures of militarism: Turkey and beyond. *Current Anthropology 60*(S19), 15–25. https://www.journals.uchicago.edu/doi/abs/10.1086/700182.

Axelsson, T. K., Callerstig, A-C., Sandström, L., & Strid, S. (2021). *RESISTIRÉ D4.1 Qualitative Indications of Inequalities Produced by COVID-19 and its Policy Responses. 1st Cycle Summary Report.* Zenodo. https://doi.org/10.5281/zenodo.5595815.

Brodkin, E. (2021). Street-level organizations at the front lines of crises. *Journal of Comparative Policy Analysis: Research and Practice, 23*(1), 16–29.

Campbell S., Greenwood M., Prior, S., et al. (2020) Purposive sampling: complex or simple? Research case examples. *Journal of Research in Nursing, 25*(8), 652–661. doi:10.1177/1744987120927206.

Chase, S. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE Handbook of Qualitative research* (3rd ed., pp. 651–680). Thousand Oaks, CA: Sage.

Chaskin, R. J. (2008). Resilience, community, and resilient communities: conditioning contexts and collective action. *Child Care in Practice 14*(1), 65–74. https://doi.org/10.1080/13575270701733724

Cibin, R., Ghidoni, E., Stöckelová, T., & Linková, Marcela. (2023). *RESISTIRE D2.3 Summary report mapping cycle 3*. Zenodo. https://doi.org/10.5281/zenodo.7708631

Cibin, R., Ghidoni, E., Aristegui-Fradua, I. E., Marañon, U. B., Stöckelová, T., & Linková, M. (2022). *RESISTIRÉ D2.2 Summary Report on Mapping Cycle 2*. Zenodo. https://doi.org/10.5281/zenodo.6536060.

Cibin, R., Stöckelová, T., & Linková, M. (2021). *RESISTIRÉ D2.1 - Summary Report Mapping Cycle 1*. Zenodo. https://doi.org/10.5281/zenodo.6325633.

COM/2020/152 final. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0152

Cooper, MJ., Sornalingam, S., & O'Donnell, C. (2015). Street-level bureaucracy: an underused theoretical model for general practice? *British Journal of General Practice 65*(636), 376–377. https://doi.org/10.3399/bjgp15X685921.

Davoudi, S. (2012). Resilience: a bridging concept or a dead end? *Planning Theory and Practice 13*(2), 299–307.

European Commission (2020). A *Union of Equality: Gender Equality Strategy 2020-2025*. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions. Brussels. Com/2020/152 Final.

European Commission (2021). *Report on Gender Equality in the EU, European Commission*. Luxembourg: Publications Office of the European Union. Available at: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_1011.

Evans, T. (2010). *Professional Discretion in Welfare Services*. Farnham: Ashgate.

Forbes, B C., Stammler, F., Kumpula, T., Meschtyb, N., Pajunen, A., & Kaarlejärvi, E. (2009). *High resilience in the Yamal-Nenets social–ecological system, West Siberian Arctic, Russia.* Proceedings of the National Academy of Sciences Dec 2009, 106 (52) 22041–22048; DOI:10.1073/pnas.0908286106.

Georgis, D. (2013). *The Better Story: Queer Affects from the Middle East.* Albany: State University of New York Press.

Gofen, A., & Lotta, G. (2021). Street-level bureaucrats at the forefront of pandemic response: A comparative perspective. *Journal of Comparative Policy Analysis: Research and Practice 23*(1), 3–15.

Gunnarsson, E. (2006). The snake and the apple in the common paradise. In K. Aagard Nielsen & L. Svensson (Eds.) (2006). *Action Research and Interactive Research. Beyond Practice and Theory.* Maastricht: Shaker publishing.

Hankivsky, O., Grace, D., Hunting, G., Giesbrecht, M., Fridkin, A., Rudrum, S., Ferlatte, O., & Clark, N. (2014). An intersectionality-based policy analysis framework: critical reflections on a methodology for advancing equity. *International Journal of Equity Health 13*, 119. https://doi.org/10.1186/s12939-014-0119-x.

Harroche A., Still A., Tzanakou C., Rossetti, F., Lionello, L., Charafeddine, R. (2023). *RESISTIRÉ D3.3 Summary Report on Mapping Quantitative Indicators – Cycle 3.* https://doi.org/10.5281/zenodo.7708668

Kenny, M. (2007). Gender, institutions and power: A critical review. *Politics* 27: 91–100.

https://doi.org/10.1111/j.1467-9256.2007.00284.x.

Kenny, M. (2013). A feminist institutionalist approach. In *Gender and Political Recruitment. Gender and Politics.* Palgrave Macmillan, London. https://doi.org/10.1057/9781137271945_3.

Kenny, M. (2014). A feminist institutionalist approach. *Politics & Gender 10*(4), 679– 684. doi:10.1017/S1743923X14000488.

Kerremans, A. & Denis, A. (2022). *RESISTIRÉ D6.2 Report on Solutions Cycle 2.* Zenodo. https://doi.org/10.5281/zenodo.6913328.

Kerremans, A., & Denis, A. (2022). *RESISTIRÉ D5.3 Report on Open Studios Cycle 2*. Zenodo. https://doi.org/10.5281/zenodo.6674171.

Kerremans, A., Živković, I., & Denis, A. (2021). *RESISTIRÉ D5.2 Report on Open Studios Cycle 1*. Zenodo. https://doi.org/10.5281/zenodo.5616857.

Kim, J-H. (2019a). *Understanding Narrative Inquiry. The Crafting and Analysis of Stories as Research.* New York: SAGE Publications.

Kim, J. (2019b). *Narrative data collection methods. In Understanding Narrative Inquiry* (pp. 154-183). SAGE Publications, Inc.

Lara, M. P. (1998). *Moral Textures. Feminist Narratives in the Public Sphere*. Cambridge: Polity Press.

Lindsay G.M., & Schwind J. K. (2016). Narrative inquiry: Experience matters. *Canadian Journal of Nursing Research 48*(1): 14–20.

Lipsky, M. (1971). Street-level bureaucracy and the analysis of urban reform. *Urban Affairs Quarterly 6*(4), 391–409.

Lister, R. (2004). *Poverty*. Cambridge: Polity Press.

Lister, R. (2015). To count for nothing: poverty beyond the statistics. *Journal of the British Academy 3,* 139–165.

Lister, R. (2021). *Poverty.* Cambridge: Polity Press.

Lyons, N. (2007). Narrative inquiry: what possible future influence on policy or practice? In: D. J. Clandine (ed.). *Handbook of Narrative Inquiry: Mapping a Methodology* (pp. 600–631). Thousand Oaks, CA: SAGE Publications, Inc.

Mackay, F., & Waylen, G. (2014). Introduction: gendering "new" institutions. *Politics & Gender 10*(4), 489–494. doi:10.1017/S1743923X14000385.

Mackay, F., Kenny, M., & Chappell, L. (2010). New institutionalism through a gender lens: towards a feminist institutionalism? I*nternational Political Science Review 31*(5), 573–588.

Rikala, S. (2020). Agency among young people in marginalised positions: towards a better understanding of mental health problems. *Journal of Youth Studies 23*(8), 1022—1038. https://doi.org/10.1080/13676261.2019.1651929.

Roy, A. (2020). The pandemic is a portal", *Financial Times*, April 3, 2020. https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca.

Sandström, L., & Strid, S. (eds.). (2022). *RESISTIRE Agenda for Future Research - Cycle 2*. Zenodo. https://doi.org/10.5281/zenodo.7043345.

Sandström, L., Axelsson, T. K., Callerstig, A-C, Strid, S., & Bobek, A. (2022). *RESISTIRÉ D4.2 Building Back Better? Qualitative Indications of Inequalities Produced by COVID-19 and its Policy and Societal Responses. Second Cycle Summary Report*. Zenodo. https://doi.org/10.5281/zenodo.6517795.

Smith, S. R. (2012). Street-level bureaucrats and public policy. In: G. Peters & J. Pierre (eds.). *The SAGE Handbook of Public Administration* (pp.431–446). Thousand Oaks, CA: Sage.

Stovell, C., Lionello, L., Rossetti, F., Charafeddine, R., Nugent, S., Still, A., Tanwar, J., & Tzanakou, C. (2022). *RESISTIRÉ D3.2 - Summary Report on Mapping Quantitative Indicators – Cycle 2*. Zenodo. https://doi.org/10.5281/zenodo.6506408.

Stovell, C., Rossetti, F., Lionello, L., Still, A., Charafeddine, R., Humbert, A. L., & Tzanakou, C. (2021). *RESISTIRÉ D3.1 Summary Report on Mapping of Quantitative Indicators - Cycle 1*. Zenodo. https://doi.org/10.5281/zenodo.5541035.

UN (1995) The Beijing Declaration and Platform for Action.

UN SG Policy brief (2020). The impact of COVID-19 on women. https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

UN Think Piece (2020). *Gender and Climate Change in the Context of COVID-19.*

https://wedocs.unep.org/handle/20.500.11822/32901.

UN Women (1995). *Beijing Declaration and Platform for Action. Beijing+5 Political Declaration and Outcome.* Available at: https://beijing20.unwomen.org/~/media/headquarters/attachments/sections/csw/pfa_e_final_web.

Verloo, M. (2006). Multiple inequalities, intersectionality and the European Union. *European Journal of Women's Studies 13*(3), 211–228. https://doi.org/10.1177/1350506806065753.

Verloo, M. (2013). Intersectional and cross-movement politics and policies. *Signs 38*(4), 893–915.

Walby, S., Armstrong, J., & Strid, S. (2012). Intersectionality. Multiple tensions in social theory. *Sociology 46*(2), 224–240. https://doi.org/10.1177/0038038511416164.

Živković, I., Kerremans, A. & Denis, A. (2022). *RESISTIRÉ - Agenda for Future Research - 1st Cycle*. Zenodo. https://doi.org/10.5281/zenodo.5846267

Živković, I., Kerremans, A., Denis, A., Cibin, R., Linková, M., Aglietti, C., Cacace, M., Strid, S., Callerstig, A-C., Axelsson, T. K., Schrodi, C., Braun, C., & Romeo, G. (2021). *RESISTIRÉ D6.1 Report on Solutions Cycle 1*. Zenodo. https://doi.org/10.5281/zenodo.5789230.

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- Sandström, L., Axelsson, T. K., Callerstig, A-C, Strid, S., & Bobek, A. (2022). *RESISTIRÉ D4.2 Qualitative Indications of Inequalities Produced by COVID-19 and its Policy and Societal Responses. Second Cycle Summary Report*. Zenodo. https://doi.org/10.5281/zenodo.6517795

- Sandström, L., Callerstig, A-C., Strid, S., Lionello, L., & Rossetti, F. (2023). *RESISTIRE D4.3 Qualitative Indications of Inequalities Produced by COVID-19 and its Policy and Societal Responses. Third Cycle Summary Report*. Zenodo. https://doi.org/10.5281/zenodo.7708724