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RESISTIRÉ

Reducing gendered inequalities
caused by COVID-19 policies

Deliverable 3.4 Overview of summary reports on mapping quantitative indicators – cycle 1, 2, and 3

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² PU: Public, PP: Restricted to other programme participants (including the Commission Services), RE: Restricted to a group specified by the consortium (including the Commission Services), CO: Confidential, only for members of the consortium (including the Commission Services).

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Summary

This report presents a summary of the three-cycle analysis of quantitative indicators within the RESISTIRÉ project. It focuses on assessing the economic, social, and environmental impacts of COVID-19 at both the national and European levels. National insights are derived from Rapid Assessment Surveys (RAS), while European-level insights are based on literature reviews and the analysis of the Eurofound online survey "Living, working and COVID-19," conducted between 2020 and 2022.

The first cycle offered analytical insights into the pandemic's impact across various domains of inequality, including the labor market, the economy, gender pay disparities, pension gaps, gender care gap, gender-based violence, decision-making in politics, human and fundamental rights, and environmental justice. In the second cycle, we updated the quantitative assessment of both national and European indicators, with a particular focus on the experiences of distinct demographic groups. This included young and older individuals, single parents, migrants, refugees, asylum seekers, and members of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) communities. The third cycle concentrated on longitudinal data and indicators to uncover the lasting impact of the pandemic and potential actions to tackle future crises. This report showcases the key findings from these cycles, illustrating how the pandemic's profound effects affected individuals across multiple dimensions of inequality. It also identifies recovery strategies and offers insights into methodological approaches for researching similar crises in the future.

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Introduction

RESISTIRÉ analysed the unequal impacts of the COVID-19 outbreak and its policy responses on behavioural, social and economic inequalities in 30 countries (EU 27 plus Iceland, UK, Serbia and Turkey³), working towards individual and societal resilience. The project focused on the intersection of specific domains of gender inequalities (see below) and specific inequality grounds (sex and/or gender, sexual orientation, ethnicity, race, nationality, class, age, religion/belief, disability, gender identity). The project brought together an eleven-partner multidisciplinary and multisectoral European consortium, and a well-established network of researchers in 30 countries.

Three cycles of data collection and analysis were conducted over 30 months (April 2021-September 2023), with detailed methodologies and results presented in three longer results reports (See reports one, two and three). This summary report synthesises these three longer reports, providing an accessible introduction to RESISTIRÉ's results.

The first cycle report on quantitative indicators provided analytical insights on the impact of the pandemic across the RESISTIRÉ domains of inequality⁴ (work and the labour market, the economy, the gender pay and pension gap, the gender care gap, gender-based violence, decision-making and politics, human and fundamental rights, and environmental justice). Data collected during the pandemic at both national (in the form of Rapid Assessments Surveys) and European levels, were reviewed for each domain. In the second cycle, we turned our focus towards key inequality grounds (age, relationship status, nationality, sexuality and gender identity) underpinning the RESISTIRÉ project, providing an update of the quantitative mapping of both national and European indicators with an emphasis on the experiences of young/older people, single parents, migrants/refugees/asylum seekers and lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities. In the third cycle report, we examined longitudinal data and quantitative indicators from a gender+ perspective, exploring the evolution of the pandemic, seeking long term insights into how the pandemic has affected inequalities at local, national and European levels.

Overarching results

The pandemic has highlighted and contributed to exacerbating socioeconomic and health inequalities, with the research summarised here shining a light on how and where differential impacts were experienced. RESISTIRÉ's work also highlights the opportunity to develop research agendas to better understand differential impacts and their determinants, enabling policy development and action to diminish them. RESISTIRÉ research also brings attention to persistent data gaps. In particular, comparable and harmonised data at a European level is needed on the gender pay

³ Malta was also included in the dataset used for the analysis, bringing the total number of surveyed countries in this work package to 31.

⁴ These domains are based on the EC Gender Equality Strategy (2020-25) and on the Beijing Platform for Action

gap, gender-based violence, decision making and environmental justice. Existing data is particularly limited for the most marginalised groups in society and there is an urgent need for European databases to take varied inequality grounds into consideration to better understand the economic, social and environmental impacts of COVID-19 related policies through a gender+ lens.

Data Sources and Methodology

Two types of mapping were conducted to provide us with a) European and b) national insights on the impact of COVID-19. Research focused on the EU27 countries along with Iceland, the UK, Serbia, and Turkey.

The European analysis conducted in cycles 1 and 2 consisted of three tasks: a scoping review of the literature, a compilation of quantitative indicators and a descriptive analysis of the data. A scoping review of the published literature helped identify the main pathways of inequalities through which the pandemic has affected the wellbeing and socioeconomic situation of our interest groups including older people, young people, single parents, migrants, refugees, asylum seekers, and LGBTQ+ communities. The scoping review allowed us not only to gather insights from the published literature on the pathways through which COVID-19 has contributed to or amplified inequalities for our interest groups, but also to identify the extent to which the gender+ perspective has been applied in the literature. In cycle 3, an intersectional approach was adopted to study the evolution of inequalities during the pandemic in Europe in five areas of interest (employment, social inclusion, care and household work, trust in institutions, and perceived health and resilience).

European analysis mapped official secondary data sources at international and EU level, such as Eurostat (e.g. Labour Force Survey, Survey on Income and Living Conditions), Eurofound (e.g. European Working Conditions Survey, European Quality of Life Surveys), Eurobarometer, EIGE, FRA's EU-Wide Survey on Violence against Women, YouGov). Wherever possible, microdata sets were used to allow for intersectional analysis. In the second cycle, European data analysis particularly focused on three data sources: the "Living, working, and COVID-19" online survey, carried out by Eurofound in three time periods during the pandemic (Eurofound, 2020); the Survey of Health, Ageing and Retirement in Europe (SHARE) Corona Surveys, collected on adults aged 50 years and older in two periods after the COVID-19 outbreak (Börsch-Supan, 2022a, 2022b); and the European Union Statistics on Income and Living Conditions (EU-SILC), one of the longest-running European surveys in Europe, and for which data for the 2020 survey were already available for some countries (Eurostat, 2022). In the third cycle, microdata from the four available rounds of the Eurofound "Living, working, and COVID-19" e-survey (spring 2020, summer 2020, spring 2021 and spring 2022) were analysed.

National analysis drew from Rapid Assessment Survey (RAS) analysis generated by 30 National Researchers (NRs). Rapid Assessment Surveys (RAS) are studies undertaken at a fast pace to understand, in this case, the impact of the pandemic. The purpose of this RAS collection was to map, at national level, RAS that provide evidence on the economic, social and environmental impacts of the COVID-19 pandemic from a gender+ perspective. Most of the RAS involved the analysis of primary data collected since the beginning of the pandemic, although some RAS analysed existing data through a COVID-19 lens. In total, 291 national RAS were mapped in the first cycle (a full report of this process is included in Stovell et al, 2021). In the second cycle we

focused on the mapped RAS that offered insight into four under-researched inequality grounds: age, sexuality and gender identity, nationality and relationship status. In the third cycle, updates were reported for 62 of the RAS mapped in cycle 1 and 25 new studies were identified, bringing the current number of mapped RAS to 316 (see Stovell et al, 2022). This was not intended to be a comprehensive database of all pertinent RAS. Instead, the mapping exercise provides a snapshot of the studies available at a national level.

Cycle one: COVID-19 impacts by domains of inequality

The first cycle of analysis examined differential impact across policy domains (that fall within the EU strategy on gender equality) including work and the labour market, the economy, the gender pay and pension gap, the gender care gap, gender-based violence, decision-making and politics, human and fundamental rights, and environmental justice. For each domain, we will present below the key findings and gender+ examples based on the national and European level analysis.

Economy/Work and Labour Market	
Key findings	<ul style="list-style-type: none"> • Women had a markedly lower participation in the labour market during the pandemic, and unemployment tended to cluster around sectors of the economy which were particularly hit by the restrictive measures taken by governments to stop the spread of COVID-19. • The largest differences in both employment and unemployment rates are related to educational level (rather than gender). Lower rates of employment have also been reported by younger, less educated and foreign-born workers. • Women’s employment rates declined during the pandemic at a greater rate than men’s and they also reported more absences. Women were more likely to express concerns about keeping or finding a job during the pandemic, which was found to contribute to them reporting poorer mental health.
RAS Examples	<ul style="list-style-type: none"> • Polish research found 10% of women lost their jobs during the pandemic, which is two times higher than among men. More women reported working remotely from home (14%) compared to men (9%), while fewer women (66%) than men (79%) reported working outside the home.

	<ul style="list-style-type: none"> • UK longitudinal research among those who were furloughed, found that women had more negative experiences than men. In July 2020, 31% of women who had been furloughed at any point during the pandemic had worked zero hours since March, compared with 20% of men. Women were also more likely to express concerns about losing their job. • French research found that women were 1.3 times less likely than men to have an isolated space to work (62% compared to 71% of men) and 1.5 times more likely to be frequently interrupted when teleworking (28% compared to 19% for men). • Slovakian research on homeworking found that people with a higher socio-economic status were more likely to work from home in the first wave of the pandemic - 54% compared to 15% of those with the lowest socio-economic status. • UK research on employed people found that 50% of BAME women and 43% white women were worried about their job or promotion prospects due to the pandemic, compared with 35% of white men. • Spanish research found a rise in inequality during lockdown months, with the effect especially pronounced among immigrants and in regions heavily affected by restrictions, such as those reliant on tourism. Government transfers and furlough schemes were however very effective in mitigating the rise in inequality, providing a safety net to the most affected segments of the population.
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Gender Pay and Pension Gaps	
Key findings	<ul style="list-style-type: none"> • Women in the European Union are employed less than men and earn less, despite having on average a higher

	<p>educational attainment. However, hourly gross earnings remain similar across Europe for the same educational levels. This suggests that the gender pay gap is primarily driven by structural factors, such as women being more likely to work part-time, rather than by differences in hourly wages.</p> <ul style="list-style-type: none"> • According to various Rapid Assessment Surveys, public opinions about the gender pay gap and policy priorities remain divided across Europe, and not all respondents agreed that women were more at economic risk than men in the pandemic. • The greatest impacts on women’s income and employment were primarily linked to women’s increased caring duties due to offices and schools closing. This increase was steeper among lone parents, but also applied to families with both parents at home. • Government emergency welfare schemes, such as furlough and increased extraordinary childcare leave, were important to help mitigate the worst effects on incomes.
<p>RAS Examples</p>	<ul style="list-style-type: none"> • Irish research found average wages decreased more among women than men during the first wave of the pandemic, but gender differences were less apparent in subsequent waves. Prior to the pandemic, occupational segregation contributed to the gender income gap, but this study finds that the structure of job and earnings loss during the pandemic has reversed this, and women’s occupation and industry structure have provided them with an earnings advantage. Men benefitted more than women from welfare measures, due to higher employment losses and the flat, non-means tested nature of new supports. • Polish research found that men’s wages increased more often during the pandemic than women’s. 28% of mothers in Warsaw earned less than before the pandemic, though 13% declared their pensions had increased. • UK longitudinal research reported in July 2020 that women who had been placed on furlough had worse projected financial security than furloughed men. Among workers who had been furloughed, women were 12 percentage points more likely to believe they would experience difficulty paying their usual bills. However, among workers in general there was no gender difference. • French research on poverty levels found that women and young people were the two groups that were most likely to restrict the amount and quality of food they eat as a result of income loss.

Gender Care Gap

<p>Key findings</p>	<ul style="list-style-type: none"> • There appears to be a link between the burden of childcare and a decrease in working hours during the pandemic. In most European countries, a higher share of working women living with children under 18 reported that their working hours at the beginning of the pandemic had decreased substantially, compared to working women without dependent children, and compared to men living with children of the same age. • Across all European countries, even before the pandemic, there was a higher share of women who opted for working part-time because they needed to provide care for children or adults. • Governments should focus more on the needs of working mothers as they appear to be the most affected group of workers. Many of the reviewed Rapid Assessment Surveys indicated that women took on the majority of care responsibilities and were particularly burdened with home-schooling. The burden of childcare seems to be associated with negative consequences on women’s performance at work, work-life balance and mental health.
<p>RAS Examples</p>	<ul style="list-style-type: none"> • Czech research reported that women more often than men switched to ošetřovné (a care allowance leave) during the pandemic to look after a family member. For example, in mid-April 2020, 20% of working women with children under 18 said they had spent some time on the care allowance leave during the past month, compared to only 8% of men. • French research showed that 39% of women share their workspace with children or other household members, compared to 24% of men. • Hungarian research exploring the gendered division of childcare and work found that, on average, men increased their contributions to childcare at roughly the same rate as women (35%). However, given that women had been doing considerably more childcare before the pandemic, women’s contributions grew significantly more than men’s and the gap between women and men increased in absolute terms. • A Dutch longitudinal panel study found that the proportion of fathers reporting greater involvement in childcare increased between April (22%) and June 2020 (31%), however by September of the same year it had decreased to 23% and in November it reduced further still (18%). • Data from Poland indicates that caution should be taken when findings rely on respondents’ self-reports of care divisions since men more often than women reported that the involvement of both parents in distance learning was equal, while women were more likely to report that they did

	a larger share of home-schooling. The same observation was made concerning respondents' opinions on divisions of childcare.
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Gender-based Violence	
Key findings	<ul style="list-style-type: none"> • Intimate Partner Violence against women and girls, including both physical and psychological violence, has reportedly increased globally during the pandemic. Emerging evidence seems to also signal a rise in femicides by an intimate partner. • Previous studies have shown that women are reluctant to inform others about their experiences of gender-based violence.
RAS Examples	<ul style="list-style-type: none"> • German research on intimate partner violence during the pandemic in 2020 reported that 3.1% of women had experienced at least one physical conflict, 3.8% felt threatened by their partner and 2.2% were not allowed to leave the home without permission from their partner. • Turkish research found that during lockdown 23.7% of respondents reported that they had experienced psychological violence, 10.3% economic violence, 4.8% digital violence, 1.7% physical violence, 1.4% sexual violence, and 1.1% stalking. • French research on marital violence reported that one in ten women experienced domestic violence during the first lockdown and a third of these were new cases. Half of respondents who reported to have experienced violence expressed that they would not tell a relative and only one in ten intended to file a complaint. • Slovakian research reported an increase in the number of women surviving intimate partner violence who contacted services for assistance from the beginning of the pandemic. This increase in demand coincided with limited accessibility to shelter services due to the unavailability of free testing, a requirement for admission. • Austrian research found that reports to the police during March/April 2020 increased more in larger cities (26%) compared to Jan/Feb 2020 than in less densely populated areas (9%). • Turkish research found that 33.4% of women with disabilities were exposed to violence prior to the pandemic, rising to 39.6% during the pandemic. • A longitudinal Irish survey of LGBTQ+ youth found that nearly all respondents (97%) had struggled with mental health issues and felt confined to an unsupportive home environment in which they may experience violence during the pandemic. • A Spanish study on violence against women and LGBTQI+ individuals during COVID-19 reported that 43.2% of the total number of active cases of gender-based violence registered by the police in September 2020 (1,583 cases) corresponded to victims born abroad, showing that

	<p>nationality and migration may have an impact on gender-based violence that needs to be further explored.</p> <ul style="list-style-type: none">• Portuguese and Dutch research in Higher Education demonstrated that incidents of domestic violence were prevalent among younger and less qualified women. However, many new cases were from people with high education and no economic problems, suggesting that issues of gender-based violence rose among all sectors of society during the pandemic.
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Decision-Making and Politics

Key findings	<ul style="list-style-type: none">• In the second quarter of 2020, women were underrepresented in the European Parliament and among the members of the European Committees of all EU countries (except for Finland and Sweden). Likewise, there is an underrepresentation of women at the regional and municipal level across all European countries.• Research on individual decision-making indicates that respondents may be losing trust in government and mass media as sources of information on the virus.• Governments need to include women and representatives from other vulnerable communities (such as the LGBTQ+ community) in decision-making bodies for their COVID-19 response. These groups should be valued as an important resource to encourage more innovative and appropriate solutions to global challenges.
RAS Examples	<ul style="list-style-type: none">• German research found that 94% of interviewees on the topic of epidemiology or infection research were men, with female medical experts under-represented in the media.• Icelandic research found that women were more worried about the pandemic than men, especially older women (60+ years).• Estonian research on Russian speakers examined how nationality and language barriers affected adherence to coronavirus restrictions, finding that they found it hard to understand government messaging.

Environmental Justice

Key findings	<ul style="list-style-type: none">• Overcrowding is much higher for the poorest share of the population in all countries under analysis. National lockdowns and curfews have forced families to live for a long period of time in confined spaces, which have been more crowded than usual.• Single-parent households were more likely to live in inadequate housing in 2019, with mothers representing the share of the population most affected by this problem. These households were therefore at a higher risk entering into the pandemic.• Overcrowding increases the risk of infection and puts a higher burden on the wellbeing of those who had to transition to teleworking. As a result, working parents in the lowest income quintile have been identified as a particularly high-risk group.
RAS Examples	<ul style="list-style-type: none">• A Rapid Assessment Survey from Greece with 730 respondents living in urban areas indicated that women were more concerned about their neighbourhoods during the pandemic. Among all respondents to this survey, concerns about urban space increased, especially regarding the quality of public space, walking conditions, and cycling facilities.• This study also found that young people expressed more concern about cycling facilities, while older respondents were more interested in public space and walking conditions.

Human Rights

<p>Key findings</p>	<ul style="list-style-type: none"> ● COVID-19 severely stressed hospitals and healthcare systems, with the postponement of most non-urgent care, decreasing access to quality care especially for the most disadvantaged. ● Health and wellbeing declined during the COVID-19 pandemic, aligning with broader findings regarding reduced access to health services as a result of increased pressure on healthcare systems and the negative consequences of isolation on mental wellbeing. ● Measures that were imposed upon education, work and movement outside of the home were found to be significant in negatively impacting individuals. Financial issues that exacerbated psychological stress were also important.
<p>RAS Examples</p>	<ul style="list-style-type: none"> ● Czech longitudinal research focusing on the implication of the pandemic on mental health concluded that the effect has been more severe for women, even though women and men's mental health was on a similar level pre-pandemic. ● According to Slovakian research with primary school teachers, in the school year 2020/21 only 81% of students regularly participated in distance education and 10% did not participate at all. The majority of teachers (84.5%) estimated that the students gained less knowledge through distance education and 25% of students needed additional support after the reopening of schools. During the pandemic, 41% of teachers experienced worsening of their mental health and one third of their physical health. ● Lithuanian research found that girls spent more time on computer screens for learning purposes, while boys spent more screen time on entertainment. Boys and girls were found to have negative health consequences from home-schooling, however these differed as girls were found to experience headaches whereas boys were more likely to be overweight. Parents also noted a significant reduction in children's emotional wellbeing during home-schooling compared to in-person teaching. ● Croatian research found gendered differences in the negative effects of home-schooling in both primary and secondary school students, with the mental health of girls found to be worse than the mental health of boys. The mental health of older children was also found to be worse than the mental health of younger children. ● Swedish research found that half of high school students were worried about the future and many felt lonely and bored, and girls felt their mood had deteriorated as a result of distance learning more than that of boys. ● In Bulgarian research, in 10% of schools surveyed over 75%

	of students did not have devices to participate in online learning, and many other families could not afford appropriate internet plans to support home-schooling.
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Cycle two: impacts of inequality grounds

In cycle two, RESISTIRÉ examined the experiences of lesbian, gay, bisexual, transgender and queer (LGBTQ+) communities, young/older people, single parents, and migrants/refugees/asylum seekers during the pandemic. This focus on the inequality grounds of age, relationship status, nationality, sexual orientation and gender identity emanated from observations in the first cycle showing a limited understanding about the experiences of these particular groups.

Sexuality and gender identity: LGBTQ+ communities



Key themes of research on sexuality and gender identity

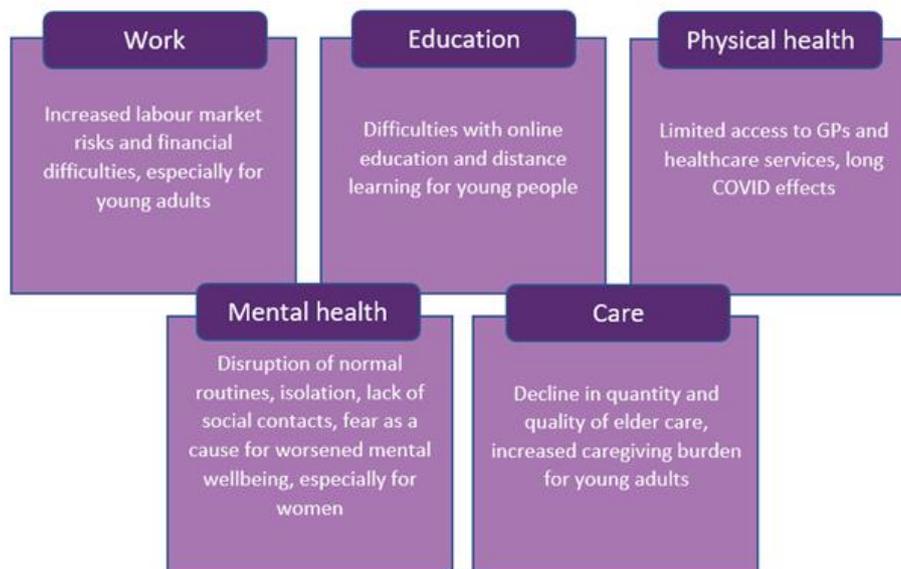
Family rejection: In lockdowns LGBTQ+ individuals were confined within households where their sexuality and/or gender identity may not be known or accepted, with risk of family rejection, tension or abuse.

Increased risk of mental health issues: Lockdown measures also reduced access to LGBTQ+ support services, safe spaces and informal networks at a time when they were most needed, increasing the risk of mental health issues. LGBTQ+ communities reported heightened levels of mental health issues, alongside experiences of abuse, violence and homelessness during the pandemic. LGBTQ+ individuals were reluctant to seek support from authorities due to fear of discrimination

Youth mental health: Mental health issues were particularly elevated among LGBTQ+ youth. Conversely, Polish research showed that school closures and distance learning were associated with fewer experiences of school-based violence and harassment among LGBTQ+ youth compared to before the pandemic.

Healthcare inequalities: Increased demand on healthcare providers and restrictions on 'non-essential' care led to greater marginalisation and difficulties in accessing healthcare for LGBTQ+ communities. Some health services defined gender affirming healthcare as 'non-essential' with appointments cancelled or postponed. Inequalities in unmet needs increased as the pandemic progressed for non-binary people.

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



Key themes of research on age

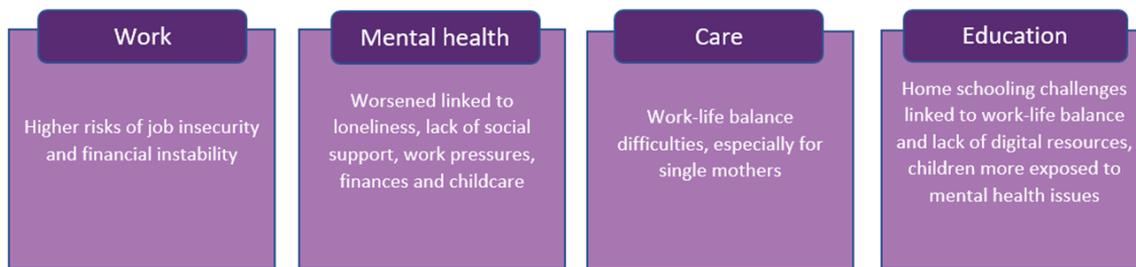
Financial insecurity: Younger adults and older women faced increased financial insecurity and job losses. For younger age groups (16-24), this is likely linked to working in precarious jobs and in sectors that were unable to operate during the pandemic (e.g. retail and service industries). For older age groups, women faced more financial insecurity during the pandemic, likely linked to a gender gap in pensions.

Educational inequalities: Young people in education struggled with distance learning and concerns about educational outcomes and future prospects, with those from lower socio-economic groups reporting the greatest difficulties in accessing education.

Mental health and isolation: Social distancing, social isolation, fears of contracting COVID-19 and disruption of normal routines had negative impacts (including on life expectancy) for older people, with loneliness and anxiety found to be a particular problem. Young people reported increased stress, anxiety and fears about the future with heightened risks of mental health issues linked to difficulties with online learning, difficulties balancing paid part time work and studies, lack of social interaction, insufficient finances, poor living conditions, experiences or fears of COVID-19 infection and forms of physical, psychological and sexual abuse.

Social care provision was negatively impacted by lockdown restrictions. Young adult caregivers, particularly women, struggled to combine care roles and work. Older women and disabled women were at a higher risk of experiencing anxiety during the pandemic, linked to women being more likely to live alone, with lower income levels, and experiences of chronic illness, and dependence on support from others. Women relied more on home care than men, both before the outbreak and during the pandemic.

Relationship status: single parents



Key themes of research on single parents

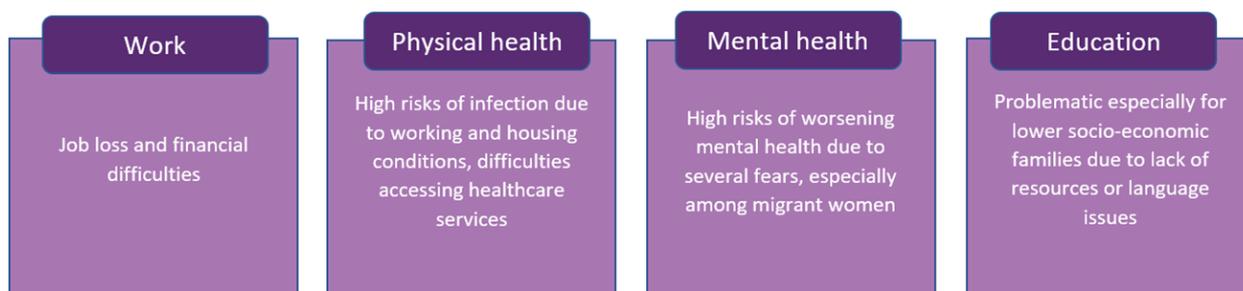
Increased risk of poverty: Single parents faced significant challenges balancing work with school and childcare closures during lockdowns, resulting in reductions in working hours and income. Single parents, and particularly single mothers, were more likely to struggle financially than those in two-parent households.

Increased risk of job insecurity: Evidence shows that single parents faced repercussions from their workplace, including job loss, because of their increased caring duties during the pandemic.

Increased risk to parents' and children's physical health and wellbeing: The pandemic also appears to have been more difficult for single parents from a social and wellbeing perspective. There was a notable increase in the proportion of parents with below median well-being between summer 2020 and spring 2021 across all household types. Mental health impacts on parents grew as the pandemic progressed, with mothers more likely to score below the median wellbeing score than fathers, and mothers disproportionately affected by government restrictions in terms of their social, economic and caring lives. Single parents experienced poorer mental wellbeing during the pandemic. Loneliness and lack of social support were reported as particular issues for single parents and mental health impacts appear to have increased as the pandemic progressed. Lockdowns and social distancing restrictions are likely to have been particularly isolating for this group. Further gender analysis reveals that these unequal impacts apply primarily to single mothers rather than single fathers. This is because single parent households are most commonly headed by women and mothers appear to have taken on much greater responsibility for care in the pandemic, regardless of relationship status. Single fathers reported lower levels of work-life balance issues than coupled fathers.

Impact on children: Children in single parent households were more severely affected by the consequences of the pandemic. Children in single parent households reported greater issues in mental health, behaviour and access to education compared to children in two-parent households. With regards to children's education, home schooling appears to have been particularly difficult for single-parent households who also struggled with access to necessary digital resources.

Nationality: migrant populations



Key themes of research on migrants

Increased risk of COVID-19 infections: Lockdown and social distancing measures were less successful at protecting migrant groups from infection, due to working and living conditions. Migrants were highly represented in jobs that were not suitable for home working and were more likely to live in overcrowded accommodation. COVID-19 infection and mortality rates among migrant groups were higher than native population. Higher levels of infection were also associated with reports of less trust in authorities among these groups and lower levels of vaccination.

Financial insecurity: Migrant groups experienced greater levels of decline in income during the pandemic, which exacerbated pre-existing inequalities and vulnerabilities, leading to increased risk of financial difficulties and poverty. This appears to be largely due to job loss and involuntary reduction of working hours, with migrants more likely to work in precarious jobs, with less ability to work from home, in sectors that were badly hit by the pandemic. Difficulties in accessing welfare benefits was another issue, which exacerbated pre-existing inequalities and vulnerabilities.

Increased risk of mental health issues: Among migrant groups, higher levels of mental health issues have been reported, particularly for women. Existing studies indicate that migrants may have had lower levels of worry about the pandemic than native populations, but this could be due to this group having other, more pressing concerns. Migrant women however were more worried and more informed about the pandemic than men.

Educational and health inequalities: Access to digital resources was a particular issue for migrant families during school closures, with a higher proportion of people born outside the EU lacking access to a computer at home, especially among those living in disadvantaged households. Overcrowding at home is also likely to have contributed to difficulties in accessing home-schooling. Inequalities in access to healthcare were particularly noted in dental care, linked to costs of service, lack of insurance and limited knowledge about healthcare systems.

Cycle three: pandemic insights from a longitudinal perspective

In the third cycle, the mapping focused on longitudinal studies, looking for insights into how individuals and groups can recover from the COVID-19 crisis. Quantitative indicators over time were explored to understand how they might have changed during the pandemic and whether/how gender+ and intersectional approaches can provide useful insights to the pandemic. Of particular interest was exploring further how methodological designs, approaches and datasets evolved during the pandemic and identifying good methodological practices and lessons for researching future crises from a gender+ and intersectional lens. Engaging with longitudinal RAS was crucial to understand inequalities' transformations and how to address such evolving inequalities, especially in the disruptive context of crises where changes occur quickly.

In cycle three, RESISTIRÉ project partners including civil society organisations, and researchers from across Europe collaborated to explore existing Rapid Assessment Surveys from a gender+ perspective. We then built upon these collaborations to develop new research activities, addressing identified data and knowledge gaps, and expanding our understanding of key research questions (as outlined in RESISTIRÉ's research agendas).

This third cycle focused on quantitative indicators (longitudinal RAS, RAS collaborations, EU data analysis and web/mobile app survey) from a gender+ perspective that helped us study the evolution of the pandemic, from its outbreak until now. Thus, it centred around longitudinal data and indicators that can provide long term insights into how the pandemic has affected inequalities at local, national and European level. This allows us to draw lessons for the future and identify 'better stories' that can be useful for addressing future crises.

Longitudinal RAS: evolution of inequalities

The longitudinal RAS mapping provided insights into how inequalities evolved during the pandemic and allowed us to identify how they can be useful methodological tools for investigating inequalities over time during crises. Thus, they have been invaluable in drawing lessons for conducting quantitative intersectional research for future crises. Many of the mapped RAS were established during the early stages of the pandemic in 2020 and developed successive waves to analyse change over time. However, some were part of larger scale longitudinal studies that had been ongoing nationally for many years and often surveyed the same respondents, allowing for a comparative analysis between individuals' experiences before and during the pandemic.

One of the key findings from the mapping of the longitudinal RAS in the third cycle was that the research design of many longitudinal RAS changed over time regarding their key focus, recruitment strategies, target populations, additional questions, and data collection methods. Several RAS changed the content of their surveys in subsequent

waves or added supplementary questions often in response to their changing national, social and political environments. For example, surveys altered or added questions in relation to vaccine availability, government interventions (for instance, introduction of masks and social distancing) and governmental policies (for instance, education and work such as homeschooling and work-at-home guidance). Other studies altered their focus in light of contemporary events, and included additional questions that allowed participants to reflect on their opinions and experiences of inflation, the cost of living and the war in Ukraine.

The longitudinal RAS showed that the pandemic reinforced inequalities that were already present. In particular, there was evidence that economic disparities and gender inequalities were worsened during the crisis. Many RAS however also pointed to the emergence of new inequalities. Accessing digital resources and knowing how to use them was a key issue during lockdowns impeding elderly populations' access to information, services, and social contacts, as well as the ability for working-class children and students to attend classes. Different RAS showed that language inequalities also acted as barriers to accessing public services and benefits for those with a lower level of literacy or from a migrant background. Despite these findings, a comprehensive gender+ approach was often lacking with no specific attention paid to intersecting inequality grounds. Compared to other inequality grounds, there is marginal focus in the RAS regarding race, with only three surveys specifically analysing the differing effects of the pandemic on non-white individuals. There are also few surveys that discuss sexuality and gender identity which point to a clear omission of data on these issues across Europe.

RAS collaborations: exploring further gender+ perspectives

Through RAS collaborations, RESISTIRÉ project partners worked together with researchers across different countries and sectors to explore further gender+ perspectives on COVID-19. The RAS collaborations enhanced and expanded the reservoir of secondary data available for future exploration of gender+ viewpoints on the impact of the pandemic. New data were collected and more intersectional analyses were conducted addressing care division, resilience, mental health, health access, pay gaps, and more. Insights from frontline workers and vulnerable groups (such as healthcare workers, migrants, LGBTQ+) emerged, aiding gender+ research methods. These collaborations supported interdisciplinary researchers, fostering understanding of gender+ analysis for future endeavors. Extra funding, time, and expertise enhanced intersectional analysis (Deliverable 3.3., Section 2, pages 33). Cycle three RAS collaborations included:

- **NHS COVID-19 teams:** This research found that women healthcare workers experience more burnout than men, with violence, especially from patients and relatives, increasing burnout. Care responsibilities are associated with burnout, especially amongst older workers.
- **COVID-19 Gender (In)equality Survey, Netherlands:** This study found no significant gender discrepancy regarding the ability to earn a stable income, to contribute to pensions, and to save during the pandemic - a 'better story' that reminds us that gendered inequalities are avoidable.

- **Research on Teleworking, Spain:** This research highlighted that increased hours at home for men and women did alter the feminisation of domestic and care tasks.
- **Transcare, Belgium:** This study found negative impacts on access to trans healthcare during the pandemic, highlighting a need for more support, more educated healthcare providers, and shortened waiting lists in an informed consent healthcare model.
- **Handbook for Conducting Intersectional Research, Turkey:** This initiative provides guidance to researchers, academics, and professionals working with LGBTIQ+ communities on applying gender+ and intersectional approaches to research.
- **Generations and Gender Survey COVID pilot study, Czechia:** This study highlighted gendered inequalities in how household work and childcare were distributed in Czech couples during the pandemic. Women (especially those with lower education) did most of the childcare and housework. The distribution of household work was associated with feelings of relationship satisfaction and dissatisfaction - those who did most of the work (which were women in most cases) were less satisfied with their partnerships.
- **Health Interview Survey COVID-19, Belgium:** This study found a decrease over time (between April 2020 and June 2022) in the proportion of people reporting anxiety across all intersectional groups. This can be explained by the resilience of the population over time in the face of the COVID-19 pandemic, as well as the reduction in restrictive measures over time. This study also found a higher proportion of anxiety among young people. The disproportionate impact of the COVID-19 pandemic on young people can be explained by the increased pressure on families, decreased peer contact, decreased social activities, and closure of schools. The role of sex on anxiety seems to fade over time, while the relationship of education and age with anxiety seems to become stronger over time during the course of the pandemic.

EU data analysis: understanding pandemic and policy impacts by sex and education

This research demonstrated how intersectional analysis can be performed utilising existing cross-national survey data. Analysis of European secondary data collected from the beginning of the pandemic until spring 2022 provides useful insights into how the pandemic and the related policies implemented by national governments have impacted on two inequality grounds – sex and education.

Employment, work-life balance, and inclusion

- Feelings of social exclusion were highest in spring 2021, for all the intersectional groups. However, educational differences were observed as lower educated men and women were more likely to feel left out from society compared to higher educated men, yet these inequalities seemed to have decreased in spring 2022 mainly due to a worsening situation among higher educated men as the pandemic progressed.

Care and household work

- We saw a gender divide in work-life balance, care and household tasks, with women at all education levels spending more time on childcare, cooking and housework than men. Lower educated women spent 18 to 24 hours more on weekly childcare than higher educated men. Lower educated women spent the most time caring for elderly or disabled relatives and on average spent almost 3 hours per week more than higher educated men. Lower educated women spent between 5.5 and 8 hours more per week on cooking and housework than higher educated men.

Trust in institutions

- An educational gradient is observed for trust in the EU and, to a lesser extent, for trust in national governments. Lower educated women and men reported lower levels of trust in national governments and in the EU compared to their higher educated counterparts.

Perceived health and resilience

- Throughout the pandemic, we observed an increase in the proportion of people reporting poor general health, with a clear educational divide: women and men with lower education had a higher proportion of poor health than their higher educated counterparts.
- The proportion of people reporting overall poor general health had almost doubled from 2020 to 2022, regardless of socioeconomic status or gender.
- Lower educated women have been in a worse situation throughout the pandemic, reporting the highest proportion of job loss, the greatest difficulties in combining household jobs with paid work, and spending more time caring for elderly and/or disabled relatives, and on housework. Feelings of social exclusion, poor perceived health and lower resilience were also more prevalent among lower educated women compared to other groups.

Summary of findings

The research synthesised above demonstrates how intersectional research can provide a dynamic, real-time sense of the effects of pandemic policies on individuals, providing insights into the ways in which inequalities have been exacerbated and new inequalities emerged. RESISTIRÉ analysis highlights a need for strengthened public service provision and public policy to be informed by intersectional evidence and action to ensure services meet the needs of all. Greater investment and commitment are needed to ensure that gender and intersectional approaches are prioritised within the development and evaluation of public policy. Efforts should be put in place to develop data that allows for intersectional analysis. Such data should include not only indicators of social position and identity, but also propose mechanisms to better explain these intersectional inequalities such as discrimination.

RESISTIRÉ research has increased understanding of diverse experiences during the pandemic, drawing upon new datasets and intersectional analysis to produce results on understudied topics and groups. These findings contribute towards knowledge gaps for example in terms of the effect of the pandemic on gender pay and pension gaps, the domestic division of labour, resilience, transgender individuals' healthcare needs, and frontline workers' experience.

RESISTIRÉ research has also provided methodological insights into how to design and conduct intersectional research, with innovations in the application of quantitative intersectional analysis. It also highlights the value in working in partnership with civil society organisations to engage with vulnerable and hard to reach groups ensuring all intersectional experiences are understood within and beyond times of crisis.

Acknowledgement

This deliverable is a summary of the results from each of the three cycle RESISTIRÉ reports on quantitative indications of inequalities caused by COVID-19 and its policy and societal responses:

- Stovell, Clare, Rossetti, Federica, Lionello, Lorenzo, Still, Alexis, Charafeddine, Rana, Humbert ,Anne Laure, & Tzanakou, Charikleia. (2021). RESISTIRE D3.1 Summary report on mapping of quantitative indicators - cycle 1. Zenodo. <https://doi.org/10.5281/zenodo.5541035>
- Stovell, Clare, Lionello, Lorenzo, Rossetti, Federica, Charafeddine, Rana, Nugent, Selin, Still, Alexis, Tanwar, Jagriti, & Tzanakou, Charoula. (2022). RESISTIRE D3.2 - Summary report on mapping quantitative indicators - cycle 2. Zenodo. <https://doi.org/10.5281/zenodo.6506408>
- Harroche, Audrey, Still, Alexis, Tzanakou, Charikleia, Rossetti, Federica, Lionello, Lorenzo, & Charafeddine, Rana. (2023). RESISTIRE D3.3 Summary report on mapping quantitative indicators - cycle 3. Zenodo. <https://doi.org/10.5281/zenodo.7708668>