

COronavirus Vulnerabilities and INFOrmation dynamics Research and Modelling

Resilience in the Systems we live in: 10 European case studies

Bi-Monthly Report: 11

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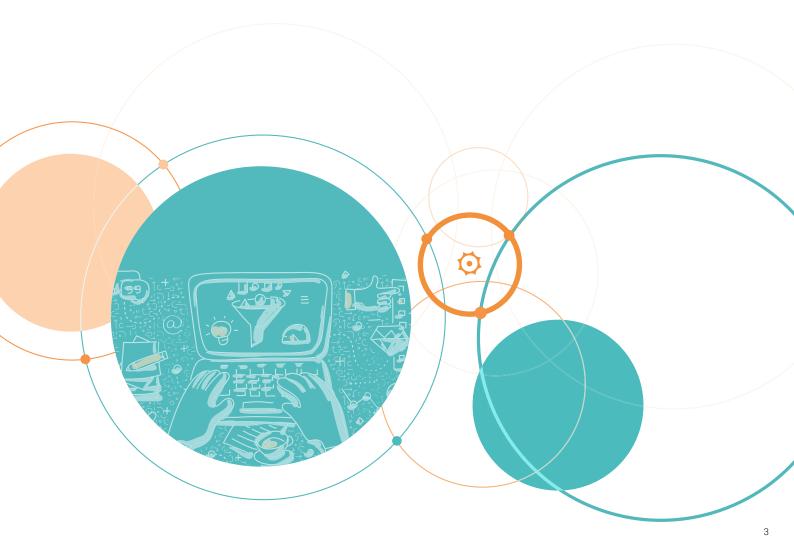
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## RESILIENCE IN THE SYSTEMS WE LIVE IN: 10 EUROPEAN CASE STUDIES



This bi-monthly report presents an overview of the 10 COVINFORM's case studies which aim to identify vulnerability and protective factors of both vulnerable populations and the systems they are a part of, across different geographical settings: Portugal, Belgium, Spain, Italy, Austria, Germany, Sweden, Greece, Wales, and England. Each country selected a local site to understand how these factors enhance or mitigate COVID-19 impacts through different time points of the pandemic and contribute to provide recommendations for more effective policy making. Hence, this report presents a glimpse on how the empirical research is carried out and further information on how the case studies contribute to the 7 Objectives of the COVINFORM project and how each relates to Work Packages 4-7 may be found in Deliverables: D3.1; D3.4; and D3.5.

One of the aims of COVINFORM project is to identify and transfer best practices for boosting the wellbeing of vulnerable groups, and define guidelines to influence behaviour across different groups in a way that improves the well-being and mental health of the population, as well as the resilience of the systems in which vulnerable groups are a part of. Such broad, ambitious goals pose a challenge for the theoretical underpinnings of the project. The most pragmatic solution was to combine insights from the theory of complex adaptive systems with those of intersectionality theory.

Among other advantages, the complex systems approach recognises the need to work at multiple scales simultaneously if responses are to be effective. Concerning the pandemic, that means combining measures at the individual level such as wearing masks, through to large-scale international co-operation (to find vaccines for instance), along with measures at national, regional or city scales, including lockdowns or shutting public services and facilities. A complexity approach also looks at how a given system both adapts to changes in other systems and helps shape these changes in a constant feedback process.

Intersectionality theory allows for an analysis that paints a more realistic picture than the rhetoric proclaiming "we're all in this together". It exposes how different groups are more at risk or have more influence over the course of events depending on gender, socioeconomic status, profession, level of education, age, migration status, culture, and so on.

By combining analyses of how systems interact with descriptions of how these interactions affect different members of society, COVINFORM case studies explore the diversity of COVID-19 impacts on so-called vulnerable groups across a wide range of countries and contexts. This allows policymakers and other actors to compare how populations and institutions interacted, and to draw lessons for improving resilience to future stresses and shocks. The studies focus on vulnerable populations, such as low socio-economic status groups and ethnic minorities, female frontline workers, and people with higher health-related risks. As part of COVINFORM, the case studies relate to four other work packages (WP): Government responses and impact assessment (WP4); Public health responses and impact assessment (WP5); Citizen and community responses and impact assessment (WP6); and Inclusive COVID-19 communication for behaviour change and addressing misinformation (WP7).

<b>Country</b> Research partner	Case Study Name Main research question	Target Population
<b>Portugal</b> FS	Resilience in long term care facilities of different socio-economic status: COVID-19 structural and psychosocial impacts on elderly residents in Évora, Portugal. Which socio-ecological system characteristics of each type of long-term care facility produced more successful outcomes in mitigating Covid-19 impacts, and why?	Institutionalized elderly
<b>Belgium</b> UANTWERPEN	Mental health impacts, needs and responses among migrant communities during the COVID-19 pandemic: a qualitative case study in Antwerp, Belgium. How has the COVID-19 pandemic impacted migrant community members' mental health and wellbeing?	
<b>Spain</b> URJC & SAMUR	The experience with social protection of vulnerable Latin American and Moroccan communities in Madrid. What strategies, if any, did the local government put in place to tackle the COVID crisis on migrant communities?	Migrant communities
<b>Germany</b> SINUS <b>Sweden</b> UGOT	Information seeking among ethnic minorities and socio-economic vulnerable groups in Sweden related to the implementation of protective measures and vaccination willingness. What communication strategies and practices have local government, health authorities and stakeholders implemented to inform ethnic minorities about protective measures and vaccines?	
<b>Wales</b> SU	The multiplicity of Black, Asian and Minority Ethnic (BAME) migrant nurses' vulnerabilities in South Wales. What structural issues (mobility, opportunity, access) affect the pandemic experiences of BAME overseas qualified nurses who work in South Wales hospitals?	Health care
<b>Italy</b> SAPIENZA & UCSC	The impact of the Covid-19 pandemic on the well-being of health care workers. What have been the consequences of the pandemic on the well-being of health workers' physical and mental status, and which socio-demographic groups of health care workers are at greatest risk of experiencing negative mental health consequences and/or family distress?	Health care workers
<b>Austria</b> SYNYO	<i>Experiences of female frontline workers in supermarkets in Vienna, Austria.</i> How did female workers in SPAR supermarkets perceive the infection risk they were exposed to at their workplace?	Frontline
<b>Greece</b> KEMEA	Policing in times of pandemic: impact on the role of law enforcement agencies (LEAs), governmental actors and policy makers and its effect on trust issues of vulnerable populations towards the former. Personal perception of COVID-19: Impact on personal and professional environment.	workers
<b>England</b> MDI <b>Ireland</b> TRI	<i>Hard-to-reach communities in England.</i> What communication channels did hard-to-reach communities rely on during COVID-19?	Ethnic and religious minorities

The multilevel, multidisciplinary approach provided the flexibility needed to consider such a wide range of research topics, enabling the teams to adopt the most appropriate methodology for their particular investigation and compare findings to propose useful policy advice. For example, the Austrian case study of supermarket workers has to take account of numerous, well-documented internal rules and working practices plus government standards and regulations. The English study of the interplay between the mainstream COVD-19 narratives and alternative models of communication during the pandemic on the other hand, does not claim to be exhaustive or work with a representative sample of various religions and ethnicities, seeking rather input from "storytellers" whose experience can inform the broader narrative.

The case studies therefore cover a broad spectrum of issues and actors in the pandemic. Some of the research topics concentrate on the theory informing decisions and how this translated into effects on vulnerable groups. For example, the Italian governmental approaches to defining and addressing vulnerability had repercussions for health care workers and their families. Other studies describe the impacts and unintended consequences of response measures. The Belgian study for instance recognised early on an issue that has since come to the fore – the impact of restrictions imposed for physical public health reasons on mental health and well-being.

The baseline conditions of vulnerable groups strongly determined how the pandemic would affect them. The case study of migrants in Spain whose language skills and administrative status influenced how and if they could access resources and respond to the challenges the crisis posed. The authorities for their part have to be aware of the challenges involved in communicating with vulnerable groups in a crisis. The German and Swedish case studies look at this from both sides – local authority preparedness and communication activities; and the experience of local stakeholders.

The intersectionality approach proves important in studying groups characterised by multiple "identities" and possible sources of vulnerability. Care home residents for example are often identified and treated according to a very limited set of criteria, perhaps only "old" and "needing care". However, as the Portuguese case study illustrates, outcomes for what might seem like a homogenous group are varied and are determined by a range of social, psychological, cultural, institutional and other factors pertaining to both the residents themselves and those they interact with directly or indirectly.

The interactions between two systems are often mediated, so the Greek case study examines the impacts on an intermediary group, law enforcement agencies. In general, these agencies do not design policies, but they are often the most public face of policy implementation, and as such are vulnerable to the stress that can be generated by being caught between decisionmakers keen to see their COVID response measures adhered too, and members of the public who resent the restrictions.

To be complete, the case studies have to include important parameters that are not amenable to traditional data analysis. The study of nurses in Wales from Black, Asian, and Minority Ethnic backgrounds therefore looks not only at their physical work and living spaces, but also at the imagined spaces of their homes in the Philippines and Caribbean, and how these influence coping strategies and resilience.

The COVID-19 pandemic started as a health shock, but the impacts quickly cascaded through numerous systems to generate economic, social and political crises. The case studies presented above shed light on the multitude of factors that shaped the way the crisis evolved at different levels. Some of the phenomena studied are local, but a number of common lessons, both positive and negative, can be drawn. This will enable policymakers and others to share good practices and avoid past mistakes, thereby contributing to higher resilience of institutions, individuals and communities in the future, particularly the most vulnerable.

# ROADMAP

<u>D3.1</u> 2020	···· • Theory driven vision	<ul> <li>International indicators</li> </ul>
Methodological framework and first list of case studies (April 2021)	<ul> <li>Establish the overarchig methodological framework and steps for defining case studies in detail</li> <li>Work sessions on theoretical approaches and discussions (two on WP3, and one on WP6)</li> </ul>	<ul> <li>National / Governmental analysis</li> <li>Listing and broad definition of case studies (D3.1 Appendix i)</li> <li>Workshop on bottom-up approaches to case studies, 7 April</li> </ul>
D3.2 2021 Multi-site research design and methodological frame- work (July 2021) D3.3 Case study coordination guidelines (July 2021)	<ul> <li>Detail case studies possibilities, end of May (D3.1 Appendix II)</li> <li>Select case studies, early June</li> <li>Design research activities per case study, end June</li> <li>Identify opportunities for standardizing measures and measuring tools, July</li> <li>Case study coordination guidelines for articulation with WP4, WP5, WP6 and WP7, May, July</li> <li>Workshops with WP4, WP5, WP6 and WP7 leaders, end April early May (revise questions + second tier variables)</li> </ul>	<ul> <li>Workshops for standardizing measures and measuring tools and processes (connection with WP2), October</li> <li>Common tools and templates for data gathering and register (connection with WP2), November - December</li> <li>Case studies Gant chart, October - December</li> <li>Start case studies implementation, November 2021-January 2022</li> <li>Gather baseline information, December 2021 - March 2022</li> </ul>
D3.4 2022 Case studies report and comparative report (April 2022) D3.5 Case study selection update (October 2022) D3.6 Multi-site research design and methodological framework update	<ul> <li>Developing case studies</li> <li>Monitoring case-studies development, and required adjustments in close interconnection with WP2, 4, 5, 6 and 7</li> <li>Update of research design, based on monitoring and adjustments in close interconnection with WP2, 4, 5, 6 and 7, end September 2022</li> </ul>	<ul> <li>Compile data from case-studies until April 2023 (in close connection with WP2)</li> <li>Case studies monitoring workshops with WP4, WP5, WP6 and WP7 leaders, early May + early July + end September + November + February + April (revise questions + second tier variables + status point on case studies Gant charts)</li> </ul>
D3.7 2023 Case study coordination guidelines update (January 2023) D3.8 Final case studies and comparative report	<ul> <li>Sinthezise findings</li> <li>May and June Identify guidelines and best practice for future response to pandemics, June and July</li> </ul>	

comparative report (August 2023)

#### The COVINFORM project

Acronym	COVINFORM
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