Case study on policies in response to COVID-19

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Risks, Resources and Inequalities: Increasing Resilience in European Families

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Contents

List of tables

List of figures

Introduction

This report is the fourth of a series of policy-driven analyses within Work Package 5 of the rEUsilience project. Previous deliverables have critically examined inclusiveness and flexibility of income support (see Daly 2023), care policies (León and Cerrillo 2023), and work-life balance policies (Dobrotić and Iveković 2023). In D5.4 we assess policies pursued during the COVID-19 pandemic in the six countries included in the project: Belgium, Croatia, Poland, Spain, Sweden, and the United Kingdom. The analysis covers the first year of the pandemic (2020 – 2021), including 2022 when possible. We compare different fields of policy that have a direct impact on families: income protection, care policies and work-life balance.

The COVID-19 Pandemic placed families under exceptional circumstances. Prolonged lockdowns during States of Emergency created massive disruptions in everyday life and imposed exceptional responsibilities. Especially during the first waves of the pandemic, the capacity of families to be resilient, that is, their chances to overcome adversity and maintain a decent level of protection and wellbeing was pretty much dependent on the availability of exceptional resources. These resources were of different kind and origin: from within the family itself, the wider community or the welfare state, whether at local, regional or national levels. Whilst community and voluntary cooperation became widespread, this report is circumscribed to policy responses at the national level only.

Are the cases comparable across? We aim to fully grasp variation within the six rEUsilience countries. However, the cross-country comparison needs to be approached with caution for a number of reasons. Firstly, countries were not equally exposed to the health crisis. An understanding of the factors that lead to this difference in how and when the virus spread in the different countries is not the object of study here but it certainly had an impact on governments' response. Countries established lockdowns of various kinds depending on the severity of the first Coronavirus outbreak in Spring 2020. Furthermore, the timing of this outbreak also differed geographically which makes comparison challenging. Secondly, national economies and labour markets were not equally exposed to the contingency measures adopted to control the virus. Broadly speaking, personal service industries are highly dependent on face to face interaction and thus the economic impact was much stronger compared to industries that could function remotely.

Thirdly, the fragility of the social fabric also conditioned the capacity of families to confront such an external shock. Generally speaking, the pandemic disproportionally affected those individuals and families who were more likely to be at risk in the first place (Cantó et al. 2022) but the proportion of those at risk varied enormously by country. Some of the countries in our sample had not fully recovered from the previous economic recession and, as a result, performed poorly in key socio-economic indicators. According to Demertzis et al. (2022) before the health pandemic, more than 30% of EU households were unable to meet an unexpected required expense. This ranged from one in two households in Croatia to around 35% in the UK and Spain and 32% in Poland. By contrast, the percentage was just below 20% for Belgium and Sweden. Besides, societies also differed in the readiness to adapt to the new 'social distancing' pattern

of collective behaviour. Of our six countries Sweden is the only one that never imposed strict lockdown rules leaving compliance to an individual voluntary principle of responsibility. In other countries, universal quarantine restrictions left little -if any- margin for exceptions to the rule and thus the consequences of social isolation, especially for the most vulnerable groups were far more dramatic. Overall, therefore, a stronger 'social shield' in the form of greater extra funds and resources to face the crisis might not necessarily imply a stronger response but a more desperate call for action. Furthermore, although beyond the scope of this report, in the policy responses to Covid-19 there is a potential trade-off between health protection and people's autonomy. The higher the need for support to confront unforeseen risk, the lower one's ability to generate agency. The welfare state clearly modulates this interaction.

Efforts towards a 'social shield' are also conditional upon the fiscal and institutional capacity of the welfare state to function as a "risk absorber". The more inclusive and generous welfare states are, the stronger their capacity to offer additional protection within pre-existing arrangements. We might expect robust anti-poverty policies such as minimum income schemes to be able to mitigate vulnerabilities originated or exacerbated by the Covid-19 crisis better than other weaker and less well funded programmes.

The three key concepts that are central to this Work Package: *Inclusivity*, *Flexibility* and *Complementarity* are highly relevant here to the extent that we are looking for social policy's capacity to adapt to unexpected change, to be consistent across policy domains and to use different policy mechanisms to address one or multiple problems. We might expect social protection systems that are structurally inclusive, flexible and facilitate complementarity across policy domains to be in a good position to confront unforeseen risks. In a sense, welfare states that were able to offer fast, flexible and creative solutions to the tensions between employment and care during the pandemic times are probably the ones that have been adjusting for some time to the more complex and volatile nature of social risks today.

The report is organised as follows: the next section looks at measures addressed to protect families and employment. This includes income support systems, job retention schemes and debt and contract reliefs. The following section analyses measures addressed to protect children and parenting. Here, we look into school closures and work-family balance policies, chiefly special parental leave provisions. Section three focuses on measures addressed to protect older persons, mostly actions taken in the field of Long-Term Care (LTC). The final section concludes.

1. Measures addressed to protect families and domestic economies

The measures implemented to curb the pandemic caused an unprecedented impact on both the economy and labour markets. The reduction of social interactions rapidly led to less economic activity, placing families at considerable risk. With the enforcement of lockdowns, the production of non-essential goods and services ceased, precipitating a knock-on effect on workers. Some individuals had to work from home, while others faced the imminent threat of temporary or permanent job loss and, hence, income. In response to this challenging scenario, governments reinforced or introduced new initiatives to shield families from income losses.

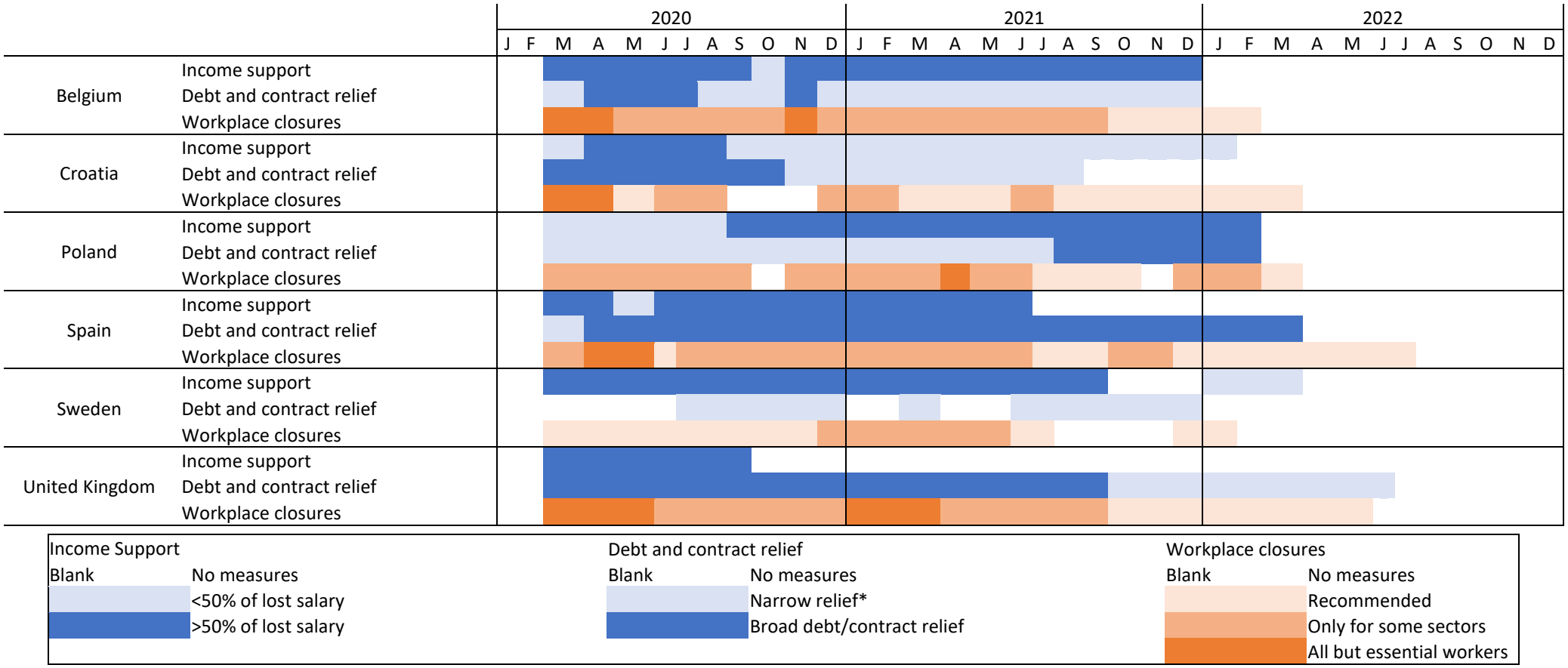
Income support systems

Income support policies are broad and usually cover the following circumstances: old-age, unemployment, illness, disability, child-related costs, low income, and parental leaves (Daly 2023). For the purposes of this research, this section will focus on labour-related income support schemes, including Minimum Income Schemes (MIS), Job Retention Schemes (JRS) and debt and contract reliefs (DCR). It is worth noting that in many cases the latter was implemented during the pandemic, while MIS and JRS were existing programmes within social protection systems. All three sets of social policy were crucial to mitigate the economic and social effects of COVID-19. Yet, notable cross-country variations exist in the way such schemes are designed or modified during the pandemic.

Figure 1 shows when income support interventions took place. By March 2020, all six countries had imposed workplace closures to some extent, except for Sweden, where the restriction of the economic activity was only recommended. In terms of income support, the majority of governments covered more than 50% of the salaries of people who lost their jobs or could not work. Belgium, Poland, Spain and Sweden, maintained such coverage for more than a year, whereas this level of support in Croatia and the United Kingdom was more time-limited (six months approx.). With the exception of the United Kingdom, all the countries modulated their responses by lowering the coverage levels of salaries at various points. As can be seen in Figure 1, Croatia and Poland used this strategy to prolong protection over time. In half of the countries (Belgium, Poland and Sweden), high levels of income support were provided during more stringent closures, while the other countries had short periods of low or even no protection.

Debt and contract reliefs encompass a wide range of measures concerning financial obligations during the pandemic, such as stopping loan repayments, introducing moratoria for utility bills payments or banning evictions. In this context, governments pursued diverse strategies. Spain and the United Kingdom sustained higher levels of protection over a longer period of time in comparison to remaining four countries. On the contrary, Sweden did not prioritise this kind of support, providing limited and discontinued reliefs. Interestingly, those countries that were more selective for broader income support (United Kingdom and Croatia), show broader relief measures. While most of the countries transitioned from higher to lower levels of protection over time, Poland followed the opposite trajectory.

Figure 1. Income protection measures in relation to workplace closures during COVID-19 pandemic, 2020 – 2022



Source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford (July, 2023), published online at Our World in Data.

Note: Income support captures if the government is covering the salaries or providing direct cash payments, universal basic income, or similar, of people who lose their jobs or cannot work. It includes payments to firms if explicitly linked to payroll/ salaries. *Specific to one kind of contract

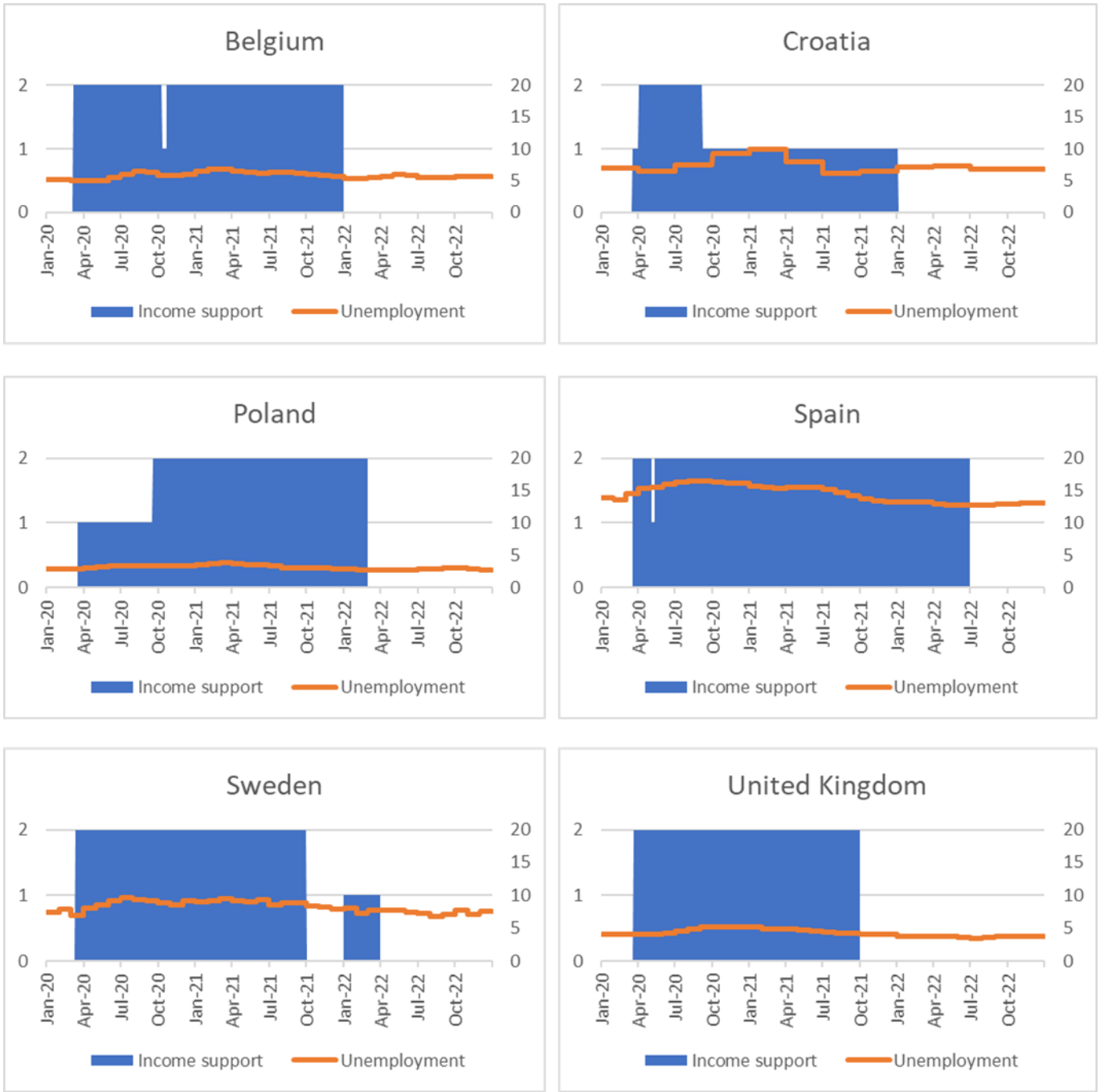
Income support measures during the COVID-19 pandemic appear to align with workplace closures across the six countries under study. However, this data does not provide a comprehensive understanding on the intensity of the responses. The pandemic's impact and the diverse contexts of each country contributed to variations in their respective approaches. For instance, Spain was already experiencing one of the highest unemployment rates in Europe prior to the pandemic. In contrast, Sweden chose not to implement strict lockdowns and hence the impact on employment was much less severe.

To provide a more nuanced perspective, we analysed income support in relation to unemployment. Figure 2 illustrates that Belgium, Poland, and the United Kingdom covered more than 50% of lost salaries during the peaks of unemployment caused by the pandemic. In contrast, Croatia, experiencing its highest unemployment level in the first semester of 2021, replaced less than 50% of salaries. Despite less pronounced peaks in Spain and Sweden, both countries provided a high level of income support for more than a year.

In contrast, protection through contracts and debt reliefs was significantly limited among the six countries, generally applying to one kind of contract most of the time. When examining the data in relation to households' debt-to-income ratios (see Figure 3) we do not find any clear correlation. Thus, such measures were only adjusted according to households' levels of debt in Poland and the United Kingdom, providing in both cases higher protection as debt increased. Regardless of the evolution of debt levels during the pandemic, Spain maintained a consistent relief policy throughout, while Sweden implemented tighter levels of protection only for specific periods.

The evidence presented in this section suggests that during the COVID-19 pandemic, income was safeguarded more intensely than debt and contract obligations. While income support measures largely aligned with closures and unemployment levels, protection against financial obligations did not follow a clear pattern. For example, Belgium and Sweden, despite having higher debt-to-income ratios, offered narrower relief measures than Spain. Both measures were implemented simultaneously in most countries, allowing families to potentially benefit from income protection and financial relief at the same time. Whilst this data provides valuable insights into the provision of income support, it is limited in addressing the actual coverage of people in need, the inclusivity and flexibility of access conditions, and the extent to which these measures are new or adjusted.

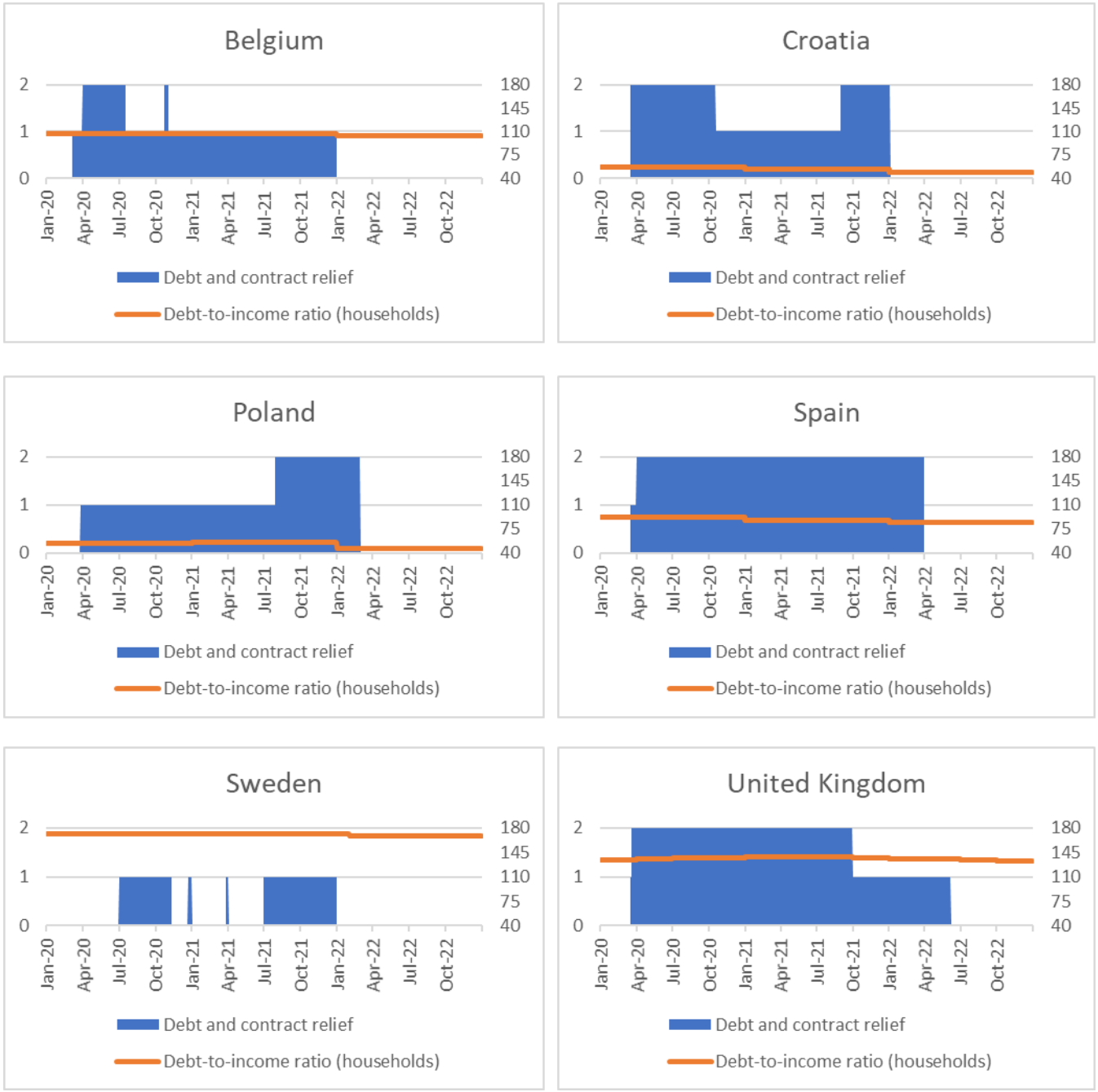
Figure 2. Income support in relation to unemployment during COVID-19, 2020 – 2022



Source: Own elaboration using the following data: Data for income support are from Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford (July, 2023), published online at Our World in Data. Monthly unemployment rates are sourced from OECD (2023), except for Croatia which have been included from the Croatian Bureau of Statistics (2023, quarterly data).

Note: Income support captures if the government is covering the salaries or providing direct cash payments, universal basic income, or similar, of people who lose their jobs or cannot work. It includes payments to firms if explicitly linked to payroll/ salaries. (0 = no income support, 1 = covers <50% of lost salary, 2 = covers >50% of lost salary). The average percentage is used when coverage varies. Unemployment rates are the number of unemployed people as a percentage of the labour force.

Figure 3. Debt and contract relief in relation to debt during COVID-19, 2020 – 2022



Source: Data for debt and contract relief are from Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford (July, 2023), published online at Our World in Data. Annual households' debt-to-income ratios are sourced from Eurostat (2023), except for the UK (2023, quarterly data) which have been included from the Office for National Statistics.

Note: Debt or contract relief captures if the government is freezing financial obligations during the COVID-19 pandemic, such as stopping loan repayments, preventing services like water from stopping, or banning evictions (0 = no debt relief, 1 = narrow relief, specific to one kind of contract, 2 = broad debt/contract relief). Households' debt-to-income ratios (including Non-profit Institutions serving households) are defined as loans and liabilities divided by the gross disposable income, expressed as a percentage.

Minimum Income Schemes (MIS)

As the COVID-19 pandemic evolved, Minimum Income Schemes (MIS) emerged as crucial social safety nets in numerous countries, preventing poverty and ensuring economic stability for the most vulnerable families. The immediate response to the challenges brought about by COVID-19 involved enhancing the adequacy of MIS protection in Europe (Baptista et al. 2021). These measures mainly involved adapting the existing MIS or the introduction of new similar measures. However, not all countries implemented such adjustments to MIS in the same manner or with the same intensity.

Tables 1 and 2 show the different types of adjustments made to MIS during the first year of the pandemic (2020 – 2021) as well as new similar measures introduced across the six countries in our study. The analysis of MIS reveals a distinct pattern of responses that can be categorized into three groups. Firstly, one group stands out for actively adjusting their existing MIS frameworks, demonstrating a dynamic approach in response to the challenges posed by the COVID-19 pandemic. Belgium and the United Kingdom stand out as the only two countries that provided additional or increased allowances to their citizens. Whilst Belgium provided extra benefits (€50/month) for all social assistance beneficiaries, including not only the minimum income, but also the guaranteed income for pensioners and minimum disability benefits; the United Kingdom focused on uplifting (€23/week) the standard allowance for Universal Credit and the Working Tax Credit. Moreover, the United Kingdom is the sole country that facilitated access and relaxed its eligibility criteria for MIS, since all work-related requirements for benefit claimants were temporarily suspended.

Table 1. Types of adjustment to Minimum Income Schemes (MIS), 2020 - 2021

	Belgium	***Croatia***	***Poland***	***Spain***	***Sweden***	***United Kingdom***
Type of adjustment						
Extra or increased allowance	X					X
Facilitated access/relaxation of eligibility criteria						X
Increased pace of implementation				X		
Increased coverage				X		
Implementation date	Q3 2020			Q2 2020		Q2 2020
The end date of the support	Q2 2021					Q3 2021
Ongoing				X		

Source: Adapted from: Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S. and Regazzoni, P. (2021), *Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries*, European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union.

Note: This table shows the different types of adjustments to the Minimum Income Schemes during the first year of the COVID-19 pandemic (2020 – 2021) and their implementation and end dates (X = implemented, Blank = not implemented).

Secondly, another group, which exclusively includes Spain, opted for accelerating the implementation of a new MIS (see Table 1). The emergency caused by the COVID-19 pandemic led to the advancement of the Minimum Living Income (MLI) to May 2020. As table 2 shows, this non-contributory social security benefit is targeted at households with insufficient resources to cover basic needs. The benefit is means-tested based on the overall income received by the household in the previous fiscal year. For one person, in 2020 the MLI was €469.93 per month (42,4% of minimum salary), with varying increments for each additional member and lone-parent households, including a child aid supplement. Thus, the introduction of a national MIS established a new common foundation for a more integrated social assistance system (Rodríguez Cabrero et al. 2021). In contrast to the prior fragmented structure, which consisted of various regional systems, resulting in substantial territorial disparities (Aguilar-Hendrickson and Arriba 2020). Despite being introduced in the midst of the pandemic, the MIS in Spain was conceived from its origins as a policy that would be maintained in the long term as part of the country's social protection system.

Lastly, a third group of countries, comprised of Croatia, Poland and Sweden, stood apart by choosing not to implement any modification to their existing MIS during the first year of the COVID-19 pandemic. In Croatia, for example, there were no changes in MIS at the national level (entitlement conditions, levels of benefits or other criteria), but some cities and municipalities provided one-time cash assistance with limited impact. Conversely, Poland adopted remote procedures for social assistance and introduced two new flat-rate benefits aimed at persons with disabilities and participants in social employment centres (see Table 2). This group's strategic decision may reflect confidence in the resilience and adaptability of their pre-existing MIS. However, it also highlights a divergence in responses, as the other nations adapted their social protection systems to address the economic impact of the crisis. The diverse strategies adopted by these countries underscore the context-specific character of policy choices in the face of unprecedented global challenges.

Drawing conclusions about the enhanced inclusiveness or flexibility of MIS during the pandemic is challenging, primarily due to the generally modest nature of these adjustments across the six countries. Moreover, it is important to note that all the countries already departed from differing levels of inclusiveness in their respective MIS (see Daly 2023), making direct comparisons complex. Yet, some interesting questions on the MIS-related responses to COVID-19 remain unanswered. Understanding the rationale behind the chosen adjustments and how they align with the pre-existing inclusiveness levels in each nation's MIS is crucial for a comprehensive evaluation. Additionally, an exploration of the socio-economic impacts of these adjustments could shed light on their effectiveness in responding to the emerging needs of those hardest hit by COVID-19.

Table 2. Minimum Income Schemes (MIS) and similar measures, 2020 - 2021

Country	Description	Category	Timing	Amount and duration	Targeted population	Beneficiaries	Novelty
Belgium	Extra benefit for beneficiaries of minimum income, guaranteed income for pensioners and minimum disability benefits (Royal Decree 47 of 26 June 2020)	Flat benefit	01/07/2020 - 30/06/2021	Tops up all benefits by €50/month	Beneficiaries of MIS, pensioners and disability benefits	All social assistance beneficiaries	Top-up of existing benefits
Croatia	There have been no changes in MIS at the national level (entitlement conditions, levels of benefits or other criteria have not changed). Some local authorities provided one-time cash assistance with limited impact.						
	Remote administrative procedure in social assistance	Procedure	31/03/2020 - onwards	N/A	All social assistance claimants	All social assistance claimants	New
Poland	Cash assistance for people with disabilities in rehabilitation centres	Flat benefit	09/03/2020 - 16/11/2020	€111/month during 5 months	Persons with disabilities who could not receive treatment in a centre	N/A	New
	Integration benefits during the suspension of training courses in social employment institutions	Flat benefit	March 2020 - onwards	Basic unemployment benefit (€267/month)	Participants in social employment centres	N/A	New
Spain	Minimum Living Income	Conditional benefit	May 2020 - onwards	Minimum of €469.93/month	Households with insufficient resources to cover basic needs	Households meeting conditions	New
Sweden	No new or temporary measures put in place due to the COVID-19 pandemic.						
United Kingdom	Uplift of the standard allowance of Universal Credit (UC), as well as in the Working Tax Credit	Flat benefit*	06/04/2020 - 30/09/2021	Uplifts both benefits by €23/week	All claimants of Universal Credit or Working Tax Credit	Those eligible for means-tested benefits	Uplift of existing benefits

Source: Own elaboration based on ESPN National Reports on Social protection and inclusion policy responses to the COVID-19 crisis (2021).

Note: *Also included procedure changes, implementing proactive telephone attention and temporary suspension of all work-related requirements.

Job Retention Schemes (JRS)

Job retention schemes (JRS) aim to preserve employment and income for workers who were affected by the economic downturn caused by the COVID-19 pandemic. They typically involve the government subsidising a portion of the wages of workers who would otherwise be laid off or have their working hours reduced. Although JRS already existed in some countries, they have been widely adopted by many countries, especially in Europe, as a way to mitigate the social and economic impacts of the crisis. In fact, it is estimated that JRS had preserved about 50 million jobs across the OECD by May 2020, which is ten times increase compared to the economic crisis of 2008 (OECD 2020a).

The objectives of JRS are threefold: maintaining the links between employees and companies (job protection), lowering the labour costs of companies in difficulties (business preservation), and protecting workers from income losses (income protection) (Eichhorst et al. 2022). There are two different types of JRS design: short-time work (STW) and wage subsidy (WS) schemes. While STW schemes directly subsidise not-worked hours, under a WS scheme the subsidy is for the hours that have been worked and can be also toped up (OECD 2020a). As Table 3 illustrates, all six countries in our analysis adopted STW schemes. Only Croatia included a WS scheme exclusively aimed at the self-employed.

In general, eligibility for participation in JRS depends on the nature of employment. Since the 2008 crisis, most STW schemes have also included non-standard workers – part-time, fixed-term and temporary agency workers – and many countries with existing access gaps have broadened eligibility to include them during the pandemic (Müller and Schulten 2020; Baptista et al. 2021). All contractual employees across the six countries, including non-standard workers, were covered by STW schemes. Eligibility conditions were relaxed in different ways. For instance, in Belgium exceptions were made to include temporary agency workers, while Spain suspended the minimum contribution requirements (Baptista et al. 2021). Croatia was the only country excluding temporary agency workers from JRS, but, in contrast, it also covered self-employed individuals, which is exceptional among the countries under study. This could potentially be explained by the different policy designs of the measure, combining the two types of schemes.

Regarding generosity, benefit levels or replacement rates were increased in Belgium and Sweden due to COVID-19. At least 50% of the salaries were replaced in all cases, except for Croatia, which provided a flat benefit. Replacement rates ranged from 50 to 90% across the countries under varying conditions. For example, Spain covered 70% of the salary for the initial 180 days, reducing it to 50% thereafter. In most nations, benefits were capped covering up to a fixed amount or percentage, and sometimes linked to average or minimum salaries. The states fully borne the costs of these measures, in the case of Poland though, the extent of the state's participation depended on the reduction in turnover. However, employers' role was only relevant in the United Kingdom. Moreover, all the schemes included protection against dismissal.

The coverage provided by JRS was generally extensive during the pandemic, which denotes a clear priority for job protection. Adjustments were made in terms of inclusiveness and generosity: relaxing access conditions (Belgium and Spain) or increasing benefit levels (Belgium and Sweden). Yet, the self-employed were the most neglected group in these schemes.

Table 3. Job Retention Schemes (JRS) during COVID-19, 2020 - 2021

Country	*Short time work scheme (STW)*	*Wage subsidy (WS) scheme*	*Level of the benefit*	*State participation*	*Employer's participation*	*Protection against dismissal*	*Non-standard workers*	*Self-employed*	*New measures/ improvements to previous schemes*
Belgium	YES, (temporary unemployment benefit)	N/A	70% of average capped wage (€2,754.76 per month)	100%	N/A	YES	YES	NO	Increase in benefit level; relaxation of eligibility conditions
Croatia	YES (a)	YES (b)	a) From January 2021, €480 per month b) €630 in March raised to €730 in April 2020	100%	N/A	YES	Fixed-term and part-time workers included	YES (b)	New measure
Poland	YES	N/A	At least 50% of GW up to 90% without exceeding respectively 50% and 90% of MW	50-90% of MW depending on the reduction in turnover	N/A	YES	YES	NO	New measure
Spain	Yes, (temporary unemployment benefit)	N/A	70% of GW for the first 180 days, thereafter 50%	100%	N/A	YES	YES	NO	Simplified procedure; relaxation of eligibility conditions
Sweden	YES	N/A	75% of wage costs for STW up to 80% of the normal working hours with cap at €4,400 per month	100%	N/A	YES	YES	NO	Increase in the replacement rate from 33% to 60% of the normal working hours
United Kingdom	YES	N/A	Employers receive a subsidy equal to 80% of employees' GW up to €2,850	100%	Employers can top up the wage not covered by the state and they pay national insurance and pension contributions	YES	YES	NO	New measure

Source: Adapted from: Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S. and Regazzoni, P. (2021), *Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries*, European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union.

Debt and contract reliefs (DCR)

Debt and contract relief (DCR) measures were implemented in all countries to ease the financial burden on families. Such measures generally focused on supporting housing for both tenants and homeowners, but in some countries additional support was also introduced to ensure access to essential services and enhance assistance for people in homelessness situations. Within this section, our primary focus is on examining the various forms of housing support, given that it was the most widely adopted DCR measure across the six countries.

As shown in Table 4, five out of the six countries enacted temporary DCR policies to offer housing support for tenants. Croatia stands as the sole exception, having not implemented any specific response to safeguard tenancies. In the remaining countries, the overwhelming majority of measures operated at the national level, with the exception of Belgium, where the implementation occurred at the subnational level. In contrast to Sweden, Belgium and Spain exhibited the widest range of interventions.

The predominant forms of support for tenants included eviction bans in rental housing, implemented in Belgium, Poland, Spain, and the United Kingdom. Other support measures, such as encompassing access to essential services, were also prominent. This suggests a diverse array of dispersed DCR initiatives across the countries. Apart from the commonality of eviction suspensions and additional support, a concentration on specific measures across the countries is not observed, resulting in a notable diversity of responses. For example, while Spain introduced rent payment deferrals, Belgium opted to freeze rent increases in social housing.

In terms of specific types of support, countries can be categorized into three groups. The first group, represented by Belgium and Poland, implemented measures such as rent subsidies, supplements, or extensions. In Belgium, actions were taken to reduce rent for social housing, and a one-off rent subsidy was also introduced in Brussels (Van Lancker and Cantillon 2021). Conversely, Poland applied a conditioned rent subsidy (Chłoń-Domińczak et al. 2021). Moving on to the second group of countries, comprised of Belgium [Wallonia] and Spain, the focus was on providing temporary loans or microcredits. These loans, offered at zero-percentage interest were addressed to those tenants that were most severely impacted by the pandemic. Sweden, which is the only country in the third group, opted for adjusting an existing housing allowance. The adjustment provided a 25% increase in the regular benefit for families with children receiving the benefit (Fritzell et al. 2021).

All these measures were primarily aimed at tenants experiencing difficulties in rent payment due to COVID-19-triggered income loss, although the definition of the specific target population varies considerably across countries. In Belgium, Poland, and Spain, support was directed towards those adversely affected by a reduction in income. However, the effectiveness of this criterion in screening potential beneficiaries seems questionable, as it is challenging to isolate the effects of the pandemic on families' income. Spain also included low-income tenants in some of its measures, a policy shared with the United Kingdom. In contrast, Sweden implemented the most stringent criteria, tailoring the measure exclusively to families with children who were already receiving benefits. None of the actions were specifically targeted to individuals in a situation of unemployment.

Table 4. Housing support for tenants during COVID-19, 2020 - 2021

	Belgium	Croatia	Poland	Spain	Sweden	United Kingdom
Implemented measures						
Ban on evictions from rental housing	X		X*	X		X
Rent payment deferrals				X		
Rent increase freeze/ rent reduction	X					
Other forms of housing assistance	X		X	X	X	X
Types of support						
Rent subsidy/supplement/extension	X		X			
One-off housing allowance	X					
Adjustment to housing benefit					X	
Temporary loans	X			X		
Targeted beneficiaries						
Tenants affected by reduction of income due to COVID-19	X		X	X		
Unemployed people						
Low income tenants				X		X
Specific groups**					X	
Implementation levels						
National			X	X	X	X
Subnational	X					

Source: Adapted from: Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S. and Regazzoni, P. (2021), *Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries*, European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union.

Note: This table shows the different types of housing support for tenants during the first year of the COVID-19 pandemic (2020 – 2021) as well as related information in the six countries (X = implemented, Blank = not implemented). *Perpetrators of domestic violence were not covered by the ban on evictions in Poland. **Families with children entitled to housing allowance in Sweden.

At the same time, four of the countries also implemented temporary DCR measures to shield mortgage payers (see Table 5) although in comparison to tenancies, homeowners generally received less policy support. In fact, two countries, Croatia and Poland, did not introduce any form of assistance to alleviate the pandemic's effects on homeowners' debts. Despite the absence of specific government measures related to housing support in Croatia, banks (in coordination with the Ministry of Finance), offered payment deferrals for loan obligations, including those related to housing, for up to six months (Bežovan et al. 2021). However, our analysis has only considered government actions.

When addressing support measures for homeowners across the six countries, Table 5 illustrates distinctive approaches. Spain and the United Kingdom implemented a ban on repossessions, while Belgium, Sweden, and the United Kingdom adopted mortgage payment deferral initiatives. The criteria for targeted beneficiaries of the deferrals vary among the countries, with Belgium and the United Kingdom extending support only to borrowers affected by reduction of income due to the pandemic, and Sweden applying the measure to all borrowers. Notably, the duration of mortgage deferral initiatives varied, concluding earlier for Belgium (Q4 2020) and in the third quarter of 2021 for Sweden and the United Kingdom. None of these measures were specifically aimed at working homeowners who were impacted by a loss of income.

Table 5. Housing support for homeowners during COVID-19, 2020 - 2021

	Belgium	***Croatia***	***Poland***	***Spain***	***Sweden***	***United Kingdom***
Support for homeowners						
Ban on repossessions				X		X
Mortgage payment deferral	X				X	X
Targeted beneficiaries of mortgage payment deferral						
Borrowers affected by reduction of income due to COVID-19	X					X
All borrowers					X	
Employees/ self-employed affected by loss of income						
End date of mortgage deferral	Q4 2020				Q3 2021	Q3 2021

Source: Adapted from: Baptista, I., Marlier, E., Spasova, S., Peña-Casas, R., Fronteddu, B., Ghailani, D., Sabato, S. and Regazzoni, P. (2021), *Social protection and inclusion policy responses to the COVID-19 crisis. An analysis of policies in 35 countries*, European Social Policy Network (ESPN), Luxembourg: Publications Office of the European Union.

Note: This table shows the different types of housing support for homeowners during the first year of the COVID-19 pandemic (2020 – 2021) as well as related information in the six countries (X = implemented, Blank = not implemented).

2. Measures addressed to protect children and parenting

Lockdowns enforced everywhere to combat the COVID-19 pandemic also produced major disruptions in care arrangements, causing interruptions in the educational and leisure services provided by Early Childhood Education and Care (ECEC) and school facilities. Prolonged periods without access to in-person care or education intensified numerous risks and had disproportional effects on the most vulnerable groups of children (OECD 2020b). Furthermore, this, albeit provisional, re-familiarisation of care (Daly 2022) also placed additional pressure on parents, who found themselves balancing work responsibilities with the demands of home-schooling and caregiving. This situation was often combined with unemployment or income losses of families, threatening the well-being of children. Yet, evidence shows that mothers were more overburdened with care obligations than fathers, experiencing labour penalties and stress (Andrew et al. 2020, OECD 2021).

As families navigated the complexities imposed by the pandemic, governments introduced measures aimed at safeguarding the wellbeing of children and supporting parenting in these challenging times. In this section we examine the principal child-related measures implemented in response to the pandemic. More specially, we will analyse and compare the different ECEC and school closure strategies, as well as work-life balance policies and additional support measures for parents across the six countries under study.

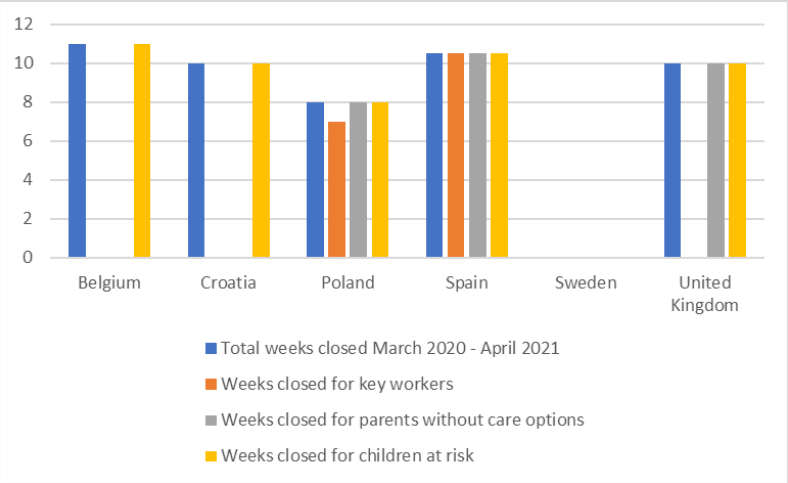
ECEC and schools

Since the outbreak of the pandemic in 2020 and especially since lockdown strategies, ECEC and school closures have been a widespread containment measure. However, we find considerable cross-national variation. While some countries opted for stringent closures with a clear public health orientation, others pursued targeted interventions including social, educational, or work-related exceptions (Dobrotić and Blum 2023). These exceptions allowed specific groups of children to attend in-person care and educational provision, as long as they had no COVID-19 symptoms. The focus of our analysis is then on these exceptions as components of inclusivity and flexibility when prioritising access during this exceptional situation. To what extent did countries ensure inclusive access to educational services? Were the responses flexible enough?

To examine these exceptions, in this section we rely on COVID-PCPR data and aim to categorise the six countries based on the ideal types of educational policy responses outlined by Dobrotić and Blum (2023). However, it is important to note that, despite employing the same dataset, our results may diverge from their findings for three key reasons. Firstly, for the sake of simplicity, we opted to focus on the total time closed and the presence of exceptions in at least one closure episode per country, rather than delving into each closure episode. Secondly, we treated ECEC and primary schools independently, as our interest lay in capturing potential variations in each response. Thirdly, our analysis is based solely on data from the first year of the COVID-19 pandemic, covering the period between March 2020 and April 2021, and thus, our conclusions do not account for the second wave.

As illustrated in Figure 4, the total number of weeks that ECEC centres were closed not only varies across countries but also among different groups of children. The most prevalent duration of closures was approximately 10 weeks, ranging from none in Sweden to 11 in Belgium. With the exception of Sweden, where ECEC services remained available for all, children at risk of poverty were notably the most neglected in terms of accessing in-person childcare during the pandemic. The second group experiencing prolonged closures was the children of parents without alternative care options (observed in Poland, Spain, and the United Kingdom). Key workers' children were able to attend childcare services uninterrupted in Belgium, Croatia and the United Kingdom, while in Poland only for a short period. Spain is the most restrictive case since ECEC services were closed for all children without exceptions for 10.5 weeks.

Figure 4. Number of weeks with ECEC closed during the first year of COVID-19



Source: COVID-PCPR: COVID Pandemic childcare-policy response dataset March 2020 – April 2021.

Examining the total ECEC closure duration in relation to the amount of time closed for each specific group serves as a reference for estimating the comprehensiveness of the exceptions granted. The data reveal inflexibility in ECEC closures, with periods of time typically being entirely proportional, resulting in either complete exceptions or full closures. This implies that belonging to a prioritised group entailed access to onsite childcare for the entire period in most cases. When analysed individually, time-group compensation is residual and only observed in Poland, where children of key workers were given priority for one week. Thus, no adjustments in terms of closed time were made among the different groups. Duration of closure is neither a relevant factor with regard to targeted responses, for instance, Belgium and Spain experienced a similar number of weeks with ECEC centres closed, but adopted different approaches. In what follows, the various exceptions that were put in place are analysed.

Table 6 presents a comparative overview of exceptions made for specific groups of young children to access in-person ECEC services during the first year of pandemic closures in the six countries under study. Belgium, Croatia, Poland, and the United Kingdom implemented targeted closures, allowing for a focused response to the prevailing circumstances. In contrast, Sweden and Spain adopted divergent strategies. While the latter opted for full closures without making distinctions for any of the groups, the former chose to keep the ECEC provision fully opened. Except for Spain, all countries gave priority access to key workers' children, recognizing the

crucial role these individuals played during the crisis. Only Belgium and Croatia offered care options for parents lacking alternative arrangements. However, none of the countries prioritised access for children at socioeconomic risk, those with learning difficulties, or specific age groups, highlighting minimal variations in policy responses across the countries.

Table 6. Exceptions made for different groups when ECEC were closed (2020 – 2021)

ECEC exceptions*	***Belgium***	***Croatia***	***Poland***	***Spain***	***Sweden***	***United Kingdom***
Targeted closures	YES	YES	YES	NO	N/A	YES
Open for key workers	YES	YES	YES	NO	N/A	YES
Open for parents without care options	YES	YES	NO	NO	N/A	NO
Open for children at risk	NO	NO	NO	NO	N/A	NO
Open for children with learning difficulties	NO	NO	NO	NO	N/A	NO
Open for all children aged 0-2	NO	NO	NO	NO	YES	NO
Open for all children aged 3 to primary school	NO	NO	NO	NO	YES	NO

Source: COVID-PCPR: COVID Pandemic childcare-policy response dataset March 2020 – April 2021.

Note: (YES = exception made in at least one closure episode*, NO = no exception, N/A = not applicable).

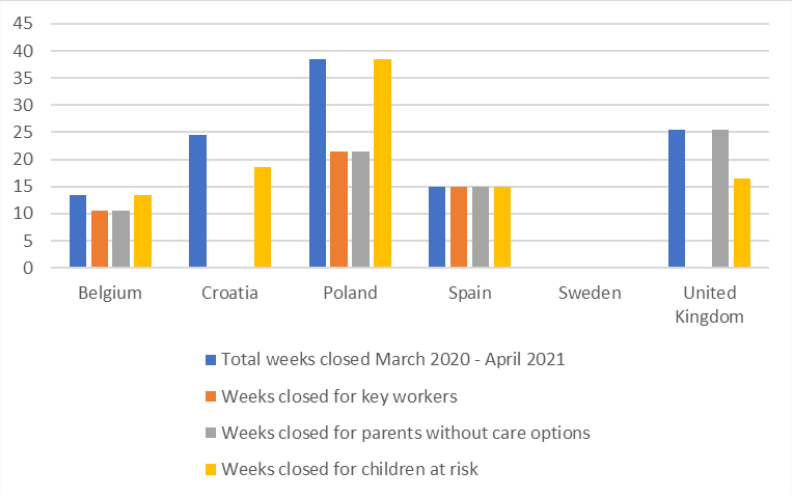
Applying the ideal types of pandemic childcare-policy responses elaborated by Dobrotić and Blum (2023), data shows that most of the six countries analysed adopted a work-care approach to ECEC provision at varying extents. Poland and the United Kingdom only provided ECEC services for key workers' children (strict work-care type), whereas Belgium and Croatia also included other parents without care alternatives (lenient work-care type). Among the countries that did not apply targeted closures, Spain would be classified as strongly public-health oriented, opting for full and long closures of ECEC provision. Conversely, Sweden adopted a high-risk approach, implying that childcare opening was prioritised over health protection. According to our analysis, the policy response was more inclusive in Sweden, followed by Belgium and Croatia, whereas the least inclusive is Spain.

Turning our attention to policy responses to COVID-19 for primary schools, both the duration of closures and exceptions made for specific groups differ from the strategies employed by the countries in the previous case. The average number of weeks schools remained closed was considerably higher compared to ECEC, reaching an average of 24.33 weeks. A potential explanation for this increase is that many countries, if not all, transited from face-to-face to online classes in primary education, a shift that was not feasible for very small children. The total number of weeks with closed schools varied from 0 in Sweden to 38.5 in Poland.

As Figure 5 shows, there are substantial cross-country variations in the duration of school closures. Once again, children at socioeconomic risk were not prioritised in most of the countries, followed by those without care alternatives (except for Croatia and Sweden). Key worker's children were guaranteed face-to-face access to schools during general closures in three out of the six countries (Croatia, Sweden and the United Kingdom). Belgium, Croatia, Poland and the United Kingdom introduced some kind of time-group compensations, mostly for children whose parents had to go out to work or without other care alternatives. The United Kingdom stands as an exception, mitigating closure duration for children in need (Children Act 1989 or other social programmes) or being identified as vulnerable by education providers or

local authorities (Daly et al. 2023). Sweden maintained primary schools fully open for children of key workers and those without alternative care options.

Figure 5. Number of weeks with primary schools closed during the first year of COVID-19



Source: COVID-PCPR: COVID Pandemic childcare-policy response dataset March 2020 – April 2021.

When compared to ECEC, new priority criteria based on social, educational, and age-related factors were introduced for attending school. Concerning the exceptions made for the different groups of children during school closures (Table 7), Spain was the only country that did not implement targeted closures. Among the nations focusing on specific groups, both Croatia and the United Kingdom gave priority to children of key workers, also including children without alternative care options in Croatia. Exceptions were made for children at risk of poverty and those with learning difficulties in Croatia, Sweden and the United Kingdom. Two countries (Croatia and Poland) maintained open schools for both the 7-9 and 10-12 age groups in at least one closure episode, along with Sweden where they were open for all. Additionally, Croatia stands out as the sole country prioritising children in transition years.[1]

Table 7. Exceptions made for different groups when schools were closed (2020 – 2021)

School exceptions*	***Belgium***	***Croatia***	***Poland***	***Spain***	***Sweden***	***United Kingdom***
Targeted closures	YES	YES	YES	NO	N/A	YES
Open for key workers	YES	YES	NO	NO	N/A	YES
Open for parents without care options	YES	YES	NO	NO	N/A	NO
Open for children at risk	NO	NO	NO	NO	YES	YES
Open for children with learning difficulties	NO	NO	NO	NO	YES	YES
Open for all children aged 7-9	NO	YES	YES	NO	YES	NO
Open for all children aged 10-12	NO	YES	YES	NO	YES	NO
Open for children in transition years	NO	YES	NO	NO	N/A	NO

Source: COVID-PCPR: COVID Pandemic childcare-policy response dataset 2020-2021.

Note: (YES = exception made in at least one closure episode*, NO = no exception, N/A = not applicable).

[1] In years at the beginning or end of primary or secondary school or in similar critical period (Dobrotić & Blum 2022).

In general, primary school closures were stricter in terms of duration, but the countries followed similar prioritisation strategies as they did for ECEC services. In fact, half of them maintained the same category for schools. However, variations are evident in the responses of Belgium, Poland and the United Kingdom. Belgium underwent a significant transition, shifting from a lenient work-care approach to a public-health centred one. In Poland, priority was given to children of key workers and parents without care options, which classifies now as a lenient work-care type. The United Kingdom transitioned from a strict work-care approach to an educational one including children at risk and with learning difficulties. In terms of inclusiveness, Sweden stands out as the country with a more inclusive response, whereas Belgium and Spain prioritised public health. Our main conclusions are consistent with those presented by Dobrotić and Blum (2023): during the first wave public-health and work-care approaches were prioritised.

Work-life balance

The absence of formal education provisions during the early months of 2020 in most countries imposed considerable strains on parents, requiring them to assume multifaceted roles as educators and caregivers (Koslowski et al. 2020). Among many other undesired consequences, the shift to home-care and schooling challenged parents' work-life balance (ECDC 2023). However, the negative consequences on work-life balance were not equally distributed, affecting women more heavily, relative to men (Daly 2022; OECD 2021). Furthermore, the increased demand on parents to facilitate learning at home may have exacerbated existing socio-economic disparities, as families with limited resources faced more difficulties in providing an enriched educational experience. The digital gap also carried important consequences in the distant learning experience of children from different socio-economic backgrounds.

The implications of lockdown on families' needs and responsibilities were usually addressed by allocating resources to parental care of children at home including not only leaves, but also specific economic and additional supports (Daly and Ryu 2023). Hereafter, we analyse the set of work-life balance initiatives implemented during the pandemic across the six rEUsilience countries. In most cases existing parental leaves regulations did not change. Only Belgium and Sweden opted for adjusting the usual provision of parental leaves to the situation caused by the pandemic. In contrast, all other countries except Croatia introduced new COVID-19 leaves or other measures for parents and other carers. The extent and generosity of these new measures varied significantly, however.

Table 8 presents a comparative overview of the diverse work-balance measures implemented in the different countries in response to the parenting exigences posed by the pandemic. Two out of the six countries (Croatia and the United Kingdom), did not introduce any specific leave measures. The remaining countries implemented or readjusted parental leave policies under different names, forms, and eligibility conditions. In all cases, except for Spain, these leaves involved extra payments within social insurance systems to cover for not worked time. The COVID-19 leave in Spain, which was part of the 'Taking Care of Me' programme, was designed as a measure allowing parents to take unpaid leaves or change their working hours, providing time for care without income replacement.

Notwithstanding the specific exceptions mentioned above, the concept behind COVID-19 parental leave was largely consistent across the countries. Parental leaves were conceived to allow people to take time off from work to look after children who were forced to remain at home. In spite of these similar approaches, the terminology used to label the leaves differed, ranging from labour-oriented terms such as 'Parental leave' in Belgium to more assistance-focused language like 'allowance' in Poland or under a benefit system in Sweden. In most cases, leaves were children-focused and linked to the closure periods. For instance, Poland clearly stated that the policy would be in force as long as educational services remained closed.

With regard to eligibility conditions, three of the countries applied different work-related or children's age limit criteria. Sweden had the most permissive approach covering all working parents without any further restrictions, while leaves in Spain were only available for those who experienced temporary layoffs. Both employed and self-employed individuals were eligible in all countries, albeit under varying conditions. For instance, Belgium implemented a qualifying period of at least 75% of full-time employment for one month, whereas the self-employed had to demonstrate that they were not receiving any other subsidy. Age-based criteria were applied in Belgium and Poland, with exceptions for children with disabilities. Leaves in the latter included parents of children aged 8 or under, which is extended to 12 years in Belgium.

In terms of duration, Sweden and Belgium were the only countries where COVID-19 work-life balance measures lasted for an extended period, up to a year. However, in Belgium, the duration of the policy differed for employed and self-employed individuals, with the former being closer to the average length of 5.33 months. Interestingly, despite the fact that the Spanish leave was unpaid, it had the briefest duration. Concerning the generosity of parental leaves, most countries opted for replacing a percentage of the lost wage, being Belgium the only one that provided fixed amounts. Sweden was the nation covering the highest percentage of the daily remuneration that parents would normally receive, followed by 80% of the gross wage for employed individuals in Poland. Distinctions were made in Poland and Belgium based on the type of employment. For instance, the self-employed in Poland received an amount equalling the average monthly revenue of the previous year, whereas in Belgium, the sum was less than half of their current earnings. Different amounts were also applied in the latter based on factors such as total or partial leave, lone-parent status, or caring for children with disabilities.

Table 8. Work-life balance measures during the pandemic (March – December 2020)

Country	Title	Measure	Brief description	Eligibility	Type	Start date	End date	Amount	Recipients	Route to the child
Belgium	COVID-19 Parental Leave	Paid parental leave	COVID-19 Parental leave was provided to allow people to take time off from work to care of their children due to the school closure. This did not affect the right to regular parental leave	Employed individuals who worked at least 75% of full time for at least 1 month in the private sector or 1 day in the public sector for the same employer, had children aged 12 and under (or disabled children aged 21 and under), and requested leave from their employers with at least 3 days of notice Self-employed individuals who did not receive a bridge benefit (i.e. a monthly financial benefit for the self-employed) and had children aged 12 and under (or disabled children aged 21 and under)	Cash (social insurance)	For employed individuals: 01/05/2020 For self-employed individuals: 16/05/2020	For employed individuals: 30/09/2020 For self-employed individuals: 31/06/2021	For lone-parent employees: €2,100.01/month (complete leave) or €638.68 (partial leave) For employees: €1,277.36/month (complete leave) or €532.24 (partial leave) For self-employed: €532.24/month For lone-parent self-employed: €875.00/month For self-employed with disabled children: €638.69/month	Parents	Indirect
Croatia					None					

Poland	Additional Care Allowance for Working Parents	Paid parental leave	Additional care allowances for working parents who had to provide personal daycare for children due to lockdown were provided during the entire school closure period	Employed or self-employed individuals who had children aged under 8, disabled children aged under 16 or children aged under 18 with special educational needs; were covered by public sick leave insurance scheme; and did not have spouses taking child-related leave	Cash (social insurance)	12/03/2020	20/09/2020	For employed individuals: 80% of gross wages for the employed For self-employed: average monthly revenue (last year)	Parents	Indirect
Spain	Taking Care of Me Plan	Unpaid parental leave	Parents were allowed to request unpaid parental leave or to make changes in their working conditions (e.g. adapting their working hours up to 100%) according to the Taking Care of Me Plan	Employed and self-employed workers who experienced temporary layoffs (known as ERTE) and had to care for dependent children and other dependent family members	N/A	14/03/2020	21/06/2020	Generally unpaid (no compensation in 15 out of 17 regions)	Parents	Indirect
Sweden	Adjustment of existing Temporary Parental Benefit	Paid parental leave	A temporary parental benefit was provided so that people could take time off from their work to take care for children	Parents who had to care for children due to the closure of ECEC settings or schools, or the children's illness	Cash (social insurance)	25/04/2020	30/04/2021	90% of the daily remuneration that parents would normally receive	Parents	Indirect
United Kingdom	None									

Source: Adapted from Daly, M., Ryu, S., & Polat, E. (2023). Database on Child-related Policy During the Coronavirus Pandemic (Version 1). University of Oxford. https://doi.org/10.25446/oxford.22127432.v1

Among the countries in our analysis, Sweden stood out as the most inclusive. Compared to the others, Sweden's Temporary Parental Benefit readjusted to cover for COVID-19 circumstances tended to be more universal. It was characterised by minimal eligibility criteria, replacing 90% of lost wages, and extending up to one year. Although Belgium opted for paying fixed amounts of money rather than a wage percentage, its COVID-19 Parental Leave emerges as the second most inclusive measure. This policy was designed to cover parents of children aged up to 12 years, providing increased economic support for lone-parents or those with children with disabilities, and offering the flexibility of taking complete or partial leaves. Poland's Additional Care Allowance for Working Parents ranks third in terms of inclusiveness, as its effects were limited to parents of children aged 8 or under for a shorter period. Spain, in contrast, presented the least inclusive measure, generally unpaid and with stricter access criteria.

Nevertheless, the new parental leaves or adjustments to support parents caring for their children during COVID-19 were not the unique measures addressing work-life balance challenges brought by the pandemic. Turning our focus to the broader context within which these specific leaves were implemented, Table 9 summarises additional aspects of conciliation responses. Countries exhibited considerable variation in their approaches, with some providing more comprehensive and flexible support than others. Adjustments to the usual provision of parental leaves are remarkable in Belgium. Parents in a regular parental leave could temporarily suspend their leave until August 31st 2020, with the purpose of being employed as a key worker in a vital sector. Sweden was the only country where ECEC and school facilities remained open but, surprisingly, also offered extensive support to parents. This included adjustments to make the usual provision of parental leaves more flexible, alongside other complementary measures. In a second group of countries (Belgium, Croatia, and the United Kingdom), priority was given to keyworkers' children during school closures.

To conclude, one could reasonably expect work-life balance policies to be more intense in those countries that pursued a more stringent strategy to educational closures. However, we found no evidence supporting this relationship. All things considered, it becomes clear that Sweden and Belgium emerged as leaders in adopting the most inclusive and comprehensive approaches to support parenting during the pandemic. Poland and Spain occupy an intermediate position, closely followed by the United Kingdom. Finally, our data indicates that Croatia undertook comparatively fewer actions in this policy domain during the COVID-19 crisis. Yet, further research is needed to fully understand the various factors influencing the adoption and efficacy of these policies in different countries.

Table 9. Summary of work-life balance responses to the COVID-19 pandemic (June 2020)

Country	***ECEC (early childhood education and care) and schools: were there mandated closures?***	***Parental leave – changes to the usual provision***	***Other measures including new leaves for parents and other carers (not including general social assistance measures which may also benefit carers)***
Belgium	YES (care for keyworkers' children available)	YES (keyworkers may suspend leave)	Corona time credit and corona parental leave
Croatia	YES (care for keyworkers' children available)	NO specific changes to leave	NO other measures
Poland	YES	NO specific changes to leave	Additional care allowance for parents (including parents of older children with disabilities)
Spain	YES	NO change, though rights to request work/life reconciliation measures linked to leave were extended	Special measures applied also to carers of adults: The Catalan public sector had special leave
Sweden	NO (apart from High schools)	YES, temporary parental leave to take care of sick children was made more flexible.	Payments of child support and maintenance can be postponed due to income drops; lunch packages
United Kingdom	YES, with ECEC and primary schools available for key workers	NO specific changes to leave	Workers with health-related caring responsibilities can claim sick pay. Food parcels to children usually provided with free school meals.

Source: Adapted from Koslowski, A., Blum, S., Dobrotić, I., Kaufman, G. and Moss, P. (2020) International Review of Leave Policies and Research 2020. http://www.leavenetwork.org/lp_and_r_reports/

Note: This table summarises work-life balance policy responses during the first wave of COVID-19 pandemic (up to June 2020). It includes information on key aspects of work-life balance such as ECEC availability during the pandemic, changes in the usual provision of parental leaves and other measures (including new leaves for parents and carers).

Additional measures for children

While the main child-related responses focused on education and mitigating the immediate impacts of closures, there are other aspects of children's lives that have also been affected by the pandemic. In fact, most countries implemented additional measures in order to address medium and long-term collateral effects on vulnerable children such as the worsening of socioeconomic, educational or even nutritional inequalities.

As shown in Table 10, the provision of extra funds through the cash transfer system was the most popular policy action across the six countries. Croatia and Spain introduced new or supplementary child-related income support measures, while other nations chose to modify their existing income support policies (Daly and Ryu 2023). In Belgium and the United Kingdom parents with additional caregiving responsibilities received some kind of extraordinary payments. In Spain additional transfers were introduced as complements to the minimum income programme -*Ingreso Mínimo Vital*- and in Sweden, they formed part of the housing allowance. The only country that did not implement children-focused cash transfers was Poland.

The second most prevalent policy was related to food support. Four countries (Poland, Spain, Sweden, and the United Kingdom) took direct measures to resource children's nutrition by replacing school meals. It should be noted that food supplies existed before the pandemic (Daly and Ryu 2023), but were modified to meet the new circumstances. Thirdly, only two out of the six countries (Spain and the United Kingdom) implemented measures to support distance learning, for example, providing digital devices or internet connectivity. In addition, Spain was the only country offering learning support for the most vulnerable children.

Table 10. Additional measures for children protection (March – December 2020)

	Belgium	***Croatia***	***Poland***	***Spain***	***Sweden***	***United Kingdom***
Additional income support for families with children	Cash for care and easing of eligibility conditions	Cash transfer (linked to unemployment)	None	Cash transfer (linked to MIS)	Cash transfer (linked to housing allowance)	Cash for care and cash transfer
Additional educational support	None	None	None	Distance learning support and additional learning support for vulnerable children	None	Distance learning support
Food-related provisions	None	None	School-related feeding and replacement	School-related feeding and replacement	School-related feeding and replacement	School-related feeding and replacement

Source: Adapted from Daly, M., Ryu, S., & Polat, E. (2023). Database on Child-related Policy During the Coronavirus Pandemic (Version 1). University of Oxford. https://doi.org/10.25446/oxford.22127432.v1

3. Measures addressed to protect older persons

Older persons constituted the most vulnerable demographic group during the pandemic, facing an elevated risk of severe illness, hospitalization, and mortality. The global impact of the COVID-19 crisis on Long-Term Care (LTC) sectors was also profound, significantly affecting individuals reliant on care who found themselves exceptionally susceptible to the virus. This vulnerability extended beyond residents in care homes to include the LTC workforce, which faced higher exposure and infection rates. The situation was even worsened in some countries due to late responses compared to actions in healthcare systems (León et al. 2023), resulting in dramatic consequences. In this section, we analyse policy responses to COVID-19 in LTC across six countries, with a special focus on human resources and guidelines for infection control.

To provide context, Table 11 presents key comparative indicators on overall mortality and care homes across the countries for which data were available up to the end of 2020. While these data offer valuable insights, we should interpret them with caution given the high variability in data collection methods and missing information for some countries included in our study. The average share of care home resident deaths was 44.5%, decreasing to 37% when only those in care homes were considered. The coverage of LTC services is also correlated with care home resident fatalities as a percentage of total COVID-19 deaths, ranging from 57% (Belgium) to 34% in the United Kingdom. This evidence shows how disproportionate COVID-19 impact was on home care population (Comas-Herrera 2021).

Table 11. Number of COVID-19 related deaths in the population and care homes

Country	*Date*	*Evidence base*	*Beds in residential LTC facilities**	*Overall mortality due to COVID-19*	*Deaths of care home residents linked to COVID-19*	*Deaths in care homes linked to COVID-19*	*Care home resident deaths as % of all COVID-19 deaths*	*Deaths in care homes as % of all COVID-19 deaths*
Belgium	19/01/2021	Confirmed + suspected	67.5	20,457	11,722	8,854	57%	43%
Croatia			10.8					
Poland			10.7					
Spain	22/01/2021	Confirmed + suspected	43.1	66,557	26,328		40%	
Sweden	18/01/2021	Confirmed + suspected	64.8	9,949	4,656	4,249	47%	43%
United Kingdom	17/01/2021	Confirmed + suspected	42	104,130	34,979	26,391	34%	25%

Source: Adapted from Comas-Herrera, A., Zalakaín, J., Litwin, C., et al. (2021) Mortality associated with COVID-19 outbreaks in care homes: early international evidence, LTCcovid.org. International Long-Term Care Policy Network. London: CPEC-LSE. Data for Croatia and Poland are not available. Data on beds in residential LTC facilities is extracted from OECD (2020).

Note: For some countries the total number of COVID-19 related deaths only refer to confirmed deaths, so the national figures may be an underestimate as, particularly in the early part of the pandemic, people who died outside hospitals were not tested. *Per 1000 population aged 65 or over.

Overview of the policy responses to COVID-19 in LTC

As previously mentioned, individuals residing in home-care facilities confronted a higher risk of severe illness and mortality due to COVID-19. Additionally, the community nature of LTC centres facilitated the transmission of the virus. Since the outset of the pandemic, governments worldwide focused on implementing containment and mitigation strategies within LTC, aiming to minimize the risks of transmission and the spread of the virus (Rocard 2021). However, the extent to which such strategies were implemented varied across countries. Table 12 provides a summary of the diverse measures taken to protect LTC recipients and workers during the pandemic across our six countries.

When analysing the set of LTC-related policies implemented in response to COVID-19, there are several commonalities among the countries. Enhanced access to personal protective equipment (PPE) through funding or direct distribution, prioritised testing for care home residents and staff, as well as restrictions on visits and isolation measures, constituted the core initiatives commonly implemented in all the countries. With the exception of Croatia, all countries reinforced staff numbers, either increasing funding or redeploying staff. Similarly, the only country that did not prioritise vaccination of care home residents and staff was Spain.

In a secondary tier of policies based on their popularity of implementation, two distinct measures emerged. Half of the countries (Belgium, Croatia, and the United Kingdom) expanded telehealth provision to ensure the continuity of services. Changes in LTC regulations and inspections (in Belgium, Poland, and Sweden) were also introduced, reflecting a concerted effort to adapt and improve the regulatory framework of LTC practices within the sector. Last but not least, the establishment of well-functioning coordination between LTC centres and primary care or hospitals, which proved to be crucial amid the situation of emergency, was only implemented in Belgium and Poland.

In comparative terms among the six countries, Belgium stands out as the sole country implementing all the aforementioned measures, closely followed by Poland, which adopted seven out of the eight policies under examination. Both countries demonstrated a proactive approach to addressing the protection of older persons. Sweden and the United Kingdom also introduced the majority of the policies, occupying an intermediate position between the most responsive countries and the more lenient ones. The other two countries (Croatia and Spain) cluster together with a comparatively smaller number of measures aimed at LTC. More precisely, Croatia introduced five of the measures, while Spain only adopted half of them.

Conclusions can be drawn from this analysis. Firstly, the cross-country comparison highlights both shared priorities and variations in policy execution. Secondly, the second group of policies, focusing on regulation and coordination, may have produced a more substantial overall impact, because they specifically target the broader context within which LTC operates. This is evident in areas such as the coordination between hospitals and care homes. Thirdly, the varying levels of response intensity are probably due to differential systemic capacities, as elaborated by Daly et al. (2022). However, this analysis falls short of determining the extent or intensity to which each of these measures was implemented. Furthermore, the study does not assess their actual effects or examine contextual and systemic factors influencing the outcomes.

Table 12. Policy responses to protect LTC recipients and workers from COVID-19 (2020)

	Belgium	***Croatia****	***Poland***	***Spain***	***Sweden***	***United Kingdom***
Improve access to PPE (funding or direct distribution)	YES	YES	YES	YES	YES	YES
Prioritised testing of care home residents and staff	YES	YES	YES	YES	YES	YES
Restrictions within facilities (restricted visits, isolation measures)	YES	YES	YES	YES	YES	YES
Boosting staff numbers (funding or staff redeployment)	YES	NO	YES	YES	YES	YES
Expanded telehealth services	YES	YES	NO	NO	NO	YES
Coordination between LTC and primary care/hospital	YES	NO	YES	NO	NO	NO
Change in regulations/inspections	YES	NO	YES	NO	YES	NO
Prioritised vaccination of care home residents and staff	YES	YES	YES	NO	YES	YES

Source: Adapted from Rocard, E., P. Sillitti and A. Llena-Nozal (2021), "COVID-19 in long-term care: Impact, policy responses and challenges", *OECD Health Working Papers*, No. 131, OECD Publishing, Paris, https://doi.org/10.1787/b966f837-en. Data for Croatia are based on various sources (see Appendix).

Note: This table summarises the measures taken to protect LTC recipients and workers during the COVID-19 pandemic. It indicates whether the measures were implemented in each country or not (YES = implemented, NO = not implemented). ** Since Croatia was not included in the analysis presented by Rocard et al. (2021), it should be kept in mind that the criteria that the information provided here is based on might differ somewhat in the case of Croatia.

Strengthening human resources during the pandemic

Since LTC sector is highly labour-intensive, addressing personnel requirements during the pandemic became an imperative priority to face the unprecedented challenges posed by the global health crisis. The increasing demand for healthcare and medical personnel, as well as the heightened workload in various essential sectors, underscored the importance of strategies for strengthening human resources across the countries in the context of a health emergency.

Table 13 describes whether specific task forces (groups of experts organized at the national, local, or facility level with the aim of managing and coordinating responses to the COVID-19 crisis) and/or rapid response teams (groups of healthcare workers, military personnel, or

volunteers from NGOs deployed to specific regions and/or facilities facing serious staff shortages) were created in each country during the pandemic.

Regarding COVID-19 task forces, four countries (Belgium, Croatia, Poland, and Sweden) allocated resources at both national and subnational levels, including municipalities. These nations clearly prioritised a strategy grounded in expert guidance, coordination, and management to combat the consequences of the virus. In this sense, Croatia stands out as the sole country implementing task forces in all regions, whereas Spain and the United Kingdom did not introduce such specific workforce measures.

Interestingly, except for Belgium and Spain, the majority of countries that had chosen to create task forces did not implement rapid response teams to address staff shortages in LTC. While Belgium emerges as the sole country combining both strategies at the same time, none of these human resources structures were put in place by the United Kingdom.

Table 13. Human resources structures put in place during the COVID-10 pandemic (2021)

	COVID-19 Task Forces	***Rapid response teams***
Belgium	At the national and sub-national/local level, in most regions	YES, at the sub-national/local level
Croatia	At the national and sub-national/local level, in all regions	NO specific measures taken*
Poland	At the national and sub-national/local level, in most regions	NO specific measures taken
Spain	NO specific measures taken	YES, at the national level
Sweden	At the national and sub-national/local level, in most regions	NO specific measures taken
United Kingdom	NO specific measures taken	NO specific measures taken

Source: Adapted from Rocard, E., P. Sillitti and A. Llena-Nozal (2021), "COVID-19 in long-term care: Impact, policy responses and challenges", *OECD Health Working Papers*, No. 131, OECD Publishing, Paris, https://doi.org/10.1787/b966f837-en. Data for Croatia are based on the following source: Lukavečki, L. (2021), "Komparativna analiza pristupa u upravljanju krizom uzrokovanom bolešću COVID-19 u Hrvatskoj i Srbiji", *Forum za sigurnosne studije*, 4/5(4/5), p. 71.

Note: *Since there are no systematically collected data on measures introduced on the local or county level regarding the formation of rapid response teams, only the national level is considered.

Post-pandemic guidelines on infection control in LTC

At the onset of the COVID-19 pandemic, there was considerable variation in emergency preparedness among countries. While the majority had established some form of emergency systems, a significant number largely overlooked the particularities of LTC sectors (Rocard et al. 2021). Nevertheless, the urgency to address the pandemic led to a relatively accelerated adoption of guidelines to prevent the spread of the disease within LTC centres.

Table 14 indicates whether specific public guidelines on infection control were established before or since COVID-19, including the level of government at which the guidelines have an effect. Before the outbreak of the pandemic, half of the countries (Belgium, Spain, and Sweden)

had already established public guidelines on infection control in LTC facilities. In contrast, Croatia, Poland, and the United Kingdom had not issued any directions prior to the pandemic. All the countries implemented such guidelines at the national level, with the exception of Belgium, where they were applied at subnational and local levels. Since the global health crisis began, preparedness in the LTC sector has significantly improved. However, no further conclusions can be drawn from the data in Table 14 regarding their effectiveness, applicability, or quality.

Table 14. Public guidelines on infection control in LTC prior and post COVID-19

	Before COVID-19	***Since COVID-19***
Belgium	YES, at the sub-national/local level	YES, at the sub-national/local level
Croatia*	NO specific guidelines	YES, at the national level
Poland	NO specific guidelines	YES, at the national level
Spain	YES, at the national level	YES, at the national level
Sweden	YES, at the national level	YES, at the national level
United Kingdom	NO specific guidelines	YES, at the national level

Source: Adapted from Rocard, E., P. Sillitti and A. Llena-Nozal (2021), "COVID-19 in long-term care: Impact, policy responses and challenges", *OECD Health Working Papers*, No. 131, OECD Publishing, Paris, https://doi.org/10.1787/b966f837-en. Data for Croatia are based on the following source: Croatian Institute of Public Health (May 11 2023) "Preporuke za nošenje maski u zdravstvenim ustanovama i ustanovama socijalne skrbi koje pružaju uslugu smještaja za starije osobe i osobe s invaliditetom", available at: https://www.hzjz.hr/sluzba-epidemiologija-zarazne-bolesti/koronavirus-najnovije-preporuke/ (Accessed on November 2023).

Note: *Since there are no systematically collected data on measures and guidelines introduced on the local or county level in Croatia, only national-level guidelines are considered.

4. Concluding remarks

The overall national response to the Covid-19 crisis stands in sharp contrast to the austerity turn of the 2008 crisis. Incomes and jobs were protected with a wide range of mechanisms which governments used to varying degrees and forms. Job Replacement Schemes were rapidly introduced as a prevention measure to control employment destruction. Other employment and social policies that integrate what we now know as a 'social shield' prevented mass job destruction as it happened during the Great Recession and protected families from the risk of poverty. Even though Covid-19 was a global crisis it was by and large managed at national level. In Europe all states increased their control and capacity to protect national health systems and specially hospitals, the economy and to ease the financial burdens of families. Welfare states were thus at the centre of the interventions. This also implied states were able to exercise a high level of authority, but it also meant that in many cases temporary interventions lead to social policy innovation (Börner and Seeleib-Kaiser 2023).

We have seen in this report that countries introduced different mechanisms with similar goals. In terms of income protection for instance, countries that were more selective in specific income support measures (namely United Kingdom and Croatia) implemented broader relief measures. As expected, the stronger and more inclusive welfare state the less acute need for additional and exceptional measures. In our sample of six countries some were able to activate extra support through the existing minimum income programmes whilst other countries implemented additional policy. Whilst the UK for instance uplifted the standard Universal Credit allowance and the Working Tax Credit, the Spanish government put in place for the first time a national minimum income scheme to complement the existing regional ones.

We have argued in this report that the three key concepts that are central to this Work Package: *Inclusivity*, *Flexibility* and *Complementarity* are highly relevant to understand welfare state's capacity to act as a shock absorber during the Pandemic since we are looking for social policy's capacity to adapt to unexpected change, to be consistent across policy domains and to use different policy mechanisms to address one or multiple problems. Overall, the reaction to the crisis became in all countries a function of the available resources in relation to the scale of the risks.

In principle we were expecting countries that were economically weaker to have a more limited capacity to react but the debt mutualisation from the part of the EU gave a much larger room for manoeuvre in terms of spending and public debt. Not only was the response more decisive compared to the previous crisis but the interventions were more widespread too. Risks related to housing for instance was one important concern following the dramatic experience of evictions during the austerity years. Predominant forms of support for tenants included eviction bans in rental housing and mortgages but there were other measures too. Belgium froze rent increases in social housing, while Spain and the UK implemented rent payment deferrals and a ban on repossessions. Sweden was able to intervene through the existing channels of support (i.e., by increasing housing allowances).

Regarding childcare services and education, since the outbreak of the pandemic, the closures of educational centres were a widespread containment measure. However, we have found considerable cross-national variation. Whilst some countries adopted stringent closures, others

pursued targeted interventions, including exceptions for specific groups. The most prevalent duration of ECEC closures was approximately 10 weeks, ranging from none in Sweden to 11 in Belgium. Young children at risk of poverty were notably the most neglected in terms of accessing in-person childcare during the pandemic, followed by the children of parents without alternative care options. Spain is the most restrictive case since ECEC services were closed for all children without exceptions for 10.5 weeks. Thus, no relevant adjustments in terms of closed time were made among the different groups. Duration of closure is neither a relevant factor regarding targeted responses, for instance, Belgium and Spain experienced a similar number of weeks with ECEC centres closed but adopted different approaches. Belgium, Croatia, Poland, and the United Kingdom implemented targeted closures, whereas Sweden and Spain adopted divergent strategies. While the latter opted for full closures without making distinctions for any of the groups, the former chose to keep ECEC provision fully opened. Except for Spain, all countries gave priority access to the safety and needs of key workers' children although only Belgium and Croatia offered care options for parents lacking alternative arrangements. Sweden adopted the most inclusive approach by keeping the centres open all the time despite the risks implied.

Parental and care leaves offered time and money compensation for school closures and the general hardening of work-family balance conditions. Again, here the main cross-country difference is the extent to which the additional protection needs were covered under existing schemes or by introducing exceptional and time limited Covid-19 leave provision. In any case a common way of strengthening coverage was by weakening conditions of access. Among the countries that introduced new parental leave policies during the pandemic, Sweden stood out as the most inclusive, followed by Belgium and Poland. Spain, in contrast, presented the least inclusive measure, generally unpaid and with stricter access criteria.

In this report we have also addressed protection to older persons. The Pandemic had a disproportionate impact on the home care population. All countries intervened to protect these institutions by enhancing access to personal protective equipment (PPE) through funding or direct distribution, prioritised testing for care home residents and staff, as well as restrictions on visits and isolation measures. However, countries differed greatly in the timing and mainstreaming of nursing homes interventions. The main conclusions that can be drawn from the analysis are: Firstly, the cross-country comparison highlights both shared priorities and variations in policy execution. Secondly, the secondary tier of policies, focusing on regulation and coordination, may have produced a more substantial overall impact, because they specifically target the broader context within which LTC operates. This is evident in areas such as the coordination between hospitals and care homes. Thirdly, the varying levels of response intensity are probably due to differential systemic capacities, as elaborated by Daly et al. (2022).

To conclude, the Covid-19 Pandemic exposed the limits and proved the capacity of welfare states. From a purely social policy perspective, states were able to stretch their sphere of protection well beyond their, perhaps self-imposed, boundaries. If in 'business as usual' most welfare states protect within limits -not just in the extent of provision but also in the population groups that are genuinely covered, the Pandemic offered an opportunity to overcome such limits both economically and politically. We have shown in this report that welfare states became crucial economic stabilizers, but we have also seen important governmental initiatives

that became fundamental social cohesion devises. The extent to which this will in the long run imply new frontiers for welfare state reform remains to be seen.

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Appendix

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