Human Well-Being Research and Policy Making
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The Unequal Costs of Covid-19 on Well-being in Europe

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Human Well-Being Research and Policy Making

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This series was initiated, in part, through funds provided by the Halloran Philanthropies of West Conshohocken, Pennsylvania, USA. The commitment of the Halloran Philanthropies is to “inspire, innovate and accelerate sustainable social interventions that promote human well-being.” The series editors and Springer acknowledge Harry Halloran, Tony Carr and Audrey Selian for their contributions in helping to make the series a reality.

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ISSN 2522-5367 ISSN 2522-5375 (electronic)
Human Well-Being Research and Policy Making
ISBN 978-3-031-14424-0 ISBN 978-3-031-14425-7 (eBook)
https://doi.org/10.1007/978-3-031-14425-7

This Springer imprint is published by the registered company Springer Nature Switzerland AG
The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

Acknowledgements

Many thanks to the Springer publishers for their support and guidance. Thank you family and friends.

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Introduction

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Countries are still reeling from the effects of the Covid-19 epidemic which has swept across Europe. The current geopolitical situation since the Russian attack on Ukraine has only served to reinforce the crisis. Since March 2020, almost all nations of the world have faced unprecedented changes to their daily lives given the health, economic, and social challenges the pandemic has raised. While the first cases of the novel virus were detected in Wuhan, China, the head of the WHO, Dr. Tedros Adhanom Ghebreyesus, declared Europe to be the epicentre of the global coronavirus pandemic in March 2020, with more cases and deaths reported here at that time than the rest of the world, excluding China (UN, 2020a). The WHO thus urged countries to take decisive and aggressive steps to save lives. Measures taken varied, but they included border closures, restrictions on movement, national lockdowns, closure of schools and universities, curbs on large gatherings, and closure of theatres, restaurant, and bars. Successive waves which have seen similar measures taken in Europe to stem the transmission of the virus have caused further economic and social disruption. Beyond dealing with the human loss of lives, subsequent measures to deal with the crisis can be seen to have a significant impact on mental health and overall well-being.

The notion of well-being itself is very much related to the definition of health as the WHO underlines, that is a "state of complete physical, mental and social

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L. Dalingwater et al. (eds.), *The Unequal Costs of Covid-19 on Well-being in Europe*,
Human Well-Being Research and Policy Making,
https://doi.org/10.1007/978-3-031-14425-7_1

well-being and not merely the absence of disease or infirmity" (WHO, 1946). But there is still no commonly agreed definition of well-being. Some consider well-being to be equivalent to happiness (Layard, 2005). Others relate the concept to life satisfaction, quality of life, and sustainability (OECD, 2014; Scott, 2012). Subjective well-being or happiness is said to incorporate three main components: first, life satisfaction which can be gauged by asking people how happy they are overall with their life; second, positive emotions and an absence or low level of negative emotions; third, such notions are also completed by psychological well-being and *eudaimonic* well-being (Diener, 2000; Argyle, 2001).

A wealth of measures to monitor well-being have emerged in the twenty-first century in Europe and beyond. The Eurofound surveys have studied quality of life in Europe since 2003. Following the publication of the Stiglitz report (Stiglitz et al., 2009), the Council of Europe included the concept of well-being for all its members as part of a new strategy for social cohesion, which was approved by the Committee of Ministers. These measures have been used to assess the impact of Covid-19 and measures of containment on people's lives. Eurofound's e-survey, *Living, working and Covid-19*, for example, has sought to provide a snapshot of the impact of the pandemic on people's lives (Eurofound, 2020). It is hoped that providing such information will enable policymakers to bring about an equal recovery from the crisis. The first of these Covid-19 e-surveys was launched on 9 April 2020 while many European countries were still in lockdown, then the second round was conducted in July 2020 when many of the containment measures were relaxed. Since then it has continued to publish reports in the field. The data include life satisfaction, happiness, optimism and resilience, health, support and well-being and trust in institutions across EU countries.

While such attempts to measure the impact of the current health crisis and provide appropriate policy responses are laudable, these new measures of well-being which have emerged over the last two decades essentially place too much emphasis on subjective well-being or "deliberative" utilitarianism. This tends to move our focus away from other more objective concerns linked to inequality or welfare (Gadrey, 2012). Subjective well-being is closer to the sense of economic utility, relating to "personal benefit gained by an individual from a particular interaction or a particular behavior" (Eichhorn, 2013). Since the 1980s, neoliberal policies promoted in many countries across Europe can explain the current context of well-being with a preference for less generous social welfare and a greater need to measure individual well-being (Scott, 2012; Eichhorn, 2013; Coron & Dalingwater, 2017; Dalingwater et al., 2019).

1.1 Economic and Social Structures and Well-Being During the Coronavirus Pandemic

Radcliffe posits that there is a strong positive connection between life satisfaction and welfare. He calls for the strengthening of economic and social structures through state intervention because well-being is enhanced when the state intervenes to reduce market dependence through the decommodification of labour and the adoption of a social democratic welfare regime. According to Esping-Andersen (1990), generous welfare states mean that if individuals have to stop work or decide to opt out of work, it will not have a significant impact on their overall well-being. Pacek and Radcliffe (2008) contend that welfare states contribute to enhancing human well-being.

Economic and social systems in Europe have had to deal with the long-run harm that the current pandemic has inflicted on populations. The significant economic downturn will have a durable effect on health and income even for those who are lucky not to be infected. The burden on healthcare systems, government assistance programmes, and overall welfare is significant. This is because the current health crisis has led to a wide-scale economic crisis. In January 2022, the IMF cut its global growth forecast to 4.4% for 2022. But since then, it has revised previsions following the war in Ukraine. The world economy is experiencing ravaging inflation, financial tightening and the effects of further lockdowns in China which impact on European supply chains. As a result, they have projected a further downgrade for global growth for the rest of 2022 and 2023 (IMF, 2022).

Apart from the economic scars, evidence from the 1918 influenza pandemic has shown that exposure from disease can lead to lifetime health problems either directly related to contamination or the economic effects (lay-offs, etc.) of the disease. The costs are supported not only directly by individuals but households, communities, and even future generations. It is also evident from the analysis of the Great Depression that those entering the labour market in times of great upheaval experience economic penalties long after the crisis has passed. The analysis of historic economic and health crises thus underscores that there is a two-way linkage between the economy and health. Damage to health can undermine performance on the labour market, and economic damage which directly affects labour market prospects can consequently undermine health in the long run. Furthermore, low-income countries and, in particular, marginalized populations will bear the brunt of the current health crisis and economic downturn.

1.2 Structural Inequalities and Well-Being During Covid-19

The complexity of the crisis thus represents both a double economic and health threat to European populations (Grasso et al). While large-scale interventions have come from governments across Europe, the impact of the crisis has been felt unevenly across sectors of society. Societies which have weaker welfare systems tend to be those that have increased inequalities. Prior to the crisis, world leaders recognized that inequality is a cause of social and economic harm (Since the beginning of the sanitary crisis, inequalities have widened in many countries.

The WHO (2020) reports that the uneven impact of Covid-19 had not been fully anticipated or considered in many government response plans. This has put vulnerable populations at a significant risk in the short and medium term, increasing economic and social inequities for the long term. As Gupta et al. (2021) argue, previous flaws in societal governance and the global socio-economic system have meant that we are not just facing a specific health crisis at present but multi-layered crises. While significant policy measures were put in place to protect populations from infection (quarantine, testing, tracing, school and business closures, mass distribution of personal protective equipment and vaccine roll outs) certain populations remain excluded from these measures depending on location and social groups (Ghosal et al., 2020; Gupta et al., 2021).

While lockdowns helped reduce the spread of infection, it also shut down local food systems, disrupted food supplies and led to an increase in prices (Béné, 2020; Farcas et al., 2021). The self-employed and those on temporary, short-term contracts were often significantly affected by the effects of lockdown (Douglas et al., 2020; Gupta et al., 2021). The WHO underlines that Covid-19 and the subsequent containment measures have increased existing inequities in many ways because vulnerable populations are likely to suffer from more serious health impacts because of pre-existing health conditions or because of barriers to accessing health services. The economic and social effects of the crisis can in turn also seriously impact vulnerable populations' overall well-being (WHO, 2020).

While distribution of vaccines has been fairly widespread, significant difficulties remain in terms of ensuring that poor countries but also poorer communities in Europe are able to access vaccines in a timely manner. High-income countries only represent 13% of the population, but they have obtained the lion's share of Covid-19 vaccines (Rutschman, 2021). With high-income countries including those in Europe ensured protection, the fact that there are significant public health inequalities between the global North and global South and within European countries is a cause for concern.

Grasso et al. (2021) argue that significant health impairment, psychological, social, and economic consequences across European societies have had an impact on both material and subjective well-being. They also show evidence that vulnerable communities have been particularly at risk. The effects of the crises have thus

deepened inequalities and had an uneven impact on certain categories of populations, namely, women, caregivers, migrants, and other vulnerable persons.

1.2.1 A Widening of Gender Inequalities

Covid-19 has exacerbated a number of pre-existing socio-economic inequalities for women (Ewing-Nelson, 2020). Moreover, women's employment has been more at risk compared to men's in this current pandemic with much greater job losses (Alon et al., 2020; IWPR, 2020). Moreover, since women typically comprise the majority of health and social care workers, they have also been particularly exposed to infection (UN, 2020a). While some of these losses are related to company redundancy plans, some women have also been forced to leave their jobs to respond to higher childcare needs because of school and day care closures. In parallel, women's share of unpaid care work has increased at a significantly higher rate (Alon et al., 2020). Women tend to be more often in part-time jobs with less secure conditions (access to health insurance, sick leave, or other benefits) (Poteat et al., 2020). An increase in unpaid work or a significantly higher burden of both unpaid and paid work can have an impact on psychological well-being (Fortier, 2020). Women have also been found to suffer from greater psychological distress as caregivers than men (Fortier, 2020). Quitting jobs or reducing working time will have an impact on women's well-being (reduced pay, benefits, and opportunities) well beyond the duration of the current pandemic (Fortier, 2020). Previous studies have indeed shown that both men and women have reduced well-being if they are obliged to exit the labour market.

Much of the literature has thus underlined how women's life satisfaction has diminished as a result of more intense domestic and childcare activities, including homeschooling, as a result of lockdown measures. A study carried out by Kulic et al. (2021) of women and unpaid work during the crisis in Germany and Hungary shows how women have increased domestic and childcare duties since the beginning of the crisis. Czymara et al. (2021)'s study noted a significant increase in stress related to extra domestic work for women. Reichelt et al. (2021)'s study shows that women were more vulnerable to labour market dislocation than men. Indeed, they point to a study which included Germany as one of the focus countries and found that women were more likely to reduce their working hours and be made redundant as a result of the pandemic than men. Prior to the pandemic, these women had already been experiencing precarious employment situations. Minello et al. (2021) show that women in academia feared that progress in their careers would be affected because of a decline in research outcomes and publications during a period in which they have had additional domestic and childcare responsibilities. Such inequalities were deeper according to one study depending on the employment and social policies in place across Europe and governmental support provided during the crisis (Cook & Grimshaw, 2020). For example, in Germany parents did not have access to

emergency childcare like in France or the UK, which led to increased stress and a greater care burden for women.

1.2.2 The Widening of Workplace Inequalities Faced with Coronavirus

Besides the significant impact on women, those of lower social classes are generally reported to be more at risk from the negative economic and health repercussions in the workplace. Holst et al.'s (2021) study reported that these class inequalities were amplified during the coronavirus crisis. Indeed, the pandemic has different consequences on the ratio risks/occupation and on employment and incomes even in the most developed economies.

Walsh et al.'s (2020) study shows that there were large differences in the risks of having Covid-19 depending on the occupations of the workers. Evidence suggests that the workers at the lower end of the income distribution suffered the most for different reasons (UN, 2020b).

First, labour market protection is minimal for a majority of lower-income workers: many are paid by the hour (on short-term contract), with little or no paid sick leave. With the pandemic, millions of workers saw their working hours reduced, feared for their job, or, even worse, became redundant in the different consumer sectors, which meant a huge loss of income for the household, leading for some of them to poverty. With the pandemic, the demand for labour completely collapsed and, once unemployed, it was almost impossible to find a new job. Moreover, in many European countries, despite the automatic stabilizers of welfare states, the short-time work allowance did not fully compensate for the loss of earnings. According to the UN (2020a), "in hard-hit Italy and Spain, an estimated 27% and 40% of the population, respectively, do not have enough savings to allow themselves not to work for more than 3 months, even if they are only living on the poverty line; and the number is an alarming 39% for the OECD average". Many self-employed also experienced a drop in sales and profits and saw their economic existence threatened and the state support they received did not fully compensate for the usual earnings (Von Carsten et al., 2020).

Second, to prevent the spread of the virus, it was recommended to work from home. But this option was mainly open to people with high salaries and high qualifications. Working remotely had different consequences depending on the living situation: some were more productive because of an increase in workload, better concentration because of a quieter environment at home, no commuter times, but the majority were less productive, usually for parents with small children who lack external childcare options (Von Carsten et al., 2020). However, a large majority of workers, seen as essential by the governments to ensure the running of society and the economy at the onset of the Covid-19 pandemic, were unable to work remotely, estimated to be about 22% in Ireland and the UK (Farquharson et al., 2020;

Redmond & McGuinness, 2020). As these workers are employed in sectors that require close physical proximity to others in the workplace (interactions with customers or colleagues), they faced greater exposure to the virus (Crowley & Justin, 2020). For example, people working in social care (such as care workers and home carers) were identified to be of particular high risk (ONS, 2020) along with housekeepers, public transport drivers, sales assistants, process plant operatives, security guards, and those involved in food production and/or in the logistics sector as they continued to work on the frontline even during lockdowns. The ONS (2020) shows that in England and Wales, over 27% of Covid-19 deaths among those aged 20–64 were employed in these occupations (ONS, 2020; Williams, 2020).

Likewise, gig and sex workers were very vulnerable. Indeed, a study carried out between March and April 2020 in France of precarious workers (Apouey et al., 2020) particularly those working in the gig economy who could not rely on stable incomes and were excluded from employee labour protection, found that these workers had been particularly exposed to wage decreases owing mainly to lockdowns. More than half were reported to have stopped work and a third experienced a fall in wages.

Moreover, as many of those essential workers are older, live in more deprived areas, and have greater rates of chronic illness, the risks of severe outcomes from Covid-19 (e.g. hospitalization and death) are greater (Walsh et al., 2020).

Thus, the association of limited labour market protection and close physical proximity to others means that the low-wage workers, when they were not unemployed, were more harmed by the epidemic, in terms of both economic and health outcomes. As the UN said (2020a), "the vicious cycle between low socio-economic status and high health risk could exacerbate the high levels of income inequality in many countries".

1.2.3 Frontline Workers Taking an Uneven Share of the Burden

Other vulnerable persons that have emerged from this pandemic are frontline healthcare professionals. They have seen their workload increase and had to work with inadequate medical resources. They are also one of the most exposed populations to infection. They may also fear infecting people around them and have in some countries also suffered from discrimination. They often suffer from significant stress, anxiety, or depression. While health and social care workers are considered to play a major role in taking care of the sick during Covid-19, previous studies have shown that they already suffer from a high rate of mental health disorders (Gold, 2020; Petrie et al., 2019; Nguyen et al., 2020), which may have a negative impact on patient care. Studies on previous outbreaks have shown that such conditions may worsen during infectious outbreaks (Maunder et al., 2006; Brooks et al., 2018; De Kock et al., 2021).

De Kock et al.'s (2021) systematic review of 24 studies indicated that Covid-19 has had a considerable impact on the psychological well-being of frontline hospital staff. Nurses are shown to be at particularly high risk of adverse mental symptoms resulting from the pandemic. They note that some specific features of the Covid-19 specifically increase the adverse impacts on Health and Social Care Workers, due to both the scale (the vast number of cases to treat) and the number of countries affected. Media have accentuated the focus on deaths and the destructive nature of the pandemic. Work patterns have also been disrupted to a large extent for health and social care workers who have to work outside their usual schedule and workplace (changing departments, for example).

1.2.4 Students' Health Inequalities and Prospects on the Job Market: The Future Workforce Shaken

Those in full-time education have also been significantly affected by the Covid-19 crisis. All G20 countries made the decision to end in-person instruction and move to online communication. Most study abroad programmes were cancelled and international students were asked to return home. International students were basically left with the choice to remain in their host country (sometimes in empty residence halls) or return to their home countries (Nurunnabi et al., 2021).

In Europe, both staff and students had to quickly adapt to a new online environment but many lacked support, skills, and equipment in sufficient quantity (Grasso et al., 2021). Not all schools and universities were well equipped in terms of infrastructure, devices, and human capital to cope with the challenge of offering digital education. According to UNESCO, only 20% of countries were equipped with online teaching devices and programmes before the pandemic. Schooling systems were not digitally prepared, revealing the overall weakness of European digital learning (Irien, 2021). In the European Union, education policies remain the exclusive sphere of national countries which explains why the response to such challenges differed considerably. In Romania, for instance, schools were closed for an average of 32 weeks between 2020 and 2021, but only 6 out of 10 students were provided with online education. In the UK, one in five students was unable to access online learning. Some countries, such as Sweden, seemed to be better equipped as their government had already developed hybrid forms of education prior to the pandemic (Irien, 2021).

Even for those learning institutions which were well equipped at the start, it did not necessarily lead to an appropriate quality education. For instance, an Italy Education expert states that "about 70–75% of teachers did not know how to [teach their students online]. [. . .]. And so, they connected to their students through video calls. But they didn't know the right approach because they thought that it was only a way to move school from class to video calls" (Donoso & Retzmann, 2021). The previously in-person teaching method could not simply be transferred to an

online class where the setting is different. This explains why teachers needed support from their institutions. In the UK, the Irish National Digital Experience Survey reveals that 70% of academics were completely inexperienced in online teaching before the crisis even if a majority of teachers felt they had received adequate support from their institutions (Irien, 2021).

At the same time, not all students had sufficient access to equipment or a reliable Internet connection at home. A recent UN policy brief explains how "in most European countries, children from lower socio-economic backgrounds are more likely to lack reading opportunities, a quiet room, and parental support during school closure" (Donoso & Retzmann, 2021). Some universities like Staffordshire in the North West of England have a higher percentage of students facing digital poverty and lack of space which puts a further strain on studies (*The Guardian*, January 2021) and leads to severe inequalities between campuses depending not only on the facilities of the campus but also on the background of enrolled students.

More generally speaking, the pandemic throws a spotlight on other dimensions of inequality. Closing schools also makes the digital divide more pronounced as in the example of Romania. Students who are on the wrong side of the divide are not able to take full advantage of remote learning. The digital divide could translate into an educational divide, with possible long-term consequences (UN, 2020a).

Lockdown, social distancing, and self-isolation requirements are stressful and detrimental for many individuals and have caused students' health and well-being concerns (Grasso et al., 2021). Almost two thirds of students in the UK say their mental health is worse off because of the pandemic according to a national survey undertaken by Hepi (Hewitt, 2021). Students were badly hit in terms of health during the lockdown with reduced movement and opportunities to socialize but the associations which have led to a deterioration of health are yet to be determined (Savage et al., 2000). Female students are at higher risk of facing negative mental effects of the lockdown but only at a smaller effect size (Lischer et al., 2021).

Furthermore, students' health and well-being issues were not necessarily addressed by all G20 countries in a homogeneous fashion. The UK has placed health and well-being in general on its national priority agenda and therefore compares favourably to G20 countries which did not provide any specific policies to address students' health and well-being needs during the pandemic (Nurunnabi et al., 2021). In 2006, Universities UK (UUK)/GuildHE which represent university bodies published a framework for institutional mental health policy for students in higher education to be adopted by all UK universities in the network. The UK has developed an all-inclusive approach since 2016 which recommends that all aspects of university life promote and support student and staff mental health (Nurunnabi et al., 2021, p. 66).

According to the *Journal of Public Health Research* contributors, G20 countries should also integrate international students better in their plan. For instance, the experience of studying in the UK during a pandemic was rated as bad by 61% of Chinese students who took part in the survey and this reaction could affect future generations' choice of destination (*The Pie News*, April 2021). A clear fall in the number of foreign students notably Chinese students who represent the biggest share

in the international market (102,000 as of 2019–20, House of Commons Library 2021) could be worrying for the mid-term stability of the UK educational system. Isolation especially for foreign students or migrants' offspring generated further difficulties and the lack of social interaction meant they could not really turn elsewhere for help or a model (Grasso et al., 2021). Indeed, the outcome of the "coping process" mostly relies on personal resources, social and emotional support (Babicka-Wirkus et al., 2021). "To raise the quality and inclusiveness of education and training systems and the provision of digital skills for all", the European Commission launched the new Digital Education Action Plan for the year 2021 to 2027. Through this plan, the Commission's objective is to "learn from the Covid-19 crisis and make education and training systems fit for the digital age". The Covid-19 crisis has had as an effect to push education more to the frontline and accelerate changes within European educational systems to make them more in line with the current digitalization taking place in society and the workplace (European Commission, 2021).

1.2.5 A Widening of Inequalities for Ethnic Minorities

Some studies have focused on the widening of inequalities for ethnic minorities and migrants. The sanitary crisis has worsened the already existing migrant crisis which began in 2015 (Bozorgmehr et al., 2020). The failure to settle asylum seekers across Europe and a lack of solidarity within the EU have led to a struggle to manage migrants from a financial, technical, and institutional perspective, particularly in border countries such as Italy and Greece. Significant SARS Covid-19 outbreaks were reported in overcrowded refugee camps and migrant hostels (Bozorgmehr et al., 2020). Hygiene measures for the vulnerable such as hand washing, restricting social mobility, *etc*., are extremely difficult for those living in overcrowded accommodation or poor housing conditions with lack of adequate sanitation or easy access to health care services. Migrant workers who are obliged to travel to work were also at risk (day labourers, vulnerable migrants . . .) (Brown et al., 2016; Gupta et al., 2021).

Minority groups and the homeless are particularly vulnerable to new viruses and diseases. It is more difficult to detect cases and prevent the spread of disease in crowded and insalubrious dwellings. In some countries, the infrastructure and resources to shelter these persons were lacking. Overcrowded prisons and detention centres have shown to spread coronavirus. Migrant children were also seen to face particular challenges and experience learning difficulties (Popyk & Pustułka, 2022).

In the UK, ethnic minority communities have been reported to suffer from systemic disadvantages, such as overcrowded living conditions, poor housing, and high exposure to the virus at home and at work (Marmot et al., 2020). In Germany, migrants of Asian, Turkish, or former Yugoslavian backgrounds were found to have great health risks than natives.