



Happy Habits

Our research findings: Comparative Report



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Happy Habits

Comparative Report

Elan Interculturel

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Authors: Beatrice Cinco & Clara Malkassian

Illustrations by Callen Chapelin



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Introduction

On 24 January 2020, the French Ministry of Health declared the first three cases of the novel coronavirus (SARS-CoV-2 or COVID-19) in the country and in Europe.¹ In February, the first cluster of infections were detected in Italy which soon led to the first national lockdown in the continent.² It was not long until the neighbouring countries faced rapid virus transmission and overburdened healthcare systems, followed by declarations of states of emergency and a series of national lockdowns and health measures. The restrictions were imposed on freedom of movement and public gatherings. Many workplaces, learning institutions, and non-essential commerce were closed, unprecedentedly forcing the public to stay indoors.

The Covid-19 situation caused a massive change of life worldwide. In Europe the situation was particularly difficult and we still suffer the consequences at different levels of this pandemic. In HAHA project we want to focus on the learning outcomes that each citizen lived during this difficult time

1 Spiteri, G. et al. "First cases of coronavirus disease 2019 (COVID-19) in the WHO European Region, 24 January to 21 February 2020." *Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin* vol. 25,9 (2020): 2000178. doi:10.2807/1560-7917.ES.2020.25.9.2000178

2 Cerqua, A., Di Stefano, R. When did coronavirus arrive in Europe?. *Stat Methods Appl* 31, 181–195 (2022). <https://doi.org/10.1007/s10260-021-00568-4>

and on the collective learning of this adverse experience. According to the data collected by the partner countries of the Happy Habits Project (Cyprus, France, Italy, Spain, Netherlands) during the preliminary research phase of the project it's prominent that the pandemic and its aftermath had a tremendous impact in all countries resulting to unpredictable changes in the lives of people in various forms and aspects..

To produce this publication, partners carried out a local small scale research that included : desk and data research, the organisation of a focus group (with 6 to 8 participants), led in-depth interviews (4-6 participants) and invited the general audience to respond to the survey we especially design to know a bit more about how they have experienced the pandemic and which new habits did they developed.



Economy, employment, and education

Similarly to the rest of the world, the pandemic resulted in historic economic downturns for our five partner countries. For example, in May 2020, Dutch imports were close to an all-time low at -11.6%. On top of this, the tourism and hospitality sector, an important segment propping up these five economies, was one of the heavily-affected sectors contributing to a general loss in gross domestic product (GDP).

The uncertainty and instability forced businesses and companies to reduce operational capacity or close altogether, matched with changing market consumption patterns and rising prices of commodities, led to an explosion in unemployment levels or salary deductions.

The massive non-renewal of work contracts, or the decrease in contracted hours or in pay, meant financial insecurity on an individual level. Some economic sectors have been more affected than others, such as the arts and culture industry specifically identified by the Republic of Cyprus. Governments responded through different mitigation mechanisms to support individuals, households, and small and medium enterprises (SME). Special aid packages and tax suspension clauses were also crafted for identified vulnerable populations such as working parents in Italy. Extension of various social protection schemes has also been observed in the five countries. Currently, national recovery plans have been designed and are in action.

Additionally, working cultures have been revolutionised, especially with the popularisation of distance working and remote learning becoming the norm in the past years. While this has allowed the practice of professional activities to continue in spite of circumstances, productivity has been found to decrease. This has also intensified and highlighted existing social inequalities.





Reproducing existing social inequalities

For one, the total dependence on e-learning widened the digital gap for those without access to competitive devices or stable internet connection, and mostly for those with special education needs which cannot be met virtually or for those lacking digital skills. Next, women in particular are proved to have taken a heavier toll during the pandemic for two reasons. On one hand, domestic and care roles had to be renegotiated especially with children staying at home given school closures. In Italy, for example, this showed to have a greater detrimental effect on mothers who assumed responsibility

over their children's supervision and education on top of their own professional activities, even when both parents are home during the lockdown. According to the national desk research conducted in partner's counties, besides this care work burden, cases of domestic violence have also increased during lockdown periods (i.e. a 182.2% increase in Italy, May 2020).³

Migrant workers are another population group facing serious consequences in the wake of the pandemic. Since most of them, especially those without work permit, are seasonal and contractual workers, this precarity increases with the uncertainty of unemployment as well as the lack of decent social protection guarantees - especially healthcare and insurances for unemployment.

In turn, this exposed them to exploitation as they were more susceptible to accepting poor working conditions rather than completely not having a source of income. In Spain, a heavy burden fell on the shoulders of irregular migrant domestic and care workers in particular, who faced abusive working conditions such as extremely long working hours, shared spaces with COVID-positive cases with utter disregard for the possibility of contagion, and not having access to basic public services. The rising number of related reports urged international actors such as the Organisation for Economic Cooperation and Development (OECD), to highlight the immense role that migrants play in providing essential services to society especially during periods of lockdown, as they account for 14% of key workers across Europe.⁴

Asylum seekers were also exposed to greater precarity as the closure of administrative institutions led to delays in their procedure. Other key groups identified by partner organisations to have been exposed in more difficult situations include the elderly, prisoners, and homeless populations.

The toll on mental health

The social distancing measures, among all other mitigating policies commonly implemented across participating countries, resulted in mental health struggles in the general population. The most common manifestations include increased stress and levels of anxiety, sleep deprivation, anger, irritability, and loneliness. More extreme cases include a significant increase in suicide attempts among students in France.

Burnout, depression, and other mental health problems were diagnosed more among essential workers and healthcare professionals both in Cyprus and the Netherlands. It is also important to note that across all five countries, women were more prone to developing mental health problems such as post-traumatic stress disorder (PTSD) during the pandemic.

The group of Social workers in particular, also face severe difficulties in exercising their profession

³ Istituto Nazionale di Statistica (ISTAT), "Calls for help during the pandemic." <https://www.istat.it/it/archivio/257704>

⁴ <https://www.oecd.org/coronavirus/policy-responses/covid-19-and-key-workers-what-role-do-migrants-play-in-your-region--42847cb9/>

and providing support, since direct contact places them in high risk to contract the virus and it did not respect the mandatory social distancing. Even children have also been affected with the deprivation of interaction and collective play, which could have serious developmental consequences.

It is important to mention that physical health issues have also been common with the digitalisation of professions such as sight problems, migraines, and back pains.

Overall, these data and statistics are coherent with the findings we have collectively produced for this project through **interviews, focus groups, and surveys**. A total of **269 participants** have been involved in the different steps of our data collection process among our five partner organisations. Different recurrent themes could be observed accordingly.





Challenges

Among all our interview and focus group respondents, confusion, fear, suspicion, feelings of uncertainty, and loneliness were dominant shared sentiments for the past two years. A combination of both remote working and insufficient decent living spaces blurred the boundaries between work and life. Generally, people struggled to maintain social ties and constant contact with their social circles due to mobility restrictions. It has also led to the rupturing of several relationships such as for couples or family members resulting from tension from a sudden shift to being stuck with each other during the lockdown. However, the same situation has brought some people even closer such

as for flatmates, for example. A general feeling of helplessness has also been observed especially for those with family members who got sick or passed away due to the virus, and for healthcare workers empathetic to suffering patients.

The pandemic has also been an obstacle to major life plans or or grasping important opportunities in personal, professional and academic life. Based on the case studies and individual stories shared with the project consortium: a student on an exchange semester in Spain who was not able to maximise the opportunity to immerse in a new culture and to grow their network. Another one, a social entrepreneur in France who had to adopt big changes to their business plan since both supply of raw materials and customer demand decreased significantly, consistent work schedules were hard to assure, and personal relations with clients were harder to ensure with the distance.

Sectoral disadvantages were also made evident, such as in the case of the elderly. For example, one of our interviewees failed to receive sufficient care for her husband who has a degenerative brain disease but could not secure constant access to hospital services such as physiotherapy, speech therapy sessions, or even some surgical operations due to patient saturation.



Opportunities

Conversations on the unexpected opportunities brought by the lockdown periods also stemmed during our focus group discussions. Participants shared that the time they spent stuck indoors allowed them to accomplish things they otherwise would not have the time or energy for. For some, this included rekindling and strengthening relationships, self-reflection and discovery, creating new networks, and learning new skills or improving old ones. It has also brought shifts in their attitudes and or in their personal perspectives such as wherein after lockdown periods, some started appreciating social contact which has been taken for granted previously. For others, this gave them the opportunity to rethink their current career paths and long-term goals and pursue things they are more passionate about.

The increased use of technology has received mixed sentiments as on one hand, it has been a useful tool to keep in touch with social circles while on the other, there is an added-value in personal interactions that gets lost with it.

Coping habits

An astounding majority of our participants have all developed different habits and skills to face the fast ensuing changes for the past years. These habits include, but are not limited to, getting involved in solidarity volunteer work, watching movies or series, spirituality and meditation, reading and writing, cooking, enrolling in online courses, arts and crafts, language learning, gardening, painting and drawing, etc. All these newly-developed activities were mostly reported to have been integrated into everyday life post-lockdown, thus entailing long-term effects and benefits.

Specific skills have also been heavily-relied on to go through this tough period and the most common ones include problem-solving skills, creativity, adaptability, patience, and stress management. Respondents also expressed interest in further developing these soft skills in order to be more resilient when faced with eventual difficult situations.



Way forward

When asked about their future outlook, an overwhelming majority of our participants feel optimistic. The Happy Habits project aims to build on this and the collective lessons learned and experiences lived by each individual, in order to move forward more prepared for the future. One of the strongest feelings encountered the past years has been that of “powerlessness” which is why the activities that we will be creating in the next stages of this project will be fueled by the importance of empowering the self, regaining confidence, and rebuilding social capital.

For the next steps of this project we will use the fundings of this research to open the learning outcomes of the pandemic lockdowns into our everyday life. How to cultivate new Happy Habits can have a major impact in all other domains of our life.

Partners



Coordinator
Elan Interculturel
France
www.elaninterculturel.com



Asociación La Xixa Teatre
Spain
www.laxixateatre.org



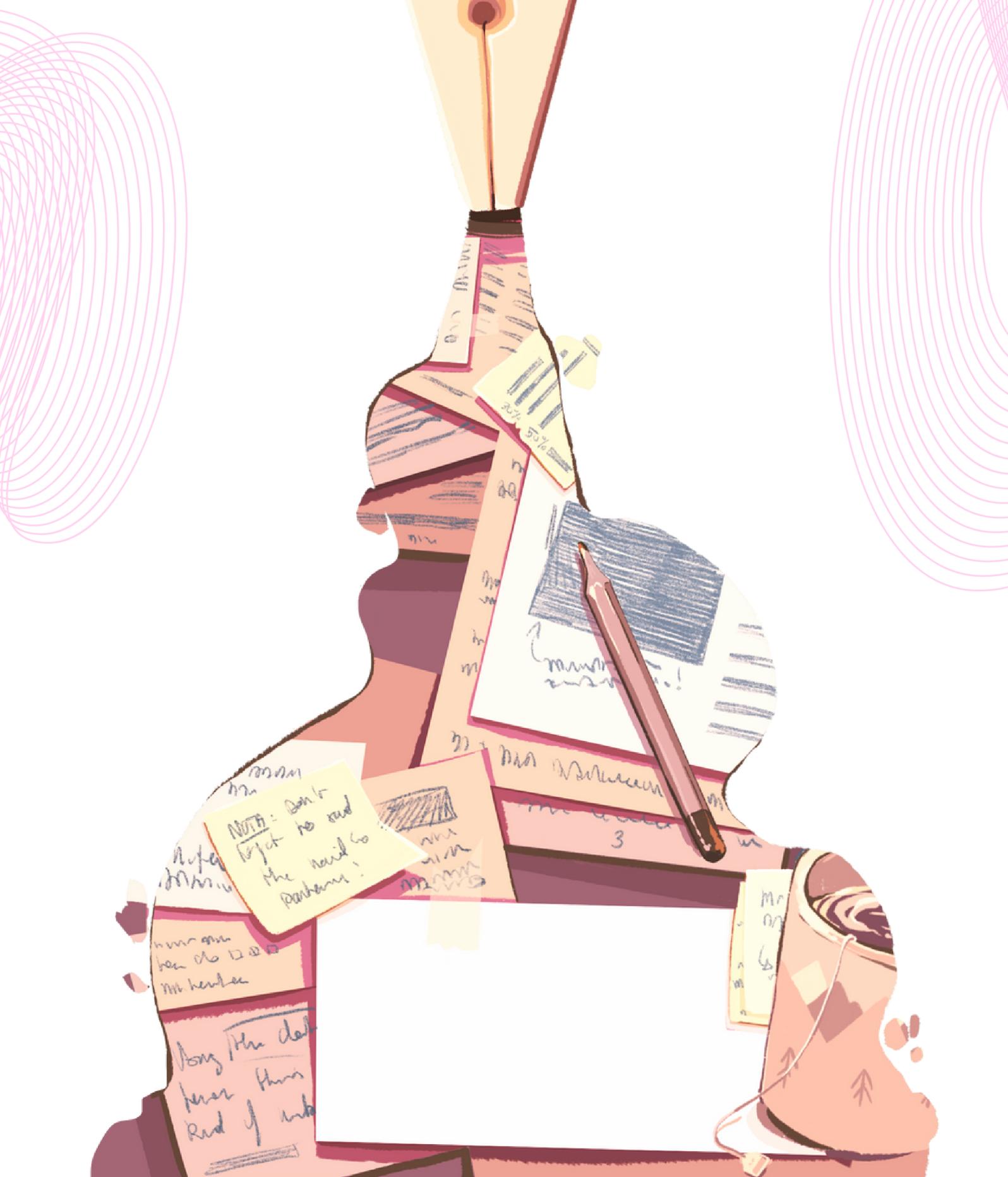
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Cyprus
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