DEFEN-CE:

Social Dialogue in Defence of Vulnerable Groups in Post-COVID-19 Labour Markets

D2.2. Working paper on EU-wide analysis of the Defence - database data

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List of Abbreviations

Abbreviation	Full text
CBA	Collective bargaining agreement
EC	European Commission
EO	Employers' organisation
SA	Social actors (NGOs, chambers, professional organisations)
SD	Social dialogue
TU	Trade unions
VG	Vulnerable groups

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Executive summary

The DEFEN-CE project's Defence Database safeguards vulnerable groups in post-COVID-19 European labour markets. The research teams analysed data from EU-27 Member States, Turkey, and Serbia, including indicators covering policy, target groups, and social partners' involvement. The analysis includes 853 policies.

During COVID-19, policies were approved mainly by executive branches and government (48.5% and 30.9% respectively). Employers and trade unions also adopted policies (6.2% and 5.5% respectively). Around 18% of pandemic policies were amended, indicating initial adoption and later adjustments to suit new circumstances or limitations.

Approximately 77% of policies were legal regulations, while 7.5% were part of collective agreements. Out of these, bipartite agreements made up 4.7%. Only a small percentage of policies were suggested as good practices.

The policies were classified into three categories: (a) labour market and employment retention, (b) health and safety measures, and (c) social security policies. Most policies aimed to retain employment and income, often by modifying traditional social security schemes or by introducing new benefits. Some policies focused solely on reducing health and safety risks in the workplace.

24% of adopted employment-related policies aimed to preserve income through income maintenance schemes, while 20% involved sectoral subsidies or direct payments to employers.

Out of the health and safety policies, 27% improve health regulations, 27% reduce COVID-19 exposure, 9% contain bonuses for first-line/hazardous workers, and 4% for priority vaccination access. Of the social security policies, 42% encompassed social allowance and unemployment benefits, with only 14% being insurance schemes or other regulation adjustments.

Most policies covered the entire country, while few targeted specific regions. 55% of policies covered all sectors, while 27% were specific to one industry. Based on NACE, over half of the policies considered all economic sectors, while the rest focused on arts and entertainment (9%) and information and communication (7%).

Of the policies analysed, 32% came into force in Q1 2020 and 27% in Q2 2020, indicating an early response to the pandemic. 77% of the policies were introduced in 2020, but most (36%) were discontinued in 2021. The average policy duration was 16 months, with 41% lasting less than 12 months. About 38% of policies took 1-2 years to be in force. 21%of policies last longer, for 2-3 years.

Vulnerable groups were classified into three categories based on their risks. The first group includes vulnerable people due to their employment status and working conditions. The second group includes persons with social risks, and the third group is vulnerable due to health and security risks caused by the pandemic. The primary target groups were based on labour market status.

Out of the employment status-related vulnerable groups, most policies (30%) were aimed at workers in general. However, policies could also be targeted towards workers in specific sectors (25%), self-employed individuals (17%), and unemployed individuals (9%). Unfortunately, non-standard workers, who have lower social security in the labour market have only been targeted in a limited capacity, at 4%.

Targeted vulnerable groups based on social risks, such as family status or social situation, consist mainly of the general population (50%). People with disabilities or other health issues were targeted in 8%, and elderly individuals, such as retirees and other senior citizens, were addressed in 7%. In the same proportion, 7% of young people became a targeted group of the anti-pandemic measures. Other vulnerable groups based on social risks, such as children under 18, single parents, migrants, or women in violent and/or abusive relationships, were targeted in only a minimal space.

Everyone has been at risk of infection and lower safety during the pandemic. However, some groups have been at a higher risk than others. Unfortunately, vulnerable people in these groups were not given enough attention. Among this small group, 37% have an increased risk of infection and 20% work in essential first-line services. Other groups, such as those with limited access to vaccination or healthcare, were not given the necessary attention and support during the pandemic.

Social partners initiated or influenced almost half of the 853 policies evaluated. The involvement rate depended on decision-making mechanisms, special committees, and negotiation regulations. Employers had a say in 47%, trade unions in 45%, and other organisations in 14% of the policies. However, the non-involvement of social partners should be interpreted cautiously due to limited information.

Despite the uneven share of involvement between social partners and social actors, the most prevalent role was the consultation, i.e., the adoption of the policy was consulted with 62% of social actors involved, 52% of trade unions and 54% of employers' organisations. In terms of the initiation of the policy, trade unions were a little bit more initiative than employers; namely, 16% of trade unions, compared to 15% of employers, played a prominent role in the policy adoption.

The study found that consultations were the most common strategy used by trade unions and employers' organisations to adopt the policy. Tripartite and bipartite social dialogues accounted for 43,5% of trade unions' strategies, while employers' organisations accounted for 40%. Additionally, sectoral social dialogues were used by 5% of trade unions and 6% of employers' organisations.

Policymakers must recognize that focusing only on employment and the economy ignores the connection between job status, family, ethnicity, migration, and increased health and safety risks. They need to implement specific measures to protect those facing multiple vulnerabilities.

Introduction

The DEFEN-CE project created the Defence Database to analyse and protect vulnerable groups in Europe's (post) COVID-19 labour markets with research-based knowledge and expertise.

The Defence Database extends the COVID-19 Policy Response (COPReQ) dataset (Kahanec et al., 2020). It covers all 27 EU countries, Turkey, and Serbia and provides information on policy measures in response to the COVID-19 pandemic. The database includes measures aimed at slowing the spread of the virus and mitigating its economic impact on various population groups.

The Database examines the role of social partners in developing the policy measures implemented and their strategies towards disadvantaged populations. Moreover, the Defence Database systematically charts various social dialogue and industrial relations (IR) practices across the EU and the chosen potential member states.

Data collected provides a systematic description for comparison across countries and over time, serving as a source of complex information for national qualitative studies.

The working paper begins with a brief explanation of the methodology used. The following chapters follow the database structure, analysing the policies implemented, the targeted vulnerable groups, and the involvement of social partners. This includes their roles and strategies for involvement. Examples of policies, targeted vulnerable groups, and social partners' involvement illustrate the findings. The paper ends with conclusions and additional information on the Defence database in the annexe.

Methodology

The Defence database was created using data gathered from EU-27 Member States, Turkey, and Serbia. The methodology involved a standardised policy coding system and a dedicated data collection tool.[1] After piloting the data collection tools, the experts collected the data directly from the respective countries, and had access to detailed guidelines and training for the data collection process.

The indicators included in the database cover three areas:

1. Policy - the area refers to legislation, regulations, collective agreements and other forms of policy documents implemented in the country addressing the employment and social risks in the context of COVID-19. The policies implemented might be public/governmental or private. The policy area encompasses the policy's status, who adopted it, objectives, the scope of coverage, and the implementation period.

2. Target groups – the area focuses on the population groups the policy aims at. The target groups might be specific groups of workers differentiated by their employment status, specific social risks and/or health and security risks.

3. Social partners' involvement – this area scopes social partners' involvement in the policy regarding their role and strategy used. The employers' associations (EA) and/or trade unions (TU) refer to those social partners that are part of the official social dialogue and operate at different geographical or economic levels. Besides EA and TU, other social actors, such as professional associations, chambers, and non-governmental or advocacy organisations, are included in this indicator area.

The data collection was done only based on the policies in effect at the time of data collection or still in force. The policies from quarter 01/2020 (since the COVID-19 outbreak) to quarter 02/2022 were included in the reference period, and at least 20 policies were coded from each

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[1] Excel file. For the data collection tool, see the annexe.

country. The country experts' task was not to identify and collect all the policies approved in the reference period but only those relevant from the point of view of the project objectives.

A systematic approach was taken to select the national policies for the database. Country experts followed five steps when selecting the policies:

1. Find national-level policies and code them;
2. Find national-level social partners (employers' associations, trade unions and social actors[2]) and examine what policies they advocated for and have been involved in their adoption and code them;
3. Select a number of risk/vulnerable groups that were impacted by the pandemic in the country, and code what policies were implemented at the national level for them and code those;
4. Do steps 2 and 3 on the regional level next;
5. Finally, do steps 2 and 3 on the municipality level (if relevant).

Regarding the policy adoption process, the project focuses only on the policies that were in or are still in force. That means that the policies were implemented and applied in the country. Policies that have been discussed, proposed, and even approved but, in the end, did not come into force should not be included in the database.

Most of the variables were designed to have multiple responses, which means that the experts could mark more than one aim of the policy or more targeted groups of it.

The sources for the policies to be coded were the existing databases[3] complemented by the expanded number of categories and additional information based on desk research by the respective country experts. 855 policies were collected, and 853 were included in the analysis. The data were transformed into a dataset and analysed in IBM SPSS software.

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[2] For the definitions of the social partners and social actors see the following sections.
[3] Experts exploited databases such has Eurofound (2020), EU Policy Watch. Database of 1-level policy measures. Available at: https://static.eurofound.europa.eu/covid19db/index.html; country-specific database of COVID-19 measures, such as https://www.sozialbank.de/covid-19/aktuelle-informationen-waehrend-der-covid-19-pandemie-von-der-sozialbank/bundesrecht/sozialdienstleister-einsatzgesetz-sodeg, legislation databases and particular acts and decree related to the policies.

The Defence database has its limitations. Not all the variables could be collected due to the unavailability of information. It's relevant that the policies coded were only those that were approve and came into force. However, the implementation or their effectiveness was not followed. Therefore, the database does not allow an analysis of the respective policies' impact.

Policies collected and their basic characteristics

In total 853 were analysed. Even though experts from the 29 countries were instructed to collect at least 20 policies per country following the systemic steps to avoid selection bias, for some countries, more policies were coded and included in the analysis. The number of policies ranged from 11 for France to 74 for Portugal. Some country experts also included detailed information about the amendments to the policies. However, in some countries, the number of policies was lower than required due to the few policies adopted, but complexity was found.

Table 1: Number of policies included in the analysis by country

		Frequency	Percent
Valid	Austria	20	2.3
	Belgium	24	2.8
	Bulgaria	23	2.7
	Croatia	18	2.1
	Cyprus	31	3.6
	Czechia	26	3.0
	Denmark	16	1.9
	Estonia	24	2.8
	Finland	51	6.0
	France	11	1.3
	Germany	42	4.9
	Greece	49	5.7
	Hungary	27	3.2
	Ireland	22	2.6
	Italy	20	2.3
	Latvia	31	3.6
	Lithuania	26	3.0

Luxemburg	20	2.3
Malta	23	2.7
Netherlands	44	5.2
Poland	22	2.6
Portugal	74	8.7
Romania	22	2.6
Slovakia	21	2.5
Slovenia	33	3.9
Spain	26	3.0
Sweden	32	3.8
Turkey	28	3.3
Serbia	47	5.5
Total	853	100.0

Source: Defence database

The **policy adoption body** refers to the governance authorities that play the key role in adopting the policy. It could be an executive branch, president, government, Parliament, Central Bank, Trade unions, Employers, or any other authority. Multiple authorities could be chosen. The results reveal that the most frequent body approving the policy was one or more executive branches such as the president and government (48,5%), followed by the government (30,9%). Adoption by employers (6,2%) and trade unions (5,5%) indicates the social partners' executive role when adopting the policies during the COVID-19 pandemic.

Table 2: Authorities adopting the policies during the COVID-19 pandemic

		Responses	
		N	Percent
Who adopted the policy?	Executive branch, president, government	502	48.5%
	Parliament	319	30.9%
	Central Bank	5	0.5%
	Trade unions	57	5.5%
	Employers	64	6.2%
	Other	87	8.4%
Total		1034	100.0%

Source: Defence database
Note: Based on the multiple responses

The analysis revealed the **policy's originality status**, which means it was a new policy addressing the risks of the COVID-19 pandemic. Policies that were in place before the pandemic and have continued to be applied were not coded.[4] The original policy also refers to the measures adopted in the first place, despite being later amended. On the other hand, the **amended policy** presented substantive changes relevant to the research, expanding the scope of the policy coverage, the target/vulnerable groups, and the involvement of a social partner. The policy amendment was not coded in case amendments related to increasing funding or any other minor change were needed.

Nearly 18% of all analysed anti-pandemic policies were amended during the pandemic, indicating that the policies might be adopted in the first phase of the pandemic and then later adjusted to the new circumstances or limits of the original policies.

Table 3: Policies approved as original or amended during the pandemic

		Frequency	Percent
Valid	Original	672	78.8
	Amended	149	17.5
	Total	821	96.2
Missing	System	32	3.8
Total		853	100.0

Source: Defence database

The highest share of amended policies was included in the analysis for Sweden, Finland, Denmark and France. However, the total number of policies coded varies for these countries. With 73 policies coded, Portugal marked only two amended policies.

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[4] The focus was at new/extended policies and provisions responding to the COVID-19 crisis. The policy was not coded in case, e.g., income support that workers/professionals would have been entitled to given for example, the unemployment benefits or sick leave schemes that had already existed in the country before the COVID-19 crisis. New policies/extensions could refer to, among others, who is eligible, the level of benefit, the duration of the entitlement/any change in waiting time before entitlement can be established.

Table 4: The status of the policy by country in descending order of amended policies (N= 821, in %)

Country	Original (in %)	Amended (in %)
Sweden	38	63
Denmark	50	50
Finland	53	47
France	55	45
Germany	61	39
Croatia	61	39
Netherlands	64	36
Belgium	67	33
Bulgaria	74	26
Malta	74	26
Estonia	78	22
Hungary	78	22
Serbia	79	21
Ireland	80	20
Lithuania	81	19
Poland	86	14
Czechia	88	13
Spain	92	8
Italy	95	5
Latvia	97	3
Portugal	97	3
Greece	98	2
Austria	100	0
Cyprus	100	0
Luxemburg	100	0
Romania	100	0
Slovakia	100	0
Slovenia	100	0
Turkey	100	0
Total	82	18

Source: Defence database

Nearly 77% of the policies were **adopted in the form of legislation or statutory regulations**. However, 7,5% of measures were part of a bipartite or tripartite collective agreement, out of which bipartite collective agreements are present 4,7%. A small share of the measures were adopted as recommendations or good practices worth following.

Table 5: Form of policies adopted

	Responses	
	N	Percent
Legislation or other statutory regulations	661	76.9%
Other	70	8.1%
Bipartite collective agreement	40	4.7%
Recommendations (soft form of policy)	36	4.2%
Company practices	28	3.3%
Tripartite collective agreement	24	2.8%
Total	859	100.0%

Source: Defence database
Note: Based on multiple responses

Among the 'Other' were various types of decision-making bodies or stakeholders that adopted the policy. For example, Public Employment Service (Belgium)) NGOs (Czechia), or particular food franchise chains (Finland) that took the initiative and adopted a specific anti-pandemic policy. Additionally, national state foundations for specific areas or an Agreement between the Government and EU delegation was adopted (Serbia)

Types of the policies by aims

The type of the policy refers to the main aims and objectives of the policy adopted. Only officially stated aims or objectives of the policy were considered. The objectives of the policies might be clearly stated in the main adopted or accompanying documents, such as explanatory reports or documents describing the intentions of the measures.[5]

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[5] The policies might follow multiple objectives within one cluster of even across the clusters. Therefore the number of responses accedes the total number of policies collected.

The Defence database distinguishes three main clusters of the policies considering the objectives:

Labour market/retention schemes: The policy types in this cluster denote measures to preserve employment and income or mitigate the closure's impact on the economy in general, specific sectors or companies.

The **Health and Safety measures** relate to policies aiming at preventing and/or mitigating the health and safety risks stemming from COVID-19. This might scope the anti-contagion measures or regulations related to specific health and safety measures at the workplace.

Social security policies address various social security risks caused by the downturn and closure of companies, whole sectors, and school and pre-primary care facilities. These policies also relate to income support and adjusting the traditional social security schemes or introducing new benefits.

Overall, most of the policies are aimed at the retention of employment and income, often in conjunction with adjustment of the traditional social security schemes or introducing new benefits to address other social security risks. Less frequently, policies focused solely on reducing health and safety risks, such as implementing measures to decrease exposure to COVID-19 in the workplace.

Figure 1: Policies during COVID-19 by aim (N= 1237, in %)
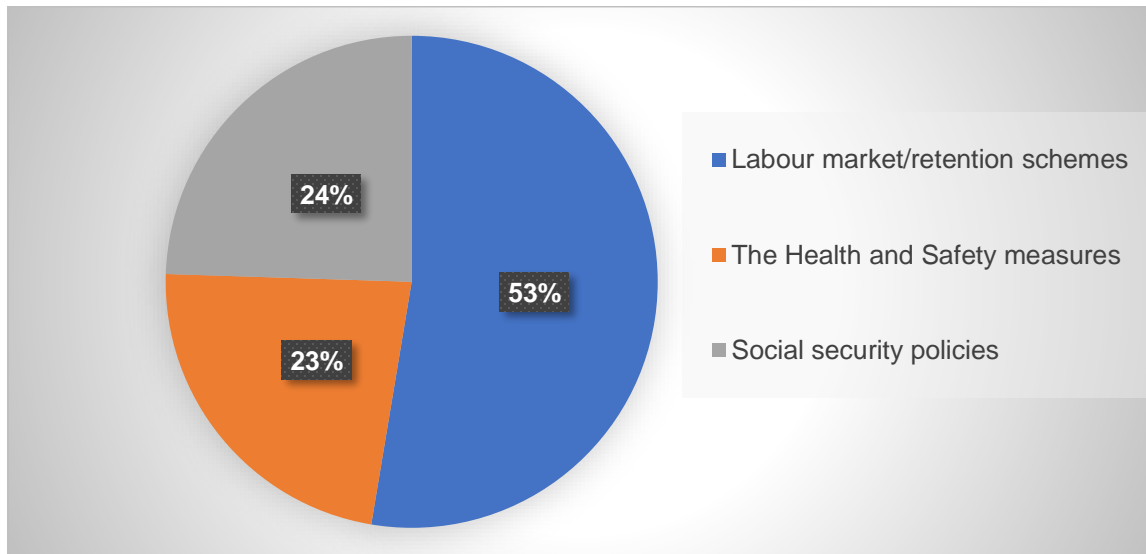
Source: Defence database
Note: Based on multiple responses, i.e. one policy could follow more than one aim

Zooming deeper into **the employment status-related policies** adopted, the most frequent aim followed was preserving income via various income maintenance schemes (24%). One-fifth of measures presented sectoral subsidies or direct payment to the employers. Employment protection measures were taken less often and presented only 10% out of all measures related to employment status. Minimum income benefits measures that could be the most relevant schemes for the vulnerable groups were rare and presented only 5%. Within the 'Other'(presenting 18%), there were various specific funds, for example, for self-employed one-person companies (Austria), open-ended programs to create new jobs in the private sector (Greece), internship grants during the pandemic (in Portugal) or tax reduction on specific investments (Sweden).

Figure 2: Labour market/retention schemes (N= 651, in %)
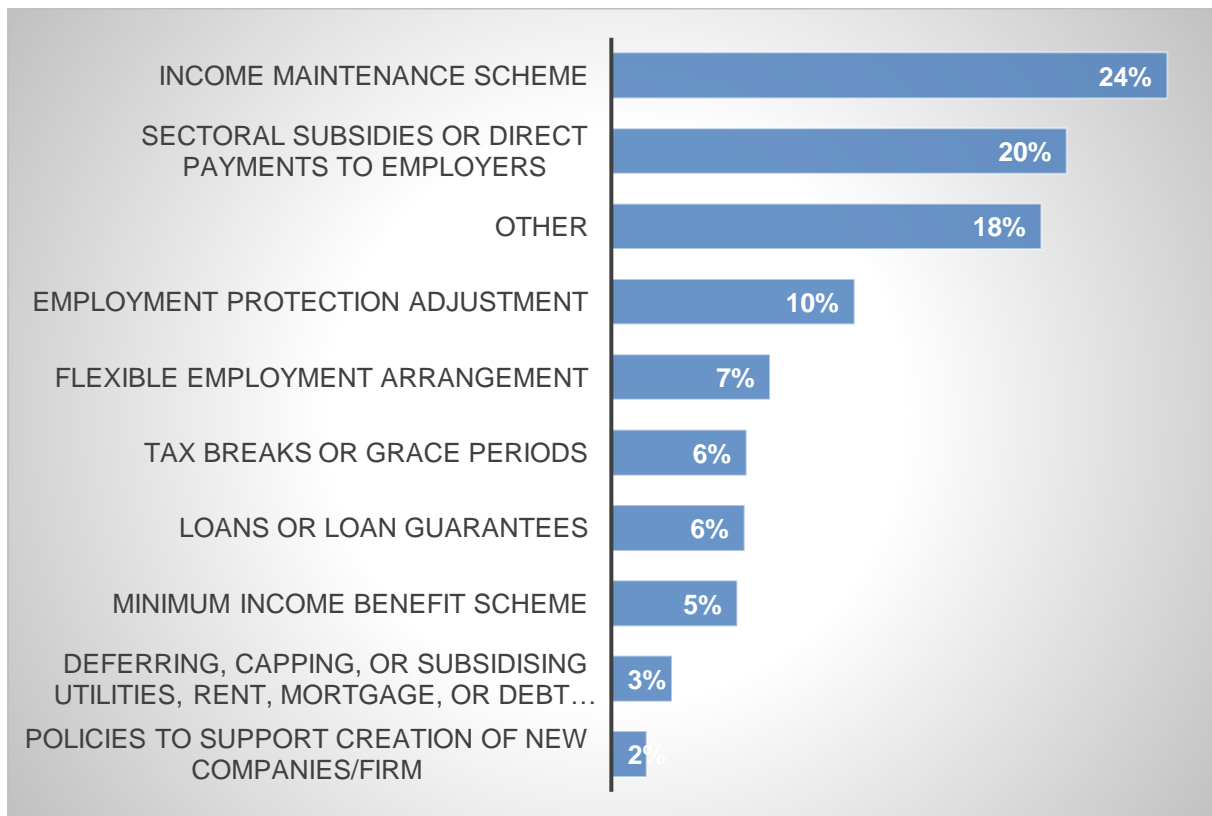
Source: Defence database
Note: Based on multiple responses, i.e. one policy could follow more than one aim

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Box 1: Hungary - Reduction of VAT for home deliveries of food

In a separate government decree, value-added-tax (VAT) on home deliveries of food was reduced from 27% to 5% to allow catering businesses to stay afloat - lower prices and induce more demand during the pandemic.

The Hungarian Tourism Industry Body (Magyar Vendéglátóipari Ipartestület) initiated the measure, and the government adopted it. The initiative enjoyed the support of two sectoral organisations and two more sectoral associations. Two employer organisations signed the initiative of the Hungarian Tourism Industry Body (Magyar Vendéglátóipari Ipartestület). There is no record of trade union involvement.

Source: Hungary-5%-os áfakulcs ideiglenes alkalmazása egyes, a veszélyhelyzet ideje alatt alkalmazandó gazdasági szabályokról; Government decree 498/2020. (XI. 13.), Ipacs Tamás: A Magyar Vendéglátók Ipartestületének áfakulcs-csökkentő javaslatai. Trade magazin. November 11. 2020. Available at: https://trademagazin.hu/hu/a-magyar-vendeglatok-ipartestuletenek-afakulcs-csokkento-javaslatai/, Sztankó Dániel: Továbbra is él az 5 százalékos áfa az elviteles, házhozszállításos ételre, italra. Adó Online. March 16. 2021. Available at: https://ado.hu/ado/tovabbra-is-el-az-5-szazalekos-afa-az-elviteles-hazhozszallitasos-etelre-italra/

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By implementing **Health and Safety measures**, the authorities could effectively prevent and reduce the risks associated with COVID-19. These measures may include anti-contagion

protocols and regulations that ensure a safe and secure working environment for everyone.

The most presented category of a sub-aim was the 'other', encompassing, for example, Crisis packages for those in need (Hungary), special policies to ensure travelling and helpdesk for population in health risks (Portugal), or general intervention measures to contain the COVID-19 epidemic and mitigate its consequences for citizens and the economy (Slovenia), or the ban of public gathering (for example in Serbia).

27% of measures were adopted to improve the health and safety regulations. Another 27% reduced exposure to COVID-19 at the workplace. 9% of the measures were devoted as bonuses for first-line workers or workers in hazardous occupations. Only 4% of measures of this type allowed priority access to vaccination.

Figure 3: Policies following the health and safety aims (N= 283, in %)
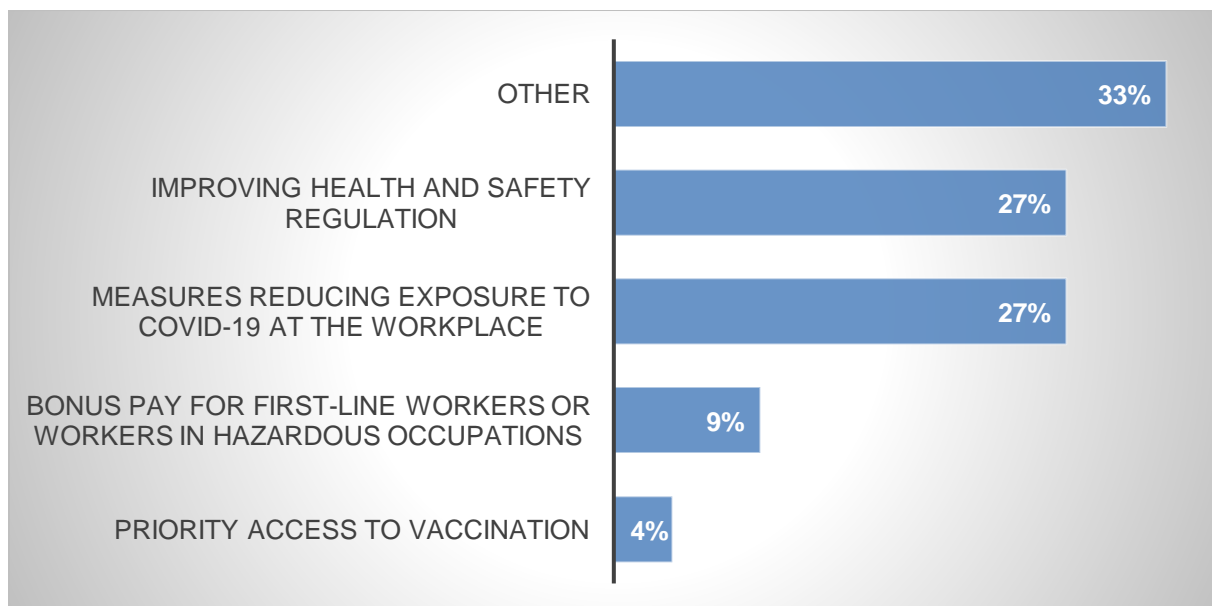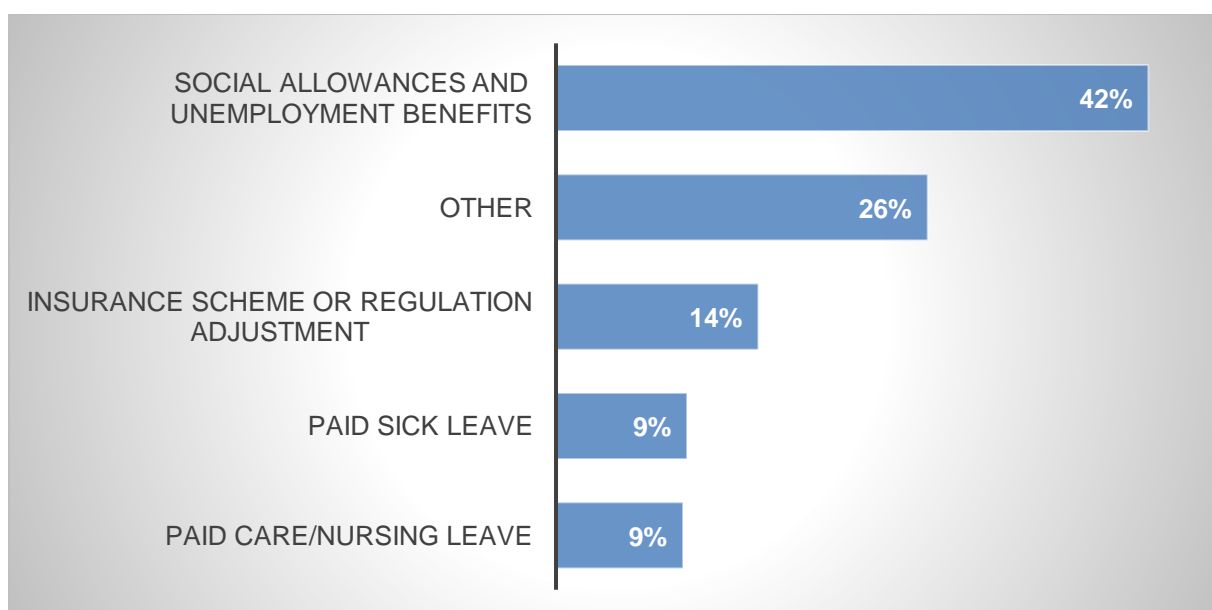

Source: Defence database
Note: Based on multiple responses, i.e. one policy could follow more than one aim

The social security policies cluster contains measures addressing various social security risks caused by the downturn and closure of the companies, whole sectors, and school and

pre-primary care facilities. These policies also relate to income support and adjusting the traditional social security schemes or introducing new benefits.

The most frequent measures from this cluster encompassed social allowance and unemployment benefits (42%). Insurance schemes or other regulations adjustments presented 14% of these policies. Paid sick leave, specifically on the occasion of COVID-19 infection, occurred in 9%. The other 9% of policies aimed at the paid care/nursing leaves.

Figure 4: Policies aiming to preserve social security (N= 303, in %)

Source: Defence database
Note: Based on multiple responses, i.e. one policy could follow more than one aim

To sum up, the policies were clustered upon the aims they followed to measures (a) related to labour market and employment retention, (b) health and safety measures and (c) social security policies. Most policies approved during the COVID-19 pandemic aimed at retaining employment and income, often in conjunction with adjusting the traditional social security schemes or introducing new benefits to address other social security risks. Less frequently, policies focused solely on reducing health and safety risks, such as implementing measures to decrease exposure to COVID-19 in the workplace.

Scopes of the policies adopted

The analysis delved into the extent of the policy implementation, considering the geographical, economic, and industry/sector scopes it should cover. More than 90% of policies aimed to encompass the entire national or federal territory, while only 3.4% targeted specific regions or municipalities.

Table 6: The geographical scope of the policies adopted (N= 853, in %)

		Frequency	Percent
Geographical scope	National, federal	777	91.1
	State, canton, unit of federation	6	.7
	Regional, municipal	29	3.4
	Other	15	1.8
	Company/organisation level	6	.7
	Total	833	97.7
Missing	System	20	2.3
Total		853	100.0

Source: Defence database
Note: Based on multiple responses

Regarding their economic scope, 55% of the policies adopted covered all sectors, while 27% were specific to one industry or sector. Only 6% of policies were limited to the company level, and 2% exclusively focused on the private sector. Furthermore, cross-sectoral policy analyses accounted for 1.6% of the total number of policies analysed.

Table 7: The economic scope of the analysed policies (N= 741, in %)

		Responses	
		N	Percent
Economic scope	All sectors	407	54.9%
	Industry - sector	203	27.4%
	Company/organisation level	44	5.9%
	Other	61	8.2%
	Only in private sector	14	1.9%
	Cross-sector	12	1.6%
Total		741	100.0%

Source: Defence database
Note: Based on multiple responses.

Reflecting the general geographical and economic general scopes of the policies, considering the **NACE_rev classification**, more than half of the policies in the analysis are related to all economic sectors.

Table 8: Adopted policies by the NACE_rev classification (N= 686, in %)

		Responses	
		N	Percent
NACE_rev	All sectors	359	52.3%
	Agriculture, forestry and fishing	23	3.4%
	Mining and quarrying	2	0.3%
	Manufacturing	11	1.6%
	Electricity, gas, steam and air conditioning supply	7	1.0%
	Construction	1	0.1%
	Wholesale and retail trade; repair of motor vehicles and motorcycles	6	0.9%
	Transportation and storage	17	2.5%
	Accommodation and food service activities	31	4.5%
	Information and communication	50	7.3%
	Financial and insurance activities	3	0.4%
	Real estate activities	10	1.5%
	Education	10	1.5%
	Human health and social work activities	31	4.5%
	Arts, entertainment and recreation	63	9.2%
	Other service activities	39	5.7%
	Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	23	3.4%
Total		686	100.0%

Box 2: Austria - Social partner instructions for construction sites due to Covid-19

In order not to halt construction work during the pandemic, the sectoral social partners in cooperation with the labour inspectorate, developed instructions on how to protect workers in construction against the spread of the virus. As a result, the social partners produced a guide that was published on 26 March 2020. It applies specifically to construction workers on construction sites. The guide includes a series of recommendations in terms of industrial hygiene (disinfection provisions and usage of gloves), organisational measures (keeping social distance), work equipment (masks and full visors), transport and dormitories (occupation by only one person).

The social partners identified the necessity to initiate preventive protective measures in order to maintain the employment of an anyhow vulnerable group of workers (construction site workers are often migrant workers with often low skills) and thus to keep operations in the sector flowing. The Labour Inspectorate was consulted in the drafting of the guide. This measure is open ended. It is a non-binding recommendation for both employers and employees at construction sites.

Source: Austria: Handlungsanleitung der Sozialpartner für den Umgang mit Baustellen aufgrund von Covid-19; Eurofound (2020), EU Policy Watch. Database of 1-level policy measures. Availabe at: https://static.eurofound.europa.eu/covid19db/index.html

From the specific NACE_rev classification, the adopted policies during the reference period mostly targeted the sectors of arts, entertainment and recreation (9%) and information and communication (7%). 5% of measures encompass the sector of other services, human health and social work and accommodation and food services.

Figure 5: Targeted sectors with more than 5% share out of all policies analysed (N= 686, in %)
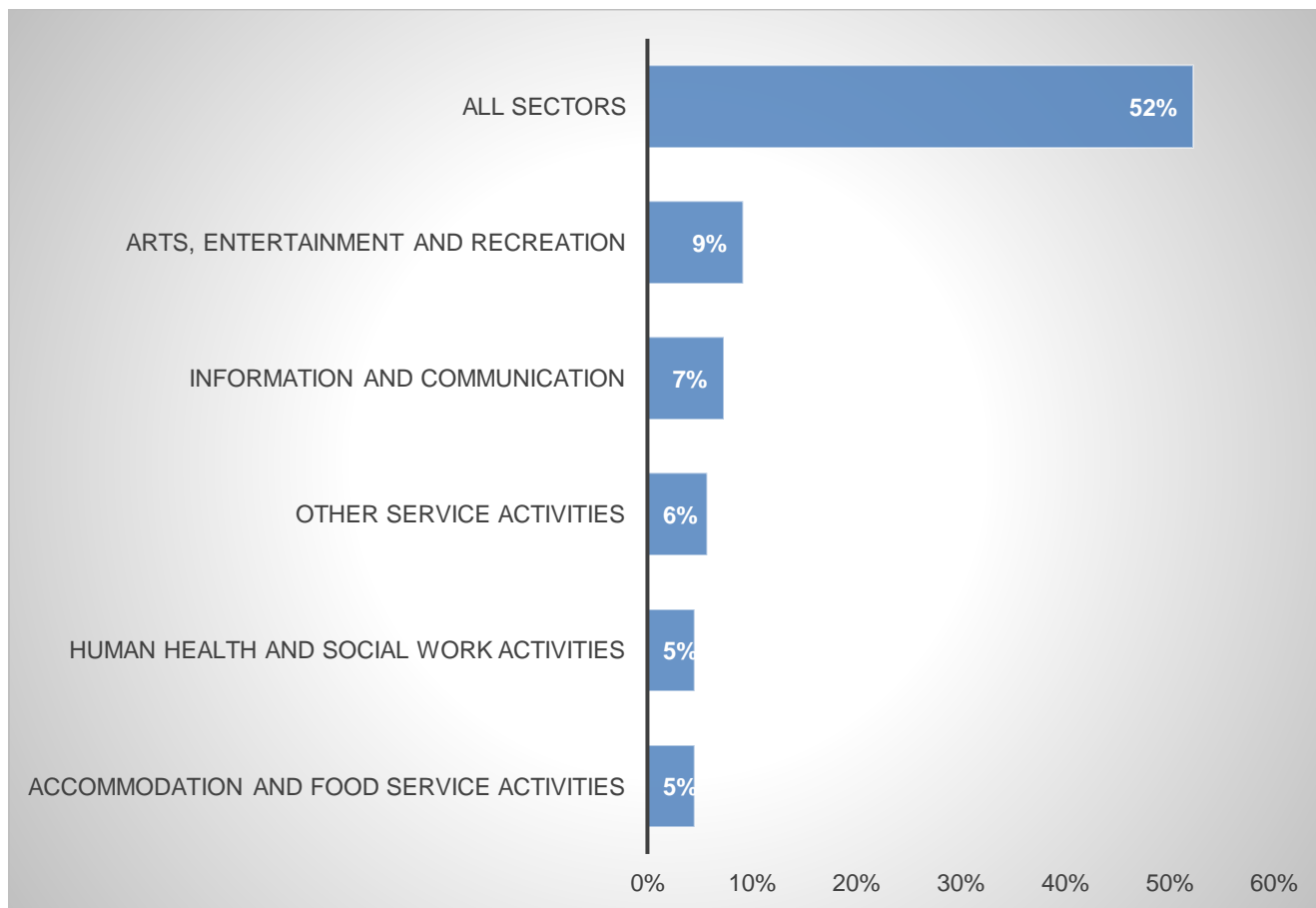
Source: Defence database
Note: Based on multiple responses.

Box 3: Belgium: Improving the situation of workers in the cultural sector

The aim of the measure is to enable workers in the cultural sector to maintain a decent level of income while the cultural sector was particularly affected by the COVID-19 crisis.

The measure has several components: It allows the combination of unemployment benefits with the perception of royalties; It provides easier access to full employment benefits (admission criteria are relaxed); Augmentation of the unemployment benefits for some categories of (unemployed) workers in the cultural sector. Additional support measures for the cultural sectors have been taken at the regional level (mainly additional premiums to workers)

Temporality of the policies adopted

The indicator of temporality pertains to the beginning and end of the active policy. The analysed reference period covers Q1/2020 to Q2/2022 and continued in 2022. Specifically, the quarter and year of the policy initiation and cessation were examined.

According to the findings, 32% of the policies analysed came into force in the first quarter of 2020 and 27% in the second quarter of 2020, indicating that the states responded to the threat of the pandemic early. The frequency of policy implementation gradually decreased from the second quarter of 2020 until the end of the reference period, which was the end of 2022.

Table 9: Time when the policy came into force (N= 838)

Quarter	Year	N	%
1	2020	264	32
2	2020	229	27
3	2020	78	9
4	2020	76	9
1	2021	77	9
2	2021	40	5
3	2021	27	3
4	2021	22	3
1	2022	17	2
2	2022	8	1
3	2022	0	0
4	2022	0	0
Total		836	100

Source: Defence database

Based on the analysis, it was found that as of the end of 2022, 19% of the policies examined were still active. However, 12% of the policies had expired by Q4 of 2022, while 11% had expired in Q2 of 2021.

Table 10: Time when the policy stooped to be in force (N= 763)

Quarter	Year	N	%
1	2020	5	1
2	2020	82	10
3	2020	40	5
4	2020	78	10
1	2021	41	5
2	2021	85	11
3	2021	49	6
4	2021	96	12
1	2022	63	8
2	2022	43	5
3	2022	12	2
4	2022	23	3
	Ongoing	146	19
Total		763	100

Source: Defence database

The breakdown by year aligns with previous findings. While 77% of policies came into force in 2020, the majority (36%) ceased in 2021, likely due to pandemic waves and infection risks.

Table 11: Year of start of the policy

Year	N	%
2020	647	77
2021	166	20
2022	25	3
Total	838	100

Source: Defence database

Table 12: Year of end of the policy

Year	**N**	**%**
2020	205	27
2021	271	36
2022	141	18
Ongoing	146	19
Total	763	100

Source: Defence database

To determine the **length of the policy**, we converted the indicated quarters into months, where one quarter equals three months. The average policy duration was 16 months, equivalent to one year and four months. The longest policy duration was 36 months, while the shortest was only three months.

Table 13: Duration of the policies collected in months (N= 760)

Duration in months	**N**
From 36 to 24 moths	161
From 23 to 12 moths	287
Less than 12 months	312
Total	760

Source: Defence database

Based on the analysis of 760 policies, it was found that most of them were in force for less than 12 months (41%). About 38% of policies took from 12 months to 23 months (1-2 years) to be in force. Only 21% of the 760 policies analysed were in force for a period ranging from 2 years to 3 years.

Figure 6: Duration of the policies collected (N= 760, in %)
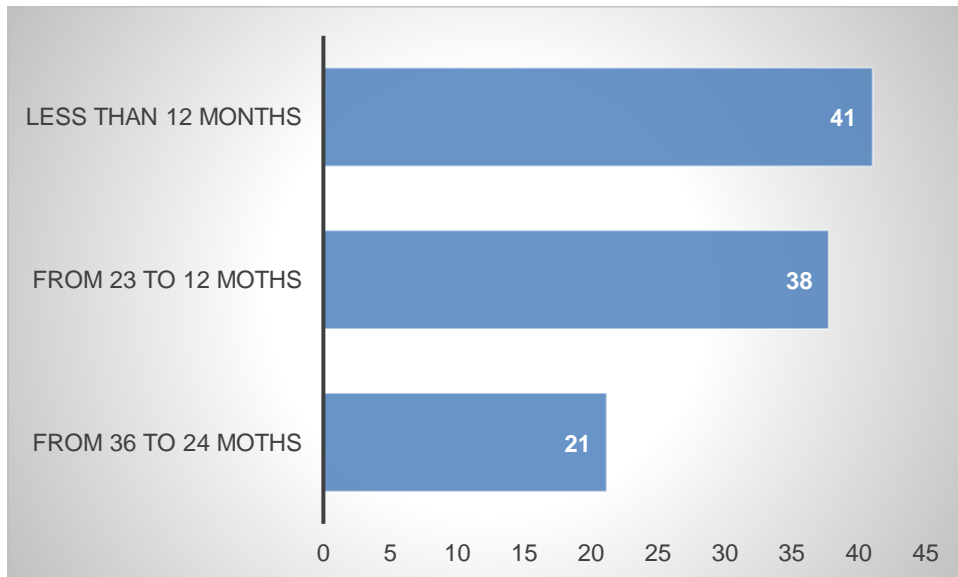
Source: Defence database

Vulnerable groups as target groups of the policies adopted

This area of indicators focuses on the population and specific groups of people the policy targeted. The target/vulnerable group indicators are disaggregated into three clusters:

Vulnerable groups based on employment status reflects the groups of people at risk of vulnerability related to their working conditions, exposure to precarious working conditions and risky work arrangements, such as job loss, a considerable decrease in work intensity caused by the closure or restrictions in specific sectors, adverse precarious working conditions, or in the opposite – increase of work intensity. The cluster offers the following options: Workers in general, Workers in specific sectors, self-employed, non-standard workers, first-line/essential workers, unemployed and Others.

The social risks cluster encompasses groups of people whom the policy aimed to protect from worsening the situation or mitigating their already existing disadvantage stemming from their social, migrant, family, or health status in terms of employment and well-being during the COVID-19 pandemic.

27

Based on health and security risks, cluster scopes specific groups that the policy and measures might address due to their exposure to health and security risks caused by the pandemic.

Vulnerable groups based on employment status

The predominant target groups were based on labour market status, i.e. general workers, workers in specific sectors and self-employed. People facing challenging circumstances due to their family situation or health condition were targeted to a much lesser extent.

Figure 7: Targeted vulnerable groups by the policies during the pandemic (N= 1247, in %)
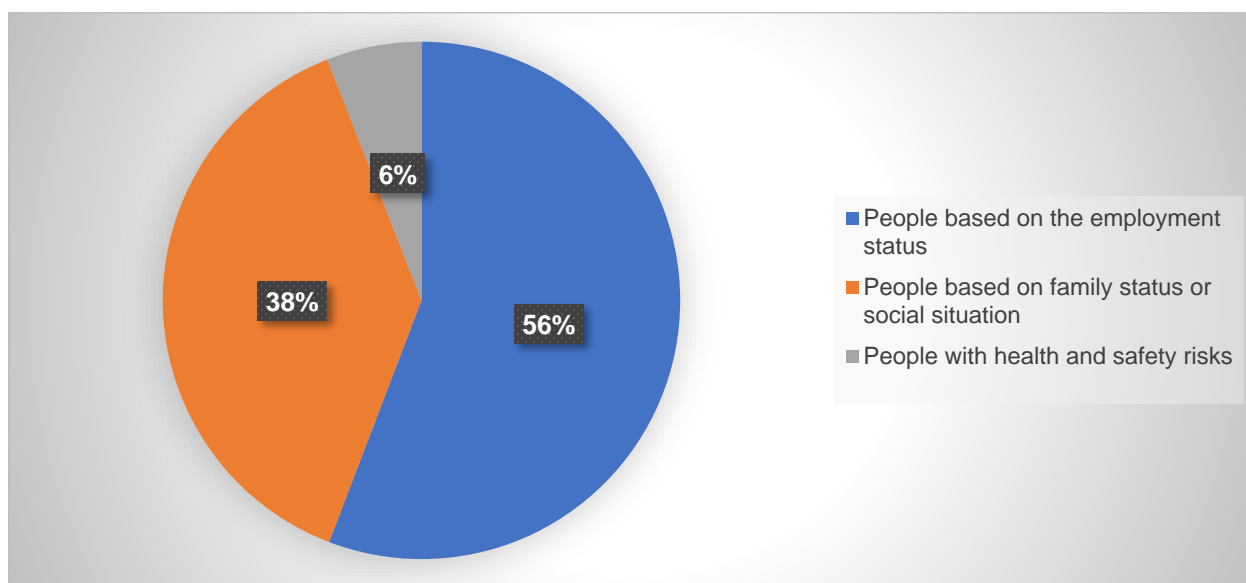
Source: Defence database
Note: Based on multiple responses, i.e. more than one target group could be involved

After conducting an analysis, it was found that most policies (30%) were aimed at workers in general. However, policies could also be targeted towards workers in specific sectors (25%), self-employed individuals (17%), and unemployed individuals (9%). Unfortunately, non-standard workers, who have lower social security in the labour market have only been targeted in a limited capacity, at 4%.

Figure 8: Venerable groups based on employment status (N= 696, in %)
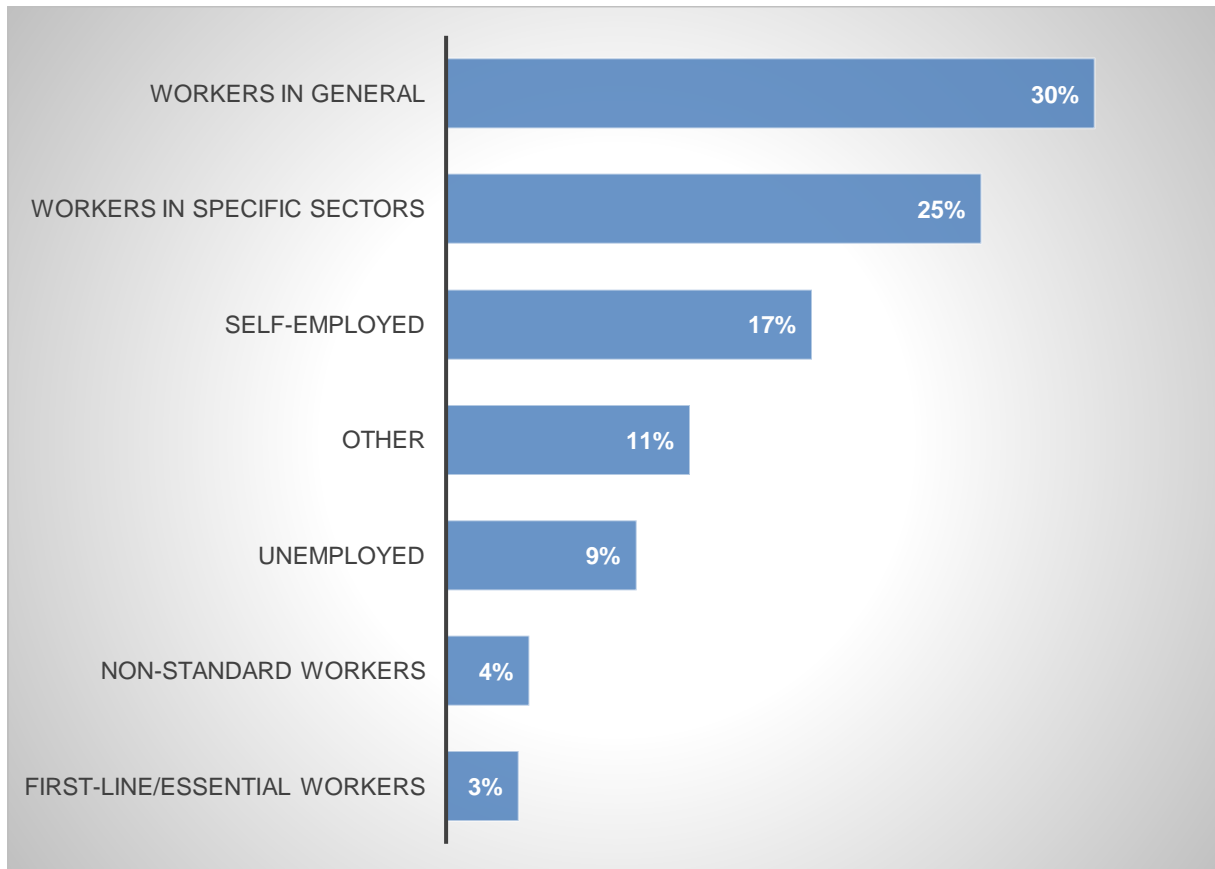
Source: Defence database
Note: Based on multiple responses, i.e. more than one target group could be involved

---

Box 4: Belgium - Suspension of the degressivity of unemployment benefits

In Belgium, the amount of full unemployment benefits normally decreases over time. This is called 'degressivity'. During the COVID-19 pandemic, the degressivity of unemployment benefits was "frozen". Besides, the period from 1 April 2020 to 30 September 2021 is not considered for calculating the duration of insertion allowances. The trade unions are strong proponents of the measure as it is very difficult to find (new) work in these times, and the unemployed should not be the victim of this externality. Trade unions are involved in the unemployment benefits payments and had to proceed with adjustments to implement the measure.

An impact study by the High Employment Council demonstrates that the implementation of this measure is very complicated at the administrative level. In many cases, the periods and phases of benefit may be extended, or an unemployed person may be compensated again in the first benefit period (see Articles 199 and 116 of the Unemployment Regulations). These rules interact each time with this "COVID" rule based on which a separate extension can be applied. The application of the rules requires considerable programming work. Even in this case, manual interventions cannot be excluded. Automotive implementation is likely to be complemented by manual adjustments.

Legal basis relates to the Royal Decree of 23 April 2020 that temporarily relaxes the conditions under which unemployed persons, with or without a company supplement, may be employed in vital sectors and temporarily freezes the degressivity of full unemployment benefits (Belgian Bulletin 30.04.2020).

Vulnerable groups based on social risks

Targeted vulnerable groups based on social risks, such as family status or social situation, consist mostly of the general population (50%). People with disabilities or other health issues were targeted in 8%, and elderly individuals, such as retirees and other senior citizens, were addressed in 7%. In the same proportion, 7% of young people became a targeted group of the anti-pandemic measures. Other vulnerable groups based on social risks, such as children under 18, single parents, migrants, or women in violent, abusive relationships, were targeted in only a very limited space.

> **Box 5: Denmark-Tripartite agreement about temporary suspension of the employer period and scheme with maternity leave pay to parents**
>
> *The parties agree to temporarily suspend the period where the employer has to pay maternity allowance, including those who get maternity allowance to care for older children due to schools and institutions closing because of COVID-19. The agreement is made to reduce pressure on the healthcare system, which is under pressure during this time.*
>
> *The regulation was in place from the 23rd of November 2021 until the 28th of February 2022. These regulations are comparable with those used earlier in the pandemic. The main difference is that the parents can get maternity allowance from day one if a child is sent home.*
>
> *The role of the employers' associations and trade unions was to act as one of the three parties in the tripartite agreement.*
>
> *Source: Denmark - Trepartsaftale om midlertidig suspendering af arbejdsgiverperioden samt ordning med barselsdagpenge til forældre med hjemsendte børn som følge af COVID-19; https://bm.dk/media/19022/trepart_aftaletekst_coroa.pdf*

Figure 9: Targeted vulnerable people based on family status or social situation (in %)
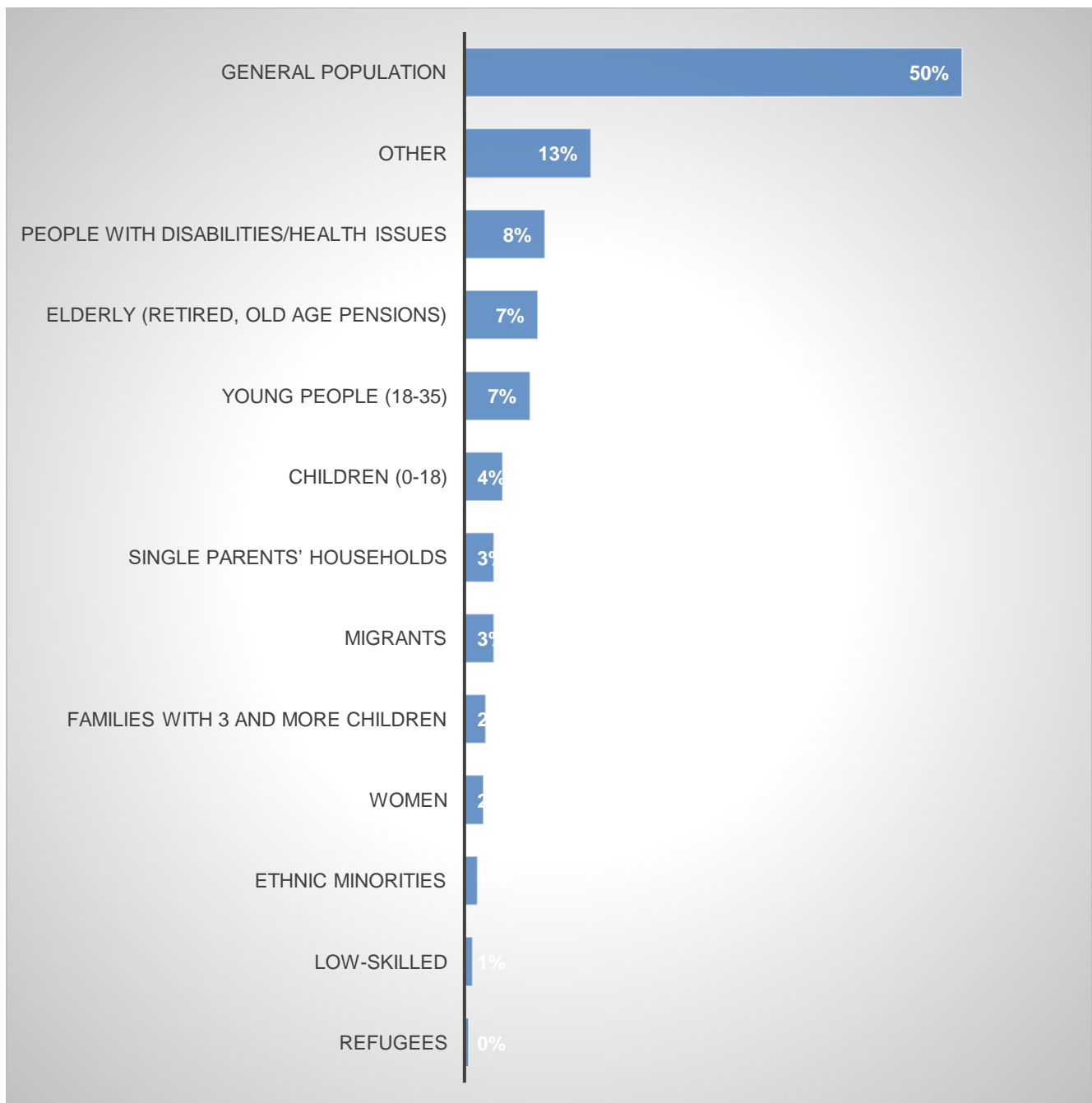
GENERAL POPULATION	50%
OTHER	13%
PEOPLE WITH DISABILITIES/HEALTH ISSUES	8%
ELDERLY (RETIRED, OLD AGE PENSIONS)	7%
YOUNG PEOPLE (18-35)	7%
CHILDREN (0-18)	4%
SINGLE PARENTS' HOUSEHOLDS	3%
MIGRANTS	3%
FAMILIES WITH 3 AND MORE CHILDREN	2
WOMEN	2
ETHNIC MINORITIES	
LOW-SKILLED	1%
REFUGEES	0%

Source: Defence database
Note: Based on multiple responses, i.e. more than one target group could be involved

> **Box 6: Cyprus - Special paid leave for the caring of children**
>
> The measure covers parents in the private sector whose nature of work does not allow teleworking or work from home or flexible working schedules, and there are no other supports in the household. The leave is attributed to the eligible parents with children up to 15 years of age in agreement with the employer and after submitting the relevant application to the Ministry of Labour. For parents of children with disabilities, the leave is granted irrespective of the age of their children. The measure covers only one of the parents within a household. It excludes parents receiving unemployment allowances or participating in the government's programme for the suspension of work unless the other partner has been affected by the virus is a person with a disability or is in compulsory isolation.
>
> Source: Cyprus - Ειδική Άδεια για την Φροντίδα Παιδιών; *https://static.eurofound.europa.eu/covid19db/cases/CY-2020-12_296.html*

> **Box 7: Slovakia - Support for activities addressing the adverse situations in marginalized communities**
>
> *The project was implemented within the Operational Programme Human Resources by the Office of Plenipotentiary for Roma communities of the Slovak Republic. The project was launched shortly after the outbreak of the pandemic. The project activities consisted of (1) direct material needs (provision of food aid, water supply, hygienic products, etc.); (2) financial coverage and provision of community assistants who serve to conduct activities in awareness raising about testing and vaccination, preventative measures; (3) 6 preventive activities such as the purchase of medicine, medical supplies, hygienic products, food, large capacity containers. The project was implemented in 180 municipalities with marginalised communities, while both municipalities and civil organisations could apply for the grant scheme. In total, 200 social field workers were involved in implementing the project*.
>
> *Source: Slovakia - Národný projekt Podpora činností zameraných na riešenie nepriaznivých situácií súvisiacich s ochorením COVID-19 v obciach s prítomnosťou marginalizovaných rómskych komunít (NP COVID MRK) (implementovaný Úradom splnomocnenca vlády SR pre rómske komunity); Mýtna Kureková, L., Kováčová, L. a N. Holičková (2022). Spolupráca ruže prináša. Sonda do pracovnej integrácie osôb s viacnásobným znevýhodnením v období koronakrízy. Bratislava: Institute for Forecasting, Centre of Social and Psychological Sciences. Available at: https://www.prog.sav.sk/wp-content/uploads/spolupraca_ruze_prinasa_web_DOI.pdf*
>
> *Ministry of Internal Affairs of the Slovak Republic (2022). Národný projekt Podpora činností zameraných na riešenie nepriaznivých situácií súvisiacich s ochorením COVID-19 v obciach s prítomnosťou marginalizovaných rómskych komunít. Available at: https://www.minv.sk/?narodny-projekt-podpora-cinnosti-zameranych-na-riesenie-nepriaznivych-situacii-suvisiacich-s-ochorenim-covid-19-v-obciach-s-pritomnostou-marginalizovanych-romskych-komunit*

Vulnerable groups based on health and safety risks

Everyone has been at risk of infection and lower safety during the pandemic. However, some groups have been at a higher risk than others. These groups include those who work in essential services, those exposed to hazardous conditions, and those with lower access to healthcare, including vaccination. Unfortunately, vulnerable people in these groups were not given enough attention. Among this small group, 37% have an increased risk of infection and 20% work in essential first-line services. Other groups, such as those with limited access to vaccination or healthcare, were not given the necessary attention and support during the

pandemic.

Figure 10: Vulnerable groups based on health hand safety risks (N= 221, in %)
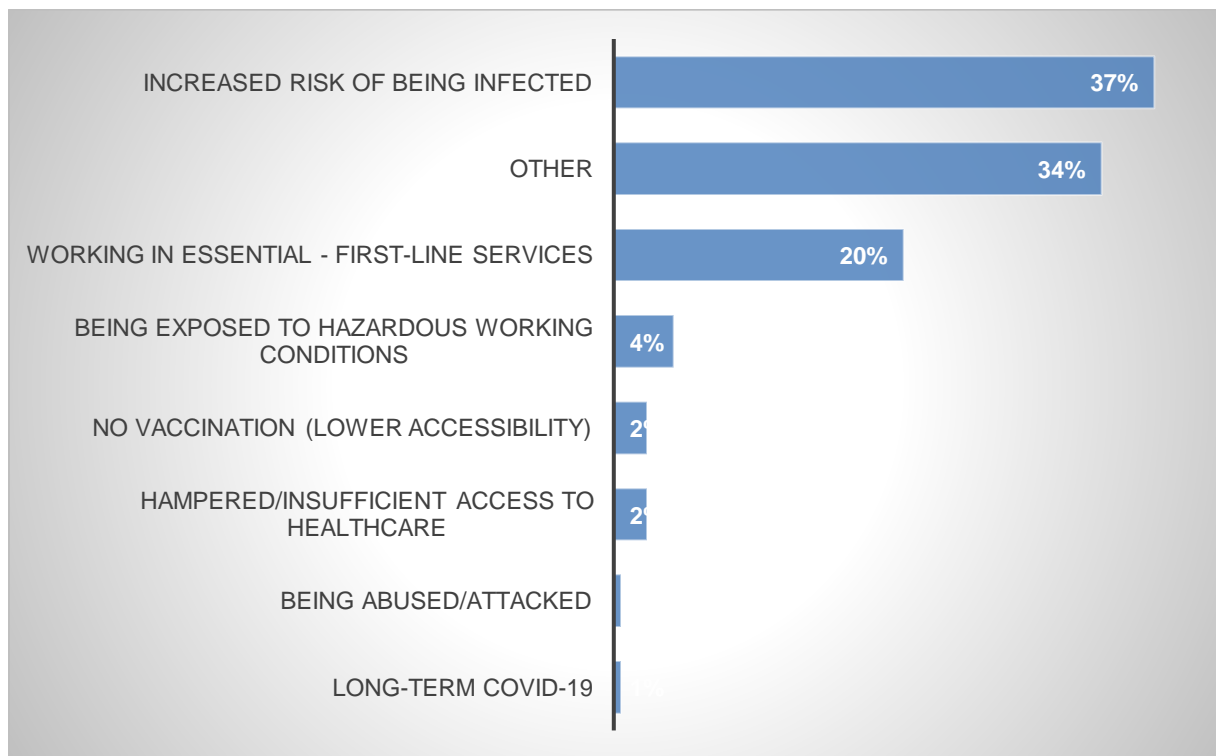
To sum up, the vulnerable groups (VG) were conceptualised into three groups based on the type of risks they face (a) VG related to their employment status and working conditions, exposure to precarious working conditions and risky work arrangements; (b) VG based on social risks, i.e., groups of people whose disadvantage steams from their social, migrant, family status and (c) VB based on health and security risks exposed caused by the pandemic. The predominant target groups were based on labour market status, i.e., general workers, workers in specific sectors and self-employed. People facing challenging circumstances due to their family situation or health condition were targeted to a much lesser extent.

Social partners and actors' involvement

In the following section, we present the findings on the involvement of social partners and social actors in adopting policies during the reference period. The analysis aims to identify the

role played by three distinguished actors, namely employers' associations (EA), trade unions (TU), and social actors (SA), in the policy initiation or adoption process and the strategies they chose to pursue.

In the official social dialogue context, the employers' associations and trade unions are referred to as social partners. They are represented by the members of trade unions, confederations or unions operating at different levels of geography or economic sectors. The organisations representing workers/employees or employers/sectors not part of the official social dialogue structures are not considered social partners for this research.

On the other hand, social actors encompass organisations not defined as social partners, i.e., are not part of an official social dialogue operating as professional associations, chambers, and non-governmental or advocacy organisations that might be involved in a broader social dialogue and decision-making mechanisms, working groups during the pandemic.

The findings revealed that almost half of the 853 policies were influenced by social partners, with employers having a say in 47% and trade unions in 45%. Professional associations, chambers, and other civil society organisations were responsible for 14% of the policies.

Figure 11: Trade unions' involvement in adoption of the policies (N= 853, in %)
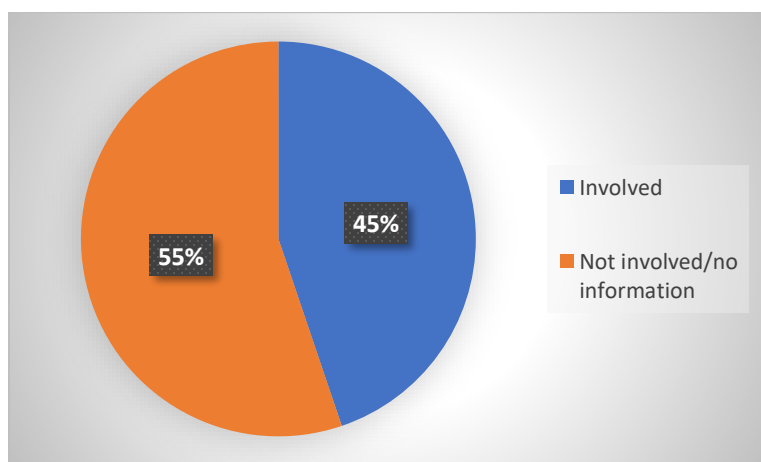
Source: Defence database

Figure 12: Employers' organisations involvement in the adoption of the policies (N= 853, in %)
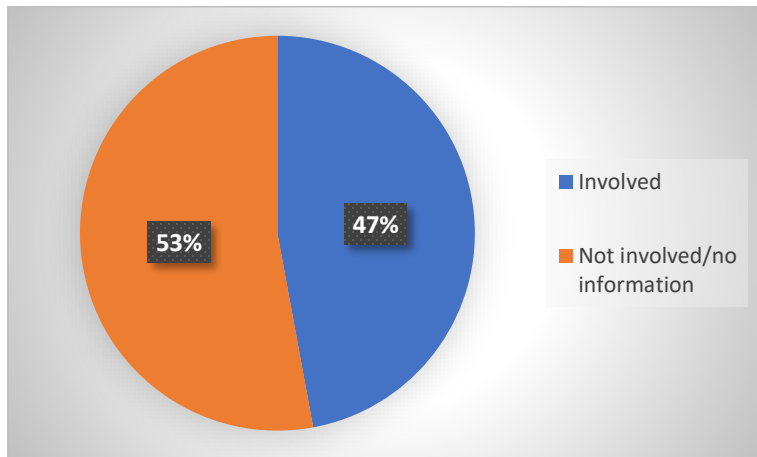
Source: Defence database

Figure 13: Social actors' involvement in the adoption of the policies (N= 853, in %)
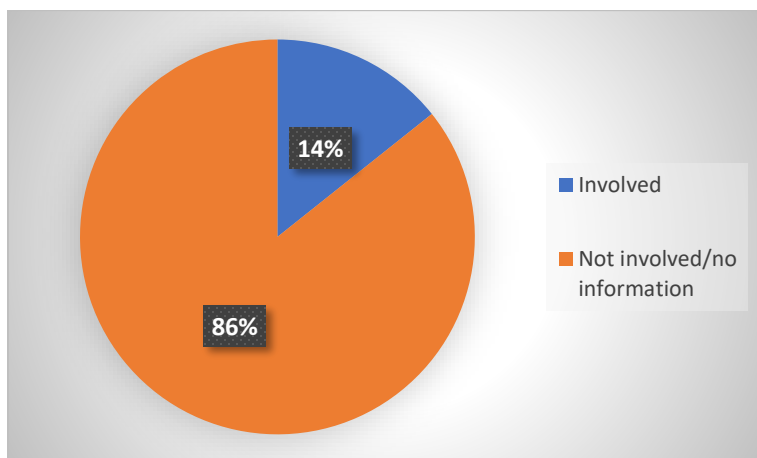
Source: Defence database

The non-involvement needs to be taken with caution as the availability of information on social partner/actor involvement was limited.

Box 8: Romania- Loans consulted by the representatives of the Economic and Social Council

GEO no. 37 / March 30, 2020, on granting certain facilities for the loans made available by credit institutions and non-banking financial institutions to certain debtors. The policy allows for debtors to demand Grants debtors (individuals and companies) the right to a 9-month maximum moratorium on debt payments. This was publicly regarded as a measure primarily meant for protecting households with mortgages.

The representatives of the Economic and Social Council (representatives of NGOs, some representatives of employers' organisations and trade unions), a body with a consultative role regarding the activity of the Government and the Parliament, were consulted.

Role of the social partners and actors

The research also followed the partner's role in the policy adoption, which applies to the social partner's various functions and responsibilities in the policy-designing adoption process. Social partners and other actors could either initiate the policy or its amendment or were consulted d by the party initiating/implementing the policy on various occasions, e.g., at bipartite or tripartite meetings, in working groups and other decision-making meetings. The consultation also means that the social partners commented, reviewed the official policy documents, and discussed the policy with its counterparts and other relevant decision-making bodies. Thirdly, the social partners' role in the policy adoption was limited, as the social partners have been only informed about the policy.

Despite the uneven share of involvement between social partners and social actors, the most prevalent role was the consultation, i.e., the adoption of the policy was consulted with 62% of social actors involved, 52% of trade unions and 54% of employers' organisations. The less prominent role, which means that the social partners and social actors have been at least informed about the policies adopted, was less often. Namely, 27% of involved employers 'organisations, 28% of involved trade unions, and 8% of involved social actors were informed what policy was going or was adopted during the pandemic.

In terms of the initiation of the policy, trade unions were a little bit more initiative than employers namely 16% of trade unions, compared to 15% of employers, played a prominent role in the policy adoption. Of the involved social actors, 17% initiated a relevant policy for a specific group of people despite their much lower involvement possibilities.

Figure 14: The role of social partners and actors in the policy adoption (out of social actors/partners who were involved, in %)
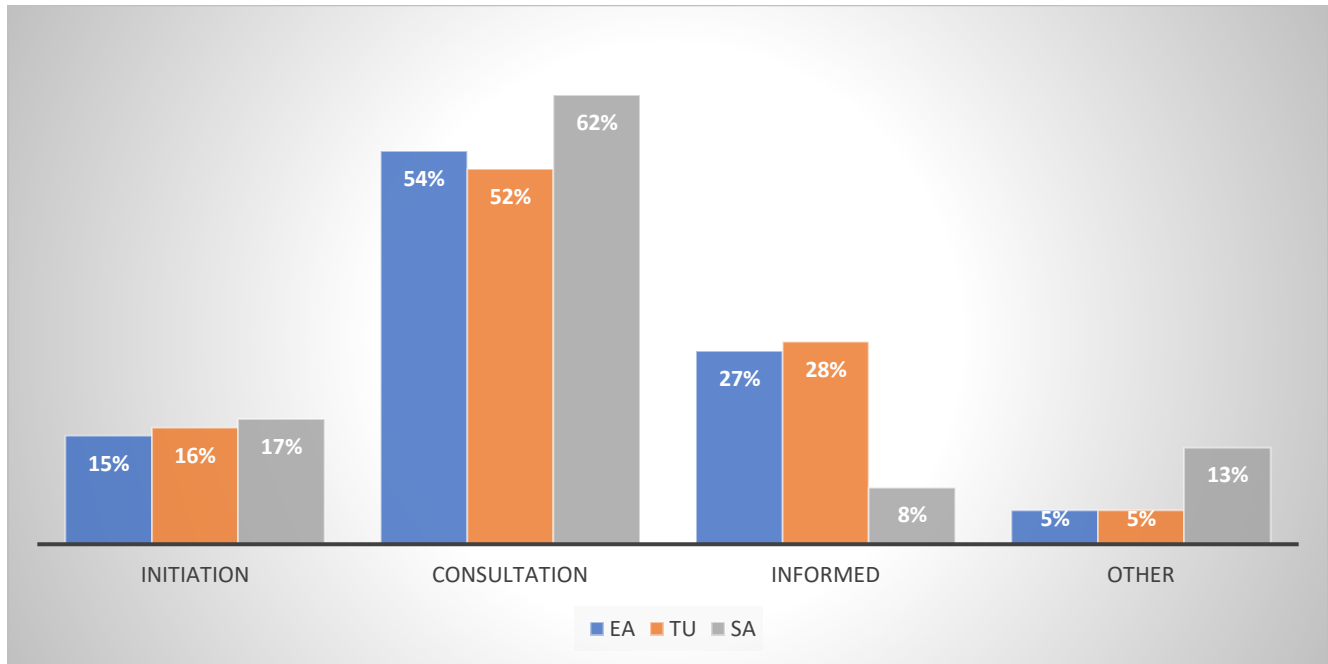
Source: Defence database
Note: EA (Employers' organisation) N= 430, TU (Trade unions) N= 406, SA (Social actors) N= 128); Based on multiple responses

Strategy of social partners and actors

The research explored the **strategy and ways of the partners to push the policy through.** The strategies refer to the tools the social partner applied to adopt the policy, such as simple consultations in the first place, through more pressured activities, even coercion and strikes. The social actors have an advantage over the others, as they could use tripartite social dialogue (i.e. social dialogue among unions, employers and the government), bipartite social dialogue (i.e. social dialogue between employers and workers), and sectoral social dialogue. However, where the social partners lack resources and power or have been excluded from the decision-making processes during the pandemic, they could use, similar to social actors, tools such as protests or marches, threatening layoffs/quitting the job or closure of the company/leaving the country, or advocating and lobbying, etc. Media campaigns could be effective for adopting a policy or complementing the broader strategy of other actions.

The study found that consultations were the most commonly used strategy by both trade unions and employers' organisations to adopt the policy. Together, tripartite and bipartite social dialogues accounted for 43.5% of all strategies employed by trade unions, while employers' organisations accounted for 40%. Additionally, 5% of trade unions and 6% of employers' organisations used sectoral social dialogues. Advocacy and lobbying were slightly more used by employers (11%) than by trade unions (10%). The social partners rarely resorted to more forceful measures, indicating that a combined strategy of consultation and social dialogue, followed by tripartite or bipartite agreements, was sufficient to push through the policy.

Figure 15: Strategies of social partners to adopt the policy (in %)
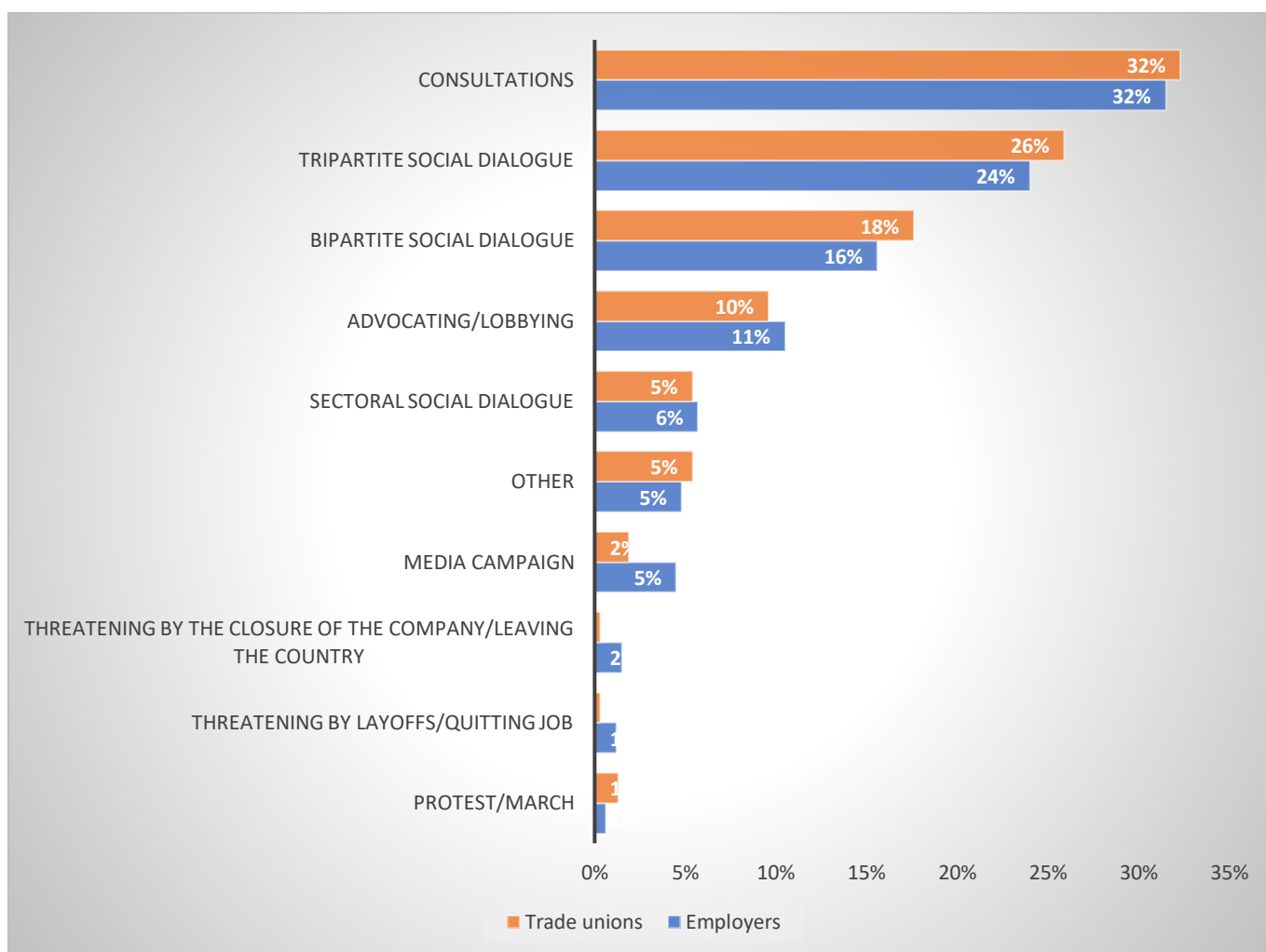
Source: Defence database
Note: EA (Employers' organisation) N=333, TU (Trade unions) N= 313. Based on multiple responses

Consultation was the primary method social actors used (49%), followed by advocacy and lobbying (29%). Social actors also used media campaigns more frequently (9%) than social partners.

Figure 16: Strategies of other social actors (in %)
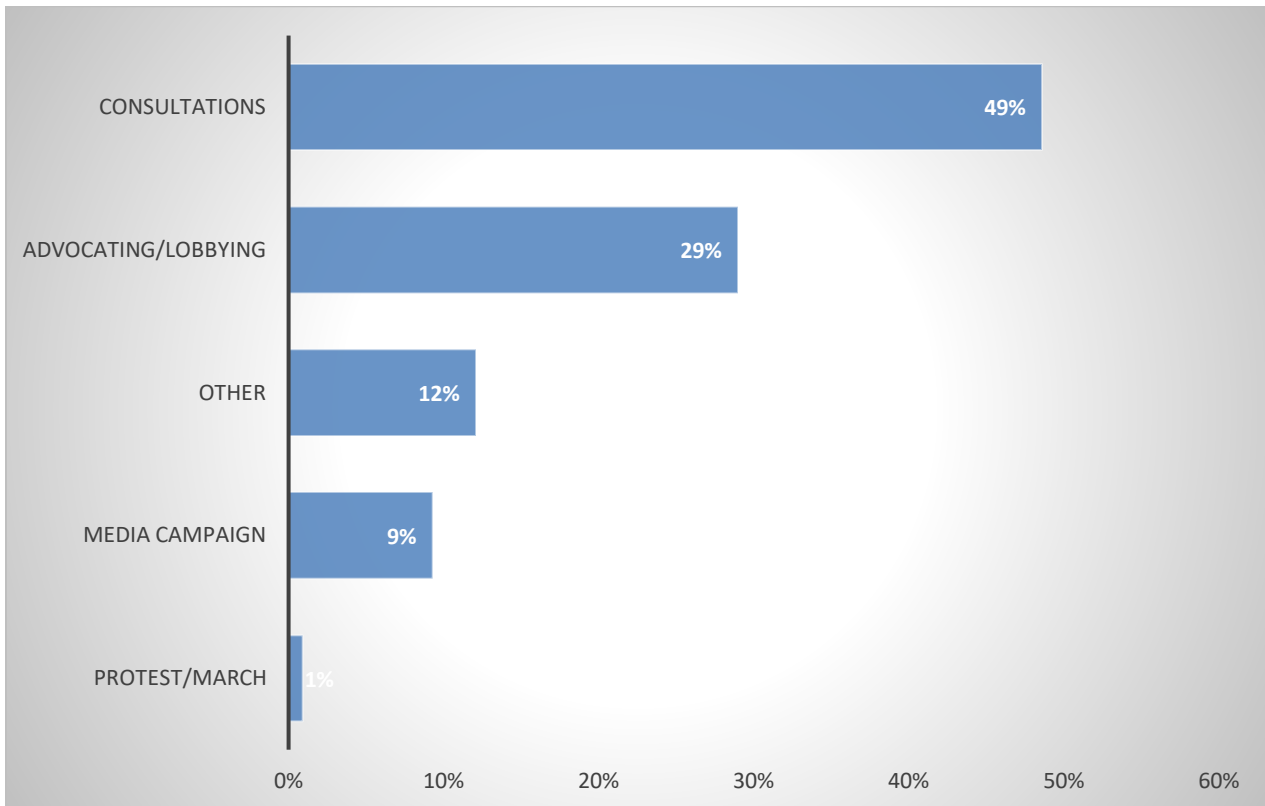
Source: Defence database
Note: SA (Social actors) N= 107); Based on multiple responses

Conclusions

Through the analysis of 853 adopted policies in the EU-27, Turkey, and Serbia during the pandemic years of 2020 to 2022, we gained an overview of the types of policies that were implemented, the targeted groups of people, and the level of involvement of social partners in the policy adoption process.

During the pandemic, the main focus of anti-pandemic policies was to save employment and the economy, similar to the financial crisis between 2007 and 2008. As a result, the most common measures taken were income maintenance schemes and sectoral subsidies. These policies were primarily aimed at workers and other groups based on their employment status. However, the so-called 'old vulnerable groups' - those who were already at risk due to social and health factors before the pandemic - were not targeted by the anti-pandemic policies to the same extent.

As the pandemic progressed, some countries began implementing more specific policies, such as targeted programs for young people or providing funds for those who did not meet the criteria of general policies.

An example of specific measures is those applied in the arts and entertainment sector, such as tax relief for food deliverers as non-standard workers.

During the first year of the pandemic, many policies were implemented, which lasted for approximately one year despite the recurring waves of the pandemic and mutations of the virus. However, with the increasing availability of vaccines to larger population groups, the number of measures taken decreased over time. This suggests that the initial wave of vaccinations has effectively controlled the spread of the virus.

Nearly half of policy adoption was influenced or initiated by social partners. The involvement rate depends on decision-making mechanisms, special committees, and regulations related to tripartite and bipartite negotiations.

Social partners employed complex strategies to influence policies, including consultations, tripartite or bipartite social dialogues, and media campaigns during the pandemic.

Other social actors, such as civil society organisations, chambers or professional associations lacking representation in decision-making, resorted to advocacy and lobbying instead of social dialogue.

Despite the limitations of the Defence Database, such as the restricted selection of policies and the unavailability of some data, analysing it could provide insight into what exactly occurred during the pandemic, how stakeholders responded to the economic, social, and health risks, and how social partners used their resources and power to influence the adoption of measures.

An important lesson is that the prevailing policy of maintaining employment and the economy has tended to focus on ordinary workers and the general population. However, this policy fails to recognise the links between employment status, family, ethnicity, migrant status and increased health and safety risks. As a result, policymakers fail to take more specific measures to protect people facing multiple vulnerabilities.

Annexe

A. Data collection tool

INTRODUCTION

This is the Excel file to fill in the DEFENCE database within the project DEFENCE.

Before you start filling out the database, please read the accompanying guideline.

We are primarily interested in policy measures that were in force in your country in response to the COVID-19 crisis to mitigate its economic and social impacts on vulnerable groups and in which social partners have been involved.

Please fill in the database retrospectively, back to the beginning of the COVID-19 pandemic throughout the period Q1/2020 – Q2/2022 (ongoing) in your country.

The project focuses only on the policies that were in FORCE or are still in force. The policy should be ORIGINAL, which means It was a new provision responding to the COVID-19 crisis.

Enter each policy in one row and fill all the indicators and subindicators following the database structure.

You are expected to fill a minimum of 20 policies per country. The upper number of policies recorded is not limited.

Policies that were substantively amended are counted as separate policies. For to decide what is a substantive amendment, consult the guideline.

To properly work with the database, the macros must be enabled. The macros allow the national experts to choose multiple answers/options in the dropdown menus. Without enabling the macros, this function would not work. The enabling of the macros is described in the guideline.

Experts can fill in more than one answer – option when relevant by choosing from the drop-down menus. To change the selection of the options, use the "DELETE" function.

If none of the options in the drop-down menu refers to the indicator, choose "OTHER" and specify the indicator in the "DESCRIPTION" or "NOTES".

If the indicators or sub-indicators are not relevant to the policy, the data is unavailable, or the expert doesn't know, this must be clearly stated. In these cases, choose option "N/A".

Please fill in more than one option/answer when relevant from the drop-down menu. To change the selection of the option(s), please use the "DELETE" function.

Please send any question to barbora.holubova@celsi.sk and lucia.kovacova@celsi.sk

No.	Title (in English)	Title (in local language)	Who adopted the policy?	Original/amended	type of document adopted	Labour market/job retention scheme	Health and safety measure	Social security measure	Geographical scope	Economic scope	Industry/sector (NACE REV.2)	Start date (Q/year)	End date (Q/year)	Details on the policy, links (up to 500 words)
	POLICY		**POLICY ADOPTION**	**Status of the policy**	**Form of the policy**	**TYPE OF THE POLICY** (Select the type based on the main aims/objectives)			**SCOPE OF THE POLICY COVERAGE**			**TIME PERIOD**		**DESCRIPTION**
			Executive branch Original		Bipartite collective agreement	Income maintenance scheme (wage subsidies, short-time work schemes, kurzarbeit, etc.)	Measures reducing exposure to COVID-19 at the workplace (supply/subsidy for protective equipment, regulation of the no. of customers, etc.)	Insurance scheme or regulation adjustment (extension of time period, extended scope, etc.)	National, federal	All sectors	All sectors	Q1/2020	Q1/2020	
			Parliament	Amended	Tripartite collective agreement	Flexible employment arrangements (teleworking, remote working, job sharing, etc.)	Improving health and safety regulation	Paid sick leave (extension, increase payment, reduced conditions)	State, canton, region or other constituent unit of a federation	Industry-sector	Agriculture, forestry and fishing	Q2/2020	Q2/2020	
			Central Bank	N/A	Legislation or other statutory regulations	Employment protection adjustment	Bonus pay for first-line workers or workers in hazardous occupations	Paid care/nursing leave (extension, increase payment, reduced conditions)	Regional, municipal	Company/organisation level	Mining and quarrying	Q3/2020	Q3/2020	
			Trade unions		Recommendations (soft form of policy)	Minimum income benefit scheme	Priority access to vaccination	Social allowances and unemployment benefits (increased payment, changed conditions, emergency funds, one-off payments)	Other	Other	Manufacturing	Q4/2020	Q4/2020	
			Employers		Company practices	Sectoral subsidies or direct payments to employers	Other	Other	N/A	N/A	Electricity, gas, steam and air conditioning supply	Q1/2021	Q1/2021	
			Other		Other	Tax breaks or grace periods	N/A	N/A			Water supply; sewerage, waste management and remediation activities	Q2/2021	Q2/2021	
			N/A		N/A	Loans or loan guarantees					Construction	Q3/2021	Q3/2021	
						Deferring, capping, or subsidising utilities, rent, mortgage, or debt payments					Wholesale and retail trade; repair of motor vehicles and motorcycles	Q4/2021	Q4/2021	
						Policies to support creation of new companies/firms (e.g., start-ups)					Transportation and storage	Q1/2022	Q1/2022	
						Other					Accommodation and food service activities	Q2/2022	Q2/2022	
						N/A					Information and communication		Q3/2022	
											Financial and insurance activities		Q4/2022	
											Real estate activities		Ongoing	
											Professional, scientific and technical activities			
											Administrative and support service activities			
											Public administration and defence; compulsory social security			
											Education			
											Human health and social work activities			
											Arts, entertainment and recreation			
											Other service activities			
											Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use			
											Activities of extraterritorial organisations and bodies			
											N/A			

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	TARGET GROUP OF THE POLICY (Vulnerable groups)			SOCIAL PARTNER INVOLVEMENT - EMPLOYERS ASSOCIATIONS				SOCIAL PARTNER INVOLVEMENT - TRADE UNIONS				SOCIAL ACTORS INVOLVEMENT (other than employers' associations or trade unions)				Sources (web, hyperlinks)	NOTES
P Based on the employment status	**Q** Based on social risks	**R** Based on health and security risks		**S** Geographical/economic scope of the partner's operation	**T** Role of the partner in the policy adoption	**U** Strategy of the partner to push the policy through	**V** Description of the involvement (up to 250 words)	**W** Geographical/economic scope of the partner's operation	**X** Role of the partner in the policy adoption	**Y** Strategy of the partner to push the policy through	**Z** Description of the involvement (up to 250 words)	**AA** Geographical/economic scope of the actor's operation	**AB** Role of the actor in the policy adoption	**AC** Strategy of the actor to push the policy through	**AD** Description of the involvement (up to 250 words)		Notes, comments or details not included in other columns (up to 800 words)
Workers in general	General population	Hampered/insufficient access to healthcare		National	Initiation	Consultations		National	Initiation	Consultations		National	Initiation	Consultations			
Workers in specific sectors	Elderly (retired, old age pensions)	Increased risk of being infected		Industrial/sectoral	Consultation	Tripartite social dialogue		Industrial/Sectoral	Consultation	Tripartite social dialogue		Regional/Territorial	Consultation	Protest/March			
Self-employed	Young people (18-35)	Long-term COVID-19		Regional/Territorial	Informed	Bipartite social dialogue		Regional/Territorial	Informed	Bipartite social dialogue		Other	Informed	Advocating/Lobbying			
Non-standard workers	Children (0-18)	Working in essential - first-line services		Other	Other	Sectoral social dialogue		Other	Other	Sectoral social dialogue		N/A	Other	Media campaign			
First-line/essential workers	breastfeeding women, women in abusive relationships	No Vaccination (lower accessibility)		N/A	N/A	Protest/March		N/A	N/A	Protest/March		Other	N/A	Other			
Unemployed	People with disabilities/health issues	Being abused/attacked				Strike (including emergency strike)				Strike (including emergency strike)				N/A			
Other	Ethnic minorities	Being exposed to hazardous working conditions				Threatening by layoff/quitting job				Threatening by layoff/quitting job							
N/A	Migrants	Other				Threatening by the closure of the company/leaving the country				Threatening by the closure of the company/leaving the country							
	Refugees	N/A				Advocating/Lobbying				Advocating/Lobbying							
	Single parents' households					Media campaign				Media campaign							
	Families with 3 and more children					Other				Other							
	Low-skilled					N/A				N/A							
	Other																
	N/A																

B. List of country experts contributing to the Defence Database

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