

Summary

Living with coronavirus

Developments in the societal impact of covid-19 after one year

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Summary and discussion

S.1 Summary

2020 was a memorable year. The coronavirus pandemic has not only had major consequences for public health and the economy, but also for society. Those consequences differ for different groups in society. The Netherlands Institute for Social Research (scp) is keen to contribute to the understanding of those societal trends in the ‘coronavirus age’. In this publication we give an overview of the changes that have taken place for both citizens and society since the start of the pandemic. We do this based on a review of available literature, data from the LISS panel and supplementary national and international sources. The central research question addressed in this publication is as follows:

What changes have taken place in physical and mental health, education, employment and income, social contacts and informal participation, social cohesion and public support for and legitimacy of government policy since the outbreak of the coronavirus pandemic, and what differences can be observed between groups in society?

Data for 2015-2020 with supplementary data for summer and autumn 2020

Our study is based in part on data drawn from standard data collections from the LISS panel from 2015 onwards, supplemented with data from two of our own measurements carried out in the panel during the pandemic, one in July 2020 and one in October 2020 (see also Box S.1). Comparing the data collected before Covid (2015-2019) and during the pandemic (2020) enables us to map developments which can be related to the coronavirus pandemic.

Box S.1 Data collected from the LISS panel

Unlike many other research panels, the LISS panel (Longitudinal Internet studies for the Social Sciences) is based on a random sample drawn by CentERdata in collaboration with Statistics Netherlands (CBS). CentERdata submits ten basic questionnaires to its panel members each year on a variety of themes. In this study we use data collected from 2015 onwards. We also use data from an additional measurement in July 2020 (2207 respondents, response rate 75% of invited panel members) and October 2020 (2433 respondents, response rate 83% of the invited panel members). The LISS panel generally constitutes a reasonably good reflection of the population (see also below). To ensure it is as representative of the Dutch population as possible, all analyses are weighted.

More information can be found in Appendix A to this report, which can be consulted (in Dutch) at www.scp.nl.

July 2020 was a relatively calm month in terms of coronavirus, with low infection levels and only the ‘basic rules’ on social distancing and avoiding busy places in force. Some of the data collection in October 2020 took place just before a partial lockdown was introduced

(on 14 October) in response to a continuing rise in infection numbers; the remaining data was collected just after that date. The data collection thus took place before the hard lockdown in December and the imposition of the curfew in January 2021. The results need to be viewed in this context. Although many of the developments we describe are only gradual, it is plausible to assume that the changes that have taken place since October (curfew, stricter restrictions) will lead to different results in future measurements.

Some groups left out of the picture

This study offers a general picture of the Dutch population aged 16 years and older. A Dutch-language online survey cannot reach everyone: certain groups, including people with low literacy, people with a different mother tongue and people with limited digital skills, may be underrepresented. Groups such as care home residents or homeless people are also excluded from this study. Finally, this study provides no information on specific groups whose numbers in the panel are too small to be able to say anything about their situation. Examples include people who have had coronavirus and who are still suffering the effects months later, businesses in specific sectors or informal carers of fellow household members. Mapping developments in groups such as these would require targeted follow-up research.

Changes in health

Some people are at heightened risk from coronavirus

It is not known how many people in the Netherlands have been infected with the coronavirus, because infections may be asymptomatic and because not all people with symptoms are (or were able to be) tested. Research among blood donors by the Sanquin Blood Bank provides indications that, in January 2021, roughly one in eight donors had developed antibodies against the virus.¹ In 2020 more than 35,000 people in the Netherlands were hospitalised with coronavirus,² and it is estimated that up to 1 November 2020 almost 13,000 people had died from coronavirus (CBS 2020s). More than half of those who died were receiving long-term care because of an illness or disability, for example in a nursing home (CBS 2021a).

The groups most at risk of severe illness (requiring hospitalisation) and death due to coronavirus are older persons and adults with underlying conditions such as cardiovascular disease, lung disease, diabetes and severe obesity. A substantial proportion of the LISS panel members – one in five – place themselves in one of these risk groups; since very vulnerable people do not take part in the panel, this may be an underestimate. People with low socioeconomic status find it harder to protect themselves against infection, and are susceptible to the physical effects of coronavirus due to their working and living conditions.

Negative impact on public health likely over the longer term

It is likely that the postponement or cancellation of regular care due to the high pressure on the healthcare system has resulted in people developing (more serious) health problems. It is unclear at this juncture how many people suffer long-term consequences following a coronavirus infection.

Well-being was stable on average in autumn 2020, but declined in specific groups

On average, the Dutch population so far appears to have withstood this crisis fairly well in terms of mental health. Many people did however feel less positive in October compared with the pre-Covid period, but mental well-being – measured using questions focusing on aspects such as how anxious, depressed or happy people had felt in the preceding four weeks (MHI-5) – and satisfaction with life (expressed as a score out of 10) were virtually the same in autumn 2020 as before the pandemic. This appears to contradict reports which appeared in the media at the end of 2020 about crisis response services more frequently encountering clients in a worrying state, and the steep increase in demand for crisis care for young people seen by care institutions.³ We should bear in mind here that young people aged up to 16 years and people with severe psychiatric disorders are not well represented in our study.

We do see differences between groups in our research. For example, people aged between 16 and 29 years reported lower life satisfaction on average than before the crisis, and also slightly lower than that of other age groups. The share of this group with low mental well-being is also larger than in other age groups, and has moreover grown compared with the years before the pandemic. This was particularly true for pupils and students with low mental well-being: before the crisis, approximately one in four reported low mental well-being; by November 2020 this had increased to one in three. Among people who experienced coronavirus from close by (having a loved one who became seriously ill or died) or who are at higher risk if they catch the virus, the share reporting lower mental well-being was also higher than in other age groups, and were on average less satisfied with their lives.

Changes in employment, income and education

Unemployment rose sharply at the start of the crisis before falling again slightly in autumn 2020

The ‘intelligent lockdown’ in the spring of 2020 led to a reduction in employment. The support measures introduced by the government limited job losses, but the contraction was still considerable. Employment rose again during the summer and early autumn, but was still below its pre-Covid level. A new lockdown was imposed at the end of 2020, and the number of hours worked fell once again, albeit not (yet) as much as in the spring, according to figures published at the end of 2020. These developments led to a sharp increase in the number of unemployed people in the spring of 2020, though the rate fell again slightly in the autumn. To date, the biggest rise in unemployment compared with the end of 2019 has

been among young people, low-skilled workers and people with a non-Western migration background.

Little reduction in income on average for people of working age, but wide differences in income effects

In October 2020, 23% of LISS respondents of working age (18-66 years) reported that their household income had fallen since the onset of the crisis. As the deterioration was generally modest, the average decline in income was small. There were bigger and more frequent income effects among the self-employed and unemployed: 38% and 41%, respectively, of these groups reported a fall in their household income. Moreover, their reduction in income was more often steep or fairly steep. Life satisfaction also fell among the self-employed. Jobseekers have always reported lower average life satisfaction than people in work (see e.g. Clark et al. 2008; Gielen & Van Ours 2012), and this effect has proved to be just as strong in the present crisis.

Temporary dip in participation in training by waged employees in spring 2020

In April 2020, participation by waged employees in work-related training programmes and courses was slightly lower than in 2019, but in July and October 2020 it was back at virtually the same level. This may reflect a time lag in getting digital training up and running. Participation in training by self-employed workers did not change.

Major impact of distance learning, especially for children with low SES

The measures taken to combat the coronavirus not only affect the labour market, but also have a major impact on the teaching of school pupils and students. Pupils in primary and secondary education are having to follow part of their school year through distance (online) teaching, and the same applies for much of the teaching of higher education students. Research by others (Engzell et al. 2020) has shown that the majority of primary school children learn less at home than at school, with children from a lower socio-economic milieu falling behind the furthest. This is worrying, because the attainment level at the end of primary school largely determines which education level pupils are ultimately able to achieve (Herweijer & Josten 2014). Moreover, upgrading of the recommended choice of secondary school following a good result in the final examinations was not possible, because these examinations did not take place in 2020. As a result, the secondary school recommendations were lower than usual, especially for children from lower socioeconomic milieus (Van Eck & Meesters 2020). The coronavirus measures could therefore have a negative impact on the future educational and labour market opportunities of children, especially those from lower socioeconomic milieus.

Changes in social contacts and informal participation

Very slight fall in satisfaction with social contacts, less contact with friends

Measures such as social distancing and staying at home mean that people have fewer opportunities to meet each other or get to know new people. Despite this, at the end of 2020 (before lockdown), people were on average only very slightly less satisfied with their social contacts than in earlier years. How often people (in October 2020) spent an evening with family members living outside the home barely changed for most people compared with 2019, though did fall sharply for those aged over 70. The average frequency with which people spent an evening with friends did however fall between 2019 and October 2020. The decline in personal meetings was partly offset by an increase in online meetings. However, digital contact is not an option for everyone: older people and low-educated people use digital resources less than (young) adults and people with a high education level. People mainly missed physical contact or being able to hug loved ones living outside their home (more than half the respondents missed this very badly), followed by small gatherings and spontaneously meeting others.

Limited change in loneliness; slight increase in emotional loneliness

Social contacts are important for people's quality of life. If people do not feel connected to others, they are regarded as being lonely. The share of people who feel (moderately) lonely has been stable for many years, but increased slightly after 2019 (from 30% to 32%). This applies in particular for emotional loneliness, which increased particularly among the over-70s (from 16% to 22%). Emotional loneliness was high in both years among young adults. Emotional loneliness is about missing a close or intimate bond with someone else. Social loneliness (a lack of social contacts) declined, possibly because other people were also unable to engage in social activities.

Decline in volunteering; informal carers of fellow household members provided more care

Volunteering can make an important contribution to giving a sense of fulfilment for those who do it, but also means a lot to those who receive help from volunteers (such as visitors to daycare centres). The share of people doing voluntary work fell between April 2019 and April 2020 (from 14% to 10%), and almost half of volunteers have devoted less time to volunteering since the onset of the coronavirus crisis. The share of informal carers, i.e. people providing help to someone in their immediate setting, has not changed during the pandemic. Some of them (mainly those helping someone in their own household) began providing more care because others, including professionals, were able to do less. Informal carers helping someone in an institution, by contrast, were able to offer less help.

Changes in social trust

Slight decline in social trust

Social trust is the degree to which people generally believe that other people can be trusted. Social trust increased at the start of the coronavirus crisis, but fell thereafter and was in October 2020 a fraction lower than in previous years.⁴ There is a small group (6%) among whom social trust fell sharply. The decline in social trust is linked to how people assess their own health risk: social trust among people who regard themselves as extra vulnerable fell more sharply between 2019 and October 2020. It may be that this group perceive the public space to be more threatening because they feel they are exposed to high risk if they are around other people too often.

Strong solidarity with care staff, almost none with those who infringe coronavirus rules

During the coronavirus crisis, the Dutch government has set aside large amounts of money to support citizens financially. The government has to make choices here, and therefore appeals to people's solidarity. Who do respondents feel has the most entitlement to financial support? Respondents felt that, of all groups we presented to them, people suffering from burnout because they had worked in Intensive Care during the coronavirus crisis were most entitled to financial support. Whether or not people adhere to the prevailing coronavirus guidelines has a big impact on respondents' views; people who do not properly adhere to the rules can count on little or no support compared with other groups. Although people with frail health generally showed great solidarity with other groups, they feel less solidarity on average with people who do not fully adhere to the rules.

Increased friction between young and old and sick and healthy

Not only did social trust decline, but people in October 2020 also experienced slightly more friction between social groups in society than in July 2020. Friction is not so much about material oppositions between groups, but more about how people experience the relationships between groups in society. Although the perceived friction between old and young and between sick and healthy people is fairly low, it did increase between July and October 2020 (by 10% and 12%, respectively). People who assess their own health as poorer or who are at heightened risk of becoming seriously ill if they contract coronavirus experienced more friction between sick and healthy people than people who were in good health. Both people aged over 70 and 16-29 year-olds experienced more friction between young and old than the age groups in between.

Older people in particular blame certain groups for coronavirus infections

A majority (56%) agreed or agreed strongly with the statement that certain social groups are to blame for the persistent coronavirus infections. The over-70s agreed more strongly with this statement than others. Young people were the group most often blamed for the rising number of coronavirus infections, followed by people who do not stick to the corona-

virus rules. Although being blamed can lead to feelings of exclusion, young adults did not feel any more under attack in the coronavirus debate than other age groups.

Changes in public support and legitimacy

Political trust high but decline in public support for chosen course

As observed in earlier research, trust in the government increased sharply at the start of the coronavirus crisis, before declining again (Den Ridder et al. 2020). Political trust was still high in July and October 2020. Given the strong correlation with the crisis, this higher trust is likely to prove temporary. Despite this higher trust in the government, people were more critical about the approach taken by the government in the autumn, when the number of infections rose again: whereas in July a majority felt the government was doing the right thing in protecting public health and the economy, in October more people thought the government was doing too little.

People (in October) favour more measures and stricter enforcement

People felt that protecting public health was most important in October 2020 – though they also felt that the economy should be protected – and wanted to see more measures to combat the virus as well as stricter enforcement of those measures. Among pensioners, the share who thought the government was doing too little to protect public health was larger; among people in a vulnerable position on the labour market, the share who thought the government was doing too little to protect the economy was larger.

Many people prioritise the collective interest

More than four out of five people think people should adhere to the coronavirus measures, even if they disagree with them or do not understand the rules properly, and regardless of their personal interest. They put the collective importance of combating the virus first. The more worried people are about collective well-being, the more often they think the government should take more measures to protect public health. The fact that public support for coronavirus measures is also driven by a collective interest suggests that most people believe those measures to be legitimate, in turn increasing the likelihood of compliance with them.

The Netherlands compared to other European countries

Excess mortality (the number of deaths over and above the usual number of people who die in a given period) was lower in 2020 in the Netherlands than in Belgium and the United Kingdom, but higher than in Sweden and Germany, for example. The impact on employment and the economy in 2020 was less severe in the Netherlands compared with other countries.

The overall differences in how strict government policy is in the seven European countries included in our review are relatively small (though Sweden pursued a somewhat less strict

policy in the spring of 2020), and appear to have converged gradually during the course of the past year.

Bright spots

Although the pandemic evokes negative associations for most people, people in our study did also mention positive experiences, for example in their responses to open questions. Some, for example, reported that they felt more relaxed and had a more peaceful life. That in turn can lead to more reflection on what is truly important in life. A small proportion of respondents (7%) said in October that they felt more cheerful than before the coronavirus. The fact that everyone has fewer opportunities to spend leisure time outside the home can help reduce the 'fear of missing out' (FOMO). Respondents also reported that they had more time for social contacts, and a small proportion were actually more satisfied with their contacts than before the crisis.

At the start of the crisis, in particular, there was an increase in the sense of community. The crisis also led to a number of positive initiatives, such as shopping services for older neighbours, informal food banks, support with ICT problems and online study support (Werkgroep Sociale Impact 2020).

A further positive point is that the collective well-being weighed heavily in people's opinions about measures to combat the crisis and protect the economy. Also people who had no concerns about themselves or their loved ones supported the measures (in October). The fact that people put the collective interest first and show solidarity offers a fruitful basis for effective crisis control in which people lend their cooperation.

Conclusion

In conclusion, we can say that in the autumn of 2020 (i.e. before total lockdown and the introduction of the curfew), the consequences for the mental well-being and loneliness of Dutch people, for example, were limited and that, while unemployment was higher than at the start of 2020, it rose less than initially predicted. Certain specific groups did however suffer a more emphatic impact. The mental well-being of young adults, in particular, declined, while emotional loneliness increased especially among older people; unemployment rose mainly among young adults, people with a non-Western migration background and lower-educated people. Self-employed workers and people who were looking for work at the time of the survey had relatively often seen a reduction in their income. Some consequences will only become apparent after some time. There are for example fears that school closures will lead to some children falling behind and to greater inequality between children (Turkenburg 2020). In its November forecast, the Netherlands Bureau for Economic Policy Analysis (CPB) estimated that unemployment will rise further from around 4% in 2020 to around 6% in 2021 (CPB 2020). If this forecast proves to be accurate, that is also likely to lead to loss of income and potentially push some people into debt. Job and income insecurity can also result in lower mental well-being (see also Marangos et al. 2020).

S.2 Discussion

This study offers an insight into some of the consequences of the coronavirus pandemic. Our focus is mainly on the consequences for the medium and long term and on identifying a number of focus areas for policymakers. We first look at the specific areas included in our research before going on to discuss a number of general themes such as inequality (of opportunity), participation and social cohesion.

Focus areas in relation to health

Health effects in the longer term

It is difficult at this juncture to gauge how much the coronavirus pandemic will impact on public health in the medium and longer term. The coronavirus crisis has shown that being overweight poses an extra risk of hospital admission and death for those infected. Half the Dutch population is currently overweight, and the trend is still rising. Coronavirus has underlined the importance of a healthy lifestyle, and this begs the question of how much people should take responsibility for this themselves, or whether they should receive more support.

In the long term, the consequences of the postponement of diagnosis and treatment of other diseases during the crisis are likely to become visible in the form of lower life expectancy or a reduction in years of life spent in perceived good health. It may be possible to limit or reduce some of these consequences by making up the lost ground in diagnosis and deferred treatments. However, this will also put pressure on the care system which will continue to be felt long after the coronavirus crisis.

Demand for mental health care services

In earlier publications we have pointed out the potential for a greater demand for psychiatric care as a result of the coronavirus pandemic (Marangos et al. 2020; Plaisier & De Klerk 2020). Although the figures on mental health (MHI-5) in the autumn of 2020 did not present an alarming picture for most groups in Dutch society, the long duration of the crisis and the tightening of the restrictive measures at the end of 2020 brought little cheer. The well-being of young adults, including students and pupils, appears to have suffered particularly under the coronavirus crisis. Most people are likely to bounce back once things are going better in society again, but if people experience negative consequences for an extended period and suffer lasting low well-being, such as feelings of negativity, disquiet and uncertainty, this can lead to mental health problems. The development of severe mental health complaints can be prevented by recognising the needs of groups with low well-being and offering them the prospect of improvement where possible. At the individual level, care staff, people working in education, at the Employee Insurance Agency (uwv) and at welfare agencies could for example be alert to the early onset of negative, uncertain or anxious feelings, and offer easy access to appropriate help. However, this is obviously difficult to achieve at a time when the scope for personal contact is limited. This not only means that

there must be sufficient capacity in basic mental health care services going forward, but that possibilities also need to be created for personal contact with care providers, and that there must be sufficient treatment locations for specialist mental health care to avoid long waiting lists and blockage in the care chain. It is questionable whether the mental health care services are sufficiently well equipped for this at present (IGJ 2020).

At the end of December 2020, the Dutch mental health care service reported that psychiatric care providers for children and young people had seen a major increase in demand for crisis care by children and young people with severe depression, acute suicide risk or acute eating disorders.⁵ There are also signs that crisis services are increasingly dealing with (adult) clients with worrying mental as well as physical health problems.⁶ This is not helped by the fact that the social structures for people with frail mental health have largely disappeared as a result of the coronavirus measures, for example work, community centres, daycare activities or living assistance, as well as contacts with friends and family, who generally also act as an early-warning system and are able to call in help when needed. There is moreover much less face-to-face contact with care staff within the mental health care system.

Focus areas in relation to employment, income and training

Attention needed for vulnerable groups on the labour market

The labour market was badly hit in the spring of 2020, before the first lockdown: unemployment rose and the number of people in receipt of social assistance and unemployment benefits was high, as was the demand for the temporary income support scheme that was introduced specifically for the self-employed (Tozo). Since then, the labour market has proved to be resilient, probably thanks in part to the economic support measures from the government. Unemployment and take-up of social security benefits fell again over the summer of 2020, albeit in many cases not to the old levels. This resilience has prevented larger groups of people becoming marginalised, but those who were warrant attention. As indicated by scientific research brought together in the report by the Regulation of Work Committee (Commissie Reguleren van Werk), people from vulnerable groups in the Netherlands are more often than average on flexible employment contracts; they include young adults, low-educated people, people with a non-Western migration background, people with a work-limiting disability and/or people with a low income (Commissie Reguleren van Werk 2020; Muns et al. 2020). As expected, these are the groups who are now unemployed more than average and who are forced to fall back on social security. It is also notable that children of parents with low SES and children at schools in neighbourhoods with a high proportion of people with a non-Western background are at the highest risk of learning disadvantage due to home schooling. There is consequently a looming risk of intergenerational benefit dependency and poverty.

There are several potential options for meeting these challenges (see also the report by the Social and Economic Council of the Netherlands (SER) think tank (2021)). The government has decided to continue its support for business because of the strict measures that are still

in force to contain the coronavirus. These support measures are slowing the growth in unemployment, although more vulnerable workers on flexible contracts probably benefit less than those on permanent contracts: the financial support means fewer jobs are lost, but where jobs do disappear employers are likely to shed flexible staff before permanent employees. Despite the support measures, many people have lost their jobs and many more will do so in the future – the Netherlands Bureau for Economic Policy Analysis (CPB) is projecting an unemployment rate of around 6% in 2021, compared with around 4% in 2020. In an economy which may be undergoing structural change, it makes sense to devote attention to retraining and additional training. The effectiveness of training programmes has been widely debated and is not uncontroversial, but elements of the ‘work-to-work’ programmes, with their focus on reskilling, do appear to have some effect. Allowance does need to be made here for the fact that during a crisis employers are less likely to focus on training policy and that the expectations of (vulnerable) employees are low. Finally, it is recommended that the insights and options offered by the Regulation of Work Committee be included in the recovery plans. The Committee recommends exploring the possibilities for enhancing internal flexibility (for example by allowing employers to adapt the contractual hours to market conditions), of reducing external flexibility (for example by pricing temporary contracts fairly), and of facilitating the development and (continued) learning of all workers. This would offer a way of structurally addressing the vulnerabilities that the coronavirus crisis has laid bare.

Focus areas in relation to social contacts

Loneliness not easy to resolve

Emotional loneliness, a complex problem that affects people of all ages, has increased during the coronavirus period. Loneliness can have an enormous impact on people’s lives, potentially leading to mental health problems (which in turn can lead to greater loneliness).

Loneliness is not easy to resolve. A tailor-made approach is normally needed, while a prevention strategy is more likely to show results than an approach aimed at reducing loneliness (Van der Zwet et al. 2020). There are many possible interventions, but by no means all of them are effective (Bouwman & Van Tilburg 2020). Elements that do work not only include activities or meeting others, but also practical support or boosting social skills, for example. Such meetings are however difficult to arrange when there is a high risk of infection. Information about what is possible can increase people’s sense of control over their social contacts and help those who feel lonely (Van Andel 2020). In the short term, maintaining or intensifying existing contacts appears to be the most promising approach (provided telephone or online contact is possible or the risk of infection can be kept low). There is often a role here for loved ones and other close contacts (family, friends, neighbours), because lonely people by no means always ask for help. In the longer term, there are likely to be more opportunities for physical meetings and interventions, and this aspect can help people get through their social isolation during lockdown. Proactively offering help (with

helpers taking the initiative to make contact) is often the most successful approach, because people who are lonely are apt to withdraw into themselves. Some Dutch local authorities have set the ambition of visiting everyone in the municipality over the age of 75 (using volunteers) to talk to them about how they are coping, with the underlying goal being to identify loneliness and bring it out into the open (vws 2020a). However, a proactive approach is something that community social care teams have failed to achieve fully for many years due to their high work pressure (Van Arum et al. 2020).

Demand on the social domain

The social domain (of which the Social Support Act 2015 (Wmo 2015), the Participation Act and the Youth Act are important components) serves as a safety net for people who need support. In particular in periods when the number of infections was high and a lot of measures were in force, that support (including domestic help, supervision or daycare activities) reduced because of fear of infection. In October 2020, a quarter of clients receiving Wmo-funded support said they felt there had been a negative impact on their care or support, and half the officials on the delivery side reported that the coronavirus crisis was having (major) negative consequences for the care provided to residents in their municipality (Nannes & Kanne 2020). It is plausible that much of the support will resume once the danger of infection has passed, but it is also possible that a proportion of clients went off the radar when the support temporarily stopped, due to the limited opportunities for face-to-face contact (Woittiez et al. 2020). Local authorities need to adopt a proactive stance by themselves seeking contact, for example in locations where there is a high chance of encountering people with support needs (community centres, food banks, etc.).

It is likely that the demand placed on the social domain will increase, partly due to the rise in the number of unemployed people. Some of them will be eligible for reintegration into the labour process, social assistance benefit/special assistance payments⁷ and debt counselling. The number of people on welfare increased in 2020 (in particular among young adults). Schellingerhout et al. (forthcoming) conclude that the potential use of services in the social domain will increase, but the provisional figures on the use of social security provisions in the first half of 2020 do not yet show an increase in take-up. Several sources have warned that an invisible demand could have arisen (MEE 2020; De Vries & Pols 2020; Werkgroep Sociale Impact 2020) – invisible because professionals were unable to reach people during lockdown.

Local authorities could be adopting a proactive attitude now in order to build a picture of people with an invisible support need, identify what their needs are and refer them to possible sources of support; they could do this for example via local newspapers, by distributing house-to-house information or through regional broadcasters. This is important, because research tells us that people have difficulty finding the right social support (Kromhout et al. 2020).

On the other hand, there are questions about whether local authorities would be able to cope with an increase in demand in the social domain. Some local authorities are reporting

financial shortfalls and fear that this will lead to a further deterioration in access to care provisions at municipal level as a result of the coronavirus crisis (AEF 2020; Klapwijk 2020).

Focus areas in relation to social cohesion

The most striking observation with regard to social cohesion is the perceived friction between young and old. The pandemic has thrown the sometimes opposing interests of young adults and older people into sharper relief.⁸ Where older people, often because of frail health, benefit greatly from the coronavirus measures, young adults have a much lower health risk but are having to give up a great deal (see below).

On top of this, a high proportion of respondents feel that young people bear the brunt of the blame for many of the coronavirus infections. It is not uncommon during a large external crisis for people to look for someone to blame or a scapegoat (Hughes 1993). The fact that much of the blame in October 2020 was laid at the door of young adults probably stems from news reports about illegal (student) parties and the large number of infections among adolescents and young adults in the autumn (NOS 2020). Yet young adults themselves do not appear to be overly troubled by these allegations; they do not feel any more under attack in the coronavirus debate than other age groups.

In addition to young people, other groups are also at risk of exclusion during the coronavirus pandemic. Earlier on in the pandemic, for example, the Dutch antidiscrimination website *Discriminatie.nl* (2020) noted an increase in the number of reports of discrimination against Dutch citizens with an East Asian appearance, and older people also felt uncomfortable in the public debate about coronavirus. Discrimination and stigmatisation can lead to (feelings of) exclusion and mean that people no longer feel safe on the streets. We moreover know from earlier health crises that feelings of exclusion can cause people to be less inclined to seek help if they are sick, out of fear of confirming prejudices (Bruns et al. 2020).

To prevent feelings of exclusion, it is wise for the government to continue being inclusive in its own communications. This means continuing to stress that citizens of the Netherlands have to get through this crisis together and must actively keep an eye on groups in society which are threatened with being excluded. That is necessary in order to ascertain what those groups need in order to weather the crisis, to enable them to (continue to) adhere to the measures and to determine which are the best channels to reach them with information.⁹ This makes it possible to strike a good balance in policy and communications about policy between effectively containing the virus on the one hand and preventing exclusion of specific groups on the other.

Focus areas in relation to public support and legitimacy

People in the Netherlands were more critical about government policy in the autumn of 2020 than in the summer. They wanted the government to apply stricter measures and take stronger action against those who flouted the rules. This support for coronavirus measures stemmed in part from concerns about the collective well-being, thus increasing the likelihood of voluntary compliance with the measures. Once doubt starts to be cast on

the contribution those measures are making to the collective interest, that willingness will reduce. Given the loud calls for more government action in the autumn, while the infection figures continued to rise, that willingness could no longer be taken for granted.

However, the situation has changed greatly since the autumn. Measures were gradually tightened up, and from December 2020 the Netherlands went into full lockdown. Owing to fears about the ‘British variant’ of the virus, which had led to a crisis in the care systems in Great Britain and Ireland, the lockdown was extended in January and, for the first time since the Second World War, a curfew was imposed. This lockdown, which includes shops and schools, is having an even bigger impact on an even bigger group of businesses, parents of school-age children and young people. On the one hand, we may expect the urgency of the new situation to unite people more firmly in their support for strong government action, and to boost the perceived legitimacy of and compliance with the coronavirus measures. On the other hand, over the course of almost a year it has still not proved possible to bring the virus genuinely under control, the shortcomings of our politicians are being discussed ever more expansively in the media, and the financial and mental reserves of some groups in society are becoming exhausted. Where at the beginning of the crisis people united behind their government as a saviour in a time of need, it is likely that people are now gradually seeing more reasons to hold the government to account for the failure to find a way out of the crisis. In the near future, this could undermine the perceived legitimacy of and compliance with coronavirus measures.

According to the National Institute for Public Health and the Environment (RIVM), trust in the government’s approach did indeed fall in the last two months of 2020, even though the support for coronavirus measures remained as high as ever. The decline in trust therefore mainly suggests increased criticism among a large slice of the population against the ‘dithering’ of the government’s attempts to combat the crisis, as we also observed in the autumn of 2020. But the riots which broke out after the imposition of the curfew show that there are also groups for whom the efforts to combat the crisis go too far or are lasting too long, and indicate a deepening of the differences of opinion on this across society.

Young adults extra vulnerable

This study makes clear that adolescents or young adults, and in particular young adults with low socioeconomic status (SES), have been hit hard by the crisis. They have relatively often lost their jobs, and youth unemployment has risen sharply as a result. In addition, the measures taken to restrict social contacts have had a big impact on them, because they generally have lots of social contacts and readily make new ones. It may be that this is a factor in the reduced well-being we find in this group. Not only do we find that their general life satisfaction and mental well-being is lower than in other groups, but it has also fallen since the onset of the coronavirus crisis.

They also face loneliness more than other groups. Contacts are of particular importance for young people in developing their identity (Pfeifer et al. 2018). Friendships with peers during

adolescence form the building blocks for successful social encounters in later life (Laursen & Hartl 2013).

The Netherlands Youth Institute has developed a number of tools to offer support to young people who need it. They include things such as creating opportunities for ‘Covid-proof’ contact, supporting them in (completing) their education, but also offering extra (mental) support to young adults who need it, facilitating local support networks for young people (school, sport, youth work) and making additional resources available if needed (Kruip 2020). The Erasmus SYNC Lab (2021) has also published a study on the vulnerabilities and opportunities of young people during the coronavirus pandemic, and offered tips for policymakers, professionals and educators on how to respond to them.

Growing inequality of opportunity in education

Few measures cause such disruption as those which affect education. That is no surprise, given that there is a group of children who are already faced with a disadvantage at a young age.

Combating that disadvantage and promoting equality of opportunity for children is important. It is for example known that the starting position of children of parents with low SES, and the circumstances in which they grow up, have a negative impact on their incomes in later life. Income poverty moreover goes hand in hand with reduced participation in society, a low education level with a shorter life expectancy, and long-term unemployment with reduced mental well-being. All these factors also have an impact on the quality of society, in the form of lower general prosperity and potentially weaker social cohesion. The additional disadvantage suffered by vulnerable children in the coronavirus crisis could therefore continue to resonate for years to come.

Precisely where this will ultimately lead is still largely unknown. Will the educational disadvantage which is affecting young children now disappear during the course of their school career? Is a ‘coronavirus qualification’ worth less than one attained in earlier, pre-Covid years? There are indications that leaving school during a crisis has a negative impact on the opportunities of some school-leavers, but we know little about whether and to what extent they (are able to) make up the gap over time. We can only guess at the consequences of long-term home schooling for the opportunities of children who in many cases are still in the middle of their school careers. What we do know is that the extent of the learning gap as measured in the first lockdown is a cause for concern. Efforts could be made now to (develop) a recovery policy to tackle this learning gap. The effect of such a policy would need to be monitored closely over the years ahead. The Dutch Ministry of Education, Culture and Science has set aside additional funding for a National Education Programme, aimed at compensating for educational disadvantage and study delays.¹⁰

Other forms of inequality

The coronavirus crisis creates and exacerbates not only inequality of opportunity between children from diverse social backgrounds and from different cohorts (generations), but also works through into inequalities on the labour market. People on flexible employment con-

tracts and self-employed workers in affected sectors are at above-average risk of unemployment. In many cases these are groups which have few resources to help cushion the blow: young people, people with a migration background and people with a low educational level.

Like economic risks, health risks are unequally distributed: even before the coronavirus crisis, people with a lower education level were in less good health on average, had lower life expectancy and spent fewer years in good health than people with a higher education level. People with underlying health conditions and older people are vulnerable to the risks posed by the virus itself. The measures taken to reduce contacts protect them, but the fear of infection also limits their opportunities for social contacts. The contact frequency of older people is lower (on average) than that of younger groups. Older people also (on average) have lower digital skills and consequently fewer opportunities to maintain digital contacts. Our study shows that loneliness among older people has increased during the pandemic. It may also be the case that people with underlying health conditions are less inclined to participate in society in order to avoid risks of infection. The well-being of this group is lower, and loneliness is not far away. The coronavirus measures also mean that some people (temporarily) receive less care at home or have fewer opportunities to attend daycare activities, and that some informal carers are providing less help while others are providing (much) more.

Earlier research on the consequences of crises shows that in times of economic downturn, it is mainly people with low SES whose mental health suffers and, when things are going well, it is mainly people with higher SES who benefit. The already established trend towards a widening of the differences in mental well-being between groups with different SES could be reinforced by the coronavirus crisis, especially if it is mainly vulnerable groups such as the lower-educated and low-income groups (who are relatively often employed on temporary or flexible contracts) who suffer badly from the economic consequences of the crisis. Deficits in economic, social, physical and psychological resources give rise to an array of risks, and the coronavirus crisis can reinforce this association in a number of domains (Vrooman 2020). An exacerbation of inequalities in the economic, physical and mental health spheres impacts on people's future opportunities. If policymakers wish to avoid escalating inequality, they must try to repair the opportunities of the affected groups for the near future. Training is important here, but also a social security system which enables people to make plans that go beyond the next grocery shopping trip, a labour market which is equally accessible to all, a public health system which reduces the risk of unequal health outcomes, and a social domain which offers the support people need to enable them to participate, regardless of any impairments or disabilities.

Participation

Participation, such as engagement in society, membership of social networks and engaging in daily activities such as voluntary or paid work, study and caregiving, is important for all manner of reasons, both for the individual themselves (e.g. contact with others, giving meaning to life and also an income) and for society as a whole (social cohesion). The

coronavirus pandemic, and in particular the measures taken to protect the most vulnerable in society, has major consequences for the degree to which people are able to participate. This is not just about labour market participation, but also participation in education, informal participation (such as giving informal care) or leisure activities.

Compared with the pre-coronavirus period, unemployment has risen and more people are uncertain about their work or income. The Netherlands Bureau for Economic Policy Analysis (CPB) is forecasting an increase in unemployment, and thus also in job insecurity. Where the deep but temporary shock of the coronavirus crisis works through into long-term poverty and problematic debt, the ability of these groups to participate meaningfully in society in the future will be jeopardised.

Educational participation changed during the lockdowns, with some teaching moving online. This not only led to a learning gap, especially for vulnerable groups, but also to gaps in social skills and citizenship knowledge. There were also problems in secondary and higher education: students in senior secondary vocational education (MBO), in particular, fell behind because of the forced reduction in practical lessons and internships, and this also adversely affected their motivation. Whether the damage will prove to be permanent remains to be seen, but the fact that this damage has occurred in such a formative period in children's lives is a cause for concern.

We are also seeing a decline in (structural) volunteering, for example through welfare organisations or sports clubs, as the coronavirus measures have made this kind of volunteering difficult to carry out. On the other hand, there have also been lots of initiatives in which citizens volunteer to help each other through the crisis. This requires support from the social domain to enable this civic energy to be sustained over the longer term.¹¹

The picture among informal carers is mixed: while some have been unable to provide informal care because of the need to avoid the risk of further infections (for example the ban on visits to residential care homes), others have actually been providing more help, as other (formal and informal) care provision fell by the wayside. Informal carers have felt under additional strain during the coronavirus crisis as a result, for example those caring for someone in their own household, possibly with dementia (Van der Heide et al. 2020). Leisure activity (playing sports, engaging in cultural activity and visiting cultural events, media use, meeting family or friends, attending events or using libraries) has several functions: it contributes to personal development, relaxation, meeting others, support and carving out a distinct identity. Many of these forms of leisure activity, and thus the opportunities for relaxation and meeting others, have come to a halt during the coronavirus crisis (SCP 2020). This has been a great loss for many, but the hope and expectation is that once the restrictions are eased, these activities and initiatives will flourish once again.

In summary, we cannot escape the impression that participation has declined in many areas during the coronavirus crisis. This could have permanent consequences for the social infrastructure that is at the heart of Dutch society, and ultimately for social cohesion and social trust; if people do not meet each other, they are less readily inclined to value and trust each other. Where social exclusion – the inability to participate – leads people to turn

their backs on society, a return to normal participation in that society is made more difficult. In 'normal' crises, loss of participation in one domain can be compensated by other forms of participation, but these compensation mechanisms are under pressure in the present crisis. We cannot foresee at this time how this will turn out, but it is advisable, for example in the social domain, to be alert to situations in which people are no longer participating in society, and to be open to the idea that participation may temporarily not equate to people being in paid work, but are for example providing informal care, volunteering or following courses.

Social cohesion

Coronavirus and the measures taken to combat it are currently making it more difficult for people to make and maintain social contacts, especially outside their own circle of family and friends. Potential meeting places such as libraries, cultural institutions and events and sports and other clubs have been closed for a long time due to the coronavirus measures. The (forced) reduction in participation in society could in the long term weaken the cohesion between people and groups with different backgrounds. Yet precisely that cohesion is vital during a pandemic: social cohesion is the foundation which will enable us to come through this crisis together.

At the same time, the crisis demands a great deal of people's collective awareness. People need to be willing to give up a number of freedoms temporarily in order to protect society as a whole. A great deal of faith is also being put in social trust; it is vital that people trust their fellow citizens to make their own contribution to the general interest, and to want the best for each other. Social trust is also associated with institutional trust (Dekker & Den Ridder 2020; Sønderskov & Dinesen 2016). It is important that science, government and politicians are sufficiently trusted, so that as many people as possible will adhere to the measures and thus ensure that they are effective in containing the virus.

At the start of the coronavirus crisis there was an increase in both social and institutional trust. People were united by a common external threat, and shared concerns and uncertainty led to a strong sense of community. There was also public approval of politicians and the government, which set about tackling the crisis with the 'intelligent lockdown'. We know from the literature that this increase in trust during a crisis is often temporary (Dekker 2015; Dinesen & Jæger 2013; Hetherington & Nelson 2003), and both political and social trust have indeed declined again compared with the beginning of the crisis. Conflicts in society, with the most visible example being the riots following the imposition of the curfew, may further undermine social trust. Despite this, public support for the coronavirus measures is still high and people acknowledge the collective interest that is served by those measures. Despite the heavy restrictions that have been imposed, most people still feel it is important that everyone should adhere to the rules as fully as possible in order to protect society as a whole. Legitimate, transparent decision-making and inclusive communication are important factors in maintaining this collective awareness (Schaper 2020).

Final thoughts

The future

This publication focuses mainly on describing developments up to and including autumn 2020 (and for health statistics and the measures taken, up to and including the end of January 2021). What consequences the coronavirus pandemic will ultimately prove to have had for the quality of life of citizens and the quality of society as a whole will depend among other things on how far and how fast we are able to bring the virus under control. The more people are vaccinated, the more the pressure on the healthcare system will ease and the more opportunities there will be to open up society again. The earlier that can be achieved, the more limited the damage will be for the economy, for people's social lives and for their well-being. Until then, politicians will have to make difficult choices between social, economic and health interests in seeking to contain the virus, and will have to take into account the fact that some consequences affect some groups more than others. The public disturbances following the imposition of the curfew show how difficult it is to demand social sacrifices from one group in order to protect the health of another, especially when there are so many uncertainties about how long such measures will last and what effect they will have.

This study also shows that coronavirus not only has a direct impact on public health and the economy, but also on the well-being of citizens and the labour market, social cohesion and political trust. These aspects are all interrelated: if the economy contracts and employment falls, this will have an impact on well-being and lead to a decline in social and political trust. Conversely, participation in the labour market and society benefits from a population that is in good mental health coupled with a healthy dose of social trust. All this demands a joined-up, integrated approach. It is important both to limit the damage and to tackle issues which are relevant for the longer term (Putters 2021). In many cases, the diagnoses and options for action are already clear. It is now key to begin implementing them vigorously during the recovery phase from the crisis.

There is also a good deal to be learned from the coronavirus crisis, with the many initiatives by citizens to help each other being a good example. It would make sense to identify which initiatives have the potential to become more permanent, and under what conditions, and also which initiatives lend themselves to upscaling. The government has also shown itself to be more willing than ever to buttress society with extensive support measures. It may be that some of these government measures, too, are worth retaining, and it may be that some of them could boost the structural resilience of society.

Towards a recovery plan

Dutch society is very resilient, but the coronavirus has also revealed which members of our society are vulnerable and where additional efforts are needed to minimise direct harm from the crisis, and also where there is the prospect of offering solace and a way forward. Examples include policy to reduce the widening learning gap and increased inequality of

opportunity in education, in order to avoid people ending up in poverty, prevent mental health problems, help businesses (where necessary) to start up again or switch to a different sphere of activity, or support informal carers who have been under an additional burden over the past year.

The crisis has also exposed vulnerabilities in our society which have existed for some time: inequality of opportunity in education, uncertainties on the labour market and bottlenecks in mental health care and the social domain, to name but a few examples. The sudden visibility of these vulnerabilities has given rise to a broadly shared awareness of the complex underlying societal problems (see also Van Noije et al. 2021). Against this backdrop, now appears to be the perfect moment to put some urgency into mobilising a recovery plan for the long term and seeking solutions to these often complex societal problems, given that their social impact over the longer term can be considerable. It is therefore recommended that careful thought be given to the relationship between short-term and long-term measures. Do measures for the short and long term reinforce each other? Do short-term measures have side effects which need to be addressed in the long term? And does the entire raft of measures ultimately contribute to the achievement of the goals that we set ourselves as a society?

The crisis has increased the inequality between different groups, for example based on SES (see also Vrooman 2020; De Volkskrant 2020). Social inequality, limited opportunities to participate in society and pessimism about the future can exact a toll on people's trust in each other and in institutions (see also Vrooman et al. 2014). In reopening society and the economy, it is now key not only to tackle the 'collateral damage' that has occurred, for example in terms of loneliness or mental stress, but also the systemic issues and divisions highlighted earlier which give rise to social problems, and to ensure that this policy does not put vulnerable groups at a disadvantage. Examples include a structural improvement in the available social help, including access to mental health care and youth care.

In the quest for solutions to these societal challenges, it is also wise to think about the development of our society over the longer term and about the interrelationship between health, the economy, social interactions and the living environment. Taking a broad view of welfare can be a useful approach here (Planbureaus 2020).

Notes

- 1 Source: Sanquin, press release dated 19 January, accessed on 14 February 2021 at <https://www.sanquin.nl/over-sanquin/nieuws/2021/01/antistoffen-tegen-coronavirus-bij-13-procent-van-de-donors-januari-2021>.
- 2 Source: Stichting NICE.
- 3 Source: Dutch mental health care services (GGZ).
- 4 Other studies show a somewhat different picture, with social trust being comparable to pre-crisis levels.
- 5 See <https://www.denederlandseggz.nl/nieuws/2020/forse-stijging-aantal-crisismeldingen-jongeren-met-suicidaliteit-en-eetstoornissen-bij-jeugd-ggz>.
- 6 See e.g. <https://haarlem105.nl/invloed-van-de-coronacrisis-op-de-zorg-van-ggz-ingeest/>.
- 7 Individual income support.

- 8 The fact that there are opposing interests does not mean that there are social cleavages; for there to be social cleavages, there must be genuine sharp oppositions between groups (see also Vrooman et al. 2014).
- 9 Prime Minister Mark Rutte did this in May, for example, calling on young people to make their voices heard.
- 10 See <https://www.rijksoverheid.nl/onderwerpen/financiering-onderwijs/extra-geld-onderwijs-door-coronacrisis>.
- 11 See <https://www.movisie.nl/artikel/vrijwillige-inzet-burgerinitiatieven-tijden-corona>.