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Cracks in the well-plastered façade of the Nordic model: reflections on inequalities in housing and mobility in (post-)coronavirus pandemic Sweden

Tanja Joelsson  and Danielle Ekman Ladru 

Department of Child and Youth Studies, Stockholm University, Stockholm, Sweden

ABSTRACT

In this paper, Sweden's situation in and response to the COVID-19 pandemic is discussed. Through examples of overcrowding and public transport, we argue that the pandemic has revealed, and risks reaffirming, existing aged, gendered, ethnic and socioeconomic inequalities in the housing market, and in relation to mobility and transport. The paper seeks to explore how the large scale and widespread housing segregation in Sweden contributes to the unequal spread of the COVID-19 pandemic. More specifically, we address how the COVID-19 pandemic has affected and continues to affect the mobility of children, young people and families in unequal transport systems.

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Introduction

This paper offers a glimpse of the situation in Sweden regarding the COVID-19 pandemic and some reflections on the Swedish response. We then specifically focus on how the COVID-19 pandemic has revealed, and risks reaffirming, existing aged, gendered and socioeconomic inequalities across different groups in relation to housing, particularly overcrowding, and to mobility and transport. We ask: How has the large scale and widespread housing segregation in Sweden contributed to the unequal spread of the COVID-19 pandemic? How has the COVID-19 pandemic affected the mobilities of children, young people and families? In relation to these questions, we will argue that it is important to address the intersection of age, gender and socioeconomic position. We end by reflecting on the potential long-term effects of the COVID-19 pandemic on vulnerable groups, specifically in relation to housing, mobility and transport, and suggest some potential directions for future research on children, young people, housing and mobility in the wake of the COVID-19 pandemic.

Sweden stands alone? Sweden's response to the COVID-19 pandemic

The first Swedish COVID-19 patient was diagnosed on 31 January 2020. As of 7 January 2021, Sweden, a country comprising a population of nine million people, has had 469,748 confirmed cases of and 8,985 deaths from COVID-19, with the capital region of Stockholm being the most affected in terms of numbers (Public Health Agency of Sweden 2020; National Board of Health and Welfare

CONTACT Tanja Joelsson  tanja.joelsson@buv.su.se

2020).¹ By the end of September 2020, almost 90% of the total number of people who have died from COVID-19 were 70 years or older. The Swedish response to the pandemic has been to flatten the curve of the infection and avoid overburdening the system for healthcare service. The Swedish government has been working closely with epidemiologists from the Public Health Agency of Sweden (PHA) and its strategy has been to implement measures – recommendations and regulations – guided by an evidence-based approach.² Instead of a complete lockdown, the focus has been on individual responsibility for complying with recommendations for ‘social distancing’ and self-isolation in the event of symptoms. Swedes generally have a relatively high level of trust in national authorities (Segeberg 2020) and, thus far, the authorities’ handling of the COVID-19 pandemic has not changed this.³ As the mortality rate rises and the gap between Sweden and the other Nordic countries is widening, criticism towards the government and the PHA has increased.

The Swedish strategy has been to implement relevant and suitable measures in a timely manner in relation to the different phases of the COVID-19 pandemic and to weigh the effects of the virus spreading against the consequences of closing schools, shops and restaurants. From 18 March 2020, colleges, upper secondary schools and universities shifted to online education, unnecessary travel has been discouraged, visits to nursing homes and gatherings of more than 50 people have been banned, people over 70 years of age have been told to self-isolate and particularly not to meet their grandchildren and working from home has been encouraged. Focus has been on the importance of social distancing, of proper hand washing, remaining at home if feeling ill and generally complying with the recommendations. In international media, Sweden’s strategy has been described as both a cold-blooded experiment with people’s lives and as exemplary. Both China (Radio Sweden 2020a) and the USA (Radio Sweden 2020b) have used Sweden’s response in an escalating war of words in which blame has been allocated and political muscle is being used under the watchful eye of the global community. The greatest focus has been on the ‘moderate’ measures based on personal responsibility rather than bans or prohibitions. Although many of the measures adopted in Sweden are the same or similar to other countries, Sweden has not imposed a total lockdown: preschools and primary schools up until year nine have remained open, as have shops, restaurants and businesses. The decision to keep schools open has primarily been based on two factors: the relatively few research studies on the presumably small role that children play in spreading the virus due to the strength of their immune systems (Letmark and Rothmaier 2020) and the importance of school for children’s social, emotional and physical well-being, particularly children living in poverty or being subject to abuse or violence. Preschools and primary schools have modified their educational activities to some extent due to the pandemic as they have been encouraged to carry out all or as much of their activities as possible outdoors and have restricted public outings and visits to libraries, for example. Parents/guardians are required to collect their children outside and, in some cases, are offered face masks. Cultural conceptions surrounding childhood and outdoor life and activities, health and well-being, as well as Swedishness (Harju and Åkerblom 2020), remain strong and the recommendations on increasing outdoor activities have not raised any concerns whatsoever.

A recent report by the Swedish Schools Inspectorate on the effect of online schooling on students in upper secondary schools shows that the transition to online teaching during the autumn term was quite successful. However, while the students’ motivation was initially high, it has decreased over time because of problems relating to loneliness and physical inactivity. Students with an already low school presence have increased their level of absence (Swedish School Inspectorate 2020). In particular, for students with neurological disorders the change in routines have led to anxiety.

Overcrowding: the effect of housing segregation during a time of crisis

The effects of the COVID-19 pandemic on low-income and multi-ethnic neighbourhoods have been shown to be severe. The fact that Swedish society is characterised by socioeconomic, ethnic

and age segregation in terms of the labour market, housing market and 'school market' has highlighted the existing inequalities in the wake of the corona crisis (Andersson 2020). Järva, a multi-ethnic suburb of Stockholm, attracted national attention at the end of March 2020 when an association of Swedish-Somalian doctors warned about the high proportion of Swedish-Somalians among the initial deaths from COVID-19. As would become apparent in research studies (Rostila et al. 2021), this was also the case for Swedish-Lebanese, Swedish-Syrian and Swedish-Turkish people. COVID-19 has severely affected some of the low-income and multi-ethnic neighbourhoods in the Stockholm area and there have been many deaths. During the spring of 2020, the media responded to the high mortality rate of foreign-born individuals in vulnerable neighbourhoods by discussing the spread of the coronavirus in these communities in terms of cultural factors and the characteristics of specific ethnic groups. Measures were taken by various local and national authorities that primarily focused on translating and disseminating information in other languages, suggesting that the reason for the disproportionately high mortality rates could be attributable to a lack of information and integration into Swedish society. National media reported on a population that was sometimes sceptical about information from agencies and authorities (Canoilas 2020). However, a recent study was unable to support the idea that the high mortality rates among foreign-born individuals was attributable to language issues or to their lack of 'cultural adjustment' (Aradhya et al. 2020). In fact, thus far, little is known about the reasons for the high COVID-19 mortality rate for foreign-born individuals. According to a recent study (Rostila et al. 2021), it cannot be explained by socioeconomic factors. Andersson (2020) has proposed the potential effect of international travel on the COVID-19 mortality rate but underlines the need for research to study this assumption.

However, what we do know is that the high Covid mortality rate in these already vulnerable neighbourhoods had led to a major collective trauma – affecting adults as well as children – in these areas, as well as fears about the future (Socialpolitik 2020). Foreign-born inhabitants have felt that they are being negatively and falsely portrayed as illiterate, ignorant or simply stupid and believe that they themselves are being blamed for the deaths (Canoilas 2020). This has increased the risk of stigma, racism and discrimination, which negatively affects people – not least the children and young people – living in Sweden. Also, many parents and children who already have insecure working and housing conditions are suffering significant financial stress and are very worried about not being able to pay their rent (lägg in ref). This stress is exacerbated by the fact that overcrowding and multigenerational living make it difficult to socially distance themselves, giving them less opportunities to isolate in the event of symptoms and illness and therefore creating a higher risk of being infected by Covid-19. It is an historical fact that infectious diseases spread easily in cramped and overcrowded conditions (Hansson and Jakobsson 2020). While a recent study showed no specific effect of overcrowding on Covid-19 mortality among people older than 70 (compared to death from all causes), it showed that multigenerational living contributes to excess mortality from COVID-19 (Brandén et al. 2020). During the spring of 2020, many children and young people in multigenerational and cramped living situations did not attend school because of the fear of spreading the virus to their parents and grandparents (Save the Children Sweden 2020). School absence has been disproportionately high in schools with pupils from vulnerable neighbourhoods. Trying to do schoolwork in an overcrowded home is difficult and many families have no Internet connection in the home.

The spatial separation of activities such as living, working, education, child care and elderly care in Swedish cities (and elsewhere) involves an age segregation in terms of where different age groups spend their everyday lives, not least due to the institutionalisation of childhood and 'elderly hood'. In Sweden, it is generally the 'older elderly' who are often very fragile who live in nursing homes. It is this group that has been most seriously affected by the COVID-19 pandemic (SOU 2020:80). While visits to the elderly are strictly forbidden, this has not stopped the virus from entering these institutions. Geriatric experts blame the geriatric healthcare system which, according to them, has suffered greatly since responsibility was transferred from regional healthcare systems

to municipalities (local governments) in 1992 (Hammarström et al. 2020). Privatisation and outsourcing (through staffing agencies) together with a poor supply of medical equipment and shortages of trained staff has put strain on a healthcare system that is already ‘on its knees’. A recent investigation of the government’s management of elderly care during the COVID-19 pandemic found that it was ‘unprepared and ill-equipped when the pandemic struck’ which, ‘was founded in structural shortcomings that were known long before the outbreak of the virus’ (Summary SOU 2020:80, 11).

The younger elderly (70+) are often quite healthy and mobile. The corona pandemic has highlighted how, despite age segregation, the everyday mobility of different age groups is very much interconnected and interdependent. As already mentioned, multi-generational living is not uncommon in parts of Sweden and even if the majority of households are not multi-generational, it is very common for grandparents to help out by caring for their grandchildren on weekdays. Since the norm in Sweden is two (nearly) full-time working parents, the restrictions on contact between children and grandparents (70+) has put more stress on the organisation of everyday life for young parents (particularly those parents who are unable to work from home). However, for those parents who are able to work from home, this has been balanced by the reduction in daily commuting.

Mobility and transport: from immobility to transport poverty

The COVID-19 pandemic resulted in advice against travelling between countries, as well as within countries. The elite norm of (an assumed right to) individual ‘hypermobility’ (Sheller and Urry 2006; Cohen and Gössling 2015) has been heavily called into question and resulted in both positive and negative consequences for both people and the planet. Cultural conceptions surrounding travel, holiday and leisure activities are closely associated with middle-class lifestyles in which holidays abroad constitute the norm (Czepkiewicz, Heinonen, and Ottelin 2018). This cannot be everybody’s reality because of socioeconomic disparities. In the short term, the positive environmental effects of a general decrease in long-distance air travel (for both leisure and work) has contributed to less congestion and air pollution in urban space. Whether or not car journeys have decreased is not as clear. However, the COVID-19 pandemic has reportedly triggered more local mobility close to people’s homes, resulting in some groups of people being able to spend more time with their families on family outings. The mainstream media has plenty of suggestions on how to go on holiday at home (‘hemestra’ instead of ‘semestra’, be on holiday, in Swedish: ‘hem’ means ‘home’), i.e. to explore your local environment. Parks and other nature areas have been particularly popular during the pandemic.

Many countries, although interestingly not Sweden, have also made more or less permanent efforts to increase and encourage pedestrian and cycling mobility during the COVID-19 pandemic, for example, by widening pavements and cycle paths (Vandy 2020). Bicycle sales have increased by 30% in Sweden during the corona pandemic and it is reported that cycling has increased among certain groups (Smidfelt-Rosqvist 2020) as people avoid public transport, which could also positively affect some children and young people. However, the same preliminary figures identified an increase in car travel and a decrease in the use of public transport (Smidfelt-Rosqvist 2020), making it hard to draw any definitive conclusions about the mobility patterns of the Swedish population during the COVID-19-pandemic. At the same time, and more generally, concerns have been raised that the corona pandemic will lead to an increase in both physical and mental illness among children and young people, as a sedentary lifestyle will be aggravated by the measures taken by the government and local authorities. As many (predominantly middle-class) children attend schools that are not in their immediate neighbourhoods (due to the free school choice implemented by Sweden in the 1990s), the commuting child is a reality. Thus, it could be that private car use has also increased, even for shorter journeys, as a consequence of people believing that it is safer to travel by car than public transport (cf. Smidfelt-Rosqvist 2020). The PHA has been very clear about how important it is for children and young people to continue engaging in physical activities,

meaning that many sport clubs have remained open but have adapted their courses and practices in order to comply with the guidelines and recommendations. Children's physical health and well-being were the reason why the PHA decided to approve outdoor summer camps for children from 18 May 2020. Organisations and civil society actors involved in the mental and physical health of children and young people have noted that additional questions are being asked in their chat forums and via help lines and are launching various initiatives in order to engage with children and young people in other ways, such as through online educare that focuses on keeping physically active, online workouts, etc.

County and regional public transport authorities are responsible for providing an efficient transport service in Sweden. Public transport is largely managed by county councils, although private actors are also allowed to provide services. The PHA has specifically recommended that public transport in larger cities should only be used by healthcare workers, police officers, public transport staff, educators, etc. It is important to note that the public sector in Sweden is highly gender segregated and many healthcare workers are women. Many low-paid workers in elderly care are women from immigrant backgrounds (SOU 2020:80) and are often employed part-time or on an hourly basis (Jonsson 2011). This precarious workforce often uses public transport or travels by foot and does not have the possibility of staying at home when sick (Henriksson 2019; Berg et al. 2019). Whistle-blowers from private nursing homes have testified how employers have not provided sufficient protective equipment and avoided testing the staff for the virus because of their fear of staff shortages. Cases in which workers have known about an infection but continued working indicate the complex nature of the issue: local mobility patterns illustrate socioeconomic inequalities that could contribute to spreading the virus.

In a number of more densely populated municipalities, public transport authorities have taken various precautions to limit crowding and queuing and therefore spreading the virus. This includes offering more frequent services or restricting the number of available seats on a train. In an effort to protect bus drivers from infection, passengers must now board a bus through the middle and rear sections and plastic screens shielding the driver have been introduced. Bus drivers and taxi drivers have been identified as being particularly vulnerable to infection (Henriksson and Lindkvist 2020). Ticket inspection has been withdrawn from buses, resulting in a steep decrease in revenues for bus companies. In Stockholm, a debate about crowding on the metro has emerged, while in other cities public transport companies have singled out teenagers free-riding 'for amusement' as being an issue. It is obvious that even in non-lockdown countries such as Sweden, people practice social surveillance and target specific groups and perceive them as being irresponsible and ignorant – young people and young adults in particular have emerged as being key figures in this debate.

However, many public transport companies are struggling with financial deficits, which could have long-term consequences for the operation and maintenance of public transport. Some early analyses based on GPS data from mobile phones indicate that people's mobility patterns during the COVID-19 pandemic compared to the same period one year ago have shown a sharp change and decline in regional, national and international mobility, but do not show significant differences in local mobility across different neighbourhoods.⁴ Nevertheless, other pre-COVID-19 pandemic studies have found that inhabitants in socially vulnerable areas make fewer trips per person, per week compared to the national average, make fewer leisure related trips, including trips to relatives and friends and make fewer car journeys (Transport Analysis, Report 2018:17). Also, people living in socially vulnerable neighbourhoods, particularly women and young people, use buses more frequently and are therefore more dependent on public transport (Berg et al. 2019; Hansson and Jakobsson 2020). Recent studies have also shown that people 'with a low income pay more to use public transport than more affluent individuals' (Bondemark et al. 2020: abstract). Raising the price of single fares could therefore lead to the further exclusion of no/low-income groups, such as young people (Berg et al. 2019). Thus, socioeconomic, gender and age inequalities in transport accessibility and use could be further accentuated in the wake of the COVID-19 pandemic, as ticket prices might rise, services be reduced and timetables adjusted in ways that might not be suited

to a working population with dependent children, with jobs characterised by irregular working hours. Research indicate how the transport system is not adjusted to trip chaining, and that commuting to and from peripheral areas present challenges in people's everyday lives. People with no or low income such as the unemployed, the young population and other vulnerable groups are the most affected (Lucas 2012). Poorer neighbourhoods in the cities, especially sparsely populated semi-rural and rural communities are at risk here.

The 'post' generation? The everyday lives of children and young people after the corona pandemic

The Swedish response to the COVID-19 pandemic has attracted considerable international attention and controversy. Despite referring to Sweden's strategy as a potential 'future model' at the end of April 2020, the WHO issued a warning about the increased spread of the virus because on 26 June 2020 it classified Sweden as high risk among 11 other European countries. The PHA's chief epidemiologist disputed this and found it erroneous and related the increase the number of infections to the increased level of testing. While the international image of Sweden has been impacted, other more profound and pressing challenges must be addressed. The corona crisis has uncovered the inequalities that are already part of Swedish society and which rarely make international news. This text has focused on how the COVID-19 pandemic has reaffirmed and even worsened existing aged, gendered, ethnic and socioeconomic inequalities across different groups in relation to their basic needs such as housing, mobility and transport. Coping with everyday life has become more difficult for everyone, particularly for already vulnerable groups. This brings to the fore the question of the right to housing, mobility and transport, issues which demand more structural and national attention than they have previously been given in Sweden thus far. Qualitative studies investigating the conditions, as well as people's needs and everyday experiences of housing and mobility is needed. This may allow for acknowledging the diversity among residents and transport users, and enable a more fine-tuned contextual analysis of the struggles, challenges and potentials and accomplishments that individuals have to address and manage in their everyday lives. For example, by using theories of social justice to study transport and mobility, the taken-for-granted notion of mobility as instrumental, and the transport system as being equally accessible to all, can be challenged (Martens 2017).

Housing segregation in Sweden has contributed to the unequal spread of the COVID-19-infection. Socioeconomic and ethnic segregation is intertwined in Sweden, as non-European migrant groups living in neighbourhoods with a high proportion of rental housing often have a low average income. The COVID-19 pandemic has affected some of the low-income neighbourhoods to a greater extent. The stigma of living in poor and socially vulnerable neighbourhoods is further accentuated as the inhabitants are confronted by stereotypes and racialised conceptions. These structural conditions affect the children and young people living in these neighbourhoods, making them particularly vulnerable.

So, while 'immobility' – defined here as staying at home as much as possible – has been recommended throughout the country – it is clearly not always a choice. Youth social workers have expressed their concern that the closing of youth recreation centres has particularly affected children and young people who live in overcrowded conditions since these centres offer a second home for many young people living in socially vulnerable neighbourhoods.

Moreover, attendance at elementary school is compulsory and, according to the Swedish Minister of Education, compromising such attendance was never up for discussion, despite many children also are commuting to school. As upper secondary schools welcome their students back for the autumn semester 2020, concerns have been raised about a sharp rise in the use of public transport in many municipalities, which could increase the risk of infection or a second wave of the pandemic. Despite the strong line taken by the government, reports about a high proportion of children staying at home in certain school districts are alarming, given the fact that the lower years in schools have remained open and are deemed to be an important stabilising factor in children's and

young people's lives. Some commentators have also raised concerns about potential future problems in achieving the educational goals and standards and refer to the children and young people of the COVID-19 pandemic as 'the lost generation'. According to a survey report from the ILO, over 70% of all children and young people globally have been negatively impacted by the lockdown of schools, universities and other educational institutions (ILO 2020).

Many of the inhabitants of poor neighbourhoods are either unemployed or employed in precarious work and are usually paid by the hour in service or health sector work (such as taxi drivers, bus drivers, cleaners, assistant nurses or service assistants in elderly care). Thus, in many ways they experience both financial stress and the risk of being infected or infecting others due to their situation. According to Statistics Sweden, 25% of young people aged 15–24 years are currently unemployed in Sweden. Thus, in some sense, it can be argued that financial stress can force an individual to travel and contribute to spreading the virus. Women and young people use buses to a greater extent than other social groups (Henriksson and Lindkvist 2020). Indications of financial problems for many public transport companies might affect pricing strategy and operations as services might be reduced and timetables adjusted (Bondemark et al. 2020), which can affect users' various needs, as well as heavily impact poor urban neighbourhoods as well as semi-rural and rural communities. In this sense, a crisis such as the COVID-19 pandemic not only directly affects vulnerable groups more, but the long-term impact often further accentuates their social and economic vulnerability (cf. Henriksson and Lindkvist 2020).

Parts of the research community have responded to the crisis by initiating new projects and have made use of previous research in a practical sense. Overall, many research projects have been initiated in Sweden as many of the larger Swedish research funders have issued urgent calls for research on the COVID-19 pandemic – predominantly medical research. Other research projects have also been launched, for example, where the views of children and young people are studied through questionnaires about their thoughts and concerns about the corona pandemic⁵ and other ongoing or finished projects in which, for example, findings on children's general fears worries and anxieties are related to the COVID-19 pandemic.⁶ However, ethical considerations, ethical approval and a lack of funding might hinder or delay the start of new research projects with a non-medical focus concerning children and young people. Very few of the recently initiated research projects are from the Social Sciences or the Humanities, or even Child and Youth Studies. In relation to housing and mobility, two ongoing research projects in Child and Youth Studies being undertaken by the authors will address children and young people and have also been adapted to address questions related to the COVID-19 pandemic. These projects focus on questions of how the COVID-19 pandemic has affected the families' everyday organisation of children's indoor and outdoor mobility and play, as well as family members' everyday mobility and access to transport facilities both during the pandemic and when restrictions have been eased. Questions concerning housing conditions (such as size and quality), access to 'safe' and affordable means of transport for various groups of children, young people and families, and the ways in which children and families deal with and perceive everyday life during and after the COVID-19 pandemic, will be even more crucial to address in research and politics during and after the pandemic.

Notes

1. The statistics have been retrieved from the Public Health Agency of Sweden and can be accessed (in Swedish): https://experience.arcgis.com/experience/09f821667ce64bf7be6f9f87457ed9aa/page/page_0/ (last accessed 2021-01-07, 1.21 pm). National statistics in English up until 14 May 2020 are available on the website of the National Board of Health and Welfare: <https://www.socialstyrelsen.se/en/statistics-and-data/statistics/statistics-on-COVID-19/> (last accessed 2021-01-07, 1.31 pm).
2. The Swedish government's strategy is available in English on its website: <https://www.government.se/government-policy/the-governments-work-in-response-to-the-virus-responsible-for-COVID-19/> (last accessed 2021-01-07, 1.49 pm).

3. A current study at the University of Gothenburg is investigating how the authorities' management of the corona pandemic has affected the institutional trust of Swedish people. <https://www.forskning.se/2020/04/09/stabilt-samhallsfortroende-bland-svenskar-i-30-ar/>.
4. <https://www.ibf.uu.se/press/nyhetsbrev/liten-skillnad-i-rorelsemonster-mellan-boende-i-olika-omraden/>.
5. <https://www.svt.se/nyheter/lokalt/uppsala/professorn-i-socialmedicin-barn-uppskattar-att-bli-tillfragade-om-corona>; <https://www.pubcare.uu.se/research/chap/projects/children-and-adolescents--voices-about-corona/>.
6. <https://www.su.se/english/about/news-and-events/university-news/children-s-fears-in-the-time-of-COVID-19-1.496131>.

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ORCID

Tanja Joelsson  <http://orcid.org/0000-0002-5209-0904>

Danielle Ekman Ladru  <http://orcid.org/0000-0003-0892-5836>

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