Rebuilding a Resilient Britain: Vulnerable Communities

Report from Areas of Research Interest (ARI) Working Group 1

Chair: Ligia Teixeira, Centre for Homelessness Impact

Facilitated by:
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Foreword

The COVID-19 pandemic presents a fundamental challenge to our society, economy, and ways of living. We need to ensure that our response to these challenges is informed by the best possible evidence, by engaging with the right stakeholders. As a first step toward this goal, the 'Rebuilding a Resilient Britain' programme of work was launched in July 2020 to bring together researchers, funding bodies and policy makers to identify evidence and uncover research gaps around a set of cross-cutting Areas of Research Interest.

ARIs were initially developed in response to the recommendations of the *2014 Nurse Review of Research Councils*, which called on government departments to communicate clearly where their research objectives lie. The ARIs take the form of an annually updated list of priority research questions, which invite the academic community to engage with government departments to inform robust evidence-based policy making.

With the advent of the COVID-19 pandemic, however, it became clear that the societal issues affecting Britain's recovery over the medium- to long-term cut across departments. The ESRC/GOS ARI Fellows therefore worked with the CSAs and Council for Science and Technology to identify a set of ARIs relevant across all departments and sectors. Under the meta-themes of **Rebuilding Communities**, **Environment and Place**, and **Local and Global Productivity,** each led by two CSAs, nine Working Groups were formed:

Rebuilding Communities led by Robin Grimes (MoD Nuclear CSA) and Osama Rahman (DfE CSA)	**Environment and Place** led by Robin May (FSA CSA) and Andrew Curran (HSE CSA)	**Local and Global Productivity** led by Paul Monks (BEIS CSA) and Mike Short (DIT CSA)
1. Vulnerable Communities	5. Supporting Lower-Carbon Local Economies	8. Local and National Growth
2. Supporting Services	6. Land Use	9. Trade and Aid
3. Trust in Public Institutions	7. Future of Work	
4. Crime Prevention		

With input from the Universities Policy Engagement Network, UKRI, the What Works Centres, and the National Academies, each Working Group was populated with subject experts and representatives from funding bodies and government departments.

The working groups met several times over the summer and used their networks to:
    a. identify a diverse range of existing or ongoing research,

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b. synthesise evidence which can be quickly brought to bear on the issues facing departments
c. identify research gaps in need of future investment.

This report represents the culmination of the work of one of these Working Groups. The expedited timeframe of this work, along with their specific areas of expertise, led to some variation in how each group approached the task. It should be noted that this document represents the views of the Working Group members and is not indicative of government policy.

As well as providing deep expert reflection on the cross-cutting ARIs, it is hoped that these reports, and the work that led to them, will prompt further collaboration between government, academia, and funders. Working across government and drawing from the extensive expertise of our academic community will be essential in the recovery from the COVID-19 pandemic, to rebuild a resilient Britain.

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ESRC/GOS ARI Fellows, on behalf of the ARI team within GOS

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List of acronyms

AI	Artificial Intelligence
ARI	Area of Research Interest
AHRC	Arts and Humanities Research Council
BAME	Black, Asian and Minority Ethnic
BBSRC	Biotechnology and Biological Sciences Research Council
BEIS	Department for Business, Energy and Industrial Strategy
CBI	Confederation of British Industry
CJS	Criminal Justice System
CO	Cabinet Office
COVID-19	Coronavirus Disease 19
CSA	Chief Scientific Advisor
DCMS	Department for Digital, Culture, Media and Sport
Defra	Department for Environment, Food and Rural Affairs
DfE	Department for Education
DfT	Department for Transport
DH	Department of Health
DHSC	Department of Health and Social Care
DIT	Department for International Trade
DWP	Department for Work and Pensions
EPSRC	Engineering and Physical Sciences Research Council
ESRC	Economic and Social Research Council
FCDO	Foreign, Commonwealth and Development Office
FSA	Food Standards Agency
GCSA	Government Chief Scientific Advisor
GOS	Government Office for Science
HMRC	Her Majesty's Revenue and Customs
HMT	Her Majesty's Treasury
HO	Home Office
HSE	Health and Safety Executive
MHCLG	Ministry of Housing, Communities and Local Government
MoD	Ministry of Defence
MoJ	Ministry for Justice
MRC	Medical Research Council
NERC	Natural Environment Research Council
NGO	Non-Governmental Organisations
NICE	The National Institute for Health and Care Excellence
ONS	Office for National Statistics
PHE	Public Health England
R&D	Research and Development
SAGE	Scientific Advisory Group for Emergencies
SME	Small and Medium-sized Enterprises
STEM	Science, Technology, Engineering, and Mathematics
STFC	Science and Technology Facilities Council
UKRI	UK Research and Innovation

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1. Chair's introduction

The effects of COVID-19 are felt most deeply in communities already experiencing inequalities. It is paramount that local and national policymakers and the voluntary sector take an evidence-based approach to supporting vulnerable communities to ensure that interventions are approached in the most effective way.

To support decision-makers on this journey, the Vulnerable Communities Working Group (see Annex 1) has summarised the existing evidence base against 11 areas that were of particular interest to departments, thus making the relevant evidence accessible to policy-makers.

The group has identified good qualitative evidence on the causes of some vulnerabilities, on factors that protect from vulnerabilities, and some evidence on the differential impact of COVID-19. However, we lack quantitative evidence on the effectiveness of interventions to protect and serve vulnerable populations, particularly in the UK, and on the cost-effectiveness of these interventions. A key action to ensure we can produce better quantitative evidence on the effectiveness of policies and programmes is to improve data linkage, data recording, and data sharing systems across and within local government, social care, and health. While local areas are collecting a lot of relevant information, in order to make it effective, we must move towards collecting it in a way that allows us to optimise its use and to derive meaningful and timely insights.

We encourage local and national leaders to consider the evidence on the effectiveness of some interventions discussed in this report, for example virtual and digital interventions for young people or policies and programmes to reduce and prevent homelessness.

This report provides some high-level messages about what the evidence tells us. We invite decision-makers working on the areas covered to get in touch with me or members of the working group to learn more about how to use the evidence to take action and improve services for the most vulnerable in our society.

2. How the evidence was identified and collated

The ARIs were identified by departments and prioritised by CSAs. The ARI Fellows presented a set of priority areas to the CSA network and the GCSA who identified which topics would be of most use to take forward. Subsequently we stress tested the relevance of these ARIs with the Council for Science and Technology. The Vulnerable Communities Working Group was asked to respond to 11 ARIs reported by 8 government departments (HO, DfE, DHSC, MHCLG, FCO, DfT, MHCLG, DWP).

The group met twice in plenary over summer. The focus of these meetings was on defining vulnerable communities, recognizing that COVID-19 is creating new, possibly uncharted vulnerable groups, and discussing key messages under each ARIs. The group agreed on the need for clarity on definition of good evidence and on the importance of focusing on complex systems linking up different levels of analysis. Between meetings all the 26 members of the group populated a shared document with the existing evidence against each of the ARI questions posed to the Working Group. The strength of the evidence has been taken into account when compiling the key messages, although there were many times no systematic reviews nor large evidence base to rely on.

The final document while not covering all the possible evidence in the field is a fair representation of the expertise in the group and has been approved by all its members.

3. Key messages

3.1. Identifying, protecting, and serving vulnerable populations
Identification
Multiple dimensions of vulnerabilities should be considered: vulnerability can arise at the individual level, be associated with types of situations, and be both direct (e.g. COVID-19 infection) and extended (e.g. lack of access to other resources). This vulnerability may therefore be a transient or temporary state or endure for a prolonged period. Vulnerability can also be defined by community, both in the sense of physical communities but also of categories of people (e.g. above a certain age) and categories of situation (e.g. digital exclusion).

There is good qualitative evidence for some areas of vulnerability, for instance on the role of families as a protective factor, or on the causes of homelessness (e.g. adverse experiences in childhood or ending of Assured Shorthold Tenancies, among others).

Identification of vulnerable populations could still be improved with better local data linkage and recording across and within routine local government and health systems. For example, poor data systems have restricted analyses to support COVID-19 response and recovery planning. To give another example, predictive data-led models for homelessness (as used in the US) help in targeting prevention more efficiently.

Protecting/serving
Beyond the qualitative evidence on identification, we lack quantitative evidence of the effectiveness of interventions to protect and serve vulnerable populations, particularly in the UK. For example, there is no reliable evidence on the effectiveness of many

common interventions to reduce homelessness. Investment is needed in building high-quality evidence in these areas.

We know very little on the cost-effectiveness and the long-term impact of the interventions.

3.2. Impact of COVID-19 on BAME groups in terms of health, education, behavioural and employment outcomes, and mitigating risks to members of these group bearing in mind sex, faith, and race

Relatively few analyses have yet been peer reviewed for this ARI, but see Pan et al.

The impact of COVID-19 on individuals from BAME backgrounds is higher than in the general population, but it remains unclear how different factors such as occupational role, housing, cultural practices, behavioural differences, age and other aspects of health may combine to account for these differences.

We know that some levers to mitigate further differential outcomes are more or less important per ethnic group:
- Healthcare: Ensure access to timely healthcare, which may be required more widely among Bangladeshis, Pakistanis, black Caribbean, as well as people experiencing homelessness.
- Housing: Tackle homelessness that particularly affects Black people and overcrowding that particularly affects some BAME groups.
- Low occupational exposure: Protect workers in jobs at higher risk of exposure, especially occupied by African women and Indian men.

The grouping of such a wide array of people under one category defined either as "BAME" or by single nationality, is likely to miss potentially important differences within the category. We recommend ethnic categories, as well as their intersections with other facts including religion and location, to be more detailed in data systems (e.g. Roma community currently grouped into 'any other White background' by the ONS, while facing different challenges to the other communities in this group) to be able to build detailed evidence per ethnic group.

More generally, a better recording and linkage of ethnicity in routine data is needed to build high quality evidence, particularly in:
- Death registrations.
- Unemployment and receipt of benefit support (at the moment this is estimated using ONS surveys but it could be recorded by job centres and benefits offices at each contact and submitted quarterly in the same way that homelessness data is submitted to ONS).
- Adult social care.

- Primary and secondary health care data (while collected, ethnicity is not always added and is often inaccurate).

Ongoing locally tailored engagement with BAME communities is needed to identify local solutions to reduce the risk of COVID-19 and wider inequalities.

3.3. Proportion of vulnerable populations including children who are not accessing services, and how this will exacerbate inequalities; how best to reach and support these people

Evidence suggests that there is a mismatch between needs and services available. Interventions should adapt to suit users' needs.

The lack of access could be driven by a lack of contact / referral, for example because of systemic mistrust in government or digital poverty.

Services and referrals should be integrated across different areas of social care (e.g. GPs/schools should be more integrated to the local authority response). If improved, this could help identify children who are not attending and who are in danger of falling off the radar.

Virtual and digital interventions may be effective in improving outcomes for young people, but the little evidence we have suggests that they are not more effective compared to face to face approaches. Interventions which have some form of personalisation, and/or contact with a practitioner – rather than self-directed, non-interactive learning – are more likely to improve outcomes. Virtual and digital interventions often face high levels of attrition, where participants drop out or fail to complete the intervention. Overcoming challenges in keeping children and young people engaged in an intervention will be an essential element of successful remote delivery. It is also imperative to address issues of access to digital devices and stable internet connections in all locales to avoid the potential impacts of inequality which may worsen where families do not have access to IT.

Mobile street outreach or health professionals attending a non-traditional setting (e.g. hostel or shelter) increases the access to services and wellbeing of vulnerable communities, for instance people experiencing homelessness.

Methods should be developed to reassure and encourage vulnerable families to access health and education services.

3.4. Local community protection of vulnerable populations (e.g. at risk of re-offending)

Those at risk of re-offending are not the only or most vulnerable population that can benefit from local community support and protection.

More widely, there are gaps in the evidence about how local communities provide more enduring protection to individuals from becoming vulnerable and what kinds of communities are better able to do this. For example, evidence shows that engagement in the arts generates greater levels of volunteering and charitable giving, so depletion of access to the arts (due to COVID-19 or otherwise) may well increase collective vulnerability as such support drops away within communities.

However, we know that the local community protection of vulnerable populations can be particularly effective when it is able to intervene in a timely and well targeted way when most needed. Two examples:

- Coordinating services for people at risk of homelessness who are being discharged from institutional settings (hospital, prison, the military) improves housing stability, reduces the number of hospitalisations, and could reduce reincarcerations.
- Providing intensive support to persons in transition between types of accommodations who are at-risk of homelessness has been shown in the US to improve housing stability and mental health.

3.5. Role of voluntary sector in community resilience

There is a lot of soft intelligence around roles, but the group was not familiar with rigorous evidence about the resources and structures that would be needed for the 3rd sector to be sufficiently robust to cover some of the gaps that the standard social care might not be able to fill.

Quantitative and qualitative evidence from local authorities and community organisations indicates that volunteering itself contributes positively to personal well-being and to sustaining social networks and relationships.

3.6. Providing mobility services while protecting vulnerable from COVID-19

The group did not have the expertise to comment on this area but recognised its importance as part of the wider question of services required to enable social inclusion.

3.7. Role of local authorities in protecting vulnerable populations

A number of Local Authority cohesion strategies appeared to support greater community resilience, tolerance and trust during the first lockdown and have potential for promoting protection through better cohesion and integration. More investment is needed in building better local data infrastructures to have more comprehensive evidence on those. While local areas are collecting a lot of relevant information, it is often not in a format/ system that allows for data linkage and sharing (e.g. across local government, healthcare providers, researchers) and for deriving meaningful insights.

For devolved policies such as the homelessness policy, messages in other ARIs apply.

3.8. What is the most effective and efficient way to provide support, across government and with third parties, to separated families?

We did not discover much current evidence on the most effective and efficient way to provide support to separated families. For example, there is no evidence on reconnection interventions or [family mediation](#) for people experiencing homelessness. Further significant questions arise about the extent, quality, and consistency of support for looked after children, young refugees and others who may be dislocated from family support.

Information on this issue is also lacking from a COVID-19 specific perspective in terms of how separated families can be supported through national actions during a pandemic which necessitates social distancing.

3.9. Analysis of the relevance of demographics for the impact COVID-19 has in different parts of the world

Key messages can be driven from epidemiology and other fields where there is a lot of evidence around this. Whilst aware of its relevance, the group has not attempted to synthesise this research due to the subject expertise of its members. For example, there is known to be research on the differential relevance of demographic factors across countries, on the variations in feelings about vulnerability across age groups, or on the relative importance of socio-economic factors vs demographic factors.

It is important to consider how best to present evidence in public communications when comparing the behaviour or outcomes of different populations. In particular, so as to avoid counterproductive effects it is important that reporting does not inadvertently facilitate narratives of blame and the accentuation group differences.

3.10. Analysis of how COVID-19 may affect relations between generations and/or ethnic, religious, or other identity groups in different countries

There is evidence of a decrease of trust / greater division:
- Within communities: e.g., between generations.
- Between communities: some minority groups are identified as sources of rises in the outbreak, creating risks of extremism/conflicts.

Variations in cultural factors, living arrangements or economic interdependencies may explain differential impacts.

Studies within the UK itself show that relationships between identity groups have been affected, e.g. soft intelligence work on vaccination undertaken in Bradford.

3.11. Analysis of whether, where and how states or non-state actors use the disruption caused by the crisis to curtail minority rights or promote ideologies

Anecdotal evidence, not yet systematically reported, that hate speech and prejudice is being targeted at particular ethnic groups, immigrants and so forth. Evidence is being gathered on social division but less on groups mobilising to create it (reports from local integration areas via the Belong Network).

Annex 1: List of participants and contributors

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Facilitator: Giulia Cuccato, GOS

Working Group members:
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Dr Andrew Walker, Local Government Information Unit
Dr Jane West, Bradford Institute for Health Research
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Annex 2: List of ARIs considered by this group

1. Identifying, protecting, and serving vulnerable populations.
2. Impact of COVID-19 on BAME groups in terms of health, education, behavioural and employment outcomes, and mitigating risks to members of these group bearing in mind sex, faith, and race.
3. Proportion of vulnerable populations including children who are not accessing services, and how this will exacerbate inequalities; how best to reach and support these people.
4. Local community protection of vulnerable populations (e.g. at-risk of re-offending).
5. Role of voluntary sector in community resilience.
6. Providing mobility services while protecting vulnerable from COVID-19.
7. Role of local authorities in protecting vulnerable populations.
8. What is the most effective and efficient way to provide support, across government and with third parties, to separated families?
9. Analysis of the relevance of demographics for the impact COVID-19 has in different parts of the world.
10. Analysis of how COVID-19 may affect relations between generations and/or ethnic, religious or other identity groups in different countries.
11. Analysis of whether, where and how states or non-state actors use the disruption caused by the crisis to curtail minority rights or promote ideologies.

Annex 3: Evidence and resources relevant to ARIs

1. Identifying, protecting, and serving vulnerable populations

- The Centre for Homelessness Impact's (CHI's) Intervention tool quickly summarises the strength of evidence, the cost-effectiveness and the impact of the main interventions in the homelessness sector, but also gives more details for each type of intervention (e.g. outcomes affected, groups affected, implementation considerations).
- CHI's Evidence and Gaps Maps classify existing studies on interventions for people experiencing or at risk of experiencing homelessness by type of interventions and types of outcomes. It allows us to see the big picture of what we know and what we don't know. The effectiveness map includes 394 quantitative impact evaluations, while the implementation map currently includes 246 qualitative process evaluations.
- CHI will release a systematic review on the effectiveness of various accommodation-based interventions.
- Cardiff University and the Centre for Homelessness Impact are conducting a randomised controlled trial to estimate the effectiveness and cost-effectiveness of settled housing vs temporary (congregate) housing.
- Aubry et al. (2015) Housing first for people with severe mental illness who are homeless: A review of the research and findings from the At Home-Chez soi demonstration project.
- Baggett, T., Lewis, E., Gaeta, J. (2020) Epidemiology of COVID-19 among people experiencing homelessness: Early evidence from Boston.
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- Culhane, D., et al. (2020) Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality.
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- Rosenthal, D. et al. (2020) Impacts of COVID-19 on vulnerable children in temporary accommodation in the UK.
- Shinn, M., Greer, A., Bainbridge, J., Kwon, J., Zuiderveen, S. (2013) Efficient Targeting of Homelessness Prevention Services for Families.
- Stergiopoulos et al. (2015) Effect of Scattered-Site housing using rent supplements and intensive case management on housing stability among homeless adults with mental illness.
- Tsemberis et al. (2004) Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals with a Dual Diagnosis.

- Von Wachter, T., Bertrand, M., Pollack, H., Rountree, J. & Blackwell, B. (2019). Predicting and preventing homelessness in Los Angeles.
- Power M, Doherty B, Pybus K and Pickett K. (2020) How COVID-19 has exposed inequalities in the UK food system: The case of UK food and poverty.
- ONS – Social impact – Weekly update – https://www.ons.gov.uk/news/statementsandletters/ourfutureanalyticalworkprogrammeinresponsetocovid19

2. Impact of COVID-19 on BAME groups in terms of health, education, behavioural and employment outcomes, and mitigating risks to members of these group bearing in mind sex, faith, and race

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- Hatch, S. (2020). Identifying and mitigating the impact of COVID-19 on inequalities experienced by people from BAME backgrounds in health and social care.
- McEachan, R.R.C., Dickerson, J., Bridges, S. et al. The Born in Bradford COVID-19 Research Study: Protocol for an adaptive mixed methods research study to gather actionable intelligence on the impact of COVID-19 on health inequalities amongst families living in Bradford.
- Platt, L., and Warwick, R. (2020). Are some ethnic groups more vulnerable to COVID-19 than others?
- Pan, D et al. (2020) The impact of ethnicity on clinical outcomes in COVID-19: a systematic review.

3. Proportion of vulnerable populations including children who are not accessing services, and how this will exacerbate inequalities; how best to reach and support these people

- Appel et al. (2012) Housing First for Severely Mentally Ill Homeless Methadone Patients. Journal of Addictive Diseases.
- Bell et al. (2015) A randomized controlled trial of intensive care management for disabled Medicaid beneficiaries with high health care costs.
- Benjaminsen, L. (2018). Housing First in Denmark: An Analysis of the Coverage Rate among Homeless People and Types of Shelter Users.
- Bond et al. (1990). Assertive community treatment for frequent users of psychiatric hospitals in a large city: A controlled study.

- Borland et al. (2013) Does coordination of welfare services delivery make a difference for extremely disadvantaged jobseekers?
- Bradford et al. (2005). Can shelter-based interventions improve treatment engagement in homeless individuals with psychiatric and/or substance misuse disorders?: a randomized controlled trial.
- Calsyn (2005). Impact of assertive community treatment and client characteristics on criminal justice outcomes in dual disorder homeless individuals. Criminal behaviour and mental health.
- Chareyron, S., Domingues, P. (2016). Take-Up of Social Assistance Benefits: The Case of the French Homeless.
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- Drake et al. (1998) Assertive community treatment for patients with co-occurring severe mental illness and substance.
- Essock et al. (2006) Comparison of ACT and Standard Case Management for Delivering Integrated Treatment for Co-occurring Disorders.
- Gesmond, T. (2017) The impact of Housing First on financial poverty and the take-up of income support: evidence from a French randomised controlled trial.
- Hwang, S. et al. (2010) Universal Health Insurance and Health Care Access for Homeless Persons.
- Martin, J. et al (2020) Covid-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery.
- Rosenheck, R. et al. (1999) Improving access to disability benefits among homeless persons with mental illness: an agency-specific approach to services integration.
- Shinn, M., et al. (2015) Longitudinal Impact of a Family Critical Time Intervention on Children in High-Risk Families Experiencing Homelessness: a Randomized Trial.
- Zlotnick, C., Tam, T., Zerger, S. (2012) Common needs but divergent interventions for U.S. homeless and foster care children: results from a systematic review.

4. Local community protection of vulnerable populations (e.g. at-risk of re-offending)

- On the definition of Community resilience: The BA's programmes on Conflict, Stability and Security and Urban Infrastructures of Wellbeing.
- Hanratty et al. (2020) Discharge programmes for individuals experiencing, or at risk of experiencing homelessness: a systematic review.
- Mak, K., Fancourt, D., Wang, S. (2020) The arts: good for mental health and satisfaction.

- Van de Vyver, J., & Abrams, D. (2017). Community connectedness through the arts.
- Van de Vyver, J., & Abrams, D. (2018). The arts as a catalyst for human pro-sociality and cooperation.

5. Role of voluntary sector in community resilience

Intelligence on third sector context (impact beyond research activity):

- Impact of COVID-19 on the charity sector a report from the Institute of Fundraising, The National Council for Voluntary Organisations (NCVO) and Charity Finance Group (CFG) details the results from a survey of charitable organizations (between 23 March – 12 May 2020). On average, respondents to the most recent survey reported that they were expecting a reduction of 24% to their total income for the year, which would mean a £12.4bn loss of income if the average was applied to the sector as a whole.
- The House of Lords select committee on public services has launched an inquiry to examine what the experience of the coronavirus outbreak can tell us about the future role, priorities and shape of public services including the role of civil society – the private sector, charities, volunteers and community groups – during coronavirus.
- The Local Government Information Unit (LGIU) provides intelligence to membership organisations (councils, trade unions, charities, public sector partners and private sector organisations) including two briefings on the impact of COVID-19 on the third sector; COVID-19 and civil society responses (March 2020) and Size matters COVID-19 and small charities (April 2020).
- The National Council for Voluntary Organisations (NCVO) produce a monthly charity policy round up July 2020 and are supporting their 14,000 members (a third of the voluntary sector workforce in England) through the creation of extensive online resources including; Supporting staff, volunteers and beneficiaries and keeping safe; Contingency planning and financial implications; How charities are helping; Involving volunteer and; Further information and resources.
- Abrams, D. Lalot, F., Broadwood, J., & Platts-Dunn, I (2020) All in it, but not necessarily together: Divergent experiences of keyworker and volunteer responders to the COVID-19 pandemic.
- Belong's (Cohesion and Integration Network) research and monthly reports on implications of COIVD-19 for community organisations and Local Government policy.
- Relevant resources from the New Philanthropy Capital (NCP) include a blog on the need for systems thinking; analysis of Covid-19 data from Turn2us and Covid-19 charity redundancies monitor.
- See also Pro Bono Economics How do you expect Covid-19 to affect your charity's ability to deliver on its objectives in the next six months? And; Weathering the storm: PBE Covid Charity Tracker and a briefing from the

Charities Aid Foundation [3 months into lockdown, how are charities in the UK fairing?](#)

UKRI COVID-19 Rapid call:
- [How to understand, scale and maximise the effectiveness of volunteer responses to COVID-19](#) (Burchell, University of Sheffield).
- [Assessing financial vulnerability and risk in the UK's charities during and beyond the COVID-19 crisis](#) (Mohan, University of Birmingham).
- [COVID-19 and VCSE organisations response](#) (King, Nottingham Trent University).

6. Providing mobility services while protecting vulnerable from COVID-19
No evidence provided.

7. Role of local authorities in protecting vulnerable populations
- The [Local Government Information Unit (LGIU)](#) provides intelligence to membership organisations (councils, trade unions, charities, public sector partners and private sector organisations) including two briefings on the impact of COVID-19 on the third sector; [COVID-19 and civil society responses](#) (March 2020) and [Size matters COVID-19 and small charities](#) (April 2020).
- Note also the Local Area Research & Intelligence Association (LARIA) is a UK-based membership body largely run by volunteers working in the public sector. We represent in excess of 1,000 people, and around 100 organisations, who improve lives and local areas through the use of research, intelligence and policy. Our work is supported by our partners and sponsors. A series of webinars is being organised jointly by Health Statistics User Group (HSUG) and the Royal Statistical Society (RSS) Official Statistics Section on topics relating to COVID-19. The focus of these webinars is on sharing experiences and discussing approaches to the methods being used to produce the statistics for each of the topics in the four nations of the UK. https://laria.org.uk/2020/06/collecting-and-reporting-statistics-for-covid-19/.
- [Belong's (Cohesion and Integration Network)](#) research and monthly reports on implications of COVID-19 for community organisations and Local Government policy.
- Abrams, D., Lalot, F., Broadwood, J., Davies Hayon, K, & Platts-Dunn, I (2020). [The social cohesion investment: Local areas that invested in social cohesion programmes are faring better in the midst of the COVID-19 pandemic.](#)
- The Business and Local Government Data Research Centre (BLG), University of Essex www.blgdataresearch.org may have further relevant research insight and have amongst other things fed into the publication ['What impact has the global pandemic had on our society?'](#) by Essex University Human Rights Centre and School of Law on how the COVID-19 pandemic has affected our societies, which has relevance to the overarching theme of the working group, including possible

relevance to Q9 and Q11. Note specifically chapter on 'The Impact on Vulnerable Populations' which covers; Vulnerability: A Discussion; The Politics of Identity in the UK: Before, During and After COVID-19; COVID-19 And Social Inequalities in Health in the UK; Forced Displacement in a Time of a Global Pandemics; Detention and Pandemic Exceptionality; Imperfect Models of the World: Gender Stereotypes and Assumptions in COVID-19 Responses and; the Human Rights of Older People During COVID-19: Social Wellbeing and Access to Care and Support for Older People in the United Kingdom.

8. What is the most effective and efficient way to provide support, across government and with third parties, to separated families?

- CHI's Intervention Tool reports the existing evidence on the effectiveness of reconnection interventions (encouraging people experiencing homelessness to return to an area where they have history of familiarity), or on the effectiveness of family mediation and conciliation interventions (seeking to repair the relationship between a young person and their parent or carer).
- Coren, E. et al. (2013) Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street-connected children and young people.
- Fowler, P. and Chavira, D. (2014). Family Unification Program: Housing Services for Homeless Child Welfare-Involved Families.
- Milburn, N. et al. (2011) A Family Intervention to Reduce Sexual Risk Behaviour, Substance Use, and Delinquency Among Newly Homeless Youth.
- Slesnick, N., et al. (2010) A Review of Services and Interventions for Runaway and Homeless Youth: Moving Forward.
- Wang, J. et al. (2019) The impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion: a systematic review.

9. Analysis of the relevance of demographics for the impact COVID-19 has in different parts of the world
No evidence provided.

10. Analysis of how COVID-19 may affect relations between generations and/or ethnic, religious, or other identity groups in different countries
Research from More in Common (see here and here) suggests that despite gains in national unity, strains on cohesion and relationship between different groups within and beyond the UK are growing, and that these are not necessarily tied to political orientation or ideology.

11. Analysis of whether, where and how states or non-state actors use the disruption caused by the crisis to curtail minority rights or promote ideologies
COVID-19 Rapid Call: Identity, Inequality, and the Media in Brexit-COVID-19-Britain: COVID-19 and Brexit are extraordinary social and political processes that are occurring simultaneously. These events are exposing the major inequalities that

underpin British society across class, ethnic, national, migrant, generational and geographical identities. They are also both high profile public events and processes that generate media and government information. The proposed research sets out to examine the resonances and contrasts in the ways in which the inequalities of COVID-19 and Brexit have been framed by the media and everyday experiences. Understanding these inequalities and their potential effects on social and political polarisation is crucial to answering how and in what shape British democracy emerges from Brexit and COVID -19. To do this, we will conduct new research on individual experiences and media narratives that builds on existing data collection about Brexit Britain. By building on this previous research, we can provide a unique longitudinal understanding of the social and political impact of COVID-19 in Brexit Britain. The research will begin in May 2020 with the first wave of a panel survey and initial media content analysis collected during the lockdown period, with a second wave of the panel survey taking place in September 2020 when it is expected that some restrictions will have been lifted, and a third wave in January 2021, which will provide the context for and coincide with the beginning of six months of ethnographic research with participants we previously interviewed as part of a Brexit project.

Ferstman, C., Fagan, A. (2020) [COVID-19, Law and Human Right: Essex Dialogues. A Project of the School of Law and Human Rights Centre.](#)