Rebuilding a Resilient Britain: Supporting Services

Report from Areas of Research Interest (ARI) Working Group 2

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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,
   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 it, 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.

Kathryn Oliver and Annette Boaz
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

Contents

1. Chair's introduction

The COVID-19 pandemic has placed significant new demands on public services and led to some rapid changes in approaches to delivery. To name just a few examples, in a very short space of time, health and social care have had to develop care for large numbers of patients suffering from COVID-19 and there have been significant knock-on effects for routine treatment; education has been disrupted and schools, colleges and universities have had to move learning on-line; and during the nationwide lockdown in March to June, homeless people were provided with accommodation.

The responses to these and other challenges have often been agile and impressive. There has been a willingness to innovate, a step change in the use of digital technology, and collaboration among local services. However, the pandemic has amplified and exemplified existing challenges including in particular inequalities in health outcomes; the difficulties of developing system-wide approaches; the challenges of investing in long-term prevention; and problems with staff recruitment, retention and burnout in key services. Looking forwards, the economic recession and prospect of future pressures on the public finances could exacerbate all of these problems.

The working group of supporting services was able to assemble some of the key messages from existing evidence about several of the ARIs identified by government departments. It has also identified some significant evidence gaps. A comprehensive map of the existing evidence and evidence gaps would require a lot more time and resource than was available to our Working Group, but we hope that this report and the supporting materials provide a good start which future research can build on.

I want to thank all the members of the group for their contributions at what was a very busy and challenging time over the summer. I am particularly grateful to Anna Numa Hopkins for facilitating the work of the group and to Claire Meara for her support. The group also acknowledges with gratitude the support and guidance given by Annette Boaz and Kathryn Oliver at GOS.

2. How the evidence was identified and collated

The Working Group on Supporting Services was asked to focus on 15 ARIs covering a very broad range of services and issues. To make the task manageable in the time, we identified clusters of ARIs, and members of the group volunteered to work in subgroups comprising individuals with expertise in one or more of the ARIs in each cluster. These subgroups sought to identify the evidence and evidence gaps using their own knowledge of the subject and their wider networks. A convenor for each of the subgroups brought together the key messages relating to the cluster of ARIs they were leading on and submitted a report on behalf of their subgroup.

Subgroups were encouraged to consult as widely as possible in the short time available to ensure that a diversity of voices was included in the process. They were also asked, where possible, to consult with policy and analytical colleagues in government departments. We also emphasised the importance of a systematic and transparent approach to evidence gathering.

Two online meetings of the whole group provided opportunities to discuss the process and share learning on the approach taken by each subgroup. They first collated existing evidence, asking for contributions from other group members. Subgroup convenors then summarised the key messages through a combination of email exchanges and online meetings. The chair and facilitator pulled together the key materials from each of the subgroups into an overall report.

In total we have been able to provide evidence on about nine of the 15 ARIs allocated to the group. There were two ARIs which the working group was unable to address because none of its members had expert knowledge of them.

3. Key messages

3.1. Cross-cutting themes
The evidence suggests that both the short and long-term impacts of the pandemic will be felt more acutely by groups which were already at most risk of poverty, ill health, and economic insecurity. The unequal impact of the pandemic is likely to further widen developmental, economic, and societal inequalities, and child, adolescent and family vulnerabilities are likely to be amplified.

It is clear that planning and delivering public services in isolation from each other and focusing on short-term mitigation are sub-optimal approaches to addressing these challenges. Recovery from the pandemic will, therefore, require system-wide approaches that enable person-centred, joined-up action across services, which are the only way to tackle the root causes of ill health, poor educational attainment and disadvantage in the labour market.

While major adaptations to services and intervention – including the use of virtual and digital delivery – have taken place, some public services are likely to be under significant pressure from increasing demand and as a result of workforce issues which some sectors may face as a result of the UK's proposed post-Brexit migration policy.

Investment is needed in technology, infrastructure, workforce training and support to enable flexible/hybrid models of service delivery that are more resilient, but this may be difficult if there is significant long-term pressure on public finances.

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3.2. Children and young people

The working group was asked to address three ARIs that related specifically to children and young people and were identified by DfE and DHSC:

- Childcare and early years provision (ARI 1).
- Supporting children and young people who have disrupted education (ARI 2).
- Understanding the impact of the pandemic on service use and access for children's services (ARI 3).

Overall messages:

- The pandemic will exacerbate inequalities in a range of child developmental and educational outcomes.
- Many of these impacts could be long lasting and become increasingly apparent as the economic recession deepens.
- Some service sectors and workforces are particularly vulnerable, especially those focused on early intervention including maternity and early years as well as mental health and youth work provision.
- Shocks to these parts of the system are likely to have wide-ranging impacts, over time, with knock-on effects to other parts of the wider system as a result of shifting demand and pressure elsewhere.

Previous research and emerging evidence suggest that the negative impacts of the pandemic on child development are likely to result from (ARIs 1 and 3):

- **Child poverty** rates will be exacerbated due to rising unemployment since the highest rates are for children living in workless families.
- A **deterioration in parental mental health** is known to have a severe impact on a child's cognitive and socio-emotional development. A rapid evidence review published in February 2020 highlights the psychological impacts of quarantine observed in previous epidemics and economic shocks. Recessions adversely affect adult mental health and can take as long as two years to become evident.
- **Parental conflict and domestic abuse** have risen as a result of social isolation and economic uncertainty and an increase in child abuse and neglect can be expected if vulnerable children spend more time in the home and have reduced contact with agencies responsible for identifying and referring those at risk.
- The **home learning environment gap** will widen disparities between economically disadvantaged children and their peers. Recent research has highlighted causes of the disadvantage gap in home learning including lack of access to electronic devices and the internet for home learning, and parents who lack the confidence and skills to support home learning.
- The pandemic is adversely affecting **maternity services, early years' provision, and Early Childhood Education and Care** and this is likely to have a negative impact on child development, identification of risk and early intervention, and parents' ability to engage in employment and training, thus damaging family financial security.

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- **Closure or reduced availability of Early Childhood Education and Care settings** unequally increases challenges for parents and their ability to engage in employment and contribute to the economy. Those in more precarious forms of employment will be disproportionately affected (with women and BAME being over-represented). This risks compounding inequalities in child development and damages the economy.

Disruption to education (ARI 2):
- **School closures and the move to online learning** will have the greatest impact on disadvantaged families and their children, increasing educational inequalities and exacerbating pre-existing social inequalities.
- **Students from more advantaged families spend longer on learning in the home**, are more likely to have access to a private space, digital equipment and learning resources and parental learning support.
- **Previous recessions have exacerbated levels of child poverty**, with long-lasting consequences for children's health, wellbeing and learning outcomes. In addition to formal education, learning outside school is likely to be affected, with limits on the options available to young people, especially those from disadvantaged backgrounds.

3.3. Integrated service delivery

Improving integration between services was identified as an ARI by the DfE. Integrated service delivery will be important to the recovery from the COVID-19 pandemic in services that provide support and protection for vulnerable children and adults. It is also relevant to a broad range of public services and government departments.

The subgroup working on this ARI identified three key issues:
- Supporting children, young people and vulnerable adults.
- Improving integration between existing services and creating new services for vulnerable groups.
- Understanding the impact of the pandemic on the demand and capacity of integrated services.

It also considered recruitment and retention of staff in key service areas, the optimal balance between centralised and devolved working, and how can this operate more effectively. These elements of its work are reported in Section 4.4 on supporting staff.

There is a good evidence base on supporting the needs of children, young people and other vulnerable groups as a result of COVID-19 (see Section 4.2 above). Key findings identified by the subgroup were:
- **Co-operative partnerships have strengthened efforts to safeguard vulnerable children, young people and adults**.

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- Research shows the value of **sustained engagement with services**.
- The impact of the pandemic on access to education has immediate and longer-term implications for children and families, particularly those who are identified as more vulnerable. Moving forward, **digital integration is central to school and system resilience and academic and pastoral continuity**.

Improving integration between services:
- **Multi-agency working** will be key to improving outcomes as part of the efforts to rebuild a more resilient Britain following the COVID-19 pandemic.
- COVID-19 has highlighted the **importance of data and evaluation in informing effective policy and practice**. Sharing data between statutory and voluntary sectors is necessary to develop a coordinated response to the pandemic.
- **Digitalization and technology-enabled services in social care** have potential to reduce inequalities and improve access and innovative service delivery.
- Greater **collaboration between academic and the public sector** is identified as a key driver for improved integrated service design and delivery.
- Research demonstrates the usefulness of **initial systematic scoping reviews to identify existing inter-agency models of collaboration** for a range of mental health related interactions which could be tested through randomised controlled trials.

Understanding the impact of COVID-19 on service use and access:
- During the pandemic, the **association between psychological health and overall well-being has begun to re-shape use of, and access to, mental health support**.
- Understanding **how the COVID-19 pandemic has affected the quality and efficiency of services provided by Mental Health Trusts** is a priority for policy makers across the broad range of statutory and voluntary agencies.
- The **exponential rise in the use of foodbanks highlights the importance of food poverty**. Recent research has demonstrated the experience of hunger amongst unpaid carers during lockdown and its impact on their mental well-being.

3.4. Supporting people
Government departments including the CO, DHSC, DfE, HO, MoD and DWP identified five ARIs relating to supporting public services workers:
- Recruitment and retention particularly in sectors where there is a high proportion of overseas staff (ARI 7).
- Supporting careers in public services (ARI 8).
- Supporting recovery from, and preparation for pandemics in the NHS and Social Care (ARI 10).
- Supporting emergency service (ARI 11).
- Recruitment, progression, wellbeing and retention in the police and fire workforces (ARI 12).

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This an important set of issues. The pandemic has placed significant pressures on public service staff and highlighted the vital contributions that low paid workers make in services like social care. And there are concerns that the combination of burnout and post-Brexit migration policies could exacerbate recruitment and retention challenges.

The working group did not have expertise in some of these areas but identified the following key messages from existing evidence:
The pandemic has affected recruitment and retention of staff across emergency and care workforces and in some cases staff shortages have been exacerbated by the potential implications of post-Brexit migration policy.
The combined impact of the pandemic and Brexit has underlined **the importance of overseas staff working in the care sector** and there is evidence that reliance on workers from European Economic Area countries in the homecare sector could lead to shortages in some parts of the country. This could impede efforts to ensure that there is high quality, resilient care in the home.

- **Work is underway to improve recruitment, training, career progression and retention in the police** including attempts to reduce unconscious bias in recruitment, support career progression among female BAME police officers, and to improve support for the well-being of police officers and special constables.

- Ongoing research on policing and COVID-19 will be useful in **identifying and sharing good practice across UK police organisations**, developing sound solutions to aid national recovery plans, and preparing a robust response for future needs in the eventuality of a second wave or future pandemic.

- Research on adverse health outcomes for emergency services personnel shows the **need for improved monitoring and evaluation of the health and well-being and early intervention models in emergency and other high-risk organizations** following exposure to primary or secondary trauma. Peer support has become more difficult to provide but even more important during the pandemic as a means of mitigating psychological distress among staff.

3.5. Local government
Local government's role in empowering communities and delivering and supporting services was identified as an ARI by DWP and MHCLG.

The role of local government proved critical in the first stage of the pandemic, for example in supporting vulnerable and shielded people, enabling voluntary community groups, freeing up 30,000 hospital beds, housing over 5,000 homeless people, and sustaining essential services such as public health, waste collection, safeguarding and crematoria.

Their role is likely to increase in future stages of the pandemic, with more responsibility for local surveillance testing and tracing, implementing local lockdowns, economic development, contributing to a sustainable social care system, and supporting further community mutual aid.

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There is a relatively strong evidence base which shows how local government is playing vital roles in responding to and recovering from the pandemic. The subgroup focusing on this ARI identified four main themes:

- Empowering local communities.
- Delivering and supporting services.
- Devolution and localisation.
- Funding.

For each issue we considered the key policy and practice implications of existing evidence, the evidence gaps and the ways in which gaps might be filled.

Empowering local communities:

- Local authorities responded quickly to the pandemic, and **well-functioning local systems have emerged to tackle the immediate crises** in many parts of the UK.
- Successful areas have adopted a range of strategies in partnership with local communities. But **informal community responses can lack coordination, resources, reach and accountability**; and some groups face barriers to involvement.
- Further **evidence is required on what works in strengthening community support networks, empowering different types of communities, and co-producing public services**.
- Councils also **need evidence on how staff, councillors and the institutions themselves need to change to empower communities**.

Delivering and supporting services:

- Local public services **responded well to the short-term challenges** of the first wave of COVID-19 cases.
- **Some services changed significantly**. Many have made greater use of digital technology to deliver services; data and evidence has been used more effectively; and early intervention has been prioritised.
- **Further evidence is required on key lessons in preparing for future pandemics**, developing service delivery in the rebuilding phase, further utilising data and evidence, and the shift to prevention including tackling homelessness.

Devolution and localisation:

- England's governance is highly centralised with a limited and uncoordinated approach to devolution. **The pandemic has shown the importance of localised responses** that can reflect each community's needs and circumstances.
- Further **evidence is required to develop an effective approach to devolution and place-based working**, and to learn the lessons about more effective central-local joint working for future pandemics.

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Funding:

- England's local government has access to a much narrower range of income than other European countries. There are **democratic and economic arguments for greater financial devolution alongside policy devolution**.
- There are **opportunities to use the funding that is available more efficiently and effectively** (for example allocations linked to needs rather than competitive bidding), and a **sustainable funding model is urgently needed for social care**.
- Further **evidence is required to inform policy on sustainable funding for local government and social care, better understanding of the relationship between funding and outcomes, and approaches to sharing resources across agencies**.

4. Evidence Gaps

4.1. Children and young people

Systemic impacts of COVID-19 on early development and inequality:

- There are relatively few robust studies focusing specifically on the impact of COVID-19 on early childhood development, and effects into later development.
- Filling evidence gaps should not focus solely on cognitive development when looking at the impact of the crisis, particularly in the context of school readiness. We need to understand social and emotional development, executive function and physical health as well, all of which are vital components of enabling a child to be ready to fully participate in their education and in wider society as they develop.
- Some attention is being paid on examining inequalities and the wider determinants of health and well-being (related to the impact of COVID-19 and associated policy responses, such as research commissioned by the Health Foundation). This is a critical area for further and deeper research (specifically in relation to socio-economic gradient, and disproportionate impacts on some racial or ethnic groups).
- Most studies tend to focus on specific and narrow aspects of development in isolation, or the impact of isolated services or policies. **There is a need to consider more systemically the impacts of COVID-19 on interrelated facets of human development, social and policy responses**. The impact of COVID-19 and associated policy responses are systemic in nature, in that changes to one part of the system interact with others. It follows that research also needs a systemic lens, and understanding the system dynamics, time delays and feedback loops is critical to identifying high-impact points of leverage or influence.

Evaluating the impact of adapted services:

- Services have been through a period of intense and rapid change to maintain provision and find new ways of providing much-needed support, in particular moves to virtual and digital delivery (and hybrid approaches). Although recent

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research suggests that local areas and intervention providers/developers are starting to consider how they could monitor the impact of the rapid recalibration of service delivery, there has been **little or no evidence yet on the impact of the changes on access to, or quality of, adapted/digital and hybrid provision. Neither has there been robust evaluation to look at the impact of these changes on child and family outcomes.** While this is a critical time to understand the effect of the adaptations that local areas have made, previous research demonstrates that local services struggle to create suitable evaluation processes. This will be further exacerbated by the financial strain that many local areas face.

- A further evidence gap is that services and interventions are often evaluated in isolation. **Given the multiple, complex and intersecting support for families as a result of the pandemic, a substantial evidence gap is the lack of understanding the combined impact of these changing services**. This needs to sit alongside a better understanding of a child's journey from identification to referral and support. Providing a better understanding of how all these aspects of a young child's life within their specific local environment overlap and interact will allow local areas to design and deliver better support to ensure that children receive the support they need at the right time.

- The sharing of data relating to children's health, education and social services is critical to helping services identify need and provide services. Although research suggests local areas are sharing more data during the pandemic, evidence also demonstrates that this is still poor – both at a local and national level. **There is a need for research to explore and strengthen the quality and ethical sharing of data across children's services.** The work of the Centre for Youth Impact on a data standard for the youth sector could be a useful avenue to progress further research and data collation across services working with children and young people.

- These issues are compounded by a lack of capacity and capability at a local level to engage in and utilise research and data on commissioning and service delivery. There is a need to upskill service managers and practitioners to enable them to generate and use research and data. We also need to co-develop tools and guidance to help local areas to use evidence. And there is a need for common, high-quality data for assessing local system delivery and shared outcomes and outcome frameworks to assess impact.

Research to better understand relationship between public services and communities, and co-design research priorities:
- Public system responses (including health, social care and mental health services) are a critical part of the support structures that support children's health and development. However, the pandemic has highlighted the critical role that informal sources of family and community support take. Given this, and the heighted demand and limited resources of public systems, **research should**

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explore how public services and communities can work together to support and promote children's health and development and family functioning.

- It is vital that the research sector listen to the needs of frontline practitioners, service providers, parents and communities, and work together to address the most pressing concerns, and bring this research to bear on policymaking and service design. **Research efforts should take a structured and rigorous approach to identifying and prioritising research needs, and co-designing research enquiries with a diverse set of stakeholders**.

4.2. Integrating service delivery

Understanding why problems in multi-agency response persist:

- What interventions can be put in place to reduce the reoccurrence of problems in joint incident management?
- Testing of what interventions work and in what circumstances?
- What are the barriers and facilitators to effective joint working?

Data sharing:

- How can data sharing and analysis across statutory and voluntary sectors inform action on prevention and safeguarding?
- What are the barriers to effective data sharing and how can these be overcome?
- How can shared data be used to formulate interventions that reduce risk to vulnerable children and adults?

Resource/toolkit development:

- Interprofessional and interagency training resources is an opportunity to evaluate and monitor practice amongst all professionals involved in the support and protection of vulnerable groups.

4.3. Supporting people

Impact of the pandemic on the workforce: immediate and long terms impacts on wellbeing, organisational impact, career developments, virtual working.

Development of a sustainable migration strategy: Identifying characteristics of a specific recruitment strategy within an integrated approach to social care reform.

Support for sharing good practice: Identifying exemplars of best practice to inform a template/toolkit of shared resources for service partners.

Further exploratory work: the use of technology, for example gamification and health apps could have significant benefits for the health outcomes and have not yet been exploited fully.

4.4. Local government

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The subgroup working on how local government and the communities it serves have responded to the pandemic identified a total of 15 key areas for future research. It concluded that the below represent the most important evidence gaps to fill.

Empowering local communities:
- What works in strengthening community support networks, empowering different types of communities, and co-producing public services?
- How can we develop public services that allow users collectively to create their own solutions?
- How do staff, councillors and local government institutions need to change to empower communities?

Delivering and supporting services:
- How can we prepare for future pandemics and other crises, developing service delivery in the rebuilding phase, further utilising data and evidence, and the shift to prevention?
- How has service delivery changed during the pandemic, in general and for specific groups?
- How can councils develop an integrated and holistic service offer to (different groups of) vulnerable people?
- What are the benefits of more flexible deployment of public servants?
- What are the lessons from early prevention strategies targeted to help very vulnerable groups (e.g. those at risk from domestic violence, rough sleeping and homelessness)?

Devolution and localisation:
- How can we develop an effective approach to devolution and place-based working, and to learn the lessons about more effective central-local joint working for future pandemics?
- What improvements in the cost-effectiveness of services are available through better place-based working?
- What new powers and flexibilities do local areas need?
- What oversight and accountability mechanisms and outcome measures are best suited to place-based working?

Funding:
- Sustainable funding for local government and social care.
- Better understanding of the relationship between funding and outcomes.
- Improved approaches to sharing resources across agencies.
- The likely impacts of the pandemic on the economies and productivity of cities and regions, coastal/rural and "deprived" areas.

Full details of references are given in the reports from the subgroups (see Annex 4).

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Annex 1: List of participants and contributors

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Annex 2: List of ARIs considered by this group

Subgroup 1: Children and young people

1. Childcare and early years' service provision, particularly around training and protocols for reopening.

2. Supporting children and young people who have had disrupted education, particularly looking at the inequalities in impact of COVID-19 and access to technology.

3. Understanding impact of COVID-19 on service use and access across mental health, substance abuse, and children's social care.

Handed over to DWP for analysis

4. Benefit repayment processes.

5. How effective are the child maintenance arrangements and winder welfare system at ensuring parents have the financial support they need to achieve the best outcomes for them and their children? How can we improve compliance and the effectiveness and affordability of child maintenance arrangements?

6. To what extent can we better segment claimant services to reflect both different needs and capabilities, and to improve efficiency, effectiveness and customer service through more personalised support and preventative measures?

Subgroup 2: Public service staff

7. Recruitment and retention of staff, particularly sectors where there is a high proportion of overseas staff.

8. Supporting careers in public services.

12. Recruitment, progression, well-being and retention in the police and fire workforces.

Subgroup 3: Supporting integration and recovery

9. Improving integration between services (e.g. rehabilitation and justice; health and education around special educational needs and disabilities).

10. Supporting recovery from, and preparation for pandemics in the NHS and Social Care.

Subgroup 4: Local government

14. Role of local government in empowering local communities and delivering/supporting services.

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Not addressed due to insufficient expertise

11. How do we support emergency service?

13. How can DWP policies, in combination with those of other government departments, facilitate and encourage inter- and intra-generational social mobility?

15. Potential role of digitalisation and technology-enabled services, looking at inequalities, access and innovative service delivery.

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Annex 3: Key messages submitted from each subgroup

This section presents the reports produced by the subgroups from which the key messages in the main body of this report have been extracted.

Report from subgroup 1: children and young people

This summary considers three ARIs within the Supporting Services theme, with a specific focus on children and young people. This paper focusses on childcare and early years provision (ARI 1), touches upon disrupted education (ARI 2) and considers implications for children's services (ARI 3).

What is known and what research is underway

It is clear that the COVID-19 pandemic is likely to exacerbate inequalities in a range of child developmental and educational outcomes (disproportionately affecting those with existing vulnerabilities and those experiencing existing or new economic disadvantage (with some racial or ethnic groups being disproportionally affected). Some of these impacts will be felt in the short-term, but many are likely to become increasingly apparent as the economic recession deepens and cuts to public services increases, which is expected to have long-lasting effects. Some specific service sectors and workforces are particularly vulnerable, especially those focused on early intervention including maternity and early years as well as mental health and youth work provision. Shocks to these parts of the system are likely to have wide-ranging impacts, over time, with knock-on effects to other parts of the wider system as a result of shifting demand and pressure elsewhere.

Where there are gaps in evidence generation and future research recommendations

There is an extensive range of discrete research activities underway, but many have the following limitations: (1) research tends to focus narrowly on specific issues or parts of the wider ecosystem of support and service provision without considering wider system interactions; (2) many existing research and evaluation methods typically employed do not lend themselves to rapid, nimble or systemic approaches demanded of the current dynamic and unpredictable context; (3) the availability of high quality, consistent data (particularly on need and service provision) is poor, as is effective data sharing, limiting the quality and impact of research; (4) the capacity and capability at a local level to engage and utilise research and data in commissioning and service delivery is limited

It follows that recommendations are to: (1) invest in building the capabilities and infrastructures within and beyond traditional research teams and disciplines to undertake nimble, systemic research, design, evaluation and learning activities (which also incorporate and explore the effectiveness of approaches to co-design with beneficiaries and communities as well as practitioners); and (2) invest in building capacities, cultures and infrastructures to improve data quality, availability, sharing and analysis to assess implementation and effectiveness but also inform commissioning, delivery and practice relating to children and young people.

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1. Key messages

In this section we summarise key messages from research in relation to early childhood development and associated services (ARI 1) and educational disruption (ARI 2), followed by some cross-cutting themes from both as they related to service use and access across early years, social care, mental health and education (ARI 3).

1.1. Early childhood development (ARIs 1, 3)

The social and economic impacts of COVID-19 are likely to have a significant and unequal impact on children's early development, increasing inequality in life chances in the UK.

The impact of COVID-19 is unprecedented and as a result there is little evidence from which to draw firm conclusions about impact and distinguish between risks. That said, the impact and consequences of COVID-19 on early childhood development, for the most vulnerable, may be severe and long-lasting. Although the full extent of the impacts may not be known for some time, previous research and emerging evidence suggests the impacts on child development will likely come from:

- **Child poverty** increasing as unemployment rises and the economy slows (giving rise to a new cohort of 'the new poor'). Likely to exacerbate already rising rates of child poverty currently at over four million children, with the highest rates for children living in workless families in excess of 70 percent.[1]
- **A deterioration in parental mental health**, known to have a serve impact on a child's cognitive as well as socio-emotional development.[2] A rapid evidence review published in February 2020 highlighted the psychological impacts of quarantine observed in previous epidemics.[3,4] Additionally, the strongest effects on adult health of economic shocks and recessions appear to be on mental health, and can take as long as two years to become evident.[5]

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1 Marmot, M. et al. (2020) Health Equality in England: The Marmot Review 10 Years On. London: Institute of Health Equality P. 37 http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf
2 Asmussen, k., Brims, L. (2018) *What works to enhance the effectiveness of the Healthy Child Programme: An evidence update*. Early Intervention Foundation
3 Brooks, S. et al. (2020). *The psychological impact of quarantine and how to reduce it: Rapid review of the evidence*. Lancet, 395, 912–920.
4 Shultz J., Baingana F., Neria Y. (2015). 'The 2014 Ebola Outbreak and Mental Health: Current Status and Recommended Response'. JAMA. 2015;313(6):567– 568. doi:10.1001/jama.2014.17934
5 Janke, K., Lee, K., Propper, C., Shields, K and Shields, M., 2020. *Macroeconomic Conditions and Health in Britain: Aggregation, Dynamics and Local Area Heterogeneity*. Institute of Fiscal Studies: Economic and Social Research Council. https://www.ifs.org.uk/uploads/WP202012-Macroeconomic-Conditions-and-Health-in-Britain.pdf

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- **Parental conflict** [6] **and domestic abuse** [7] which have both seen rising as the impact of social isolation and economic uncertainty [8,9,10] as well as **a rise in child abuse and neglect** as vulnerable children spend more time in the home, the pressure on parents increases, and there are fewer contacts with agencies responsible for identifying and referring children at risk.
- **Home learning environment gap** widening between economically disadvantaged children and their peers. Recent research has shown that the disadvantage gap in home learning and a quality home learning environment for young children has continued in the lockdown as disadvantaged children have had less access to electronic devices and the internet for home learning, have spent less time on home learning, and that their parents are less confident in directing their learning.[11]

The pandemic is also seriously impacting maternity services, early years' service provision, and Early Childhood Education and Care (ECEC), which not only is likely to have an impact on child development, identification of risk and early intervention, but reductions in ECEC is also unequally inhibiting parents' ability to engage in employment and training, in turn damaging family financial security and impacting the wider economy.

- **Early Childhood Education and Care settings (ECEC), and maternity and children's services such as the Healthy Child Programme and social care visits, are critical services in the early identification of risks emerging, the promotion of child health and development, and integration of wider sources of child and family support.**[12] Reductions or restrictions in Health Visiting, ECEC and social work home visits is reducing the early identification of risks and provision of services, impacting on children's health and development. The closure of ECEC settings and the reduction in contact with these services has had an impact on support available,[13] including reduced maternity and health

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6 Ghiara, V., Pote, I., Sorgenfrei, M., Stanford, M. (2020) Reducing Parental Conflict in the Context of Covid-19. Adapting to a virtual and digital provision of support. Early Intervention Foundation
7 Children's Commissioner for England (2020) Briefing: Children, domestic abuse and coronavirus. https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/04/cco-briefing-children-domestic-abuse-coronavirus.pdf
8 The Alliance for Child Protection in Humanitarian Action (2019). 'Technical Note: Protection of Children during the Coronavirus Pandemic', Version 1.
9 The Alliance for Child Protection in Humanitarian Action. 'Guidance Note: Protection of Children during Infectious Disease Outbreaks'
10 UNICEF (2020). 'COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures'.
11 https://www.ifs.org.uk/uploads/BN288-Learning-during-the-lockdown-1.pdf; https://www.suttontrust.com/our-research/covid-19-and-social-mobility-impact-brief/
12 Asmussen, k., Brims, L. (2018) *What works to enhance the effectiveness of the Healthy Child Programme: An evidence update.* Early Intervention Foundation
13 Wilson, H & Waddell, S. (2020) Covid-19 and early intervention: Understanding the impact, preparing for recovery. https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery

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visiting visits [14] as well as on critical services such as emergency visits and vaccinations/immunisation up-take known to have a direct impact on infant mortality and child development.[15] It is likely that risks to children and families are not being identified and support is therefore not being provided. In recent research local areas have raised concerns about the difficulties of protecting vulnerable children as well as their ability to identify children who may become vulnerable or become more vulnerable as a result of the pandemic and emergency lockdown measures.[16] They were also concerned that the full extent of the hardships faced by families had not yet become apparent, and concerned about the ability of early help and wider family support services to manage a potentially significant increase in demand as the lockdown measures ease.

- **ECEC has a direct impact on early child development.** There is good evidence that early education has a considerable influence on school readiness, long-term school attainment and lifelong outcomes.[17] There is evidence from English longitudinal cohort studies that increased hours of good quality ECEC is associated with better social, emotional and cognitive outcomes in childhood and later life, particularly for disadvantaged children.[18] However, pre-COVID there was evidence to suggest substantial financial strain and a low-paid and low-quality early years workforce. The pandemic is exacerbating this, increasing financial deficits and creating high staff turnover with many providers facing closure; in addition to a sharp decline in ECEC attendance in lockdown.[19] This is likely to have an impact on not only the supply of ECEC but also its quality. Evidence suggests that both of these could have significant short to medium term impacts on cognitive outcomes and particularly socio-emotional outcomes

14 Institute of Health Visiting (2020) Health visiting during COVID-19: An iHV report. https://ihv.org.uk/wp-content/uploads/2020/04/Health-visiting-during-COVID19-An-iHV-report-FINAL-VERSION-8.4.20.pdf

15 Saxena S., Skirrow H., Bedford H. (2020) Routine vaccination during covid-19 pandemic response BMJ 2020; 369 :m2392 https://www.bmj.com/content/369/bmj.m2392

16 Wilson, H & Waddell, S. (2020) Covid-19 and early intervention: Understanding the impact, preparing for recovery. https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery

17 Barnes, J., and Melhuish, E. (2016) 'Amount and timing of group-based childcare from birth and cognitive development at 51 months: A UK study', International Journal of Behavioural Development, 0165025416635756; Melhuish, E. (2004) A Literature Review of the Impact of Early Years Provision on Young Children, with emphasis given to Children from Disadvantaged Backgrounds. Report for the Audit Commission; Sylva, K., Melhuish, E.C., Sammons, P., Siraj, I. and Taggart, B. (2004).The Effective Provision of Pre-School Education (EPPE) Project: Technical Paper 12 - The Final Report: Effective Pre-School Education. London: DfES / IOE, University of London

18 Taggart et al., (2015) *Effective pre-school, primary and secondary education project (EPPSE 3-16+) How pre-school influences children and young people's attainment and developmental outcomes over time.* Department for Education https://dera.ioe.ac.uk/23344/1/RB455_Effective_pre-school_primary_and_secondary_education_project.pdf

19 Blanden, J., Crawford, C., Drayton, E. Farquharson, C. Jarvie, M. and Paull, G (2020) Challenges for the childcare market: the implications of COVID-19 for childcare providers in England. Institute for Fiscal Studies. 10.1920/re.ifs.2020.0175 https://www.ifs.org.uk/publications/14990

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especially for vulnerable and disadvantaged children more exposed to a poor-quality home environment.[20]

- **Closures or reduced availability of ECEC settings also unequally increases challenges for parents and their ability to engage in employment and contribute to the economy.** The closure or restricted access to ECEC settings means that many parents must stay home to look after their children, reducing or ceasing employment.[21] Those in specific groups are disproportionately affected, including the economically disadvantaged and those in more precarious forms of employment (with women and those that are Black, Asian or from a Minority Ethnic group being over-represented). This not only risks compounding risks to child development through further economic insecurity, but also damages the economy.

1.2. Disruptions to education

As summarised by Darmody, Smyth and Russell (2020), the available evidence indicates that school closures and the move to online learning will have the greatest impact on disadvantaged families and their children. School closures increase educational inequalities and exacerbate pre-existing social inequalities. The evidence indicates that, during the pandemic restrictions, students from more advantaged families are spending longer on learning in the home, are more likely to have access to a private space, digital equipment and learning resources, and have a better home set-up for distance learning supported by parents (Doyle, 2020; Andrew et al., 2020; Lancker, 2020).[22]

Darmody et al (2020) go on to say that COVID-19 has laid bare the difficulties experienced by some families in supporting their children's education. Over and above the educational challenges, more disadvantaged families face an additional threat as the UK enters a recession. Previous recessions have exacerbated levels of child poverty, with long-lasting consequences for children's health, wellbeing and learning outcomes (Cantillon et al., 2017). In addition to formal education, learning outside school is also severely affected, with limited options available to young people, especially those from disadvantaged backgrounds".

1.3. Cross-cutting themes for children and young people

There are a number of themes from the research that cut across early years and education (as well as wider issues such as child and adolescent mental health, youth violence, health and youth employment):

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20 Melhuish, E., and J., Gardiner (2020) *Impact study on early education use and child outcomes up to age 5 years: research report. Department for Education*
https://www.gov.uk/government/publications/early-education-and-outcomes-to-age-5
21 Bonetti, S. (2020) The Early Years Workforce During the Covid-19 Crisis and Beyond. Presentation for the Nuffield Foundation. https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2020/05/Sara-Bonetti-The-early-years-workforce-during-the-COVID-19-crisis-and-beyond.pdf
22 https://www.esri.ie/system/files/publications/SUSTAT94_3.pdf

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- *The risks and impacts are systemic and interlinked:* The impact of COVID-19 and associated policy responses are systemic in nature, in that changes to one part of the system interact with others. This has important implications for research gaps (see following section).

- **These risks and impacts may be more acutely felt by particular groups**, exacerbated by poverty (created/ intensified by COVID-19) and poor/overcrowded housing. Specifically, emerging evidence suggests that impacts may be greater for some specific groups, such as parents/carers or children with a specific developmental or physical impairments, mental health difficulties, as well in some cases, for those from specific racial, ethnic, or otherwise marginalised or discriminated against groups. Evidence suggests the impact on ethnic minority families of the pandemic will be more severe.[23]

- **The risks may also be more acutely felt by children at different ages**. Research has suggested that new-borns and their mothers may be particularly vulnerable to profound shocks and ensuing family stress and economic hardship, which disrupt carers' ability to provide a safe and stimulating home environment and nurturing /sensitive parenting.[24,25] There is some evidence on negative 'in utero' effects (e.g. maternal stress in pregnancy and infancy) on later child development, including during economic downturns and due to pandemics and natural disasters. There is also some evidence to suggest children born in recessions having lower life expectancy than comparable cohorts.[26]

- **Taking the evidence presented above into account, it should not be assumed that the impacts, including financial shocks, risks and stresses will be experienced equally by children, young people and families.** Some families, for example, may experience less risk and stress than they did previously such as those with greater financial or social resources, opportunity to work flexibly from home, and those with access to environmental assets. Families will also respond to external shocks differently. For example, studies show that all couples undergo some difficulties with the birth of a new child, but a strong couple relationship withstands this disruption and often becomes stronger because of it, while weaker relationships are more likely to dissolve or have conflict. In addition, given that some children will have spent more time with their immediate family, those with more educated family members will likely benefit from greater one-to-one interaction than if they would have experienced in ECEC or in school.

- **A critical message from research is that the unequally felt impact of COVID-19 and associated policy responses is likely to further widen developmental, economic and societal inequalities, and that child,**

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23 https://www.ifs.org.uk/publications/14818
24 https://www.childrenscommissioner.gov.uk/publication/lockdown-babies/
25 Wave Trust, 2013. Conception to age 2 - the age of opportunity.
https://www.wavetrust.org/conception-to-age-2-the-age-of-opportunity
26 Van den Berg, G., Lindeboom, M and Portrait, F., 2006. Economic Conditions Early in Life and Individual Mortality. The American Economic Review, 96(1), pp. 290-203.

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adolescent and family vulnerabilities are likely to be amplified during the pandemic, and this amplification is likely to continue after the lockdown is over. Research with local areas suggests that the lockdown and continuing social distancing have seriously affected the ability of services to support children as traditional face-to-face services and interventions have been radically reshaped, severely constrained or cut altogether.[27] This has impacted on families at the very time that these families are facing even greater challenges. While major adaptation to services and intervention – particularly in adaptation of referrals and services pathways as well as virtual and digital delivery – have taken place,[28] services are facing severe strain not only from more families needing more support to deal with a wider range of problems, but also from the knock-on consequences of fewer people having received the support that would usually have been available at key moments in their lives, leaving a lasting consequence.

- **Investment in technology, infrastructures, workforce training and support, related to flexible/hybrid models of service delivery, may increase the resiliency and impact of services.** There is emerging evidence suggesting that those workforces or service settings with greater digital maturity and more flexible workforce patterns of delivery are more efficiently and effectively able to create continuity in service provision for children and families.[29] However, it is also likely that economically disadvantaged children, young people and families are less likely to be able to engage with such blended forms provision – further widening inequalities.

2. Research gaps and opportunities for evidence generation

There is an extensive range of research related to child development, education and service provision currently underway - sponsored by UKRI, government departments, Trusts and Foundations - that will fill help gaps in knowledge related to:

- Surveying or monitoring impacts of the pandemic on various aspects of child and adolescent development, including educational attainment, mental health, behaviour, well-being, physical health, etc. The National Youth Agency has collated some of those underway: https://nya.org.uk/available-surveys-during-the-covid-19-pandemic/
- Surveying or monitoring impacts on the pandemic on economic indicators, such as employment, economic security, poverty, etc.

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27 Wilson & Wandell (2020) Covid-19 and early intervention: Understanding the impact, preparing for recovery. Early Intervention Foundation

28 Martin et al., 2020 *Covid-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery.* Early Intervention Foundation; Ghiara et al. (forthcoming) *Reducing Parental Conflict in the Context of Covid-19.* Adapting to a virtual and digital provision of support. Early Intervention Foundation; Ghiara, et al. (2020)

29 Peek, N., Sujan, M., & Scott, P. (2020). Digital health and care in pandemic times: impact of COVID-19.BMJ Health and Infomatics, 27, 1. https://informatics.bmj.com/content/27/1/e100166

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- Monitoring the various indicators of service reach, provision and quality: such as rates of referrals, engagement and quality.
- Monitoring various indicators of workforce capacity, including availability, caseloads, illness, stress and turnover.
- There are numerous research initiatives underway exploring the feasibility and impact of various service and policy initiatives, commissioned by 'what works centres', research councils or other endowed institutions.

However, there are some outstanding gaps and opportunities for further research generation.

2.1. Systemic impacts of COVID-19 on early development and inequality
- However, relatively few robust studies are focusing specifically on the impact of COVID-19 on early childhood development, and effects into later development.
- Filling evidence gaps should not focus solely on cognitive development when looking at the impact of the crisis, particularly in the context of school readiness. We need to understand social and emotional development, executive function and physical health as well, all of which are vital components of enabling a child to be ready to fully participate in their education and in wider society as they grow older.
- Some attention is being paid on examining inequalities and the wider determinants of health and well-being (related to the impact of COVID-19 and associated policy responses, such as research commissioned by the Health Foundation). This is a critical area for further and deeper research (specifically in relation to socio-economic gradient, and disproportionate impacts on some racial or ethnic groups).
- Most studies tend to focus on specific and narrow aspects of development in isolation, or the impact of isolated services or policies. **There is a need to consider more systemically the impacts of COVID-19 on interrelated facets of human development, social and policy responses**. The impact of COVID-19 and associated policy responses are systemic in nature, in that changes to one part of the system interact with others. It follows that research also needs a systemic lens, and understanding the system dynamics, time delays and feedback loops is critical to identifying high-impact points of leverage or influence.

2.2. Evaluating the impact of adapted services
- Services have been through a period of intense and rapid change to maintain provision and find new ways of providing much-needed support, in particularly moves to virtual and digital delivery (and hybrid approaches). Although recent research [30] suggests that local areas and intervention providers/developers are

30 Wilson & Wandell (2020) Covid-19 and early intervention: Understanding the impact, preparing for recovery. Early Intervention Foundation; Ghiara, V., Pote, I., Sorgenfrei, M., Stanford, M. (2020) Reducing Parental Conflict in the Context of Covid-19. Adapting to a virtual and digital provision of support. Early Intervention Foundation

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starting to consider how they could monitor the impact of the rapid recalibration of service delivery, there has been **little or no evidence yet of the impact of the changes on access to, or quality of, adapted/digital and hybrid provision. Neither has there been much robust evaluation to look at the impact of these changes on child and family outcomes.** While this is a critical time to understand the effect of the adaptations that local areas have made, previous research demonstrates that local services struggle to create suitable evaluation processes. This will be further exacerbated by the financial strain that many local areas face.

- A further evidence gap is that services and interventions are often evaluated in isolation. **Given the multiple, complex and intersecting support for families as a result of the pandemic, a substantial evidence gap is understanding the combined impact of these changing services**. This needs to sit alongside a better understanding of a child's journey from identification to referral and support. Providing a better understanding of how all these aspects of a young child's life within their specific local environment overlap and interact will allow local areas to design and deliver better support to ensure that children receive the support they need at the right time.

- The sharing of data relating to children's health, education and social services is critical to helping services identify need and provide services. Although research suggests local areas are sharing more data during the pandemic,[31] evidence also demonstrates that this is poor – both at a local and national level.[32] **There is a need for research to explore and strengthen the quality and ethical sharing of data across children's services.** The recommendations contained in that recent report and the work of the Centre for Youth Impact [33] on a data standard for the youth sector could be a useful avenue to progress further research and data collation across services working with children and young people.

- These issues are compounded by the lack of capacity and capability at a local level of leaders, service managers and practitioners to engage and utilise research and data in commissioning and service delivery in addition to assessing the impact of local services and building a local evidence base. A focus on upskilling these professionals in the generation and use of research and data as well as the co-development of tools and guidance to help local areas to use evidence; supporting the use of common, high-quality data for assessing local system delivery and shared outcomes and outcome frameworks to assess impact.

2.3. Research to better understand relationship between public services and communities, and co-design research priorities

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31 Wilson & Wandell (2020)

32 Freeguard, G & Britchfield, C (2020) Missing Numbers in Children's Services How better data could improve outcomes for children and young people, Institute for Government for NESTA. https://www.nesta.org.uk/report/missing-numbers-childrens-services/

33 See https://www.youthimpact.uk/youth-sector-data-standard.html

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- Public system responses (health, social care, mental health services, etc) are a critical part of the support structures in place to support children's health and development. However, the pandemic has highlighted the critical role that informal sources of family and community support take. Given this, and the heighted demand and limited resources of public systems, **research should explore how public services and communities – together - may most effectively and reciprocally support efforts to promote children's health and development and family functioning**.
- It is vital that the research sector listen to the needs of frontline practitioners, service providers, parents and communities, and work together to address the most pressing concerns, and bring this research to bear on policymaking and service design. **Research efforts should take a structured and rigorous approach to identifying and prioritising research needs, and co-designing research enquiries with a diverse set of stakeholders**.

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Report from subgroup 2: integrating services

The paper identifies four key issues: supporting children, young people and vulnerable adults; improving integration between services; understanding the impact of COVID-19 on service use and access; and recruitment and retention of staff.

Integrated service delivery assumed a key presence over the duration of the COVID-19 pandemic, with a pivotal focus on supporting and protecting vulnerable children and adults. The nature and balance of these partnerships, across emergency and social care sectors, inevitably changed according to priority of need and it is clear that such joined up approaches will evolve as the country moves into the next phase of the pandemic.

Drawing on completed and on-going research, monitoring and evaluation, as well as policy priorities within sectoral groups, the subgroup on service integration identified four key issues:

1. **Supporting children, young people and vulnerable adults**: How can we empower local communities and encourage voluntary activity?
2. **Improving integration between services:** How can we improve services (such as safeguarding), and create new services at pace (especially for vulnerable groups)?
3. **Understanding the impact of COVID19 on service use and access:** what have been the demand and capacity requirements for integrated service delivery?
4. **Recruitment and retention of staff in key service areas:** What is the best balance between centralised and devolved working, and how can this operate more effectively?

1. Supporting children, young people and vulnerable adults

Much work has taken place at regional level across the UK in response to supporting the needs of children, young people and other vulnerable groups as a result of COVID-19. Examples include exploration of educational dimensions of disadvantage and inequality (e.g. Free School Meal Entitlement, Special Educational Needs); the impact of the pandemic on rates of domestic violence and child abuse; and safeguarding children from criminal exploitation. Information gathered from completed and on-going work demonstrates the potential of data-driven evidence to illustrate current responses to the pandemic and to inform future action. Much of the work will enable valuable mapping of critical incidents affecting children, young people and vulnerable adults and will contribute to informing policy. However, the fiscal impact of the longer-term consequences of the pandemic is acknowledged as a challenge for integrated service demand and delivery [1].

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Co-operative partnerships have strengthened efforts to safeguard vulnerable children, young people and adults. The sharing of joined up information between statutory and voluntary sectors has helped close urgent knowledge and information gaps on the implications of the pandemic. For example, information on how criminal methods adapted and prevention and safeguarding interventions were re-prioritised during the pandemic will assist police and safeguarding authorities to better protect vulnerable children and adults from exploitation, for example, county lines [2].

Research illustrates the value of sustained engagement with service issues. The Home Affairs Committee (2020) noted that the police and courts are struggling to protect the vulnerable and this has been exacerbated over the period of the pandemic. Rises in domestic abuse (DA) and child abuse. For example, data from seven diverse police forces has been pooled to track the impact of the pandemic on DA, analysing changes in the risk factors, frequency, nature and profile of DA reported to police [3]. Joint endeavours like this not only map the demography and social characteristics of the victims and perpetrators but also enables evaluation of the efficacy of policy and practice innovations by both the police and courts [1]. Opportunities such as these exemplify a crisis response designed to helped with the efficacy and co-ordination of risk assessment, victim safeguarding and prosecution in some regions whilst demonstrating a transferable value that could be implemented in other areas [4].

The impact of the pandemic on access to education has immediate and longer-term implications for children and their family, particularly those who are identified as more vulnerable. For many parents the shift to home schooling has been a challenging experience, exacerbated in some instances by a digital divide that has affected learning [5]. Additionally, the particular needs of certain groups of disadvantaged children – including those with special educational needs (SEN) and those entitled to Free School Meals (FSM) – have highlighted a service provision gap. Moving forward, digital integration is central to school and system resilience and academic and pastoral continuity [6].

Evidence is required in the following areas:
- **The role of schools.** In empowering communities, how should we think about how different communities are responding to COVID-19? What typologies should we use to distinguish between communities (e.g. communities of place, people, backgrounds, beliefs, etc.)? How important is the variable density of existing community networks and strength of social infrastructure? During the COVID-19 pandemic, some networks utilised were already there and others were established in response to the crisis. How do these differ? Is one more effective than the other? Have new organic groups interacted with / joined older more formal established groups?

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2. Improving integration between services

COVID-19 related challenges have impacted integration between services in different ways, affecting individuals and groups in different ways, and a range of research is under way to investigate how this can be developed and improved.

Emergency response, in particular, joint working during major incidents is designed to optimise inter-operability during major incidents, in particular the ways that people work together both within and between different organisations, and how this can be applied to better understand the way in which emergency responders work towards a collective goal [1-8]. This issue has been viewed from different perspectives, including integration of migrants in resilience decision-making, policy-setting and implementation of emergency response and disaster risk reduction (DRR) initiatives. This study aims to advance new ideas and approaches about city resilience and migrant inclusion in disaster risk reduction.

Multi-agency working is key to improving outcomes. New approaches have begun to explore the merits of a collaborative situated learning perspective in contrast to an isolationist approach in order to improve effective service delivery on common goals (such as Counter Terrorism Strategy, Every Child Matters, Care Act) [9].

Research is also underway to enhance understanding of why problems in multi-agency response persist and what interventions can be put in place to reduce the reoccurrence of them in the future. For example, advancing understanding of the barriers and facilitators to effective joint working during incident management, will improved the integrated response of Fire and Rescue, Police and Ambulance Services and their partners to major incidents [10].

Policing has occupied a particularly prominent role over the duration of the pandemic and there is a growing evidence base on how best to safeguard children and vulnerable adults as the impacts of COVID-19 unfold. The impact of social distancing measures on offenders' ability to groom young people and mobilise 'county lines' operations has added an extra dimension to Child Criminal Exploitation and has implications for the prevention, detection and safeguarding abilities of police and other organisations [10]. However, analysing data across statutory and voluntary sectors can show the impacts of mitigating actions and statutory reprioritisation on prevention and safeguarding. The evidence base will enable police, safeguarding and care organisations' to formulate interventions that address county lines related offending, and reduce risk to vulnerable children and adults.

The National Police Chiefs' Council Policing Vision 2025 places partnership working across the public, private and third sectors at the centre of the delivery of effective transformation and reform. A proactive, preventative whole system approach is seen

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as critical to reducing and investigating crime as well as providing effective services and care for victims [a]. The Policing, Health and Social Care consensus, developed by partners across policing, health, social, voluntary and community sectors, focuses on a public health approach to policing, focusing on the needs of population groups rather than on individuals [b]. The focus is on looking behind an issue or problem to understand what is driving it, with a recognition that an effective response will rely on partnership working across many services: over 80% of all calls to the police are not about crime and many relate to vulnerability and involve people with complex social needs that the police cannot tackle alone [c].

The potential role of digitalization and technology-enabled services in social care examines inequalities, access, and innovative service delivery. Technology enabled care (TEC) equipment has long been a part of adult social care (ASC). Exploration of mainstream technologies' potential to support older people living in the community need updated safety standards to safeguard the interests of users [13].

Other initiatives, whilst not COVID-19 specific, have transferable potential; for example, the linguistic diversity of the UK has led to joint engagement between police and translation providers will be used to create practical, effective guidance to help investigation of serious crime [14]. Other work, grounded in collaborative problem-solving [15] will use the design, delivery and evaluation of a new learning intervention which aims to improve community engagement.

The contribution of multi-agency and inter-agency partnerships are seen as key drivers to improved service integration as the impacts of COVID-19 unfold. A key dimension of this work is how people work together both within and between different organisations at community, regional and national levels. Work on the delivery of Street Triage schemes in England and Wales will map and inform the multi-agency partnership between police officers and mental health practitioners, particularly the operational role of officers where a mental health issue is evident [15]. Other pilot partnerships, for example, between the police, youth justice system and a woman's organization have been designed to reduce the potential for reoffending through early identification of risk; provision of proportionate, effective and targeted alternatives; greater involvement of victims and witnesses and use of restorative justice [16]. Work funded by the Scottish Institute for Policing Research on cross boundary working between police and health and social care professionals will lead to the development of interprofessional and interagency training resources to enable evaluation and monitoring of practice for all professionals involved in adult support and protection [17]. As a comprehensive toolkit, it will inform education practices to prepare the future workforce of police and health and social care professionals.

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COVID-19 has highlighted the importance of data and evaluation in informing effective policy and practice. Arrangements to link and share data between statutory and voluntary sectors has provided a substantial evidence base from which to analyse the impacts of mitigating actions and statutory reprioritisation wrought by COVID-19 and formulate interventions to assist police and safeguarding authorities protect vulnerable children and adults [18].

Greater collaboration between academic and public sector is identified as a key driver for improved integrated service design and delivery. A review of the Police Knowledge Fund which supported 14 police-academic partnerships across England and Wales demonstrated the positive impact collaboration and co-production between academia and policing could have on our understanding of crime and policing issues. The fund demonstrated how collaborative working could build the capability of officers and staff to respond to policing challenges in a more informed and cost-effective way, enabling greater translation of evidence into decision-making and practice, and applying evidence-based approaches to the development of policy and training [d].

Other academic activity [20] demonstrates the usefulness of initial systematic scoping reviews to identify existing inter-agency models of collaboration for a range of mental health related interactions. The efficacy of these can be tested through further robust randomised controlled trials where appropriate.

Evidence is required in the following areas:
- **Understanding why problems in multi-agency response persist:** What interventions can be put in place to reduce the reoccurrence of problems in joint incident management. Testing of what interventions work and in what circumstances. What are the barriers and facilitators to effective joint working?
- **Data sharing: how can data sharing and analysis** across statutory and voluntary sectors inform action on prevention and safeguarding? What are the barriers to effective data sharing and how can these be overcome? How can shared data be used to formulate interventions that reduce risk to vulnerable children and adults?
- **Resource/toolkit development:** interprofessional and interagency training resources is an opportunity to evaluate and monitor practice amongst all professionals involved in the support and protection of vulnerable groups.

3. Understanding the impact of COVID-19 on service use and access

During the pandemic, the association between psychological health and overall well-being has re-shaped service use of, and access to, mental health support at macro and micro levels.

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Exploration on how the COVID-19 pandemic has affected the quality and efficiency of services provided by Mental Health Trusts is a priority focus for policymakers across the broad range of statutory and voluntary agencies [21]. Insights into how Trusts model demand and capacity requirements for services should help identify what changes prompted by the pandemic have added value and should be locked in as well as where recovery and restoration of services is needed.

Similar approaches have also been devised to inform and strengthen communication between those working on the front line and those charged with instructing and directing the public. For example, a longitudinal multi-country study has been devised to monitor and assess the long-term psychological and social impact of the COVID-19 pandemic on the lives of adults in the general population [22]. Surveys, rolled out at intervals over the coming year, should reveal important changes in knowledge, attitudes, and behaviours relating to the pandemic.

Over the duration of the pandemic lockdown, there has been an exponential rise in the use of foodbanks across demographic boundaries highlighting a need to identify the needs of individual groups and prioritise funding for social care in a more systematic way [23]. Recent work has demonstrated the experience of hunger amongst unpaid carers during lockdown and its impact on their mental well-being.

Evidence is required in the following areas:
- **Demand and capacity requirements for services:** how was the response managed through national, regional and local structures? What changes and opportunities brought by the pandemic have added value? How might these changes be locked into future planning and practice? Where is recovery and restoration of services most needed? How can this be effectively implemented and monitored?
- Impact on public confidence and community cohesion: including on young people, ethnic minority communities and vulnerable groups.
- **Longitudinal monitoring of the impact of the pandemic.** An incremental approach to data collection will enable ongoing assessment across key areas/themes, providing an evidence base for integrated planning.

4. Recruitment and retention of staff

The COVID-19 pandemic has impacted on the recruitment and retention of staff across emergency and care workforces. In certain instances, the outworkings of the pandemic have been exacerbated by post-Brexit policy implications, particularly for overseas workers.

The joint impact of COVID-19 and Brexit has highlighted the role of overseas staff working in the care sector [24]. There is evidence that reliance on migrant

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care workers in the homecare sector risks being compromised and exploited by immigration rules and visa systems. The need for a sensible, fair and sustainable migration strategy is identified as intrinsic to broader social care reform [25] and sustainable options include, for example, a specific recruitment strategy from inside and outside the UK [26] and a sectoral visa scheme to help ameliorate increasing demand in the care sector that is not routinely filled at local level [27].

Work is underway in a broad approach designed to improve recruitment, training, career progression and retention of police, including addressing unconscious bias in recruitment [28], review of the assessment recruitment process [30, 31], integration of technology in the recruitment process [32], mindfulness in policing [33], staff absenteeism due to psychological illness [34], career progression amongst female BAME police officers, the cognitive and emotional effects of child homicide on police investigators, reasons for individual officer's decisions to voluntarily resign from the police service and the well-being of special constables.

Ongoing research [35] on policing and COVID-19 will be useful in identifying and sharing good practice across UK police organisations, developing sound solutions to aid national recovery plans, and preparing a robust response for future needs in the eventuality of a second wave or future pandemic. This will assist the development of recovery/business continuity plans taking into account the restrictions and inevitable interruption to normal practices and procedures.

Previous research has reported adverse health outcomes for emergency services personnel (ESP), drawing attention to the need for approaches to improve monitoring and evaluation of the health and well-being of this group [36]. Other work has been ongoing in informing trauma management, wellbeing and working conditions. This includes the effectiveness of early intervention models in emergency and other high-risk organizations following exposure to primary or secondary trauma [37, 38, 39]. The role of peer support has increased and become more complicated yet more necessary during COVID-19 [40], where the instrumental support of 'space to talk' will be important as psychological distress emerges after the peak of the virus has passed.

Evidence is required in the following areas:
- Impact on workforce: immediate and long terms impacts on wellbeing, organisational impact, career developments, virtual working.
- **Development of a sustainable migration strategy:** Identifying characteristics of a specific recruitment strategy within an integrated approach to social care reform.
- **Support for sharing good practice:** Identifying exemplars of best practice to inform a template/toolkit of shared resources for service partners.

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- **Further exploratory work:** the use of technology, e.g. the use of gamification and mhealth apps has not yet been fully applied in working with ESP. As an approach these could potentially have significant benefits for the health outcomes of ESP.

5. Participants and contributors

Name	Role	Organisation
Una O'Connor Bones (convenor)	Deputy Director of the UNESCO Centre, School of Education	Ulster University
Jason Lowther	Director of the Institute for Local Government Studies	University of Birmingham
Rhys Cockerell	Senior Economic Adviser	Department for Work and Pensions
Ingrid Abreu Scherer	Civil Society Lead	What Works Centre for Wellbeing
Max Stanford	Head of Early Childhood Education and Care	Early Intervention Foundation
Sue Yeandle	Professor of Sociology and Director of CIRCLE, the Centre for International Research on Care Labour and Equalities	University of Sheffield
Tim Hobbs	Chief Executive Officer	Dartington Services Design Lab

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Report from subgroup 3: supporting people

The key messages and evidence gaps identified in the main report above drew on analysis by the subgroup focused on integrating services (see above) and material provided by the College of Policing which is shown in the grid below.

ARI	Resource	Key Messages
Understanding impact of COVID-19 on service use and access across mental health, substance abuse, children's social care.	1. Ongoing work/prof: "Responding to the Covid-19 domestic abuse crisis: developing a rapid police evidence base"; Dr Katrin Hohl (Current Map)	The project provides a near real-time evidence base to inform the police approach to the apparent surge in domestic violence and abuse (DA) triggered by the COVID-19 lockdown in the UK. Police case file data from seven diverse police forces are pooled to track the impact of the pandemic on DA, analysing changes in the risk factors, frequency, nature and profile of DA reported to police. These changes are mapped closely to shifts in the restrictions imposed during lockdown, transitional phases and post lockdown, when DA calls to police are expected to spike. The statistical analysis is complemented by regular focused semi-structured phone interviews with police officers, to identify emerging challenges and best practice in the frontline response to DA. The mixed-methods study addresses urgent questions on the impact of COVID-19 on DA, which may have significant implications for the complex task of accurate police risk assessment, victim safeguarding, and criminal prosecution as the COVID-19 pandemic evolves.
	2. Ongoing work/prof: "COVID-19 and child criminal exploitation: Closing urgent knowledge and data gaps on the implications of pandemic for county lines"; Dr Ben Brewster (Current Map)	This project will inform efforts to urgently safeguard children from Child Criminal Exploitation (CCE), as the impacts of COVID-19 unfold. This project will detail the impact of social distancing measures on offenders' ability to groom, methods for mobilising 'county lines' operations, and the prevention, detection and safeguarding abilities of police and other organisations. By analysing data across statutory and voluntary sectors, we will show the impacts of mitigating actions and statutory reprioritisation on prevention and safeguarding, and how criminals adapt their methods. This will assist police and safeguarding authorities to protect vulnerable children and adults. Our research will provide substantial evidence upon which police, safeguarding and care organisations' can formulate interventions that address county lines related offending, and reduce risk to vulnerable children and adults.

	3. Ongoing work/prof "Reducing the unanticipated crime harms of COVID-19 policies"; Prof Graham Farrell (Current Map)	Lockdown requires people to stay home, leading to domestic violence and child abuse increases. Yet social distancing means police are arresting fewer suspects and that that there are reduced services at time of greater need. This study will analyse national police data, detailed data from three police partners, fraud and e-crime data from industry, and sources from other agencies where available such as children's agencies (for unreported crime) in order to address the crime harms of COVID-19, such as increased domestic violence and child abuse. The aim is to inform policy and practice, producing deliverables including policy and practice briefings and research articles.
	4. Ongoing work/prof "Domestic abuse: Responding to the shadow pandemic"; Prof Sandra Walklate (Current Map)	Evidence suggests that COVID-19 has led to an increase in the rates of domestic abuse and intimate partner homicide, and that the number of assaults and murders will continue to rise considerably this year. In April, the 2020 Home Affairs Committee noted that the police and courts are currently struggling to protect the vulnerable. This research will review literature on the impact of COVID-19 on domestic violence, document any changes in service responses being offered to victims by criminal justice and other agencies and map the demography and social characteristics of the victims and perpetrators. It will also evaluate the efficacy of policy and practice innovations by both the police and courts to deal with the immediate crisis and explore their viability for future practice in face of ongoing service demands and the fiscal impact of such as the longer-term consequences of the global pandemic take root.
Improving integration between services (e.g. rehabilitation and justice; health and education).	1. Ongoing PhD: "The role of migrants in building city resilience for emergency response and disaster risk reduction (DRR): A case study of Birmingham (UK) and Sendai" Szymon Parzniewski (Current Map)	The aims of the research project are to clarify and compare how resilience policy-making at the city level is made in the UK (Birmingham) and Japan (Sendai) and to examine the ways in which migrants can be better integrated into resilience decision-making, policy-setting and implementation of emergency response and disaster risk reduction (DRR) initiatives. This study aims to advance new ideas and approaches about city resilience and migrant inclusion in disaster risk reduction.
	2. Ongoing work/prof: "TOCAT - Transnational Organised Crime and Translation"; Dr Joanna Drugan (Current Map)	More than 300 languages are spoken in the UK today, therefore police therefore increasingly need translators to be able to investigate serious crimes such as people trafficking and child sexual exploitation. In the Transnational Organised Crime and Translation (TOCAT) project, researchers, the police and translation providers will work together to create

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		practical guidance to help police officers and translators work together as effectively as possible.
	3. Ongoing work/prof: "Collaborative problem solving for community safety"; Dr P Bloom (Current Map)	As part of their response to the Fresh Start Agreement issued by the Northern Ireland Assembly, Police Service of Northern Ireland (PSNI) are working with the Centre for Policing Research and Learning (CPRL) on the design, delivery and evaluation of a new learning intervention which aims to improve community engagement in target neighbourhood areas. PSNI have developed a skills framework for officers working in communities based on collaborative problem-solving which they would like to test out in terms of impact on officer practice, and ultimately on community relations. Broadly speaking this encompasses: • Collaborative working • Problem solving • Listening and negotiation skills • Conflict handling • Community assets mapping (Stakeholder engagement) • Critical thinking
	4. All Levels of Research: "N8 Policing Research Partnership: Innovation and the Application of Knowledge for More Effective Policing"; Professor Adam Crawford (Current Map)	This research aims to explore key issues within policing and to build research co-production capacity and test mechanisms for exploiting the knowledge and expertise of the higher education sector in order to strengthen the evidence base on which police policy, practice and training are developed and so support innovation and the professionalisation of policing. It intends to build a regional policing research platform with national impact and international significance. One of the aims of the study is to build policing research and knowledge exchange capacity in higher education institutes and to facilitate the efficient and effective transfer of knowledge that is vital to developing sound, evidence-based policing policy and practice.
	5. Ongoing PhD: "Multi-agency situated learning - learning together to develop effective practice delivery"; John Booker (Current Map)	This piece of research aims to explore: when encountering strategies requiring multi-agency delivery against common aims and objectives (e.g. Counter Terrorism Prevent Strategy, Every Child Matters, Care Act etc) does multi-agency situated learning develop effective practice in contrast to isolated learning when agencies only collaborate for delivery? Does this add value to practice?

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	6. Ongoing PhD: "The Street Triage project"; Rivka Smith (Current Map)	This study aims to critically examine the delivery of Street Triage schemes in England and Wales, by exploring: • What is understood about the role, purpose and delivery of Street Triage by service users with lived experience of the schemes, police officers and mental health practitioners? • What is the nature of multi-agency partnership working in Street Triage? • Has the implementation of Street Triage schemes impacted upon the operational role of police officers when attending incidents where a mental health issue is evident to the attending officers? • Should Street Triage be delivered in the future?
	7. Ongoing work/prof: "COVID-19 and child criminal exploitation: Closing urgent knowledge and data gaps on the implications of pandemic for county lines"; Dr Ben Brewster (Current Map)	This project will inform efforts to urgently safeguard children from Child Criminal Exploitation (CCE), as the impacts of COVID-19 unfold. This project will detail the impact of social distancing measures on offenders' ability to groom, methods for mobilising 'county lines' operations, and the prevention, detection and safeguarding abilities of police and other organisations. By analysing data across statutory and voluntary sectors, the findings aim to show the impacts of mitigating actions and statutory reprioritisation on prevention and safeguarding, and how criminals adapt their methods. This will assist police and safeguarding authorities to protect vulnerable children and adults. The research will provide substantial evidence upon which police, safeguarding and care organisations can formulate interventions that address county lines related offending, and reduce risk to vulnerable children and adults.
	8. Ongoing PhD: "Promoting Neurodiversity through Police-Community Partnerships"; Alice Corbally (Current Map)	This PhD study aims: • To investigate whether the police use neurotypical procedures and to explore how these practices affect neurodivergent citizens. • To examine the influence and relationship between the police and public and third sector organisations that support neurodivergent people. • To contribute to discussion at the local and national level about how to improve the policing of neurodiversity.
	9. Ongoing PhD: "Working together during major incidents and emergencies: optimising interoperability during major incident	This project will look at the ways that people work together both within and between different organisations, and how this understanding can be applied to better understand the way in which emergency responders come together in a major incident to work towards a collective goal. Furthermore, this

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management using the social identity approach"; Louise Davidson (Current Map)	research will help to enhance our understanding of why problems in multi-agency response persist and what interventions can be put in place to reduce the reoccurrence of them in the future. This research will advance our understanding of the barriers and facilitators to effective joint working during incident management, in order to enhance the response of Fire and Rescue, Police and Ambulance Services and their partners to major incidents.
10. Completed work/prof: "Interagency working with police, health and social care professionals in adult support and protection: a realistic evaluation approach (Phase 2)."; Dr Sundari Joseph https://www.researchgate.net/publication/329 379238_Inter-agency_adult_support_and_protection_practi ce_A_realistic_evaluation_with_police_health _and_social_care_professionals	This project has been funded by The Scottish Institute for Policing Research and compromises two phases. The first phase will investigate the 'state of play' for cross boundary working between police and health and social care professionals by: identifying the gaps in interagency practice; evaluating the education and training needs of professionals working in the area of adult support and protection, and identifying information sharing practices. The second phase will develop interprofessional and interagency training resources with key performance indicators to enable subsequent evaluation and monitoring of practice for all professionals involved in adult support and protection. The outcome of this project will be of value in enabling a comprehensive evaluation of adult support and protection practices in order to inform education practices that prepare tomorrow's workforce of police and health and social care professionals to effectively support and protect vulnerable members of society.
11. Completed work/prof: "Evaluation of Hull Adult Female Triage Scheme"; Iain Brennan; (Completed) http://library.college.police.uk/docs/Police-Female-Triage-Report-Hull-University-2015.pdf)	A community safety partnership project has been developed within the city of Kingston upon Hull between Humberside Police, Hull Youth Justice Service (HYJS) and the Together Women Project (TWP) to create a pilot scheme for assessment and referral of female adult suspects and/or offenders, known as 'Adult Female Triage'. The aims of the scheme are to reduce the potential for reoffending through early identification of risk; divert female offenders away from the criminal justice system by providing alternative, proportionate, effective and targeted alternatives; increase community confidence in the criminal justice system through greater involvement of victims and witnesses and use of restorative justice; to empower and support female adult offenders to take responsibility for the management of their risk of offending. This study will involve a quasi-experimental evaluation with a nested process evaluation.
12. Completed work/prof: "Community engagement: A pilot for an exploratory	The project is a collaboration between West Yorkshire Police (WYP), the Office of the Police and Crime Commissioner for West Yorkshire (OPCCWY) and the University of Leeds and will build a strategic and innovative

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	knowledge exchange platform for policing"; Stuart Lister (Completed) https://essl.leeds.ac.uk/downloads/download/ 32/an_exploratory_knowledge_platform_for_ policing_exploiting_knowledge_assets_utilisi ng_data_and_piloting_research_co-production	knowledge exchange and research co-production platform. The overall objective of the partnership is to explore various means of fostering greater collaboration between academia and the police in order to enable greater translation of evidence into practice, to help identify the priority research needs of police and to support the emergence of an evidence-based profession. The pilot will evaluate process issues and context dimensions concerning how police-community engagement policies are enacted on the ground. It will explore the attitudes and experiences of frontline police tasked with implementing these policies, as well as any social or organisational factors influencing the nature and extent of the practices to which they give rise.
	Other Sources Completed Research: Parker, A et al (2018). *Interagency collaboration models for people with mental ill health in contact with the police: a systematic scoping review*: http://eprints.whiterose.ac.uk/129056/1/e019312.full.pdf	We identified 13 different interagency collaboration models catering for a range of mental health related interactions. All but one of these models involved the police and mental health services or professionals. Several models have sufficient literature to warrant full systematic reviews of their effectiveness, whereas others need robust evaluation, by randomised controlled trial where appropriate. Future evaluations should focus on health-related outcomes and the impact on key stakeholders.
Recruitment, progression, well-being and retention in the police and fire workforces	1. Ongoing work/prof: The well-being of the Special Constabulary within Devon and Cornwall Police; Dr Ashley Frayling (Current Map)	The well-being of Special Constables is important not only in terms of their mental and physical well-being as individuals, but also in terms of their absence, sickness levels and levels of retention. Retention of Specials remains a key priority for police forces with Special Constables figures continuing to fall nationally, despite large scale recruitment drives and successful campaigns. The research aims to explore what support mechanisms are in place to provide Specials with short-term support for difficult jobs or incidents and what processes, policies or practices are in place to support those individuals in the long term. It is envisaged that the overall research for this project will be in two phases. This proposal relates to Phase One only, which focuses on identifying whether Specials feel supported and if there are any interventions or training that they believe would assist them with their well-being. Phase Two would see the recommendations emerging from Phase One being implemented, and quantitative measures such as absence, sickness levels and retention

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		rates being used to evaluate the impact and success of these recommendations over a one-year period.
	2. Ongoing PhD: "How does joining the police affect a candidate's social identity and social network?"; Gareth Stubbs (Current Map)	This piece of research aims to understand why previous research in Lancashire has indicated that prospective police recruits who previously knew police officers tended to be more successful in the recruitment process. When recruits join the police, there is a period of assimilation as they 'become' police. This period may affect social networks and social support frameworks that they have previously relied on. This study aims to answer what does this change look like, and what does it mean for police recruitment, their wellbeing, and their identities? This research will follow a cohort of recruits through their probationary period. It will map their social networks, and the level of contact with them, together with indicators of identity change, and physical and mental health. The tools will be drawn from social psychology (adapted SONAR Survey) and have previously been used in the analysis of identity change in therapeutic communities during addiction rehabilitation.
	3. Ongoing work/prof: "Understanding voluntary resignations from the police service"; Dr Sarah Charman (Current Map)	The aim of this research is to consider the reasons for individual officer's decisions to voluntarily resign from the police service. This research will aim to more fully understand and appreciate the pressures of the policing working environment, the changing nature of crime and policing and the impact of these issues upon the wellbeing and job satisfaction of police officers. It will also provide the policing organisation with useful information to potentially avoid wastage of police resources which are invested in the recruitment and training of new policing recruits.
	4. Ongoing work/prof: "Policing and COVID-19: Emergency powers, social distancing, and the interruption of police recruitment and probationer officer training and education"; Prof Pauline Ramshaw (Current map)	This research will be useful in identifying and sharing good practice across UK police organisations, developing sound solutions to aid national recovery plans, and preparing a robust response for future needs in the eventuality of a second wave or future pandemic. This research aims to provide insight across the following key themes: a) Assess UK police forces' preparedness and resilience under COVID-19 conditions to support ongoing and future recruitment activities and deliver education and training to new recruits in the classroom and workplace b) Develop a comprehensive evidence base to understand how best to

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		support the student officer learning experience, classroom and workplace, under COVID-19 conditions and during the phased relaxation of lockdown conditions. c) Assist the development of recovery/business continuity plans taking into account the restrictions and inevitable interruption to normal practices and procedures. d) Strengthen and inform future UK police recruitment, training and education activities to ensure readiness to adapt practices in the event of a second wave of COVID, or a future pandemic.
	5. Ongoing work/prof: "Trauma resilience in UK policing: Self-directed neuroplasticity training"; Dr Jessica K Miller (Current map)	Neuropsychological research has invested heavily over the past 5- 10 years into the structural and psychological impact on resilience of self-directed neuroplastic training through meditation. This has been translated into law enforcement training abroad and has been referred to in behavioural science work in UK intelligence services but has yet to be brought into the everyday operational UK policing. This 4 day course will be trialled in a feasibility study in April 2019 to determine just how teachable and how relevant these cognitive agility techniques may be for areas of policing which demand high levels of executive function, trauma exposure processing and compassion management under stressful conditions.
	6. Ongoing work/prof: "Dealing with the unthinkable. The cognitive and emotional effects of child homicide on police investigators"; Dr Jason Roach (Current Map)	This research represents an exploratory study comparing the cognitive and emotional stressors experienced by police when investigating child and adult homicides. The results of an online survey questionnaire with 99 experienced UK police investigators are presented, with key differences found in the cognitive and emotional stress experienced depending on whether the victim is a child or an adult, key differences and similarities identified in the ways investigators deal and cope with adult and child homicide cases.
	7. Ongoing work/prof: "A comparative study examining prior learning in Canada and England; An alternative route for police officers into higher education"; Anne Eason (Current Map)	This study seeks to compare the alternative admission routes to police related undergraduate programs, through assessment of prior learning, training, and the experience of police officers. It will further examine how two different universities (Wilfrid Laurier, Canada and University of Worcester, England) support the bridging of the academic gap between new recruits and long-serving officers, supporting the professionalisation transition of the police, and identifying evidence-based best practices. The research will consist of an evaluation of Recognition of Prior Learning (RPL) processes

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		and criteria adopted by the two universities that enable police officers' access to higher education who do not hold formal academic qualifications.
	8. Ongoing work/prof: "Aspirations and expectations of Female BAME police officers' career progression; A two-phase study"; Dr Vicki Elsey (Current map)	This study aimed to combine mixed methods in order to explore whether female career progression aspirations and expectations differ between groups with one or more protected characteristics (race and gender) and potential reasons for this formation. Research Questions aimed to be answered in the online questionnaires: 1. Do career expectations and aspirations differ for female BAME officers? If so to what extent? 2. Are there any common themes when discussing career expectations and aspirations that could relate to increasing diversity?
	9. Ongoing PhD: "How to increase female representation in specialist tactical roles"; Ashleigh Bennett (Current Map)	This study aims to: 1.Explore the reasons why females are not applying to specialist tactical roles; 2.Conduct literature review to explore the issue and establish what has worked in other specialisms or organisations; 3.Identify potential solutions to address the issues; 4.Apply the solutions to future selection processes; 5.Evaluate which interventions are effective in increasing the number of successful female in role.
	10. Ongoing work/prof: "Evaluation of the Police Constable Degree Apprenticeship" (PDCA); College of Policing (Current Map)	The evaluation will address two broad areas: a) How is the PCDA being implemented – what has worked well and where are the barriers/challenges? b) What outcomes have been delivered by the PCDA? Findings from the evaluation will be used to help refine the implementation approach as well as identify lessons for those forces introducing the apprenticeship at a later date.
	11. Completed randomised controlled trial: "Feasibility study for a randomised controlled trial of trauma processing techniques with new police recruits" Greater Manchester Police (Completed) https://www.policingtrauma.sociology.cam.ac.uk/techniques	This randomised controlled trial tests the teachability and applicability of post-incident trauma processing techniques which target the hippocampal memory system, stimulating spatial and episodic processing and contextualisation of traumatic material. Similar techniques have already been piloted in a therapeutic model for combat-related Post-Traumatic Stress Disorder and this new trial is to pilot them in a preventative model of everyday operational UK policing.

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		Session One data suggested 75% of trial participants felt an improvement in emotional response to the event processed as a direct result of applying the techniques and 46% reported improvement in recall of the event (i.e. new information reported). 50% showed initial capacity for the more advanced hippocampal processing task. Session Two data indicates a statistically significant improvement in 'ease of feeling' about a traumatic event after applying the techniques, which was independent of the impact of age and current trauma on such feeling. 71% of participants used the techniques in between sessions without prompting and 81% said they'd pass them on. 68% reported new recall of events after having applied the techniques. Longer term between group data showed the control group to be more unsure about whether they had experienced trauma exposure during their first year, and both groups were more likely to check in to report expose when impact was low.
	12. Completed randomised controlled trial: "What works in wellbeing: a randomised controlled trial of mindfulness in policing"; College of Policing, (Completed) https://whatworks.college.police.uk/Research/ Documents/Mindfulness_RCT_report.pdf	The College of Policing want to improve the evidence base on mindfulness training for those working in policing. This randomised controlled trial will test whether providing either one of two types of online mindfulness training to officers and staff across five UK police forces improves their resilience, wellbeing, and job performance. The first type of training is access to Headspace, a readymade mindfulness app currently available to the public. The second type of training is a bespoke eight-week online mindfulness course that has been created for those working in policing. The testing in the five forces will enable a cost/benefit assessment of the two mindfulness interventions.
	13. Completed work/prof: "A brave new world revisited – pre-entry policing route"; Sean Butcher (Completed)	The development of the FdA Policing programme has been designed in partnership between Buckinghamshire New University and Thames Valley Police (TVP) to serve as one form of pre-entry into TVP. The inaugural cohort of students began study in September 2012.

The aim of this research is to build upon a previous, similar empirical undertaking in the 2012-13 academic year; observing and analysing the progress of 2012-13 entry students as they complete their second year on the newly-developed programme. Themes to be monitored include perception of self and others, expectation and understanding around the police role, and of what 'policing' constitutes. |

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		Observation and analysis of a complete two-year cycle of the programme will allow for on-going and considered reflection, in terms of delivering core competencies effectively and in recognising progressive student understanding.
	14. Completed PhD: "Learning to lead the police: a comparative study of methods preparing officers for promoted posts in the Scottish Police Service"; Ron Fyffe (Completed)	This longitudinal study focuses on a paradigm shift in relation to the process of achieving eligibility for promotion of police officers in Scotland. These are the change from Police (Scotland) Promotion Examinations: a test of memory in relation to law and process, to the Diploma of Higher Education in Police Leadership & Management: a taught learning programme with examinations and marked assignments in line with current academic structure and accredited by the Scottish Qualifications Authority. The questions asked are: • To what extent do officers from both the old and new systems feel prepared for promotion? • To what extent has completion of the old examination process or new diploma programme had on officer's performance in their current ranks? • Can a discernible difference be identified in operational performance and personal confidence of officers promoted from the old and new systems? • To what extent do officers from the old examination process and new diploma programme perceive their own development and manage this process? Key findings to date: Although the data collection and collation is incomplete some trends are discernible at this stage: • Participants who completed the Police Promotion Examinations feel they would have benefitted from the learning the Diploma provides. • Participants who completed the Diploma feel that they are better equipped with knowledge relevant to their roles than if they had completed the Police Promotion Examinations. • Most participants who completed the Diploma feel they would like to continue with study in order to improve their leadership and management skills. • Participants who completed the Diploma were surprised to discover the political aspects of policing such as the tripartite system of accountability. • Police leadership in Scotland is contextual, no two identical definitions have been provided by existing leaders.

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15. Completed work/prof: "Supporting staff within Greater Manchester Police with 'psychological illness' to avoid absenteeism"; Adele Owen (Completed) http://library.college.police.uk/docs/theses/OWEN-Supporting-staff-GMP-Research-Initiative-Focussing-on-Understanding-Absenteeism-Linked-to-Psychological-Illness.docx	The number of staff absent from the workplace with anxiety, stress and/or depression ('psychological illness') is high and growing. This has a huge impact on the organisation both financially and in terms of morale. Future resource reduction demands mean new ways of supporting staff to avoid absenteeism when appropriate, are required, ensuring that we have a productive workforce with improved morale for the future. This study will consist of focus groups and one to one interviews with police officers (of all ranks), Police Community Support Officers' and police staff within Greater Manchester Police who have experience of mental ill health while in the organisation and supervisors with experience of managing staff with such conditions.
16. Completed PhD: "Well-being"; Ian Hesketh (Completed) http://library.college.police.uk/HeritageScripts/Hapi.dll/search2?searchterm=well-being%20austerity&Fields=%40&Media=%23&Bool=AND&searchterm=hesketh&Fields=%40&Media=%23&Bool=AND	This research focuses on wellbeing in relation to Environment, Leadership and Resilience. It explores to what extent these vary as employees are faced with considerable changes in working practices, terms and conditions that are being enacted in the face of unprecedented cuts to police budgets. What threatens these phenomena? Can managers become competent in recognising attitudinal shifts and signs of deteriorating Well-being? What interventions are effective and enable a fulfilling working life for employees?

This research takes the form of an intervention study and is predominately ethnographic (qualitative) in nature. Quantitative data is modelled in the form of ASSET (Faragher et al, 2004), which illustrates employee attitudes, perceptions and general health. The accompanying narrative is provided from the use of extensive cultural audit surveys and existing engagement tools that capture the 'mood' of staff, and their opinions of their life within the organisation. The use of this mixed methods approach is wholly appropriate for this type of study. |
| 17. Completed work/prof: "The impact of leadership styles on police officer behaviour and well-being"; Jamie Kathleen Ferrill (Completed)

https://repository.lboro.ac.uk/ndownloader/files/17122904/1 | This research uses ethnographic methods to explore the effect of leadership styles on behaviour and well-being of officers. The study focuses on front-line leaders including Inspectors, Chief Inspectors and Superintendents; the subordinates in the study are Police Constables. The analysis seeks the 'how' and the 'why' of the relationship between leadership styles exhibited and resulting officer behaviours and well-being. Through ethnography, this study seeks to fully understand the observed behaviours that exist by understanding the cultures within the police organisation, and also explains |

		why the behaviours are being impacted the way they are by leadership styles and the conditions they exist in. The study will involve observing a range of behaviours, which are inductively coded throughout the observation.
	18. Completed work/prof: "Is joining the police less viable and affordable in light of the proposed qualification changes"; David Tasker (Completed) https://www.researchgate.net/profile/David_Tasker3/project/Is-joining-the-police-less-viable-and-affordable-in-light-of-the-proposed-qualification-changes/attachment/5c2405c1cfe4a764550bd0ad/AS:703865494188033@1544826019847/download/Will+the+qualifiaction+change+deter+you+from+joining+the+police.docx?context=ProjectUpdatesLog	The recent decision to increase the entry qualification for new police recruits to a higher education degree has been well researched and the consultation phase has received a good response albeit mainly from within the policing family. This study aimed to find out from young people in college, who are studying towards a career in the public services, whether the newly proposed entry qualifications will influence their vocational aspirations and indeed, if affordability forms part of that equation and why.
	19. Completed work/prof: "Trauma management in UK policing survey"; Dr Jessica K Miller (Completed) https://www.policingtrauma.sociology.cam.ac.uk/	The project develops work undertaken by the University of Cambridge with the European Working Conditions Survey (EWCS)- looking at job quality- and expands this into the area of contemporary policing, with a specific focus on trauma exposure and trauma management. The national study is the first to address the prevalence of Post-Traumatic Stress Disorder (PTSD) in the UK police and Complex PTSD (CPTSD) in a professional population, using the new International Trauma Questionnaire (ITQ) from the ICD-11. The dataset provides insight into force-level access to treatment pathways and interventions and analysis will consider how experiences of trauma management influence perceptions of policing as 'decent work' in the current labour market.
	20. Completed work/prof: "Trauma resilience in UK policing: Atypical trauma exposure"; Dr Jessica K Miller (Completed) https://www.policingtrauma.sociology.cam.ac.uk/	Research in police wellbeing published in 2016 reflected the well-established vulnerability of officers and staff from atypical and increasingly extreme trauma exposure, with examples being cited in Counter-Terrorism, Child Sexual Exploitation and call handling. The aim of this qualitative study is to better understand how our knowledge of how the brain processes trauma can support atypical trauma exposure in these demanding roles.
	Other Sources	

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	Ongoing research: De Camargo, C. *Policing 'dirty work' during the Covid-19 Pandemic.*	Exploring the anxieties and fears around contracting COVID-19 as well as the practical solutions and rituals of purification that officers are undertaking to protect themselves and others
	Drake, G. (2020). *Officer Wellness during a Global Pandemic: Long Term Recommendations for Police Leaders as they Navigate the Aftermath of COVID-19.* Centre for public safety initiatives: https://www.rit.edu/liberalarts/sites/rit.edu.libe ralarts/files/docs/CRIM%20Resources/Officer %20Wellness%20During%20a%20Global%2 0Pandemic_%20WP%202020_02.pdf	Recommendations for police leaders on how to support staff during the pandemic.
	Completed research: Fisher, E. et al (2020). *COVID-19, stress, trauma, and peer support—observations from the field*: https://academic.oup.com/tbm/article/doi/10.1 093/tbm/ibaa056/5860854	One might imagine that the value of non-professionals providing "ancillary" assistance would be reduced amidst pressing needs for clinical services and hospital beds and the immense economic, social, and logistic needs brought about by the pandemic. Just the opposite, the role of peer support has increased and become more complicated amidst the pressing demands for food, housing, safety, and economic assistance. Although COVID-19 entails stressors shared by all, speaking with someone "who has walked in my shoes" and understands how broad stressors may strike "people like me" is especially helpful. Peer support workers are providing informational or instrumental support to clients who are dealing with very concrete challenges. Emotional support also can be conveyed by such instrumental support is clearly valued as "space to talk," and will likely be important in the coming months as the peak of COVID-19 psychological distress emerges after the peak of the virus has passed.
	Completed research: Fraher, A. (2017). *Recruitment and Retention in London Metropolitan Public Order Police: A study of the Public Order Cadre*: http://library.college.police.uk/docs/PKF1/02_ 033.pdf	92% of study participants report that they enjoy working in the Metropolitan Police Service (MPS) Cadre. 94% believe that Public Order work helps them to be a better police officer overall. Examples of Cadre skill development include: Leadership (98%), Decision-making (94%), Critical thinking (88%), Teamwork (78%), Communication (78%), Performing outside my comfort zone (76%), and Managing pressure (74%). Almost half the study participants believe that current Cadre staffing challenges can be traced back to a regime change after the 2012 Olympics and drop-in support for Public Order by senior MPS leaders during which both talent and resources seemed to

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		decline. Many study participants reported that their Cadre work was often mistakenly viewed as a "hobby" or "necessary evil" not an important area of professional expertise. Only 18% of Cadre surveyed feel that senior MPS leaders recognize and value the unique skill it takes in the Cadre to safely and successfully police Public order events. Only 25% of respondents agree that "there is a fair distribution of good roles for everyone in the Cadre". Only 16% agree that "there is transparency about Cadre role assignment". 54% of Cadre agree that they would volunteer more if it were easier to get release from their other work. A majority (69%) of survey respondents believe "no one should be required to work in Public Order unless they want to volunteer". After the 2011 riots, strategic reviews1 recommended: a Cadre Individual Plan (CIP) to identify and develop individuals in the role of Gold to ensure resilience and experience into the future; Cadre insight days to recruit potential Cadre officers from across the MPS. This does not seem to have been effectively achieved.
	Completed research: Marston, H., Hadley, R., Pike, G., Hesketh, I. (2020). *Games for health & mHealth apps for police & blue light personnel:* *A research review.*	Previous research has reported adverse health outcomes for emergency services personnel (ESP), outcomes that research more broadly has shown can be improved using a gamification and mobile health (mhealth) apps approach. We conducted a review of research on gamification and mhealth apps for ESP that had been published in the last 19 years using 6 major research databases. The results demonstrated that virtually no relevant research has been published, suggesting a significant gap in the evidence base of an approach that could potentially have significant benefits for the health of ESP.
	Completed research: Richins MT, Gauntlett L, Tehrani N, Hesketh I, Weston D, Carter H and Amlôt R (2020) *Early Post-trauma Interventions in Organizations: A Scoping Review.* Front. Psychol. 11:1176. doi: 10.3389/fpsyg.2020.01176	This scoping review was designed to identify research which evaluates the use of early interventions in emergency and other high-risk organizations following exposure to primary or secondary trauma and to report on the effectiveness of the early intervention models in common use.
	Completed research: University of Cambridge (2020). *Policing: The job and the life:* https://www.cam.ac.uk/sites/www.cam.ac.uk/files/inner-images/thejobthelife_findings.pdf	The online survey covering issues about trauma management, wellbeing and working conditions collected 18185 responses between 15 October – 16 December 2018 (and its two pilots 14- 25 August and 29 August – 20 September). After rigorous data cleaning, a sample of 16857 serving UK

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		officers and staff provides a reliable UK evidence base from which to benchmark force-level data for 22 forces.
	Completed research: College of Policing (2016). *Review of police initial recruitment. Final report with recommendations.* https://www.college.police.uk/What-we-do/Development/Documents/Review_of_police_initial_recruitment_final_report.pdf	The College of Policing undertook a review of police initial recruitment between September 2015 and June 2016. This was in response to concerns from the police service that current police recruitment may not be designed for the current and future recruitment needs of police forces. The findings of the review make it clear that, in order to implement an effective attraction strategy, organisations need to focus on attracting quantity and quality of applicants. The strongest evidence base of the review was proven selection procedures that are predictive of on-the-job performance. Evidence-based interventions should be put in place aimed at improving applicant experience and subsequent enhancements in applicant performance. Consideration should be given to developing a national police e-recruitment platform. As part of an evidence-based practice approach, interventions should be reviewed and evaluated on a regular basis.
	Completed research: College of Policing (2019). *Day One Pilot Assessment Centre. Interim evaluation report with recommendations.* https://www.college.police.uk/What-we-do/Development/Documents/Day-One-Evaluation-Interim-Report-v1.2.pdf	One of the recommendations from the College of Policing 2016 review of police initial recruitment was that the College works with the Metropolitan Police Service (MPS) to develop the specification for a new recruit assessment centre. The assessment centre was to be based on the findings of the best available evidence on improving selection decisions and minimising adverse impact on minority groups. A number of assessment centre (AC) design principles known to be effective at reducing disproportionality between BAME and white candidates were implemented during the design of Day One.
	Ongoing research*: College of Policing evaluation of online police recruit assessments.*	The College of Policing, working closely with the Police Uplift Programme (PUP), developed at pace, the online police recruitment assessment process which is enabling forces to continue recruiting police constables during the COVID-19 pandemic. The College is now conducting an evaluation of online assessments which aims to identify iterative enhancements to the online process itself and also draw out learning in relation to incorporating online technology into the assessment process in the longer term. A key part of the research is telephone interviews with force recruitment leads, regional leads and senior stakeholders who are involved in the process to explore their experiences and perceptions. A team of College researchers

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		will conduct these interviews during August and early September and a broad sample of recruitment leads will be invited to participate. The evaluation will also draw on candidate and assessor surveys, an inter-rater reliability study to explore consistency of assessments between assessors and analysis of assessment results. Evaluation findings are due to be presented to the PUP board in October 2020 to inform decisions about a possible blended approach to assessments in future.
	Completed research: College of Policing (undated). *Tackling unconscious bias in recruitment, selection and promotion processes: A rapid evidence assessment:* https://whatworks.college.police.uk/Research/Documents/Unconscious_bias_REA_exec_sum.pdf	This rapid evidence assessment (REA) aimed to identify interventions that might reduce unconscious bias in organisations, specifically in relation to recruitment, retention and career progression of under-represented groups. Although there were few studies found that examined impact on behaviour change, there was some evidence, from both laboratory and field studies, of approaches that may be promising. Positive reinforcement of BAME candidates, through priming in pre-test communications, increased their pass rate in online tests. More generally, using interactive sessions to educate participants about unconscious bias along with practical training on techniques to tackle it, were found, in laboratory settings to have a sustained positive impact on levels of concern about discrimination and levels of implicit bias.

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Report from subgroup 4: local government

Local government is playing vital roles in responding to and recovering from the COVID-19 pandemic. This paper focusses on four critical issues: empowering local communities, delivering and supporting services, devolution and localisation, and funding.

Empowering local communities

Communities responded quickly to the pandemic, and well-functioning local systems have emerged. Successful areas adopted a range of strategies in partnership with local communities. But informal community responses can lack coordination, resources, reach and accountability; and certain groups face barriers to involvement. Further evidence is required on strengthening community support networks, empowering different types of communities, and co-producing public services. Councils need evidence on how staff, councillors and the institutions themselves must change to empower communities.

Delivering and supporting services

Local public services performed well in responding to COVID-19. Service delivery changed significantly (for example in terms of digitisation), data and evidence were used more effectively, and early intervention was prioritised. Further evidence is required on key lessons in preparing for future pandemics, developing service delivery in the rebuilding phase, further utilising data and evidence, and the shift to prevention including tackling homelessness.

Devolution and localisation

England's governance is highly centralised with a limited and uncoordinated approach to devolution. Centralised responses during the pandemic were often less effective than more localised responses. Further evidence is required to develop an effective approach to devolution and place-based working, and to learn the lessons around more effective central-local joint working for future pandemics.

Funding

England's local government has access to a much narrower range of income than other
European countries. There are democratic and economic arguments for greater financial devolution alongside policy devolution. There are also opportunities to use the funding that is available more efficiently and effectively (for example reducing the use of competitive bidding), and a sustainable funding model is urgently needed for social care. Further evidence is required to inform policy on sustainable funding for local government and social care, better understanding of the relationship between funding and outcomes, and approaches to sharing resources across agencies.

Future research recommendations

This paper identifies 15 key areas for future research (see Annex 2). We were asked to prioritise three of these, which are as follows:

- **Co-producing public services.** How do we develop public services that allow users collectively to create their own solutions? What are the implications of co-

production on the workforce and institutions? How can the emergence of new COVID-19 support networks be strengthened and sustained as the crisis unfolds? To address this, we proposed a collaborative research programme co-hosted by MHCLG, the Office for Civil Society, and the lead Local Government and Voluntary and Community Sector (VCS) networks. The research would evaluate extant approaches to co-production and develop best practice models for future policy over the next three years in collaboration with local community groups and councils.

- **Future service delivery.** How has service delivery changed during COVID-19, in general and for specific groups? What do service users think about these changes? How should councils develop an integrated and holistic service offer to (different groups of) vulnerable people? What are the benefits of more flexible deployment of public servants? What issues arose from these changes? How can the benefits be maintained in future? What are the impacts and lessons from early prevention strategies targeted to help very vulnerable groups e.g. those at risk from domestic violence, rough sleeping and homelessness? To address this, we proposed a collaborative research programme co-hosted by MHCLG and the lead Local Government networks. The research would evaluate examples of innovative service delivery and develop best practice models for future policy over the next three years in collaboration with local councils and service users.

- **Devolution and sustainable funding for local services.** What improvements to the cost-effectiveness of services are available through better place-based working? What new powers and flexibilities do local areas need? What would an oversight or accountability system for this look like? What are the most effective outcome measures and research methods in assessing place-based working? What are the options and implications of different sustainable funding solutions for local government? What would be the (dis)advantages of funding local government differently, with a wider range of local tax sources? What are the likely impacts on the economies and productivity of cities and regions, coastal/rural and 'deprived' areas?

To address this, we propose a collaborative research programme co-hosted by MHCLG, HM Treasury and the lead Local Government networks. The research would evaluate examples of place-based working and alternative funding models for local services and develop best practice models for future policy over the next three years in collaboration with local councils and partners.

1. Key messages

The role of local government proved critical in the first stage of the pandemic, for example in supporting vulnerable and shielded people, enabling voluntary community groups, freeing up 30,000 hospital beds, housing over 5,000 homeless people, and sustaining essential services such as public health, waste collection, safeguarding and crematoria. Their role is set to expand further in future stages, including leading

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on local surveillance testing and tracing, implementing local lockdowns, economic development, contributing to a sustainable social care system, and supporting further community mutual aid.

We identified four key issues within this ARI by looking at published policy and research priorities from the local government sector representative groups and government departments. This paper summarises current research knowledge and identifies research gaps relating to the four issues:

- **Empowering local communities**: How can we empower local communities and encourage voluntary activity?
- **Delivering and supporting services**: How can councils maintain basic services (such as safeguarding), and create new services at pace (especially for vulnerable groups)?
- **Devolution and localisation**: What is the best balance between centralised and devolved working, and how can this operate more effectively?
- **Funding**: how can adult social care and local government overall be funded in a sustainable way?

For each issue we consider the key policy and practice implications of existing research on this issue, the critical evidence gaps on the issue, and the steps needed to address these gaps.

1.1. Empowering local communities

Communities across the UK responded quickly to emerging COVID-19 needs in their areas. Examples include delivering food packages to vulnerable people, visiting to check on the safety of those isolating, setting up online groups of neighbours and coordinating local volunteers. Informal community responses to COVID-19 were valued for their immediacy, proximity and agility. However, there are also concerns including a lack of coordination, reach and accountability in high-risk situationsi.

Well-functioning local systems have emerged in the heat of the crisis, whilst existing social infrastructure was vital (such as community buildings, services such as existing food banks, and partnership). The role of community organisations as 'cogs of connection' has been strengthened and these organisations have adapted at pace – but some are facing a funding 'cliff edge' and need support to meet the challenges of the futureii. For example, in Sheffield the response came out of long lasting, well established and trusted relationships, it focused on need and was agile and flexible. Organisations shared intelligence and best practice openly, ensuring hubs were well informed and enabling good connections with city wide structuresiii.

Recent research emphasises the importance of sustained community infrastructure and infrastructure investment over time. This has certainly helped with the speed and co-ordination of responses in some local areas, but there are issues of reach where community anchor organisations and infrastructure bodies lack reach into communities or strategic connections and/or councils have lost community development roles within the authority over the last decade of funding cuts, so there is a gap between strategic responses and what is happening 'on the ground'. In a

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majority of cases COVID-19 reinforced pre-existing relationships or the lack of these and tensions between communities and local authorities[2].

Local Authorities who had committed to partnership working and co-production activities with local communities were better equipped to respond to the pandemic. In many cases place based models which they had struggled to implement previously, were utilised while many barriers to implementation were removed. However, many locations talked about a concern over 'bureaucratic creep' leading to a retrenchment of activities and the removal of many of the gains identified in recent months. The most successful COVID-19 responses have been underpinned by a levelling of power relations between local authorities, VCS organisations and local communities.[iv]

Local government needs to adopt elements of both 'command and control' and 'problem solving' in working with community groups. Research often contrasts the extreme views of a centralised 'command and control' model, which views informal community responses as a nuisance to be managed, against a 'problem solving' model, which sees them as a legitimate and necessary contribution in a decentralised response system[v]. In the context of the pandemic, both these approaches need to work in concert.

Six key strategies have been found to support stronger partnerships. The Enabling Social Action (ESA) Programme[vi], a collaboration between DCMS and university researchers at Sheffield and Hull, worked with local authorities and their VCS partners to look at the challenges and barriers to enabling stronger cross-sectoral partnerships and building social action. It identified 6 key strategies for supporting stronger partnerships focused on i) Enhancing skills and building capacity, ii) redesigning funding and commissioning, iii) integration across service and policy making silos, iv) sharing power through collaboration, coproduction and integrated place based working, v) rethinking how we value evidence and demonstrate impact, vi) creating a shared space for cross-sectoral dialogue. Many of these dimensions were at the forefront of the response strategies of local authorities during COVID-19 lockdown.

The role of local public service staff and local politicians is critical. Local elected leaders have important roles in leading, facilitating and enabling activities, and representing local communities in decision making. The 21st Century Public Servant[vii] and related research identified key new roles such as staff acting a *catalyst* (enabling citizens to do things for themselves) and an *entrepreneur* (working with citizens and partners to develop new solutions).

Poorer, less healthy and some BAME people in later life face barriers to volunteering through formal organisations. Research has suggested ways that these barriers should be addressed to enable greater volunteering from these groups[viii].

The concept of 'community resilience' is popular but contested. This is defined as 'the capability of a community to anticipate risk, limit impact, and recover rapidly through survival, adaptation, evolution, and growth in the face of turbulent change'[ix]

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However, the assumptions that communities are geographically bounded, distinctive and singular 'containers', and that resilience is the product of a set of internal characteristics of communities themselves, are widely criticised since communities are dynamic and evolving bundles of complex relationships nested within wider economic and political power structures[x]. Moreover, it has been found that resilience is a complex, malleable and dynamic political construct[xi].

Research has been conducted on a wide range of models and institutional designs for empowering communities, such as asset transfer, citizen governance, e-participation, participatory budgeting, petitions, redress[xii], social innovation[xiii], and recently, social prescribing[xiv]. These models and designs have been found to empower those directly participating and to both influence and shape decision making. In cases of citizen governance and participatory budgeting clear evidence was also found of empowering the wider community[xv]. For example, Participatory Budgeting (PB) can improve citizen engagement, intergenerational understanding, levels of participants' self-confidence, and perceptions of public service providers. The benefits often depend on the scale and nature of the participation and the aim of the process[xvi]. However, more often than not, the structural reforms, support and funding required for empowering communities are absent[xvii]. The current situation offers a unique opportunity to identify and implement fundamental reforms for creating sustainable funding and infrastructure to empower local communities.

One approach adopted has been a 'Community Conversation' which recognises the importance of local, grassroots experience as distinct from policy makers and other statutory stakeholders. It is an asset-based and capacity-building approach that can lead to increased self-determination through active and informed contribution to decision making and policy implementation in a local context[xviii].

Evidence is required in the following areas:
1. **Strengthening community support networks**. Given the concerns about informal community responses (such as a lack of coordination, reach and accountability), how can the emergence of new COVID-19 support networks be strengthened and sustained as the crisis unfolds? What were the factors that facilitated / empowered these communities to build networks? And how can the lack of coordination, reach and accountability be mitigated?
2. **Empowering communities.** In empowering communities, how should we think about how different communities are responding to COVID-19? What typologies should we use to distinguish between communities (e.g. communities of place, people, backgrounds, beliefs, etc.)? In particular recognising the variable impact of COVID-19 on different communities. How important is the variable density of existing community networks and strength of social infrastructure? During the COVID-19 pandemic, some networks utilised were already there and others were established in response to the crisis. How do these differ? Is one more effective than the other? Have new organic groups interacted with / joined older more formal established groups?
3. **Co-producing public services.** How do we develop public services that allow users collectively to create their own solutions? How much 'co-production' with

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communities is already going on? What are the implications of co-production on the workforce? What skills are needed?xix How do we encourage/support co-production? For example, what role can social movement and network theories play in helping to improve public sector services and drive large scale system change? Feasibility studies on particular approaches, such as applying the Community Toolkit methodology in a selection of priority settings/contexts.

4. **Changing councils, staff and councillors to empower communities.** What institutional reforms are required to sustain fundamental changes in support for community empowerment? What new attitudes, skills and competencies are needed for local public servants to empower local communities and support voluntary activity effectively? What are the key roles of local elected members in empowering local communities and supporting voluntary activity, and what powers and support do they need to deliver this effectively?

1.2. Delivering and supporting services

In responding to the COVID-19 pandemic, public services relied on well-understood command structures, experience of emergency responses and extensive plans. This included planning both specifically on pandemics and more widely, for example in preparations around Brexit. However, recent research by the Institute for Government found that 'many plans had important gaps and government had failed to learn key lessons from the last major exercise to prepare for a pandemic. Public services were also weakened after a decade of budget pressures in which quality declined, staff became more stretched, buildings were poorly maintained, and vital equipment went unbought'xx. Despite these challenges, responses to budget pressures have also been a catalyst for innovation in public services.

COVID-19 related changes to everyday life have impacted service delivery in different ways, such as through digitisation, withdrawal and eligibility criteria revision. Many public services have had to develop new ways to access services (such as telephone consultations for GPs). Public servants have responded flexibly, with many moving to new roles. Research is underway around children's services, looking at the perception of these experiences by young service usersxxi, on child protection practice and vulnerable children and families, and the capacity of social workers and other professionals to keep children safe in a period of institutionalised social distancingxxii.

Place can offer a useful perspective to re-examine how best to deliver key services including those focused on community support, social and benefit supports, health and wellbeing, education and lifelong learning in a more integrated and effective way'xxiii (see also the section on 'devolution and localisation' below).

COVID-19 has highlighted the importance of data and evaluation in informing effective policy and practicexxiv. Arrangements to link and share data between

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central and local government that had stalled for years were addressed in weeks. New analytical capabilities have been developed, for example linking epidemiology and economics. Extant programme and policy evaluations have helped to inform policy and practice but were very limited in some areas due to a lack of past investment in evaluation. The forthcoming UK Spending Review is anticipated to put a renewed emphasis on evaluation plans.

The pandemic also demonstrated the importance of effective public communication, at local and national level, to all relevant segments of the community.

There is an increasingly robust evidence base on the drivers of homelessness and rough sleeping, and effective interventions to prevent and tackle themxxv. Government invested £3.2m between March and May 2020 to help house 5,400 rough sleepers through its 'Everyone In' scheme which was implemented by local authorities and accommodated over 90% of people previously sleeping rough. This included services for substance dependency and mental health, and additional support such as food, transport, supporting with claiming benefits, and personal items such as clothing. The future arrangements to prevent and remedy homelessness are not yet clear.

Preventative and early intervention services are key to improving outcomes. New approaches can improve access to and co-ordination of such services locally. For example, Family Support Hubs are multi-agency networks of statutory, community and voluntary organisations, which provide early intervention services and work with families who need support. The network accepts referrals and uses their knowledge of local service providers to signpost families with specific needs to an appropriate service. The aims are to improve access to and awareness of early intervention, improve co-ordination, and assess the level of unmet needsxxvi.

Various methodologies are available to support service planning and delivery. For example, Outcome Based Accountability (OBA), also known as Results Based Accountability (RBA), is an approach to thinking and taking action to improve peoples' lives. It can be used both for strategic planning and for improving service or programme performance. Comprising an outcomes framework (an agreed set of outcomes or indicators that can demonstrate whether, and to what extent, an initiative has positively contributed to improving people's lives), it can be used to evaluate performance accountability (the well-being of client populations who receive a service from an agency or service provider) and population accountability (people in a geographic area responsible for the well-being of the total population or a defined sub population)xxvii.

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From a health perspective, NIHR has a research call on learning and recovery from C-19 and a policy research call on recovery and reset. DHSC is funding research into some specific services or groups (e.g. people with learning disabilities, autism, and the use of technology by GPs).

Further evidence is required in the following areas:
- **Preparing for future pandemics.** What are the key lessons from planning exercises related to pandemics and recovery? What are the key lessons around effective communication with segments of the population?
- **Future service delivery.** How has service delivery changed during COVID-19, in general and for specific groups? What do service users think about these changes? How should councils develop an integrated and holistic service offer to (different groups of) vulnerable people? What are the benefits of more flexible deployment of public servants? What issues arose from these changes? How can the benefits be maintained in future?
- **Using data and analytics effectively.** How can local and central government continue to gain the benefits of effective data sharing arrangements enabled by the pandemic? What analytical capabilities and skills do local and central government need in the future, for example around linking epidemiology and economics? What mechanisms are needed to ensure that policies and programmes are routinely and robustly evaluated?
- **Shifting the focus to prevention.** What are the impacts and lessons from early prevention strategies targeted to help very vulnerable groups e.g. those at risk from domestic violence, rough sleeping and homelessness? How cost-effective are specific initiatives such as Family Support Hubs for vulnerable groups post-COVID?
- **Tackling homelessness.** What are the drivers of homelessness, particularly rough sleeping? What are the social, economic and fiscal costs of homelessness? What works for preventing rough sleeping and homelessness? What are the impacts of rough sleeping and homelessness interventions?

1.3. Devolution and localisation
In responding to the COVID-19 pandemic, the UK government has been criticised for defaulting to a centralised approach where more localised models may have been more effective. Examples of this overly centralised approach include the initial COVID-19 testing system, the provision of personal protective equipment, the management of volunteers, food delivery to vulnerable people, and early attempts to track and trace casesxxviii.

Decentralisation offers a wide range of public policy benefits including experimentation in diverse approaches, learning and competition, more informed and accountable policy making, engaging citizens in local decision making, and freeing up central government from detailed local policy issuesxxix. At the same time,

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without clear central government standards, some approaches to localism could reduce equity and harm marginalised groupsxxx. The move to more place-based and decentralised policy has been common across European countries, encouraged by increased globalisation and the concept of agglomeration economicsxxxi.

Place can offer a useful perspective to re-examine how best to deliver key services including those focused on community support, social and benefit supports, health and wellbeing, education and lifelong learning in a more integrated and effective way'xxxii.

England has a highly centralized state apparatus which has led to a lack of understanding of what the proper role of the 'local' should be in terms of effective interventionsxxxiii. The sub-national government structure of England is fragmented, with local government lacking clear constitutional protection and subject to central government control and successive re-organisation attempts.

Since 2010, the government has developed a limited and asymmetric range of 'contingent' devolution approaches in Englandxxxiv. 'Devolution deals' have been agreed with twelve areas covering a range of functions and initiativesxxxv, with central government requiring a directly-elected mayor to be established. This is an example of what Hildrethxxxvi calls 'contingent localism', where decentralisation is conditional on local bodies delivering national policy and standards. Alternative approaches include 'representative localism' (devolution to independent, locally democratically elected bodies) and 'community localism' (decentralisation or devolution to local communities).

Evidence is required in the following areas:
- **Devolution policy development.** What improvements to the cost-effectiveness of services are available through better place-based working? What new powers and flexibilities do local areas need? What would an oversight or accountability system for this look like? How do we share learning about effective models? What are the characteristics and outcomes of policies and interventions that are more effectively managed centrally or locally? What constitutional arrangements for local government would work most effectively in recovering from the pandemic? What are the most effective outcome measures and research methods in assessing place-based working?
- **Making central/local working more effective.** What are the key elements of effective implementation where responsibility is shared between central and local government, e.g. around co-design, information sharing, accountability, leadership, communication, co-ordination and funding?

1.4. Funding

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Austerity, sustained and widespread cuts to government budgets, characterised Britain's public policy from 2010 to 2019. The local state has undergone substantial restructuring, driven by major budget reductions from central government. Austerity has shrunk the capacity of the local state, increasing inequality between local governments and exacerbating territorial injusticexxxvii.

There are powerful democratic arguments for plurality of power within a modern democracyxxxviii.

The overall trend in the western democracies over the last twenty years has been towards increased decentralisation of spending functions. In the UK, a larger proportion of local government spending is financed through grants from central government, and much less use is made of local and regional taxation than in almost all other European countriesxxxix.

The body of existing academic evidence about the impact of devolving fiscal powers is inconclusive. There is no consistent and certain evidence that either centralised or, on the other hand, devolved models of government have measurable effects on economic growthxl. However, comparative research on how municipal governments function in a number of major international cities demonstrates that British cities have very low levels of fiscal autonomyxli and lower productivity than these cities. There are also positive effects on economic outcomes when powers are held at the appropriate level and when local authorities are incentivised to create pro-growth planning regimesxlii.

Much local government funding is still distributed through competitions which place considerable pressures upon local authorities and partnersxliii, and results in wasted effort and ineffective use of resources.

Local councils and other public bodies can share resources and pool funds to deliver joint outcomes more effectively and efficiently. However, there are often legal, cultural, governance and other barriers to this collaboration. Legislation, such as the NI Children's Services Co-operation Act (2015)xliv aimed at improving the well-being of children and young people, is important in enabling this resource sharing.

Expenditure on the care of older people will need to increase substantially and quicklyxlv. Always organised differently and funded less generously than more universal services such as health care, adult social care has also faced a combination of pressures arising from demographic change and increased costs, rising need and demand, short-term funding settlements, and the pursuit (since 2010) by successive governments of a policy of austerity and cuts to public expenditurexlvi. The Select Committee Citizens' Assembly on social care emphasised the need to create a social care system and funding arrangement that is sustainable and for the long term, fair and equal, universal, high quality and that treats people with dignity and respect The Assembly proposed to pay for such a system through public funding, with social care free at the point of delivery like the NHS, together with an element of private financingxlvii. DHSC has funded more recent research on attitudes

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to paying for care – conducting by the NIHR Policy evaluation and innovation research unit.

Evidence is required in the following areas:
- **Sustainable funding for local government.** What are the options and implications of different sustainable funding solutions for local government? What would be the (dis)advantages of funding local government differently, with a wider range of local tax sources? What are the practical issues associated with introducing each of these options? What are the likely impacts on the economies and productivity of cities and regions, coastal/rural and 'deprived' areas? What would be the (dis)advantages of substantially reducing the reliance on bidding competitions in local government funding? What are the costs and (dis)benefits of local government re-organisation?
- **Sustainable funding for social care.** What are the societal and economic (including behavioural) implications of the different potential approaches to funding social care?
- **Understanding costs and outcomes in local services.** What is the relationship between funding and specific outcomes? What factors influence unit costs in local government?
- **Support for sharing resources.** Identifying exemplars of best practice to inform a template/toolkit on pooling resources for local authorities and partners.

2. Research gaps

2.1. Empowering local communities
- **Strengthening community support networks**. Given the concerns about informal community responses (such as a lack of coordination, reach and accountability), how can the emergence of new COVID-19 support networks be strengthened and sustained as the crisis unfolds? What were the factors that facilitated / empowered these communities to build networks? And how can the lack of coordination, reach and accountability be mitigated?
- **Empowering communities.** In empowering communities, how should we think about how different communities are responding to COVID-19? What typologies should we use to distinguish between communities (e.g. communities of place, people, backgrounds, beliefs, etc.)? How important is the variable density of existing community networks and strength of social infrastructure? During the COVID-19 pandemic, some networks utilised were already there and others were established in response to the crisis. How do these differ? Is one more effective than the other? Have new organic groups interacted with / joined older more formal established groups?
- **Co-producing public services.** How do we develop public services that allow users collectively to create their own solutions? How much 'co-production' with communities is already going on? What are the implications of co-production on

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the workforce? What skills are needed?xlviii How do we encourage/support co-production? For example, what role can social movement and network theories play in helping to improve public sector services and drive large scale system change? Feasibility studies on particular approaches, such as applying the Community Toolkit methodology in a selection of priority settings/contexts.

- **Changing councils, staff and councillors to empower communities.** What institutional reforms are required to sustain fundamental changes in support for community empowerment? What new attitudes, skills and competencies are needed for local public servants to empower local communities and support voluntary activity effectively? What are the key roles of local elected members in empowering local communities and supporting voluntary activity, and what powers and support do they need to deliver this effectively?

2.2. Delivering and supporting services

- **Preparing for future pandemics.** What are the key lessons from planning exercises related to pandemics and recovery? What are the key lessons around effective communication with segments of the population?

- **Future service delivery.** How has service delivery changed during COVID-19, in general and for specific groups? What do service users think about these changes? How should councils develop an integrated and holistic service offer to (different groups of) vulnerable people? What are the benefits of more flexible deployment of public servants? What issues arose from these changes? How can the benefits be maintained in future?

- **Using data and analytics effectively.** How can local and central government continue to gain the benefits of effective data sharing arrangements enabled by the pandemic? What analytical capabilities and skills do local and central government need in the future, for example around linking epidemiology and economics? What mechanisms are needed to ensure that policies and programmes are routinely and robustly evaluated?

- **Shifting the focus to prevention.** What are the impacts and lessons from early prevention strategies targeted to help very vulnerable groups e.g. those at risk from domestic violence, rough sleeping and homelessness? How cost-effective are specific initiatives such as Family Support Hubs for vulnerable groups post-COVID?

- **Tackling homelessness.** What are the drivers of homelessness, particularly rough sleeping? What are the social, economic and fiscal costs of homelessness? What works for preventing rough sleeping and homelessness? What are the impacts of rough sleeping and homelessness interventions?

2.3. Devolution and localisation

- **Devolution policy development.** What improvements to the cost-effectiveness of services are available through better place-based working? What new powers and flexibilities do local areas need? What would an oversight or accountability

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system for this look like? How do we share learning about effective models? What are the characteristics and outcomes of policies and interventions that are more effectively managed centrally or locally? What constitutional arrangements for local government would work most effectively in recovering from the pandemic? What are the most effective outcome measures and research methods in assessing place-based working?

- **Making central/local working more effective.** What are the key elements of effective implementation where responsibility is shared between central and local government, e.g. around co-design, information sharing, accountability, leadership, communication, co-ordination and funding?

2.4. Funding

- **Sustainable funding for local government.** What are the options and implications of different sustainable funding solutions for local government? What would be the (dis)advantages of funding local government differently, with a wider range of local tax sources? What are the practical issues associated with introducing each of these options? What are the likely impacts on the economies and productivity of cities and regions, coastal/rural and 'deprived' areas? What would be the (dis)advantages of substantially reducing the reliance on bidding competitions in local government funding? What are the costs and (dis)benefits of local government re-organisation?
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- **Support for sharing resources.** Identifying exemplars of best practice to inform a template/toolkit on pooling resources for local authorities and partners.

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This is not a statement of government policy