The Manchester Briefing on COVID-19

International lessons for local and national government recovery and renewal

Twelfth briefing: Week beginning 22nd June 2020

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What is 'The Manchester Briefing on COVID-19'?
The Manchester Briefing on COVID-19 is aimed at those who plan and implement recovery from COVID-19, including government emergency planners and resilience officers.

Each week we bring together international lessons and examples which may prompt your thinking on the recovery from COVID-19, as well as other information from a range of sources and a focus on one key topic. The lessons are taken from websites (e.g. UN, WHO), documents (e.g. from researchers and governments), webinars (e.g. those facilitated by WEF, GCRN), and other things we find.

We aim to report what others have done without making any judgement on the effectiveness of the approaches or recommending any specific approach.

This week
We have provided four briefings:
Briefing A: Focus of the week - People & communities affected by COVID-19
Briefing B. Lessons you may find helpful from across the world
Briefing C: Case Study – Homelessness during COVID-19, Greater Manchester, UK
Briefing D: Useful webinars

Other information
Please register at ambs.ac.uk/covidrecovery if you would like to receive future briefings. If this is the first briefing you have received and would like to be sent the previous ones, please email events@manchester.ac.uk.

If you would be willing to contribute your knowledge to the briefing (via a 30-minute interview) please contact Duncan.Shaw@manchester.ac.uk

We also produce a blog series which you can access here along with other news about our team and our work.

Briefing A: Focus of the week - People & communities affected by COVID-19
(With acknowledgement to Greater Manchester for allowing us to reproduce the table in this briefing)

Introduction

We present here details of how to consider *people* who have been disproportionately impacted by the effects of COVID-19; how they can be identified, and how they could be involved and supported in recovery and renewal. This briefing builds on our previous thinking about *people, place* and *process* as key elements of focus for recovery[1].

Identifying the *people* affected by COVID-19 requires consideration of individuals and the wider community level, where the local communities' capacity to self-organise for recovery and renewal is acknowledged[1]. Additionally, the socio-economic determinants that affect the capacity or capability of individuals and communities to recover should be considered. *People* live in *places* that provide the environments in which people live or work and the infrastructure that supports them. The degree to which *people* are affected is also influenced by *processes* which include ways of working, access to supporting infrastructure (such as health services), and rules or procedures. Rules and procedures influence engagement with the affected population through norms, behaviours and organisational cultures which can determine how well the needs of *people* are met.

Drawing on work by Greater Manchester, this briefing provides an indication of one approach being adopted to develop a list of *people* and communities affected by COVID-19, and examples of the potential impacts on them. This is not a definitive list and will be refined as understanding about the disease develops and impacts become known. It will also be used with other appraisals such as economic, community and financial, to identify the impacts of COVID-19 and consider how to involve those affected in recovery and renewal.

The people affected

The table below presents a list of *people* that multi-agency partners can consider when identifying affected groups and their needs. This list can be used by different organisations as they reflect on their local living conditions and occupations and the impacts of this on local vulnerabilities. Such a list enables gaps between needs and existing provision to be highlighted, and the effects of potential impacts on people to be identified, which will support informed decision-making. In particular, this can help identify communities and groups which may require priority attention, or who may be disproportionately affected by the impact of COVID-19, to ensure a people-centred approach to recovery and renewal.

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[1] The Manchester Briefing on COVID-19: International lessons for local and national government recovery. Fourth briefing: Week beginning 27th April 2020

The table shows the affected groups and sub-groups that could be considered, and one possible example of the impact COVID-19 can have on each of the people and communities identified. Some of these groups may experience multiple, cross-cutting impacts e.g. someone from the BAME community with a disability.

	Example of Potential impact
Vulnerable Groups	
BAME Groups	▪ Exacerbation of existing health and social inequalities and impacts on their ability to recover
Bereaved families and friends	▪ Distress/trauma/feeling of loss amongst bereaved families who may not have been with loved ones as they passed away or been able to attend funerals
Homeless people	▪ An increase in homelessness, driven by deteriorating home or financial situations and a loss of long-term legislation/funding for emergency housing
Individuals/Households in poverty	▪ An increase in poverty, and personal or household debt. Reliance on medium and longer term, direct or indirect support from public sector e.g. food and bills
LGBTQI Community	▪ Higher risk of homelessness (especially for young people) and at high risk of domestic abuse
Employment groups	
Gig Economy	▪ Impact on people who work in temporary or zero hours contracts or freelancers ▪
Self employed	▪ Financial and emotional impact on the self-employed
Unemployed/recently redundant	▪ Demand for online services as a result of redundancies and job seeking and mechanisms to address this
Supporting groups	
Church/ Faith Groups	▪ Potential impact on places of worship and faith groups in terms of income and ability to support communities most affected by COVID-19, including additional demand in memorial services
Community care providers	▪ Increased demand on adult social care as isolated people become more vulnerable due to social distancing, and impacts on community care providers
Community Groups	▪ An accelerated decline of the high street might exacerbate social inequalities and increase social isolation (by removing the 'spaces' where people connect)
Food banks	▪ Depletion of supplies at foodbanks and difficulty restocking, leading to increased risk of hunger amongst socially vulnerable people
VCSE sector	▪ Potential loss of large numbers of VCSE and charity due to lack of funds. Consequent damage to social networks, social cohesion, the capacity to mobilise, reduction in the diversity of voices heard and direct impacts on beneficiaries of services

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	Example of Potential impact
Vulnerable people	
Asylum seekers & Refugees	▪ Need to be able to sustainably and effectively support asylum seekers and refuges including those with no recourse to public funds
BAME Individuals	▪ Individuals may be more vulnerable from racist attacks
Care Homes & people supported to live in the Community	▪ Enhanced clinical support to those in care homes and living in the community and increased support needs to the most clinically vulnerable in the community (shielding cohort) and a fear of exiting shielding
Digitally excluded	▪ Those without internet access e.g. elderly, people in most severe disadvantage, children and young people living in poverty
Disabled people	▪ People with learning disabilities and autistic people, their capacity to understand what is happening, in addition to the disproportionate impact of COVID-19 infection and impact of 'do not resuscitate' notices
Older people	▪ Increase in ageism caused by a narrative that older people are vulnerable has the potential for causing higher levels of anxiety and devaluing the contributions of older people to society
Other ethnic groups & non-English speakers	▪ Potential for increased racist attacks
People living alone	▪ Social isolation and loneliness of people living on their own
People who have survived COVID	▪ Ongoing health impacts; mental and physical health impacts
People with existing medical conditions	▪ Non-COVID-19 ill health causing treatment being delayed, cancelled or not sought during the crisis
People with mental health needs	▪ Potential in increase in mental health needs due effect of lockdown for existing and new sufferers
Pregnancy/Maternity	▪ Concerns about contracting COVID whilst pregnant, and the mental health impact of social isolation during lockdown for new mothers and their baby
Prisoner rehabilitation	▪ Consideration of prison release accommodation status and support. Implications of Service pressures; increased early release from prison estate (14,000) required to remove shared cell arrangement
Shielded/ Isolated people	▪ Social isolation of those with existing conditions leading to further health and social inequalities
Victims of domestic abuse	▪ Anticipated impact of rising domestic abuse - requiring targeted specialist interventions

Children/ Young People	
Disadvantaged young people	▪ Impact on educational attainment as a result of lengthy period out of education. The gap for disadvantaged children may widen
School children	▪ Impact on attainment as a result of lengthy period out of education, and re-establishing expectations around school attendance. Potential issues with the demotivation of children, particularly some from deprived community settings
Vulnerable children	▪ Potential increased referrals to children's social care including an increase in requests for a statutory services
Young People	▪ Mental Health/wellbeing implications for young people of prolonged periods of isolation, loss of friendships, routines and relationships with staff
Career groups	
Care Home staff	▪ Distress/trauma/loss amongst Care Home staff
Carers - paid & unpaid	▪ Increased demand for care and potential for less support from paid care workers.
Home Carers	▪ Burn out and mental health issues of sector staff working and supporting communities throughout lockdown
NHS staff	▪ Distress/trauma/loss amongst NHS staff, and beyond; e.g. Emergency organisations and mortuary staff
Workers in elementary/low paid occupations	▪ Those undertaking frontline work who may be more likely to be impacted by COVID e.g. transport staff, security guards, supermarket workers, meat factories, VCSE sector - men in these occupations have a statistically significantly higher death rate from COVID-19

A Methodology to identifying those affected by COVID-19: Process

Here we discuss *process* and present a methodology developed from the steps taken by Greater Manchester that began to develop a database that identified *people* affected by COVID-19, and to consider the impacts of the pandemic. Following this we suggest processes that can be used to connect with affected people, and the places they live, work or engage with, to include them in their own recovery and renewal.

The following steps were taken by Greater Manchester to start to develop a database that identifies people affected by COVID-19, and to consider the impacts of the pandemic. These included:

▪ **Developing a Recovery Coordination Impact Assessment –** All multi-agency cells established for the response were asked to complete the assessment to identify groups that were disproportionately affected by COVID-19 this ensured people and place were considered across a variety of groups.

▪ **Evaluating responses** – Responses from the Recovery Coordination Impact Assessment were collated and structured by Greater Manchester to determine overarching categories for groups

affected, and the sub-groups which made up the core categories. A summary of impacts on these sub-groups was developed from responses from the Recovery Coordination Impact Assessment by Greater Manchester.

- **Reviewing additional sources** – Additional information about affected groups was gathered and reviewed from sources available at the time such as Public Health England, to provide further information about impacts of COVID-19 on affected groups; this included socioeconomic determinants such as ethnicity, employment age etc.
- **Review of groups, sub-groups and impacts** – Information about affected groups was circulated to a number of partners for comment to provide critical review and comment. This included local research organisations, VCSE partners, public sector organisations and the academic sector[2].

This methodology requires a partnership approach whereby relationships formed during the initial stages of response are utilised to strengthen recovery and renewal activities in the longer-term. Through multi-departmental cross-organisational working, local, place-based action can be implemented.

Clearly this is a helpful list from Greater Manchester and is just one of a number of documents that can support thinking on recovery. This work has been developed by Greater Manchester as an iterative process, drawing together a number of work streams. It can be used to develop thinking along with other data from different settings such as the experience of those delivering services such as community hubs, PHE research and demographic data from Health and Social Care.

Connecting with, and involving, those affected by COVID-19

Perhaps you, the reader, can consider how to apply this list as part of your own, local methodology for connecting with, and involving people and groups affected by COVID-19. This could help you to identify needs for social inclusion and people-centred approaches for recovery and renewal. Social inclusion enables people and communities to fully participate in society, while helping to reduce some of the factors which may exclude them such as unemployment, age, ill health (mental or physical), poor housing etc.[3]

Possible strategies to connect with these groups include[4]:

- Surveys via post, email, social media or text
- Online focus groups

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[2] The partners relevant to your organisation may differ

[3]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/359358/socinc.pdf

[4] Consider offering multiple forms of communication, such as text captioning or signed videos, materials for people who use assistive technology, braille and in a variety of languages. https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19_CommunityEngagement_130320.pdf

- Online question and answer sessions on a particular issue
- Online quizzes or games aimed at getting young people's views
- Conversation and consultation with community groups/hubs/leaders
- Invite people to develop community stories[5],[6]

The benefits of including those affected by COVID-19 in recovery and renewal include better decision-making that is based on evidence and data, increased transparency, support for improved social inclusion and cohesion, and equality. It also enables services to ensure the needs of individuals affected are central to the decisions that are made for future delivery of response and recovery action.

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[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5080940/
[6] https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach

Briefing B. Lessons you may find helpful from across the world

We provide the lessons under six categories, with sub-categories for ease of reference. We have selected lessons that are of specific interest to the recovery process although many also relate to the response phase, and the likely overlap between response and recovery.

This week our lessons on humanitarian assistance focus on vulnerable people including the homeless and those in informal settlements, a community-centred approach to mental health, and training opportunities for volunteers. Economic lessons include those strategy including the benefits of digitising remittances and the development of economic committees to support provision of basic wages. Infrastructure lessons focus on m strengthening resilience in food supply chains and support of the local agricultural sector. Environmental lessons address green space in urban planning and water management reform to reduce the spread of COVID-19. Communications lessons focus on communicating with rural communities to reduce isolation and disseminate accurate information, and the importance of community engagement. Governance and legislation includes lessons on recovery planning to identify lesson learned and emergency planning for evacuations.

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Recovery: Categories of impact	Actions	Country/ Region	Source
Humanitarian Assistance			
Vulnerable people	**Consider how to support and protect homeless people, and those at risk of homelessness.** See Case Study 1	UK	
Vulnerable people	**Consider how to include informal settlements in the COVID-19 response and recovery efforts.** Poor sanitation, cramped living conditions, and insufficient health facilities put those living in informal settlements at high risk from COVID-19. Outbreaks of Ebola and Cholera have shown that public health policies are most effective when governments work closely with informal communities. Consider: ▪ Ensuring government efforts tackling COVID-19 are interwoven with local community coordinating committees, volunteer networks, and reporting systems ▪ Utilising community knowledge, information and networks to understand information about the area, and its population. Tapping into this data is important to effectively target the most vulnerable and understand needs ▪ Working with communities to develop public heath campaigns and to stop the spread of misinformation. Targeted radio campaigns are more effective than TV public health campaigns, as few can afford televisions and electricity is sporadic ▪ Working with well-informed and respected community leaders as they are often best placed to spread accurate messages and materials about COVID-19 and how to avoid it ▪ Developing community-driven track and trace systems to help reduce transmission ▪ Prioritising serious investment into local clinics, hospitals and infrastructure including sanitation and water supply ▪ Advocating the rights of Africa's urban poor that has left them more exposed to disease outbreaks	Africa	https://medium.com/@resilientcitiesnetwork/lessons-from-african-slums-how-to-include-informal-settlements-on-the-covid-19-response-and-d440826d3eea

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Recovery: Categories of impact	Actions	Country/ Region	Source
Mental health	**Consider taking a community-centred approach to mental health provision to support the expected surge in need as a result of COVID-19.** Public Health England have adopted a place-based, whole system approach to improving the health of the poorest. This strategy aims to build healthy, resilient, connected and empowered communities on mental health – and sits alongside wider strategies on "Place-Based Approaches for Reducing Health Inequalities". This involves scaling a range of community-centred approaches, addressing community level determinants. Consider addressing the following principles: 1. *Scaling:* Rolling out a flexible approach rather than applying a standard model using integrated community-centred approaches e.g. integrated wellness services at the local neighbourhood level. Utilise local resources and expertise 2. *Involving*: Gather community insights and encourage participation to better understand people's health needs 3. *Strengthening*: Grow local capacity and knowledge through workforce development to build core skills in the community. Encourage a thriving voluntary, community and social enterprise sector 4. *Sustaining:* Address social determinants of health, as they directly impact on people's resilience and ability to participate. Develop short, medium and long-term indicators about what matters to communities and share between agencies and communities	UK	Public Health England https://www.gov.uk/government/publications/community-centred-public-health-taking-a-whole-system-approach

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Recovery: Categories of impact	Actions	Country/ Region	Source
Volunteers	**Consider specific training opportunities for volunteers to help meet the demand for long-term support of essential service provision as a result of COVID-19.** Consider: ▪ Training webinars to develop volunteer managers to develop capacity of 'professionalised' volunteers ▪ Developing specific training courses that include guidance documents and a set number of hours for course completion ▪ Developing a virtual library of resources to support other voluntary organisations, consider how these will be managed and vetted ▪ Build resources that complement existing government guidance	USA	Volunteer coordinator of State
Economic			
Economic strategy	**Consider the impact of remittances on the local economy and the opportunity to digitize payments.** Remittances from overseas migrant workers make up more than a fifth of GDP in some economies. This type of finance is usually very resilient to natural disasters, and financial slumps as those sending money home are unlikely to follow the behavior of financial markets. However COVID-19 has meant people cannot send money as they normally would due to social distancing and bank/post office closures. This impacts the capacity to send hard cash which made up 80-85% of transaction pre-pandemic. Consider: ▪ Promoting the digitisation of cash transfers in local communities to support the sending and receiving of remittances as moving cash has become harder ▪ Giving "mobile-money" agents the status of being an essential service. These small traders serve many times more people than bank branches but struggled to stay open as governments did not deem their services "essential"	El Salvador Nepal	https://www.economist.com/finance-and-economics/2020/06/15/covid-19-has-squeezed-migrants-remittances-to-their-families

Recovery: Categories of impact	Actions	Country/ Region	Source
Economic strategy	**Consider developing economic revival committees to support provision of basic wages.** In Colombia, local government has established an economic revival committee comprised of the Chamber of Commerce, labour unions and local stakeholders create as many jobs as possible that provide a basic wage. The idea is that in the current climate, more jobs that provide a basic wage, are more important than fewer jobs that provide high wages. Job creation will be encouraged through public and private entities in areas such as security and sanitation. More jobs providing a basic wage will maintain people's dignity and reduce poverty.	Colombia	Chief Resilience Officer
Infrastructure			
Supply Chains	**Consider how to make food systems more resilient post-COVID-19.** Addressing the equality of food systems can help support their resilience. Consider: ▪ Improving the local economy and the food system simultaneously by growing locally, and employing the local population ▪ Urban farms for local food production e.g. utilising school gardens ▪ Engaging neighbourhood leaders to improve understanding of who needs assistance ▪ Improving sustainability e.g. drive through markets to keep markets open during lockdowns and avoid waste from spoilage, as well as giving smaller sellers security in selling produce ▪ Enabling community food parcels to be ordered in a similar way to ordering food deliveries ▪ Improving the food sector workers' protection to help prevent COVID-19 infection ▪ Keeping school cafeterias open for collection of meals for vulnerable children	All	Coronavirus Speaker Series: 15 Resilient Food Systems Global Resilient Cities Network and the World Bank https://medium.com/@resilientcitiesnetwork/coronavirus-speaker-series-sharing-knowledge-to-respond-with-resilience-5a8787a1eef5

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Recovery: Categories of impact	Actions	Country/ Region	Source
Supply chains	**Consider how to support the agricultural sector with their distribution.** Closure of markets has meant many in the agricultural industries have required support in distributing their products. In Lyon, local government took the following actions: ▪ Identified producers in difficulty and their needs via the Chamber of Agriculture ▪ Coordinated digital platforms' connections with producers and consumers ▪ Mapped additional warehousing facilities to support storage of produce and preparation for market ▪ Provided specific open-air collection points to collect orders ▪ Researched other rapid distribution channels e.g. through the Red Cross ▪ Created additional sales outlets when markets were not viable	France	https://covidnews.eurocities.eu/wp-content/uploads/2020/04/Covid-19-measures-implemented-by-Lyon-M%C3%A9trople-FV.pdf
Environmental			
Urban planning	**Consider the effect green and open spaces on individuals and communities in relation to physical health, wellbeing and the environment.** COVID-19 has exposed disparities in access to open and green space. Improved access can have positive effects on physical and mental health, communities as a whole and the environment. Consider impacts on: **The individual:** ▪ Provides areas for exercise, and improves mental health ▪ Park closures and restrictions on movement due to COVID-19 negatively and disproportionately effects those without gardens and those who are less economically well off **The community:** ▪ Increasing the quantity of green spaces reduces traffic which reduces pollution and encourages city safety ▪ Green space for social housing directly addresses socio-economic disparities regarding ▪ Can simultaneously address other environmental factors such as flood risk management	UK	https://landuse.co.uk/green-spaces-coronavirus/

Recovery: Categories of impact	Actions	Country/ Region	Source

Water Management	**Consider how water management reform can reduce virus spread and secondary risks.** Water Management can make safer and more sustainable communities, and due to COVID-19, communities already effected by water inequality could become even further disadvantaged. Points to consider when exploring water management during COVID-19:
	▪ Improving access points to water in a way that avoids queues/crowds forming at water points
	▪ Identifying how to avoid water points becoming breading hotspots for Covid-19
	▪ How movement restrictions would impact on individuals' ability to attend a water point to access clean water, and how to overcome these impacts
	▪ Improving water cleanliness to avoid secondary diseases and potential malnutrition from, for example, diarrhoea
	▪ Improving the management of water supply, including strict water governance. For example:
	   o Consider disruption of food supply from a lack of workforce
	   o Prepare for potential dry season cropping by managing water reserves
	   o Anticipate (so to mitigate) the effect of disasters (such as drought and famine)
	   o Consider how to manage migration to aid camps where social distancing is more difficult
	▪ Improving water recycling to reduce the release of untreated wastewater into the environment
	▪ Education and facilitation to make communities more resilient to changes in the environment and future events such as Covid-19.
		All	http://www.preventionweb.net/english/email/url.php?eid=72192 http://www.preventionweb.net/english/email/url.php?eid=72202

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Recovery: Categories of impact	Actions	Country/ Region	Source
Communications			
General communication	**Consider how to maintain effective risk communication and community engagement.** The WHO developed a risk communication and community engagement readiness checklist. It outlines six areas for consideration: 1. *Risk communication systems* e.g. Strengthen the surge capacity of communicators and community engagement expert 2. *Internal partner coordination* e.g. Assess the communication capacity of partners: identify typical audiences and communication channels 3. *Public communication* e.g. Review the roster of spokespeople at all levels; list their areas of expertise in COVID-19 4. *Community engagement* e.g. Establish methods for understanding the concerns, attitudes and beliefs of the community 5. *Addressing uncertainty, perceptions and managing misinformation* e.g. Establish dialogue in activities to systematically collect and provide answers to questions from the public 6. *Capacity building* e.g. Consider what training will be needed	All	https://www.who.int/publications/i/item/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(-ncov) https://www.economist.com/international/2020/06/03/fake-news-is-fooling-more-conservatives-than-liberals-why
General communication	**Consider how to ensure communication and connectedness in rural communities.** Isolation and loneliness is a big issue in rural communities which has been heightened by lockdown. Consider projects such as ConnecTED Together that offer: ▪ A phone befriending service ▪ Signposting to other agencies ▪ Fortnightly packs that are emailed featuring news, reviews, quizzes, short stories, and recipes ▪ A dedicated YouTube channel with video features on themes such as exercise, healthy eating and working with technology ▪ 'How to' guides e.g. use of digital devices ▪ Campaigns that include the KnitTED Together campaign where people can share pictures of creative knitting and experiences via social media	UK	https://www.rsnonline.org.uk/covid-19-rural-communities-pulling-together-week-5

Recovery: Categories of impact	Actions	Country/ Region	Source
Governance and legislation			
Recovery Planning	**Conduct an effective process to identify lessons from the response**: Lessons should be learned to assess the response and identify improvements. Some debriefs only collect 'obvious' comments as they give limited time to participants to co-create more sophisticated learning and critically appraise each other's comments. Some processes drown out informed people, and anonymity can encourage the sharing of extreme views that people would not normally offer or defend. On analysis, participants are not a homogenous group, but analysis may treat them as if they were, and results are generalised to 'how participants felt' which is inappropriate. To partly overcome some of these limitations, the process of debriefing may include five activities: 1. *Surveys* designed and interpreted with the above potential limitations in mind 2. *Individual discussions* with knowledgeable people to collect informed views, reasoning, and explore wider contexts 3. *Analyse survey and individual views by respondent-type* to identify themes for further analysis 4. *Facilitated group discussions* with knowledgeable people who build on each other's view to generate new understanding, and agree a final 'lessons learned' that accommodates competing perspectives 5. *Facilitated action planning* with knowledgeable people to agree an action plan to address the lessons	All	

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Recovery: Categories of impact	Actions	Country/ Region	Source
Emergency planning	**Consider revising evacuation plans to account for COVID-19 restrictions.** The evacuation and shelter of people during a major emergency is a challenging task under normal conditions but, in the context of COVID-19, social restrictions, and potential to transmit the virus, it becomes even more complex. When planning for evacuation and shelter during COVID-19, consider: ▪ Provide more transport to comply with social distancing measures ▪ Rapidly expand shelter capacity, through building or identifying a greater number of current buildings for use as shelters, so as provide greater areas for social distancing ▪ Consider adapting industries to help prepare for a safer evacuation of populations away from high risk areas. For example, repurposing the garment industry to manufacture personal protective equipment (PPE) for volunteers use in Bangladesh ▪ Separate suspected COVID-19 patients in specific separate shelters ▪ Reducing chances of person to person contact by introducing public announcements / mass communication tools such as community radio and electronic media ▪ Create operational systems which allow for autonomy so responders can work efficiently without constant contact with HQ's if they happen to be under different lockdown restrictions ▪ Combine early warning messages with Covid-19 warning messages	All	http://www.preventionweb.net/english/email/url.php?eid=72241 http://www.preventionweb.net/english/email/url.php?eid=72264

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Briefing C: Case Study – Homelessness during COVID-19, Greater Manchester, UK

Since the COVID-19 pandemic, increasing numbers of individuals and families are at risk of homelessness due to loss of work and domestic issues[7,8]. As a result of COVID-19 the services homeless, and housing insecure people use have undergone dramatic changes to the way they can operate. Due to social distancing rules, some support centres can no longer provide drop-in services which could accommodate ad-hoc visits from new or known users. This has led to the number of people seen by one centre fall from 35 in a session to just 2[9]. This has ramifications for the city's transition from emergency accommodation to the "living with COVID"[10] phase which aims to provide longer-term housing and wellbeing support with funding from the Greater Manchester Mayor's Charity which has provided more than £350,000 so far in funds donated by businesses and individuals[11].

While there are concerns about how to effectively help people long-term when so few people can be seen, changes in service provision has meant support staff can offer more specialised help that focuses on providing accommodation, helping with benefit claims, doctors' appointments, and accommodation viewings; providing a more tailored service that goes beyond "offering food and a chat"[12]. This has helped to engage those who may not have been willing to engage with support services before COVID-19 to make major changes to their lives with issues such as drug addiction[13].

Moving forward, organisations such as Greater Manchester Homelessness Action Network have identified some key areas to build on the relationships built between local partnerships to ensure equitable decision-making[14], these include:

1. Meeting the immediate needs of homeless people
   - Immediately accessible quality accommodation
   - Personalised plans for individuals co-produced throughout the accommodation transition
   - Lead with lived experience, using the strength of collective voice, localise and tie together national campaigns
2. Learning from the COVID-19 response
   - Retain increases in income support
   - Understanding housing as a health intervention
   - Need for rapid, responsive procurement of services
   - Partnerships and co-production have been enhanced- relationships need to be maintained
   - Further devolution should be considered to enable further innovations in how Greater Manchester addresses homelessness, notably for welfare support

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[7] https://www.independent.co.uk/news/uk/home-news/coronavirus-homeless-job-loss-hotels-housing-a9547351.html

[8] Manager of a homeless centre in central Manchester

[9] Manager of a homeless centre in central Manchester

[10] https://aboutmanchester.co.uk/greater-manchester-mayors-charity-has-helped-30-frontline-charities-in-nine-weeks/

[11] https://aboutmanchester.co.uk/greater-manchester-mayors-charity-has-helped-30-frontline-charities-in-nine-weeks/

[12] Manager of a homeless centre in central Manchester

[13] Manager of a homeless centre in central Manchester

[14] https://news.streetsupport.net/2020/06/16/gmhan-building-back-better-your-input-and-support-needed/

Future considerations should include:

- The expected surge in families that are homeless or housing insecure as a result of mortgage and rent payment holidays coming to an end[15]. Greater Manchester is already considered to be an eviction and repossession hotspot with approximately 1 in 62 households are at risk of repossession or eviction[16]. The new demographic of housing insecure families will require services to change to accommodate them. While mental and physical health issues are a core concern for all homeless people, the transition for families who were once secure, were in work, have a number of dependents, and have then see their "world crash around them"[17] can have serious ramifications for their health and safety.
- Support for those who are new to homelessness through creation of moving-on plans which successfully sees them transition from emergency accommodation to secure accommodation[18]
- Specific support for refuges, asylum seekers and migrants who do not have access to public funds and may be particular 'hidden' due to limited access to official support. The Manchester Homeless Partnership (MHP) Destitute Migrants' Relief Fund currently provides one payment of £80 per week. There are no restrictions on what the Fund can be spent on, as dignity of the individual is a key principle of the Fund[19]
- Preparations for people leaving prison. Approximately 15% of prisoners released during the pandemic in England and Wales became rough sleepers or fell into other forms of homelessness such as sofa surfing; stable housing is key to preventing reoffending and contact with support services and probation supervision[20].

Successful support for the homeless and housing insecure population relies on multi-agency partnerships with the police, social services, housing sector, addiction support and mental and physical health sectors working in conjunction with the council and homeless charities to build successful sustainable relationships[21].

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[15] Manager of a homeless centre in central Manchester

[16] http://greatertogethermanchester.org/homelessness/#:~:text=Across%20Greater%20Manchester%2C%205%2C564%20people,streets%20or%20in%20temporary%20accommodation.&text=Homelessness%20in%20Manchester%20City%20Centre,over%20the%20past%205%20years.

[17] Manager of a homeless centre in central Manchester

[18] https://www.barnabus-manchester.org.uk/blog/end-of-week-blog-12062020

[19] https://streetsupport.net/manchester/migrant-destitution-fund/#:~:text=The%20Manchester%20Homeless%20Partnership%20(MHP,are%20not%20eligible%20for%20support

[20] https://www.theguardian.com/society/2020/jun/15/over-1000-prison-leavers-left-homeless-amid-pandemic-moj-figures-show

[21] Manager of a homeless centre in central Manchester

Briefing D: Useful webinars

Taken place in the past week	Webinar Title	Link to presentation
11.6.2020	Cities on the Frontline Speaker Series: 14 Compounding Vulnerabilities: Urban Heat and Covid-19	https://medium.com/@resilientcitiesnetwork/coronavirus-speaker-series-sharing-knowledge-to-respond-with-resilience-5a8787a1eef5
16.6.2020	Multi-hazards approach and COVID-19: Flattening the curve and early recovery lessons	https://www.youtube.com/watch?v=CZAmb55lSbg
18.6.2020	Cities on the Frontline Speaker Series: 15 Food Security	https://medium.com/@resilientcitiesnetwork/coronavirus-speaker-series-sharing-knowledge-to-respond-with-resilience-5a8787a1eef5
Coming up		
Date	**Webinar Title**	**Link to registration**
1.7.2020	The Foundations of Community Resilience	https://us02web.zoom.us/webinar/register/WN_eFDveNm3ShSporupBki1lQ
8.7.2020	Lessons from the COVID-19 pandemic series: Responding, re-opening and recovery towards resilience of cities	https://undrr.zoom.us/webinar/register/WN_QLjPTgWfQzyqWXqLiaAGnQ
9.7.2020	Building back better: Lessons from the COVID-19 pandemic to enhance the role of parliaments in reducing risks of disasters	https://undrr.zoom.us/webinar/register/WN_KY4NunffQiWMVqICh3gsIg
16.7.2020	COVID-19: how can we better integrate health and disaster management?	https://researcheracademy.elsevier.com/workshop/047b767d-6968-4076-9510-71248ed7f025?utm_campaign=STMJ_114306_CALLP_OA&utm_medium=email&utm_dgroup=114306_SCO-INT_NOAB_ST1_ALL&utm_acid=-31213282&SIS_ID=-1&dgcid=STMJ_114306_CALLP_OA&CMX_ID=&utm_in=DM696823&utm_source=AC_30&utm_term=114306_CALLP-OA_SCO-INT_NOAB_STEP1_ALL

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