

Produced by: **Professor Duncan Shaw, Róisín Jordan and Alan Boyd, The University of Manchester, UK, with guest briefing by Billy Tusker Haworth at the Humanitarian and Conflict Response Institute**

Briefing: **31** Date: **05/03/2021**
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The Manchester Briefing COVID-19

International lessons for local and national government recovery and renewal



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.

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:

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Useful webinars



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Briefing A:

Learning from LGBTIQ+ experiences of COVID-19 in the UK for future crises: Considerations for policymakers and practitioners

Written by Billy Tusker Haworth, Lecturer in International Disaster Management at the Humanitarian and Conflict Response Institute, University of Manchester

Introduction

This briefing highlights the experiences of lesbian, gay, bisexual, transgender, intersex, and other queer identities (LGBTIQ+) during the COVID-19 pandemic. The vulnerability and resilience of LGBTIQ+ people is linked to inequalities and marginalisation (Gorman-Murray et al. 2018), meaning that like other minority groups, gender and sexual minorities experience heightened risk during crises. Recovery and renewal strategies therefore should be inclusive and encompass LGBTIQ+ needs. This briefing outlines the challenges that LGBTIQ+ people have faced and the coping strategies they have used during the pandemic, and uses these lessons to identify recommendations for improving the wellbeing of LGBTIQ+ people in future crises. The content of this briefing is based on a series of interviews with 17 LGBTIQ+ people.

The main challenges faced by LGBTIQ+ interviewees relate to mental health and isolation, including isolation from support networks and identity-affirming spaces. Sub-group specific challenges included disruption to transgender healthcare access, employment impacts, and official guideline and communication approaches that could better align with the diversity of LGBTIQ+ families and lives in future crisis. Many of the coping capacities adopted by LGBTIQ+ people were drawn from prior experiences of surviving marginalisation or distress. Participants in particular highlighted the importance of LGBTIQ+ organisations and community and peer-support groups. Future policy interventions should strengthen the support and coping capacities during crises, community groups and support services. Policies and strategies should also recognise diversity within LGBTIQ+ communities and other minority groups.

The experiences and key challenges of LGBTIQ+ people during COVID-19

Prior to COVID-19, LGBTIQ+ youth faced increased risk of anxiety and suicide and disproportionate rates of insecure employment and housing, all of which have been exacerbated during the pandemic (Green et al. 2020). A United Nations report highlights

that the pandemic has intensified pre-existing social exclusion and discrimination patterns (Madrigal-Borloz 2020) and recommends that future crisis and recovery planning should incorporate targeted support strategies for LGBTIQ+ people.

This study analysed the experiences of 17 LGBTIQ+ people that were interviewed via Zoom between May and October 2020. This timeframe represents various stages of the UK's pandemic response, including lockdowns and periods of easing and tightening of restrictions. Each interview lasted about 70 minutes. Despite smaller sample sizes compared to large surveys, interviews are highly valuable for the in-depth contextualised insights they provide and deliver detailed understandings of individual lived experiences. Participants included a diverse range of identities:

Gender	
Cisgender ¹ female	2
Cisgender male	7
Transgender ² female	4
Transgender male	2
Non-binary ³ / Transmasculine ⁴	2

Sexuality ⁵	
Lesbian	1
Gay	8
Bisexual	3
Pansexual ⁶	4
Queer / other	4

Two participants were also polyamorous ⁷.

In the UK LGBTIQ+ people experienced mental health challenges, isolation, substance misuse, financial difficulties, and reduced access to health and support services during COVID-19 (LGBT Foundation 2020). The key challenges identified through this study include:

- Mental health and isolation

¹ Cisgender refers to people whose gender identity matches their sex assigned at birth.

² Transgender denotes gender identities that differ from the sex assigned at birth.

³ Non-binary describes any gender identity which does not fit the man/woman binary.

⁴ Transmasculine is a transgender identity with more masculine gender expressions, but not necessarily conforming to traditional binary male/female gender roles. The feminine equivalent is transfeminine.

⁵ Note: some participants identified with multiple sexualities

⁶ Attraction towards people regardless of their sex or gender identity.

⁷ The practice of, or desire for, having multiple consensual intimate relationships simultaneously.

- Healthcare access
- Work and economic impacts
- Cis-heteronormative communications⁸

Below each is discussed in turn.

Mental health and isolation

Interviewees experienced a range of mental health concerns, especially in lockdown, including isolation, depression and anxieties. This includes widespread anxieties about the virus and specific issues related to gender or sexual identity. Isolation from support networks and identity-affirming spaces caused significant heightened stress.

Gender dysphoria⁹ increased for some people due to being at home with their body with reduced access to mental health support. Some did access support but felt that some services were not adequately trained to support LGBTIQ+ needs and lives. Others described stress attached to negative public views of LGBTIQ+ people, and transgender identities in particular, including on social media.

Healthcare access

Disruptions to healthcare services were experienced by many people, but were particularly significant for transgender patients. Medical care relating to gender affirmation and gender identities, both essential and elective, was delayed if not halted completely. Interviewees reported uncertainty around changes to appointments, access to services and revised timelines. This led to confusion and anxiety, exacerbated mental health concerns, and added to already-long waiting periods for Gender Identity Clinics (GICs).

Work and economic impacts

People working in particular sectors (e.g. hospitality, creative, cultural and entertainment sectors) have experienced a reduction to income in the short term and anxieties about future employment prospects in the longer term. For those able to continue working at home there were other challenges specific to LGBTIQ+ identity. Some transgender participants described anxiety associated with using online video-conference platforms. This included anxiety around preparing and presenting themselves in order to be read as their correct gender, and increased gender dysphoria through hearing their recorded voice. A younger gay man working for an LGBTIQ+ charity worked from his car as he was unable to work in the family household due to fear of homophobic discrimination.

By extension, the impacts on LGBTIQ+ spaces have been significant, including nightlife and “gay scenes” (or alternatively “queer scenes”), but also community spaces, support groups and activities like Pride festivals. These spaces and events provide many LGBTIQ+ people essential opportunities to freely express themselves, their gender and sexual identities and feel safe and supported. The disruptions to these spaces have been acutely felt.

Cis-heteronormative communications

Participants described how they did not see themselves, their diverse family makeups, or their lifestyles reflected in government guidance and risk communication. Some described feeling

excluded as an LGBTIQ+ person, which poses a range of potential consequences, such as confusion over how to apply the guidelines, which could in turn impact adherence and risk patterns.

Coping capacities of LGBTIQ+ people during COVID-19

Interviewees drew on coping strategies developed through past experiences of marginalisation or distress to help them during the pandemic. These included adopting daily routines, monitoring diet, turning to alcohol consumption, and talking about their challenges and feelings to friends or therapists.

LGBTIQ+ support organisations and community and peer-support groups were vital.

Existing and new community networks provided mutual aid and safe and identity-affirming (online) spaces to share experiences and connect with others. In the absence of family or more formal support, community and charity groups filled critical gaps in providing mental health support and reducing social isolation. Moving activities online also presented opportunities to connect with new and diverse audiences, in some ways improving accessibility to events and activities. Those in organising roles reported that running community groups and activities gave them a sense of purpose and life-motivation.

Diversity within LGBTIQ+

There is no singular LGBTIQ+ experience. This study and others have highlighted vast diversity of experiences among LGBTIQ+ populations, in terms of both vulnerabilities and coping capacities.

For example, interviews showed unique experiences among older LGBTIQ+ individuals, people with disabilities and those of particular cultural and faith groups. These differences were important in shaping individual experiences of the pandemic and highlight the need to move toward more nuanced and inclusive approaches for diverse populations. In practice, it may be more effective to develop tailored policies and guidance for different groups.

Transgender needs are significantly different to cisgender needs. Some transgender participants described a double anxiety of being out in public: one associated with the pandemic and another around their gender and transphobic abuse they had received. Some described the COVID-19 lockdown as a temporary escape from the pressures of ‘normal’ life, such as the public scrutiny of transgender bodies or societal expectations to conform to binary gender roles. These experiences remind us of the pre-existing marginalisation of LGBTIQ+ people. Such issues need longer-term attention beyond the immediate challenges of COVID-19.

Recommendations

This briefing has outlined some key challenges faced, and the coping strategies used by LGBTIQ+ people during the COVID-19 pandemic. It has also emphasised the necessity for more nuanced and inclusive crisis response and recovery strategies that encompass LGBTIQ+ needs and that recognise diversity within minority communities. To improve the care and wellbeing of LGBTIQ+ people during COVID-19 and other future crises, the conclusion of this briefing offers both short and longer term recommendations:

⁸ Widespread dominant assumptions that people are cisgender and heterosexual, and that these are the norm.

⁹ Gender dysphoria is a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity. This can lead to depression, anxiety and have harmful impacts on daily life. www.nhs.uk/conditions/gender-dysphoria/

Short term actions

- **Appoint an LGBTIQ+ liaison to COVID-19 recovery committees** (e.g. recovery co-ordinating group) to ensure that recovery and renewal efforts consider the needs and capacities of LGBTIQ+ populations. This role can provide an important link between government and non-government organisations and LGBTIQ+ community and volunteer groups, who have filled critical gaps in support during the pandemic. The liaison could be appointed 'in-house', utilising LGBTIQ+ persons or those with expertise in equality, diversity and inclusion within recovery organisations, or they could be sourced externally from an LGBTIQ+ organisation
- **Provide increased mental health support** with tailored measures for specific groups and targeted training for both general and targeted service providers (e.g. phonelines; medical centres) on LGBTIQ+ lives and needs. There are organisations in the UK already equipped to support such activities with relevant expertise, resources, good practice examples, and training programmes, such as Stonewall¹⁰ or MindOut¹¹ – a mental health service run by and for LGBTIQ+ people with experience of mental health issues
- **Maintain access to healthcare services**, particularly those related to transgender health and GICs to maintain and increase capacity during crisis. Additional funding and resources may be required to provide more flexible access options sooner to enable continuity of care (e.g. virtual appointments where suitable) or an expansion of the number of locations providing LGBTIQ+ services to increase the capacity and efficiency of existing GICs. Local governments could facilitate and/or support community hubs in strategic locations to increase access to and coverage of transgender and other specialist LGBTIQ+ health services
- **Deliver more inclusive public guidelines and risk communications** by developing specific policies for non-traditional family structures to reduce social isolation, allow people to more easily access non-family networks and mitigate confusion in relation to guidelines
- **Communication strategies to counter negative public views of LGBTIQ+ people** with a particular focus on online platforms and transgender and non-binary identities, through simple and specific images and public messaging supporting LGBTIQ+ people, to foster a greater sense of public inclusion
- **Learn further lessons from the experiences of LGBTIQ+ people during COVID-19** through research at local and national government levels. Research and learning should focus on local and national research (survey, focus groups) with LGBTIQ+ people and the organisations that represent and support them (e.g. LGBT Foundation 2020). The formal COVID-19 debrief process of national government can explicitly include LGBTIQ+ impacts and needs to deepen the insights already gained through research. Such activities identifying fragilities in existing processes and services (e.g. disruptions to transgender health and efficiency of GICs), as well as understanding longer term root causes, such as structural elements of socio-economic systems that produce marginalisation. Learning should consider intersectionality, and how other factors, such as race, class, religion, and others,

combine to shape the experiences of minority groups, including LGBTIQ+, during crises. Learning and subsequent actions should also address coping capacities and existing resilience qualities among LGBTIQ+ populations that could be built upon and enhanced

Longer term actions

- **Build strategic partnerships** through productive dialogue with LGBTIQ+ people themselves and the groups and organisations that represent them, to develop inclusive and efficient strategies. Building on the work of the short term COVID-19 LGBTIQ+ liaisons, developing longer term strategic partnerships that will facilitate knowledge sharing, linking of government and non-government activities, and prioritisation and targeting of support and policies to where they are most needed and will be most effective
- **Support and grow existing resilience, coping and mutual aid capacities** capacities with a view towards future risk reduction rather than crisis response. Provide funding and resources to support LGBTIQ+ community groups and organisations to maintain and improve work they are already doing rather than setting up new or parallel structures. Tailored support for activities that target socially isolated and/or underemployed LGBTIQ+ people should be prioritised
- **Develop an international standard** to adequately respond to the needs of LGBTIQ+ people and prevent the creation of new inequalities during crises. Policies should recognise diversity within LGBTIQ+ populations, and how intersectionality shapes individual experiences, needs, and capacities. Policies aimed at gender and sexual minorities should include the views of a variety of LGBTIQ+ people
- **Education and workplace training for improved organisational and cultural awareness** to increase the awareness and understanding of LGBTIQ+ lives, vulnerabilities, and capacities, which can better place staff and organisations to develop and deliver more inclusive policies and practices for any given crisis. A culture of mandatory and standard training across organisations will ensure all staff are more aware of the need to consider unconscious biases, LGBTIQ+ marginalisation, and ultimately inclusion. Internal staff and resources could be utilised to inform this in the short term and longer term programmes could be co-produced with LGBTIQ+ persons themselves, drawing on the aforementioned strategic partnerships. This could also apply to other groups, such as ethnic and religious minorities or people with disabilities, as part of a wider sectoral equality, diversity and inclusion agenda

We conclude this briefing by considering the language of 'vulnerable' and 'marginalised' and pose the question as to whether the language we use adequately represents the lived experiences of people who experience disproportionate levels of vulnerability/marginalisation. Labelling people and groups as 'vulnerable' can be disenfranchising, overlooking other aspects of their personhood, such as the coping capacities and strengths in providing mutual aid to others during crisis, as described earlier in this briefing. Similar to 'resilience', 'vulnerability' and 'marginalised' have come to mean different things to different people, and encompass a wide variety of people and groups (e.g. LGBTIQ+, religious or ethnic minorities, children, older people, homeless people, migrants and refugees,

¹⁰ www.stonewall.org.uk

¹¹ www.mindout.org.uk

socio-economically disadvantaged, and more). This potential need to define a new lexicon that brings groups together in a more helpful and clearly defined way will be explored in future issues of The Manchester Briefing.

References

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- LGBT Foundation (2020). *Hidden Figures: the impact of the COVID-19 pandemic on LGBT communities in the UK – 3rd edition*. <https://lgbt.foundation/coronavirus/hiddenfigures>
- Madrigal- Borloz, V. (2020). *Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic*. United Nations. <https://undocs.org/A/75/258>

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 process of recovery and renewal although many also relate to the response phase, and the likely overlap between response, recovery, and renewal.

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Humanitarian Assistance

Actions

Impact on:

*Mental health and well-being/
community engagement*

Ramallah:

<https://tinyurl.com/2u6yrrkk>

New Zealand:

<https://tinyurl.com/4qexonhe>

UK:

<https://tinyurl.com/z98byxbv>

Consider a community-centred approach to supporting mental health and well-being.

Lockdowns, shielding and school closures have significantly reduced social contact for many people, including older people, children, people with underlying health conditions and those with disabilities. Prolonged isolation from family, friends and social activities poses significant risks to mental health and well-being. To address the impacts of this, consider:

- Establish a community-led mental health and well-being initiative, to support those who may be at risk of more serious distress, to keep people in the community connected and enable socialisation for those who are isolated
- Provide Psychological First Aid (PFA) training for those involved in the initiative (see [TMB 17](#))
- Involve local voluntary organisations and groups, and local businesses in establishing and funding the initiative
- Develop a 'check-in' system to build relationships with people in the community and develop an understanding of needs and concerns of those shielding or isolating
- Establish a buddying or be-friending programme to enable local volunteers to support the needs of people in the community by shopping for food, picking up prescriptions or simply just calling virtually/popping by for a chat from the garden:
 - o Match a volunteer buddy with up to 10 vulnerable adults/families
 - o Buddies can link those who are isolating into existing groups and social activities in the community
- Set up online social activities:
 - o Virtual story-telling for children by senior citizens, and vice versa
 - o Weekly bingo, book club, quiz night, coffee mornings and kids discos
 - o Add humour and prizes for all, such as drawings made by children, to mitigate competitive behaviour in games
 - o Online home exercise classes or gardening tutorials
- Recognise that vulnerable people who are isolating may not have access to the internet for virtual activities so also run non-online events:
 - o 'Door-step book club', where buddies call to those shielding and discuss books from the person's garden, ensuring they are socially distanced
 - o Encourage community donations from businesses/households of unused computers/tablets
 - o Develop and deliver local newsletters to include activities such as crosswords/puzzles, and stories written by community members

Economic

Actions

Impact on:

Economic Strategy

South Africa:

<https://tinyurl.com/18mt4nja>

Kenya, UK:

<https://tinyurl.com/6h63vtr>

UK:

<https://tinyurl.com/w9pw58hg>

Argentina, Brazil, Chile, Peru:

<https://tinyurl.com/2ozzx877>

Consider if social protection programmes are disability-inclusive. People with disabilities are more likely to be unemployed or not in education or training, which makes them more vulnerable to the impacts of the pandemic, including increased risk of poverty. Recovery strategies to address the economic impacts of the pandemic should be disability-inclusive. Consider:

- Review/amend social protection systems to better protect people with disabilities during COVID-19:
 - Raise poverty thresholds to take disability-related additional costs into account
 - Revise the definition of disability in assessment procedures, to ensure they are functioning-based rather than impairment-based
 - Train volunteer community members to support the rapid identification of people with disabilities for social protection or other assistance: these community volunteers are sometimes called '[key informants](#)' (KIs), are knowledgeable about the topic, the local area and the people who live there
- Ensure application procedures for social protection programmes and support services are accessible in the light of COVID-19 social distancing regimes:
 - Include disabled people's organisations when reviewing the accessibility of application processes and when disseminating information about support programmes
 - Adapt application and enrolment procedures to support the inclusion of people with disabilities
 - Provide disability training to programme staff and volunteers, e.g. disability awareness
 - Ensure programme information and application materials are available in a variety of accessible formats, e.g. Braille/videos/simplified text
 - Establish COVID-safe community-based registration services to bring services closer to people, and offer person/home-based assessment procedures for those with mobility limitations
- Ensure methods to deliver social protection services and welfare payments are accessible:
 - Allow welfare payments to be paid electronically or enable people with mobility difficulties to nominate a trusted individual to collect their welfare payments
 - Ensure service points are physically accessible and within the person's local community
- Ensure employment schemes are adequate and accessible for people with disabilities during COVID-19:
 - Set up employment schemes to actively employ persons with disabilities, integrating such schemes into broader employment recovery schemes, e.g. green recovery
 - Make infrastructure accessible, e.g. buildings and workplaces
 - Introduce unemployment insurance to cover the informal sector, as people with disabilities, in particular women with disabilities, are more likely to be employed in the informal sector where there is an absence of job security, unemployment insurance and paid sick leave

Infrastructure	Actions
<p>Impact on: <i>Protecting infrastructure</i></p> <p>Bangladesh: https://tinyurl.com/1t758ism</p> <p>UNDRR: https://tinyurl.com/5ajvwmvp</p> <p>USA: https://tinyurl.com/3768syrr</p> <p>UK: https://tinyurl.com/hzcqrbmi</p>	<p>Consider preparing for and responding to water, sanitation and hygiene service (WASH) challenges during COVID-19. Concurrent emergencies such as disruption to water supply or contamination of water resources can have serious impacts on healthcare facilities and the health of individuals, which may be amplified during a pandemic. Water outages or contaminated water can disrupt clinical procedures, e.g. maintaining a sterile environment in hospitals. Protecting water supply is also crucial during a pandemic, as poor hygiene is a catalyst for the rapid spread of infectious disease. Consider:</p> <ul style="list-style-type: none"> ▪ Early scenario planning to consider different types of water shortages alongside the pandemic, and assess potential impacts on health facilities and public health ▪ The need to establish new systems to provide immediate support to communities in the event of water supply disruption or contamination during COVID-19: <ul style="list-style-type: none"> o Evaluate emergency response measures (e.g. mass water distribution) to determine if they are COVID-safe, and make necessary amendments if required o Plan for the need to construct and install handwashing stations in affected communities, to prevent rapid spread of the virus ▪ The potential for water stagnation to occur in buildings that have been unoccupied over the last year, which may lead to contamination : <ul style="list-style-type: none"> o Identify buildings that have been unoccupied and plan for maintenance contractors to test and repair water systems before allowing the building to re-open

Infrastructure

Impact on:

Transport

Austria, Brazil,
Bulgaria, Czechia, Germany,
Hungary, Iran, Italy, Japan,
Malaysia, Slovakia, Slovenia,
Thailand, UK:
<https://tinyurl.com/6y9o5vsl>

Spain:
<https://tinyurl.com/ymnj42nj>

International Energy Agency:
<https://tinyurl.com/5sscvt52>

Belgium:
<https://tinyurl.com/1i4o6nh6>

UK:
<https://tinyurl.com/3s2wtkpw>
<https://tinyurl.com/3jj7usyn>

Actions

Consider the impact of COVID-19 on commuter behaviour. Although home-based working has become the norm for a large percentage of the population, many workers have had to be physically present in their usual workplace. Many who have had to travel to workplaces during the pandemic have changed their mode of transport due to potential infection risks, delays and inconvenience due to cancelled or reduced public transport – i.e. they have changed their commute from public transport to private cars or bicycles. This has reduced their travel time, especially as traffic volumes are below pre-pandemic levels. Consider:

- That traffic congestion and the demand for parking space could increase dramatically as restrictions ease and more people opt for private transport, which may lead to increases in:
 - o Infrastructure maintenance costs on roads and motorways
 - o Negative environmental impacts, e.g. pollution
 - o Road traffic accidents and increased risk to cyclists and pedestrians, plus loss of public space, which may reduce the number of people who choose to cycle or walk
 - o Costs and challenges for freight and delivery services
- A travel awareness communication campaign, prior to an ease of restrictions:
 - o Raise awareness of the benefits of sustainable travel for improving air quality and reducing pollution
 - o Promote the health and well-being benefits of 'active transport' such as cycling
 - o Communicate the stringent safety measures in place on public transport to increase confidence and encourage people to travel by bus/train
- Draw on learning from previous crises to predict likely behaviours and inform policies that are fit for purpose, e.g. following the 2008 economic crisis, increased traffic increased congestion (Madrid, Spain)
- Expand and improve cycling and walking space and infrastructure around workplaces
- In cities, reduce speed limits to allow pedestrians and cyclists to be more confident and allow for social distancing
- Promote and expand schemes such as 'Cycle2Work' by removing spending caps and allowing people to by bikes through the scheme that are appropriate and relevant for them (see TMB Issue 7)
 - o Introduce a reimbursement scheme to reward cycling commuters, e.g. Netherlands offer €0.19 per kilometre cycled to work, or interest-free loans to purchase bikes
 - o Trial an e-bike hire scheme in cities, e.g. Leicester (UK)
- Review congestions charge policies and assess if they are appropriate for post-COVID activity
- Introduce new policies, e.g. workplace parking levy, a charge on employers who provide workplace parking (Nottingham City Council, UK)

Infrastructure

Impact on:

Reopening infrastructure

New Zealand:

<https://tinyurl.com/1nilmfwj>

UK:

<https://tinyurl.com/1l20vmq3>

Actions

Consider how to support pupils and staff who are returning to school. As schools begin to re-open, it is important to consider the wide range of needs and emotions of young people and staff whose lives and education have been disrupted by the pandemic. Pupils and staff may be anxious or hesitant about returning to school and may require additional support. Consider:

- Encourage schools to identify learning of what went well and what could be improved based on their experience of previous lockdowns – and use this learning to improve planning
- Identify the current capacity of services and forecast potential demand for social services to which schools may refer children and families. Create additional capacity where forecasted demand exceeds current capacity
- Work closely with schools to monitor school attendance and identify children who have not returned or are showing signs of distress:
 - o Encourage school staff to reach out to families to understand the challenges that they are facing in returning to school
 - o Enhance partnerships between schools and social services, to ensure any child who needs additional support is identified and appropriate support is offered
 - o Ensure schools refer families who are identified as struggling or in need of additional support to specialist services
- Assess the impacts of further disruption and change for children with special educational needs and disabilities (SEND) and their carers/specialist teachers/support staff in mainstream schools:
 - o Staff illness or self-isolation may mean that schools do not have adequate levels of staff with vital specialist training - schools should inform local authorities to discuss alternative arrangements for vulnerable children in this event
 - o Encourage schools to complete risk assessments and begin to plan for how one-to-one specialist teaching will take place safely and potential disruptions identified and actions taken to mitigate their occurrence
- Allocate funding to provide additional mental health support in schools for pupils and staff who may have experienced trauma, separations from or loss of loved ones or whose family may be struggling financially, e.g. due to job loss
- Encourage schools to prioritise children's wellbeing especially in the first few weeks, avoid rushing to reinstate routines or adding pressure on teachers and students to catch up
- Request a temporary suspension of school inspections to give staff time to implement and adjust to new procedures that may be required, such as health and safety protection measures

Environment

Actions

Impact on:

General environment

Indonesia, US:

<https://tinyurl.com/u72tdzcw>

Australia:

<https://tinyurl.com/2585hwmt>

China:

<https://tinyurl.com/vyxx54rw>

UK:

<https://tinyurl.com/aabmy9c7>

<https://tinyurl.com/ht8pfyv>

Consider how to address the increase of single-use plastics introduced during COVID-19.

Although measures to control the spread of the virus have had some positive environmental effects, such as decreases in global emissions of carbon dioxide, the use of single-use plastics has accelerated. For example, some schools have changed to using disposable cutlery during lunches due to COVID-19 restrictions; and bag use has increased to curb virus transmission. Furthermore, PPE waste has strained the capacity of waste management systems due to the complex composition of some PPE materials, making waste recycling a challenge. Consider:

- Address the challenges faced by waste management systems by including surge capacity and the environmental impact of waste in disaster management plans
- Prioritise reusable personal protective equipment
- Move from a linear to a circular economy to prevent products (including plastic) from becoming waste:
 - Introduce a phased ban on the use of all types of single-use plastic, e.g. via a tax on plastic packaging
 - Partner with organisations such as 'Recircle', to develop strategies to recycle rubber, a product that accounts for almost 10% of micro plastic waste found in the sea
- Commit to action at local levels, e.g. introduce a community single-use plastics policy and action plan:
 - Partner with local waste authorities, charities, community groups, schools, businesses and residents to create action plans and campaigns to reduce the use of single use plastic in the community, e.g. 'Good to know' posters in schools that provide fun facts on the benefits of re-cycling to increase awareness in young people
 - Collaborate with local water management authorities to install COVID-safe water fountains across the community, enabling free refills of water

Communication

Actions

Impact on:

General communications

UK:

<https://tinyurl.com/1t4hn0nq>

Consider that many people may be anxious about having routine maintenance or servicing done during the pandemic.

Many people, particularly those shielding, may be anxious about having annual servicing and repairs done to their homes, property or possessions e.g. cars, bicycles. Thus, they may delay routine maintenance and servicing of gas and electric appliances, vehicles, etc. or be encouraged to personally attempt maintenance or repair that they are not skilled to safely complete. This may put them, and others, at risk. Consider:

- Communicating the importance of annual servicing, repairs and maintenance in keeping people safe, including:
 - Encourage residents to check the expiry of, and keep up to date with, servicing, maintenance and repairs to avoid the risks of faulty boilers, for example
 - Signpost residents to safe working conditions that customers may expect of local organisations when they work in people's homes
 - Encourage local organisations to detail the COVID-safe work practices that they have in place
- When restrictions ease, there may be a rush for maintenance and repair services, (e.g. roadworthiness/vehicle testing and servicing), which may cause a backlog or delay in service delivery:
 - Remind residents and encourage them to check when they are required to renew their MOT – the UK introduced a 6 month extension for vehicle roadworthiness (MOT) certificates in the first lockdown as garages were forced to close, so this will have disrupted normal scheduling
- Those who may be struggling financially due to the pandemic may be concerned about the affordability of maintenance and servicing:
 - Remind residents that keeping up to date with annual services can prevent future maintenance that may cost more to repair/replace
 - Signpost residents to financial advisory services (see [TMB 30](#))

Governance and legislation	Actions
<p>Impact on: <i>Planning for recovery</i></p> <p>VFL: https://tinyurl.com/3gc7de25</p> <p>Tanzania (pg.67): https://tinyurl.com/epqxkkug</p>	<p>Consider including the community in planning, preparing and monitoring disaster risk. <i>Views from the Frontline</i> (VFL) found that many communities feel that they would benefit significantly if they were to be included in the planning, preparing and monitoring of disaster risk interventions. Communities, and the people within them, are acutely aware of their vulnerabilities and will have diverse needs and priorities. By including the community in the development of plans and actions, local governments can recognise these diversities and directly respond through policies and interventions. Further, inclusion and co-operation can increase a community's awareness of the valuable resources that are available to them before, during and after disasters. Consider:</p> <ul style="list-style-type: none"> ▪ Facilitate regular interaction of local government with communities and grassroots organisations in decision-making processes and disaster risk reduction programmes: <ul style="list-style-type: none"> o Establish community consultations/workshops ▪ Engage and involve local stakeholders in the preparation of local policies, plans and actions aimed at disaster risk management: <ul style="list-style-type: none"> o Ensure the adoption of an inclusive approach when doing so, e.g. including volunteers, marginalised people (women, children, people with disabilities, migrants, older people, LGBTIQ+) ▪ Collate knowledge and ideas, and generate collective action between local government and communities on what is required to address different types of disaster risk <ul style="list-style-type: none"> o Collaborative knowledge sharing and action can mitigate threats, address vulnerabilities and improve the community's sense of security and safety ▪ Involve local knowledge of communities to improve risk mapping, generate local ownership and empowerment, and increase awareness and preparedness: <ul style="list-style-type: none"> o In Tanzania, local residents carry out remote detection to identify sanitation issues in rural areas by sending SMS messages to local engineers and media outlets o This raises the awareness of local people quickly to potential risks and enables local authorities to monitor water supplies remotely and at a lower cost
<p>Impact on: <i>Learning lessons</i></p> <p>India: https://tinyurl.com/5nvjj3x8</p>	<p>Consider what planning may be required as COVID-19 restrictions ease across religious holidays. While restrictions are gradually eased, religious festivals will also take place, e.g. Easter, Ramadan, and Rīdván. These occasions are often celebrated through community gatherings and special religious services/activities that enhance connectivity for people. As traditional celebratory activities have been unable to go ahead over the last year, and the message of lockdown easing takes hold, consider the need to:</p> <ul style="list-style-type: none"> ▪ Review local plans that were in place during religious festivals in 2020: <ul style="list-style-type: none"> o Consult with community members when revising previous plans, to understand what has gone well and what could be improved this year o Support communities in the planning of COVID-safe celebrations for 2021, e.g. by allowing worship to be held in community spaces such as parks or public gardens ▪ Recognise and acknowledge the influence of faith and faith leaders in building trust and influencing behaviour: <ul style="list-style-type: none"> o By directly engaging in conversations with communities about religious celebration planning, other conversations can emerge, e.g. vaccination safety, concerns and attitudes towards uptake

Briefing C:

Vaccination Lessons

A number of countries have been praised for their management and containment of COVID-19, and are delaying vaccination delivery as they continue to examine data on different vaccines (e.g. Australia/New Zealand) and build public trust (e.g. Japan)¹. Other countries continue to grapple with the virus and are yet to begin a full roll out of vaccination programmes, primarily due to supply issues². In the UK, various factors have enabled more COVID-19 vaccine first doses per 100 people than any other nation of comparable population size³. These factors are addressed in the four key areas of a national vaccination plan⁴:

- Early investment in supply and coordinating activities, e.g. the establishment of a UK Government Vaccine Taskforce with the remit of ensuring the UK population would have access to a safe and effective vaccine
- A clear initial aim for the vaccination programme (see [TMB 28](#)): “the prevention of COVID-19 mortality and the protection of health and social care staff and systems”⁴
- A focus on Place: creating a network of vaccination sites to ensure safe and easy access for the whole of the population, e.g. active hospital hub sites and local vaccination centres
- A focus on People: the identification of priority groups and rapid recruitment and training of vaccinators (including a range of non-clinical support staff to increase capacity)

Local government have played a critical role in leading communities through the pandemic. They have harnessed strong community links and established partnerships with emergency services and the voluntary, community and faith sectors which have proven invaluable. For example, local governments have supported the planning of local health protection and emergency response, including supporting vaccine delivery^{5,6}. Below, we offer lessons from UK case studies that demonstrate the actions of local government in supporting vaccine delivery:

Manage logistics⁷:

- Take responsibility for logistical challenges to relieve the pressure on healthcare staff so that they can focus on administering vaccines
- Provide logistical support services to vaccination clinics and centres by mobilizing volunteers and council staff as

stewards to all vaccination sites

- Set up marquees at new clinic sites, install heating, resolve parking problems, and organise additional bin collection services to deal with waste

Address vaccine hesitancy:

- Train community champions⁸ or create an army of vaccine advocates⁹ to address vaccine concerns and build trust, working with volunteers, and community and faith leaders. Create videos with key COVID-19 safety and vaccine messages in different languages to dispel myths
- Hold online discussions with councillors, healthcare planners and local general practitioners, to create a two way conversation with the local community; to hear, listen and respond to their important concerns and questions⁹
- Establish a programme to follow-up with those who have refused the vaccine. For example, The Health Sandwell team are addressing vaccine take-up in their area by using their trained negotiation skills which they normally use to support people to stop smoking
- ‘Making every contact count approach’¹⁰, where workers in non-healthcare settings are trained to provide guidance and interventions to the community on various health matters such as healthy weight and nutrition to promoting good mental health. For example, Gateshead council works with more than 40 organisations from across the public, private and voluntary sectors to address vaccine hesitancy in the community

Support accessibility:

- Recruit local vaccinators, e.g. retired health workers¹¹
- Recruit or mobilise local community volunteers to provide transport for people who have mobility issues¹²
- Set up vaccination clinics in local community venues used by different groups, e.g. mosques

1 <https://www.theguardian.com/world/2021/jan/08/why-the-delay-the-nations-waiting-to-see-how-covid-vaccinations-unfold>

2 <https://www.irishexaminer.com/news/arid-40212677.html>

3 <https://ourworldindata.org/grapher/uk-covid-vaccination-doses-per-capita?tab=chart&stackMode=absolute&time=2025-08-03®ion=World>

4 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951928/uk-covid-19-vaccines-delivery-plan-final.pdf

5 <https://www.local.gov.uk/our-support/covid-19-vaccination-case-studies>

6 <https://www.opml.co.uk/blog/five-lessons-for-local-governments-during-covid-19>

7 <https://www.local.gov.uk/sheffield-city-council-dealing-logistics-so-nhs-can-focus-jabs>

8 <https://www.local.gov.uk/birmingham-city-council-training-community-champions-address-vaccine-concerns>

9 <https://www.local.gov.uk/sandwell-council-creating-army-vaccine-advocates>

10 <https://www.local.gov.uk/gateshead-council-using-making-every-contact-count-approach>

11 <https://www.local.gov.uk/cambridgeshire-and-peterborough-working-whole-community>

12 <https://www.local.gov.uk/kirklees-council-weve-set-free-transport-service-get-frail-residents-vaccination-clinics>

The key learning gained from the vaccine roll out in the UK reflects:

- The community leadership role of local government
- The importance of strategic partnerships within the community
- Harnessing these partnerships to enable the co-production

of systems and actions between official bodies, community voluntary organisations, businesses and individuals, that have direct benefit for the community as a whole

Briefing D:

Useful Webinars

Upcoming webinars

16/03/2021: Developing a Strategy for Ethnic Minority Business Support in the West Midlands

Register: <https://tinyurl.com/26s93tth>

18/03/2021: How has the Post-Pandemic World reshaped our digital lives?

Register: <https://tinyurl.com/avyp9n85>

26/03/2021: Recovery and renewal from Covid-19: A year of The Manchester Briefing

Register: <https://tinyurl.com/4yfu2v5n>

Webinars from last month

27/01/2021: Gender equality and in-work poverty: which role for the EU?

Watch: <https://tinyurl.com/vrm5728>

04/02/2021: Introduction to International Models in Emergency Management

Watch: <https://tinyurl.com/7939384m>

Passcode: *di9n#tC

24/02/2021: WPHCA Webinar: COVID-19 Vaccine Distribution Text Messaging Strategies for WI Health Centers

Watch: <https://tinyurl.com/y4va5v5t>