

Societal impacts of the COVID-19 pandemic Emerging evidence from research funded by the Nuffield Foundation

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Introduction

This report has been written as a rapid response to the British Academy's call for evidence on the long-term societal effects and impacts of COVID-19.¹ In it, we summarise the main insights regarding the societal impacts of the pandemic that are emerging from research funded by the Nuffield Foundation. We also include work produced by the Nuffield Council on Bioethics, the Nuffield Family Justice Observatory, and the Ada Lovelace Institute; organisations that are part of the Foundation and which have also responded to the crisis.

In preparing the report, we have used the framework provided by the British Academy in relation to three key policy areas: health and well-being; communities, culture and belonging; and knowledge, skills, and employment. We have also added a section on the justice system, reflecting one of our core domains, where we have a body of relevant work. Across all sections, we have selected the evidence that most clearly aligns with the British Academy's framework. As such, this report is not intended as a comprehensive summary of all evidence from research we have funded in relation to the pandemic. Similarly, where we have identified policy opportunities and challenges prior to the pandemic, these are observations drawn from research the Foundation has funded, as well as other sources, but they are intended to frame the points that follow rather than to represent a comprehensive or detailed overview of the policy landscape prior to the pandemic.

The insights we describe are those reported by our grant-holders, and we provide links to further information about their projects, many of which will have additional outputs in 2021 and beyond. The report covers the period from April to mid-November 2020.

The latest news from all our COVID-related work can be found on our website: www.nuffieldfoundation.org/research/covid-19

¹ The British Academy has been asked by the Government Office for Science to produce a report on the long-term societal effects and impacts of COVID-19. See: British Academy (2020). *British Academy call for evidence on long-term societal effects of COVID-19.* Available from: www.thebritishacademy.ac.uk/projects/covid-19-shape-the-future-society/british-academy-call-evidence-long-term-societal-effects-covid-19/ [Accessed 14 December 2020].

1. Health and well-being

1.1 Physical health

Relevant projects funded by the Nuffield Foundation

• <u>The IFS Deaton Review: Inequalities in the twenty-first century</u>. Principal Investigator: Richard Blundell (IFS).

Main challenges and opportunities of the policy area (pre pandemic)²

- There are stark differences in health outcomes across the UK with a gap of almost 19 years in healthy life expectancy between the most and least deprived areas in England.³ Health inequalities are also apparent by ethnic group.
- Before the pandemic, there were already signs that the health of the UK was falling behind comparable countries. The recommendations in the recent 10-year update of the Marmot Review provide a steer for a policy response.
- Action on the Government's 'levelling up' agenda may bring benefits in tackling regional difference.

How have these changed, or not, in light of the COVID-19 pandemic?

- Areas whose residents look particularly vulnerable to the health effects of COVID-19 (older populations and those with more pre-existing conditions) are not generally the same as those likely to be hit hardest by job losses or where children are more at risk. However, some local authorities do look vulnerable on multiple dimensions. For example, coastal towns, particularly Torbay and the Isle of Wight, stand out as especially vulnerable, reflecting their elderly populations, economic reliance on tourism and hospitality, and pockets of local socio-economic disadvantage (Davenport et al. 2020).
- Some minority ethnic groups are over-represented in hospital deaths from the virus; however, the impacts are not uniform across ethnic groups, and aggregating all minorities together misses important differences. For example, some minority groups have been disproportionately exposed to risk of infection and some are more likely to have a long-term health condition. However, 'there is no single narrative that can describe or account for the impacts of the current crisis on all minority groups.' (Platt and Warwick 2020, p.26).
- Health impacts of the pandemic have been unequal and have interacted with existing inequalities. By mid-April, age-adjusted death rates in the most deprived tenth of areas in the UK were more than double those in the least deprived tenth. Those with lower incomes are more likely to have underlying conditions that make them

² Throughout this report, the policy opportunities and challenges prior to the pandemic are observations drawn from research the Foundation has funded, as well as other sources, but they are intended to frame the points that follow rather than to represent a comprehensive or detailed overview of the policy landscape prior to the pandemic.

³ The Health Foundation (2018). *The gap in healthy life expectancy between the most and least deprived areas in England*. Available from: <u>www.health.org.uk/chart/the-gap-in-healthy-life-expectancy-between-the-most-and-least-deprived-areas-in-england</u> [Accessed 14 December 2020].

vulnerable to COVID-19. Some ethnic minority groups have had higher death rates than the white British population (Blundell et al. 2020).

What are the acute (1-2 year) challenges and opportunities?

- Specifically considering implications for easing lockdown, Davenport notes that the balance between protecting public health, enabling economic activity and minimising the social costs of isolation could look very different in different parts of England: *Different dimensions of vulnerability come with different timescales; for example, health vulnerabilities might come to the fore in the next year, while it could take years or even decades for the full impact of children's vulnerability to school closures to be felt.* (Davenport et al. 2020, p.3).
- Designing policy to reflect different local needs will require a highly coordinated response drawing on different services and layers of government, including the NHS, national government, and local authorities. Local authority finances will be significantly impacted by the crisis and could require additional and ongoing financial support and flexibility. For national government, a key challenge will be working out how best to target additional support; standard measures of disadvantage will be inadequate (Davenport et al. 2020).
- Much is still unknown about the unequal effects of the crisis on different ethnic groups in the short term and beyond (Platt and Warwick 2020).
- The pandemic might have moved us back, at least initially, on 'levelling up' prosperity across the UK, generational and gender inequalities, and the adoption of green technology. There is a risk that health inequalities will widen, with periods of unemployment having the potential for long term effects on health. However, there is scope for some aspects to be turned into opportunities, including more focus on ethnic inequalities and multiple sources of deprivation in certain areas of the UK: 'the role of pre-emptive and forward-looking policy will be crucial' (Blundell et al. 2020, p.24).

What are the longer-term (2-5 year) challenges and opportunities?

'The crisis is likely to leave many challenging legacies for inequalities. The government's capacity will be constrained by record peacetime levels of debt. [...] (b)ut it will bring opportunities too.' The attention of policymakers should already be turning to longer term effects, 'if we can prevent persistent widening of health or educational progress, then the government's job in future years will be much less difficult than if it instead has to try to limit or undo the damage.' (Blundell et al. 2020, p.3).

1.2 Mental and emotional health

Relevant projects funded by the Nuffield Foundation

- The COVID-19 Social Study: tracking the psychological and social impact of the pandemic. Principal investigator: Daisy Fancourt (UCL).
- <u>An intergenerational audit for the UK 2020</u>. Principal investigator: Mike Brewer (Resolution Foundation).

• <u>The health of teachers in England over the past 25 years</u>. Principal Investigator: John Jerrim (UCL Institute of Education). See section 3.1 (Education) for details.

Main challenges and opportunities of the policy area (pre pandemic)?

- Increasing concern about mental health problems across most age groups, especially the young, and lack of capacity of existing services e.g., young people and CAMHS. There are mental health inequalities relating to income, gender, and ethnicity.
- Recognition of high levels of loneliness, and the significant impact on health and wellbeing.
- Potential policy opportunity as the NHS moves to a more personalised approach to service delivery for mental health provision, as part of the NHS Long Term Plan.

How have these changed, or not, in light of the COVID-19 pandemic?

- Fancourt finds that people are not affected equally across measures of mental health. Generally, those already at higher risk such as women and young people, were more likely to report poorer mental health during lockdown, as lockdown eased, and again with the introduction of tighter restrictions. Depression and anxiety are highest in young adults, people living alone, people with lower household income, people living with children, and people living in urban areas (Fancourt et al. 2020c).
- In contrast to the health impacts, the Resolution Foundation also found that poor mental health was highest among 18-29-year-olds. The picture improved through lockdown, but in June the incidence of higher-than-normal mental health problems remained over 50 per cent above pre-pandemic levels at this age. Poor mental health is also particularly heightened for 65-79-year olds on pre-pandemic levels, meaning there is a 'somewhat 'U-shaped' pattern of change' (Gardiner et al. 2020, p.34).
- These mental health and well-being changes 'have been driven by a combination of the health and economic risks the crisis has created, alongside limitations to social interaction' (Gardiner et al. 2020, p.7). Pre crisis economic conditions have been influential, for example: 'Living conditions in lockdown were determined by long-term housing trends such as tenure change, the failure to build sufficient social-housing stock and weak regulation of the private-rented sector. Crucially, lockdown made these housing conditions matter more: even after controlling for key characteristics such as pay and relationship status, the mental health and psychological well-being gap between renters and owners has widened since before the pandemic' (Gardiner et al. 2020, p.13).

What are the acute (1-2 year) challenges and opportunities?

 In her blog for the Campaign for Social Science⁴ Fancourt describes how in the second phase of impact of the pandemic, people are responding to adversities like bereavement, eviction, job losses, and financial problems. There are also neurological and psychiatric consequences of catching COVID-19 and experiences of 'long COVID'. She predicts a third phase of impact linked to a lack of reliable access

⁴ Fancourt, D. (2020). Tracking the psychological and social waves of the pandemic: the COVID-19 Social Study. *Campaign for Social Science* [online]. 28 October 2020. Available from: <u>https://campaignforsocialscience.org.uk/news/tracking-the-psychological-and-social-waves-of-the-pandemic-the-covid-19-social-study/</u> [Accessed 14 December 2020].

to health services during the pandemic leading to potential consequences for the incidence and persistence of mental and physical health problems, in addition to widening social inequalities due to ongoing adversities. Fancourt sees a fourth phase of impact as inevitable (timing not specified), involving 'the long-term impact of major consequences of the pandemic such as a recession, poverty, environmental impact, and potential social unrest'. Barriers to healthcare and groups worst affected are explored in Fancourt et al. 2020a.

• The Resolution Foundation speculate about impacts going forward, looking across several key domains: jobs, skills and pay; housing costs and security; taxes, benefits, and household income; and wealth and assets. They note: '*It seems possible that post lockdown impacts might be more tilted towards the bottom of the age range, driven by factors including which jobs are most at risk from ongoing social distancing restrictions pre-vaccine; the risk of employment and pay 'scarring' for those just beginning careers.'* (Gardiner et al. 2020, p.148).

What are the longer-term (2-5 year) challenges and opportunities?

• See above in relation to Fancourt's reference to a fourth phase of impact, which will extend well into the long term, for instance the expected rise in unemployment and its consequences.

1.3 Bioethics

The Nuffield Council on Bioethics is an independent body that informs policy and public debate about the ethical questions raised by biological and medical research. The Council is part of the Nuffield Foundation and is co-funded by the Medical Research Council and Wellcome. All of the Nuffield Council on Bioethics' work relating to COVID-19 can be found at: www.nuffieldbioethics.org/topics/health-and-society/covid-19

Relevant work from the Nuffield Council on Bioethics

- Just prior to the pandemic, the Nuffield Council published an in-depth report on <u>Research in global health emergencies</u> (January 2020).
- <u>Guide to the ethics of surveillance and quarantine for novel coronavirus</u> (February 2020).
- Rapid policy briefing: <u>Responding to the COVID-19 pandemic ethical considerations</u> (March 2020).
- <u>Joint letter with Involve to the Prime Minister</u> calling for greater transparency and public involvement in UK response to COVID-19 pandemic (April 2020).
- Rapid policy briefing: <u>Fair and equitable access to COVID-19 treatments and</u> <u>vaccines</u> (May 2020).
- Rapid policy briefing: <u>COVID-19 antibody testing and 'immunity certification'</u> (June 2020) and accompanying <u>background discussion paper.</u>

- Spotlight briefing: <u>Ten questions on the next phase of the UK's COVID-19 response</u> (October 2020).
- Webinar series (April July 2020).
- Series of opinion pieces on the Nuffield Council on Bioethics blog.

Main challenges and opportunities of the policy area (pre pandemic)?

- **Balancing of individual and collective interests** the extent to which individual liberties may be constrained in order to achieve a public health goal.
- **Evidence base** policies being formulated on the basis of little or no available evidence on a virus, and the need for them to evolve as more information emerges.
- **Transparency, public engagement and social mobilisation** importance of policy decisions and the justification for them to be open to public scrutiny, in order to increase public awareness and maintain trust and willingness to cooperate.
- International cooperation and solidarity importance of international cooperation and coordination in pandemic responsiveness; provision of support and assistance to countries in need; fair and equitable development and distribution of treatment and vaccine.
- **Reciprocity** support for those bearing the greatest burdens (e.g., healthcare professionals and those suffering financial hardship as a consequence of public health measures).
- **Resource constraints** prioritisation of healthcare resources (e.g. treatments, vaccines) in the context of increased demand and possible shortages.

How have these changed, or not, in light of the COVID-19 pandemic?

We have seen these challenges come to bear in the COVID-19 pandemic. The COVID-19 pandemic has also particularly intensified issues around:

- Transparency and public engagement lack of clarity around which ethical values are guiding policy decisions and about which, and whose, interests take priority and why; lack of public engagement to inform policy responses; unclear mechanisms for explicit consideration of ethical dimensions in decision-making.
- **Public trust** loss of public trust and willingness to adhere to restrictions as a consequence of lack of transparency and engagement; unclear and inconsistent messaging.
- **Inequalities** the pandemic and the measures taken to combat the virus have had a disproportionate impact on particular groups (in particular, people from Black, Asian and minority ethnic communities; the elderly) and exposed and exacerbated longstanding inequality; the need for unequal impacts to feature in and inform future decisions (e.g. prioritisation of vaccines, disproportionate impact of any proposed immunity passports).
- **Privacy and surveillance** privacy of individuals and security of data in contact tracing app; tension between individual rights and public interest in use of antibody testing and 'immunity certification'.

• **Research** - how to carry out research ethically in a global health emergency; how to ensure ethical standards and participant safety in accelerated research trials; use of human challenge trials.

What are the acute (1-2 year) challenges and opportunities?

- **Transparency and public engagement** importance for rationale for priorities and decisions to be made public, and for consultation and public engagement to form part of that. Particularly important in the context of gaining and maintaining **public trust and compliance**.
- Fair and equitable development and roll out of an available vaccine as a vaccine becomes available, decisions will have to be made about who is prioritised for the first doses; policies should be fair and equitable; rationale for priorities should be made clear;
- Sustained commitment to global initiatives pandemic has been truly global, in a way that few other crises have been. UK has made a commitment to support other countries in the allocation of vaccine but will be importance to ensure that this commitment is sustained after initial roll-out.
- Support for those bearing greatest burdens measures taken in response to the pandemic have not fallen equally: state has a duty to ensure those impacted the most are supported to do so this seems likely to continue for some time.

What are the longer-term (2-5 year) challenges and opportunities?

- **Bioethics in policy-making** opportunity to review decision-making processes and solidify and embed ethical advice and deliberation in those processes. Challenges in determining what that best looks like.
- **Pandemic preparedness** learning the lessons from COVID-19 and ensuring preparedness for future, similar pandemics; ensuring continued global cooperation post-Brexit.

1.4 Use of data and tech for health and well-being

The Ada Lovelace Institute is an independent research institute and deliberative body with a mission to ensure data and AI work for people and society. It is part of the Nuffield Foundation. All of the Ada Lovelace Institute's work on COVID-19 can be found at: www.adalovelaceinstitute.org/our-work/themes/covid-19-technologies/

Relevant work from the Ada Lovelace Institute

- Report of a public deliberation initiative: *Foundations of Fairness: Where next for* <u>NHS health data partnerships?</u> (March 2020).
- Rapid evidence review: <u>Exit through the App Store? Rapid evidence review of the</u> <u>technical considerations and societal implications of using technology to transition</u> <u>from the COVID-19 crisis</u> (April 2020).
- Report of a public deliberation initiative: <u>No Green Lights, No Red Lines: Public</u> <u>perspectives on COVID technologies</u> (July 2020).

- Report of a public deliberation initiative: <u>Confidence in a crisis: Building public trust in</u> <u>a contact tracing app</u> (August 2020).
- Research report: <u>The data will see you now</u> (October 2020).

Main challenges and opportunities of the policy area (pre pandemic)?

Developments in data science, data-driven technologies and artificial intelligence have immense potential to transform health and healthcare services, deliver personalised medicine and increase well-being. However, there are a number of risks and potential pitfalls which need to be identified, mitigated, and addressed, including:

- Data governance, privacy and surveillance: Have existing rules governing data both in and outside of the health system kept pace with new technologies and the opportunities they offer? How can individual concerns about privacy and data sharing be addressed while also enabling benefits to be realised? What are the societal impacts of tech-enabled public health surveillance?
- **Public-private partnerships**: The technical expertise to deliver cutting edge advancements in data-driven healthcare exists outside of the health system, even as much of the data which permit those advancements is held by the NHS. What constitutes a fair exchange of data for tech development, on what conditions should industry be given access to patient data, and how should the public benefit of private sector data be realised?
- **Bias, discrimination and health inequalities:** Nascent AI technologies and algorithmic systems has been demonstrated to perpetuate discriminatory attitudes and entrench bias. What is the consequence of algorithmic bias in health applications, and how might it exacerbate rather than ameliorate health inequalities?
- **Evidence base:** What evidence exists to support the technical effectiveness of datadriven interventions such as contact tracing apps or immunity certificates?
- **Public trust and confidence:** What infrastructure (legal, technical, ethical) needs to be in place in order to reassure the public that their data is being used for the public good and address concerns?

How have these changed, or not, in light of the COVID-19 pandemic?

Public trust and confidence in new technologies, especially for health and heath care, is dependent on (*Confidence in a Crisis*):

- Transparent information about the evidence base for using new technologies, including whether they are effective, under what conditions and whether lives will be saved by their use.
- Independent review and assessment of the technology.
- Clarity (i.e. clear rules) on the boundaries of data use, rights and responsibilities.
- Reassurance that technology proactively addresses the needs of, and risks to, vulnerable groups.

Other findings with respect to public trust in the use of data and tech for health include (No Green Lights, No Red Lines):

- Trust is not just about data or privacy. To be trusted, technology needs to be effective and be seen to solve the problem it is seeking to address.
- People's experiences and expressions of identity matter and are complex. Categorising individuals can be reductive and disempowering.
- Public health monitoring and identity systems are seen as high stakes applications that will need to be justified as appropriate and necessary to be adopted.
- Tools must proactively protect against errors, harms and discrimination, with legitimate fears about prejudice addressed directly.
- Apps will be judged as part of the system they are embedded into the whole system must be trustworthy, not just the data or the technology.
- The technologies are not viewed as neutral. They must be conceived and designed to account for their social and political nature.

What are the acute (1-2 year) challenges and opportunities?

One acute challenge is ensuring that public-private health data partnerships are perceived to be fair and equitable by the public. Our research reveals that the public see at least four conditions to creating fair health data partnerships (*Foundations of fairness*):

- All NHS data partnerships must aim to improve health and care.
- NHS bodies need consistent support and guidance to negotiate fair terms.
- Fairness requires public accountability, good governance, and transparency.
- Citizens want to be involved in decision-making.

What are the longer-term (2-5 year) challenges and opportunities?

• One long term challenge is coming to grips with the datafication of health. Data about people's health is no longer confined to medical records and clinical trials. It is gathered by wearable technologies and smartphone apps; it is inferred from shopping habits and online behaviour; it is used by insurers and advertisers for purposes besides healthcare or medical research. This is the datafication of health, and it has significant consequences for people and society. In particular, data about people's health can exist increasingly within privately owned networks and digital infrastructures, making a person's health status legible to new and different actors. Within these infrastructures, health data is extracted and used in a way that means private actors can make inferences about people's health and repurpose data about it for their own ends. Where people have become legible to private actors, the datafication of health not only shapes what counts as data about health, but changes how people's health can have value, and who can benefit from that value. This could have immense benefits from the perspective of policymaking and the health system, but it requires considerable thought to the legal and ethical implications of harnessing health data. (The data will see you now).

2. Communities, culture and belonging

2.1 Community and cohesion

Relevant projects funded by the Nuffield Foundation

- <u>Social cohesion in the context of COVID-19</u>. Principal investigator: Dominic Abrams (University of Kent).
- Growing up under COVID-19. Principal Investigator: Laurie Day (Ecorys).

Main challenges and opportunities of the policy area (pre pandemic)?

- As the Casey Review (2016) and others have identified, some communities are isolated by discrimination and disadvantage, affecting the ability of some groups to access education and employment opportunities. Also, some groups within communities are particularly vulnerable in areas with high levels of social and economic isolation and/ or where cultural and religious practices restrict the full participation of all people in society.
- More recently, events such as the Scottish independence and Brexit referenda have highlighted divisions in society. Abrams notes that: '*trust levels prior to the pandemic (from 2016-2019) were declining significantly across the country and were lower among 'Leave' than 'Remain' areas.*' (Abrams et al. 2020c, p.11).

How have these changed, or not, in light of the COVID-19 pandemic?

- Survey data in June across six English local authorities suggests that the pandemic has affected trust and engagement differently for different people. Focus seems to have switched from global to local, with increased relationships, trust and engagement at the local level, but a growing perception of divisions and mistrust towards other groups at a broader level. Keyworkers and volunteers actively engaged with other people during lockdown, but their experiences mean that they seemed to be affected in very different ways. Keyworkers seem to be paying a price for having been on the frontline for months, reducing their connections with family and highlighting perceptions of disadvantage e.g. job prospects, in their local area. Their trust in politicians is diminished and they feel more pessimistic about prospects for the future (Abrams et al. 2020a; Abrams et al. 2020b).
- Data collected from 70 young people from the four UK nations, Italy, Lebanon and Singapore, their families and peers, using a participatory approach reveals widespread concerns about a lost period of adolescence, missed education, and potential scarring effects for future education and work. However, young people also spoke of having made positive changes to their lives with some using time afforded to them by the pandemic as an opportunity to invest in their self-care, well-being, and their relationships (Day et al. 2020).
- For some young people, the crisis has been largely profoundly negative. Young people with pre-existing mental health problems or trauma, found lockdown immensely challenging. A shift online for professional and peer support has brought its own challenges where these support systems were ill adapted to the pressures of the COVID-19 crisis. Some young people have faced challenges where they found

themselves locked down with family members who misunderstood them, or where there was more serious family conflict (Day et al. 2020).

• Participants appeared to have a renewed interest in politics which contributed towards mixed emotions regarding the past six months - young people often felt a sense of anger and frustration at the social injustices that played out as a direct and indirect consequence of COVID-19, and in the shortcomings in how the crisis was handled globally and within their country (Day et al. 2020).

What are the acute (1-2 year) challenges and opportunities?

- Abrams notes that: 'Blame and anger are being expressed more frequently towards particular groups and previous divisions have begun to reassert themselves – a common next stage in disaster scenarios.' (Abrams et al. 2020c, p.11). However, people in the six local authority areas that have invested in cohesion (five as part of the Government's Integration Area programme) were significantly less cynical about both national and local politicians and more accepting of government decisions and guidelines than those in other places in the UK. They also reported stronger and better social relationships with other citizens, and warmer feelings towards immigrants compared to other areas. One in four people had volunteered in the past month compared to just eight per cent elsewhere. Taken together these findings indicate stronger social cohesion in the six areas, even though respondents from these areas reported higher levels of concern and were experiencing higher local infection rates, suggesting that 'for the moment the investment in social cohesion in the preceding period seems to be paying off'. Evidence from crisis situations is that more connected communities are often quicker to recover (Abrams et al. 2020c, p.11).
- There is a disconnect between media portrayals of young people during the pandemic, and the lived experiences of the young people within Day's project. Young people were consistently frustrated by the narrow set of media discourses. In the UK, these alternated between a 'victims and villains' narrative. The research also underlined how far young people's fundamental rights have been marginalised within the public and political responses to the pandemic: '*This was the most visible in the sacrifices to young people's education in the interests of the public health greater good not only in relation to school closures per se, but also in the less visible transgressions reported by young people through problems with access, school responsiveness, and failures of professional accountability.' (p.80). Day recommends reviewing 'the availability and access to mental health and wellbeing services for young people in a post-COVID context, to include consideration of the role and capacity of school-based counselling and therapeutic services and support and to share good practices regarding online support for mental health and wellbeing.' (Day et al. 2020, p.81).*

What are the longer-term (2-5 year) challenges and opportunities?

- Abrams' research so far supports a case for continuing to invest in social cohesion programmes at local levels (Abrams et al. 2020c).
- Day's research highlights 'the shortcomings of accepted forms of young people's political and social representative democratic participation during the crisis.' (p.79).

Young people expressed deep concerns at the lack of young voices in respect of decisions taken by national government; at a local or municipal level, and in respect of decisions taken by school leaders. They were concerned about the impact of interrupted schooling and cancelled exams on their future job prospects and were concerned that employers will not take their grades seriously as they did not take the exams. More broadly, young people were aware of the long-term economic impact of the pandemic, and there was a sense of panic and anxiety about their own future financial security and quality of life (Day et al. 2020).

2.2 Trust in media

Relevant projects funded by the Nuffield Foundation

• <u>How the UK public gets information about COVID-19</u>. Principal Investigator: Rasmus Nielsen (Reuters Institute for the Study of Journalism, University of Oxford).

Main challenges and opportunities of the policy area (pre pandemic)?

 Wide concern around decreasing trust in media and low levels of trust in politicians, both of which seem to have been exacerbated by increased political polarisation. Concern about the impacts of misinformation. Decline in revenues, resources, and sustainability of commercially funded traditional news organisations with increased use of social media and other digital sources.

How have these changed, or not, in light of the COVID-19 pandemic?

- After an initial surge in news use, news consumption in the UK had, by mid-August, gradually returned to pre-crisis levels. News avoidance has grown, and trust in key sources of COVID-19 news and information has declined. Trust in news has fallen and, trust in the government has declined dramatically. 43% of respondents in August said that the government was doing a bad job responding to the coronavirus pandemic, and 38% were very or extremely concerned about false or misleading information from the UK government about coronavirus. NHS, scientists, doctors, and other experts, and global health organisations like the WHO, remain very highly and broadly trusted (Nielsen et al. 2020).
- 'Information inequality is a real and growing problem, with systematic inequalities around age, gender, as well as income and education in how people engage with information about the coronavirus'. By mid-August – an estimated 8 million people are 'infodemically vulnerable', more at risk of being at best less informed and at worst un- or misinformed, as they neither consume news daily nor trust the content (Nielsen et al. 2020, p.7).

What are the acute (1-2 year) challenges and opportunities?

• Communicating in relation to coronavirus will be much harder, '*in a situation characterised by waning attention, low trust, and increasingly explicit political disagreement and polarisation.*' (Nielsen et al. 2020, p.21). Communications in the next stages of the coronavirus crisis should '*focus less on politicians and pundits, except where absolutely necessary, and more on the sources that are (a) highly and broadly trusted and (b) demonstrably help people understand the crisis, most notably the NHS and scientists, doctors, and other experts.' (Nielsen et al. 2020, p.7).*

3. Knowledge, skills and employment (including education)

3.1 Education

Relevant projects funded by the Nuffield Foundation

- <u>The impact of COVID-19: a survey of all mainstream schools in England</u>. Principal Investigator: Caroline Sharp (NFER).
- <u>The effects of COVID-19 on families' time-use and child development</u>. Principal Investigator: Sarah Cattan (IFS).
- <u>Education spending pressures and challenges</u>. Principal Investigator: Luke Sibieta (IFS).
- <u>Comparisons of cognitive skills and educational attainment across the UK</u>. Principal Investigator: Luke Sibieta (Education Policy Institute).
- <u>COVID-19 mitigation measures: education provision and access to special schools</u>. Principal Investigator: Amy Skipp (Ask Research).
- <u>The health of teachers in England over the past 25 years</u>. Principal investigator: John Jerrim (UCL Institute of Education).
- <u>Social policies and distributional outcomes in a changing Britain</u>. Principal Investigator: Polly Vizard (Centre for Analysis of Social Exclusion, London School of Economics).

Main challenges and opportunities of the policy area?

- The early years childcare workforce is characterised by little focus on skills training, low pay, and high turnover. The market is at a tipping point in relation to financial viability.
- Long standing inequalities in educational opportunities and outcomes for pupils. Government commitment to 'level up' poorer regions, and changes under its new National Funding Formula, may have potential to contribute to tackling these.
- Developing potential of digital technology to aid education within the classroom and home environment, but inequalities in access.
- There are persistent supply and retention issues in the teaching workforce, high turnover (especially of new entrants) and recruitment challenges, as well as a perception of teaching as a stressful career. Numerous policy initiatives over many years have tried to address this, the most recent/overarching one for England is the 2019 Teacher Recruitment and Retention Strategy.
- There were 390,100 children and young people with Education, Health and Care plans maintained by local authorities in England as of January 2020.⁵
- Long history of underspending on the Further Education (FE) sector and a longawaited white paper on skills. There has been an increase in those staying in

⁵ Office for National Statistics (2020). Education, health, and care plans. Available from <u>https://explore-education-statistics.service.gov.uk/find-statistics/education-health-and-care-plans</u> [Accessed 14 December 2020].

education but there are challenges with funding and qualifications are not always appropriate.

- Increasing cohort sizes for pupils and students, at the same time as a public finance squeeze.
- In the years prior to the pandemic, little if any impact had been made on inequalities, and in fact there is increasing evidence of the most vulnerable children and young people missing out in a system geared to increasing performance and competition (Lupton and Obolenskaya 2020).

How have these changed, or not, in light of the COVID-19 pandemic?

- School leaders and teachers in mainstream primary and secondary schools surveyed in July by NFER estimated pupils were on average three months behind on their learning as a result of the COVID-19 crisis, with the most deprived pupils most likely to be affected. Teachers in the most deprived schools were over three times more likely to report that their pupils were four months or more behind in their learning compared to teachers in the least deprived schools (53% compared to 15%). Over half (61%) of teachers reported that the learning gap between disadvantaged pupils and their peers had widened since the previous year. Almost three-quarters of teachers (74%) did not feel able to teach to their usual standard. The survey pointed to issues that needed to be addressed for September, such as catch up needing to be treated as a long-term endeavour rather than a 'quick fix' (Sharp et al. 2020).
- Sarah Cattan's project surveyed over 5,000 parents with children about to enter or in school to ask about time use during April to June. Only around half of parents who were in work in February were still doing their job in May, others had been furloughed, quit, or lost their jobs permanently. Mothers were most likely not to be continuing to do paid work. One third of parents reported a decrease in earnings. Primary and secondary school children spent an average of four and a half hours a day on home learning, up to a 30% reduction from pre-COVID, with large socio-economic gaps, particularly for primary school children. Primary school children from the richest third of families spent about four and a half hours per week more on learning than children from the poorest third. Schools offered dramatically different packages of support to pupils, with 'active learning materials' being more likely to be provided to the richest third of children. Around one in eight children were either using a phone or had no device to access online schooling resources (Andrew et al. 2020b).
- The IFS annual report on education spending in England described COVID-19 as the 'most prominent challenge facing schools and policymakers' (Britton et al. 2020, p.80). The report's authors draw on Burgess and Sievertsen's (2020) estimation that 12 weeks' lost time in school will reduce educational attainment by a similar amount, equivalent to about one month of normal educational progress, though this may be mitigated by home/ blended learning and a return to school for some pupils from June. There is an expectation of a greater impact on disadvantaged children, and that the attainment gap will widen (Britton et al. 2020).
- The pandemic has created uncertainty for further education providers. There are likely to be increases in both further education and sixth form student numbers for

2020, due to higher-than-average GCSE results, and fewer alternative education and employment options. As funding increases are based on previous student numbers, a substantial increase in student numbers is likely to reduce spending per student. 'Despite additional incentives, training and apprenticeship opportunities for young people are likely to reduce significantly due to the economic downturn and COVID-19 social distancing restrictions' (Britton et al. 2020, p.11).

- During the lockdown period more than double the proportion of schools were open in England than in Scotland, Wales, or Northern Ireland. In England, 6.7% of vulnerable pupils attended, and just 1.5% in Northern Ireland. There were differences in the number of weeks of schooling lost across the four UK nations, largely because of differences in term dates, exam leave and re-opening policies, with up to 14 weeks in England and up to 11 weeks in Scotland (Sibieta and Cottell 2020).
- Support for learning at home varied greatly by region and by family income. All four
 nations made efforts to provide digital devices to disadvantaged and vulnerable
 learners, but this happened more quickly in Wales (by the end of May) than in
 England (end of June) and Scotland and Northern Ireland (by the end of the school
 year) (Sibieta and Cottell 2020).
- By October half term, attendance rates were close to that seen in a normal year in Northern Ireland and Scotland, but lower in England and Wales. Attendance rates are generally lower in areas with higher infection rates, but there are some local authorities that have relatively low case rates *and* relatively low attendance rates. Attendance rates appear lower for more disadvantaged areas and pupils, and across the UK, the schools with the lowest attendance rates are special schools (Sibieta 2020).
- Skipp found that special school leaders did not expect full attendance of pupils in September 2020 due to concerns over children and staff safety; and that significant changes would need to be made to the education provision of those who did attend school to deal with COVID-19. Pupils in special schools and colleges were expected to have additional emotional and behavioural support needs on return to school (Skipp et al. 2020).
- Teachers' well-being and work-related anxiety did not decline during lockdown. Slightly fewer teachers were highly anxious about work after lockdown was imposed, with about one in 20 reporting very high anxiety compared to one in eight before lockdown. But headteacher anxiety increased, with particular spikes in the week before school lockdown and in June when school re-openings were first announced (Allen, Jerrim, and Sims 2020).
- Work anxiety during lockdown was higher for female teachers than male, and for parents of both genders when compared to teachers without children (Allen, Jerrim, and Sims 2020).

What are the acute (1-2 year) challenges and opportunities?

• Sharp found that in July, academic catchup activities were much less of a priority for September than pupils' well-being and re-engagement with learning. Approximately half of senior leaders favoured using the £650 million catch-up funding for small group and one-to-one tuition or to deliver targeted academic intervention

programmes. Nearly two in five senior leaders planned to access the £350 million National Tutoring Programme (NTP) for disadvantaged pupils. The main barrier for those who were uncertain was a concern about using tutors who are unfamiliar to pupils (Sharp et al. 2020).

- Senior leaders reported that 28% of pupils had limited access to IT at home, this was a particular issue for schools serving the most deprived pupil populations, resulting in a need for more IT equipment to enable schools to communicate effectively with pupils, parents and staff. There is a need to plan for both equipment and training for staff and pupils to utilise remote learning, and deliver interactive content, whilst considering safeguarding (Sharp et al. 2020).
- Positively, the percentage of teachers and senior leaders intending to leave the profession had reduced by more than half from 2019 levels: '*If this is translated into actual retention, it would more than compensate for previous teacher shortages.*' (Sharp et al. 2020, p.30).
- In relation to educational inequalities, Andrew et al reporting on Sarah Cattan's project conclude: 'COVID-19 is likely to exacerbate inequalities in children's outcomes. Inequalities in learning time and learning resources during the lockdown will be compounded by the fact that COVID-19 has caused children to lose the protective and safeguarding environment of schools. In these conditions, inequalities in family circumstances and home environments are likely to have even deeper consequences for inequalities in children's attainment and well-being than they would have otherwise.' (Andrew et al. 2020b p.10).
- The impact of the crisis on women's experience of the labour market raises questions: 'Will the effects of the crisis halt or even partly reverse the progress that has been made in closing the gender wage gap? The second question is how experiences during the crisis will reshape the attitudes that mothers, fathers and employers hold towards the division of labour.' (Andrew et al. 2020a. p.26-27).
- Britton et al. describe the catch-up plans as 'relatively modest in scale' at £80 per pupil for the 20/21 school year (p.83). The National Tutoring Programme (NTP) is estimated at £350 million for disadvantaged pupils 5-19, and other pupils who have fallen behind, providing academic mentors in the most disadvantaged areas, or subsidised tutors for disadvantaged pupils, with the school needing to meet 25% of costs for the latter. It is expected that the NTP will continue beyond 2020–21, but with lower subsidy rates. The scale of the NTP 'might be relatively low compared with the scale of likely lost learning' (p.84). In relation to inequalities: 'Given that only the NTP is targeted at disadvantaged pupils, the overall package of catch-up support might be limited in its ability to mitigate rising inequalities' (p.84). The effect may be heightened against a background of faster falls in spending per pupil for the most deprived schools (Britton et al. 2020).
- Sibieta notes: 'Pupils absent from school will also be missing out on significant learning time, with big differences across pupils and areas. This has particularly strong implications for pupils in exam years, who are more likely to be absent from school through being older. Coming on top of variable losses in learning time during lockdown, continuing COVID-related absences are going to make it incredibly hard to implement a fair exam process anything like that in a normal year.' Policymakers

must assess just how much further disadvantaged pupils have fallen behind (Sibieta 2020, p.8).

- During the lockdown period England, Scotland and Northern Ireland all weakened the legal duties of local authorities and other bodies to provide for pupils with SEND; this could result in severe consequences for the education and development of these pupils. Wales did not alter these legal duties (Sibieta and Cottell 2020).
- Britton anticipates that: '*Further education colleges and sixth forms face significant* resource challenges in the coming years. The COVID-19 pandemic and associated economic downturn will likely increase demand for further education and sixth-form education, with reduced employment, apprenticeship and training opportunities.' (Britton et al. 2020, p.105).
- Skipp recommends more detailed guidance from government on how to provide safe in-school education and support for home schooling for pupils with Education, Health and Care Plans and a reassessment of resourcing to reflect the additional requirements of specialist provision under COVID-19 (Skipp et al. 2020).

What are the longer-term (2-5 year) challenges and opportunities?

- Potential impacts on inequalities in children's outcomes, and gender roles. See above point from Andrew et al.
- School funding and inequalities, and challenges for many institutions in sectors that mix private and public funding, such as universities and early years settings. See above points from Britton et al. and Sibieta and Cottell.
- Lupton and Obolenskaya note: 'In the longer term, the education system will resume not just facing the issue of how to remedy 'lost learning' and to address inequalities in that respect, but needing to respond to the economic, social and emotional impacts of the crisis: such as reduced family income, employment and housing insecurity, emotional stress, and (for some), illness or bereavement.' (Lupton and Obolenskaya 2020, p.53).

3.2 Employment

Relevant projects funded by the Nuffield Foundation

- <u>An intergenerational audit of the UK</u>. Principal Investigator: Mike Brewer (Resolution Foundation).
- IFS Green Budget 2020. Principal Investigator: Paul Johnson (IFS).
- <u>COVID realities: families on low incomes during the pandemic</u>. Principal Investigator: Ruth Patrick (University of York).

Main challenges and opportunities of the policy area (pre pandemic)?

- Increased employment levels, but lower hours worked. A decade of weak pay growth (especially young people).
- Wide disparity in employment rates across the UK's regions and nations.

- Poor job quality, increased job insecurity, in part due to rise in gig economy. Increased incidence of families in poverty among those in employment.
- The income received from welfare payments is frequently inadequate to cover living costs of families. Problems with the benefit system, for example the five week wait for a first payment cause additional hardship.
- The IFS Green Budget states that since 2016, many firms in the domestically focused consumer services sector have seen their margins squeezed by relatively high unit labour cost growth and relatively low price inflation. This makes firms less able to absorb negative productivity shocks and implies greater risks to employment (Emmerson, Farquharson and Johnson 2020).

How have these changed, or not, in light of the COVID-19 pandemic?

- The Resolution Foundation concludes that the crisis has had greatest impact on employment of those under 18 and over 65. Longitudinal data collected during the lockdown shows that more than half of under-25s and people aged 65 and over who were employees before coronavirus had experienced furloughing or were out of work in June, compared to less than one-third at other ages. The impact of the crisis on people's living conditions has fallen most heavily on young people, for example pressure on meeting housing costs (Gardiner et el. 2020).
- Reporting in July, Patrick's exploratory work with 15 families living on a low income described the new and increased costs they faced because of COVID-19, and their experience of often extreme hardship such as food shortage in the home. People's mental health was suffering from both new, and compounded, strain, with fears for the future. Pressures were not offset by support through social security provision, and a 'patchwork' of incomplete support. Patrick recommended an increase in child benefit (Power et al. 2020a).
- Patrick gathered views from 32 contributors to the <u>Covid Realities</u> website from July to September, and a discussion group, on experiences of social security. Families continued to find it hard to cover living costs; emergency charitable provision remained essential. Government response, including a temporary flat rate £20 weekly increase to Universal Credit, was insufficient, uncertain and not available to all, though for some it did make a meaningful difference. Continued structural problems with Universal Credit, the return of conditionality in July, required phone contact with advisors, and the stigma of being in receipt of benefit all lead to increased stress (Power et al. 2020b).
- The IFS Green Budget shows that the economic shock has disproportionately impacted labour-intensive sectors with lower output per worker. This includes hospitality and recreational services. This means lower-income workers have been disproportionately impacted. In April, workers under 25 were 2.5 times more likely than average to be in a sector that was closed during the lockdown. However, the government's labour market interventions since March have played an 'enormous' role in protecting the UK labour market (p.112). There has been growth in Universal Credit recipients among all family types, but in particular the proportion that are lone parents has fallen and the share who are childless singles has increased: this is

driven both by falls in hours worked and increases in unemployment (Emmerson, Farquharson and Johnson 2020).

What are the acute (1-2 year) challenges and opportunities?

- The Resolution Foundation conclude that timely government intervention (in the form of the Job Retention Scheme, the Self-Employment Income Support Scheme, and the uplift to Universal Credit) reduced the negative income hit in lockdown. However: 'Recent announcements to support jobs are likely to prove insufficient in the key low-paying sectors most affected by ongoing restrictions, and little has been said so far about boosting job creation in other sectors. At some point soon, the Government will have difficult decisions to make on how to bring the public finances back on a sustainable footing, and, regardless of whether this done by spending cuts or tax rises, those need to be informed by an understanding of the generational impact of the crisis.' (p.21). They warn that young and pension-age workers are most at risk during the next phase of the crisis, as furloughing ends and unemployment continues to rise (Gardiner et al. 2020).
- The Resolution Foundation's work drawing on evidence from education leavers during the 2008 financial crisis, highlights the challenges facing the current group of education leavers entering the labour market and the likelihood of long term pay scarring for those who do secure employment (Gardiner et al. 2020).
- Power et al. describe 'stability and persistence of experiences of benefits and poverty stigma' (p.12). The lack of clarity surrounding longevity of COVID-related benefit changes causes stress and anxiety (Power et al. 2020b).
- The IFS Green Budget predicts weaker demand going forward in the hospitality and recreational sectors, due to continued fears about the virus and social distancing measures. Increases in workers in inactivity but who would like work, coupled with high additional numbers reporting they are temporarily away from work, could plausibly raise the unemployment rate by 6% when they start looking for work. This would be in addition to the impact on future redundancies. IFS forecasts show unemployment rising to 8.3% in 2021 Q2 when the impacts of the pandemic and Brexit are felt, with the risks skewed to even higher unemployment. This is likely to feed back into a weaker recovery, due to the impact on consumer spending (Emmerson, Farquharson and Johnson 2020).

What are the longer-term (2-5 year) challenges and opportunities?

- The scarring effects on younger workers and the risks of young people dropping out of education and employment are likely to last into the longer term, and active policies are likely to be needed to reconnect people with the labour market (Gardiner et al. 2020). Action will be needed to promote productivity and growth to enable earnings to increase.
- Being 60 or older is a significant risk factor in job loss, over and above other personal and job characteristics, and as Gardiner et al. note: '*This may have important implications for retirement plans and income. Pension freedoms may mean more exposure to the ups and downs of asset markets at the point of retirement, and more opportunity to drawdown pension wealth to bring forward consumption, perhaps putting living standards later in life under pressure.*' (Gardiner et al. 2020, p.49).

4. Other

4.1 Legal/ justice system

Relevant projects funded by the Nuffield Foundation

- Law and compliance during COVID-19. Principal Investigator: Joe Tomlinson (University of York).
- The COVID-19 Social Study: tracking the psychological and social impact of the pandemic. Principal investigator: is Daisy Fancourt (UCL). See Section 1.2 for discussion on mental health findings.

The Nuffield Foundation has established the Nuffield Family Justice Observatory (Nuffield FJO) to support better outcomes for children by improving the use of data and research evidence in the family justice system in England and Wales. The Nuffield FJO's work related to COVD-19 can be found at: <u>www.nuffieldfjo.org.uk/coronavirus-family-justice-system</u>

The Nuffield FJO has conducted two major consultation exercises among professionals and parents involved in the family justice system on how the family courts have been operating in England and Wales under social distancing restrictions, particularly around the impact of remote/online hearings

- <u>Remote hearings in the family justice system: a rapid consultation</u> (April 2020).
- <u>Remote hearings in the family justice system: reflections and experiences</u> (follow-up consultation, September 2020).

The Nuffield FJO also commissioned Elsbeth Neil (University of East Anglia) to undertake rapid research looking at the means agencies are putting in place to support children to keep in touch with their birth families during lockdown.

• <u>Contact during lockdown: How are children and their birth families keeping in touch?</u> (May 2020).

Main challenges and opportunities of the policy area (pre pandemic)?

- Compliance is an important factor in behavioural science-type considerations of whether and how people will (and won't) obey rules and regulations (and links to a wider body of existing evidence on this issue), but arguably Tomlinson's research points to a need to more explicitly consider issues around people's 'legal consciousness' and how their perception of their rights and duties, and the fairness of government behaviour, might impact on their willingness to follow rules.
- In the family justice system, there are concerns about whether potentially lifechanging decisions about children and families were being made in a timely fashion, given the rise in public and private law cases and lack of capacity to deal with this increased volume.

How have these changed, or not, in light of the COVID-19 pandemic

• The public's initial response to the restrictions was that they thought them broadly justified (although around one-third broke or bent the restrictions even then, with that proportion increasing as the crisis progressed). Public understanding of the rules

reduced as those rules became more nuanced, and concerns about their fairness appeared to be growing (Halliday, Meers and Tomlinson 2020a; Halliday, Meers and Tomlinson 2020b).

- Fancourt reports on compliance levels across the UK. In October 2020, only half of adults in England reported that they understood the rules. This is a slight improvement on understanding of the rules in July. But only 13% feel they fully understand the rules, and their comprehension is lowest amongst younger adults in all nations. Just 1 in 20 adults aged under 30 currently report completely understanding the rules in England or Wales, compared to 1 in 6 in Scotland (Fancourt et al. 2020b).
- Fancourt has also examined the 'Cummings effect' on confidence in the Government, finding that when a senior aide to the prime minister broke lockdown rules this undermined confidence in the government to handle the pandemic (Fancourt, Steptoe and Wright 2020).
- Social distancing requirements have meant family court hearings are largely conducted by phone or video and this has led to serious concerns about the fairness of decisions that are being made when parents are unable to fully participate in hearings. At the same time the backlog in cases has increased, exacerbating existing capacity problems. Fairness/justice concerns, poor administration of hearings and technology problems are undermining the gravitas of the family court, with potential long-term consequences (Ryan, Harker and Rothera 2020a; Ryan, Harker and Rothera 2020b).
- For children in the care of local authorities there has been disruption to the arrangements that were in place to enable children to have face-to-face contact with their birth relatives. Lack of a consistent response across the country. Where infants are taken into interim care arrangements there has been major disruption to bonding between parent/infant with potential long-term consequences for child's development and to a fair/just legal process (Neil, Copson and Sorensen 2020).

What are the acute (1-2 year) challenges and opportunities?

- Family justice. Challenges: potential miscarriages of justice, long delays in decision making, burn out and low morale among magistrates and judges. Opportunities: some court hearings (e.g. administrative hearings) have been shown to work more efficiently when conducted by phone or video, saving time and money (Ryan, Harker and Rothera 2020a; Ryan, Harker and Rothera 2020b).
- Children in care of local authorities. Challenges: maintaining contact during ongoing social distancing. Opportunities: digital contact has been found to be effective for older children and could continue beyond social distancing restrictions (Neil, Copson and Sorensen 2020).

What are the longer-term (2-5 year) challenges and opportunities?

• People are mostly prepared to accept significant restriction of their rights and liberties for the greater good, but the duration of those restrictions matters, as does people's perceptions of their rationale and fairness – and ability to understand them.

• Family justice. Challenges: concerns about the legitimacy of the family justice system unless short term challenges are addressed. How does the court system recover from the COVID-19 crisis and implement the planned reforms around modernising justice system procedures and the court estate (which included greater use of digital processes irrespective of the crisis) in a way that balances greater efficiency and modernisation with fairness and access for all participants in the legal process?

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We fund research that informs social policy, primarily in Education, Welfare and Justice. We also provide opportunities for young people to develop skills and confidence in science and research.

We are the founder and co-funder of the Nuffield Council on Bioethics, the Nuffield Family Justice Observatory, and the Ada Lovelace Institute.

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