



COronavirus Vulnerabilities and INFOrmation
dynamics Research and Modelling



**Communication
strategies during the
COVID-19 pandemic:
Wales in focus**

Authors

Stéphanie Barillé, Sergei Shubin, Louise Condon, Diana Beljaars

Swansea University

To cite this report: Barillé, S., Shubin, S., Condon, L., & Beljaars, D. (2021). Communication strategies in Wales during the COVID-19 pandemic. Country report, July 2021. COVINFORM H2020 Project No. 101016247.

Swansea University

Disclaimer

The content of this publication is the sole responsibility of the authors, and in no way represents the view of the European Commission or its services.



This project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under Grant Agreement No 101016247.

Table of Contents

Risk and pandemic preparedness in Wales	4
Understanding and responding to emergency	5
Communication strategies, plans and practices applied by governments / Collaboration across the United Kingdom at the beginning of the COVID-19 pandemic.....	6
March 25: Wales acquires the power to manage the pandemic independently of the other British nations	7
‘One size fits all’ communication	8
Communication strategies, plans and practices applied by public health stakeholders...	9
Communication strategies, plans and practices applied by organisations.....	10
Communication strategies, plans and practices applied by communities	11
Groups and communities disproportionately affected by COVID-19.....	12
COVID-19 communication analysis	13
Main learnings and best practices	15
Guidelines.....	16
References	17



Risk and pandemic preparedness in Wales

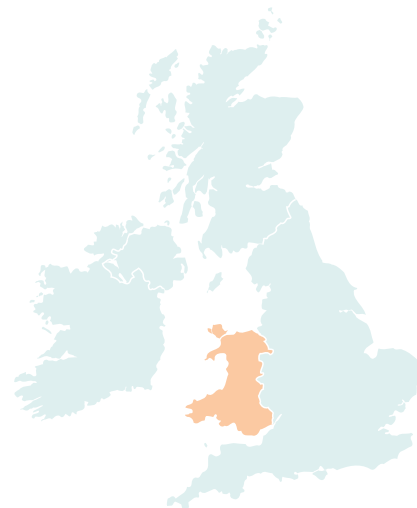


Pandemics have been long-recognised as one of the top global threats, and they have been integrated into counter-terrorism and homeland security concerns in the UK. Plan and preparedness for biosecurity matters are not specific to Wales but prepared for the UK as a whole. Global health security and pandemics concerns have been addressed in the National Security Strategy and Strategic Defence and Security Review¹ in 2015, in the UK Biological Security Strategy in 2018 and in the Joint Committee on the National Security Strategy Inquiry started but abandoned in 2019.

Wales is part of the United Kingdom as a nation and has devolved powers in several sectors including health and social care. The Welsh Government is comprised of several departments, with Public Health Wales devoted to deal with health emergencies. Emergency planning in Wales is consistent with the United Kingdom's Civil Contingencies Act 2004, but it includes the Welsh Government's involvement and the participation of operating organisations unique to Wales. **Wales Resilience Forum is the highest authority for emergency planning in Wales and works in cooperation with local resilience forums and other agencies.** The main goal of Wales Resilience Forum is to 'strengthen preparedness, build collective capability and enhance resilience' (Wales Resilience forum website) in emergency situations.

The Wales Resilience Partnership Team supports the Wales Resilience Forum through subgroups such as the Joint Emergency Services Group which brings together all the emergency services in Wales including Public Health Wales, the Welsh Government, UK armed forces among others. They address together issues of contingencies and crisis in Wales and are responsible for assessing risks and planning appropriate responses to these contingencies.

The Wales Resilience Forum provides the national multi-agency overview for pandemic preparedness, with four local resilience fora addressing local multi-agency requirements. The Health and Social Services Directorate has responsibility for health and social care preparedness, with the Chief Medical Officer leading on public health and the use of medical countermeasures. The Welsh response arrangements for a pandemic build on arrangements for managing any national emergency. These arrangements are set out in the Pan-Wales Response Plan, which outlines the response structure, including establishing an Emergency Co-ordination Centre Wales and a Health Response Team.



¹ [see here](#)

Understanding and responding to emergency



The Civil Contingencies Act 2004² defines ‘emergency’ as ‘(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom [...] if it involves, causes or may cause

- (a) loss of human life,
- (b) human illness or injury,
- (c) homelessness,
- (d) damage to property,
- (e) disruption of a supply of money, food, water, energy or fuel,
- (f) disruption of a system of communication,
- (g) disruption of facilities for transport, or
- (h) disruption of services relating to health.’

In an audit dated 2012, it was suggested that **the delivery of many of the arrangements of the Civil Contingencies Act in Wales ‘work well but the role of the Welsh Government is unclear and there are opportunities for increased efficiency in local delivery’** (p.4) adding that ‘the Welsh public sector has very limited information about the resources it dedicates to ensuring resilience but there is clear scope to improve efficiency and effectiveness’ (p.4) and that ‘the approaches taken by Category One responders [Wales Resilience Forum and other operating organisations] to implement the Civil Contingencies Act 2004 are inconsistent and responders are not effectively monitoring their activities’ (p.5)³.

Limited documentation is available for Wales on governmental communication strategy for crisis in general and pandemics in particular, prior to COVID-19. The British Government has put together an Emergency Planning Framework⁴ which lays out a comprehensive plan to establish good communication and to deliver effective and timely information to members of the public during times of crisis. The document has been prepared by the Government Communication Service which is the professional body of individuals working in communication roles within the British government. The document provides practical advice to anticipate crisis, create an effective emergency response, and develop a strategy to communicate and manage this response. Moreover, the UK National Framework established in preparation of the influenza epidemic in 2009 has been deemed excellent by WHO⁵.



² [see here](#) | ³ [see here](#) | ⁴ [see here](#) | ⁵ [see here](#)

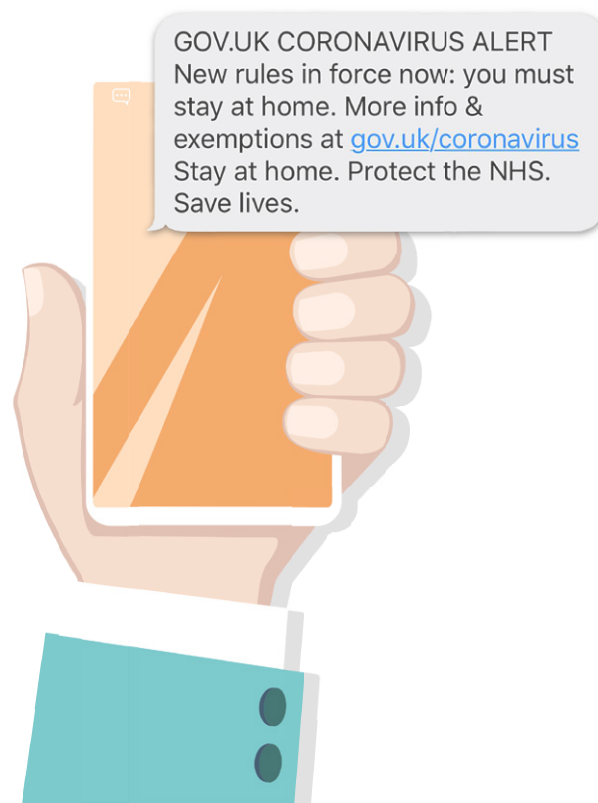
Communication strategies, plans and practices applied by governments

Collaboration across the United Kingdom at the beginning of the COVID-19 pandemic



Initially the four nations forming the United Kingdom worked together to respond to the coronavirus pandemic. After WHO declared the outbreak of COVID-19 a 'Public Health Emergency of International Concern' on January 30, 2020, the UK announced the first measures to control the virus on January 22, 2020, followed by the publication of an action plan on March 3, 2020 (Atchinson et al., 2021). The British Health Secretary and the Prime Minister urged the public to avoid all essential contacts on March 16 and

insisted on March 23, 2020 that **people must stay at home**, with legislation enforcing this decision on March 26. Although Wales entered lockdown with England on March 23, schools and non-essential retail were already closed since March 20. **The Coronavirus Restrictions were approved by the Welsh Parliament on March 25, giving Wales the power to manage the pandemic independently of the other British nations.**



March 25: Wales acquires the power to manage the pandemic independently of the other British nations. In April 2020, the Welsh Government issued a coronavirus response called ‘Leading Wales out of the coronavirus pandemic: A framework for recovery’ based on three pillars:

1. monitoring of infection and transmission rates
2. management of restrictions
3. collaboration of the health system to survey, respond and protect people’s health.

In the document, the third pillar highlights the need to collaborate with Public Health Wales to engage and communicate with the public about the coronavirus pandemic. In May 2020, the Welsh Government set out in more detail what it had envisioned in its framework for recovery, and starts the campaign ‘Test Trace Protect’, which in June 2020 Public Health Wales promises to actively support alongside other national communications⁶.

The main governmental communication strategy lies in the ‘Test Trace Protect’ approach outlined in April and May 2020. The Welsh Government relies heavily on Public Health Wales to support and rely information and communications on the coronavirus pandemic. The Welsh Government stated that:

“Chief Scientific Advisor for Health Dr Rob Orford joined the UK Government’s Scientific Advisory Group for Emergencies (SAGE) COVID-19 meetings in February 2020. SAGE is responsible for ensuring timely and co-ordinated scientific advice is available to decision makers to support UK cross-government decisions in the Cabinet Office Briefing Room (COBR). Wales’ Chief Medical Officer Dr Frank Atherton and Dr Orford agreed a formal technical and scientific advisory structure within Welsh Government was also needed to provide official sensitive advice to Ministers. The terms of reference for a Technical Advisory Cell (TAC) were agreed on 3 March, in accordance with SAGE guidance.”⁷



⁶ [see here](#) | ⁷ [see here](#)

'One size fits all' communication



The Welsh Government communicated through televised briefings to update the public on the situation and outline the restrictions in place; it made use of media and social media to convey messages about social distancing and barrier gestures. **Such communications were intended for a general public and often disregarded their applicability in real-life contexts; it was noted that the adoption of social distancing measures was related not only to willingness but to ability, and consequently the ability to comply with the restrictions was lower among disadvantaged groups (Atchinson et al., 2021).** Low-income individuals, or self-employed individuals with little business activity, cannot always afford to isolate. Communications from the government were often general, while delivering specific messages for different vulnerable groups was left to private and public organisations. Over time we see a few attempts from the government to address the needs of vulnerable groups or groups 'left out' of policies implemented during the pandemic (Gusciute, 2020; Langmaid et al., 2020; Gaynor et al., 2020). For example, the government's promise for financial support to those who could not work did not initially apply to self-employed individuals. Similarly, people with severe learning disabilities and their unpaid carers were put in vaccination priority group 6 following the UK's independent Joint Committee on Vaccination and Immunisation (JCVI) advice⁸.

Wales has been consistent in providing information about daily hygiene practices to minimise the risk of transmitting coronavirus, and somewhat consistent in reminding people not to meet friends and meet other households, especially at times such as Christmas. Until April 2021, we can identify three main phases of communication.

Phase one conveyed an atmosphere of fear and danger in the first months of the pandemic, and a lot of behavioural suggestions were developed in the communication strategy.

The **second phase** was one of uncertainty, with an emphasis on care and self-care, and discourse related to safety.

The **third phase** was one of hope and relief, with messages focusing on the importance of vaccination as Wales, amongst other countries, started its campaigns to vaccinate; this phase is of cautious optimism accompanied by the message to 'keep going' and to keep practising social distancing and barrier gestures until Wales is at lower risk.

⁸ [see here](#)

Communication strategies, plans and practices applied by public health stakeholders



The Chief Medical Officers for England, Scotland, Wales and Northern Ireland are the UK government's principal medical advisors and the professional heads of all medical staff in these respective nations. Their wide-ranging roles during the pandemic include advising ministers on the potential effects of policies, interventions and measures to reduce the impact of the disease, providing strategic leadership to medical professionals, and acting as the government's spokesperson in England, Scotland, Wales and Northern Ireland.

In England and Wales, planning for the management of additional deaths during a pandemic is carried out at a local level by Local Resilience Forums. The process involves category 1 responders, including the police, local authority emergency planners and NHS staff, coroners, registrars, funeral directors, and other stakeholders such as cremation and crematoria managers, with a number of central government departments and agencies acting as a source of guidance and expertise.

The first worldwide pandemic of the 21st century occurred in 2002-2004 and was caused by severe acute respiratory syndrome coronavirus (SARS-CoV virus), followed by an influenza A (H1N1) virus in 2009-2010 during which several countries developed comprehensive pandemic plans⁹. In Wales, guidance was first issued by the government during the influenza outbreak in 2009-2010, and updated in December 2014 with the Wales Framework for Managing Major Infectious Disease Emergencies. In 2016, these documents were used to present guidance on how to 'set out the requirements on NHS organisations in developing surge capacity to manage large unplanned increases in demand for critical care'¹⁰. NHS Wales has compiled several resources relating to civil contingencies and emergency planning arrangements on a dedicated manual and webpage¹¹. There was also an Emergency Response Plan compiled in 2016¹².



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Public Health Wales statement on Novel Coronavirus (COVID-19) outbreak

This statement is usually updated daily at midday.

Mae'r datganiad hwn fel arfer yn cael ei ddiweddarau'n ddyddiol ganol dydd.

During the COVID19 pandemic, Public Health Wales issued a statement daily with information on infection rates, restrictions on social contact and gatherings, testing, and short guidance on what to do if one develops symptoms.

⁹ [see here](#) | ¹⁰ [see here](#) | ¹¹ [see here](#) | ¹² [see here](#)

Communication strategies, plans and practices applied by organisations



Throughout the pandemic, the Welsh Government has worked with trade unions, local authorities and businesses to come up with strategies which would be safe for everyone.

In the education sector, schools and universities have adopted the Welsh government response, based on the latest scientific advice. When restrictions became important or lockdowns introduced, schools closed. Consistently since March 2020 universities across Wales have asked staff to work from home if they could, and to deliver blended learning to limit contact amongst students and between students and staff. Most educational institutions have also offered support to their students, for example Swansea University has decreased rent in student halls during the pandemic.

Rail and bus services in Wales and the UK also follow Welsh Government guidance, and have increased the flexibility of their service to respond to this guidance. Capacity and timetables are consistently updated and adjusted to reflect the level of restrictions in place in Wales at each particular time. For example, when the alert level is very high and all non-essential travel is restricted, services are kept at an absolute minimum.

Business and retail premises need to operate following guidance from the Welsh Government. During times of lockdown, non-essential retail shops are expected to close. Since the 'firebreak' lockdown in Wales in October 2020, supermarkets selling a diversity of goods are expected to cordon off the aisles selling products which are deemed non-essential. What is considered essential has been the subject of several debates; for instance, Welsh Government guidance includes 'Stationery and greetings cards' as essentials.



Welsh Government #KeepWalesSafe @WelshGov... · Oct 24, 2020 ...

Supermarkets can keep selling items you can find in other essential shops – such as stationery/greeting cards.

The purpose of selling essential items only during firebreak is to discourage spending more time than necessary in shops and to be fair to retailers who have to close.

Communication strategies, plans and practices applied by communities



If we understand vulnerability as being ‘exposed to’ (Lawlor, 2018; Butler, 2016), everyone is potentially vulnerable in the COVID19 context. Some groups have been recognised by the government as vulnerable, such as individuals with chronic diseases (Langmaid et al., 2020; Zhang et al., 2020; Vissandjée et al., 2021), Black and Minority Ethnic people (Wang, 2021; Ebor et al., 2020; Chandler et al., 2021), or the elderly (Lee et al., 2020; Patel & Clark-Ginsberg, 2020). However, we can see that the general message in government, public health and organizations’ guidance is set out to respond to the ‘least’ vulnerable individuals. This critique has been widely circulating in Wales and in the UK. **General recommendations and restrictions best cater for white, healthy, employed, middle class individuals with access to information.**

For example, the advice to ‘isolate’ when you have symptoms remains out of reach for low-income families who are not eligible for financial support schemes. Similarly, the five-mile rule, advising anyone not to travel beyond five miles of their home, is unsuitable for people living in rural areas or for nomadic Gypsies and Travellers, and what is considered ‘essential’ varies from one individual or culture to another. To cater for the needs of certain groups, several communities have compiled guidance for specific groups.



Groups and communities disproportionately affected by COVID-19



Black, Asian and Minority Ethnic (BAME) communities have been disproportionately affected by the COVID-19 pandemic (Platt & Warwick, 2020; Shah et al., 2021; Bentley, 2020; Paton et al., 2020). Ethnic Minorities and Youth Support Team Wales has a dedicated section of its website devoted to COVID19¹³ as well as the latest guidance in over 60 different languages.

Health, mental health and loneliness are issues which have affected the elderly during the COVID-19 pandemic (Angel & Mudrazija, 2020; Patel & Clark-Ginsberg, 2020; Lee et al., 2020). People with disabilities have also been marginalised during the pandemic (Alexander et al., 2020; Pineda & Corburn, 2020). Social care Wales has developed a website with information and resources on COVID-19¹⁴ for staff and carers, adults and elderly individuals, as well as people with dementia and learning disabilities. Mental health organisations and charities have also gathered information and resources to help individuals throughout the pandemic.

Resources for people working with charities and communities have been compiled by the Interim Youth Work Board's Digital Youth Work Advisory Group and supported by the Welsh Government and local authorities¹⁵. A helpline for young people is helping them through the difficulties they may face during the pandemic¹⁶.

Gypsy, Roma and Traveller communities experience health inequalities, and the response to their health needs is often inadequate (Rosa, 2019; McFadden et al., 2018; Ruston & Smith, 2013). The organisation Travelling Ahead provides information and support for Gypsy and Traveller Communities¹⁷.

Most of these organisations have developed 'Easy read' versions from official guidance documents to facilitate the transmission of information among various groups.

To encourage vaccination among groups which are suspected of vaccine hesitancy, many influential individuals have encouraged people to get the vaccine, including Queen Elizabeth II. Several organisations have asked trusted members of the community to speak out in favour of vaccination, such as in a video of the Asian British Trust¹⁸ or with Cardiff imam Hafiz Siddique¹⁹ on behalf of Cardiff and Vale University Health Board. Overall, pandemic communication strategy was focused on the 'core target audiences' while also attempting to be sensitive to the concerns and values of diverse publics (Ihm, & Lee 2021; Collins et al., 2020), and employed various modes of information sharing (Hyland-Wood et al., 2021; Templeton et al., 2020).

	When you arrive at the hospital you will go to a special place.
	The staff in the hospital will be wearing special clothes.
	Your carer will talk to the staff about staying with you.
	Your carer will need to wear the same special clothes.

part of an easy read instruction leaflet about testing for Covid in case people with learning disabilities have symptoms.

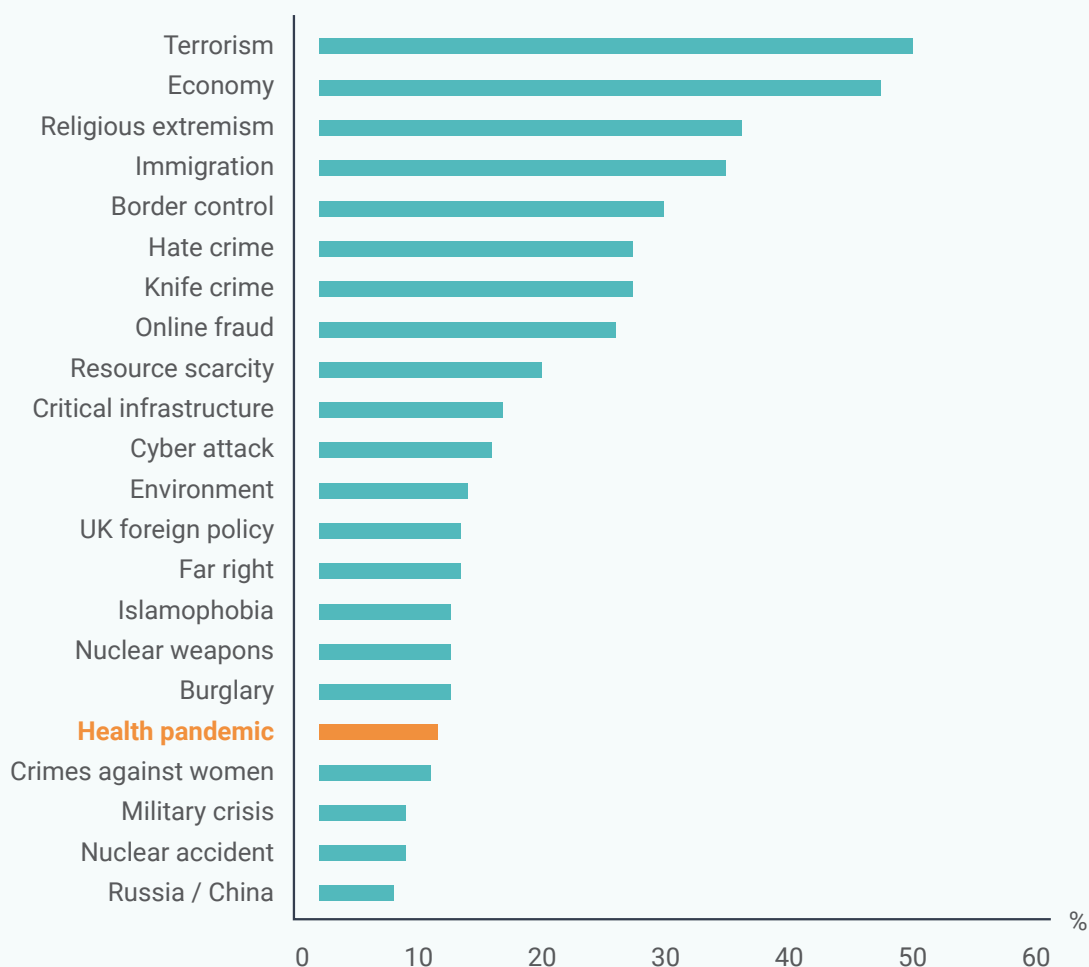
Source: NHS Barnsley Hospital

¹³ [see here](#) | ¹⁴ [see here](#) | ¹⁵ [see here](#) | ¹⁶ [see here](#) | ¹⁷ [see here](#) | ¹⁸ [see here](#) | ¹⁹ [see here](#)



Despite its prominence in government security strategy, the majority of the British population seemed unconcerned by the threat of a global pandemic²⁰. A strong communication strategy could have been adopted from the beginning of the COVID-19 pandemic to communicate the seriousness²¹ of the threat to the public: “a successful response to COVID-19 has depended on the public taking the threat seriously and behaving accordingly with measures such as social distancing”. **Instead, the message in February 2020 was one of caution rather than immediate danger, and the government response was slow.** This concern has been highlighted in an independent evaluation²² of the UK preparedness to the influenza pandemic of 2009, which insisted that the government response had to be proportionate to the level of risk. If the influenza pandemic of 2009 had been over-estimated, we may wonder if the coronavirus pandemic of 2020 had at first been under-estimated, as response from the UK government was slow.

Figure 2: Perceptions of National Threats in 2012



Source: ICM survey “Security in an Age of Austerity”, June 2012.

²⁰ [see here](#) | ²¹ [see here](#) | ²² [see here](#)

The independent evaluation mentioned above that a UK-wide response may have been unhelpful and that local circumstances and flexibility were primordial. However, it was equally important to be able to communicate these local circumstances and differences to manage effectively the public's understanding, in particular relating to restrictions and rules. **Half of the respondents in a study²³ did not know that England, Scotland, Wales and Northern Ireland had different rules and restrictions, leading to confusion about lockdown measures in particular.** On December 18, 2020, Wales introduced a four-level alert system which summarises what one **must** do and what one **can** do at each level. This system is supposed to simplify information regarding the restrictions in Wales and to avoid confusion, and it was introduced almost nine months after the first measures against coronavirus were taken.

We can partly assess whether the communication was effective by looking at the main UK message during the pandemic: **'Stay at Home. Protect the NHS. Save Lives'**. From March 27, 2020 and February 14th, 2021, 5751 fines were given in Wales to people breaching Covid laws²⁴. During that time, three £10,000 fines were given to organisers of mass gatherings of more than 30 people in Wales. From these numbers, we see that most people respected the 'Stay At Home' message, although national news in late February 2021 suggest that 'lockdown fatigue' coupled with good weather, encouraged the breaching of regulations²⁵.

When we examine the number of beds available at NHS Wales from April 2020 to March 2021, we see that the goal of 'protect the NHS' has been accomplished. Despite bed availability reaching critically low levels several times during the pandemic NHS Wales had the capacity to admit patients at all times²⁶.



²³ [see here](#) | ²⁴ [see here](#) | ²⁵ [see here](#) and [here](#) | ²⁶ [see here](#)

Main lessons and best practices



Consistent, clear and timely guidelines are essential to pandemic management and its accompanying restrictions. Community engagement is considered an effective communication strategy²⁷. **Overall, the Welsh Government's response, as well as the British Government's response, were slow in addressing the risks caused by COVID-19.** For example, despite scientific evidence that face coverings were effective in delaying and decreasing coronavirus transmission, compulsory face coverings in indoor public spaces were only introduced in September 2020 in Wales.

It seems that the government guidance was also somewhat conflicted between scientific evidence and the importance of some socio-cultural events; the plan for Christmas 2020 in Wales was to allow a five-day window for people to form a three-household bubble despite infection and transmission being very high at the time, not to mention the bed capacity at hospitals being critically low. The Welsh Government cancelled that original plan at the last minute on December 19 but allowed two households to meet on Christmas Day.

Moreover, managing trust and encouraging behaviour compliance with COVID-19 rules are essential to governmental communication in times of crisis (Newton, 2020; Dada et al., 2021).

Uncertainties around the applicability of policy announced by British Prime Minister Boris Johnson could have been avoided if Welsh Prime Minister Mark Drakeford had more often reminded Welsh residents that Downing street information briefings did not always apply to Wales. It is generally agreed that not enough concerted efforts were made to convey this to the Welsh public.

Face Masks Must Be Worn

²⁷ [see here](#)



Since February 2020, the Welsh Government has adopted the guidelines of the World Health Organisation, and WHO recommendations have informed all Welsh COVID19 policies. **The six pillars essential to effectiveness according to WHO are that communications should be accessible, actionable, credible and trusted, relevant, timely, and understandable**²⁸. This part of the report is based on the document ‘Monitoring and evaluation framework for COVID-19 response activities in the EU/EEA and the UK’²⁹.

Coordination, planning and monitoring are essential in communication effectiveness. ‘The effectiveness of national movement restrictions or recommendations depends on the extent to which they are enforced and on public compliance with the restrictions or recommendations.’ To be able to comply with guidance and restrictions, the communication needs to be uncomplicated and coherent. Effective communication should ‘clarify roles and responsibilities and the coordination mechanisms in place’. **Community representatives and different actors should be engaging in coordination and communication to get better effectiveness.** The ‘existence of mechanisms that identify and segment specific populations/at risk groups in order to target them with culturally appropriate messages using relevant channels and community networks/influencers’ are essential. This is especially true for vulnerable groups: ‘All the vulnerable populations identified would likely benefit from carefully targeted messaging, with potentially reduced levels of infection and adverse socio-economic impact. However, targeting this number of different groups in an effective way will be challenging.’

Can Muslims take Covid vaccines in Ramadan?

It is likely that Muslims will be invited to take the Covid vaccine (either 1st or 2nd dose) during Ramadan. BIMA has reviewed fiqh opinions from different schools of thoughts below.

Taking the Covid-19 vaccines currently licensed in UK does not invalidate the fast during Ramadan as per the opinion of the majority of Islamic scholars.

This is generic information only.
Please refer to your local Islamic Scholars & healthcare professionals.
For detailed information, please go to our website below.

[W] bit.ly/bimavaxxhub [E] covid@britishlma.org

BRITISH ISLAMIC MEDICAL ASSOCIATION

28/01/21

²⁸ [see here](#) | ²⁹ [see here](#)



- Alexander, R., Ravi, A., Barclay, H., Sawhney, I., Chester, V., Malcolm, V., Brolly, K., Mukherji, K., Zia, A., Tharian, R., Howell, A., Lane, T., Cooper, V. & Langdon, P.E. (2020), Guidance for the Treatment and Management of COVID-19 Among People with Intellectual Disabilities. *Journal of Policy and Practice in Intellectual Disabilities* 17: 256-269. DOI: 10.1111/jppi.12352
- Angel, J.L. & Mudrazija, S. (2020) Local Government Efforts to Mitigate the Novel Coronavirus Pandemic among Older Adults. *Journal of Aging & Social Policy* 32(4-5): 439-449. DOI: 10.1080/08959420.2020.1771240
- Bentley, G. R. (2020). Don't blame the BAME: Ethnic and structural inequalities in susceptibilities to COVID-19. *American Journal of Human Biology* 32(5). DOI: 10.1002/ajhb.23478
- Butler, J. (2016). Rethinking vulnerability and resistance. In Butler, J., Gambetti, Z. & Sabsay, L. (Eds) *Vulnerability in resistance*: 12-27. Duke University Press.
- Chandler, R., Guillaume, D., Parker, AG., Mack, A, Hamilton, J., Dorsey, J., & Hernandez, ND. (2021). The impact of COVID-19 among Black women: evaluating perspectives and sources of information. *Ethnicity and Health* 26(1):80-93. doi: 10.1080/13557858.2020.1841120.
- Collins, T., Akselrod, S., Bloomfield, A., Gamkrelidze, A., Jakab, Z., & Placella, E. (2020). Rethinking the COVID-19 Pandemic: Back to Public Health. *Annals of Global Health* 86(1), 133. DOI: <http://doi.org/10.5334/aogh.3084>
- Dada, S., Ashworth, H.C., Bewa, M.J, et al. (2021). Words matter: political and gender analysis of speeches made by heads of government during the COVID-19 pandemic. *BMJ Global Health* 6: e003910.
- Ebor, M.T., et al. (2020). Social Workers Must Address Intersecting Vulnerabilities among Noninstitutionalized, Black, Latinx, and Older Adults of Color during the COVID-19 Pandemic. *Journal of Gerontological Social Work* 63(6-7): 585-588.
- Gaynor, T. S. and M. E. Wilson (2020). Social vulnerability and equity: The disproportionate impact of COVID-19. *Public Administration Review* 80(5): 832-838.
- Gusciute, E. (2020). Leaving the most vulnerable behind: Reflection on the Covid-19 pandemic and Direct Provision in Ireland. *Irish Journal of Sociology* 28(2): 237-241.
- Hyland-Wood, B., Gardner, Leask, J. and Ecker, U. (2021) Toward effective government communication strategies in the era of COVID-19. *Humanities and social sciences communications*, 8(30), DOI: 10.1057/s41599-020-00701-w
- Ihm, J. & Lee, C. (2021) Toward More Effective Public Health Interventions during the COVID-19 Pandemic: Suggesting Audience Segmentation Based on Social and Media Resources. *Health Communication* 36(1), 98-108, DOI: [10.1080/10410236.2020.1847450](https://doi.org/10.1080/10410236.2020.1847450)
- Langmaid, L. M. S. N. R. N., et al. (2020). Supporting the Medically Fragile: Individualized Approach to Empowering Young Adults With Chronic Disease During the COVID-19 Pandemic. *Journal of Adolescent Health* 67(3): 453.
- Lawlor, Leonard (2018). Vulnerability and Violence: On the Poverty of the Remainder. *Journal of the British Society for Phenomenology* 49(3): 217-228.
- Lee, K., Jeong, G. C., & Yim, J. (2020). Consideration of the Psychological and Mental Health of the Elderly

during COVID-19: A Theoretical Review. *International journal of environmental research and public health* 17(21), 8098. DOI:10.3390/ijerph17218098

McFadden, A., Siebelt, L., Gavine, A., Atkin, K., Bell, K., Innes, N., Jones, H., Jackson, C., Haggi, H., MacGillivray, S. (2018). Gypsy, Roma and Traveller access to and engagement with health services: a systematic review. *European Journal of Public Health* 28(1): 74-81. doi: 10.1093/eurpub/ckx226.

Newton, K. (2020), Government Communications, Political Trust and Compliant Social Behaviour: The Politics of Covid-19 in Britain. *The Political Quarterly* 91: 502-513. DOI:10.1111/1467-923X.12901

Patel, S. S., & Clark-Ginsberg, A. (2020). Incorporating Issues of Elderly Loneliness into the Coronavirus Disease-2019 Public Health Response. *Disaster medicine and public health preparedness* 14(3), e13–e14. DOI: 10.1017/dmp.2020.145

Paton, A., Fooks, G., Maestri, G., & Lowe, P. (2020). Submission of evidence on the disproportionate impact of COVID 19, and the UK government response, on ethnic minorities and women in the UK. Aston University. https://publications.aston.ac.uk/id/eprint/41460/1/Submission_of_evidence_for_Select_Committee_Aston_University_pdf.pdf

Pineda, V. S. & Corburn, J. (2020). Disability, Urban Health Equity, and the Coronavirus Pandemic: Promoting Cities for All. *Journal of Urban Health* 97(3): 336-341. DOI: 10.1007/s11524-020-00437-7

Platt, L. & Warwick, R. (2020). COVID-19 and Ethnic Inequalities in England and Wales. *Fiscal Studies* 41(2), 259-289.

Rosa, E. (2019). Why self-care matters for Roma people and beyond. Vulnerability and the (un)making of water and sanitation infrastructure at the margins of the city. *Geoforum* 101, 192-201. DOI: 10.1016/j.geoforum.2019.02.008

Ruston, A. & Smith, D. (2013). Gypsies/Travellers and health: risk categorisation versus being 'at risk'. *Health, Risk & Society* 15(2), 176-193. DOI: 10.1080/13698575.2013.764974

Shah, N., Ahmed, I. M., & Nazir, T. (2021). Torn Between Caution and Compassion: a Dilemma for Clinicians from Black and Minority Ethnic Groups During the COVID-19 Pandemic. *Journal of racial and ethnic health disparities* 8(1), 21–23. DOI: 10.1007/s40615-020-00938-w

Templeton, A., et al. (2020). Inequalities and identity processes in crises: Recommendations for facilitating safe response to the COVID-19 pandemic. *The British Journal of Social Psychology* 59(3): 674-685.

Vissandjée, B., Fernandez, I., Durivage, P., Freitas, Z., Savignac, P., Van Pevenage, I. (2021). COVID-19, promotion and provision of palliative care: reaching out, accounting for linguistic diversity. *Global Health Promotion*. DOI:10.1177/1757975921989995

Wang, P. (2021). Struggle with Multiple Pandemics: Women, the Elderly and Asian Ethnic Minorities during the COVID-19 Pandemic. *Journal of Multidisciplinary International Studies* 17 (1/2). DOI: 10.5130.

Zhang, S., et al. (2020). Safeguarding the physical health of people with severe mental disorders during the COVID-19 pandemic. *BJPsych Bulletin* 44(5): 223-224.

The COVINFORM project

Acronym	COVINFORM
Title	CORonavirus Vulnerabilities and INfOrmation dynamics Research and Modelling
Coordinator	SYNYO GmbH
Reference	101016247
Type	Research and Innovation Action (RIA)
Programme	HORIZON 2020
Topic	SC1-PHE-CORONAVIRUS-2020-2C Behavioural, social and economic impacts of the outbreak response
Start	01 November 2020
Duration	36 months

Contact

Consortium	SYNYO GmbH (SYNYO) , Austria Magen David Adom in Israel (MDA) , Israel Samur Proteccion Civil (SAMUR) , Spain Universita Cattolica del Sacro Cuore (UCSC) , Italy SINUS Markt- und Sozialforschung GmbH (SINUS) , Germany Trilateral Research LTD (TRI UK) , UK Trilateral Research LTD (TRI IE) , Ireland Kentro Meleton Asfaleias – Center for Security Studies (KEMEA) , Greece Factor Social Consultoria em Psicossociologia e Ambiente LDA (FS) , Portugal Austrian Red Cross (AUTRC) , Austria Media Diversity Institute (MDI) , UK Societatea Națională de Cruce Rosie Din România – Romanian Red Cross (SNCR) , Romania University of Antwerp (UANTWERPEN) , Belgium Sapienza University of Rome (SAPIENZA) , Italy University Rey Juan Carlos (URJC) , Spain Swansea University (SU) , UK Gotenborg University (UGOT) , Sweden
-------------------	--



Disclaimer

The content of this publication is the sole responsibility of the authors, and in no way represents the view of the European Commission or its services.

This project has received funding from the European Union's Horizon 2020 Research and Innovation Programme under Grant Agreement No 101016247.

