The British Academy

Covid-19 and Society

SHAPE the Future: Resilience, recovery and renewal

Assessing the impacts of, and the UK's recovery from, the Covid-19 pandemic

Contents

Executive summary

The British Academy's 2021 'Covid Decade' reports sought to understand the long-term societal impacts of the Covid-19 pandemic crisis and to explore what steps policymakers could take to respond. Five years on, the vast and complex legacies of the pandemic and the response to it by government, business and civil society, are now entangled in wider social, institutional and democratic pressures which make it impossible to separate out questions of recovery from Covid-19 from wider questions of preparedness and planning for future crises.

This report provides a synthesis of the relevant evidence from within the Academy's research networks on the state of play five years on from the publication of 'Covid Decade'. We have drawn upon relevant Academy-funded research and policy work alongside the knowledge and insights of our Fellowship. While extensive, this is not intended to be a comprehensive survey of all evidence, but is intended to re-energise the important debate on the long-term legacy of Covid-19 and how the country best prepares for future threats.

Nine areas of long-term societal impact were originally identified in 'Covid Decade', along with seven strategic goals for policymakers, and five underlying principles to guide successful recovery and renewal by 2030.

Using the evidence we have collected, we reassess the situation against each of the nine long-term impacts identified in the original reports and the policy response in each case to date (Section 2). The picture is undoubtedly mixed. While some direct effects have eased and some of the greater attention and awareness of issues raised by the pandemic has been sustained, much of the evidence suggests that core aspects of inequality, mistrust, and public service strain have become more entrenched. There are also additional problems identified, such as the pressure on the criminal justice system and the crumbling of social and cultural infrastructures, which were not fully identified in the original reports, but which add additional dimensions to the original nine long-term impacts.

Following the analysis of the nine impacts, the report provides four additional lessons to inform how Government prepares for, responds to, and recovers from whole-system civil emergencies in the future (Section 3), including but not limited to Covid-style pandemics, natural and environmental hazards, and failures of key national systems and infrastructures. These lessons are intended to complement the original five policy goals and offer a broader perspective on questions of national resilience that governments at all levels are grappling with in the volatile post-Covid landscape.

Finally, we revisit the CLEAR principles from the 'Shaping the Covid Decade' report (Section 4). These emphasised the need for a policy environment that is more **Communicative, Learning-oriented, Engaging, Adaptive** and **Relational** in its design, and we examine examples of how the CLEAR principles can be mobilised to help embed the four additional lessons across government and the public sector to support better planning, preparedness and response to whole-system civil emergencies.

Revisiting the long-term impacts of the pandemic identified in 'Covid Decade'

In the original 'Covid Decade' reports, the nine areas of long-term impact below were identified and extrapolated from three core thematic areas: (i) Communities, culture and belonging; (ii) Health and wellbeing; (iii) Knowledge, employment and skills.

1. Increased importance of local communities

There is greater recognition of the role of community and the value of social assets in policymaking, particularly for building national resilience.

Some pandemic-era grassroots movements have strengthened, sustaining the focus on social justice and support for vulnerable groups.

However, overall, there is continued deterioration of important social and culture infrastructures due to resourcing pressures. This is weakening community resilience and, in some cases, has increased social divisions and unrest.

2. Low and unstable levels of trust in governance

Trust in national government and other public institutions has continued to fall to record lows, particularly among young people. The proliferation of health misinformation during the pandemic has contributed to the decline in trust.

However, positive interventions have been made in health communication and on the use of scientific evidence (e.g. on vaccine hesitancy, and during Mpox and Meningitis outbreaks).

3. Widening geographical inequalities

Longstanding geographical divides in the UK may be increasing since the pandemic, especially in relation to health inequalities, and in outcomes for children.

The speed and scale of job digitalisation, accelerated due to the pandemic, is linked to worsening regional inequalities through changes in labour mobility and demand for regional infrastructure.

While there is heightened awareness in government of widening geographical inequalities, regional policy has suffered from significant policy 'churn' and disruption.

4. Exacerbated structural inequalities

Rising living costs, reduced local services, restrictive immigration policies and limited community-based support have compounded insecurity for disadvantaged groups.

A sharp and sustained increase in the Crown Court backlog poses ongoing risks for access to, and public confidence in, the criminal justice system, although there are early signs of recovery.

The continuation of remote and flexible working is having both positive and negative impacts, including improved wellbeing, work-life balance and inclusion for some, but 'burnout' and less fair treatment for others.

5. Worsened health outcomes and growing health inequalities

Health inequalities exposed by Covid-19 have persisted and, in some cases, widened, while longstanding regional health disparities remain pronounced.

Pressures on the NHS and social care system remain acute. Structural reforms introduced during and after Covid-19, including changes to public health institutions and Integrated Care Systems in England, have not resolved all underlying issues.

Long Covid remains a significant and inadequately addressed public health issue, particularly since the withdrawal of resources for those living with Covid-related health problems.

6. Greater awareness of the importance of mental health

The increased awareness of mental health has strengthened interdisciplinary research, lived-experience engagement, and discussion of environmental and social determinants of wellbeing.

Mental health diagnoses are rising amongst the working-age population, and in children and young people, particularly those from low-income and ethnically diverse backgrounds (although it is difficult to attribute this entirely to the pandemic).

Structural weaknesses in mental health provision are more pronounced. Increased reliance on digital and marketised models of care risks deepening inequalities in access and quality.

7. Pressure on revenue streams across the economy

There remains significant pressure on revenue streams across the UK economy because of persistently low levels of economic growth, stagnant productivity and health-related economic inactivity.

Government spending on debt interest remains significantly higher than it was pre-pandemic.

The size of the state has stabilised at a level never previously maintained in the UK.

8. Rising unemployment and changing labour markets

Real household income has barely recovered to pre-pandemic levels, hampered greatly by the inflationary surge globally from 2021 and the continuing high cost of living in the UK.

The unemployment rate has risen to its highest level since 2021, while the youth unemployment rate has risen to its highest level since early 2015.

Lasting health impacts from the pandemic continue to negatively impact the UK's economy, with 800,000 fewer working-age adults in the workforce than in 2019 due to health reasons.

9. Renewed awareness of education and skills

The longer-term impacts for children are now most visible in rising absence, exclusions and worsening wellbeing rather than learning loss, particularly for those in poverty or with SEND.

There has been some real recovery in learning loss, though improvement is uneven. This may be, in part, the result of specific interventions to tackle digital inequalities and to address specific areas of learning loss, such as in language gaps among disadvantaged children.

High levels of pupil absenteeism persist, especially in the number of severely absent pupils compared to pre-pandemic levels. The number of children in home schooling also remains higher than before the pandemic.

Four lessons for the pandemic for future crisis preparedness, response and recovery

1. Enhancing the UK's readiness for major threats is a continuous process that requires equipping and empowering all parts of society to improve their preparedness

- National preparedness strategies that promote and support local level flexibility and experimentation within clearly defined boundaries can enable greater adaptability during crises.
- Strengthening individual and community understanding of emergency preparedness can improve overall national resilience. This can be supported by better identification and measurement of localised capacity and capability (e.g. through the British Academy's Social and Cultural Infrastructure measurement framework).
- Sector-specific resilience strategies can help to identify, inform and address sectoral vulnerabilities during periods of significant disruption to normal economic and social activity.

2. Rethinking the provision of expert advice for emergency planning, preparedness and response

- Avoiding a narrow but abstract 'follow the science' type framing and communicating science implications for practice in context can make the complexity of the decisions that need to be made clearer to the public.
- Explicitly addressing how evidence-informed decisions are influenced by factors like value judgements, lived experience, institutional cultures, and attitudes towards risk and uncertainty can improve public confidence in decision-making.
- A continual revisiting of multidisciplinary evidence and insight for planning and preparedness can ensure more rapid crisis response.

3. In a fragmented informational environment, government crisis messaging can be more effective when delivered through community-embedded approaches and trusted local actors

- Develop strategies for communicating critical information in a changing information ecosystem at the macro-, meso-, and micro-levels.
- User-centred risk communication and community-embedded responses can help to engage marginalised communities. This can be achieved through language, cultural sensitivity and using trusted local messengers.
- National resilience strategies can be made more effective by embedding the role of civil society organisations and social and cultural infrastructure, which act as vital service providers and intermediaries between communities and the state.

4. Crises do not have a singular framing or clear 'end' point – ignoring this can make recovery harder for the most impacted individuals and communities

- Acknowledging different experiences of crises (including their intensity and duration) and avoiding singular, amplified narratives can help to reassure harder-impacted groups that they have not been forgotten.
- Understanding and preparing for the cascading and rippling effects of crises can help to ensure that resources are not prematurely cut off or ringfenced when immediate threat subsides.
- Repurposing – rather than suspending – existing democratic and administrative mechanisms (while building in pre-agreed temporary flexibilities to policy and regulation) can help to avoid a 'politics of exception' framing.

Renewing the policy environment for 2026-30: CLEAR lessons

In 'Shaping the Covid Decade', we argued that the UK should aim to have a policy environment that was significantly more Communicative, Learning-oriented, Engaging, Adaptive and Relational in its design in order for society to recover more effectively from the pandemic.

In this report, we examine the examples of how the CLEAR principles support better policymaking and what we can do to embed CLEAR thinking across government and the public sector.

Communicative

Support local government to make use of trusted local intermediaries to spread critical crisis preparedness and public health communications.

This messaging should be delivered in ways that accommodate for varying levels of understanding, literacy, and digital access.

Learning-oriented

Create mechanisms to mobilise a broader and continuous evidence base.

Provide more time and resource to learn lessons from previous crises.

Develop a cross-departmental set of ARIs for emergencies.

Engaging

Support local government efforts to engage with local communities around emergency preparedness.

Enlist and support the role of civil society and social and cultural infrastructure in community-level resilience.

Adaptive

Provide opportunities for local government to experiment within clearly-defined boundaries during crises.

Develop a suite of flexible regulatory measures to deploy at speed during an emergency.

Relational

Work with the research community to create new fora for longer-term cross-government thinking.

Embed lessons from coordination successes and failures that occurred across national, regional and local governance levels during the pandemic and other crises.

CHAPTER ONE

Introduction

In March 2021, a year on from the UK Government's decision to initiate a widespread lockdown of the country in response to the Covid-19 pandemic, the British Academy published its 'Covid Decade' reports. These reports sought to understand the long-term societal impacts of the pandemic crisis and to explore what steps policymakers could take to respond.

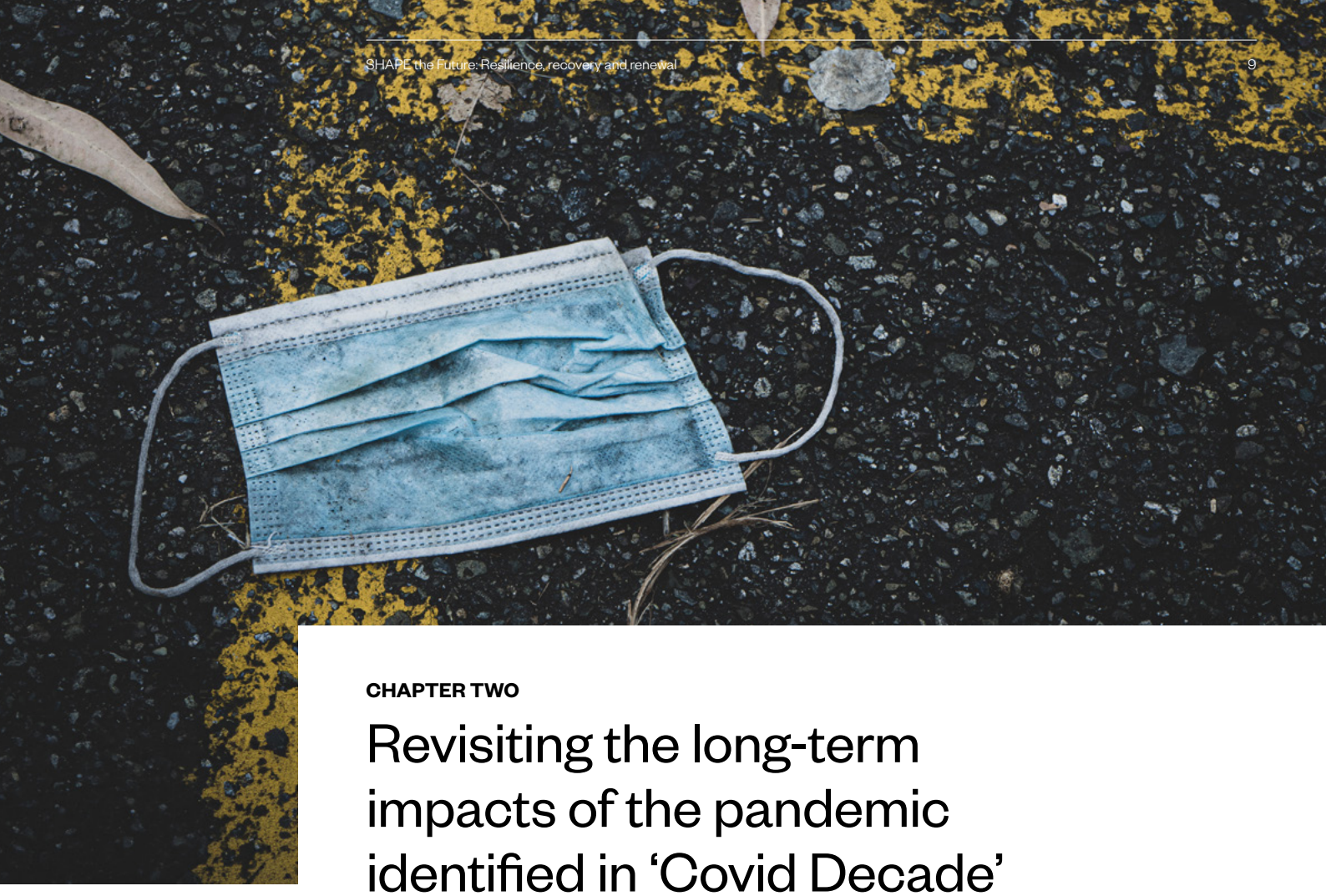
During the pandemic, much of the country's academic resource was focused on responding to the immediate public health crisis. However, it was clear that the Covid-19 virus was only one part of the complex and burgeoning crisis that it had brought into being. The wider and longer-term societal effects of both the pandemic and the unprecedented interventions enacted in response also needed the attention of the academic community. Crises of this scale spill over into different spheres and require longer-term, joined-up thinking to enable successful societal recovery and renewal. Government needed the right multidisciplinary knowledge, evidence and insight to guide its longer-term recovery plans and to build national resilience against future threats.

We are now five years on from the publication of the original reports. Covid-19 is still with us, but it has become endemic and more manageable with vaccines. The cascading effects of the Covid crisis, however, are now the greater concern, as are their interactions with the destabilising effects of other events, both global and domestic, post-pandemic.

The original 'Covid Decade' reports identified nine areas of long-term societal impact. While some progress has been made on some of these aspects, others have become even more embedded in a wider set of weaknesses in public trust, inequalities, and public services, which are leaving the country underprepared to face the variety and scale of future threats on the horizon. As we enter the second half of the Covid decade, it is crucial that government draws on the right evidence and expertise to keep the recovery on track and build resilience against these future threats, as the lessons from the Covid crisis stretch far beyond pandemics.

Given the ongoing challenges facing the UK, and our continuing desire to support policymakers with the evidence to inform policy on Covid-19 recovery and renewal, the British Academy has once again reached out to the SHAPE research community to provide a reassessment of the long-term societal impacts of the Covid crisis, with the broader aim of understanding the best route to building and strengthening our national resilience.

This report provides a synthesis of the relevant evidence from within the Academy's extensive research networks on the state of play at the half-way point of the Covid decade. Using this evidence, in Section 2 we diagnose the state of recovery for each of the nine long-term impacts identified in the original reports and the policy response in each case to date. In Section 3, we draw together lessons for future crises and our national resilience, helping to inform how governments prepare for, respond to, and recover from whole-system civil emergencies, including (but not limited to) pandemics, natural and environmental hazards, and failures of key national systems and infrastructures such as those identified in the National Risk Register. Finally, in Section 4, we use the CLEAR principles from our 'Shaping the Covid Decade' report as a framework for embedding the lessons for national resilience into everyday governance of the country at all levels. These principles emphasise how evidence-informed policymaking can be strengthened by designing a policy environment that is more **Communicative, Learning-oriented, Engaging, Adaptive and Relational**.



CHAPTER TWO

Revisiting the long-term impacts of the pandemic identified in 'Covid Decade'

While some of the most tangible impacts of the Covid-19 pandemic (including restrictions on travel and seeing friends and family) eased as societies re-opened and lockdowns came to an end, as the title of the Academy's 'Covid Decade' reports make clear, the pandemic has also had longer and deeper social, economic and cultural impacts that have lasted, and will continue to last, well into the 2020s and beyond.

The 'Covid Decade' reports identified nine areas of long-term impact from the pandemic, including effects on health and wellbeing, communities and cohesion, and on skills and employment. Some of these impacts were an acceleration of existing trends, exacerbating factors and inequalities that preceded the pandemic, and the reports noted that these impacts can manifest differently across different places, scales and time courses.

In this section, we draw upon evidence from the Academy's own work portfolio and the wider SHAPE research community to take stock of these nine areas of impact from 'Covid Decade' and consider whether these impacts have abated or intensified in the years since. It is important, as we did in the original reports, to acknowledge the complicated causal relationships and cascading effects within and between these areas of impact. Additionally, we recognise the compounding post-pandemic conditions which affect ongoing areas of impact and the ability for policymakers to respond. The examination of these nine impacts is not intended to be a comprehensive analysis of all the variables that have led to their development over the course of the last five years. Rather our hope is that it will provide policymakers with an evidence-informed summary of the most important trends which are affecting both our long-tail recovery from the pandemic and our ability to build up national resilience against future threats.

1. Increased importance of local communities

'Covid Decade' report (2021):

Local communities have become more important than ever during the pandemic. Local and hyper-local charitable and voluntary organisations have been crucial to the response to Covid-19, but there are inequalities between communities based on the strength of community infrastructures. National capacity to respond to changing circumstances and challenges requires effort to sustain a strong web of communities and community engagement at local levels.

Now (2026):

The pandemic has raised the importance of communities and community infrastructure in the minds of policymakers. Communities are not only passive beneficiaries of government policy on preparedness; they are a crucial part of the practical, everyday infrastructure in people's lives through which preparedness, communication, response and recovery are enacted. Interest in building national resilience has highlighted the value of strengthening social and cultural infrastructure at the community level, while more intangible aspects of community value such as belonging and 'pride in place' are more firmly embedded in local and national policy.[1]

Increased understanding in the importance of communities has led to some more novel, participatory approaches, which better engage marginalised communities, particularly at a local level.[2] Grassroots movements activated or expanded in response to injustices highlighted by the pandemic have been sustained and strengthened in some cases, which has helped to keep social justice matters on the policy agenda, while also extending support to vulnerable groups.[3]

People's attitudes towards community assets changed during the pandemic, and this has enhanced their value and the underlying case for investment.[4] The social and cultural infrastructure that policymakers and publics may have taken for granted, such as libraries, youth services, community centres, faith spaces, cultural venues, local media, and neighbourhood networks, suddenly became visible as part of the practical infrastructure of preparedness, and the heightened risks to communities even more evident where it was missing.

However, funding challenges for social and cultural infrastructure have continued, leading to further loss of cultural venues and social assets, from pubs and nightclubs to theatres, galleries and music venues. The charity and voluntary sectors are under considerable strain. Community-based support sectors such as youth work and social care are struggling financially and in terms of staffing.[5]

These trends have combined to heighten the sensitivity of the public to the impact of public sector cuts and austerity. This has resulted in strengthened political opposition to the closure of local services and amenities as their value to communities becomes more fully understood and deemed worth fighting to protect.

1 British Academy & Nuffield Foundation (2025), 'Understanding Communities: Final Report'; British Academy & Power to Change (2023), 'Space for Community: strengthening our social infrastructure'.
2 Powell, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 6–20.
3 Parry-Davies, E. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 33–39.
4 Zia, N., Barke, J., Garling, O., Harries, R. (2023), 'Community perceptions of social infrastructure', Institute for Community Studies, Bennett Institute for Public Policy & Power to Change.
5 Wong, K. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 80–85; Andres, L. (2026) SHAPE the Future: British Academy call for evidence submissions, pp. 86–106.

Yet, while some communities can find themselves uniting to protect their shared assets, the cascading effects of the pandemic crisis into the economy and politics have also intensified division within and between communities, leading to civil unrest and increased incidents of racism and xenophobia in particular.

These competing and contradictory trends are important to understand and address, but will likely require different policy responses and careful thought to avoid the response to one side having unintended consequences on the other.

2. Low and unstable levels of trust in governance

'Covid Decade' report (2021):

Following a brief initial increase, trust in the UK Government and feelings of national unity are in decline. Trust in local government and feelings of local unity have been higher and steadier. Declining trust is a major challenge that needs to be addressed because it undermines the ability to mobilise public behaviour for wider social and health benefits.

Now (2026):

Trust in national government has continued to fall to record lows, further undermined following the pandemic by various political crises and policy failures. Trust in the civil service has also seen a significant fall since the pandemic, though it remains high relative to UK Government and Parliament. Young people, whose interests were often overlooked during the pandemic, have the lowest levels of trust in government and other public institutions.[6]

While not all the decline in trust is directly attributable to the pandemic, evidence submitted to this programme suggests there has been longer-term damage in trust created by the 'infodemic' of health misinformation during the pandemic, which social media companies are still failing to tackle.[7] This 'infodemic' has interacted with prior institutional distrust, political polarisation, social media dynamics and unequal experiences of healthcare. The combined effect is now seen in declining rates of MMR vaccine uptake, resulting in the UK no longer being designated 'measles free'.[8]

As people have started to come to terms with the trauma and loss of the pandemic, many are left with heightened concern about future heath crises and whether government is equipped to deal with them. The Government and some public bodies have responded positively to this in some areas. There is now greater acknowledgement that bringing in science early into public communications, and making clear how scientific evidence has been integrated with a range of other considerations, has been more effective in framing and tackling some epidemiological risks. This was seen especially in the Government's comparative success when handling the recent Mpox and Meningitis outbreaks. Improved health communication has built trust, particularly around Long Covid, by taking a more behavioural, patient-centred approach, as recommended in our previous reports.[9] There also remains high trust in the quality of UK official data and statistics and the bodies which oversee it, despite criticism from politicians. Recent reviews of official statistics regulation have also helped to identify where management of official data and statistics can be improved.[10]

6 Gibbs. L., Mutebi, N. (2025), 'Trust, public engagement and UK Parliament', Parliamentary Office of Science and Technology.
7 Arakpogun, E. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 158-159.
8 Venkatesan, P. (2026), 'UK loses measles elimination status as cases rise', The Lancet Infectious Diseases, 26:215.
9 Smith, B. et al. (2021), 'Accessing healthcare before, during and after the pandemic', British Academy.
10 Rogers, H. (2026), 'Trust and official statistics', Office for Statistics Regulation.

3. Widening geographical inequalities

‘Covid Decade’ report (2021):

Geographic and spatial inequalities have widened. Health and wellbeing, local economic risk and resilience, poverty and deprivation, and response planning all have an important place dimension that has shaped the impact of the crisis. Attending to these inequalities is important because they expose ways in which the combination of geographical location, physical infrastructure and social conditions implies that different priorities may be needed in different places.

Now (2026):

While our evidence suggests there is heightened awareness in government of the widening geographical inequalities exacerbated by the pandemic, there has been little progress made in addressing them. In fact, there is evidence that longstanding geographical divides in the UK may be increasing since the pandemic, especially in relation to health inequalities, and there are potentially widening geographical inequalities among children.[11] However, it is important to acknowledge that policy on spatial inequalities, differential health outcomes, regional development, and related areas are not coordinated or experienced through a single UK-wide policy architecture. There are important differences across regions, many of which have developed over decades, and which will become an important factor in determining a successful whole-system approach within the contours of changing multi-level governance.

An important factor in regional divergence has been the speed and scale of job digitalisation, which was accelerated due to the pandemic, worsening regional inequalities through changes in labour mobility and demand for regional infrastructure.[12] The pandemic disrupted existing policies aimed at addressing regional inequalities, such as the ‘levelling up’ agenda. Since the pandemic, the UK has suffered from considerable policy churn on regional development, making it difficult to address the widening inequalities.[13]

4. Exacerbated structural inequalities

‘Covid Decade’ report (2021):

Covid-19 and the government response to it have impacted different people in different ways, often amplifying existing structural inequalities in income and poverty, socioeconomic inequalities in education and skills, and intergenerational inequalities, particularly on children (including vulnerable children), families with children, and young people. There are varying effects within these along dimensions of gender, race and ethnicity and social deprivation which have been both exposed and exacerbated during the pandemic, as well as effects related to social development, relationships and mental health, all variably affected and interlinked. The evidence highlights that addressing the underlying and interconnected drivers of inequality is a key challenge ahead.

11 Bambra, C., ‘A Missing Dimension: Regional Health Inequalities’, in The British Academy (2024), Lessons from the History of Regional Development Policy in the UK; Bambra, C.; Munford, L., Khavandi, S., Bennett, N. (2023), ‘Northern Exposure: Covid-19 and Regional Inequalities in Health and Wealth’, Policy Press.

12 Green, A., ‘Labour Market Policies and the Regions’, in The British Academy (2024), Lessons from the History of Regional Development Policy in the UK.

13 Martin, R., ‘Introduction: The Political Economy of Regional Policy’, in The British Academy (2024), Lessons from the History of Regional Development Policy in the UK.

Now (2026):

Many of the structural inequalities exposed by Covid-19 have persisted and, in several areas, intensified. The pandemic largely exposed and accelerated existing disparities, with its impacts falling disproportionately on people already experiencing intersecting forms of inequality related to ethnicity, socio-economic status, disability, age, gender and place. Since the pandemic, these inequalities have been further compounded by wider social and economic pressures, including the rising cost of living, reduced local services and restrictive immigration policies, which have reinforced barriers to health, education and economic security.[14] We found little evidence that policy since the start of the pandemic has systematically addressed these interconnected disparities.

An area not examined in 'Covid Decade', but which illustrates a broader post-pandemic challenge, is the impact of Covid-19 on the criminal justice system. Like the NHS, education and social care, the justice system continues to face significant institutional backlogs that have proved difficult to resolve. The pandemic saw a sharp and sustained increase in the Crown Court backlog, which reached around 75,000 outstanding cases by the end of 2024, nearly double pre-pandemic levels. This rise reflects both pandemic-related disruptions, including adjournments and limits on in-person hearings, and longer-term structural pressures such as constrained judicial capacity and increasing case complexity.[15]

The backlog poses ongoing risks to access to justice, fairness and public confidence in the criminal justice system, and reflects a wider post-pandemic pattern in which backlogs across health, education, social care and other public services continue to generate long-tail harms and undermine public confidence. While there are early signs of productivity recovery, constraints on courtrooms judges and barristers mean that further interventions will be necessary before the backlog begins to fall substantially. This pressure has created moral and political dilemmas, such as whether it is acceptable to remove jury trials for certain cases.[16]

Some pandemic-era adaptations have endured, most notably the expansion of remote and flexible working. Some studies have shown this to be associated with improved wellbeing, work-life balance and inclusion for some women, disabled people and lower-income workers, although some research has also identified that greater working flexibility can also lead to working longer hours and in some cases to 'burnout'.[17]

While some employers have maintained greater working flexibility, others have sought to reverse these arrangements. The civil service, for example, has come under pressure to shift back towards office-based working, potentially re-entrenching inequalities.[18] For children and young people, the longer-term impacts are now most visible in rising absence, exclusions and worsening wellbeing rather than learning loss, particularly for those in poverty or with SEND.[19] More broadly, there is concern around the lack of meaningful consultation with affected communities, which may lead to intersecting inequalities becoming further embedded.[20]

14 Meer, N. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 1-12.
15 Dominguez, M., Tomlinson, J., Zaranko, B. (2025), 'Crown Court backlog exacerbated by post-pandemic productivity slump', Institute for Fiscal Studies.
16 Casciani, D. (2025), 'Jury trials scrapped for crimes with sentences of less than three years', BBC News.
17 Powell, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 6-20; Chung, H. (2022), 'The Flexibility Paradox: Why flexible working leads to self-exploitation', Bristol University Press.
18 Bradbury, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 4-5
19 Parry-Davis, E. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 33-39.
20 Andres, L. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 86–106.

5. Worsened health outcomes and growing health inequalities

‘Covid Decade’ report (2021):

Like structural inequalities, health outcomes for Covid-19 have followed patterns of pre-existing health inequalities. There are ongoing health impacts from ‘long Covid’ as well as from delays in care seeking and reprioritisation of resources. Deficiencies in community care and home infection prevention and control measures, as well as inequalities in the structure and funding of social care provision, have been laid bare. These are all areas that need significant attention to avoid critical gaps in the health system going forward.

Now (2026):

Health inequalities exposed by Covid-19 have persisted and, in some cases, widened. Longstanding regional health disparities remain pronounced, with life expectancy continuing to lag in the North of England, Scotland, Wales and Northern Ireland.[21] Pressures on the NHS and social care system remain acute, with treatment backlogs, workforce strain, and insufficient integration between health and social care continuing well beyond the acute phase of the pandemic.[22] Structural reforms introduced during and after Covid-19, including changes to public health institutions and Integrated Care Systems in England, have not resolved these underlying issues.

New challenges have also emerged. Long Covid remains a significant and inadequately addressed public health issue, worsened by stigma, insufficient clinical support, declining research funding and the closure of specialist services, despite substantial ongoing need.[23] Vaccine inequalities persist globally and domestically, alongside rising vaccine hesitancy linked in part to pandemic legacies, such as diminished trust in public institutions, which exacerbated pre-existing trends.[24] More broadly, the framing of Covid-19 as a crisis that has “ended” has contributed to a withdrawal of resources and attention, obscuring ongoing health needs and exacerbating inequalities for those living with long-term impacts.[25]

6. Greater awareness of the importance of mental health

‘Covid Decade’ report (2021):

The pandemic and various measures taken to address it have resulted in differential mental health outcomes. Access to support for new cases and for those with pre-existing conditions has also been disrupted, in addition to services for children and young people. Both have the potential to result in long-term mental health impacts for particular groups if there is not a renewed focus on the causes and solutions for sustaining mental health across society, including by tackling the structural and root causes of inequality.

Now (2026):

The pandemic has increased awareness of mental health and strengthened interdisciplinary research, lived-experience engagement, and discussion of environmental and social determinants of wellbeing. However, significant challenges remain. While average mental health indicators have stabilised at around pre-pandemic levels, this masks persistent and widening

21 The British Academy (2024), ‘Lessons from the History of Regional Development Policy in the UK’.
22 Powell, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 6–20.
23 Farrimond, H., Jayadeva, S. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 40-42.
24 Karlsen, S. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 129-136.
25 Powell, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 6–20

inequalities for disadvantaged groups.[26] For example, mental health problems are rising amongst children and young people, particularly among those from low-income and ethnically diverse backgrounds, with national NHS digital data continuing to report higher than ever levels of mental health difficulties amongst this age group. It is difficult to attribute this entirely to the impacts of the pandemic, although some studies have highlighted higher levels of adolescent mental distress coinciding with more strict and changeable measures such as lockdowns and school closures. Emerging evidence also points to persistent emotional and behavioural impacts among children who grew up during the pandemic.[27]

There has also been an increase in the number of mental health diagnoses among the working-age population. This has placed an increased pressure on the social security system due to a significant rise in people claiming health-related benefits for mental health conditions.

Structural weaknesses in mental health provision have become more pronounced. Increased reliance on digital and marketised models of care risks deepening inequalities in access and quality, while workforce precarity and contested evidence bases for existing NHS provision raise concerns about long-term sustainability.[28] Factors including rising living costs, bereavement, Long Covid, domestic violence, and reduced trust in institutions continue to compound mental health risks for disadvantaged groups.[29]

Despite greater recognition of mental health as a rising global health challenge since the pandemic, the evidence indicates that without sustained investment, stronger governance, and a focus on structural drivers, the unequal mental health impacts of the pandemic are likely to persist.[30]

7. Pressure on revenue streams across the economy

‘Covid Decade’ report (2021):

Although detailed economic analyses were outside the scope of the report, there are likely to be additional pressures on government spending in the medium to long term, as a result of increasing levels of debt and possible falling tax revenues due to risks around unemployment, failing businesses, decreased consumption and significant shifts in the structure of the economy. It will be increasingly important to address the balance of revenue generation and weigh up expenditure against non-economic impacts, considering a diversity of mechanisms and actors to meet societal goals.

Now (2026):

While economic activity bounced back quickly from the severe recession initially caused by the Covid-19 pandemic and lockdowns, there remains significant pressure on revenue streams across the UK economy because of persistently low levels of economic growth and stagnant productivity. The budget deficit reached a peacetime record in 2020/21 (15% of GDP) as a result of the extra government spending on financial support for individuals, businesses and public services and reduced tax revenues.[31] Between 2020 and 2024, underlying debt rose by a total of 3.1 per cent of GDP, and it is expected that this will continue to increase by a further 5

26 Wong, K. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 80–85.
27 Pearson, R., Wright, N., Kwong, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 123-128.
28 Cotton, E. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 30-32.
29 Wong, K. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 80–85
30 Andres, L. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 86–106.
31 Keep, M. (2026), ‘The budget deficit: a short guide’, House of Commons Library.

per cent of GDP over the next five years, with government spending on debt interest remaining significantly higher than it was pre-pandemic.[32]

The size of the state has stabilised at a level never previously maintained in the UK; for example, total public spending as a proportion of national income is almost 5 percentage points higher than it was on the eve of the pandemic. Tax revenues as a percentage of GDP have also reached levels not consistently seen since the early 1980s.[33] These fiscal pressures matter because they can limit investment in areas like health and social care, education, local government, and social infrastructure and community capacity, which can all affect preparedness for future crises.

8. Rising unemployment and changing labour markets

'Covid Decade' report (2021):

Employment and household income levels have fallen and will likely worsen for the foreseeable future. This will lead to an increased dependency on social security, which the current system may be ill equipped to deal with effectively. This will matter not only for those who are (or will become) dependent on state social security support, but also because it may require significant adjustments to the social security system in order for it to keep pace with demand.

Now (2026):

Real household income has barely recovered to pre-pandemic levels, with median household incomes for the poorest fifth of the population having fallen almost 5% below what they were the year before the pandemic.[34] However, with the acute cost of living crisis in the UK and surge in inflation globally from 2021, it is difficult to attribute these entirely as direct economic impacts of the pandemic. Unemployment, after rising sharply at the start of the pandemic and then falling as lockdown measures loosened, has been steadily rising again. The unemployment rate has risen to its highest level since 2021, while the youth unemployment rate has risen to its highest level since early 2015.[35]

Household income and labour market inactivity are not simply economic indicators, but connect closely to things like household insecurity, health and disability. Indeed, the lasting health impacts of the pandemic also continue to negatively impact the UK economy and society more broadly. About 1.5 million people in the UK are experiencing adverse effects in their daily activities resulting from Long Covid, with research demonstrating how this is reducing people's ability to work and subsequently reducing household incomes, alongside impacting on individuals' quality of life.[36] While the overall rate of Long Covid is in line with the OECD average, the prevalence in the UK appears more than twice as high for those in the most deprived quintile compared with those in the least deprived.[37]

32 Office for Budget Responsibility (2025), 'The rise of public sector net debt over the past 25 years'.
33 Emmerson, C., Ridpath, N., Stockton, I. (2025), 'IFS Green Budget 2025: Risks and challenges for the public finances', Institute for Fiscal Studies.
34 Office for National Statistics (2025), 'Average household income, UK: Financial Year Ending 2024'.
35 Powell, A., Francis-Devine, B. (2026), 'UK labour market statistics', House of Commons Library.
36 Office for National Statistics (2024), 'Self-reported coronavirus (COVID-19) infections and associated symptoms, England and Scotland: November 2023 to March 2024'.
37 OECD (2025) 'The prevalence and impact of Long COVID in the primary care population'; Greenhalgh T, Sivan M, Perlowski A et al. (2024) 'Long COVID: a clinical update', The Lancet, 404, 707-724

This is also having an impact on government spending; 800,000 fewer working-age adults are in the workforce than in 2019 due to health reasons, and the OBR estimate that disability benefits spending is set to rise by 49 per cent between 2023-24 and 2028-29 (and as a proportion of GDP from 1.4 per cent in 2023-24 to 1.8 per cent in 2028-29).[38]

9. Renewed awareness of education and skills

'Covid Decade' report (2021):

The consequences of lost access to education at all levels, coupled with changes to assessments, will be felt for years to come, and wholly recovering lost education is unfeasible. This has exacerbated existing socioeconomic inequalities in attainment and highlighted digital inequality. Because a high-skill economy will be essential for future prosperity and for society to thrive, it will be vital to consider whether lifelong educational opportunities are sufficiently comprehensive, diverse and flexible.

Now (2026):

Evidence of learning loss since the pandemic is mixed and by some indicators not as negative as had been previously feared, with exam results showing near recovery to pre-pandemic standards.[39] Attempts have been made to map out and address the impacts of specific areas of learning loss, such as in language gaps observed particularly among disadvantaged children on entering school.[40] Digital inequalities, which were highlighted during the pandemic particularly as a barrier preventing children and young people from engaging fully with their education, have also been a focus of government action, with the establishment of a Digital Inclusion and Skills Unit designed to 'own' the issue of digital inclusion within government.[41]

However, other legacies of the pandemic on education persist, including the continued higher levels of pupil absenteeism and, in particular, the number of severely absent pupils which has increased significantly compared to pre-pandemic levels.[42] The number of children in home schooling also remains at higher levels compared to before the pandemic which, while not necessarily a negative development in itself, can potentially lead to more challenges when looking for work later in life.[43] In this way, there is a strong generational element to addressing the challenges caused or exacerbated by the pandemic. In particular, more work needs to be done around the 'soft skills' that some young people lost or did not develop during this time. There should also be concerted support for young people's key transitions — such as to secondary school, to college/university, and into work — particularly for those that were 'lost in transition' during the pandemic.

38 Department for Work and Pensions and Department for Business and Trade (2026), 'Keep Britain Working: Final Report', GOV.UK; Office for Budget Responsibility (2025), 'Economic and fiscal outlook – March 2025'.
39 Bradbury, A., Moss, G., Harmey, S. (2025), 'Teachers knew what children needed to recover from the pandemic – but their insights were ignored', The Conversation.
40 Snowling, M., Hulme, C. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 107-108.
41 Department for Science, Innovation and Technology (2025), 'Digital Inclusion Action Plan', GOV.UK.
42 Department for Education (2026), 'Pupil absence in schools in England', GOV.UK.
43 Barrow, R. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 116-122; Clarke, V. (2024), '"The school system is broken": Why more parents are home-educating their children', BBC News.

CHAPTER THREE

Lessons from the pandemic for future crisis preparedness, response and recovery

As demonstrated in Section 2, more than half a decade on from the start of the pandemic, the UK is still grappling with the impacts of the pandemic and the decisions that were taken to mitigate these impacts. The aim of this section, however, is not to assess government decision-making in responding to the pandemic, something which already falls within the scope of the statutory Covid-19 inquiry. Rather, we have drawn from evidence from the Academy's own programmes of work, and the SHAPE research community more widely, to propose four lessons that can help to inform how the UK Government prepares for, responds to, and recovers from future whole-system civil emergencies as well as the continuing reverberations of the Covid-19 pandemic.

1. Enhancing the UK's readiness for major threats is a continuous process that requires equipping and empowering all parts of society to improve their preparedness

Effective readiness for a 'whole-system civil emergency' that impacts the whole of society (even if unevenly and unequally so) will require a 'whole-system' response across the UK's multi-level governance architecture, including devolved administrations, local authorities and public health agencies. It will also require a 'whole-system' approach to public preparedness that includes civil society, community organisations and sector bodies.[44] This can be achieved through greater government investment into communications campaigns to improve public knowledge of how to prepare for emergencies, taking action to enhance sectoral resilience across the economy, and embedding opportunities for flexibility and localised experimentation in crisis preparedness strategies. Lessons can and should also be learnt from the growing body of evidence from the rest of the world on the effectiveness of different countries' respective preparedness strategies in responding to the pandemic.

44 Cabinet Office (2025), 'The UK Government Resilience Action Plan: The UK's strategic approach to resilience', GOV.UK, p. 13.

National preparedness strategies that promote and support flexibility and experimentation at local levels can enable greater adaptability during crises

There are nearly two dozen threats identified in the 2025 National Risk Register that are classified as having potentially 'Significant' or 'Catastrophic' impacts on the UK.[45] These threats are varied, interconnected and potentially more volatile against a backdrop of heightened global uncertainty, supply chain interdependence, rapid advances in technology and persistent challenges such as climate change. However, in its final Module 1 report, the Covid-19 Inquiry concluded that 'the UK was ill-prepared for dealing with a catastrophic emergency'.[46]

It is now understood that while the risk of a pandemic had long been viewed as one of the most serious risks to the UK, planning for such an event had been based on the assumption of an influenza-like illness. According to the Covid Inquiry, the 'the UK prepared for the wrong pandemic'.[47] Given how difficult it is to predict what form a threat may take or when, it is important for the UK Government to embed greater flexibility into its preparedness strategies to provide sufficient adaptability to respond to different emergency scenarios.

One way that government at the national level can promote greater adaptability is to provide opportunities for local and regional authorities to permit temporary flexibility of regulatory controls and 'permissible experimentation within clearly defined boundaries' where this can help to mitigate impacts on people's health, wellbeing and local economies during crises.[48] An example of this kind of experimentation from the pandemic can be seen in the ways that urban spaces were adapted proactively within a very short timescale.

Research funded by the British Academy explored the ways in which outdoor spaces in different cities (New York City, London, Paris and Tokyo) were modified to meet the needs of local communities during the pandemic. The research found that 'the hybrid adaptation of public spaces and buildings for temporary functions during crises' depended on the relaxation of regulations and processes, but that this flexibility enabled faster, more responsive action during a period of emergency.[49] The researchers also found that locally-delivered experimentation can promote greater community engagement and participation from more marginalised groups that may not otherwise engage in traditional participatory processes. Local authorities could also encourage greater experimentation outside of crisis periods by providing the necessary space, resourcing and frameworks for communities and businesses to do so. Initiatives that are found to be effective could be collated into a suite of 'adaptable regulatory measures' that can be rolled out at speed during an emergency, 'supported by softer, time-limited regulations embedded within temporary frameworks'.[50]

The example above is part of a growing evidence base establishing the importance of trust and community building as a route to community resilience. Offering flexibility and space for community-led resilience and response activities can help local authorities to capitalise on greater local political trust. This is associated with increased pro-social activities like volunteering over time, creating a mutually reinforcing relationship between trust, local action, and community resilience. Of course, flexibility isn't on its own enough – communities must

45 Cabinet Office (2025), 'National Risk Register: 2025 edition", GOV.UK.
46 UK Covid-19 Inquiry (2024), 'Module 1: The resilience and preparedness of the United Kingdom', p.2.
47 UK Covid-19 Inquiry (2024), 'Module 1: The resilience and preparedness of the United Kingdom', p.2.
48 Andres, L., Moawad ,P., Appendino, F., Sakai, A., Zepf, M. (2025), 'Adaptable Cities, Pandemic Mitigation and Crisis Preparedness – Final Report', UCL, London.
49 Andres et al. p. 20.
50 Andres et al. p. 21.

have the social resources and knowledge to enable them to be more self-supporting.[51] This is why investment in social and cultural infrastructure is so crucial, as discussed in 2.1.

Strengthening individual and community understanding of emergency preparedness can help to improve overall national resilience

Despite a GOV.UK campaign in 2024 to raise awareness about how to prepare for societal emergencies ('Prepare'), a 2025 national survey conducted by the Cabinet Office found that 51% of respondents felt slightly or not at all prepared for an emergency or disaster. Of those surveyed, only 39% of people thought they could meet their basic household needs for 2-3 days in the event of having no access to their usual resources.[52] Improving public knowledge and understanding of how to prepare for specific threats or situations where individuals and communities may need to survive without access to their usual resources will therefore be crucial in enhancing overall national preparedness for crises.

Notably, the Cabinet Office survey also found that 75% of respondents said they had not seen or heard advice in the last 12 months about how to prepare for emergencies or disasters. This suggests that Government may need to rethink how it communicates important preparedness messaging to individuals, families and communities across the country. Here the UK could seek to learn lessons from other countries' approaches to preparedness messaging. Within the EU, for example, countries like Sweden, Denmark and Finland, have strong longstanding public campaigns encouraging citizens to prepare such that they can be 'self-sufficient' for up to 72 hours after a major incident. Outside the EU, Japan, Canada, Australia, and New Zealand are also notable in this regard.[53]

National preparedness strategies could also benefit from examining the approaches to public health messaging during the pandemic that proved effective at promoting greater trust in, and improving understanding of, the Government's public health interventions. Central to these approaches are community expertise and the involvement of trusted local messengers, including community and faith leaders. Mobile outreach units could also be similarly effective in delivering key information around crisis preparedness directly to local communities. As suggested by Petts et al., 'people will be inclined to take protective measures and life-style changes if advised to by a trusted source, in a manner they understand, and which speaks to their current understanding rather than the understanding experts would like them to have'.[54] This will also be important for individuals and communities where English may not be their first language, where 'communication needs to be culturally sensitive and reflect the social practices of different ethnic groups in order to reach deep into the community'.[55] Examples of effective Government messaging during the pandemic, and the lessons that can be learned from these, are discussed further in Lesson 3.

51 Davies, B., Abrams, D., Horsham, Z. & Lalot, F. (2024). 'The causal relationship between volunteering and social cohesion: A Large Scale Analysis of Secondary Longitudinal Data'. Social Indicators Research, 171; Lalot, F., & Abrams, D. (2026). 'Does political trust foster or hinder volunteering?: A longitudinal investigation in the United Kingdom'. Social and Psychological and Personality Science.

52 Cabinet Office (2025), 'Official Statistics: UK Public Survey of Risk Perception, Resilience and Preparedness 2025: Headline Findings', GOV.UK; Pickering, C. J., O'Sullivan, T. L., Morris, A., Mark, C., McQuirk, D., Chan, E. Y., Guy, E., Chan, G. K., Reddin, K., Throp, R., Tsuzuki, S., Yeung, T., & Murray, V. (2018), 'The Promotion of "Grab Bags" as a Disaster Risk Reduction Strategy', PLoS Curr, 10.

53 Powell, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 6-20.

54 Petts, J., Draper, H., Ives, J., Damery, S., ''Risk Communication and Pandemic Influenza' in Risk Communication and Public Health (Second Edition), Bennett, P., Calman, K., Curtis, S., Fischbacher-Smith, D. (editors) (Oxford: Oxford University Press, 2010).

55 Lahiri, A. (2026), SHAPE the Future: British Academy call for evidence submissions.'

Sector-specific resilience strategies can help to identify sectoral vulnerabilities and inform how these can be addressed effectively

While individual and community preparedness is important, businesses and organisations must also be encouraged to consider their own preparedness for crises which may disrupt normal economic and social activity. During the pandemic, different sectors were impacted in different ways meaning that resilience strategies need to be tailored to the unique needs of their respective sectors.

Box 1: Crisis preparedness in the live performance arts

Research funded as part of the British Academy's programme on Pandemic Preparedness examined the lessons learned from the responses of the live performing arts sector and governments to Covid-19 across the G7 countries. The findings of this project emphasise the importance of: comprehensive workforce data to inform sector-specific resilience strategies; paying greater attention to the support required by freelancers and small organisations; and designing funding mechanisms that do not default to prioritising support for large flagship institutions during crises.

The researchers recommended that a clear, sector-specific resilience strategy be developed for the live performance sector. Funding for research and analysis of the sector's workforce, ecosystem and audience would help to identify sectoral vulnerabilities that need to be addressed as part of these resilience strategies. The UK would be well-placed to carry out this kind of exercise as the researchers found that the quality and volume of data and research on the UK creative industries during the pandemic is relatively higher than other G7 countries. They point to the cultural landscape mapping undertaken at the local and regional levels in Hesse, Germany, as a model that the UK Government and Arts Councils could adopt.

A key finding from their research is that in the UK, USA and Canada, emergency funding for the culture sector generally prioritised 'flagship' organisations at the expense of smaller, more grassroots cultural activity. Additionally, in a sector made up of a significant percentage of self-employed workers, many freelancers fell through the gaps of the Government's Job Retention Scheme or Self-Employment Income Support Scheme. The researchers emphasise lessons that can be learned from other countries from the pandemic regarding bespoke social security systems for creative workers, highlighting the relative success of France's funding scheme for performance arts workers ('intermittents du spectacle') which was a more inclusive and simplified emergency funding initiative targeted at smaller organisations and individuals, with more streamlined reporting requirements.[56]

56 Aebsicher, P., Gray, K. (2024), 'Pandemic Preparedness in the Live Performing Arts: Lessons to Learn from COVID-19', The British Academy.

2. Rethinking the provision of expert advice for emergency planning, preparedness and response

There has been considerable interest in how science advice and evidence is mobilised in government and communicated to wider society since the Covid-19 pandemic. While it is important to acknowledge that some significant steps have been made by government to improve the responsiveness of their science advice mechanisms, further improvements can still be made. There is a growing literature on the provision of scientific and expert advice and, while it has not been possible to provide a full review of this literature, the following section brings together insights from recent and ongoing work by the Academy and its Fellowship on the topic.

Avoiding an oversimplified narrative about how science and evidence is called upon in crises

During the pandemic, the UK Prime Minister stated proudly and frequently that the Government would 'follow the science', but the evidence of how best to mobilise scientific and technical advice during crises suggests such a narrative was too simplistic. Going forward, policymakers should consider more closely the important role they play in framing evidence in policymaking and, crucially, what knowledge is considered relevant in making decisions, with more serious consideration of the values and value judgements that underpin and provide an ethical framework for decision-making.

There is a need for policymakers to consider how best to invoke scientific evidence alongside a range of other types of knowledge and value- and interest-based considerations. Major decisions during crises require access not only to a small group of scientific advisers and experts, but also a broader range of expertise and skills from across academic disciplines, including those which help to identify and analyse the implications of competing value judgements and lived experiences. This was a well-known issue in responses to HIV/AIDS and Ebola, as well as in response to natural disasters such as Hurricane Katrina, from which many lessons should have transferred over and become ingrained in crisis strategy.[57] Where decisions are justified as following scientific advice but do not resonate with the concerns and experiences of publics, the relevance and uptake of scientific evidence can be undermined, and the validity of scientific advice questioned. This suggests greater attention should be paid to how government explains and justifies decisions. This may include being open about the role of the state as a collective moral agent and the centrality of values to policymaking as well as the challenge that some of these values may be conflicting and, in some cases, incommensurable.[58]

There are also challenges for how policymakers confront problems of empirical and temporal uncertainty. Scientists are unlikely to have all the information necessary to confirm how a crisis will unfold and, even with the best evidence and data available, it is usually very difficult to calculate with accuracy the outcomes of different interventions, especially in cases where the threat is novel and the situation is fast-moving. This is usually combined with a lack of uniform views and consensus among the scientific community. Scientific progress is dependent on the interactions of competing ideas and interpretations, on making and correcting mistakes and adapting and changing course, which is often in contrast with policymakers who must weigh up competing priorities and be seen to be taking decisive action.

57 Zack, N. (2023) Ethics for Disaster, Second Edition, London: Bloomsbury; Craig, C. (2019) 'Policy towards science and science in policy: questions and answers?', in British Academy, Lessons for the History of UK Science Policy, pp. 40-47.

58 The British Academy (2024), 'Public trust in science-for-policymaking'; British Academy (2019) 'Lessons for the History of UK Science Policy'.

These issues were addressed in the Academy's report 'Public trust in science-for-policymaking', which argued that policymakers should not simply signal that they are 'following the science' but instead 'communicate how they have factored in scientific evidence in combination with a range of other considerations', making it clear to the public (and themselves) that decisions are complex and must be made within heightened uncertainty.[59] One of the lessons from the Covid-19 pandemic is that where such nuances are not made apparent, governments risk undermining public trust where policy failures occur.

Improving the breadth of knowledge and evidence

The role of the UK Government's main independent scientific advisory body during the pandemic, the Scientific Advisory Group for Emergencies (SAGE), has been the focus of many discussions about the nature and role of scientific advice during crises and emergencies. While there is clear value in such an independent advisory group, many have brought up the limitations of SAGE in terms of its disciplinary breadth and transparency around its membership. For instance, concerns are raised about a longstanding overreliance on particular forms of scientific thinking, notably epidemiological modelling and virological aetiology, which have limited broader understanding of the social determinants and social effects of disease.[60] While improving policymakers' understanding of the limits to modelling would be helpful – in particular, ensuring the assumptions behind models are well understood and that, while helpful, modelling is not a forecast or an absolute truth – this should also highlight the fact that they need to work with a broader range of evidence.[61] There are also calls to open SAGE membership up to earlier career academics, given how much innovation in research methods and generation of new evidence happens outside of the professoriat.[62]

Of particular concern is the lack of wider evidence and expertise from the humanities and social sciences, which are often confined to narrow policy and operational fields, such as 'non pharmaceutical interventions', 'community engagement' and 'risk communication'. Civil emergencies, and the interventions that respond to them, tend to have profound social, economic and cultural effects, as shown vividly in the 'Covid Decade' reports. It is therefore paramount that the Government takes seriously the disciplines which offer a greater understanding of the deeply human variables, such as behaviours, institutional dynamics, inequalities, ethics, and culture, as well as addressing questions of trust, legitimacy and voice. The SHAPE disciplines must be considered a core part of the infrastructure for preparing the Government for civil emergencies, because of their role in explaining these important human dimensions.

One positive step has been in the creation of a Social and Behavioural Science for Emergencies (SBSE) Steering Group, which aims to coordinate social and behavioural science across the UK Government for emergency preparedness and response, identify evidence gaps, and strengthen capabilities and relationships.[63] An obvious benefit of this group is that it is an active standing committee, rather than being merely ad hoc and responsive during emergencies like SPI-B, which provides social and behavioural science advice only when the Scientific Advisory Group for Emergencies (SAGE) is activated.[64] While this gives it an

59 The British Academy (2024), 'Public trust in science-for-policymaking'.
60 Horton, R. (2020), 'Offline: COVID-19 is not a pandemic', The Lancet, 396874; Shove, E., Blue, S., Kelly, M.P. (2026), 'Practice Theory and the Biosocial: Microbes, Matter and Milieu', Oxford: Berghahn Books.
61 Craig, C. (2019) 'Policy towards science and science in policy: questions and answers?', in British Academy, Lessons for the History of UK Science Policy, pp.40-47; Spiegelhalter, D. & Masters, A (2021) Covid by Numbers: Making sense of the pandemic with data, UK: Pelican Books.
62 Wong, K. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 80-85.
63 GOV.UK, 'Social and Behavioural Science for Emergencies (SBSE) Steering Group'.
64 GOV.UK, 'Independent Scientific Pandemic Insights Group on Behaviours (SPI-B)'.

advantage of providing ongoing input into emergency planning, SBSE is made up of internal expertise from within the civil service, rather than independent expertise from academia and beyond, which may limit the breadth, topicality and independence of its advice. A more comprehensive model for social and behavioural science advice would be to create a perennial group of independent social science and humanities expertise on emergencies, which could operate in a similar way to SPI-M, which continues to provide evidence outside of emergencies. SPI-M provides continuous advice on epidemiological modelling to the Department of Health and Social Care, and can be brought in as an operational subgroup of SAGE whenever it is activated.[65] It seems vital that a committee with a broader disciplinary remit and independent academic standing is considered to provide up-to-date evidence and advice across government to enhance preparedness and guide the long tail of recovery, alongside rapid and enhanced capacity for mobilising multidisciplinary advice in emergency response.

It is also unclear how much this body, or SAGE, understands — or is open to understanding — the full range of social and behavioural science. A purely internal group may be held back by cultures within the civil service which affect perceptions of what evidence is (and is not) valued. Some social scientists have raised concerns that the limited range of social science epistemologies and methods that tend to hold value in public policy offer only narrow, quantitative understandings of people and society. A focus on modelling has meant that individuals are reduced to equivalent and largely interchangeable units, meaning that population-wide interventions are brought in without acknowledging the rich heterogeneity and dynamic nature of populations. Policymakers can ensure a more robust and adequate response by engaging with a wider social science and humanities base of theory and research that embraces the historically and contextually-anchored meanings that people attribute to the challenges they face.[66]

There also remain some concerns about the omission of the humanities in most discussions on emergency preparedness and response. The role of disciplines such as history, philosophy, and languages, for instance, appear critical to our understanding of societal responses to major crises.[67]

Taking history as an example, scholars have pointed to the lack of historical understanding of pandemics, where lessons from prior epidemiological crises have not been internalised by policymakers. It has been noted that there is a large body of pre-existing research associated with other pandemics that have affected the UK (including Scotland) in the past, some of which is included in the Academy's own 'Health Policy History', which revealed how past pandemics exposed weaknesses – and stimulated changes – in health policy.[68]

Another key area is ethics. British Academy-funded research has pointed out that, while a variety of committees and channels emerged to provide ethical advice during the pandemic, the status of this advice was not always clear, and the resulting confusion among frontline professionals led to moral distress. It is, of course, not only frontline professionals who need ethical advice. As we already mentioned, it is important to understand that policymakers are

65 GOV.UK, 'Scientific Pandemic Infections group on Modelling'.

66 Kelly, M.P., Shove, E. (2026), 'Epidemiology, Individualism and the Virus: A critical analysis of policy responses to COVID-19 in the UK', in E. Shove, C. Maller, S. Cohn (eds), Social Practices and Microscopic Matter: Challenging ideas about bodies, microbes and health (Routledge), ch. 10.

67 UK Covid-19 Public Inquiry (2023), 'Witness statement of Hetan Shah, on behalf of the British Academy'; The British Academy (2020), 'Appendix 19: Plagues, pandemics and crises in the lens of history: roads to recovery', in Shape the Future: how the social sciences, humanities and the arts can SHAPE a positive, post-pandemic future for peoples, economies and environments, Journal of the British Academy, 8, pp. 253-256.

68 Curtis, S. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 142-147; The British Academy (2023), 'Lessons from the History of British Health Policy'; Mold, A., Berridge, V., Taylor, S. (2021), 'The history of public health crises: governance and trust', Centre for History in Public Health, London School of Hygiene and Tropical Medicine.

making difficult, often life and death decisions during crises that are, fundamentally, based on value judgements as well as empirical evidence. Some have suggested that the UK could benefit from a National Ethics Committee, drawing on the quality and timeliness of advice provided by examples such as Germany's 'Deutscher Ethikrat'. However, its freedom from political interference would need to be assured, and the effectiveness of any ethics committee relies on the Government actively requesting and using ethical advice.[69]

More responsive and reflexive evidence-informed policymaking

In general, politicians and civil servants tend not to have adequate access to knowledge and evidence in a timely manner. This requires better relationships, communication, and regular interaction, brokered by organisations like the national academies, to strengthen the research-policy nexus and ensure governments are crisis-ready and able to design 'prevention policies' rather than be caught on the back foot.[70]

But speed and efficiency are only one side of the coin. It is also critical for researchers and policymakers to have the space to be reflexive and to examine how evidence-informed decisions are also influenced by other important factors like: value judgements and normative assumptions; lived experience and narratives; institutional cultures; and attitudes towards risk and uncertainty.[71] This approach can be supported by broadening the role of academic researchers beyond that of providing narrow technical expertise, to include a wider function as underlabourer, guiding policymakers, politicians and, in some cases, publics through the epistemic and normative challenges and conflicts underlying policy decisions.

The use of evidence itself should also move beyond simple enumeration, description and extrapolation. It should address causal inferences and relate wider and past evidence to current evidence. It must consider theory-led expectations as plausible alternative scenarios and explicitly consider the degree of confidence in each alternative interpretation.

This responsive, reflexive relationship between research and policy is important at all times and not just at critical moments. Having a perennial system which ensures good evidence-informed policymaking will likely help governments to put in place measures which better mitigate risks and prevent some crises from developing, while improving preparedness for those which inevitably will occur.

69 Archard, D. (2021), 'Do we need a National Ethics Committee?', from the Ethics Committees in Pandemics project, Queens University Belfast; Antanavičiūtė, M., Archard, D., Prainsack, B., Pykett, J., & Straßheim, H. (2026), 'The WHO has ratified pandemic agreement: but what will it take to ensure equitable response for future pandemics?', Global Bioethics, 37(1).

70 Wong, K. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 80-85.

71 Green, M. (2022), "Following the Science: The UK Government's Response to "Herd Immunity" During Early COVID-19", World Scientific Book Chapters, in: David Crowther & Shahla Seifi (ed.), The Complexities of Sustainability, chapter 6, pp. 155-192, (World Scientific Publishing, 2022).

3. In a fragmented informational environment, government crisis messaging can be more effective when delivered through community-embedded approaches and trusted local actors

Future crises and public health emergencies will unfold within an increasingly fragmented information ecosystem. Low levels of trust in government and politicians as sources of advice, combined with the rise of digital platforms that can enable the rapid circulation of misinformation, mean that government communication strategies during crises may be more effective if they adopt approaches that are more adaptive, user-centred and community-embedded.

The challenge of communicating critical information in a changing information ecosystem

As was the case during the pandemic, national emergencies are often accompanied by significant levels of misinformation that can undermine trust, distort risk perceptions and weaken compliance with protective measures. The rapid development of artificial intelligence tools capable of producing deepfakes and highly convincing false content, combined with changing habits to news consumption (with 6 in 10 adults in the UK using some form of online intermediary like social media for their news), further intensifies this threat.[72]

This has significant implications for how authorities at different scales seek to communicate key messages to the public during crises. In an era characterised by rapid technological change, political polarisation and declining institutional trust, tackling misinformation cannot be treated as a peripheral communications challenge, nor can effective public health communication rely solely on centrally delivered, one-way communication. Rather, an integrated strategy for combating health misinformation, both in online and offline spaces, which also takes into account how, and from which sources, people get trusted information, must be essential elements of broader public health strategies, particularly where political polarisation may undermine public confidence in scientific advice.[73]

The effectiveness of user-centred risk communication and community-embedded responses in engaging marginalised communities

Research suggests that knowledge is often formed situationally and locally.[74] While for many the Government's daily press briefings during the pandemic were an important source of information, this will not have been the case for everyone. Others may have absorbed trusted knowledge not from these national press conferences but from their everyday settings, such as GP surgeries, workplaces, community spaces, or their children's school. As a result, community-focused approaches that involve trusted local messengers and are attentive to inequalities in both risk exposure and informational access may be more effective at both spreading government public health messaging, tackling harmful misinformation and strengthening community resilience.[75]

72 Ofcom (2025), 'News consumption in the UK: 2025', p. 5.

73 Stanyer, J. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 58-61. Mihelj, S., Hallin, D., Klimkiewicz, B., Laruelle, M., Rothberg, D., Stetka, V., Ferracioli, P., Kiriukhina, M., Stojilkovic, A., Vanevska, K. (2024), 'Engaging in effective health crisis communication in times of populism: Actionable insights from the PANCOPOP project'.

74 Whimster, S. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 137-141; Turner, S. (2012), 'Double Heuristics and Collective Knowledge: the Case of Expertise', Studies in Emergent Order, 5: 82-103.

75 This is supported by evidence from the pandemic which shows how mortality rates in England varied in different communities across places and over time in ways which were associated with factors such as social conditions, suggesting that emergency response needs to be adjusted to be relevant to local conditions. See Feng, Z. (2023), 'Spatiotemporal pattern of COVID-19 mortality and its relationship with socioeconomic and environmental factors in England', Spatial and Spatio-temporal Epidemiology, 45, 100569; Cliff, D. and Haggett, P. (1989), 'Spatial aspects of epidemic control', Progress in Human Geography, 13 (3); Stanyer, J. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 55-61.

Individuals are more likely to adopt protective behaviours if advice comes from a trusted source, is communicated in an accessible manner, and connects with their existing understanding rather than attempting to overwrite it.[76] It could therefore be valuable as part of emergency preparedness planning to identify, map out, and train trusted communicators and support groups that are embedded within communities and able to translate complex scientific information into locally-meaningful narratives. Additionally, engaging sociologists, social psychologists and behavioural scientists as part of this can help to ensure that messaging does not further undermine public health interventions by inadvertently stigmatising particular groups and exacerbating existing inequalities.[77]

Box 2: Community-led communication and vaccine uptake in Bristol

During the pandemic, the Bristol Race Equality Covid-19 Steering Group (RECG) placed the expertise of members of marginalised ethnic communities at the centre of a coordinated network including local government, health services, voluntary and faith organisations, and other stakeholders.

Initiatives emerging from this collaboration directly improved public understanding and vaccine uptake among marginalised ethnic groups, contributing to lower ethnic inequalities in vaccination rates compared with many other parts of the UK. For example, an online public webinar held in January 2021 brought together experts and community members to discuss vaccine safety and efficacy; over 500 attendees participated, with most reporting improved confidence in the vaccine afterwards.

The group also piloted temporary pop-up vaccination clinics in trusted community spaces traditionally underserved by mainstream provision. These clinics reduced logistical barriers, enabled direct engagement with trusted figures, and alleviated pressure on existing services. Research suggests that Bristol's model enhanced trust, empowerment and collective efficacy among participating communities, demonstrating the value of institutionalising community partnership in preparedness planning rather than treating it as an ad hoc crisis response.[78] This example demonstrates the value of building local partnership structures with marginalised communities outside times of crises and leveraging these as part of mainstream preparedness planning.

The pandemic revealed that insufficient engagement with marginalised groups can exacerbate health inequalities and erode trust.[79] However, there are a number of examples from the pandemic of local government-led approaches to public health messaging which leveraged community partnerships and engaged trusted local 'intermediaries', including barbers and hairdressers, headteachers, DJs, and faith and community leaders, to disseminate accurate information and encourage vaccine uptake. In Bristol, for example, the Bristol Race Equality Covid-19 Steering Group (RECG) placed the expertise of marginalised ethnic communities at the centre of local decision-making. As discussed in Box 2, this model improved understanding

76 Petts, J., Draper, H., Ives, J., Damery, S. (2010), 'Risk Communication and Pandemic Influenza', Chapter 10, p 147-162; Curtis, S. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 142-147.

77 Farrimond, H. and Michael, M. (2025), 'How stigma emerges and mutates: The case of Long Covid stigma', in Recalibrating stigma: Sociological perspectives in health and illness, Eds O. Williams, A. Chandler, T. Spratt and G. Thomas, Policy Press; Farrimond, H. (2023), 'Stigma mutation: Tracking lineage, variation and strength in Covid-19 stigma', Sociological Research Online, 28 (1): 171-188.

78 Karlsen, S., Targett, R. (2022), 'An evaluation of the Bristol Race Equality Covid-19 Steering Group, Bristol One City and University of Bristol'; see also Karlsen, S. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 129-136.

79 Hrynick, T., Ripoll, S., Shaw, J. (2025), 'Strengthening Community and Community Engagement Infrastructure for Better Pandemic and Emergency Preparedness at the Local Level', Institute of Development Studies. See also: Parry-Davis, E. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 33-39 for research on experience of migrant communities in the UK during the pandemic; Simmonds, B. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 22-29 for research on experience of older and disabled groups during the pandemic.

of public health measures and reduced ethnic inequalities in vaccine uptake, demonstrating how centring community knowledge can strengthen both trust and outcomes.[80]

Language and cultural sensitivity are also critical, as individuals and groups from different cultural backgrounds will draw not only on official scientific information but also on personal experience, social traditions, and cultural beliefs when confronted with unfamiliar health threats or emergency situations, and may therefore interpret risk in different ways.[81] Additionally, research on multilingual health communication highlights the limitations of simply translating public health materials, for example in communities where older generations may not be fully literate in either English or their heritage language. Therefore, it is important that government communication strategies accommodate varying levels of literacy and digital access.[82]

Civil society organisations and community recovery

Civil society organisations played a pivotal role during the pandemic, not only in providing frontline mutual aid but also in research, advocacy and long-term recovery for communities. A submission to the British Academy's call for evidence highlighted the experience of the UK-based Filipino community, which was disproportionately affected by Covid-19 due to high representation in health, social care and domestic work, and the role that community organisation 'Kanlungan' played in providing advice, referrals and mutual aid.[83]

Such examples demonstrate that civil society organisations often act as both service providers and intermediaries between communities and the state. They can surface unmet needs, translate policy into culturally-relevant formats, and hold institutions accountable. Since the pandemic, grassroots and social justice networks have increasingly formed coalitions across issues—such as linking migrant rights, disability justice, housing, labour, and LGBTQ+ advocacy—to address gaps where formal governance structures fall short.

Future preparedness strategies should therefore acknowledge the role that civil society organisations and networks play in supporting communities and embed these more systematically into emergency planning. Strengthening collaboration with civil society organisations and community networks offers not only a means of improving immediate crisis response, but can also address inequalities and enhance long-term societal resilience through combining effective national coordination with empowered local institutions and strong community partnerships.

80 See Stanyer, J. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 58-61 for international examples of community outreach during the pandemic.

81 World Health Organisation (2008), 'World Health Organisation Outbreak Communication Planning Guide', p. 15-17.

82 Lahiri, A. (2026), SHAPE the Future: British Academy call for evidence submissions.

83 Parry-Davis, E. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 33-39; Chan, A., Cueva, S., Fujiwara, D., Gram, L., Hia, C., Lo, V., Ng, M., Owen, S., Peterson, M., Tam, H., Wallace, J., Yeh, D., York Loh, D. (2021), 'Response to the Call for Evidence on Ethnic Disparities and Inequality in the UK'. Kanlungan supported over 2,000 individuals between 2020 and 2022 through advice, referrals and mutual aid. It also engaged directly with NHS England, local authorities, Members of Parliament and the Mayor of London to raise concerns about migrant health and racial disparities, and later became a Core Participant in several modules of the COVID-19 Inquiry as part of the Frontline Migrant Health Workers Group.

4. Crises do not have a singular framing or clear 'end' point – ignoring this can make recovery harder for individuals and communities impacted the hardest

While major crises like pandemics have real, tangible impacts on people and places, they also have a discursive dimension which shapes how they come to be framed and understood, both by those affected and those trying to respond. The process of framing crises is political, often involving competing narratives about what the crisis is and how we ought to respond. As Colin Hay has observed,

> '[s]tate power [...] resides not only in the ability to respond to crises, *but to identify, define and constitute* crisis in the first place.[84]

Literature on how the Covid-19 pandemic was articulated by politicians and policymakers has drawn attention to several issues of language and framing which made both response and recovery harder, particularly for those most vulnerable in crises.

Acknowledging different experiences in crisis discourse

Firstly, there is no singular or linear framing of a crisis. While governments may wish to unify the country around a particular narrative – and often this can be for good intentions such as ensuring consistency and compliance or encouraging solidarity and pro-social behaviours – it is important that governments acknowledge the profound effect their framing of the crisis has on people's lives.

By seeking a singular and linear narrative, governments risk concealing the different ways people experience the crisis, often at the expense of those most vulnerable and marginalised in society.

People experienced the Covid-19 crisis in different ways for several reasons. Evidence has pointed to the effect of personal characteristics – including age, gender, race, social class, occupation, and someone's physical and mental health – in creating differential experiences of crisis which often run counter to the government narrative. For instance, Jacqueline Rose draws parallels between the lack of attention given to the rise in domestic violence experienced by women during the pandemic and the lack of a reflective voice offered to female characters in Albert Camus' novel 'The Plague'.[85] The gendered effects of lockdown policies are concealed by the overarching 'stay at home' narrative, backed by models and statistics. Sylvia Walby has similarly pointed out how the Government's singular 'follow the science' mantra concealed the fact that 'institutions generating knowledge of gendered pathways of transmission were not included in SAGE' given it 'had little representation of public health, medical science, nursing, care workers, care homes, domiciliary care and social science.'[86]

Others have highlighted concerns about minority and marginalised ethnic groups, where a focus on physiological risks obscure the social determinants that make minority ethnic groups more vulnerable. Recent research on the impact of crises on racial groups suggests that government needs a much longer-term focus on the social determinants of vulnerability, seeing vulnerability as a potential framing for crises that keeps visible the inequalities that lead

84 Hay, C. (1996), 'Narrating Crisis: the discursive construction of the "winter of discontent"', Sociology, Vol. 30, No. 2, pp.253-77, original emphasis

85 Rose, J. (2023), The Plague, Fitzcarraldo Editions, pp. 38-9.

86 Walby, S. (2020), 'The COVID pandemic and social theory: Social democracy and public health in the crisis', European Journal of Social Theory, 24(1), pp. 22-43.

to disproportionate impacts on minority and marginalised ethnic groups.[87] While the positive step was made during the Covid-19 pandemic to create a new ethnicity subgroup to advise on Covid-19 risks and impacts for minority ethnic groups, this subgroup was very short-lived and hasn't reported since 2021.[88] As with the contingent remit of SPI-B that advises only when SAGE is active, the lack of a standing advisory committee on vulnerability and vulnerable groups during crises makes it difficult for policymakers to fully embed the most relevant and up-to-date thinking on the social determinants of vulnerability into emergency planning and preparedness. Moreover, standing down advisory bodies when the immediate threat has subsided leaves policymakers without important evidence and insights for planning the longer and crucial period of recovery. The Government should consider the options for a standing advisory mechanism on vulnerability and inequalities to ensure it receives ongoing advice covering race, disability, age, gender, migration status, class, place and other determinants of vulnerability during crises.

Evidence also highlights the differential effect of place, in terms of the physical environment in which a person lives, the quality and availability of spaces and services which support daily life, and the cohesiveness of the community. Official narratives about crises should therefore be more place-sensitive, as advocated in the Academy's 'Where we live next programme', which argues that greater sensitivity to local knowledge and understandings of policy issues 'offers a means of reconnection, access to more sensitive and appropriate policymaking, and better outcomes in terms of our individual and societal well-being.'[89]

Crisis as a process without a clear end point

While government may desire the political capital and expediency of claiming a definitive end to the crisis, major crises rarely have clear end points. Crises have cascading effects, meaning that what may begin as a public health crises may cascade into other areas, and its overall impact on society is dependent on how far and for how long this cascading effect persists.[90] Covid-19 may have begun as a public health threat, but it quickly created economic, social and political disruption, the impacts of which people are still feeling albeit unequally so.

Declaring an end to a crisis may offer some symbolic victory and a chance to shift focus onto other matters, but it often creates a cliff-edge in resource and support for addressing the ongoing needs for communities still feeling the effects. Official endings can obscure important counter-narratives and undermine social, environmental, political, and epistemic justice, as those 'left behind' are excluded from discussions of whether the end has been achieved, is achievable, or how it might be brought about.[91] This has important implications for how we prepare for future civil emergencies; for instance, it would be beneficial to explore a range of longer-tail recovery scenarios in preparedness exercises, linking together planning for issues already identified in the evidence, such as sustained clinical need, educational disruption, justice delays, mental health effects, economic insecurity and community-level harms.

One area of particular concern has been the shift away from providing ongoing support for – and research into – individuals with Long Covid and other long-term health effects caused

87 Meer, N., (2025) 'Social Policy and the Determinants of Vulnerability – Missing "Race" in Climate Adaptation', Social Policy and Society, 1–12; Meer, N. & Widdowfield, R. (2021), [podcast] 'The impact of Covid-19 on black and ethnic minority groups across the UK', Tea & Talk with the RSE.

88 Scientific Advisory Group for Emergencies (2021), 'COVID-19 Ethnicity subgroup: Interpreting differential health outcomes among minority ethnic groups in wave 1 and 2, 24 March 2021', GOV.UK.

89 The British Academy (2025), 'A place-sensitive approach for environmental sustainability'.

90 Walby, S. (2022), 'Crisis and society: developing the theory of crisis in the context of COVID-19', Global Discourse, 12(3-4), 498-516.

91 Knight, D. M. (2016), 'Temporal vertigo and time vortices on Greece's Central Plain', The Cambridge Journal of Anthropology, 34(1), 32-44.

by or exacerbated by the pandemic.[92] Removal of national funding for Long Covid provision in April 2025 has led to the closure of more than half of specialist clinics, despite there being thousands of people still suffering from Long Covid and new cases continuing to develop from new Covid-19 infections.[93]

Avoiding exceptionalism, upholding democratic norms

It is also problematic to consider only one outcome in isolation (e.g. 'Long Covid') given that many of the different impacts of a crisis can compound or catalyse one another. The same point applies to disconnecting an outcome from its social and temporal context. Some have pointed to the problem of framing the Covid-19 pandemic within a 'politics of exception', treating it as a distinct moment in which normal democratic politics is suspended in favour of more decisive interventions articulated in transactional win-lose, all-or-nothing terms.[94] Such a framing makes it easier to justify cutting specialist support, like that for Long Covid or for helping children to catch up on their lost education and social development, on the basis that the moment of exception is over and the interventions no longer required. The 'politics of exception' approach was less likely to address the relational and inter-dependent implications of "living with Covid" and policymakers are already looking at preparations for the next crisis – the next state of exception – while leaving the ongoing implications of the Covid crisis unaddressed.[95]

More broadly, Nomi Claire Lazar's research into crisis framings cautions against the use of time to convey a sense of urgency, as this often is a precursor to the suspension of important aspects of democratic politics, limiting debate and excluding voices from decision-making.[96] Given that democratic governments derive legitimacy from citizens' consent for them to rule, politicians should consider carefully how their framings of crisis may affect public trust and the shape of the public sphere in the longer term.

92 Powell, A. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 6-21.
93 Keith, S., Gahan, L. (2025), 'Covid has become the unmentionable… and yet Long Covid is having a life-changing impact', The British Psychological Society.
94 Macartney, J. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 62-73.
95 Macartney, J. (2026), SHAPE the Future: British Academy call for evidence submissions, pp. 62-73. 96
96 Lazar, N.C. (2019), Out of Joint: Power, Crisis & the Rhetoric of Time, Yale University Press.

CHAPTER FOUR

Renewing the policy environment for 2026-30

In our 'Shaping the Covid Decade' report, we offered seven policy goals for responding to the long-term societal impacts of the Covid-19 pandemic and a range of policy options that could help to achieve them. While our reassessment of the long-term societal impact of the Covid-19 pandemic has offered some examples of where progress has been made, it has revealed many areas where it has not.

An area where there is clearer progress is on addressing the digital divide. The Academy has continued to collect evidence on the shift towards a digital society and how to address digital inequalities generated by rapid technological change. The Covid pandemic accelerated aspects of digitalisation of work, media and public services. While the focus in our 'Shaping the Covid Decade' report centred on digital infrastructure, further evidence gathering pointed to the need for a long-term government strategy to empower people and communities to benefit from access to improved digital infrastructures. In February 2025, the UK Government took an important forward step by publishing a Digital Inclusion Action Plan and creating the Government Digital Service, joining up digital strategy and implementation across government and public services.[97]

There are of course many reasons to explain why other goals are much further from being realised. Choices over what issues to prioritise and what options are used to address them are shaped by political, economic and practical considerations as much as the evidence of what is happening and what might work best to respond.

However, our reassessment has highlighted another important factor that may hinder progress against these policy goals and limit government's ability not only to address the long-term societal impact of Covid-19, but to prepare society for, and build up its resilience to, future threats. Irrespective of the wider social, political and economic challenges at home and globally, our underlying policy environment in the UK still needs work, at all levels.

97 Department for Science, Innovation and Technology (2025), 'Digital Inclusion Action Plan', GOV.UK.

In 'Shaping the Covid Decade', we referred to the supportive policy environment needed for successful social recovery in terms of five principles, known as the CLEAR principles. We suggested that by 2030, the UK should aim to have a policy ecosystem that is significantly more **Communicative, Learning-oriented, Engaging, Adaptive** and **Relational** in its design.

In this final section, we will examine the examples of how the CLEAR principles support better policymaking and what we can do to embed CLEAR thinking across government and the public sector.

Communicative

A communicative policy environment ensures that the public receives clear, consistent and trusted public information, while both public and private spheres work constructively and proactively together to tackle misinformation.

We saw in section 3.3 how the evolution of social media and the availability of AI platforms is worsening the spread of harmful misinformation, making it harder for government to rely solely on a generalised approach to public communication. A communicative policy environment must adapt to this rapidly evolving information ecosystem, becoming more proactive, tailored, and people-centred in its approach, especially when trying to reach those most vulnerable, marginalised and most susceptible to misinformation.

An example of a more communicative policy environment can be observed in the recent public health approaches to tackle vaccine hesitancy. Research has shown how positive interactions between parents and healthcare professionals in highly localised and contextual situations can boost both interpersonal trust in the professional and institutional trust in vaccines and the wider healthcare system.[98]

This is being put to good work in Birmingham, where former doctors and nurses have been recruited to repeatedly call parents whose children haven't received the MMR vaccine. The approach is not simply to give facts, but to actively listen to why a parent or patient might be hesitant and offer answers to their worries and concerns. Additional steps, such as arranging face-to-face appointments with a GP for further discussion, add to the level of positive interaction.[99]

This approach is also culturally sensitive, ensuring discussions can be had in a person's first language where possible, while also producing materials in a range of languages and more culturally-appropriate visual material. The approach was informed by behavioural research which showed how people respond more positively to information that contains images of people who look more like those from their own community. This has been especially important given the lower vaccine uptake for certain minority ethnic groups. The approach is considered highly successful, increasing take-up of the MMR vaccine by over 20%, leading to 6,000 additional vaccinations.[100] Other regions have started adopting similar measures.

98 Scavarda, A., Cardano, M., Gariglio, L. (2025), 'Childhood Vaccine Hesitancy as an Interaction-Based Phenomenon', Sociol Health Illn. 2025 May;47(4).
99 NHS Alliance (2025), 'NHS Birmingham and Solihull: addressing MMR vaccine hesitancy'
100 Triggle, N., Roxby, P. (2026), '13,000 calls in three months: How one city is keeping ahead of measles', BBC News.

Recommendations

- To enable more localised and culturally-sensitive approaches to public messaging, national-level government communication strategies should acknowledge how and from where people receive information that they trust. This includes enabling local authorities to integrate trusted local intermediaries to help spread critical public health and crisis preparedness messages within local communities.
- Government communication strategies should pay particular attention to engaging with vulnerable groups and should be delivered in formats that accommodate varying levels of understanding, literacy and digital access.

Learning-oriented

A learning-oriented policy environment is one that mobilises evidence to inform policy at all levels. Since the Covid-19 pandemic, there has been further research on evidence-informed policymaking. A new framework developed by '3ie' has identified four interconnected pathways of change to help evidence to contribute to good policymaking: 'strengthening the capabilities to interpret and apply evidence, building conducive relationships and networks, establishing structures and processes for evidence use, and creating a supportive evidence culture.'[101] It is these pathways to change which need to be strengthened to address the issues discussed in section 3.2 above, to create a more responsive and reflexive research-policy nexus. A learning-oriented policy environment is not just about increasing and improving what policymakers know about an issue, it is also crucially about the beliefs, values and practices that influence what we do with the things we know (and how we respond to what we don't know, especially when crises create situations of heightened uncertainty).

One recent example that has helped strengthen such pathways of change is the creation of the AI Safety Institute (AISI), which was modelled on the success of the UK's Covid-19 Vaccines Taskforce.[102] AISI has been praised for how quickly it has established itself as a world leader in expert AI testing to evaluate AI risks at different stages of the development and deployment of new AI technologies. It has put the UK Government on the front foot in developing evidence-informed AI policy and regulation, not only in the capabilities to interpret and apply evidence, but also in the strengthening of networks which bring government, industry and research closer together.[103] The British Academy is pleased to play a role in supporting AISI through the Innovation Fellowships scheme, placing SHAPE research expertise directly into AISI to support joined-up, interdisciplinary thinking on AI policy.

A further example has been the development of a new database of Areas of Research Interest (ARIs) developed as a partnership between the Government Office for Science and the Economic and Social Research Council.[104] Government worked closely with the research community to create the online tool which not only allows researchers to quickly and easily search through the research questions of different government departments but also matches ARIs to research funded through UK Research and Innovation to make it easier for policymakers to find the right evidence and expertise. The database removes some of

101 Kelly, C., Pande, S., Sempe, L., Shisler, S., Echt, L., Jessani, N., Anwar, H., Nabi, A. (2025), 'What does evidence-informed policymaking look like? A framework for conceptualising and measuring EIPM', International Initiative for Impact Evaluation.
102 GOV.UK (2023), 'Tech entrepreneur Ian Hogarth to lead UK's AI Foundation Model Taskforce'.
103 de Zoete, H. (2025), 'How to make government work: Lessons from a rare British success story', Comment is Freed.
104 Areas of Research Interest Database. Available at: ari.org.uk

the practical barriers to connecting research with policy, making it easier for both sides to quickly find the relevant information. A potential further development of this work could be to create a specific cross-departmental list of ARIs for emergency planning, preparedness and response to signal to the research community the types of evidence identified by government as important. These could be periodically reviewed and updated to ensure their continued relevance over time.

A similar project was recently developed from within the research community by History & Policy at the Institute of Historical Research.[105] The History & Policy Database is designed to aid policymakers in finding the right historical expertise and evidence by searching through historian profiles by policy area, historical period, and location. Policymakers can access historians' research interests, publications, and contact information, enabling them to find relevant research or reach out to experts directly.

Recommendations

- Departments across government should create mechanisms to mobilise and draw upon a broader and continuous knowledge and evidence base, including from the social sciences and humanities and the research communities of the different national academies, to inform government policy both during and outside acute periods of crisis.
- Government should devote time and funding to learning the lessons from effective responses to previous crises both in the UK and internationally— including, for example, the rapid establishment of the Vaccines Taskforce during the Covid-19 pandemic—and evaluate the extent to which these lessons can be applicable across a range of different types of crisis situation.
- A set of cross-departmental, multi-disciplinary Areas of Research Interest should be coordinated and periodically refreshed by the Government Office for Science for emergency planning, preparedness and response, and disseminated widely within the research community through their existing networks and relationships, including through UKRI, the national academies, and departmental Chief Scientific Advisers.

Engaging

An engaging policy environment is one which operates within a healthy system of democratic governance. This is one where citizens are well-informed about policy decisions as well as being interested in and trusting of democratic institutions. Engaged citizens feel empowered to participate meaningfully, and have a voice in the policymaking process, beyond just responding to pre-set agendas.

As we have seen in several sections of the report, the Covid-19 pandemic has highlighted the vulnerabilities and marginalisation of certain groups – children and young people, disabled people, and minority ethnic groups, for example – and their voices are often the least represented in policymaking. But this must also be considered within a wider challenge of continued low and unstable levels of trust in government in general, as explained in section 2.2.

105 History and Policy Database. Available at: https://historyandpolicy.org/history-policy-database/.

Trust in local government tends to be higher than national government, and there have been examples of where local authorities have had some success in creating a more engaging policy environment with the communities they represent. 'Social contract' approaches, such as the Wigan Deal, are tied to stronger use of values and narratives to build a new relationship between state and citizen where each side's responsibilities are clearly set out. In the wake of the pandemic, Wigan Council initiated the Big Listening Festival to refresh its priorities and the Wigan Deal 2030 as part of its approach to recovery and renewal from the crisis. It involved six months of different activities of engaging the local community, combining in-person and digital methods, to help shape the council's priorities for the next 8 years.[106] This engaging approach also involved close partnerships with local business and the Voluntary, Community and Social Enterprise sector. While being strongly evidence informed, one of the unique strengths of the Wigan model of engagement is its flexibility to evolve in response to the local knowledge and insight it is designed to gather and utilise.

Recommendations

- National-level government should support local government efforts to engage meaningfully with local communities around supporting emergency preparedness, improving immediate crisis response, and enhancing long-term community and societal resilience. This includes empowering communities to participate meaningfully and have a voice in the policymaking process beyond just responding to pre-set agendas.
- Future preparedness strategies should acknowledge the role that civil society organisations and VCSE organisations play in supporting communities and vulnerable groups during, and in their recovery from, crises and should embed more systematic collaboration with these organisations as part of emergency planning.

Adaptive

Policymaking is already embattled by the uncertainty and complex interdependency of our world, and crises only heighten the levels of uncertainty, requiring the right infrastructure, information and capacity to adapt to rapidly changing circumstances at all levels of governance.

An adaptive policy ecosystem would create national preparedness strategies which regularly test both the flexibility of different parts of government but also the ability for these parts to work together. The 2025 national pandemic preparedness exercise led by DHSC (Exercise Pegasus) and the new DHSC Pandemic Preparedness Strategy reflecting the lessons learned from the exercise (published in March 2026) have been recent promising developments.[107] The multi-level, four nations scope of Exercise Pegasus has enabled government to stress-test the ability for cross-government mobilisation and make improvements to how different parts and levels of governance communicate and share information.

The new Pandemic Preparedness Strategy is mindful of the need to adopt a whole-systems response and have flexible capabilities, ensuring 'the strategy's actions may be adapted as the

106 Wigan Council (2021), 'The Big Listening Festival: What was it about?'.
107 Department for Health and Social Care (2026), 'Pandemic Preparedness Strategy: Building our capabilities', GOV.UK.

wider international and domestic context or our scientific understanding of potential future pandemics evolve."[108] There are also plans to regularly exercise emergency response plans – it is essential that this is stuck to, as rapidly changing contexts, political volatility and policy churn will create persistent erosion of readiness. Such exercises cannot always be centrally planned, and there are benefits in supporting sub-national government to explore more place-sensitive approaches, using exercises to adapt aspects of national strategies to local contexts.

As explained in 'Shaping the Covid Decade', a whole-systems approach to preparedness and response also requires a shared understanding outside of government of the issues and how to respond. Policymakers need to build up flexible capabilities not only to work better with their counterparts in other departments, agencies and administrations, but also to bring research, business, and civil society into the process. This is not a techno-scientific problem but a socio-cultural one, and it therefore requires a much greater engagement with the SHAPE disciplines to develop strategies and techniques to engage stakeholders more effectively.

Recommendations

- Given the difficulty in predicting what form a threat may take or when, national preparedness strategies should promote more flexible capabilities to work with others in responding to different emergency scenarios. This will undoubtedly benefit from deeper engagement with the SHAPE disciplines.
- National-level government should provide more opportunities for local and regional authorities to experiment within clearly defined boundaries, for example with regards to temporary flexibility of regulatory controls, where this can help to mitigate impacts on people's health, wellbeing and local economies during crises. Effective initiatives could be collated into a suite of "adaptable regulatory measures" that can be rolled out at speed during an emergency.

Relational

One of the most intractable problems of modern multi-level government is in joining up strategies both vertically across different levels of governance, and horizontally across different areas of focus. A relational approach to policymaking requires good systems and mechanisms in place to share knowledge and practice, as well as acknowledging where devolved, regional and local authorities control policy levers that can help to deliver specific outcomes. It must also embed multidisciplinary skills and expertise within a culture of collaboration and general goodwill between departments and different administrations, including devolved administrations, that have developed dissimilar ways of working entrenched in local contexts.

The UK Government has shown good intentions in recent attempts to create more joined-up working across departments, through the development of 'missions' that cut across different policy areas. It is, however, difficult to determine whether in practice these missions have made a material difference to the way government administration works. The English Devolution and Community Empowerment Bill is an attempt to tackle some of the issues of joined-up and responsive government that the Academy explored in its 'Governing England' project.[109] Removing some of the complexity of local and regional government structures may make it easier for both horizontal coordination across localities and regions, and vertical coordination between central government and the UK regions.

108 Department for health and Social Care (2026), 'Pandemic Preparedness Strategy: Building our capabilities', GOV.UK, p. 13.
109 British Academy 'Governing England' project. Available at: https://www.thebritishacademy.ac.uk/projects/governing-england/

The Academy's work on economic strategy has brought together HM Treasury, Department for Business and Trade, and others to work together on an integrated, holistic, and sustainable strategic approach to the UK economy.[110] It has shown that where busy departments carve out time and create forums to meet with colleagues from across government and, guided by a range of academic experts, they can start to create longer-term strategies together, which identify the strengths of each department and where knowledge-sharing is most required. This places a different role on the academic community, not just as sources of specific evidence, but as underlabourers, exposing different scientific, historical, societal and ethical considerations that underpin policymaking and supporting policymakers to work through them. Indeed, the support given to officials by the Academy on economic strategy involved a wide range of disciplinary perspectives, including not just economics but also disciplines like history, geography, philosophy, anthropology, political science, sociology, behavioural science and psychology.

Much of the Academy's public policy work post-Covid has been exploring ways to make government more sensitive to people and place, and the importance of this is reflected in much of the evidence set out in section 3.3 of the report. A relational policy ecosystem is not only one that strengthens relationships within the formal structures of government, but also one where these structures build closer relationships with the people and places they serve. The Academy's 'Where we live next programme' has offered a framework for a more 'place-sensitive approach' to policymaking, underpinned by four key interconnected features: knowledge, language, participation and multi-level partnerships. Attending to these features, national government can formulate policies that are more flexible to different needs and better embedded in place, as well as create points of reflection to strengthen and augment existing place-based activities.[111]

Given the increased role of communities discussed in section 2.1, and the point raised in section 3.4 about crises having no clear end point, it is important to see national resilience building as a long-term process that involves a renewal of the public sphere, re-connecting policymakers with local knowledge and experience and publics with their contributory role as democratic citizens. This will ensure that 'whole system' preparedness and response can be tailored to different local contexts and long-term resilience can be built against a wide range of risks.

110 British Academy 'Economic Strategy' programme. Available at: https://www.thebritishacademy.ac.uk/programmes/economic-strategy-programme/

111 British Academy 'Where We Live Next' programme. Available at: https://www.thebritishacademy.ac.uk/programmes/where-we-live-next/

Recommendations

- At the national level, Government should seek to join up working across departments and build on the interconnections between its economic, social, environmental and national security policy agendas. This can be aided through partnerships with independent academic bodies like the national academies, which can create forums for policymakers to think through issues more in the long term, rather than act only as sources of rapid evidence.
- National preparedness strategies should acknowledge where devolved, regional and local authorities may control specific policy levers. Government should also seek to learn lessons from coordination successes and failures that occurred across national, regional and local scales during the pandemic and other crises that may have enabled or hindered effective responses.

CHAPTER FIVE

Conclusion

The Covid-19 pandemic set off a crisis in 2020, the effects of which we are still feeling. Crises do not have clear end dates – they cascade and evolve, and pathways for response and recovery become intertwined with broader policymaking and political agendas.

This report has brought together new evidence and insights from the SHAPE research community to provide an update on the current situation in the UK, five years on from the British Academy's original intervention on understanding and shaping the long-term societal impacts of Covid-19, Covid Decade.

In our reassessment of the nine long-term impacts identified in those reports, we found a mixed picture. While some progress has been made in certain areas, and other impacts may have been more transient or less severe than some expected, the lack of progress on the economy, growing inequalities, and declining health outcomes for many is worrying.

Meanwhile, the speed and scale of digital transformation, and the impact on the justice system and the creative and cultural industries, surpassed what we were able to discern from the evidence gathered in the original reports.

The ability for governments to provide an effective response to these issues is of course made more difficult by the global instability of politics and markets, while continued low levels of trust in government add to political volatility at home. While we must acknowledge these persistent challenges, policymakers risk forgetting the ongoing societal impacts of Covid-19 by getting stuck in the churn of the present. For one thing, the many people who are still feeling the effects will continue to feel marginalised and forgotten, and failure to acknowledge this is both morally questionable and politically risky.

A more general reason for policymakers to continue to focus on the long-term effects of Covid-19 is because recovery from the last pandemic is essential for building national resilience against the next, and to future risks more generally. The evidence is clear that a sluggish economy, high levels of structural and spatial inequality, crumbling social and cultural infrastructure, and a generally less secure and less healthy population, will leave the country woefully underprepared for a future pandemic. We place ourselves in a much stronger position by responding actively to the impacts of Covid-19 because they relate to our strengths and vulnerabilities.

With the benefit of a further five years of reflection on the pandemic, this report has been able to propose a further four lessons to inform how governments prepare for, respond to, and recover from whole-system crises such as pandemics: the need for continuity of process; improving the sourcing of expertise; using trusted localised communications; and considering the multi-aspect and more enduring repercussions as the immediate crisis subsides. These lessons are more about reflecting on how policymakers understand crises and their role within them, than setting out a set of technocratic policy solutions.

Indeed, what comes out strongly from the evidence is precisely that a purely technocratic approach doesn't work, as it underestimates the more human dimension to policymaking that is foregrounded in the humanities and social sciences. This dimension can sometimes be overlooked because it lacks the certain "crunchiness" of hard science and data often coveted by politicians and officials in the hope that it can remove subjectivity and ambiguity from decision-making. But the pandemic has shown that all decisions are value judgements,

and while scientific and technical advice is an essential part of an informed policy process, policymakers cannot avoid a high degree of uncertainty in novel and rapidly emerging crises, making human context all the more valuable.

While science, statistical data and modelling provide crucial evidence and insight, it cannot guide decision-making alone. Not only should government seek to broaden out the kinds of science and evidence it incorporates into the policy process, with greater attention paid to the value of the humanities and the full breadth of the social sciences, but it should also look to these disciplines for guidance and support on how to mobilise people and communities in the process of national renewal and build sustained strength and resilience in the face of an uncertain future.

As we have discussed, this systems-wide approach requires continuous action to empower all parts of society, taking more account of local contexts and strengthening the pro-social capabilities and tendencies of communities through social infrastructures and informal institutions, while also being more reflexive and sensitive to values and ethics in decision-making within government at all levels. The evidence and expertise of how policymakers can work to achieve this is available. As we said at the end of 'Covid Decade', to recover, move forward and prepare for the future requires a commitment to making best use of that evidence and expertise. As a National Academy, it is part of our mission to help make this happen, mobilising the humanities and social sciences to attend to society's greatest challenges. We hope to continue to work with government at all levels to make this happen and to ensure that the UK leaves the Covid decade in better shape than it began it.

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Appendix – list of contributors to call for evidence

Professor Aditi Lahiri FBA, Research Professor of Linguistics, University of Oxford

Professor Alice Bradbury, Professor of Sociology and Education, University College London

Dr Anna Powell, Research Fellow, Liverpool John Moores University

Professor Anna Vignoles FBA, Director of the Leverhulme Trust

Dr Bethany Simmonds, Senior Lecturer in Sociology, Aberystwyth University

Dr Elizabeth Cotton, Associate Professor for Responsible Business, University of Leicester

Professor Elizabeth Shove FBA, Emeritus Professor of Sociology, Lancaster University

Dr Ella Parry-Davies, Lecturer in Theatre, Performance and Critical Theory at King's College London, & Francesca Humi, Kanlungan Filipino Consortium.

Dr Emmanuel Arakpogun, Senior Lecturer in Strategy and Strategic Management, University of Stirling

Dr Hannah Farrimond, Associate Professor in Medical Sociology, University of Exeter

Professor Helen Lomax, Professor of Childhood and Children's Participation, Sheffield Hallam University

Professor Hilary Graham FBA, Professor of Health Sciences, University of York

Professor James Stanyer, Professor of Communication and Media Analysis, Loughborough University

Dr John MacArtney, Associate Professor, Warwick Medical School

Dr Katie Chadd, Lecturer, University of Essex

Dr Keri Wong, Associate Professor of Developmental Psychology, University College London

Professor Lauren Andres, Professor of Planning and Urban Transformations, University College London

Professor Maggie Snowling FBA & Professor Charles Hulme FBA, Emeritus Professors at Oxford Brookes University and University of Oxford

Professor Michael Billig FBA, Emeritus Professor of Social Sciences, Loughborough University

Dr Michael Demehin, Senior Lecturer, London School of Science and Technology

Dr Miriam Green, formerly Senior Lecturer in Organisation Studies, London Metropolitan University

Nikita Jha, Doctoral researcher, University of Cambridge

Dr Rachel Barrow, Senior Teaching Associate and Researcher of Sociology of Work, Lancaster University

Professor Rebecca Pearson (and Dr Nicky Wright, Dr Alex Kwong), Professor of Developmental Psychology and Epidemiology, Manchester Metropolitan University

Professor Saffron Karlsen, Professor of Sociology, University of Bristol

Professor Sam Whimster, Emeritus Professor, Global Policy Institute

Professor Sarah Curtis FBA, Professor Emerita, Durham University

Dr Sazana Jayadeva, Lecturer in Sociology, University of Surrey

Dr Sviatlana Kroitar, Honoured Visiting Research Fellow, University of Leicester

Viraj Nair, Lecturer in FinTech and Doctoral Researcher, University of East London

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British Academy lead authors

Jonathan Digby, Senior Policy Adviser

Vibha Honasoge, Policy Adviser

Dr Adam Wright, Head of Public Policy

Lead Fellow

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Advisory Group

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Professor Dominic Abrams FBA, Professor of Social Psychology and Director of the Centre for the Study of Group Processes, University of Kent

Professor Sarah Curtis FBA, Emeritus Professor in the Department of Geography, Durham University

Professor Peter John FBA, Professor of Public Policy, Kings College London

Professor Alex Mold, Professor of Public Health History and Head of Department of Public Health, Environments and Society, London School of Hygiene and Tropical Medicine

Professor Michael Parker, Professor of Bioethics and Director of the Ethox Centre, University of Oxford

Professor Genevra Richardson FBA, Emeritus Professor, King's College London

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