



**Institute for
Community Studies**

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The social implications of Covid-19 on Communities

Institute for Community Studies

December 2020

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INTRODUCTION

For over 20 years scholars and, more recently, policymakers have proposed that a 'turn' to community will occur in times of uncertainty and globalised crisis. The global outbreak of Covid-19 has presented an unprecedented test for this hypothesis in the UK context. Individual and family-focused organising surged and continues to happen at an unprecedented scale since cases were first diagnosed in the UK; with mutual aid and informal organising pre-dating, on many issues, official government guidance and national, local and charitable support. This has created structures and behaviours which were often invisible and disconnected from public authorities, formal organisations and services but which responded to local assessments of need led by ordinary people.

At the time of writing this report, we are at a critical point for considering how sustainable or this 'turn' to community will be and how significant its implications are for the issues critical to the recovery of UK society. To this end, what has been described as two 'principal and competing narratives' (Phillipson et al, June 2020) about what has happened in communities during the pandemic can be summarised from the findings of this research and from critical reflection on media reporting and social media activity. The first portrays a view of community solidarity, of organising at scale; selfless volunteerism of the 750,000 NHS volunteers, and of pulling together against a 'common enemy' of Covid-19. This could be described as a 'reawakening' of community in the lives and social values of individuals. The second narrative highlights reports of new divisions of experience and of values, shaped by factors such as the level of deprivation different communities entered the lockdown in. This can be characterised by reports of social unrest and desensitisation to risk by certain groups caused by the restraints of lockdown; of a heightened increase of anti-social behaviour reporting by neighbours; of selfish stockpiling in supermarkets; and of a growing awareness of who was baking sourdough, and who was going hungry.

It is too early to tell from the available data and analysis whether the truth about communities during Covid-19 lies somewhere in the middle, but the findings of this report do indicate that far from being 'competing' or 'conflicting' narratives, their coexistence is illustrative of a state of increasingly fragmented social cohesion and of social insularity within UK communities. The latest nationwide data on *belonging* to a community indicates a return to pre-pandemic levels (ONS, September 2020) - yet early reports from the Institute for Community Studies' dialogic methods with communities and representatives of authorities, is that the *form* and *types* of division are changing in some places. This is intrinsically linked to conditions of inequality and trust and should be seen in addition to the prevailing finding of the exacerbation of existing dynamics due to the pandemic within the three themes under consideration. One of the most acute of these is the increased inequalities between people from different ethnic backgrounds and the way the pandemic has interacted with the conditions of structural discrimination and racism prevalent in the UK prior to the pandemic.

On the 14th November 2020, two weeks into the second national lockdown for England, the supermarket, Sainsbury's, released the first of its three-part Christmas adverts, '*Gravy Song*', a depiction of memories of a family Christmas in contemporary Britain. By the following morning, the YouTube post of the advert had been viewed by over 1 million people; comments on the YouTube post had been disabled, the posting had received as many hundreds of 'dislikes' as it had 'likes', and #Sainsburys was trending as a bitter war of comments and replies filled the Twittersphere. The negative comments and complaints - amassing at such a scale that it triggered the threshold where ASA, the advertising regulator, had to determine whether or not to investigate - criticised the depiction of family and community in Britain for not 'seeing them', for being 'disgraceful' and 'disgusting', and for portraying a 'racially segregated Britain' that 'didn't reflect the WHITE Christmas' (Source: Twitter) they were looking for; the reason stated being that the entire cast of

the advert is Black. Barely three months before, Ofcom received over 24,500 complaints following the performance by dance troupe Diversity on the popular television show *Britain's Got Talent* for their dance inspired by the Black Lives Matter movement. Complaints focused on the 'politicisation' of the dance movement and accused the show of playing to 'woke' audiences. Neither regulator found grounds to investigate.

The above two epithets serve to illustrate the context into which this rapid review of the evidence on the *Social Implications of Covid-19 on communities* is presented. A context where a surge in mutual aid led by grassroots community groups from all ethnic backgrounds and parts of the UK may have placed a 'sticking plaster' over the chasm revealed in our economic and welfare systems; but where the deep divisions in our sense of belonging and our experience of society and of the pandemic have simultaneously laid raw the severity of structural racism and social divisions along cultural, class and economic lines in UK society. Alongside this, the sudden shift in restrictions and the cancellation of Christmas plans for many in response to the new variant of Covid-19, looks to further compromise trust in government and catalyse a further risk to mental health and loneliness as we move into an already precipitous new year. Whilst many were quick to hail 2020 as the uprising of a positive groundswell of community in response to the Covid-19 crisis, the question of 'whose community' and 'who belongs in it' is ever more contested, conflicted and impassioned in the local and virtual places which people have been confined to during the ten months of the Coronavirus pandemic - and looks to continue to be as we enter the next, increasingly complex, phases.

Structure of this report

The report is organised into five principal parts, with questions which have guided the narrative of our enquiry as follows:

The nature of community

- How has community support mobilised in response to Covid-19?
- What are the implications of how community support has mobilised on:
 - Social infrastructure and its role in delivering urgent intervention, and longer- term policy led, priorities
 - Our understanding of the role of community in times of acute, and increasingly protracted, crisis
- How has/should the relationship between residents, volunteers, community-based organisations, special issue charities, service providers and local authorities be(en) reconfigured in response to the crisis?

Changing places?

- How has Covid-19 affected understanding of ‘place-based community’ in the UK context?
- How has Covid-19 changed the nature of communities (in terms of both their demographic composition, spatial and geopolitical parameters, and the ways in which they are defined/measured through policy, practice and research)?

Inequalities

- How has Covid-19 affected inequalities between different demographic groups within communities (e.g. shielding)
- How has Covid-19 affected inequalities between different communities characterised by different demographic groups?

Social cohesion

- How has C19 affected different people’s sense of community?
- How do different ideas of cohesion include/exclude certain groups?
- Why do different groups of people feel more/less connected?
- How does trust/compliance with regulations relate to community cohesion?

Trust

- What does the nature of volunteering tell us about differences within/across communities, and the relationship between people and the state?
- How have the effects of Covid-19 and *the resilience it has produced* in local communities been distributed according to different local environments, infrastructures and economies?
- How have wider issues of trust relating to the media, government and science changed from a community perspective?

Methodology

This report is based on a rapid review of the available academic and grey literature in November 2020. The timeframe for the review meant that it was not possible to take a truly systematic approach but the team endeavoured to identify published and unpublished literature relating to the impact of Covid-19 on communities drawing on:

- Academic journal publications, including pre-prints
- Interim, public facing, and snapshot publications produced by many of the major studies on related topics
- National statistics produced by ONS and analysis of national surveys
- Reports articles and blogs published by think tanks, charities, public sector organisations and philanthropic funders
- Informal/ unpublished sources such as conversations with stakeholders in a variety of roles around the UK

We covered all forms of research: primary quantitative and qualitative studies (including those adopting innovative digital, creative and participatory methodologies), as well as analysis of secondary data and some economic analysis.

A full list of the sources is in the References section at the end of this report.

THE STATE OF COMMUNITY BEFORE COVID-19

The pre-Covid-19 landscape can best be characterised as UK communities being *in flux* in terms of social relations, cohesion and identity, individuals' sense of attachment to the material or 'social' dimensions of community, and a sense of 'loss' of the material components of community due to austerity and its impact on local places (ICS, 2020). This was demonstrated by a slow decline in peoples' sense of belonging to neighbourhoods, with positive neighbour engagement (stopping to talk or exchanging resources) falling 3-4 percentage points between 2014-2015 and 2016-2017 (ONSb, Feb 2020) to 62.2% at the end of 2017, with evidence in early 2020 of less positive engagement with neighbours and less help being given to vulnerable groups such as the elderly or disabled (ONSb, Feb 2020; Prattley et al, Dec 2019). Trust in neighbours had remained reasonably high (85% in the over 75s, 80% in those 65-74 and with slight decreases for each younger group; ONS, 2015) but the lived experience of connectivity in local, neighbourly ties was not strong (ICS, 2020).

Greater mobility and more transient communities in terms of inbound internal and external migration had also led to a reported decline in the sense of belonging for people in many local areas (Local Trust, 2019; ICS, 2020). Where people 'found' a 'sense of community' was often in virtual spaces, with social networking increasing by 15 percentage points between 2012 - 2019 (ONS, 2019) and community Facebook groups or online forums the most consistent space where the majority of people experienced community (ICS, 2020). The shift to online was not an entirely comfortable one; many questioned the strength of connection this provided and were concerned that virtual communication would - and had - replaced people to people connections in physical community life.

Though not the sole reason, the impact of the austerity regime has direct implications for the fragile state of social and community resilience that the UK was in by 2019. Between June 2010 and March 2016, a policy of deficit reduction resulted in cuts of £26 billion in UK social security and tax credits spending (Tinson et al., 2016). In a social and material sense, this resulted in a cut to the public health grant by £700m in real terms between 2014/15 and 2019/20 (Health Foundation, Oct 2018); and up to 45% of cuts to certain areas including aspects of social care and pro-poor services (JRF, March 2015); across central and local government many public and community services were closed, reorganised or 'pared down' as a result (O'Hara, 2014:3). Pre-pandemic, research found the NHS was 'extremely fragile' in its capacity with its resilience 'ripped out' (IPPR, updated July 2020); and in terms of the broader welfare system, Sir Michael Marmot has outlined that the decade of austerity contributed to the UK's 'lack of preparedness for the pandemic' (Marmot; interview with British Medical Association, Oct 2020).

Beyond state and public systems, in a social and material sense, research demonstrated the social '**fabric**' of community had declined with the loss of funding and closure of civic institutions (Onward, 2019) across the country with varied impact across the country (2019, p3). Connected to this is a sense of closing civic spaces such as libraries, post offices and community centres; as high streets and what many had seen as the 'centres' of place-based communities saw reduced footfall and an increase in vacant sites. Despite this, **community strength did exist across the UK and did not necessarily depend on inbound investment or material assets** (Young Foundation, 2019). The research found "*areas of low funding do not necessarily lack community strength*" but that community strength varies greatly across rural and urban regions. Urban areas typically fell behind rural ones in terms of community strength as a whole and frequently there were more community resources in rural areas whilst in urban areas that had good community strength, this tended to be due to community 'ties' - namely activities that bring people together, rather than being focused on a shared asset or resource.

The loss of the social and material components of community was taking place within the context of a broader societal climate of growing uncertainty, a decline in community cohesion, a rise in inequality, and declining trust in institutions. The UK was a gravely unequal society in terms of spatial inequalities pre-Covid-19, revealed as the most inter-regionally unequal large high-income country (UK2070 Commission, Oct 2020).

Public spending has also been hugely unequal across local communities; with local authority funding cuts of 40% between 2010 to 2016. Local support officers and community development teams were first to go in austerity; much of the 'capacity' for working with communities was lost or stripped away (Rochester, 2013; Civil Society Futures, 2016). Many working in civil society and local government had already identified that delivery of the levelling-up agenda (Civil Society Futures, Nov 2018; UK2070 Commission, Oct 2020) would be difficult because of loss of local capacity and expertise to make the investments work. This, alongside the broader impacts of the austerity agenda, have been described as leaving "*an all-encompassing, post-industrial, deeply rooted social poverty in many communities*". (IVAR for Local Trust, 2019)

Significant inequalities also exist in terms of the civic landscape of different parts of the UK with wide variation in the social fabric of different communities, based on the inherent characteristics of different places (Onward, 2020). The uneven and fraying patchwork of social fabric can be seen to interact with the political beliefs that have contributed to a 'divided' sense of social cohesion since 2015; areas with a stronger social fabric were just 44% likely to vote to leave in the EU referendum whilst those in the 'bottom decile' of the social fabric were 64% likely to do so.

Though the decline of community was not one of the reasons commonly cited in the reasons for voting, it is significant to the picture of a society divided by different strengths of identity and belonging, and at odds with how different groups had been 'left behind' by the social, economic and cultural change that has affected many local places.

"The growing social inequality between these places and the rest of the country is one reason for their economic decline. People know ... that in critical ways their quality of life has been deteriorating - in the strength of community and sense of neighbourliness that defines their place - and this loss matters deeply to people's sense of belonging." (Onward, 2020)

In the wake of the EU referendum the extent to which some communities were divided was evident; either explicitly around issues related to immigration, or 'identity wars' between 'liberal' and more 'traditionalist' lines that were playing out - reflected in challenges to social cohesion within local areas as well as in the political sphere. In February 2020, three in five Britons were 'exhausted by the division they see in politics' (More in Common, Feb 2020) after four years of the Brexit debate, with indirect effects on individual and community wellbeing.

In 2019, the ONS reported that "*average anxiety in the UK jumped to its highest level since we began measuring well-being and average happiness levels also declined steeply and significantly*" (ONS, 2019). Research by the Institute for Community Studies with over 3,000 people within communities from Oct 2019 - January 2020 found rising concerns with the way our lives had become increasingly driven by individualism. The perceived reliance on 'me' and 'family' was creating a sense of vulnerability in the face of growing economic and political precarity and made people question whether they can 'look to others' in the context of what the wider community could do to support their sense of social and economic security (ICS, 2020). Pre-pandemic, the majority of people thought 'Britain was going in the wrong direction' (Engage Britain, 2019). People were unhappy with decision-making in the country and wanted more involvement (RSA 2016; JRF; ICS; Britain Thinks 2019); only 29% of people felt they could influence decisions (Understanding Society 2019).

The policy landscape had recognised the need for better involvement of communities in decision making (MHCLG; DCMS) but tensions existed as to the means and value of devolving greater decision making power to local level; with connected to this a strong feeling that “*people participate for their own reasons and not in response to a government agenda*” (Patel 2016; Engage Britain 2020). In fact, prior to the pandemic, it appeared that there was a small decline in the level of volunteering which had been stable for years (Community Life Survey, 2019) and that motivating people to participate more actively in society was becoming harder, partly due to the precarious nature of employment, lives being time-poor (Mohan, 2015) and increasing gaps between income and the cost of living (ONS, 2019).

Research repeatedly indicated (Ipsos Mori, 2019; Engage Britain, 2019) that the key challenges from communities’ perspective centred around the following:

- Healthcare
- Austerity
- Poverty
- Immigration

Alongside sharing common themes of concerns about austerity, poverty and healthcare, the Institute for Community Studies Research Agenda (2020) found that pre-pandemic communities’ highest concern was *Safety*. The co-creative approach to developing the Agenda with communities used qualitative methods to explore the lived experience of the issues facing local communities and to understand the specific challenges within these policy areas. These were:

- ***The balance of responsibility*** between communities, authorities and other actors for acting on many of the major challenges faced today, including in health and social care and supporting the most vulnerable in society;
- ***The fragility of welfare systems and individual livelihoods*** following austerity and the resultant negative impact on individuals’ sense of ‘security’, trust in others, and resilience.
- ***Growing awareness and experience of inequality*** in wealth, opportunity and mobility between communities *within local places* and *between different parts of the country*; and the resultant fragmentation of a sense of shared *belonging* and risks to social *cohesion*.
- ***The malaise and decline of local economies*** and how these are experienced by communities; the failure of local employment markets and the resultant impact on widening divides between living standards; poverty of aspiration and low adaptive capacity in many local communities.
- ***Concerns for the insecure future of young people*** and the risks to their mental health, with strong questions of what the role of a local community was in alleviating this.
- ***A strong discontent with centralised and local decision making*** and a strong call for an increased role and involvement of communities within this.

The community response and the government messaging accompanying it, could be seen as a realisation of the roll back of state-citizen provision envisaged in the ‘Big Society’ ideology that accompanied the austerity policy; described by the government not solely as fiscal reorganisation but as a policy to bring about a ‘culture change’ where ordinary people turned not to state and officials ‘for answers to the problems they face’ in times of need – but to each other, to help themselves and their own communities (David Cameron, Speech, July 2010). The recognition of acute need and of mutual, reciprocal support between neighbours and publics has driven community organising (ONS, June 2020) – yet questions about the resilience and sustainability of this action are crucial for the second and further ‘waves’ of the disease and the restrictions to seek to mitigate it.

Frameworks of Community Resilience, the term typically employed to measure communities' ability to respond and recover from large scale shocks, risks or disasters (Patel, SS, Rogers, MB, Amlot, R et al, 2017; Ziglio, E, 2017; South et al, Aug 2020) but increasingly used to understand communities' capacity to respond to changes – acute or slow – in their local environment or wider, globalised, society, are valuable to consider here in terms of how and why the pandemic has affected local communities in the way that it has; and furthermore what the implications may be for recovery, and responding to future shocks.



Two well recognised frameworks of community resilience; frameworks share a number of common properties (Sources: ICOR, 2020; IFRC, 2020).

Community resilience frameworks commonly highlight that resilient communities are 'empowered' and have 'capacity' to act on issues in a pro-social way, but that they are also communities which have the following: their basic needs are met through services, protections and governance; there is two way communication, connectivity and decision making between communities, organisations and authorities; there is a diversified economy; a system of education provision; and a natural environment providing opportunities for a skilled community workforce supported by resources, tools and 'scaling up' of community networks and approaches by government (Cabinet Office, July 2019; Public Health England, Jan 2020; ICOR, 2020; IFRC, 2020).

Pre-pandemic, and at the current time of writing, the meeting of those conditions that will sustain or strengthen community resilience is currently lacking, both in government policy and support and in local, civil society and indeed individual or public capacity. This is due to strained funding for services and charities, raised demand due to increased numbers of the newly poor and newly struggling, and reduced social and economic means for a rising proportion of people (ONS, Oct 2020). This raises questions as to how and how far community resilience will play a role in the next crucial stages of the pandemic given the additional strain placed on the resources and people that sustain it. Equally, if community resilience is to mobilise for the next complex stages and to meet future shocks, it is critical to understand how the impact of policy, social protection systems and the implementation of laws and governance arrangements can and will profoundly impact the strength and effectiveness of community resilience (IRC, Sept 2014).

Inequality and Social Cohesion

It is illustrative to consider the dynamics of inequality and social cohesion together in the pre-pandemic context due to the growing evidence of how social and economic differences are undermining – if not causally linked to – social cohesion, community wellbeing and trust (Rothstein and Uslaner, 2005; Wilkinson & Pickett, 2009; Khambule & Siswana, 2019; The Equality Trust, 2011). This section considers the key dynamics within inequalities and social cohesion affecting the policy areas before Covid-19 hit.

It has been suggested that in three of the pre-Covid policy areas in tackling inequality: i) the need for ‘levelling up’ prosperity across the UK; ii) generational inequalities and iii) gender based; and ethnic inequality respectively, the pandemic may have ‘moved us backwards’ (Blundell et al, June 2020). This is a sobering exacerbation of trends where inequalities of wealth health and social capital were already rising; and inequality *between* local authorities and local communities were significant if ‘stable’ - in the ‘malaise’ sense – rather than improving, between 2000 – start of 2020 (IFS, August 2020). However, the statistics mask a significant aspect mediating how different place and individuals experienced the pandemic: the level of precariousness of lives and livelihoods in communities across the UK (Butler, 2004; Ahmed et al, April 2020; Harrington, June 2020).

The Deaton Review (IFS), the Marmot Review, and the Doreen Lawrence Review had all revealed findings of the deep spatial, demographic and ‘life stage’ inequalities across UK society in late 2019 and early 2020. These reviews highlighted particularly the distribution according to geography, ethnic background, gender, and age in terms of levels of multiple deprivation, access to economic and social resources and opportunities, and health inequalities. In 2018, the Social Metrics Commission revealed the intractable depth of UK poverty; more than one in 10 (12.1% of the UK population or 14.2 million people) were in poverty, and had been so for the last two or three years (Social Metrics Commission, 2018). Conversations with communities just prior to the pandemic underscored how multi-generational unemployment had stripped out skills, resources and financial security in many communities across the UK (ICS Agenda, June 2020), resulting in a hollowing out of social mobility across the UK to the point that by 2017, nearly every ‘hotspot’ in terms of areas with growing social mobility was in London (Social Mobility Commission, 2017). There were concerns that people were living longer but more years in poverty, with geography and deprivation mediating social isolation in later life (Prattley & Nazroo, Feb 2020).

Before the pandemic, there was a distinct lack of diversity in UK housing stock and a lack of affordable social housing, meaning that for many communities housing insecurity was a concern. Shelter found that one in five children now live in privately rented housing (PRS) which has replaced the social housing sector as the “*typical home for those who are poor*” (Medact, May 2020); with 4.7 million dwellings, the private rental sector has overtaken the stock of 4 million affordable and social homes (MHCLG, May 2019). The rise in private renting and decline of social housing was connected to the conditions of precarity for many families and communities pre-pandemic, as private renters were spending on average a third of their income (32%) on rent (Bailey, 2020; Crisis, 2019). BAME groups were disproportionately affected by poor and insecure housing conditions; with BAME families more likely to live in poor and crowded homes and accounting for 1 in 3 homelessness acceptances by local authorities (Gulliver, 2016). The systematic racism of housing distribution since the 1960s, which still continues, created distinct disadvantages for BAME groups entering a pandemic where the ‘home’ was to become a substantial part of ‘keeping safe’.

Homelessness had increased by 165% in parts of the UK between 2010 – 2018 (Crisis, 2019) with three quarters (75%) of local authorities citing rough sleeping as ‘a problem’ in their area in 2019, and one in four council’s citing it a ‘major problem’ (Crisis, 2019, p.7). There were some signs that

what had been described as a 'peak' of statutory homeless acceptances had been reached in 2017/2018 – however numbers living in temporary accommodation were continuing to rise pre-pandemic to 71% higher than 2009, with 200,000 people living in temporary placements by mid-2018. High levels of housing insecurity and homelessness were increasingly affecting how communities felt about the places they live in; as a noticeable symbol of the breakdown of welfare systems but equally as a mark of whether or not their own local community was managing or struggling (ICS, June 2020).

Where and how communities live together and in what housing conditions was creating shifts in the level of 'in place' inequality underlying many local communities; and affecting communities' interaction with and perceptions of different groups according to the signifiers of wealth and class, particularly housing (ICS, June 2020). The pattern of housing developments had resulted in communities where the divides of 'newcomers' and 'existing residents' had developed alongside those represented by quality of life or 'class'; people discussed socio-economic divides being noticeable in communities outside urban areas where towns had grown through largely homogenous housing stock developments (ICS Agenda, June 2020).

In the UK, income inequality has been increasing with patterns of division along class and ethnic background apparent (World Economic Forum, Oct 2020). Whereas the median white British household has assets worth £282,000, for Black Caribbean households its less than a third of this (£89,000), for Black Africans barely 8% (£24,000), and for Bangladeshi households just 7% (£22,000) (ONSa, Sept 2018). Wealth inequalities reflect inequalities on other dimensions, including with respect to income, where on average Black workers earn 9% and Bangladeshi 20% less than white workers in Britain (World Economic Forum, Oct 2020). It had been observed that in researching rising income inequality more attention has been paid to the statistics than to the impact on relationships – and therefore to social dynamics such as social cohesion – in everyday life (Phillipson et al, 2020).

The visibility of differences due to inequality of income, investment and opportunity in the UK was coinciding with a growing number of ways in which communities felt divided by differences and a sense of fragmented social cohesion. Following five years of the Brexit campaign, the ways by which communities felt divided in society had increased (More in Common, 2019), precipitating what has been described as the 'identity-wars' of difference on political, individualist, and value-based terms. Pre-Brexit, the 2016 Casey Review found that policy and intervention had failed to keep up with the UK's experience of changing population dynamics due to immigration and the resultant impacts on social cohesion (Casey Review, 2016) and these had been further fragmented by increasing acknowledgement that socio-economic inequality and deprivation mediates social cohesion as the UK experienced rising income inequality. Central to the recommendations were to reduce economic exclusion, inequality and segregation in our most isolated and deprived communities and build local communities' resilience in the towns and cities where the greatest challenges exist, with proposed strategies including "*promoting social mixing; tackling barriers to employability for isolated and marginalised groups; and promoting successful models of integration*" and "*improving understanding of how housing and regeneration policies could improve integration or reduce segregation*" (2016, p.18). It identified many drivers of fragmented social cohesion. In 2019, the Government launched its Integrated Communities Action Plan, with 70 actions to deliver to promote integration and investment into social cohesion building interventions across five pilot integration areas (MHCLG, Feb 2019).

Recent definitions of social cohesion, prior to the pandemic, cite the importance of *shared beliefs* and *morals*, beyond norms and values, that individuals share about the trajectory of a nation or a more local entity such as a city or region, which in turn create trust between groups and people

(Larson, 2013). The Brexit process - fuelled by political debate about which parts of the UK had 'lost out' or been 'left behind' during the decades of EU membership, and which had prospered, and a rising nationalist or anti-internationalist, anti-immigrant sentiment - had made the existence of *shared beliefs* about the future of the UK polarising and highly fragmented. This was also felt in the relationships between the UK's devolved nations: debates on Scottish Independence; the risk of undoing of the peace process in Northern Ireland due to Brexit; and even a nascent independence movement in Wales all indicated a nation pulling in different directions. Simultaneously, Britain was also having to confront rising grassroots-led challenges to the country's colonial past and deeply discriminatory relationship with Black, Asian and Minority Ethnic communities, prompted by the Windrush Scandal and the revelations of the extent of the human and rights-based impact of the Conservative government's 'hostile environment' policy.

Finally, the divide between generations - how they voted, organised, identified with others, and sought voice and change – was rising due to what young people saw as a bleak future economically, socially and environmentally; prompted by the mismanagement of climate and economy and the subsequent soaring of inequality permitted, if not caused, by previous generations. The legacy of all these dynamics were perpetuating and simmering within political, social and local identity debates in 2019, before the pandemic hit.

Trust

The Hansard Society's *16th Audit of Political Engagement* (2019) provides the clearest baseline of the state of 'trust' in the UK prior to the Covid-19 pandemic.

- opinions of the system of governing are at their lowest point in the 15-year Audit series—worse now than in the aftermath of the MPs expenses scandal;
- people are pessimistic about the country's problems and their possible solutions, with sizeable numbers willing to entertain radical political changes; and
- core indicators of political engagement remain stable but, beneath the surface, the strongest feelings of powerlessness and disengagement are intensifying.

The results reveal a high level of disenfranchisement from the systems and figures of governance amongst the public. Flinders (2019), discussing Hansard's audit, finds that 72% of those surveyed said the system of governing needs 'quite a lot' or 'a great deal' of improvement and when asked whether the problem is with the political system or the people running it, the largest response group (38%) replied 'both'.

This does not solely reflect an apathetic nation, but one actively at odds with the sense that the central governing system is serving their needs and reflecting their voice: 50% of those surveyed believed the main parties and politicians did not care about people like them; 75% thought political parties were too internally divided to serve the best interests of the country; 63% thought Britain's system of government is rigged to advantage the rich and the powerful; and the number who 'strongly disagree' that political involvement can change the way the UK is run (18%) had hit a 15-year low, as had the 47% who felt they had no influence at all over national decision-making. Just before the 2019 General Election, trust in government stood at just 14% (Ipsos Mori Veracity Index, 2019).

The state of (dis)trust reveal a number of elements of interest to understanding if and how pandemic has affected communities. It appeared that a combined influence of populism, voting patterns and low trust in politicians was showing early signs of an 'illiberal' turn in the UK democratic context (Flinders, 2020) and a climate of democratic accountability that was not 'healthy' (2020, p.6). How the restrictions and measures of the pandemic have been governed, what impact the approach of 'moral compliance' or 'consent' which has been discussed in enforcing it (Stott et al, April 2020) will have on the nature of trust in governments and democracy, will be important to consider in the next years.

THE SOCIAL IMPLICATIONS OF COVID-19

Community infrastructure

The Covid-19 pandemic has implications for how we understand the nature of community and the relationship of this to other forms of social intervention - both traditional and less well known -, social infrastructure, and social mobilisation. The importance of 'community-led infrastructure' in local places and of communities themselves for supporting an effective response to the pandemic has been highlighted (e.g. McCabe et al, 2020), both in plugging gaps urgently in basic welfare ,and in terms of a longer term, place-based response to mitigating health inequality (Public Health England, July 2019).

This section considers the implications of the pandemic on the myriad forms of what has been called our *social infrastructure*: informal networks of mutual aid; the role of community organisations; volunteerism; civil society; and local authorities. It discusses the role each form of community organising has played, how and how far they are working together, and what can be known about their impact and the implications for the delivery of support in either 'recovery' or 'risk of relapse' from Covid-19.

How community support mobilised in response to C19

Research indicates that the pandemic has accelerated changes to existing models of community engagement and built stronger community relations (Cook et al, 2020). This has positive potential implications for coordinating future community responses including breaking down systemic bureaucratic barriers to working collaboratively, e.g. through reducing risk averseness, and increasing flexibility in finance/funding and sharing data (Cook et al, 2020).

The ten months since the first national lockdown have seen **community boundaries redrawn** conceptually both as analytical units and sites for intervention. **There has been a shift from the local to the 'hyper-local'** in social intervention and organisation. This is perhaps best exemplified in the rise of **mutual aid networks**, with many networks building on campaigning infrastructure from the 2019 elections, which often operate in 'micro-localities', e.g. neighbourhoods within wards, estates, streets or residential blocks. The national website set up to support and track their activity registered 4,225 groups active as of the end of the first national lockdown (Open Democracy, June 2020).

"...as the organising of mutual aid groups took off, participants realised that smaller is better: 'micro-groups' could get to know the needs of their specific area in granular detail and facilitate relationships between close neighbours. In areas where people did not know their immediate neighbours, this helped to establish trust as admitting your vulnerability and requesting help from strangers can be very challenging. Geographical closeness helped to moderate this fear."
(Open Democracy, 2020)

The shift to the hyper or micro-local was mediated by the technology employed for organising - just as who could be reached and could access more formal welfare systems and services was heavily mediated by digital exclusion - from NHS Track and Trace, to accurate news and information, to ability to participate in online schooling.

Whatsapp appeared to be the principal organising platform for mutual aid groups, albeit with limitations of scale in terms of each group's membership. Recognising Whatsapp was not built for organising, established community groups worked primarily with Slack; through email and 'zoom' technology and through physical leafleting to reach those digitally excluded (Open Democracy, June 2020).

“With WhatsApp groups being limited to 256 members, it was impossible for large wards to use WhatsApp for incoming requests in a way that covered most of the ward. Micro-groups were a solution to this problem.”
(Open Democracy, June 2020)

There are, however, questions about the sustainability of mutual aid activity as we move into different phases of the pandemic. Research predicted a reduction in mutual aid activity during the second lockdown (Mao et al, Nov 2020) with emerging insights from conversations with communities indicating that where WhatsApp groups or online forums have continued, their purpose or role has adapted to being more social, rather than socially responsive or protective (ICS community dialogues, Nov 2020).

There is also evidence of a difference in what more formalised and informal, 'grassroots' forms of community action have focused on. Grassroots volunteering has primarily had a practical focus, and fallen into two broad categories – the packing and distribution of emergency food aid and the provision of more social support – particularly for isolated and vulnerable residents (Local Trust, 2020).

Beneath this apparently simple description, however, lies a rich diversity of activity, which has **transformed the composition of agency, activity and organisation in communities rather than just plugging gaps in provision**. For example, in terms of food, different approaches have been taken beyond the provision of food parcels: volunteers have been engaged in 'shop and drop', community fridges, the preparation of hot meals, providing fresh ingredients in recipe boxes, setting up outdoor food-sharing tables, school holiday free food offers, and, as lockdown eased, developing pay-as-you-feel cafes.

Similarly, in terms of social support, while neighbour-to-neighbour conversations on doorsteps and streets has been critical, as well as wellbeing phone calls, a range of creative ways of providing support have evolved. Communities have created street art to provide positive messages, developed and distributed activity packs for children and families, moved centre-based activities such as health and wellbeing groups, coffee mornings and 'knit and natter' sessions online and (also as lockdown eased) organised in-person play, creative and wellbeing activities compliant with social-distancing guidance (Young Foundation, 2020; Carnegie Trust, 2020; Local Trust, 2020).

The rise in micro-local organising has, however, forced some recognition of the **need to work across “layers of local”**, from the street-level mutual aid response to city-wide services and provision, while recognising the inequalities in provision across these layers. For example, Locality highlights the relative power of larger more established/connected charities and smaller, often BAME-run grassroots charities and calls for a move from 'community spirit' to 'community power' to redress this by connecting and strengthening capacity (Birmingham's Collaborative Neighbourhoods, Sept 2020). However, emerging evidence from Knowsley suggests that this has not always been the case and that in some places new grassroots activity moved more swiftly than the traditional third sector and 'disrupted' the expected flow of support between local authority, civil society, and the wider community (Young Foundation discussions with Knowsley Council, August 2020).

It is important to note that a range of challenges and pressures have affected even distribution or equal coverage of mutual aid groups. Studies conducted into community support groups during the pandemic in Wiltshire, Swindon, Bath and North East Somerset found that although there was a lot of positive feedback about the support offered by community groups some comments also criticised the provisions provided by one local group. Areas missed out by community support groups and the distance some volunteers needed to travel was also noted emphasising experiences with mutual aid groups during the pandemic have not been homogenous (Health Watch Wiltshire, July 2020).

One of the key drivers of the local community response to the coronavirus has been the build-up of knowledge and trust over time. This strong social infrastructure cannot be created at pace and it is in-group or culturally specific community organisations that have been key in providing support and disseminating information. Particularly within diverse communities, these hubs, with knowledge of multiple languages and an ability to deal with a range of communities often removed from the mainstream, are key. Many organisations noted that BAME and minority community grassroots organisations slipped through the cracks of funding and were cut out of mainstream support (Bear et al, 2020) and that there is often a disconnect between these groups and local councils. It has been discussed (Locality, 2020) that the nuances of the issues these community groups were dealing with were often ignored (although there are few specific examples available).

Gaps in support to particular communities, Bristol

“**Bristol** recognised that the COVID-19 crisis and the social distancing rules have exacerbated dynamics of social-economic inequalities. The city is supporting and taking into consideration studies and recommendations by civil society organisations addressing these disparities. One example is the work conducted by the Bristol-based Black South West Network (BSWN), which provided support to Black, Asian, and Minority Ethnic (BAME) businesses, communities, and organisations, through advice and the monitoring of the impact of the crisis on BAME communities. Findings from a survey and report by BSWN to inform local action reveal that BAME communities tend to be overrepresented in sectors that have been hit the hardest by the covid-19 crisis, such as food industries and retailers, the arts, cultural and creative sectors, and taxi drivers and other low-income jobs among the self-employed, and that this was compounded by existing unequal ground in terms of health, housing and ICT access, as well as historical difficulties in accessing national funding for BAME grassroots organisations”.

Source: OECD Cities Policy Responses (Covid-19) July 2020

Preliminary analysis of the demographic and political characteristics of mutual aid group members (O’Dwyer for LSE, June 2020) suggests **mutual aid groups have functioned more effectively in communities already rich in social capital** and that participants were overwhelmingly white, middle class, engaged in politics and generally left wing (New Local Government Network, 2020). While mutual aid group members are disproportionately affiliated to political parties (in part due to the legacy of 2019 election organising on different Whatsapp groups) - they overwhelmingly strive to keep their activities non-partisan and ‘political neutral’.

The emerging study from the LSE Housing Group (Power et al., forthcoming 2020) raises questions about how viable this is and also of whether mutual aid groups might be privileging already advantaged communities in relation to their ability to respond to the pandemic and its economic impact, given their representation of primarily white and middle-class members. This suggests that for mutual aid groups to engender more solidarity along class lines, they will need to find ways to engage meaningfully with and include people from a wider range of backgrounds - and consider

whether the primary organising platform, Whatsapp, is the best means to achieve this. It suggests they should also aspire to be effective allies to disadvantaged groups in society – lending their support for action in a way which helps rather than hinders, as can be seen in certain repertoires of activism (Droogendy et al, 2016). Otherwise, existing research indicates CMAGs may simply reflect and reproduce existing divisions and inequalities (Schwalbe et al, 2000), particularly by maintaining boundaries between those who need help and those who are in a position to provide it (LSE, June 2020).

Alongside hyper-local activity, there have also been more strategic efforts to adopt **'intersectoral', 'systemic' or 'holistic' approaches** based on joined up thinking - bringing together different service providers to tackle local needs in innovative partnerships. This kind of work relies on 'cogs of connection' (Locality, June 2020) or 'interconnectors' and 'intermediaries' (Goff, 2020): individuals with the social capital and skills in community development and partnership working to bridge and broker between different groups and levels of formal and informal support. This latter study provides in-depth portraits of 13 such interconnectors and highlights the skills essential to this work: the ability to listen, to be authentic, to meld opposing views, build consensus, work with anger, and to facilitate for change.

Strong responsive strategies are based on **sustained engagement** with community representatives through regular consultations (HACT, Sept 2020) and **flexibility including risk-taking where necessary**, which relies on removing some of the bureaucracy and longer-term processes that have existed around volunteering and cross sectoral partnerships.

A study by Carnegie of 'community hubs' (Coutts, Ormston, Pennycook & Thurman, 2020) identified several examples of local public service providers working on a shared agenda, which has brought them together when previously they have had separate priorities and targets. For example, co-locating social work and community services in North Ayrshire, with a single telephone line, increased information sharing between services. It was easier to refer people to specialist support and provided a much more holistic response. This is important as many of the citizens of concern to local authority departments and the voluntary sector services have complex needs and are referred to, or use, a variety of services.

The Co-operative Councils Innovation Network (CCIN, 2020) also offers several case studies of joined-up thinking. For example, Glasgow City Council facilitated efforts by local school and nursery pupils to send video messages to residential care homes for older people to help them feel less isolated. Telford and Wrekin Council brought together different key services and resources, including crisis networks and interfaith groups to help households in need, while Cardiff Council developed a new partnership in response to homelessness.

Similarly, research looking at the impact of Covid-19 on community businesses also found that relationships within and between businesses, local councils and communities themselves have been imperative to the survival of community businesses throughout the Covid-19 pandemic and having the support of various partners within the local 'system' greatly helped increase their resilience and ability to adapt (Young Foundation, Oct 2020).

Area Action Partnerships, Durham

Durham County Council's Community Hub is a powerful example of a locally led partnership working at pace to respond to its community's evolving needs. Underpinned by an ethos of self-help, community empowerment and continual learning, the Council have ensured that the Hub's achievements go beyond supporting those in need, by also having the potential to transform and shape the Council's future service delivery and relationships with its communities and partners.

In response to the outbreak of Covid-19, Durham County Council worked closely with a number of partners - including local voluntary and community organisations, general practitioners, other local health services staff, local DWP teams, the NHS GoodSAM app – and across all council teams to provide speedy and comprehensive support to shielded and vulnerable residents.

In the early weeks of the pandemic the Council responded by setting up a central call centre, utilising staff redeployed from other non-critical council services to support those in need of immediate help. A central hub was created, operating into local communities across the county to respond locally with help and advice. The Hub quickly provided initial support for those identified as needing immediate help (26,000 on the shielded list, 75,000 identified as having multiple social vulnerabilities). Durham's approach of continual learning and transformation meant that it was able to respond quickly as needs changed and new responses were required, for example from hearing from many people with short term food needs, to people getting in touch with more complex mental wellbeing support needs, operating on a 'no wrong door' basis.

The Hub's approach built on an existing structure of Area Action Partnerships (AAPs) with community working and voluntary sector involvement. The Council devolved additional grant funding to these AAPs to support local community resilience and growth. Building on these existing strong relationships was key to Durham's successful cross-organisational and multi-agency approach. Local areas and communities were able to direct funding to where it was most needed based on local knowledge, networks and intelligence. This collaboration meant the Council was able to maximise place-based resources to help directly, or signpost to appropriate agencies or community groups, quickly engaging with those services and overcoming the barriers that may have previously existed. Examples of this include the creation of the Chat Together service to tackle social isolation, digital access to library services, through to provision of more holistic 'wrap around' support to individuals' with multiple needs.

The longer impact and benefit for Durham Council has been that it now has an even more enhanced understanding of its communities and how to help its more vulnerable residents. For example, by having contact with residents previously unknown to the Council, and as a result of redeployed staff gaining an enhanced understanding of Durham's communities (as well as new skills) which they will take back to their main roles.

Source: Local Government Association, local.gov.uk

The impact on local community infrastructure

Established community groups have suffered as a result of Covid-19, with research highlighting a) funding shortages and b) a wide range of practical and emotional challenges to delivering services for which there has been a greater audience and need (Groundwork, Nov 2020). It has been suggested that the charity sector and community groups ‘were not part of the solution’ in the eyes of government, with funding for charities and existing community structures noticeably less evident in government support packages.

*“The government viewed the charity sector as irrelevant during the Covid-19 crisis.”
(Karl Wilding, NCVO, Sept 2020)*

While the evidence points to an upsurge in new volunteer-led groups, the state of pre-existing community-based organisations has grown more precarious. **At a time when demand for services and support provided by the voluntary sector has increased by an average of a third in the numbers they support per week (Neighbourly, August 2020), income has decreased (Pro Bono Economics, 2020). Many voluntary organisations are simply struggling to survive and furthermore, to adapt services to the challenges of safety and social distancing without additional resource.** 46.5% have had to temporarily stop one or more of their services whilst 74.5% have had to completely remodel their services (Neighbourly, August 2020).

There is nascent evidence that where community groups have managed to continue to operate and support people is often in the most deprived areas, and that they are the most active form in reaching the most disadvantaged (Groundwork, Nov 2020). However, it seems the reach of some charities is decreasing due to lessened capacity; for example, 93% of community groups in Newham, one of the poorest boroughs of London, expressed some level of concern about they would manage during the next phase of lockdown and 25% (in Newham) said they would not survive without significant financial support (London Plus, 2020). Even well-established multi-purpose community organisations have been found to be in trouble.

Income

One of the biggest challenges facing charities and community groups is the predicted loss of 6.4 billion in fundraising and other income for the UK’s 170,000 charities in the period until December 2020 (Pro Bono Economics, 2020). Not only has this placed pressure on small charities with limited reserves in the short-term, but threatens the sustainability of even larger organisations in the longer-term. Where donations were shown to increase, it was for the NHS charities (Neighbourly, Aug 2020).

Fundraising activities were significantly curtailed as a result of social distancing requirements, stripping out key events such as the London marathon and other sporting events, a season of fetes, fairs and activities like coffee mornings. Such events also represent a valuable loss of opportunity to raise awareness about important causes and the support that such organisations offer.

Many charities, social businesses and other community assets such as sports facilities, arts and culture hubs, and village halls also rely heavily on traded income. Community businesses, for example, on average receive 70 percent of their income from trading, (Perry et al., 2020). Generating income from trading *“is easier for community businesses who have tangible assets (a building and related spaces such as a café or shop, a collection of physical objects, e.g. sports equipment)”* (Perry et al., 2020). However, as Covid-19 has primarily impacted people’s ability to gather in physical spaces and socialise, many businesses relying on trading income generated from

the use of tangible assets have felt the impact of the pandemic, experiencing a dramatic decrease in their regular income streams.

In comparison to the ease of loan access for businesses with or without a social purpose the lack of support for charities has been particularly noteworthy, along with the design of many government support schemes being inappropriate for the third sector. Specific problems identified include:

- The furlough scheme incentivising organisations to reduce their delivery capacity, rather than providing support to keep critical front-line staff on the ground (further compounded by not allowing furloughed staff to volunteer for their own organisation)
- The exclusion of charities from the Small Business Grant Fund and the eligibility criteria for the Business Interruption Loan Scheme also meaning many charities fall outside its scope
- The decision to channel the majority of funding available for smaller charities and community organisations via The National Lottery Community Fund which, in turn, was criticised for 'dithering and delay' (Directory for Social Change, 2020) in distributing the funds.

Volunteering

The early lockdown saw a surge of people registering to join the national NHS responders and / or local mutual aid groups, including 750,000 people sign up to the NHS Good Sam app. It is clear that **volunteering has become a core part of the COVID response.**

To create a real-time barometer of the sector, Nottingham Trent University, Sheffield Hallam University and the NCVO are regularly surveying charities in line with real time analysis of VCS trends. Their September data (published in October 2020) shows that in 27% of the responding charities, the number of volunteers decreased in the previous month, in 47% it remained the same, and in 16% it increased. Opportunities to volunteer are now decreasing (Nov 2020).

The pandemic has also produced uneven patterns of formal/informal volunteering, local-national participation, and by type of activity, as well as by age group. It has also accelerated some trends evident over the last decade, including online and 'micro' volunteering (Local Trust, 2020). While some people have had existing volunteering disrupted, many others have either started volunteering for the first time, or increased their level of participation in response to the pandemic (Local Trust, TSRC & Sheffield Hallam University, 2020).

The UK's furlough scheme has been recognised as a major driver for volunteering increase (see Tirartelli and Kaye, July 2020) due to its releasing of individuals' time and material capital, two of the typical barriers to volunteering. Debate is likely to continue on the extent to which Covid-19 will change volunteering and whether local or national programmes have been more effective during the crisis but initial research indicates that local level measures and not national volunteering platforms have proved vital to responding to community needs during the pandemic (MoVe, 2020).

It is currently unclear whether the pandemic has led to a net increase or decrease in volunteering, as there has yet to be data published by any of the large-scale tracking surveys to understand how patterns of participation have changed. Many regular volunteers have had to temporarily cease their usual voluntary activities. In a study of community businesses, which often rely heavily on volunteers, The Young Foundation and Power to Change found that most of those surveyed experienced changes to staff structures, including reduced numbers of volunteers. Not only is this due to financial difficulties incurred as a result of the pandemic, but also because many volunteers who work for community businesses fall into the vulnerable category, reducing the opportunities for

them to contribute. This has had implications for the ways in which these businesses were adapting during lockdown, as well as how they were thinking about re-opening.

In some cases, younger volunteers have replaced older volunteers who may be shielding or at greater risk of COVID. On questions of who is volunteering and where (geographically), there is emergent evidence that it reflects wider volunteering patterns skewed towards those from higher socio-economic groups. The experience of the pandemic has renewed attention on the barriers to participation for lower income groups as volunteers, including those relating to finances or resources; for example, not having enough phone minutes, not having access to a vehicle or needing extra money for petrol (Local Trust & TSRC, 2020). Despite an (at times strong) sense that the pandemic has sowed seeds of volunteering capital more widely in the UK, it seems likely that wider trends on who can volunteer and how will have actually proved consistent with pre-pandemic patterns.

There has been **some indication that motivations for volunteering, which tended to be individual prior to Covid-19, may have become more social**. Early discussion has suggested value in how social rather than personal drivers may have developed and their ability to mobilise a different profile of volunteers, *“in ‘normal’ times, there is a tendency to focus on individual motivations for, and engagement in, volunteering. Crises such as COVID-19 remind us of the significance of social relations and connections to volunteering”* (Local Trust, Sept 2020).

Nonetheless, other studies show people reporting various reasons for volunteering that highlighted both individual and social motivations. For example, in a Young Foundation diary study, a woman from Northern Ireland explained, *“I helped out by volunteering in [an] ADHD hub as I could use my tutoring experience to help those children who had fallen behind with their studies”*, while a man from Greater London on the other hand described that he took part in voluntary activities *“as I felt I wanted to be useful/helpful”*.

Equally what constitutes ‘volunteering’ and its relationship to grassroots mutual aid or to ‘community organising’ in the eyes and experience of those taking part needs greater understanding. In the grassroots space which has been a significant site of action in this crisis, people *do not necessarily label themselves as volunteers*; and more often describe ‘just getting on with what needs to be done’ in their neighbourhood and community (Local Trust, 2020) or describe it as a sense of ‘neighbourliness’ or ‘just looking out for someone/one another’. This makes it harder to quantify or conceptualise the scale of the organising networks and surge in inter-personal support that has happened since the pandemic started.

The pandemic has highlighted the need to rethink how we understand and support volunteering so that more informal volunteering and ‘good neighbourliness’ momentum can be recognised and harnessed towards other forthcoming societal challenges. It has been highlighted that this is a complex task – *which must avoid reverting to type and seeking to formalise this swell of community action* (MoVE, 2020), presenting implications for both how we research its future trajectory and how civic or investment structures seek to sustain it as a form of infrastructure and community capital.

Community organising, Crich, Derbyshire

“We began this community building work quietly in September not knowing how important it would be. Growing relationships, finding common ground, discovering potential and starting conversations to create an active, vibrant place where older people could access a range of opportunities and services to enable them to live independently for longer.”

Linda (Community Builder)

As the pandemic spread across the UK, the Chair of the Patient Participation Group, myself, Linda and the editor of the local publication ‘Crich Standard’ gathered online.

Existing bonds enabled an honest, open and exploratory conversation about what was possible and next steps. In a village with almost a third of the population over 65 years old, communication could not rely on social media, so a leaflet promoting the ‘Crich Area COVID-19 Mutual Aid’ was created and a phone line established via Zoom which allows several people to be ‘on call’ at a time.

Soon after, key local volunteers who were already developing ideas for action in their groups and networks were brought together with the original group. These included representative from a Luncheon Club, a Careline Operator, a Dementia Group, the Post Office Manager, and a social entrepreneur. The reach and deep understanding of what matters to isolated people and the local challenges likely to be faced were crucial.

This group then coordinated leaflet printing and distribution, volunteer recruitment, vetting, safeguarding, cash handling, shopping guidance, call handling. They agreed a core set of principles: Share the risk; Collective responsibility; Keep it simple; Distribute the leadership; Enable others to lead; and Review and adapt as we go.

Sub-groups met on and off line to address key topics and further networks were mobilised to deliver leaflets to 7000 homes over a weekend. They secured resources from the PPG and Parish Council to pay for the phone line and a local printer kindly waived his fee.

A call handling rota still continues as of November 2020. There are currently 140 volunteers on the register and we’re looking at regular briefings using on-line tools. *“Can we grow this culture of collective care? I think we can.”*

Author: Andrea Kemp, Derbyshire. Source: Institute for Community Studies

Implications

The role of community-based organising in reaching and supporting the most vulnerable during the pandemic has been significant, with cautious conclusions at the end of the first lockdown that communities have *“passed the ‘stress test’ of their ability to work together to protect vulnerable groups”* (Phillipson et al, June 2020; ONS, 2020). It is clear the pandemic exposed the ‘brittle condition’ of the UK’s public welfare system and that community organising can step in to meet

basic needs of food, sanitation and financial provision and make a considerable contribution to wider wellbeing in terms of social connectivity, and combating isolation (CLES, April 2020).

What is not yet clear if predictions that the pandemic will reinstate the centrality of community in our everyday lives' (CLES, April 2020) will prove to be correct. The implications of the rise of mutual aid and local organising and the focus in government directives on neighbourly support and solidarity to 'beat the pandemic' resulted in a temporary increase in the sense of belonging (up to 85% in Wales in July 2020 from 52% in 2019) of individuals to local communities. However, levels have now dropped an average of 10% points across all four nations, leaving them still above pre-pandemic levels but with inconclusive evidence of a sustainable 'shift' towards community as central to peoples' lives. It may be more likely that the idea of community as a 'value', the importance and meaning of which mobilises 'fleetingly' within individuals lives according to times of acute need and crisis, turns out to be the lived experience of the majority of communities (Frazer, 2000).

Though evidence is not yet conclusive as to the relative benefits or impact of the new forms of community organisation or mutual support, substantial differences were reported to exist between centralised and decentralised models in terms of the speed/agility of response, and in their reach into different groups. In discussion with local council representatives, it was frequently commented that communities were 'one step ahead' in identifying need and acting to provide for it (discussions with Deputy Chair, Knowsley Council and Chair of the Health Board, Torbay). Existing local infrastructure and community support networks have underpinned successful community responses, but have also resulted in responses drawn along existing identity and class-lines, if with some diversification in where and how agency has increased and people who had previously not taken agency in their communities finding a way to get involved (University of Kent, 2020).

The ways in which people have organised also has implications for the too often siloed roles, repertoires and conceptualisation of charity, activism and mutual care. This final difference refers to how care is viewed. As mentioned earlier, although not all COVID-19 groups embrace this ideology, mutual aid refers to equal and horizontal relationships of solidarity. Conversely, the NHS volunteer responders scheme follows the more hierarchical model of charity as it makes a clearer distinction between those who are vulnerable – and registered formally as such by the state – and the volunteers who help them. There is a significant amount to be learned from the pandemic for those seeking to engineer social change or mobilise collective responses in response to societal challenges about which models and approaches mobilise which groups of people, and towards which ends.

"As a hyperlocal infrastructure of care, COVID-19 mutual aid groups revolve around caring for neighbours. This care may take many forms as needs change, but one thing is for sure: by strengthening the relationships of people living in geographical proximity, the problems of health, isolation, discrimination, unemployment or housing are no longer experienced as abstract societal issues, but as local realities that are affecting someone you know personally. This can have a powerful impact on political mobilisation and social transformation."
(Kavada, June 2020)

There is a relationship between investment into social cohesion programmes and social mobilisation and support by communities. Social cohesion investment areas (Abrahms et al., 2020) were twice as likely to be involved in social activism during the COVID-19 pandemic than those elsewhere in Britain; one in four people (24%) reported they had volunteered in the past month compared to just eight per cent elsewhere.

How to sustain the positive models of flexibility, cooperative 'hub' working and risk taking after the 'acute' phase of the pandemic has passed is a prescient question. Research has already indicated the appetite for risk taking in the civic space has decreased since August 2020 (Carnegie Trust, 2020), yet

flexibility and innovation is essential as needs and priorities transform from emergency provision to sustained support.

Summary

The precarity of the ‘formal’ community and charity sectors’ survival at this time of stretched individual and state resources, coincides with the recognition that partnerships between local authorities, volunteers and established/sustainable civil society organisations with strong existing ties to communities has been key to community resilience during the pandemic. Despite the diverse contexts and thematic focus of the various reports, there is notable agreement that effective responses to the pandemic have relied on:

- Context-mapping to ensure good understanding of the support that might already exist at a hyper-local level to ensure that new interventions do not duplicate, or take over from existing groups and small organisations;
- Strong decentralised partnerships grounded in trust and shared values;
- ‘Intersectoral’, ‘systemic’ or ‘holistic’ approaches based on joined up thinking bringing together different service providers to tackle local needs in innovative partnerships, including in tackling issues surrounding health, social care and addressing homelessness;
- Streamlining of bureaucratic processes at local authority and local service governance where immediate or urgent responses are needed; providing ‘quick approval’ or ‘quick access’ routes to protect the most vulnerable.

The informal networks and connectivity of communities – whether mutual aid groups or neighbourliness – looks set to continue and take on new roles, shifting from urgent response to supporting loneliness, for example – as the pandemic context moves into new phases. Joined-up thinking relies on brokers: ‘cogs of connection’ and strong responsive strategies are based on sustained engagement with community representatives through regular consultations (HACT, Sept 2020) and flexibility including risk-taking where necessary.

Sustaining the concerted social action that has supported so many vulnerable groups and individuals and plugged essential gaps in the welfare and social system will require more than messaging – it will require funding and a flexibility in how to distribute and deliver this in connection with communities. Linked to this, agile approaches to identify what *has worked* in the innovative space of informal community organisation and where it could be built upon and scaled, will be essential if the community muscle and agency realised during the pandemic is to be capitalised on, and not lost in the next difficult stages.

Place

This section discusses the effects of Covid-19 on the UK's geographic and spatial inequalities and how Covid-19 has and may further affect the composition, future outlook and challenges of local places. **Covid-19 has drawn attention to the variations at neighbourhood level of multiple deprivation, which are not necessarily observable in regional trends and metrics of prosperity such as GVA** (WPI Economics for the Covid Recovery Commission, 2020), nor easily visible in social data given that such metrics are largely only collected at Local Authority (LA) level.

Considering deprivation at a localised level reveals that the most deprived neighbourhoods can be found in every part of the UK. The North West has the greatest number of people - 1.6million – living in the 10 percent most deprived neighbourhoods in the UK, closely followed by Yorkshire and The Humber (1.1million). However, more than half of people living in the 10% most deprived neighbourhoods are found outside the North of England (36% in the rest of England, 15% in Scotland, Wales or Northern Ireland). Some of the highest levels of deprivation are found in some of the wealthiest areas of the country. 18% of people in the most deprived neighbourhoods – 1.15 million people – in the UK are living in local authorities with the highest economic output.

This has implications for how the government's levelling up agenda and the programmes and models investment within it should be spatially framed and structured; equally it presents questions of 'on the basis of what understanding of inequality and deprivation' should we level up or across local neighbourhoods? Equally, what sources and forms of disadvantage are policies seeking to address and act upon? The pandemic has exposed deeply intersectional inequalities, often concentrated or 'layered' upon communities, meaning that the likelihood of creating change or alleviating deprivation through a solely economic, social or health driven policy of one ministry or department, looks unlikely to address what are increasingly complex problems.

"The government has been urged to define what it means by 'levelling up' as new data suggests that solely focusing policy and funding on broad geographic areas will not create a 'ladder of opportunity' for people living in some of the most deprived communities in the UK."
(Covid Recovery Commission, 2020)

(Re)newed vulnerability

Evidence shows that Covid-19 is a 'syndemic' health crisis, defined *"as the accumulation and adverse interaction between two or more conditions in a population, often resulting from the social context in which that population lives - with COVID-19 layered on top of existing epidemics of other conditions and all strongly influenced by adverse social determinants of health"* (Campos-Matos, Newton & Doyle, Oct 2020).

The implications of this, as seen by increasing numbers of studies, is that that whilst there is not one single measure of vulnerability and usual measures of IMD do not serve to identify the local authority areas most vulnerable to the crisis, the pandemic's impact has varied geographically across different local communities due to existing inequalities in how we 'grow, live, work and become older' and dimensions of vulnerability exacerbated due to the impact of the Covid-19 restrictions; namely health-related vulnerability, labour market vulnerability, and family vulnerability (IFS, June 2020). Additionally, the resources that different communities have to enable them to cope with the disruption the restrictions bring to their economic and social lives, also play an important role in how far and how persistently the social implications of Covid-19 will be felt in a local community (Campos-Matos et al, Oct 2020).

The IFS has identified nine Local Authorities (LAs), spread around the country in both urban and rural places, which are particularly vulnerable to different dimensions of risk according to the three dimensions of health, labour market and family vulnerability: Torbay, the Isle of Wight, Blackpool, Northumberland, Dorset, Wirral, Gloucestershire, Bury, and Lancashire (IFS, June 2020). It notes that *“Torbay and the Isle of Wight stand out even among this group; they are in the top 20% most vulnerable on each index, reflecting their elderly populations, economic reliance on tourism and hospitality, and pockets of local socio-economic deprivation”* and that coastal communities in general are *“notably vulnerable in among both health and job dimensions”* (IFS, June 2020, p.3). In addition, a report for the County Councils Network found 32 of the 36 county authority areas have seen a marked increase in numbers accessing Universal Credit with their claimant count increase by at least double between March and June 2020 (Grant Thornton, Aug 2020) whilst concurrently, their resources will be stretched: many local authority budgets and their area’s local economic finances look set to fall. In fact, *“34 out of 36 counties face a decline in economic output greater than the England average of 14.3%”* (2020, p3-4).

It is clear the hyperlocal (neighbourhood or Lower Super Output Area) perspective is crucial to understand the community dimension of Covid-19’s impacts on place: conditions of socio-economic vulnerability across local authority areas are far from homogeneous; most local authorities contain some neighbourhoods in the 20% most deprived nationally and some in the 20% least deprived (Rae and Nyanzu, 2019). Research by the Migration Observatory in Oxford has discussed that economic inequality, in particular deprivation and impoverishment of an area in European societies, including the UK, are more important for explaining European countries’ different levels of social capital and cohesion at local level (Gesthuizen et al. 2009) than education, skills deprivation, or hate crime. This presents a risk for the sustaining of community resilience as the social and economic implications of Covid-19 unfold over the next year or more.

The following sections consider what is known and emerging about the implications of Covid-19 on key dimensions of place: health and wellbeing; local economic risk and resilience; poverty and deprivation; and the factors driving the future planning and governance of local places.

Health and Wellbeing

Research from the IZA Institute of Labour Economics (Sep 2020) offers **new metrics of place-based vulnerability to Covid-19**, which disproportionately affect deprived communities and present further implications for understanding what inequalities need to be addressed. The metric focuses on public health infrastructure and includes indicators of both access to and quality of resources, based on distribution of residential and nursing facilities. The population prevalence for six diseases at CCG level was chosen with the aim of assessing the susceptibility of the system to healthcare demand shocks from the spread of Covid-19, focusing on the distribution of GPs, nurses in general practices and medical personnel in hospitals, and hospital quality.

The index is positively correlated with Covid-19 deaths and can thus be used to guide targeted capacity building in health and social care. Results suggest that a stronger focus on deprived and vulnerable communities is needed to tackle future threats from emerging and re-emerging infectious disease and equally that further new metrics are needed to understand where and how local health and welfare systems will be hit by the tripartite influences of exacerbated deprivation, Covid-19 vulnerability, and the fallout from delayed treatment of other age-related and serious diseases and conditions. Research has drawn on the experience of previous pandemics (HIV/AIDS and Ebola) in concluding that community participation is essential for the response to the pandemic in both compliance with restrictions and the delivery of local and public health plans to ensure the next phases of health and social support are co-produced (Marsten et al, May 2020) and this is

particularly vital for the next phases of delivering the vaccine; coping with the delay to other treatment and health provision; and the ongoing effects of Covid and long-Covid.

The pandemic has also had significant implications for people's wider sense of wellbeing. **The experience of loneliness and isolation rose to 18.5% of UK adults by the end of May 2020** (Understanding Society, July 2020) - levels which have still not returned to normal and will likely be exacerbated by the second lockdown and almost certainly by any third lockdown in the new year. One of the most affected groups were young adults aged 18-30 years with students and those living alone particularly at-risk (What Works Wellbeing, 2020). Increased levels of loneliness and isolation are largely attributed to people's support networks shrinking in size due to the limits of social interaction mandated by government restrictions (Young Foundation, 2020). With people not being able to meet with others and households restricted from visiting one another, individuals are experiencing a loss of social connectedness and support, influencing their experiences of isolation and loneliness.

Environment and Health

The understanding gained about how the conditions and systems of local places have mediated the experience of Covid-19, and the restrictions put in place to control it, extends to the distribution of housing; household composition and overcrowding; and access to green space. Once again, these elements exacerbate the inequality of experience of certain communities compared to others.

There has also been research exploring some of the longer-term implications for some of the social determinants of health. Research examining the **relationship between long-term air pollution exposure and Covid-19 mortality rates** showed that effects of exposure to pollution were significantly higher before the start of the pandemic and dropped as the restrictions designed to prevent the disease caused rapid changes in mobility. However, it also found evidence of significant collinearity between the ethnic profile of a community and air pollution, making it impossible to entirely separate the effects of these covariates with the confounding variables for which data are available (ONS, August 2020).

Nonetheless, many local authorities, particularly in major cities, have taken the opportunity to rapidly accelerate infrastructure investments and projects designed to make urban areas more suitable for active travel; associated with a wide range of health and wellbeing benefits. The imperative for greater social distancing for pedestrians and a shift to modes of transport like walking and cycling rather than the use of crowded public transport has created a unique window of opportunity for such changes. Miles of new permanent (and some temporary) cycle lanes have been created across the UK, and dozens of Low Traffic Neighbourhoods created across cities from London to Newcastle and Edinburgh. This effort has been accelerated by a £225m 'emergency active travel fund' released by the government in May 2020 to help councils in England with temporary measures in response to Covid-19, with additional funding provided by the devolved nations for local projects. A further £175m for England was released in November 2020, to support long-term changes (Sustrans, 2020).

As Shoari et al. (October 2020) report, research has shown that extended periods of confinement at home - such as 'lockdowns' - reduce physical activity, particularly among people with lower socio-economic status [21], and increase the risk of depression, anxiety, insomnia, and self-harm [22, 23]. Concerns were also raised that such unintended consequences disproportionately affected children and disadvantaged communities living in overcrowded homes and inner-city flats without access to outdoor space or private gardens [24–27]. A study of Clarion housing association residents found that outside residential space is important for social connection as well as health and mental health (Ceci, 2020) yet one in eight households (12%) in Great Britain had no access to a private or shared

garden during the coronavirus lockdown, according to ONS analysis of Ordnance Survey map data. This rises to more than one in five households (21%) in London (ONS, 2020).

The way lockdown has compounded existing unequal residential conditions in communities places greater emphasis on the importance of the provision of the public realm and particularly access to green spaces as ‘critical infrastructure’ (Mell, 2020) for supporting community wellbeing. In fact, in comparison to other similar countries, the UK government’s decision to keep parks open was seen as a progressive choice in terms of communities’ wellbeing during the pandemic (2020, p.1).

While around 87% of people in England and Wales could access a public park within a 10 minute walk and that there are more parks in denser urban areas, over-crowding of parks was evident during Covid-19 due to closures or limited hours (Shoari et al., October 2020)compounding a context where the quality and maintenance of public parks had been compromised by financial insecurity due to austerity (Whitten, 2019) . Park facilities such as benches and play areas and sports facilities were also often closed, or had reduced capacity due to social distancing measures, leading to a further reduction in opportunity for physical activity. Decline in physical activity where people did not have access to recreational spaces or opportunities was linked to a decline in mental health, particularly amongst men (Richardson et al, Nov 2020).

There have been early indications that the rise in using public parks and natural spaces during the pandemic has contributed to an increased recognition of their value in the eyes of public and policymakers. Yet, as lockdown eased, litter surged in public parks and green spaces (Keep Britain Tidy, June 2020). This prompted a surge in community litter picking initiatives around the country as volunteers attempted to supplement the lack of capacity in local authorities and calls for collective behaviours to preserve the cleanliness and use of public spaces (see <https://www.cleanupuk.org.uk> as one example).

Finally, research has also revealed that at a time of greater reliance on digital communication, the **connectivity in public spaces and availability of public access points for digital connectivity has been compromised by restrictions**. Whilst policy tends to assume that digital activity takes place in private homes, it has been found that *many people use public access points for the internet and for people on low incomes and with limited digital literacy, these spaces are absolutely vital* (Oxford Internet Institute, April 2020) as they provide not only access but support in how to use the internet. The closure of many parts of the civic infrastructure that supports public and low-cost access to digital services for basic tasks and needs has *disproportionately affected those who need free access and training to participate in a digitising society* (Allen & Oll, 2020).

Housing and Homelessness

Quality and (in)security of housing has been found to be a key determinant of individual’s and communities’ experience and health and social outcomes during the pandemic (Medact, May 2020).

Medact (May 2020) found that there was a concentration of Covid-19 cases in areas where housing affordability is lowest and social deprivation is highest, such as London (Medact, May 2020, p.4). They concluded that housing insecurity interacts with health outcomes by raising the risk of infection, increasing non-Covid related health issues, and exacerbating disease severity and mortality rates for those who catch Covid-19 (Medact, May 2020). Moreover, it has been found that the population this affected included many key workers; 60% of key workers are categorised as ‘most exposed to Covid-19’ by the nature of their work, and living in social or private rental housing (Gustaffson & McCurdy, 2020).

The high number of people housed in temporary accommodation prior to the pandemic presented risks in terms of vulnerability of these groups, particularly children, to Covid-19 infection due to pre-existing conditions of mental and physical health. It also raised concerns over how safeguarding and face to face support services were interrupted, or in some circumstances ceased, during lockdown (Rosenthal et al, March 2020; Pearce & Miller, Nov 2020). For a small number of children's and vulnerable family services, it seems to have presented opportunities for closer and more agile partnership working (Pearce & Miller, Nov 2020); however this is outweighed by the risks from the disruption to delivery of services, increased vulnerability in terms of anxiety and depression for those already vulnerable or in care, increased risk of violence or domestic violence particularly to women and children due to the lockdown, and subsequent concerns as to the increased strain or lack of capacity of services as the lockdown was eased (Rosenthal et al., March 2020; Petrowski et al., Sept 2020).

For those who are homeless, Covid-19 highlighted severe inequalities in safety, risk from the disease, and their ability to participate in societal action aimed to suppress it (Fenley, Oct 2020). It also presented a significant milestone in intervention: on 27th March 2020 as the first lockdown was announced, the government called for an 'Everyone in': with all homeless people to be provided with shelter in hotels or other temporary accommodation through a centrally coordinated response of funding and coordinated intervention (Crisis, 2020).

Charities, local government and frontline support services mobilised to make this possible almost overnight (LSE, June 2020) with £3.2 million provided to local authorities to support the homeless during Covid-19 (Crisis, 2020). This intervention has been considered transformative both in reducing the risk to people experiencing homelessness from Covid-19 during the pandemic but also in approaches to address homelessness in the longer-term. Early projections suggest the 'Everyone in' policy may have avoided 21,092 infections, 266 deaths, 1164 hospital admissions, and 338 ICU admissions among the homeless population (Lewer et al, Dec 2020). Where similar policies have not been applied, cases of Covid-19 were twenty-five times higher than the average for the city amongst the homeless population (Boston study, Nov 2020; Baggett et al, Oct 2020).

Despite the apparent efficacy of the intervention for the existing homeless population in the early part of the pandemic, and the subsequent government ban on evictions to seek to protect private renters, questions are now raised as to the sustainability of the response. Those supporting the homeless have questioned the lack of an exit plan from the increased support during the crisis and that moving from street level intervention to where homeless have been housed for longer periods in temporary accommodation has raised issues of boundaries and responsibility (Lenhard, May 2020).

Furthermore, the concern is not solely for those already experiencing homelessness pre-pandemic. Emerging data from Centrepoin and an FOI of over 200 local councils has revealed **over 36,000 people were threatened with evictions and 46,000 people had already approached councils claiming homelessness** with mainly 'newly homeless' single young people who had lost work in the hospitality industry or gig economy (The Guardian, Nov 2020). This presents a grave risk which, if swift intervention action is not taken, will result in further disadvantage and deprivation for young people and a resultant higher burden on services and communities, given the risks the experience of homelessness presents to mental and physical wellbeing and to individuals' participation in society.

"This idea early on that [the government] said they had eradicated rough sleeping, that is definitely an overreaction especially when you look at reports showing those taken off the streets are now starting to slowly trickle back."

(Jonny Webb, Institute for Public Policy Research, quoted in The Guardian November 2020)

Economic risk and exclusion

Different regions have been affected by Covid-19 to varying degrees, creating an argument that each needs different place-based response to mitigate the effects of the pandemic on economic prosperity or indeed survival (Grant Thornton, 2020). Modelled Gross Value Added (GVA) estimates suggest that the impact of Covid-19 could cause a marked decline in annual GVA output in England, but its impact will be felt the most in county areas, declining by 14.9%, comparatively greater than the London and Core City averages, at 13.3% and 13.9% respectively.

Regions with strong reliance on jobs in certain sectors have been particularly badly affected. For example, the accommodation and food services sector has had the highest proportion of the workforce furloughed (80% of workers). Cornwall is highly dependent on this sector and hence it is unsurprising that Cornwall has one of the highest rates of furloughed workers of all county authority areas. The region faces significant risks to the local economy once the furlough scheme ends.

Economic risk is not uniform or consistent within regions nor local authorities; in Leicestershire, the range of risk in the local economy in terms of vulnerability of jobs post-furlough is notably large, ranging from as high as 63.9% in Charnwood down to 39.8% in Blaby. This is reflective of the high levels of employment in manufacturing and education within Charnwood, in contrast to Blaby which has much lower levels of employment in the 'at risk' sectors and higher levels of employment in comparatively more resilient sectors such as the professional, scientific and technical sector.

Local economies have also been significantly transformed as a result of the restrictions on travel for both professional and personal reasons. The restrictions put in place to manage the pandemic have created an exponential rise in home-working for many, particularly middle-class populations working in the 'knowledge economy'. The re-shaping of employment patterns shows early signs of transforming communities - which in turn looks likely to exacerbate existing inequalities. The key trends are:

Across the working population, commuting is down and working from home up with implications for workplace-based economies: 36 percent of workers are working mainly or completely from home, compared to just 14 percent in the final quarter of last year (ONS, 2019; 2020) with cities still experiencing less than half the footfall they had at the end of February, primarily due to the fall of commuter workers. London footfall is still 69 percent below the pre-pandemic baseline. Polls predict a lasting fall in commuting of around a fifth after the virus with a possible 'out-migration' from urban centres of 32% (ONS with Total Jobs, Sept 2020).

Relocation also appears to be rising amongst the affluent in how 'future living' will be organised: It has been estimated that the shift to remote working which has caused 1.6 million Londoners to work outside the city since the lockdown, could be sustained as the pandemic offers opportunities for workers to rebalance quality of life, away from the disproportionate costs in living caused by the need to live within commutable distance of London or major cities. The disproportionate cost and relative quality of living between urban and non-urban areas were already drivers for migration out of cities pre-pandemic (ONS with Total Jobs, Sept 2020). 'Rusticarians' (or rural entrepreneurs and creatives) have been identified as one of five key 'tribes' that will be impacting the housing market and local economies after Covid-19, with people relocating to rural and village locations in search of gardens, larger living space, home offices and a sense of community, relying heavily on digital connectivity to retain existing employment and networks (Strutt & Parker, July 2020). **Every region except London is in favour of people taking jobs locally** (Onward, 2020) and the majority of employers expect a continuation of homeworking practices.

Grave inequalities already exist in who can and will take advantage of this new 'local mobility'. Around a quarter of British workers were unable to work from home at all during the first lockdown

(YouGov, May 2020). This cuts deeply along social income and deprivation lines; among workers in ABC1 households, 53% said they were working from home full-time. This figure is just 22% in C2DE households. Furthermore, four in ten workers from C2DE homes (40%) said they weren't working from home at all, compared to only 16% of ABC1 workers who said the same.

Local economies have also been hard hit by the pandemic in terms of revenue losses for already struggling high streets, exacerbating the trends of decline and closure seen pre-pandemic. The enforced lockdown and increased dependence on online shopping has had an immediate impact on high streets, with Springboard (2020) reporting a stark 83.3% drop in footfall during the month of April. However, not all places are being equally impacted and, in some cases, high streets are seeing a resurgence in visitors owing to people's preference for shopping in smaller, more local environments as opposed to city centre locations, and prompted by how restrictions necessitated a reorientation towards local life. This is particularly true for smaller towns, as findings from Springboard show that smaller high streets (typically in market towns) have lost proportionally less footfall than the larger ones (in cities or secondary cities) (Sustrans, 2020). This, and the rise in online shopping behaviours exacerbated further by the first national lockdown and now the pre-Christmas closure of many shops and high streets threatens the long-term survival of many high streets.

Conversely, there is a cautious rise in the local 'capital' of independent businesses and particularly community businesses. Less than 1% of community businesses permanently ceased trading during the pandemic (Power to Change, 2020), possibly due to reorientation of peoples' consumer power towards the local; 59% of consumers in Britain have used local stores more than they did before to support them during lockdown and 57% say they would be more likely to spend money at businesses offering local products even after lockdown restrictions have been lifted (Deloitte, June 2020). As well as proximity and identity, demonstrating *local* social value and responsibility has become increasingly important; 46% of consumers said they were more likely to spend money at a business that supports local charities, even after lockdown restrictions have lifted (Deloitte, June 2020).

The implications of Covid-19 for local economies, particularly for high streets, are significant to their future survival. Whilst consumer patterns show where there *is* physical, not online, retail footfall, people have been spending closer to home (High Streets Task Force, May 2020). Early summations about how remote working patterns may affect what we look to local centres and local economies *for* may have positive implications for the repurposing of local commercial centres (e.g., social connection; flexible working to reduce pressures on the home in terms of energy use, space and emotional wellbeing; and the 'experience' economy) (Hughes, for BBC, May 2020). Nonetheless, all studies raise that it is an opportunity which requires a significant shift in policy direction and investment to capitalise on. This corroborates the findings of the 2018 Grimsey review that the salvation of local high streets requires policy to shift from seeking dominant economic outcomes to the social and civic - emphasising the sense of community ownership, loyalty and belonging in how local centres are planned, organised and deliver for local people.

Supporting the local economy, Wirral Council

Wirral Council assembled a 'COVID-19 Economic Resilience' response team, bringing together multi-disciplinary expertise from across the local authority and partner organisations, to speedily develop an action plan to support the local economy. The group coordinated a rapid response to distribute Government funds in the form of business grants, business rate relief and other sources of financial support for residents and the self-employed, including council tax reduction. The priority was to act fast to help struggling businesses to remain in operation.

To get the business grants scheme up and running quickly, the team had to overcome a number of challenges which included: developing a robust yet user-friendly online claim process; creating a comprehensive set of advice and FAQs as online guides for both call centre staff and businesses; being agile and responsive to government guidance, which was evolving on an almost daily basis; and working remotely and having to quickly establish new ways of working and decision-making within a dedicated workstream.

The commitment to support businesses as quickly as possible was balanced by a need to develop processes that reduced risk to the authority. Legal, audit and technological solutions were developed at pace and senior officers had to be pragmatic at daily Economic Resilience Cell meetings which enabled senior officers to have oversight, track progress and steer the response.

Staff from across the local authority with roles or skills in processing and auditing were redeployed on a full-time basis via the newly established COVID-19 Internal Agency response to validate claims, while other staff with previous business rates knowledge and experience were brought together to act as an escalation team and support existing business rates officers with the higher demand and volume of work. Weekend working was put in place to maintain the momentum that had been generated and to enable the distribution of grant payments immediately following the launch.

Working in partnership with Wirral Chamber of Commerce, the Council and Chamber promoted the grants scheme through a dedicated COVID-19 Business Support Helpline, online, social media channels and local press to raise awareness within the business community. Further support was provided by the Federation of Small Businesses, Local Enterprise Partnership, Combined Authority and other stakeholders. A closely co-ordinated effort and working together at pace made it possible for Wirral Council to distribute more than £24m to 2,200 businesses within the first ten days of launch on April 1st.

Source: Local Government Association, local.gov.uk

Poverty and vulnerability

Covid-19 has created **changes in the composition of communities in terms of new vulnerabilities**. How the very poor and 'just about managing' have struggled during the pandemic, and how the proportion of the population who fall below the poverty line has risen during the pandemic will affect and most likely raise the inequality gap between neighbours or *within communities of place*. The most vulnerable communities are also likely to be those where new jobs are slowest to appear in recovery (Blundell et al, 2020).

For example, the **significant increases in food poverty** which can be observed through increased foodbank usage; both in terms of an increase of use and a change in the profile of who was needing to use them. Over half those using Trussell Trust food banks at the start of the pandemic had never needed one before. 52% of people accessing food bank support in April were accessing it for the first time. This was a rise from just 34% in Jan 2020 marking the economic impact of COVID-19 (Trussell Trust, 2020) and amounted to almost 100,000 households receiving support from a food bank in the Trussell Trust network for the very first time between April and June 2020. Families with children were particularly negatively affected; there was a 95% increase in food parcels given out between April 2019 and 2020 for families with children, and nearly two in five households needing to use a food bank were families.

- A sharp rise in the ‘newly hungry’, with what had been middle income families needing to use food banks and welfare systems such as universal credit due to redundancy or job precarity for many households (Feeding Britain Network, 2020; IFAN Network, Nov 2020)
- The widening user demographic of food banks indicates what has been described as the *cost of living crisis* is now moving further up the average income scale (Save the Children, Oct 2020). The £20 top up to universal credit and the government’s furlough support scheme do not seem to have managed to alleviate the increasing numbers dependent on emergency food supplies and donations.

There is evidence that the age group most affected by poverty and hunger are those who were already disproportionately affected by other inequalities pre-Covid-19, including the availability of affordable housing. Food insecurity and food poverty presented a huge area of growing risk due to the behaviours around stockpiling, the ‘just in time’ supply chain of UK food supply (ONS, 2018), delays in the Universal Credit system (Power, Doherty et al, May 2020), and the rise in deprivation and households who were now entering into poverty. 62% of people who received emergency food in June or July were aged 25-44, up from 53% in early 2020, and significantly higher than the average across the UK population (33%). Similarly, 30% of those needing support from food banks during the pandemic were private renters (Trussell Trust, 2020), showing it was the younger age groups who are less likely to be homeowners who found themselves disproportionately at risk of poverty.

Whilst there has been an overall significant increase in use of foodbanks **the capacity, reliability and ease of access to food banks also has demographic and regional inequalities**. Many food banks have struggled to survive proving unreliable and fragile in terms of volunteers, food supply and distribution (Power et al., July 2020). 75% of food banks relied on 5 or more volunteers prior to the pandemic. Many of these are over the age of 70 and so volunteering pools have seriously reduced in many areas. Accessing such support can also be a challenge in other ways. For example, 60% of independent food banks report requiring referrals from third-party agencies. The e-referral food bank system used to mitigate effects of many agencies closing during the pandemic ignores those who lack internet access or struggle to use it due to disability, financial exclusion or digital literacy.

The Covid-19 pandemic has exacerbated a rising pattern of food insecurity and food poverty contributed to, if not caused by, the austerity policies from 2010 onwards (Lamie, Mumford & Green, 2017; Power, Doherty et al, May 2020). The experience of this year has grave implications for the health and survival of the poorest or families living in greatest precarity; research by the Food Foundation found that since the first lockdown, 14% of respondents had skipped one or more meals in a day due to food poverty and 3% had gone a day or more without eating (Food Foundation, 2020).

Implications for 'place' post-pandemic

The impacts of Covid-19 on local places present both challenges and opportunity. For urban and peri-urban or suburban centres, it has been proposed that the rupture to living and working patterns and the reduced pressure on 'commutable' living will accelerate movements towards the '15 minute city' (<https://www.15minutecity.com/>) and urban planning focused on stronger 'civic futures' (Froud, Hobson et al, 2018; Hodson & McMeekin, 2020).

This refocuses the purpose of urban places to be on: providing an easier **local quality of life** (in access to foundational services, amenities, transport and a diversity of shops closer to home); a stronger **social infrastructure** in access to parks, recreation spaces, libraries and playgrounds; and consequently - **empowering civic encounter** between individuals in a community. For rural, coastal and market towns, mainly in decline or malaise pre-Covid, the movement out of urban centres offers an opportunity for a rejuvenation of these areas as Covid-19 has further highlighted geographic inequalities; mobility brings new populations to the area, and the redistribution of where we can work offers opportunities for building thriving local **social economies** (Thomson, July 2020). It also, however, brings the risks associated with an influx of new, often wealthier residents, which changes the nature and affordability of local housing, amenities and services.

Covid-19 has brought **new implications for how policy at local and national level can plan and invest in local economies**. It creates the opportunity to devolve economic growth and develop the density of 'good jobs', and to diversify the industries and sectors jobs are available in (such as those offering more skilled or higher income roles), outside of major urban centres. It also offers the opportunity to be led by where people want to live, not by 'where the jobs are' - however the already dramatic fluctuations of the property market suggest other (economic and structural) factors will also drive how the national composition of job density and local economies looks both in the next 12 months and over the next ten years. Shifts in the planning and development of place-based environments and local economies require localised power, granular knowledge and expertise, and a move in policy from 'top down' regeneration projects led by centralised power towards a model of **enabling government** (Froud, Hobson et al 2018) that can provide funding and coordination for a diversity of place-based experimentation and local ambition that engages local people in building a new vision for local places.

To capitalise on these opportunities **first requires acknowledgement that there are immediate needs in terms of welfare, poverty and wellbeing which must be met to avoid further hardship, health inequalities, and indeed grave risks in terms of safety and cohesion in society**. The UK now has a new and higher proportion of those 'struggling' in terms of financial security; 20% of people who regarded themselves 'comfortably off' pre-pandemic now feel 'worse off' and 70% of those already struggling pre-pandemic saying things are now 'much worse' or 'worse' than before (UCL, Nov 2020). Risks to young people and to the elderly have increased substantially; modelling suggests over a million elderly people have experienced a 'double lockdown' since the pandemic of increased loneliness and isolation, whilst living in 'non-decent homes' in areas with the highest cuts to service provision (Phillipson et al, 2020) – therefore increasing their vulnerability to many forms of risk and presenting implications for the future care and support they may need.

The resilience of many local places may have grown in terms of community capacity for action – but in resource, infrastructure and public service terms, local ecosystems have been strained beyond measure. Many studies have highlighted that the pandemic has reiterated the essential work of the UK charity sector in plugging gaps that had emerged in the welfare state due to austerity, but has simultaneously exposed the 'fragility' of UK charitable funding and capacity in terms of staffing and resources, and that this model of support to communities is in no way sustainable (Loopstra et al,

2019). This was particularly acute in the areas of most basic essentials such as food charity (Power, Doherty et al, May 2020); the pandemic has challenged the already problematic discourse of 'emergency food' support which, pre-pandemic, had in fact become a weekly staple service for hundreds of thousands of families. This raises grave questions in the context of a possible no-deal Brexit about how the increased demand for food banks due to the rise in 'newly hungry' and 'newly poor' will be met, and by what service or system of support.

Where funding and policy is tasked with 'levelling up' or 'recovery' – it needs to take into account a greater, and hyper-localised, range of indicators in terms of assessing what support is needed.

Many are calling for the focus of investment into recovery to be on 'socially excluded' places (Phillipson et al, 2020) and to pay attention to modelling of regional resilience (Sensier & Uyarra, 2020) in order to target what may be limited resources towards the most vulnerable and least able to independently 'bounce back'. Furthermore, in considering how certain – radical - ways of working in welfare and social care due to emergency measures during Coronavirus have created positive opportunities, many are now calling for a transformative shift in health and social care provision.

Out of need, the pandemic enabled greater collaboration and more targeted welfare provision across the whole care pathway in many parts of the UK. It is suggested that some of the 'local freedoms' to implement change, and new 'integrated services' and 'service shifts' that were designed and implemented by service providers and clinicians during the crisis, should be sustained – but this requires government and regulatory alignment and resource (Marlow et al, Oct 2020; Perrier, Thorlby, Warburton et al, Sept 2020).

Summary

Covid is a syndemic crisis which has further exposed the geographic and spatial inequalities at regional, local authority and neighbourhood level. Local authorities with 'triple vulnerability' to the implications of the pandemic have been identified and, beyond the challenges that all local authorities are experiencing will need coordinated, multi-policy support to avoid grave economic and social impact.

Increased awareness of inequalities at a hyperlocal level, within local areas, presents implications for where and how the focus of policy and practice interventions should be focused to respond to the social, economic, and health implications of Covid-19 – as well for through what 'lens' other agendas, such as levelling up, should be designed and implemented. The key aspects of this are:

- Renewed focus on the importance of local environments as 'critical infrastructure' supporting health and wellbeing, both physical and mental. This has implications for the future planning of local places in terms of green space, public space, and the inadequacy of much (urban) housing stock to support health prevention and mitigate the risk of future diseases and pandemics.
- Out migration and changed working patterns present opportunities for diversification and renewed engagement with local economies by communities; but inequalities exist in who can take advantage of these opportunities, and the risk of economic decline and loss of jobs in the immediate future compromises many local areas.
- Effective responses to the crisis have catalysed through 'place-based' and local level action. Service providers, charities, the NHS, and the private sector have collaborated with agility to respond to issues such as homelessness – creating new models and 'muscles' for local intervention. Shifts in governance structures and regulations, and increased funding, is needed to capitalise, sustain or embed what works in new partnerships, delivery of services, and practices.
- Community resilience is at risk if inequalities of place are not acted on with local specificity due to the way rising awareness of difference, and new and increased numbers experiencing hardship and disadvantage, are interacting with community relations, trust, and most of all social cohesion.

Inequality

This chapter looks at the implications of Covid-19 on communities beyond communities of place - those rooted not in shared geography but instead with a shared demography or identity. As the pandemic has progressed it has become clear that Covid-19 is far from the 'great equaliser' many initially implied, but is in fact exposing and exacerbating deep-rooted social inequalities. The 'Covid-19 equity gap' further illustrates new inequalities and new intersections of inequality which have come to light as a result of Covid-19 and the measures put in place to mitigate it (Forbes, June 2020). This section explores the disparate effects left on especially vulnerable communities, including Black and Ethnic Minority populations, the elderly, the disabled and 'extremely vulnerable', and 'Generation COVID'.

In May 2020, claims to Universal Credit were twice the pre-crisis average. **Single parents, younger people living alone, those that identify as Black or Black British and private renters have been found to be more likely to fall into destitution than any other category** (Trussell Trust, 2020).

The response to the pandemic has made clear who in society is valued. Social, political and government policy decisions have emphasised where and on behalf of who costs can be accepted. As the pandemic has moved out of the so-called 'honeymoon' era of the first lockdown, increased frustration has led to growing tensions with a narrative of blame emerging both targeting and dividing communities.

Shielding: The elderly and clinically vulnerable

At the start of the pandemic over 2.2 million people identified as 'clinically vulnerable' in England were asked to 'shield'. Along with all those aged 70 and over, 'shielders' were told not to leave their home even for essential shopping or a daily walk and were told to minimise time spent with others in their households, practicing social distancing where possible. This advice officially ended on August 1st but many reported continuing to follow shielding guidelines through fear and a lack of trust in government reasoning behind a sudden return to 'normality' (Young Foundation, 2020).

The community solidarity, power and strength that emerged at the start of the pandemic was noted to have been particularly experienced by the more vulnerable households, with neighbours and community groups collecting shopping for elderly residents and those shielding. Many reported this bringing their community closer together and was even said to bring a temporary reprieve to much of the social division left by Brexit (Young Foundation, 2020).

However, **as the pandemic has progressed many elderly and clinically vulnerable people have expressed anger and frustration as to their ongoing position**. Although shielding has not been reintroduced as strictly during the second lockdown, various commentators have still picked up ageism in relation to the proposed model of shielding and have continued to highlight the social and ethical considerations of placing individual responsibility on the vulnerable to take care of their own health (Ganguli-Mitra et al, 2020).

The wider effects of the policy on individuals' mental health have also been noted. In their interim report, Inclusion London stated *"the pandemic has shone a light on the long-standing structural inequalities and discrimination that deaf and disabled people experience"* (June 2020). Vulnerability has also been criticised as a normative justification for such a policy, ignoring the multifaceted lives that are lived by those categorised as vulnerable and their families. At the same time, those affected

have reported feeling pressure to return to work and to socialise in public spaces, particularly between the two lockdowns, despite the virus still being prevalent in most communities.

Framing the public health response around the 'healthy' has been seen by many within the disabled community to erase decades of legislative efforts to make the structural and social conditions of our environment inclusive (Guanguli-Mitra et al, 2020). It has been distressing for many to feel that their needs are being explicitly de-prioritised and that people are not willing to follow the guidance in order to protect those who need it most. The frequent qualifications in the media referencing the dead as those with 'underlying health conditions' further constructs a narrative of those deaths as both acceptable and unavoidable making those living in that bracket feel 'vulnerable and dispensable' (Maddrell, 2020 pg. 109).

Behind the shield: personal stories

Gemma, who has spinal muscular atrophy type 2, uses a wheelchair and a non-invasive ventilator at night. Like many, although she has been told to shield, she cannot totally cut off contact with the outside world due to reliance on close contact with carers. Gemma was increasingly frustrated at *"seeing other people's lives go back to normal"* over the summer and feared missing out as all her friends could meet for dinner whilst she still couldn't. With government advice pausing shielding from August 1st, Gemma found some people questioned her caution, assuming she is not *"brave enough yet to go out"*.

Sam, who has Charcot Marie Tooth disease, expressed growing frustration over the inequality of the situation. *"The general public seems to think that society can get on with life as normal, eating their 'cheeky Nando's' and having their lattes whilst the 'vulnerable' are expected to live outside of society and isolate so that everyone else can enjoy life. [...] I hear people justifying their trips to crowded beaches with the phrase, 'I do it to protect my mental health.' What about our mental health?"* Sam believes that there is no light at the end of the tunnel and that things just seem to be getting worse. He did not attend his Grandmother's funeral through fear of catching COVID and is heartbroken by *"the reluctance of people to give up a few of life's luxuries for the benefit of all of us [...] when we have given up so much"*.

Marie-Louise is a 49 year old support worker who has COPD. She was afraid of returning to work when shielding advice ended but also noted the *"pressure to keep working because I can't expect my colleagues to cover for me when shielding is not mandatory"*. Interviewed by The Guardian as cases were rising, she made the decision to only cover night shifts so she could work on her own and not *"mingle with others"*. Marie-Louise felt the government were doing little to protect the vulnerable and that it is on her to make decisions.

Stories taken from: Disability Horizon, March 2020 & Guardian, October 2020

Structural & institutional racism

Black and Ethnic Minority (BAME) communities have been particularly negatively affected by Covid-19. The review conducted by the government due to mounting concern over the disproportionate effects of Covid-19 on BAME communities found that the highest age standardised diagnosis rates of Covid-19 were amongst people in Black ethnic groups (Public Health England, August 2020). People of Bangladeshi ethnicity had twice the death rate when compared to people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had

between 10 and 50% higher risk of death when compared to the White British population (Public Health England, August 2020). A report by IPPR and the Runnymede Trust (2020) estimated that over “58,000 and 35,000 additional deaths from Covid-19 would have occurred if the white population had experienced the same risk of death from Covid-19 as the Black and Asian and populations respectively.”

It is clear from the emerging literature that **the pandemic “exposed and exacerbated longstanding inequalities affecting BAME groups in the UK”** (Lawrence Review, 2020 pg. 3). People from Black, Asian and minority ethnic groups are overexposed to the virus, dying at a disproportionate rate, and are more likely to suffer the economic and social consequences of the lockdown and its resultant implications. Nonetheless, the pandemic has also highlighted differences across the BAME community and that ‘BAME’ itself is an often problematic and unrepresentative term (BMJ, November 2020).

“[Black Lives Matter] stood out to me a lot as ethnic minorities and black people have suffered huge inequality over the years in many aspects. There was a lot of frustration with people being in lockdown and that made these issues come to the forefront. Whilst I agree (as an [Asian man] myself) that issues needed to be dealt with, I did not agree with the mass protests during a pandemic.”
Young Foundation, 2020

Inequalities of Exposure

Multiple factors such as occupation, population density, household composition, housing conditions, use of transport and economic precarity have all been linked as possible causes of increased exposure of the BAME community to Covid-19 (Public Health England, August 2020). Many of these represent underlying structural inequalities.

BAME workers are disproportionately represented in jobs that are low-paid and insecure, in sectors where home working is not possible. Pakistani and Bangladeshi workers are also significantly more likely to be self-employed, reducing the safety net options available and forcing many to return to work. Furthermore, those with ‘no recourse to public funds’ such as certain migrant groups are unable to access state assistance forcing workers to consider precarious forms of employment throughout the pandemic. This group is estimated to be almost 1.4 million people (Citizens Advice, June 2020).

Workers from ethnic minority backgrounds are also significantly over-represented in frontline sectors such as public transport and healthcare. Official data from 2019 indicated 20% of over 1.2 million NHS staff were from Black, Asian and minority ethnic groups, compared with 14% of the general population of England and Wales (Lawrence Review, 2020). This increases to 44% of medical staff (Lawrence Review, 2020). This means that **at the height of the pandemic many BAME workers were still travelling and working in public-facing jobs, interacting with many people on a daily basis, hence more exposed to those potentially infected with the virus.**

It has also been found that where BAME individuals are working as key workers, there has been a lack of safe working provisions made for BAME employees. 70% of Black, Asian and minority ethnic nurses surveyed by the Royal College of Nursing said that they had felt pressured to care for a patient without adequate protection as outlined in the current PPE guidance, almost double the 45% of white British respondents who had experienced this (Lawrence Review, 2020).

Another significant factor in the disproportionate exposure of BAME communities to Covid-19 relates to where people live. **BAME communities are both more likely to live in cities, where Covid-19 rates have typically been higher, and are also more likely to live in overcrowded and multi-generational households.**

The proportion of Bangladeshi, Pakistani, and Black households experiencing overcrowding was 30%, 16%, and 12%, respectively, compared to just 2% of white British (IFS, May 2020). This means if BAME workers or individuals are exposed to the virus they are far less able to self-isolate, increasing the chance of others in the household catching the virus. This is exacerbated by the increased likelihood of multi-generational households making shielding more challenging for any vulnerable family members. Shielding and self-isolation are a particular problem for some Gypsy, Roma and Traveller communities, in some cases exacerbated by a lack of access to water and sanitation (Lawrence Review, 2020).

Differential Experiences of the Pandemic

In addition to the greater exposure to the virus, BAME communities often face significant barriers to accessing healthcare. These include lack of cultural and language appropriate communication, not being taken seriously when presenting with symptoms and a lack of clinical training on the presentation of different illnesses across communities (Citizens Advice, 2020). Furthermore, migrant communities with 'no recourse to public funds' are unable to access the NHS or even private healthcare through fear of their status being questioned.

People of all minority ethnic backgrounds in England were less likely to have a garden during the lockdown period than those of white ethnicity. In England, Black people are nearly four times as likely as White people to have no access to outdoor space at home, whether it be a private or shared garden, a patio or a balcony (37% compared with 10%). Even when compared against people of a similar age, social grade, area and family situation those of Black ethnicity are 2.4 times less likely to have a private garden than those who are white (ONS, 2020).

Shelter found that 4/10 landlords admitted 'prejudices and stereotypes' come into letting decisions highlighting economic challenges are not the sole reason for housing inequalities (Lawrence Review, 2020). With individuals only allowed to exercise outdoors once a day during the first lockdown the quality of living conditions as well as the availability of private outdoor space became particularly important. Hence, differences in living conditions has affected not only the spread of the virus but also the potential to mitigate the negative effects of lockdown.

Structural inequality and racism also had implications for people's quality and security of social and community life during the pandemic. There is evidence that BAME people were disproportionately targeted by stop-and-searches and 54% more likely to receive a Covid-19 fine (Liberty Investigates, May 2020), affecting the free use of public space by certain groups. The report suggests this has been particularly prevalent in smaller urban and indeed rural policing districts. The analysis has been challenged and interpretation discrepancies exist, but it appears that the policing of Covid-19 has disproportionately targeted BAME groups in the same way as many other policing strategies.

Reflecting on the struggles of lockdown and the effects of racial and homophobic discrimination she has faced, a young Asian woman from the North East explained, *"in the beginning we were very much so in our bubble and self-isolating. ... When the guidelines and measures were lifted I started socialising with my neighbours. But, they ended up being extremely conniving, users, racist and homophobes ... I'll be honest I'm struggling ... I don't know who I am anymore. I've lost myself and I'm struggling so hard to find myself"* (Young Foundation, 2020).

Similarly, whilst there has been a significant political effort to ‘save Christmas’, religious holidays for many ethnic minority groups have been forced to take place under lockdown or restrictive measures. The 5-day break on COVID-19 restrictions to allow households to meet stands in stark contrast to the introduction of no-household mixing measures in many areas of the UK the night before Eid.

Whilst there has been little formal research conducted into the effect of restrictions on religious communities' feelings of identity and belonging, anecdotal and media evidence highlights the frustration and neglect felt by many communities (Khan, 2020). Noting in particular that Diwali occurred at a time when university students were prevented from returning home, a recent Lancet paper identified the drive to save Christmas as “*just another example of the institutionally racist remarks and policies that have typified the UK Government's approach to the COVID-19 pandemic*” and emphasised the need for a more culturally aware policy (Bandyopadhy, Nov 2020 pg. 1802).

“The 'let's save Christmas' narrative has sat very uneasily with me for some time. Especially through the recent Diwali festival that took place during lock-down. As did Eid earlier this year. The fact is, we are a multi-cultural, multi-faith society[...] However, the government- and tabloid-led narrative around Christmas, has illustrated that there remains a deep-rooted foundation of Christian superiority within our society. This saddens me. [...] This narrative reflects very poorly on our government and on our tabloid press. It exposes the ugly-ness of religious and ethnic divides in our country. It demonstrates that the 'Black Lives Matter' narrative is far less important to those who hold power, than the 'let's save Christmas' narrative.”

Young Foundation, 2020

‘Generation Covid’

To an extent, Covid-19 has been a battle of the old and the young. **Whilst the older generation have largely been most at risk in relation to health (~90% of coronavirus deaths amongst the over 65s), young people have been significantly affected by the socio-economic consequences of lockdown** (Warwick, November 2020). Although the extent of consequences of the coronavirus pandemic on younger generations is outside the scope of this report, it is impossible to highlight the unequal impacts of Covid-19 on communities around the UK without acknowledging the generational divide, and the impact on young people in particular.

The closure of leisure activities, youth centres and youth clubs have particularly negatively impacted BAME and low-income families, highlighting intersectionality of inequality. With youth community spaces a particularly important place to build social skills, improve mental health and assist development their closure has significantly reduced the safe spaces many young people previously relied on (Gabriel et al, May 2020). Due to funding cuts many local hubs were already struggling but now risk being unable to open again even once restrictions lift.

School closures have had a significant and vastly unequal impact on children across the country. LSE research found that a quarter of pupils - over 2.5 million children - had no access to schooling or tutoring during lockdown. Amongst private school pupils it was found that nearly three quarters (74%) had full days of teaching compared to just 38% of state school pupils (LSE, October 2020).

Home-schooling has largely been seen as a point of tension between families, with a variety of attitudes adopted by parents as they navigate the challenges of being both teacher and parent. The inequity of education received, largely dependent on the range of contact hours, guidance and feedback given by the school, as well as the digital resources families have available, has meant

children returned in September having covered different amounts of the curriculum (Born in Bradford, November 2020).

Many children suffered increased anxiety, worsened by engagement with the news cycle, and high levels of boredom (particularly during the summer holidays). A significant change in children's schedules has been reported with 'no reason to get up in the morning' with relaxed timetables due to school closure as the main cause (Born in Bradford, November 2020). For many children school was the centre of their social lives and without it, many struggled to maintain friendships and experienced increased loneliness. For younger children without access to their own phones this effect was exacerbated (Born in Bradford, November 2020).

Beyond school, **more than 1 in 10 young people aged 16 – 25 have lost their job** and just under 6 in 10 have seen their earnings fall since the coronavirus pandemic began (LSE, October 2020). Youth unemployment is set to be more than triple its highest levels in three decades.

Youth vulnerability is *"further exacerbated by their lack of political power and control due to socio-political systems, structures and policies produced based on adult-centric biases"* (Gabriel et al., May 2020). Global surveys have also found that the social difficulties imposed on 'Generation Covid' are translating into resentment from younger generations towards older generations, potentially indicating problems of social cohesion in a post-pandemic future, particularly in relation to political policies and decisions (FT, November 2020).

Aaryan's story

Eight-year-old Aaryan lives with his parents, who were working full-time during lockdown, and his younger brother.

"I had a home-working schedule stuck to the wall and I tried to do it but once the novelty wore off, after a month or so, I used to look at it and just think, "Oh no!" I began to feel really annoyed by it and so my parents said I could give it up. I just played with my Lego. That was OK. I played with my Lego for hours. [...] Lockdown got even worse after my little brother went back to nursery. I was really lonely then. It just didn't feel normal to be all alone like that. [...]"

He was worried about the possibility of a second lockdown because he knew he would be *"really, really annoyed. I know now that there's nothing to do during lockdowns and during winter, it'll be even worse."*

Story taken from: The Guardian, 2020)

Forced home: Gender inequality in Lockdown

Long-standing differences in the main employment sectors between men and women has been a significant factor in causing consequences of the pandemic to differ by gender. More women than men are employed in critical sectors (about 46% and 39% of working women and men, respectively). However, offsetting this, more women (19%) than men (13%) are employed in locked-down sectors (LSE, May 2020). In addition, jobs in locked-down sectors such as hospitality and retail are more likely to be at risk in the long-term, with high unemployment predicted due to businesses struggling to recover from the economic effects of lockdown restrictions (LSE, May 2020). Additionally, the IFS and UCL Institute for Education found mothers were 47% more likely to have permanently lost their job or quit and were 14% more likely to have been furloughed since the start of the crisis (May,

2020). Whilst a third of working mothers were reported to have lost work hours due to the pandemic, this rose to 44% for BAME mothers (Fawcett Society, November 2020)

When the pandemic began, female employment was at a record high - but the closure of schools and nursery removed all typical components of home life that had often previously been outsourced to make this level of employment possible (LSE, May 2020). **Additional housework and childcare fell disproportionately on mothers (IFS, June 2020), continuing the pattern of gender inequality particularly in relation to the work-family balance.** Women's paid, unpaid and underpaid labour has been particularly affected by the pandemic. Very few policies globally have considered the effect of the pandemic on women's childcare responsibilities, leaving it largely ignored (FrontiersIN, November 2020).

Whilst there has been some suggestion that increased working from home has in fact encouraged a more equal home life in relation to housework and child rearing (LSE, May 2020), much anecdotal evidence has highlighted the increasing pressure women have felt during lockdown and the struggles of balancing childcare, homemaking, and work (Guardian, 2020). Evidence has also found that whilst both men and women have spent more time on childcare since March, the gap in time spent by mothers and fathers has grown (Fawcett Society, November 2020).

A study conducted into the experiences of new mums found that although 70% felt able to cope with added pressures, 71% had faced increasing worry and 59% had reported feeling far more lonely since lockdown began (Dib et al., September 2020). This has also been reported amongst mothers with school aged children noting the pressures of keeping kids entertained and keeping up with home schooling especially challenging (Britain thinks, 2020). Many have reported being too exhausted or emotionally distracted to seek time for their own social activities meaning many women, especially single mothers, have lost out on the comfort and relief of adult friendships and social interactions (Britain Thinks, 2020).

Even more seriously, **domestic abuse increased during lockdown.** Whilst the nature of domestic abuse means cases reported cannot be taken as fully representative, ONS (2020) found a 7% rise in the reporting of domestic abuse related offences between March and June 2020 compared to the same period in 2019. Women's Aid found that amongst domestic abuse survivors 50.7% of women surveyed said abuse had gotten worse. This rose to 61.3% for those living with their abuser, with 48.4% of those living with their abuser saying they could not get away from their partner due to the pandemic (Women's Aid, August 2020). 58% of survivors said they felt they had no-one to turn to for help during lockdown. A further 64% of women who had experienced abuse in the past said Covid-19 had negatively impacted their experiences, including 53% saying the pandemic had affected their mental health and triggered memories of abuse.

7.1% were unable to access domestic abuse support due to the closure/online shift of services and groups. From the 23rd March to 31st May 2020, there was a 42% reduction in the number of refuge vacancies added to the UK-wide databases. The need to comply with social distancing, lack of PPE for staff, reduced staffing capacity, concerns over managing spread in communal accommodation, and reduced access to support staff such as translators were all listed as key reasons for this.

Female domestic workers, often 'invisible workers', have been particularly impacted by the Covid-19 lockdown. Many domestic workers also have a precarious immigration status impeding their ability to access healthcare or alert authorities to their inadequate working conditions. Many domestic workers who lost their jobs during Covid-18 face economic and housing insecurity as well as the risk of deportation.

Implications

The differential and unequal effects of the pandemic on certain communities have highlighted who in society is most valued, as well as the inherent and systemic prejudices still far too prevalent. Not only did the BAME community suffer disproportionately through adverse health effects and a higher death rate, but the economic effects of the pandemic have also been significant. Black, Asian and minority ethnic workers are over-represented in shutdown sectors such as hospitality meaning the income of BAME individuals has been disproportionately affected. This is exacerbated by the fact that workers in shutdown sectors from Black, Asian and minority ethnic backgrounds are less likely to have a partner in paid work and are in general less likely to have savings to cover a period of financial hardship (Lawrence Review, 2020). Historically, economic crises have also been shown to exacerbate existing racial inequalities and it is likely the economic impacts of this pandemic will be no different.

The disproportionate effects of the pandemic on certain communities has in turn significantly affected trust and engagement. Many in the BAME community have reported feeling overlooked and forgotten with the pandemic a stark reminder “that racism is everywhere”. Whilst 75% of white people reported trusting government advice at the peak of the pandemic just 57% of BAME people felt the same (Guardian, 2020). Similar patterns can be seen amongst young people with 24% of young Britons surveyed stating the COVID-19 emergency had greatly / moderately decreased their trust in national government. Those in the shielding and vulnerable community too have noted the challenges of inconsistent messaging, feeling ignored and choosing to follow their own instincts on what is safe rather than government advice.

The pandemic has ‘turned back the clock’ on decades of hard-won political battles to gain greater equalities. Mothers in particular have suffered with the closure of nurseries and schools, undoing gains in home/work balance. The response to the pandemic has also been criticised heavily by members and advocates of the disabled community, noting that the narrative around the ‘healthy’ has justified disabled deaths and pushed debates over accessibility and inclusion back decades (Maddrell, 2020).

Whilst the inequalities exacerbated by the pandemic have been ‘devastating’ (Fawcett Society, 2020), underlying social inequalities have been brought to light now more than ever. The effects of Covid-19 on communities have demonstrated deep-rooted inequalities and shown the continual effects of systemic prejudices – highlighting **just how far we have yet to go**. Whether mobilised alongside the Black Lives Matter movement or seen through the growing sense of injustice towards poverty in the UK, the pandemic can and must be seen as an opportunity for change.

Summary

The unequal and differential impacts of the pandemic have been symptomatic of pre-pandemic inequality and have marked the continued differential treatment of certain social groups, regions and communities. Whilst it is undeniable that COVID-19 has exacerbated, enhanced and widened inequalities across the UK, it is also clear that these are not new inequalities. There are, however, *new groups of people* experiencing deprivation, poverty and inequality, as well as *new experiences of inequality* according to inequalities of how people have had to live and work through the pandemic and how restrictions have been designed and implemented.

- Covid-19 has most challenged communities and individuals who experienced marginalisation and precarity prior to the start of the pandemic.
- As the pandemic has progressed there has been growing recognition of the differential experiences of the pandemic. This has led to growing tensions and narratives of blame, exacerbating and renewing social tensions that existed pre-pandemic. Particular attention must be paid to the experiences of these communities and a focus must be placed on policies that redress imbalances and additional challenges posed by COVID-19. However, policy must go beyond redressing inequalities exacerbated by the pandemic, continuing to fight structural barriers and prejudices.
- As well as exacerbating existing inequalities, the pandemic has created new groups (such as the 'newly poor' - or expanded the composition of groups experiencing inequality or disadvantage.
- The challenges posed by COVID-19 must be used as an opportunity, redressing not just the imbalances the pandemic has caused but the decades of inequality that led to the differential experiences felt.

Social Cohesion

As described in Part 1, the UK entered the pandemic a divided country. We look to exit the pandemic further divided still - with experience of the *material opportunities* as well as the social nature of community one of those divisions. Specific dynamics exist in terms of those divisions, but as we enter successive lockdowns and look towards a vaccine, the sense that there has been more that unites us than divides us is not at all conclusive: in terms of lived experience during the pandemic, the Young Foundation's study into Community & Covid-19 found 72% of the responding participants reported feeling at a disadvantage or discriminated against during Covid-19 (Young Foundation, Oct 2020).

In contrast to the sense of fragmentation exacerbated by the ongoing Brexit negotiations and the 2019 election, the British Future Survey showed that **in the early weeks of the pandemic people felt more connected**. In March 2020, 60% of people agreed that 'the UK had never felt so divided in my lifetime', but by May/June 2020 this had dropped to 45%. In the March survey, 34% said they had felt part of something locally; this rose to 41% by May/June (British Future, July 2020).

The Young Foundation also found that during the early stages of the pandemic, many people recognised the power and strength of their communities in response to the crisis and reported local people 'pulling together' to confront the challenges of Covid-19. This was particularly the experience for more vulnerable households, with neighbours collecting shopping for elderly residents or those self-isolating. As one individual described, it's *"not exactly surprising, but it has been really heartening to see community efforts to support vulnerable and self-isolating neighbours"* (Young Foundation, July 2020).

People from across the UK said the response to Covid-19 had brought their communities closer together and even temporarily reduced the social division they felt in their locality after the Brexit vote (Young Foundation, July 2020). Many more reported forming new and deeper connections with neighbours due to the increased openness to chat for longer and in different places, for instance across garden fences.

In smaller villages there was a sense that people who rarely attended events or got involved in community initiatives were starting to take part and become more visible. For many weeks, the 'NHS clap' was a source of community pride and brought about a feeling of togetherness. Whilst this was just one visible moment of communities coming together, many other undocumented acts of daily kindness and caring were happening between neighbours. *"It has also been very nice to see the local support for the NHS that has been shown by children's paintings and murals, and at 8pm every Thursday when everyone goes outside to clap, cheer, and bang pots and pans together"* wrote another individual involved in the Young Foundation study (2020).

The pandemic has also led to some shifts in the way people perceive the sense of 'solidarity' or the 'interdependency' they have with their local community. The **importance of community is now widely recognised**, and a majority (57 per cent) of people in Britain say that they feel as though they are part of a community of people who understand, care for, and look after each other. 63 per cent of **people now have an increased sense of agency** and feel they have the ability to change things around them – an increase of 16 percentage points since February. (More in Common, Sept 2020, p.253). Across all political 'segments' (Britain Thinks, 2020), the relationship to a sense of community increased whether people were right/left; liberal/conservative; engaged/apathetic, and increased most in the right wing and conservative space / traditionalist space. However which community they are thinking of and what composition and diversity these communities have is unclear.

Whilst the overarching story to come out of the first lockdown period is a sense of renewed cohesion and solidarity amongst communities it is important not to over romanticise this period and highlight some of the emerging tensions occurring even during the first lockdown:

- The first three months of lockdown saw a dramatic increase in hate crime particularly towards East Asian minorities and other minorities or perceived 'out-groups' within communities (Tessler et al, 2020; ISER, 2020).
- Increased tension between neighbours also emerged as a significant problem for many. Between March and May 2020 44 out of 51 surveyed councils reported a rise in noise complaints they had received since the start of lockdown. Leeds City Council noted the biggest rise, seeing 1,171 noise complaints in April compared to just 780 over the same period in 2019 (Newsbeat, 2020).

One young man from the West Midlands noted that whilst *"I personally haven't been on the receiving end of racial abuse [...] I know of Asian friends who have been since the pandemic began. I feel like there's some tension in the air during and after the pandemic"* (Young Foundation, 2020).

Increased neighbourly disputes have been linked to increased forced indoor time, with individuals unable to get out of the house, hence heightening existing neighbourly tensions. One individual interviewed by The Guardian (2020) stated *"if the neighbours are being difficult and you can't go out because of the weather, that's going to cause a problem, whether it's breaking lockdown rules or someone trimming your hedge. Your home is your castle, isn't it?"* whilst another emphasised *"people's levels of tolerance have diminished over the period ... For a lot of people there's nothing else to focus on"*.

A growing body of evidence highlights that as the months of the pandemic wore on and as society emerged from lockdown, social tensions appeared to be rising, along with increasing distrust of central government (Abrahms et al., 2020). Attributed to growing frustration at continued restrictions alongside increased acknowledgement of the unequal and differential experiences of the pandemic, communities have seen increased tensions and rising narratives of blame and social conflict.

As the weeks progressed, more people started to question the symbolism and politicisation of the clap for carers and were conflicted about both showing appreciation and support for NHS workers whilst also wanting them to be properly funded by the government.

"(Clap for Carers) began on Thursday March 26th at 8pm, and continued in some places for 10 weeks ... it contributed to feelings of unity, increased feelings of agency among people who otherwise had no opportunities to take part in collective action ... generated intense respective emotions of pride and appreciation. However, as the lockdown went on and it became clear that not all key workers were 'in the same boat', resistance to this support became evident (e.g., doctors 'took a knee' in a protest close to Downing Street during the clapping). It is significant that the woman who initially proposed the clap subsequently asked to 'stop it at its peak' because the narrative was becoming politicised and negative."
(Addley, 2020)

The easing of the first wave of lockdown restrictions also coincided with heightened awareness of discrimination and inequality towards BAME groups following the case of George Floyd and a concurrent reported rise in racist neighbourhood and online interactions in the UK (Institute of Race Relations, April 2020). One participant interviewed as part of the Young Foundation study said, *"in the early days of the virus I believe there was a sense of unity and stoicism both locally and*

nationwide but I feel a lot of this was undone and damaged by the BLM movement during the summer.”

Detailed analysis has begun to reveal **a decline in perceived cohesion compared to the pre-pandemic periods that was particularly high in the most deprived communities, among certain ethnic minority groups and among the lower-skilled** (Borkowska and Laurence, 2020). While the authors of this research suggest that this may be due to increased vulnerability, the comparison with data sets collected in 2014/15 and to a lesser extent 2017/18 could have underplayed the pre-Covid divisions represented in studies like the British Future study. Research by The Young Foundation (August 2020) suggests that underlying divisions have not disappeared and that post-lockdown Britain will return to similar levels of cohesion as were seen prior to the pandemic; this is corroborated by research that suggests that ‘identities’ that existed pre-pandemic, such as Remain and Leave, are still important for half the British population and that historically, *“segmentation based on core beliefs which do not change much from one year to the next, is likely therefore to remain relevant for years to come”* (Britain’s Choice, 2020, p.8).

Collective acts during the pandemic

Central to community are the collective rituals of birth, marriage and death (as well as faith-based customs) and equally the role and practice of grief and memory. These elements have been powerfully impacted by Covid-19 and it is a space in which we expect to see further implications, as individuals and specific groups seek to begin to process the many forms of loss collectively experienced.

Research into what is meant by a ‘good death’ in the context of Covid-19 has explored the experience of dying and death rituals of different faith-based communities in the UK and provided recommendations around support, communication and contact for dying loved ones, as well as burial and funeral arrangements. The notion of a ‘good death’ particularly relates to dying alone and the unique challenges posed which mean many families are unable to say ‘goodbye’ to their loved ones in culturally expected ways (Sowden et al., September 2020).

The research finds that families are generally accepting of funeral restrictions, provided they feel that the decision for restriction is taken in consultation with their community members, and is sufficiently able to accommodate the kinds of choices that allow the deceased to be honoured (Bear et al., May 2020). Restrictions must be seen to be proportionate to the effects of the pandemic in the local area, and consistent with restrictions in neighbouring local authorities. Forced cremation is likely to meet with resistance. Banning funerals outright would also meet with resistance.

While there is an abundance of research tracking the impact of Covid-19 on individuals’ mental health, in relation to community and belonging, emerging psycho-social research has looked into the collective manifestation of trauma, grief and anxiety (e.g. Weir, 2020 on ‘collective grief’ and Rubin & Wessely, 2020 on collective panic). Maddrell (2020) highlighted the *“pandemic has laid bare the physical fragility and limited agency of life”*, reminding everyone of their mortality. High numbers of Covid-19 related deaths, particularly when concentrated within certain communities, affect collective mourning, often acting as a catalyst for a new commitment to a political community or in the eruption of local and international projects.

Beyond death, collective mourning has been experienced in a wider way throughout the pandemic. A sense of shock, distress and grief have resulted from the missing of key lifecycle events as well as from constraints on liberties and everyday personal independence. These *“acute traumas are mapped onto bodies and psyches”* (Maddrell, 2020 pg. 109).

Research on the impact of the pandemic on collective emotions (Sullivan, 2020) looks at examples such as: the role of social media in spreading emotion quickly and widely (though the emotional availability of others online can create a false sense of how intense and widely shared those emotions are); the endurance of collective protest in spite of lockdown restrictions, for instance in response to Black Lives Matter, as an important litmus test of depth of feeling; public ritual like Clap for Carers. Early (as yet unpublished) findings from the Institute for Community Studies investigation into feelings of collective safety indicate a ‘desensitisation’ to news, media and information and subsequently to formal guidance on risk and restrictions; individuals cite the development of personal strategies to determine and negotiate their personal level of risk, often in tandem with or response to neighbours or local behaviours.

Implications for future cohesion

Drawing this all together demonstrates a complex picture of social cohesion across the UK with the potential for increasingly fragility in relations within different groups in local communities. Surging inequality, as described in the section above, can have knock-on effects at local level ranging from rising crime to reactionary nationalism (World Economic Forum, Oct 2020).

What the pandemic has highlighted is what has been described as the ‘social cohesion investment’: local areas that invested in social cohesion programmes in the past two years, primarily the government Integration Programme, have been shown to be faring better in terms of levels of trust and cohesion in the midst of the Covid-19 pandemic (Abrahms et al., 2020). Residents in areas where their local authority received government funding for social cohesion projects, or identified it as priority have been shown to be twice as likely to volunteer to help others and have seen an improvement in relationships with family and neighbours during the Covid-19 pandemic (2020). Conversely, areas with high levels of income inequality and deprivation have seen a return to levels of cohesion pre-pandemic and indeed, new divisions start to emerge in the experience of the pandemic.

It may, therefore, be valuable to overlay how social cohesion levels vary geographically over the intersecting vulnerabilities or ‘strains’ of vulnerability in recovery identified by IFS (June 2020), particularly labour market vulnerability, to identify where there may be risks to cohesion and where civic resilience may have become increasingly fragile as the social and economic implications of the pandemic are felt.

The Casey review (2016) found that *“the persistent disadvantage experienced by BAME workers in employment and the falling behind of poorer White British communities in some (local) areas needs to be addressed if we are to prevent cracks and divisions in society from growing”*. Both of these risks – identified pre-Covid-19 – have been exacerbated due to the pandemic. As social cohesion data is not collected at local authority level or lower, however, it is difficult to identify areas where the *civic fabric* could be most at risk and where action needs to be taken to build greater community resilience. To understand this is of paramount importance in light of the additional challenges or ‘shocks’ the UK will face in the immediate and near future, whether in terms of Brexit, or the threat of climate change.

This is not to claim that a greater sense of ‘solidarity’ corresponds with stronger social cohesion; in fact, early research seems to suggest the exact opposite. The pandemic has not been a ‘leveller’ in identity terms or in terms of beliefs in equality or openness as a society (Britain’s Choice, 2020). In recent data on what Britain *agrees it is proud of*, the NHS is first by a long margin; with the UK’s volunteering capacity 3rd. The monarchy (14%) comes above ‘being a tolerant society’ (8%) and

above 'achieving equity between men and women'; whilst showing a 'welcoming attitude to migrants/refugees' gains just 1% of the population's sentiment. Leave/remain identities are still important to over half the population (Autumn 2020, Britain's Choice) and the evidence is that once the pandemic is over, old divisions will resurface rapidly.

Equally, effects on divisions between norms, values and behaviours within communities may be significant, but are as yet hard to measure. Emerging findings indicate that uncertainty about, and generated by, Covid-19 has led to the growth of blame and discriminatory narratives across all sections of UK society (Bear et al, Oct 2020). The Casey review identified that "*mistrust, anxiety and prejudice grow where communities live separately*" (Casey Review, 2016, p.21); undoubtedly, the pandemic has created an ongoing threat to our lives (70% of adults still report being worried about the impact of Coronavirus on their lives; ONS, Nov 2020) whilst creating grave economic hardship for many.

Additionally, it has caused a social rupture; confining us to narrower physical circles and limited face to face interaction within communities. These have implications for wellbeing in terms of social anxiety, stress or loneliness (47% of adults) but also for how we relate to others (ONS, Nov 2020). Early (unpublished) findings from the Institute for Community Studies' (ICS) investigation into Safety indicates that the lockdown restrictions, stay at home policy, and social distancing have led to communities feeling increasingly anxious, more suspicious of others, and more judgmental of others (ICS, *forthcoming* January 2021).

The risk of division has been recognised in early frameworks considering the response that will be needed to mitigate the effects of the next stages of Covid-19 at local level (Local Government Association and Public Health England, (LGA & PHE, June 2020). These cite the need to "*maintain and adapt community development, resilience and cohesion infrastructures (including buildings where relevant) and strengthen links with community facing groups*". This is both in order to ensure that disadvantaged groups do not slip through the gaps, and to ensure 'bridging' infrastructure is there to make communities resilient as economic and social inequality and the risk of social divisions increase during 2021 (LGA & PHE, 2020).

Summary

The pandemic has strengthened the sense of community and peoples' identification with their local area; however the sense of resolving political, social or 'national' divisions in identities that existed pre-pandemic (such as Leave / Remain) was fleeting and exclusive to the first national lockdown.

- Groups and individuals who have not participated or felt able to access 'community life' previously have been 'activated' or found routes into participation through the experience of lockdown and local mobilising in the pandemic.
- Rising hate crime levels and increased public reporting of anti-social behaviour, focused on neighbours or individuals 'other' to them, presents a counter-narrative to the positive sense of community solidarity; the experience of solidarity vs suspicion and social difference may be more equally felt across the population than thought in the early stages of the pandemic.
- The pandemic has compromised, changed and reshaped the nature of collective acts of religious practice, grief and commemoration of death, and protest and social movements. Where people are seeking solace and in increasing numbers is equally diversified with charities, community groups, religious leaders and local support groups already playing vital roles in supporting mental health and trauma.

The conditions for resilient social cohesion are heavily compromised as communities move into the next stage of the pandemic. New dimensions of discrimination have been felt through the implementation of the regional and local 'Tier' system geographically; the sense of permission to *judge the behaviour of* has added new layers to existing tensions of identity-wars, inequality and injustice rife pre-pandemic and creates a 'perfect storm' of conditions for 2021.

Trust

As highlighted in Part 1, trust in government institutions and politicians, pre-pandemic, was at an all-time low. There was also a growing distrust of mainstream media. After an initial rise at the start of the pandemic, trust in national politicians and mainstream media has continued to decline.

Trust is heavily correlated with people's willingness to follow Covid-19 guidelines and so attitudes towards and relationships between institutions and the public are particularly important for communication and public health messaging (UCL, 2020).

Trust in politicians, national and local government

There is some evidence that trust in politicians actually rose at the start of the pandemic. As of May 2020, 32% of people surveyed trusted politicians, a rise of 10% since Dec 2018 (Ipsos Mori, 2020). At the start of the pandemic there was widespread acceptance of the government's Covid-19 response, with 52% of respondents agreeing the government was making good decisions (Enria et al., April 2020).

The Dominic Cummings 'event' significantly shifted the public mood. This event led to **a steep decline in public confidence in the government's ability to handle the pandemic and saw a rise in the flouting of Covid-19 guidelines**, marking the end of the 'honeymoon' phase in the coronavirus response (Britain's Choice, 2020). There has been no recovery in confidence in the government since this event (UCL, June 2020) hence highlighting the negative consequences of political decisions on longer term public trust (UCL Social Study W15, 2020).

"My views have changed since the start of the pandemic in the UK. I started by trusting the government because it claimed it followed the science. But Cummings, shortage of PPE at critical times, impact on care homes, confusing messages, test and trace fiasco, poor track record compared to other countries undermined that trust pretty quickly."
(Female participant, aged 70, cited in: The Young Foundation, 2020)

Studies have also shown a far greater trust in local / devolved government than in national government. As of October 2020 confidence in government remained lowest in England and highest in Scotland and Wales. People surveyed living in devolved nations were asked to report their confidence in their own devolved governments.

The lack of trust in government also has significant implications for the way in which information is received, resulting in the potential to influence people's behaviours, particularly on following government guidelines or taking a potential vaccine. For example, when asked whether or not one would take a vaccine if it became available, one man responded, *"Not likely! I'd like to see Boris Johnson and the Cabinet (visibly) take it first. Then I'd like to see all the MPs across the country take it...After many months, if they're still standing then I might consider it"*; the research shows a far larger proportion of people are 'vaccine-hesitant' in relation to Covid-19 than is the case with other vaccines. (Young Foundation, 2020).

Additionally, Covid-19 has heightened and highlighted the **disconnect between central government and local structures**. LRFs, SCGs, local governments and other local community groups have reported that they do not feel understood or trusted by the central government. **This hampers the ability to ensure consistency of public messaging and response** (C19 National Foresight Group, Sept 2020). With public trust shown to be higher in local leaders than central bodies, increased

collaboration with local groups would significantly benefit the government's response (C19 National Foresight Group, September 2020).

Trust in each other

The pandemic has created new dimensions of 'trust' and what we need to trust each other 'for' and 'to do' in communities. Trust in each other to follow the coronavirus guidelines has been measured since the first lockdown, and is mixed. 29% of people trust people a lot or completely to follow the guidelines whereas trust in people living in one's neighbourhood was higher (38%), demonstrating higher trust in local people than in the general population. Older people (67%) are also trusted more than younger people (15%) to follow the guidelines (Nuffield, 2020).

"I think it's a combination of young people being fed up, young people realising that they are at low risk of dying and young people believing in conspiracy theories on social media that are preventing them from taking the necessary precautions and following government rules. When I say young people, I mean under 35s."
(Female participant, aged 25-34, cited in: The Young Foundation, 2020)

This marks the **increasing divide in response to the pandemic and the growing culture of blame specifically targeted at certain demographics such as students and young people**. When looking at why cases are rising as we headed into the second wave, the second most commonly highlighted response (45%) was the 'selfishness of people' for example, not wearing masks, poor social distancing, breaking the rules (Young Foundation, 2020).

Trust in Media

The decline of trust in mainstream media has been a particularly marked problem in the response to Covid-19 particularly given communication is essential in the way people are responding to the pandemic. The rise in the belief of conspiracy theories spurred by fake news shared on social media has been a significant problem throughout the pandemic. 32% of people have knowingly come across misleading information about Covid-19.

"One of the key trends to emerge during the first wave of coronavirus in the UK was the decline in trust for news organisations as a source of information about COVID-19 - falling from 57% of the population in April to 45% in mid-August"
(Reuters Institute, October 2020)

Although the BBC remained the most important news source for coronavirus information in the first few months of the pandemic, survey data shows that **just 45% of respondents rate news media as a trustworthy source, a 12% decline between April and August 2020** (Murphy, October 2020). While some have reported maintaining levels of trust in the BBC because they "... have a balanced view of the current situation, giving all political parties and experts the opportunity to put [forth] their point of view" (Male, 65-74, Yorkshire), others feel as though they are becoming increasingly untrustworthy as a result of government influence. For example, a woman, aged 55-64 from the East of England, explained that her opinion of the BBC has changed, stating, "[I] increasingly feel that the daily news is too subservient to government and doesn't interrogate in an investigative manner. Too many statements which contradict what [was] previously said [and are] allowed to go unchallenged." (Participants cited in: Young Foundation, 2020)

This decline in public trust of mainstream media has been matched by an increase in trust of local community journalism. Local papers are seen to respond more to community issues and are more trusted as a source of information (Murphy, October 2020). This is particularly important in the era of 'Fake News', however local papers are struggling with funding and many are being forced to shut down.

“95% of ICNN members haven't been able to access any of the government's 11 support measures, including furloughing staff, VAT exemption on e-publications and the £35m that was allocated to save the newspaper industry via a public health advertising campaign.”
(Murphy, October 2020)

Inequalities in media consumption seems to reflect wider inequalities and this seems to be feeding into the 'infodemic': *“Info inequality is a real and growing problem, with systemic inequalities around age, gender, as well as income and education in how people engage with information about the coronavirus, suggesting that the ways people navigate the second wave and make sense of the far more explicitly politicised and often polarising responses to it will be even more marked by inequality than in earlier parts of the crisis”.*

Implications

The pandemic has demonstrated the significant effect political actions have on trust in – and ultimately compliance with - public messaging and communications. The most notorious illustration of this is the significant shift in public opinion following the 'Dominic Cummings Event', cementing the idea of 'one rule for us and one for them' in the minds of many, and the prevailing media narrative.

The pandemic has further illustrated the relationship between trust and equality. Differential levels of trust in government and other institutions between demographic groups is indicative of the factors and relationships needed to build trust. Structural inequalities, prejudices and marginalisation often lead to reduced political trust which has significant impacts at times of 'crisis'.

Covid-19 has highlighted the importance of local and community groups in bridging and building this trust. Greater trust in community organisations has been seen amongst BAME and youth communities, meaning these organisations can and must be used as a tool to bridge institutional engagement. Local news sources have also been shown to be more trusted.

It has been made clear that the spread of fake news and misleading information about the pandemic through social media is a fundamental and growing problem. Distrust in social media has grown rapidly across younger generations with a 7.3% decline in trust in information seen on social media amongst young Britons since the pandemic began (Rapporto, 2020). Whilst this may be a long-term positive, with Covid-19 meaning more people are aware of the problems of trusting internet sources, there remains substantial variation in the levels of trust in social media, and belief in fake news claims varies greatly between generations and demographics. More must be done to ensure accurate and trustworthy information is reaching all communities.

Nonetheless, **the initial response to the pandemic indicates trust can be built in times of crisis.** Given pre-pandemic patterns of declining trust, the peak in institutional trust at the start of the pandemic indicates collective belonging, purpose and community spirit can bridge difference and enhance trust – but the differing levels to which this has been sustained by global governments demonstrates how fragile this trust can be. This must be learnt from and utilised to bridge difference

and bring communities, people and institutions together – fighting marginalisation and distrust in the long-term.

Summary

Patterns of trust have fluctuated throughout the pandemic, but the underlying trends appear to have largely remained true of the pre-pandemic story.

- Whilst there was a brief peak in government trust following the first lockdown, political mistakes and inconsistent government messaging quickly returned trust levels to those seen pre-pandemic.
- Trust in each other has largely remained unchanged as a result of the pandemic. Local people, neighbours and those from the same social groups hold greater trust in each other than in the population at large. Whilst communities have seen an increase in trust and engagement, as the pandemic has gone on it has provided new ground for pre-existing tensions to re-emerge. Narratives of blame have surfaced, reflecting existing conflicts in the context of a new crisis.
- Decline in trust of traditional media has, however, been significant. Whilst news and information were already facing new challenges pre-pandemic, Covid-19 has demonstrated engagement with news and social media poses increasing problems. Trust in local papers must be utilised, with greater support given to increasing visibility of these news outlets.

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