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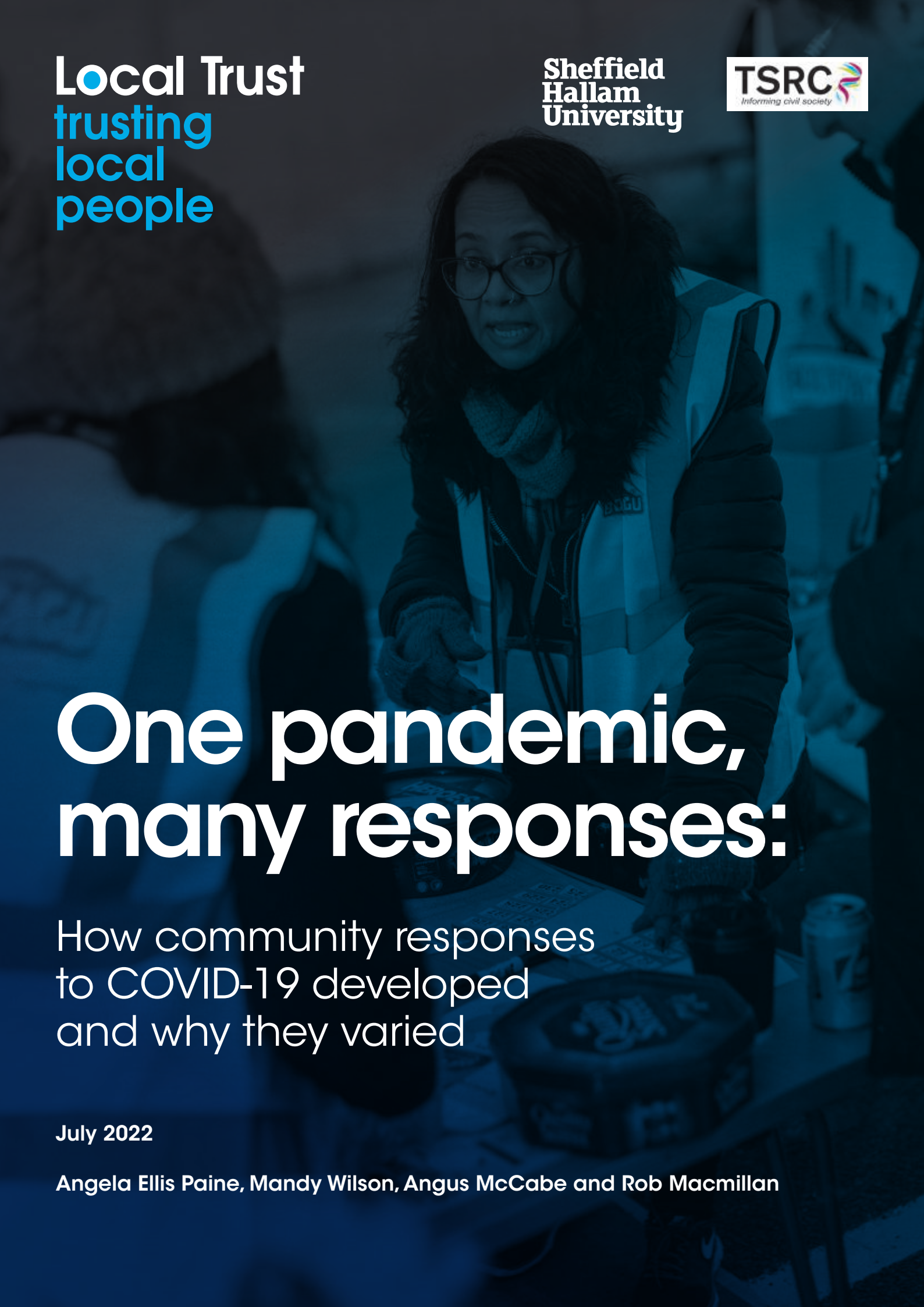

One pandemic, many responses:

How community responses to COVID-19 developed and why they varied

July 2022

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Local Trust

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About this report
One pandemic, many responses is the third research report from a major study commissioned by Local Trust, exploring how 26 communities across England have responded to the COVID-19 crisis. It follows *Stronger than anyone thought*, published in September 2020, which looked at the initial lockdown period and *Now they see us*, published in August 2021, which saw the communities adapting to an evolving crisis. This final report explores how, within the variety of responses to the pandemic, some communities were able to respond in a more comprehensive, strategic and inclusive way than others, and the multiple and complex factors underpinning this.

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The sign-in desk at a community winter fair in Edmonton Green shopping centre, December 2021.
Photo credit: Local Trust/Zute Lightfoot

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Executive summary

When strict lockdowns were introduced in many countries in March 2020 to thwart the spread of COVID-19, the assumption was that such drastic measures would be short lived and we would be through the crisis and in a recovery phase in a matter of months. Few people could have conceived that two years later the UK would just be embarking on a 'living with COVID' strategy, and that there might be longer term damaging impacts from the COVID-19 pandemic.

Mobilised communities

From the very beginning of the pandemic, communities have been supporting each other in different and creative ways. That vast community mobilisation has continued since spring 2020, adapting as different needs have become apparent.

Although the value of communities responding to crises is well-recognised, it is rare to have the opportunity to document it while it is happening. The COVID-19 period has enabled us to look at how communities react to, cope with, and recover from a major crisis that impacts almost everybody in the community, albeit in different and unequal ways.

Researching community responses to COVID-19

For the past two years, a team of researchers, led by the Third Sector Research Centre (TSRC), have been following 26 different communities across England as they have experienced and responded to the effects of the COVID-19 pandemic. Our aim was to learn what sort of help communities are best placed to give, how they make it happen, and how they might be best supported both during and beyond the crisis.

The research has charted what community responses to COVID-19 have looked like and the different approaches communities have taken. This report concludes the research by looking at how community responses have developed and evolved across the pandemic period and why they have varied.

Each community in the study has stepped up to the challenge of supporting their residents in ways that two years ago would have seemed unimaginable. Comparing the 26 responses, however, highlights some important patterns. It is an evolving picture, and some communities have been better placed than others to provide a strong response.

Thinking ahead

All the communities we've followed have been deeply affected by the experience of mobilising locally throughout the pandemic, sometimes feeling more united and more powerful, whilst often feeling tired, unsupported and apprehensive about their future role and responsibilities.

What is focusing people's minds is the long term impact of the pandemic and the prospect of a 'COVID decade' ahead, alongside concerns about deepening poverty in the midst of a cost of living crisis, while many public services struggle to get back on track.

The resourcefulness that communities have demonstrated over the last two years is unlikely to be sustainable in the longer term without additional resources. There is a pressing need for a more explicit conversation about who should be responsible for responding to community needs in a context of raised expectations and squeezed resources.

Key research findings

1

While responses to COVID-19 have varied significantly, all the communities we followed have acted resourcefully in their different contexts and circumstances. However, some community responses have appeared to be more comprehensive, more strategic and more inclusive than others – with seven possible explanations identified for the difference in responses.

- Some community responses were more comprehensive in terms of the needs they sought to address and the breadth of activities they developed. They were more strategic in understanding needs, coordinating efforts, and in planning and adapting responses, and they were more inclusive in terms of who was supported and who was engaged in delivering the response.
- Through this research, we have identified seven possible explanations for the different community responses to COVID-19, which have featured variously in the literature or in commentary about the pandemic:

The strongest community responses to COVID-19 were:	**Seven possible explanations for different community responses to COVID-19:**
• Comprehensive • Strategic • Inclusive	1. Existing levels of deprivation 2. Levels of community cohesion 3. Levels of investment in communities 4. Strength of existing community activities 5. Community buildings and spaces 6. Strength of network of community leaders 7. Strength of relationships with local authorities

2

More comprehensive, strategic and inclusive responses to COVID-19 arose in communities where there was a strong network of community leaders, extensive connections between existing community activities and strong relationships with local authorities, although other factors were also important.

- In communities that struggled to mount a comprehensive, strategic and inclusive response, the three factors outlined above were less well developed.
- Other factors, such as the level of deprivation or the presence of community buildings and spaces, were important in shaping the ways communities responded to COVID-19. However, these factors did not feature as clearly when differentiating between communities that struggled with a comprehensive, strategic and inclusive response and those that responded more strongly.

3

While all seven explanations shaped how community responses to COVID-19 developed and unfolded, none alone could explain the differences between communities. It was the combination of all these factors which together accounted for the differences between community responses.

- Community responses were shaped by a complex interaction between different contextual elements. Some were mutually reinforcing, some seemed to offset others, and they changed over time as the pandemic unfolded.
- These elements worked together in different ways to influence the availability of the resources required by communities to mount a response: money, skills, time, knowledge, relationships, space, leadership, and support.
- Organisations, groups and individuals demonstrated their resourcefulness, albeit in challenging, uncertain and highly constrained circumstances. They demonstrated agency through the choices and efforts they made to lift their heads above the parapet, to bring people together, to be creative and to take risks.

Introduction

When faced with a crisis or difficult situation, communities have repeatedly proved themselves able to react swiftly and decisively, to come together and quickly assess how to respond, and to act without the shackles of bureaucracy.

We see this in the search parties that communities form when a child goes missing, and in the aftermath of major incidents such as the 2019 floods in Doncaster when communities helped to clear out and put back together homes and businesses. It was also evident in the aftermath of the Grenfell fire, when community groups were the first to provide food and shelter to survivors. From the start of the COVID-19 outbreak, communities have been responding to support each other, from delivering shopping to walking the dogs of people in self-isolation or quarantine and providing meals for children when schools closed or parents had reduced income.

Although the value of communities responding to crises is well-recognised, it is rare to have the opportunity to observe it while it is happening. The COVID-19 pandemic has enabled us to look at how communities react to, cope with, and recover from a major crisis that impacts almost everybody in the community, albeit in different ways.

Research background

For the past two years, we have been following 26 communities as they have experienced and responded to the effects of the pandemic. Our aim was to learn what sort of help communities are best placed to give, how they make it happen, and how they might be best supported both during and beyond the crisis (see the Local Trust website for further information on the research).

The communities we followed were drawn from diverse inner-city areas, peripheral urban estates, and rural and coastal communities across England. Of the 26, 21 were Big Local areas (and four of these were also Creative Civic Change areas), three were Creative Civic Change-only areas, and two areas had no access to either funding stream (see figure one). Eight were in the 20 per cent most deprived areas in the country on the indices of multiple deprivation. Eight were classed as 'left behind' communities, defined by Local Trust as communities which rank highly on the index of multiple deprivation and lack social infrastructure (Local Trust and OCSI, 2019).

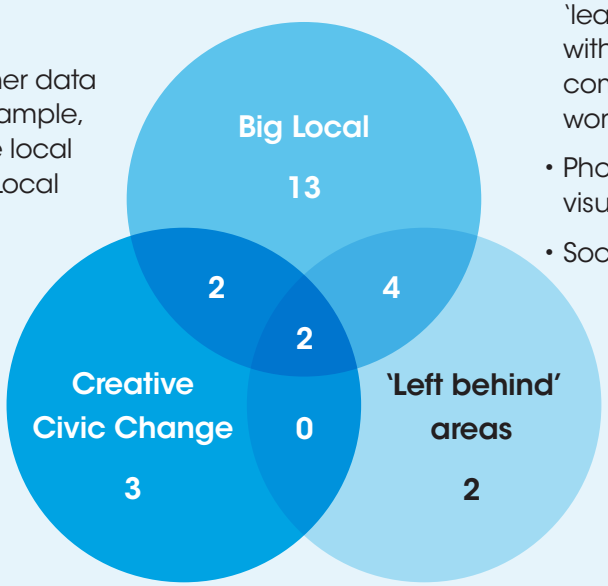
Figure one: Summary of research approach and case study areas

26 case study areas

- Literature review
- Fieldwork in 26 study areas
- Informed by other data sources – for example, interviews in five local authorities, Big Local rep interviews

Research team of 15

- 704 individual and small group online 'learning conversations' with residents and community-based workers
- Photo and film visual archive
- Social media tracking



Our research adopted a mixed methods approach.

- We reviewed the academic, policy and practice literature from the current and previous crises such as the 2015/16 and 2019 flooding in the UK (see, for example, *Rapid research COVID-19 briefing 1* Macmillan, 2020).
- Between April 2020 and January 2022, we conducted 704 learning conversations across the 26 areas with residents, community workers, community groups and Big Local reps.[1] Mostly these happened online, although some were face-to-face when restrictions allowed.
- We facilitated discussions and observation at community meetings, again predominantly online.
- We ran four thematic online workshops with research participants, sharing views and learning on community responses to COVID-19 in relation to: community hubs, sustaining community action, changing needs, and the role of relationships within communities and with external agencies.
- We conducted interviews with 15 Big Local reps (who were involved in working with a further 46 areas) and with 19 officers and elected members from five local authority areas.
- We monitored social media posts (predominantly on Facebook) from case study areas. 5,340 posts were collected and analysed in greater depth at four points across 2020-2021.

[1] Big Local reps are individuals appointed by Local Trust to offer tailored support to a Big Local area and to share successes, challenges and news.

We have reported on our findings as they have emerged, see Appendix 1. As the first full report in our series *Stronger than anyone thought* noted, there has been "one crisis, many responses" (McCabe et al, 2020c, p.9). Our subsequent report, *Now they see us*, and 16 accompanying rapid research COVID-19 briefings have addressed a series of cross-cutting themes (McCabe et al, 2021).

They have, for example, sought to understand how communities have identified changing needs over time and adapted their responses accordingly as the pandemic evolved (*Rapid research COVID-19 briefing 15* Wilson et al, 2021). They have explored the importance of relationships between communities and local authorities (*Rapid research COVID-19 briefing 16* Macmillan, 2021a), and of community hubs as a focus for action (*Rapid research COVID-19 briefing 13* Langdale et al, 2021).

They have highlighted the emergence of more relational ways of working as a strategy for co-ordinating community responses (*Rapid research COVID-19 briefing 16* McCabe et al, 2022), highlighted the role of volunteers (*Rapid research COVID-19 briefing 6* McCabe et al, 2020b; *Rapid research COVID-19 briefing 5* Ellis Paine et al, 2020), and raised questions around how community action is sustained (*Rapid research COVID-19 briefing 14* Ellis Paine et al, 2021). These written outputs have been complemented by nine short films (available on YouTube) documenting community responses, as they developed, over time.

As our programme of research comes to an end, as restrictions are being eased and plans for 'Living with COVID' are implemented (HM Government, 2022), this final report and the accompanying film look back across all the data that we have collected to consider two specific questions:

1. How have community responses to COVID-19 developed and changed over time?
2. How and why have community responses to the pandemic varied?

For this report, we draw most directly on our data from the learning conversations with residents and community workers from the 26 communities, although our analysis is informed by and triangulated with our earlier and ongoing analysis of the wider dataset.

Given the volume of data, analysis has been a complex process that involved four stages:

1. **Analysing data from individual case studies** to understand community characteristics and patterns of, and the rationale for, responses to the pandemic.
2. **Developing an analytical framework for cross-case analysis** by running whole research team workshops to identify common themes, patterns, and variations across case study sites and t o develop provisional hypotheses as to why this might be the case.
3. **Undertaking cross-case analysis** by grouping the communities into sets for each of the explanations under consideration (for example areas which had high, medium and low levels of deprivation), coding our data against our analytical framework, and examining in detail the extent to which patterns could be identified and our explanations supported or countered.

4. **Final synthesis and verification of findings.**

We hope that the depth and breadth of the data we have collected and the research methodology that we have adopted will ensure that our analysis can provide a nuanced understanding of key differences in *how* communities have responded and *why* these responses have differed.

We hope to move beyond reporting which is restricted to snap-shots of community responses at a particular moment in time, or which offers simplistic explanations that assume a single cause or strictly linear causal linkages. Our evidence suggests this is far from the case. We seek not to cast a stark judgement on what a 'good response' to the pandemic did or would look like, but instead to consider what has enabled and constrained community responses and how this has contributed to differences between areas. The aim is to provide deeper learning about community responses to crises.

This report

The following section (section 2) of the report identifies how community responses developed and varied over time. Section 3 explores seven different explanations, in their own terms and in combination, for why community responses have varied. Section 4 provides some conclusions and implications.

Throughout the report we have included short accounts of responses from individual communities which are illustrative of the points being made. Whilst these are based on individual case study areas, each has a wider resonance in terms of responses across the 26 areas involved.

How did community responses develop and vary?

Over the two years from April 2020, each of the communities we followed delivered an impressive range of activities, to help meet the needs of their residents during an incredibly challenging period.

Our earlier briefings and reports describe in detail the action communities took to respond to the pandemic, as it unfolded. Rather than repeating those descriptions here, our intention is to consider key differences in how communities responded - over time and particularly across communities - and why. This section focuses on how community responses have varied.

Our analysis focused on three key features of how communities responded, that provide points of comparison both over time and place:

- how **comprehensive** they were in terms of the needs they sought to address and the activities they developed
- how **strategic** they were in terms of the understanding of needs, co-ordination of efforts, and adaptability of responses
- how **inclusive** they were in terms of who was supported and who was engaged in delivering the response.

Taken together, we suggest these could be seen as indicators of the strength of community responses: the strongest tended to be those that were the most comprehensive, the most strategic and the most inclusive.

How comprehensive were community responses?

All 26 communities sought to develop activities to address the most pressing basic needs their residents suddenly faced as the first lockdown was announced in the early days of the pandemic, particularly through the provision of meals, establishment of food distribution and shopping services, and prescription runs.

Community groups, workers and activists soon became important conduits for the sharing of information and advice, as residents struggled to get to grips with the complex and changing guidelines and to deal with their rapidly changing circumstances. More creativity-based activities were often also developed to enhance wellbeing and enjoyment.

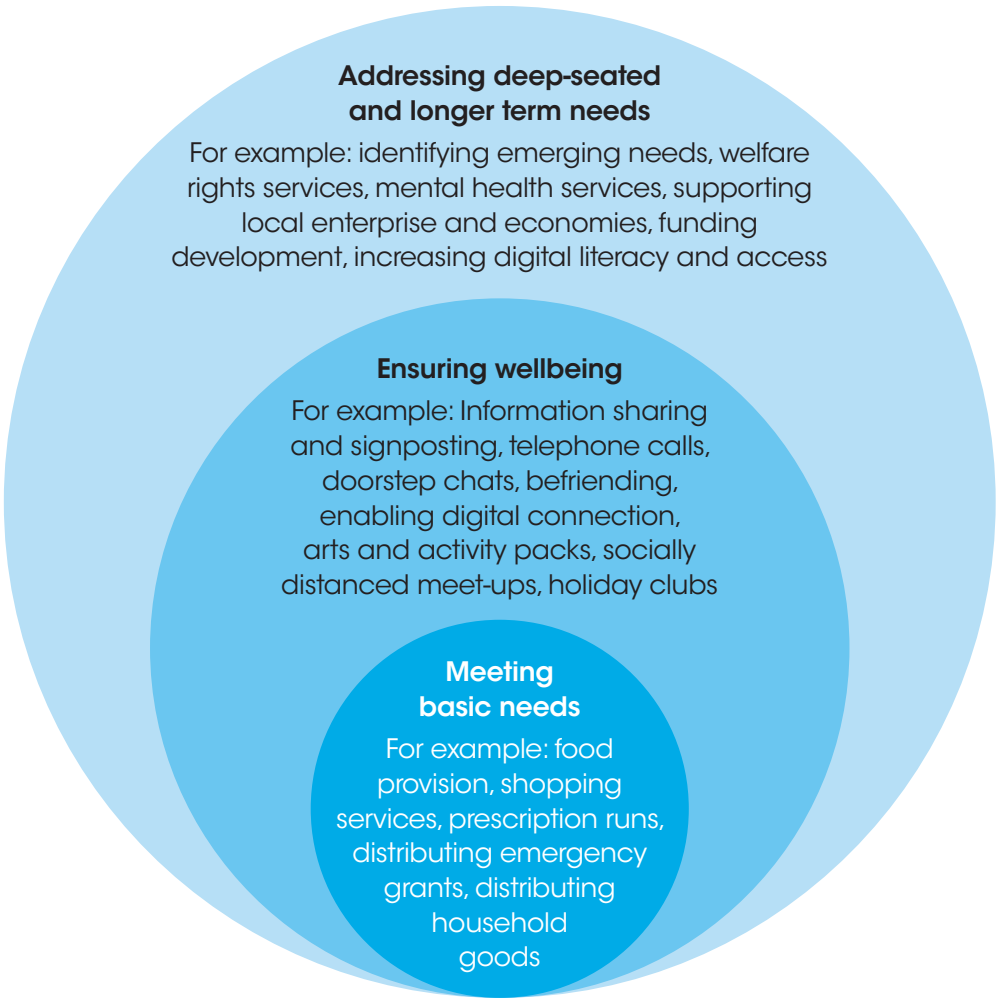
Initial, practical action soon became about more than just meeting basic need as it was recognised that, along with shopping, residents also needed to feel cared for and connected, as feelings of isolation began to grow. Greater time was then spent chatting on doorsteps, wellbeing calls and befriending schemes were established, and support was provided to facilitate digital inclusion (see *Now they see us: Communities responding to COVID-19* McCabe et al, 2021, and *Rapid research COVID-19 briefing 15* Wilson et al, 2021, for further evidence of how responses developed over time to meet changing needs).

The importance of being physically present within communities was recognised, particularly as so many wider services and activities either closed or moved online. Some communities responded in ways which encouraged, facilitated, and celebrated the different ways in which people were able to step up and help, with the dual benefits of delivering support whilst also allowing everyone to feel that they had a contribution to make. It was not just what communities did, but how they did it that mattered.

As the pandemic went on longer than anyone originally had thought, in some communities there was a growing recognition of the extent of existing inequalities amongst their residents and the ways in which those were being exacerbated by the pandemic. In some cases, new ways of working were developed to help tackle rising levels of unemployment, debt, digital exclusion, poverty, and mental ill-health, as well as longer term strategies to kickstart the local economy and support safe face-to-face activities.

The most comprehensive responses, then, were those that delivered a range of activities to address basic needs and ensure wellbeing, whilst also looking to address deep-seated and longer term needs (see figure two).

Figure two: Towards a comprehensive response



Vignette one: developing a comprehensive response

At the start of COVID-19, on a peripheral estate in a large city in England, the majority of community buildings and organisations closed down and remained shut for much of the pandemic. One centre, however, remained open. In the first instance its focus moved from hosting community activities to becoming a hub for the storage and distribution of food and other goods. Activists and community workers, working closely with the established foodbank, used their local knowledge to ensure that supplies reached vulnerable families not eligible for local authority emergency deliveries. Later, the centre became a key referral point to the foodbank and its associated home bank for access to household furniture and white goods.

The centre also became a focal point for providing tailored information on access to other local and city-wide services and played a key role in an inter-agency task force charged with planning responses in an area with high levels of infection. As and when restrictions eased between lockdowns, activists and community workers involved with the centre put on a range of activities to support the mental health and wellbeing of local residents – with a particular focus on smoothing the transition from primary to secondary school for children experiencing isolation.

How strategic were community responses?

In each of the communities, a mixture of individuals, groups and organisations took action to respond to the crisis and address what they understood to be the needs of those around them.

Some – those that appeared to be the most strategic – were able to both respond to the new, pressing issues that the pandemic was presenting, whilst also adapting existing plans and activities and keeping an eye on their longer term ambitions. They found new ways to reach out across their communities and developed a new understanding of who they were there to support and what their community's needs were.

The most strategic also recognised that the means to achieve these different priorities were not by working alone, but by joining forces with others to mobilise and coordinate action, reduce duplication, and enhance reach and impact. In some cases, this meant that communities themselves did not get involved in activities such as food provision because others were already doing so. Instead, they focused their efforts on other areas of need such as reducing isolation.

The most strategic were also able to adapt their response as time went by, as needs and their understandings of them changed, capabilities developed, relationships were built, and energies waxed and waned. In some cases, this included knowing when to step back, conserve energies, adapt or end some activities and when to shift attention to others.

While some communities were able to work together in these ways relatively early in the pandemic, it was clear that some communities found it harder to work in these more strategic ways, or took longer to develop a more strategic approach:

"A lot of people rushed in very, very quickly. And this was one of the things that [we] discussed. It was almost like there was ... People running around like headless chickens at the start."

Project worker

Vignette two: towards a strategic response

A key community-led organisation, based in one part of a large urban town, was already part of a partnership involving public, voluntary and community sector bodies when the pandemic started. This partnership was re-purposed in the first lockdown to focus on COVID-19 response efforts, particularly around food and medication.

To complement the statutory response, residents played a significant role in getting food out to vulnerable people in the community, including to refugees, asylum seekers and people living in temporary accommodation. As part of this partnership response, the community body supported coordination between local organisations, businesses and charities to join up food initiatives.

In addition, the community set up several projects outside of the scope of the partnership. For example, using funds within the community's control, community members oversaw a digital connections project which purchased tablets and Zoom licenses and provided training in their use. Through their existing connections in the neighbourhood, they were able to identify individuals at risk of isolation and community groups who would benefit.

The project has been very successful and engaged a variety of people across the town. By the end of 2020, the Zoom licenses had enabled 943 meetings to take place, with just under 5,000 people participating.

How inclusive were community responses?

All the communities involved in the study made efforts to provide help to those they thought most needed it. This was not always easy, and often demanded considerable time, thought and the building of trust-based relationships. As a locally based worker in one community noted:

> **[This] is a predominantly white working-class community. And I think communities of interest is who gets left behind. So in COVID, we had somebody locally who is Muslim and wanted halal food bought from the middle of [Town]. And it's not in our Asda or Tesco. He couldn't get the food. And the volunteer was like, 'no, they are the only places I can shop'. So, the fact that already he's isolated because his community is elsewhere. And then we can't support him in the things that he needs during COVID. Nobody was thinking about solutions for that, you know, so I spent ages working with the mosque and the council about what do we do? How do we ensure that people know they can get support within the place that they live?"**
>
> Community worker

Some communities, however, were more inclusive in their responses than others. In some it was acknowledged that people were falling between the gaps, that groups could be inward looking, or that decisions were made on who to support on the basis of the views of a few about who was deserving and who undeserving (see *Rapid research COVID-19 briefing 12* Wilson et al, 2021). It was evident that existing inequalities and prejudices could be reinforced through community responses: "it feels like the rich and those who are paid the most are protecting themselves" (faith leader).

Within those communities that were most inclusive, however, efforts were made first to really understand need and who was experiencing it, and then working to reach out across any traditional divides to ensure the needs of all residents, or all residents most in need, were met and that all who had the capacity to engage in the response were enabled to do so.

It should be noted that the focus within this research was on communities of place, and largely communities of place as defined through Local Trust programmes (Big Local and/or Creative Civic Change) rather than how people living in those places necessarily defined community for themselves.

In reality, communities of place operate at different scales, the boundaries for which did not always coincide with the ones that we were working with. Further, communities of place typically intersect with communities of identity, faith, or interest. In some cases, responses across the (externally defined) community of place may not have appeared to be inclusive (or comprehensive or strategic) when we looked across these intersections, whereas if our focus had been on differently defined/delineated communities, we may have reached different conclusions. Our analysis of community responses should be read within this acknowledgment of these particularities.

Vignette three: towards an inclusive response

During the first lockdown, a community charity, a local restaurant owner and a community-based infrastructure body in a small seaside town came together to meet the needs of what a worker described as "invisible people" — those they felt fell under the radar of local authority and wider voluntary sector provision.

This alliance responded to the needs of vulnerable people who could not get out and/or had no cooking facilities — primarily homeless people in B&B accommodation and some isolated older people who lacked a support network. They decided to cook and deliver hot meals seven days a week. Immediately, they had 28 referrals from the first calls they made to landlords, plus referrals from a carers centre and GPs, and this number rose as the pandemic wore on.

Around 30 volunteers got involved, "making sure people were kept alive – this was the feedback we got – that the meals kept them alive" (project worker). Not only were meals delivered but people connected with others as the food was handed over.

Those involved felt they were operating in a space that statutory partners found difficult, and the informal nature of this response was seen as significant in helping connect with people in the community. Whilst they had not worked together before, they were able to pool their local knowledge, skills and expertise to identify those most in need, and to respond quickly.

"We are here for people and it's around that flexibility and working responsively that's really important … It's taken a long time to get to the point where you get the hard-to-reach people … It's not just something that has happened, it's been a lot of work and relationship-building over the years"

Community worker

Differences over time and place in how communities responded

Taken together, we suggest that the strongest responses tended to be those that were the most comprehensive, the most strategic, and the most inclusive. As indicated above, however, none of this was static: within individual communities these features could develop over time, and at different paces.

While possible, such developments were neither inevitable nor necessarily linear. Looking across communities, we see that while some were quickly able to develop a comprehensive, strategic and inclusive response, for others this was something that developed gradually over time. For others it proved much harder to achieve, and for some that started strong it became harder to maintain their early momentum as needs grew, resources dried up, people tired and/or relationships became strained.

While this suggests that the responses of some communities could be considered as more comprehensive, or more strategic, or more inclusive than others, the focus of our research was on how communities responded to COVID-19, rather than on how well they responded or what difference their responses made to either individual residents or whole communities.

All were resourceful: they did what they could with what they had, it is just that this looked different in different communities. We cannot, however, say whether how a community responded ultimately made a difference to the impact of the pandemic on its residents, to death rates, levels of isolation and loneliness, mental ill-health, or reducing inequality, for example.

Our analysis of what made for a stronger response is based on a qualitative assessment of what community groups, community workers and activists said mattered most to them and the things they described when discussing their experiences of responding to the pandemic. We suggest, however, that it does point to some important, intermediate, outcomes. When responses were more comprehensive, more strategic, and more inclusive, or when they became more so over time, communities seemed to have a greater chance of emerging from the pandemic feeling stronger, more connected, and more powerful:

That is not to say, however, that people within those communities did not also question whether what had been, and now was being, expected of them was sustainable, appropriate, or fair. As we begin to emerge out of the pandemic, some are questioning what is both possible and desirable in terms of community responses, particularly given a growing awareness that levels of poverty are likely to continue to rise as inflation creeps up, fuel prices rocket, and public services struggle to keep pace with backlogs and ongoing demand.

Questions continue to be asked around where responsibility for responding to community needs does and should lie (Macmillan, 2021b). Concerns are being articulated about the expectations placed on communities and their available responses. We have identified three main approaches within community groups: some are wanting to forget the past two years and return to pre-pandemic activities; some want to do things differently but are apprehensive and uncertain about how to respond to the scale of emerging needs they are seeing in their communities; and some have identified new priorities, are making plans, and are working with others to fund and deliver their evolving responses.

"It's weird that something so positive should come out of something so awful. That we would not be where we are now if it wasn't for COVID … And there's so much more strength in people working together… And that can only benefit the community long term. Because everyone at the end of the day is really fighting for the same thing. And that's about having a voice and, you know, creating something positive locally."

Community worker

Why have communities responded differently?

How communities responded to COVID-19 has differed: they have been more or less comprehensive, more or less strategic, and more or less inclusive in their responses. It is also clear that responses developed along different trajectories as time went on: some communities started off with a comprehensive, strategic and inclusive response and continued as such, others became stronger over time, others began to wane as time went on.

It is less clear why responses to COVID-19 have varied across different communities. Our reading of wider literature, both of community responses to the current and previous crises (see our Rapid research COVID-19 briefing series for reviews of various bodies of literature), and early reading of our own data, led us to develop a number of provisional explanations or working theories that might account for why community responses varied.

The literature tends to focus on three sets of factors that might differentiate community responses. First, the resources and assets that might be available in communities, as seen, for example, in levels of deprivation or established community activities or facilities. Second, the capabilities which might be put to use, such as the skills and organising energy of community activists, and third, the nature of relationships both within and beyond communities, such as with key institutions or decision makers.

Within this context, there is much renewed and recent interest in concepts such as 'social capital' (Putnam, 2000), 'community resilience' (Aldrich and Meyer, 2015), and 'social infrastructure' (Klinenberg, 2018). These have gained some traction in policy making circles during the pandemic, as shorthand terms for drawing attention to community or neighbourhood level issues and the case for further investment in the 'social fabric' (Tanner, et al, 2020).

They are also used as explanatory frameworks for community strengths and/or community responses to disasters. However, because they are relatively broad, abstract and metaphorical, they are often somewhat elusive, are operationalised and used in highly divergent and elastic ways, with a myriad of (measurable) proxies. As a result, it is not easy to pinpoint what is and isn't in scope for analysis.

Our research did not set out to assess community responses to COVID-19 by measuring such things as networks, norms and trust as implied in one idea of social capital. Instead, our analysis has compared and contrasted the experiences of the 26 study areas to assess the plausibility and strength of seven somewhat more concrete explanations for varied community responses.

These hypotheses or explanations variously come from academic literature, as well as grey literature, and policy and practice commentary produced during the pandemic. They take the form of reasonably plausible arguments circulating in policy and practice discussion which are thought to have a bearing on community responses to COVID-19. Our analysis has tested these arguments using the data that we have collected over the past 24 months, to provide insight on contemporary COVID-19 related discussion.

Here we work through each of the individual explanations that we tested against our data, before considering how they influence what was and was not possible by way of a community response.

Existing levels of deprivation

Community development, neighbourhood renewal and regeneration efforts have typically been targeted at the most deprived areas, on a working assumption that they lack the resources, capacity or community capital to improve conditions and life chances, and/or to organise to make effective political claims for policy attention (Lupton, 2003; Sullivan and Taylor, 2007).

There is an assumption that deprivation makes a difference to the strength of a community. The Centre for Social Justice has more recently argued that, according to its analysis, deprivation can be seen as "a barrier to community thriving", based on an association, albeit not universal, between higher levels of deprivation and "weaker communities" (Centre for Social Justice, 2021, p. 33).

By implication, levels of deprivation might matter for the ways in which communities responded to COVID-19. This could arise in two ways. First, it generates and reflects high levels of need within more deprived communities, which would require a greater response or add strain to it. Second, deprivation may mean that there are lower levels of resources available within the community to meet those needs.

This study focused predominantly on communities that were in receipt of Local Trust funding, either through the Big Local or Creative Civic Change programmes, or that were otherwise defined as 'left behind' areas. They included some of the most deprived communities in the country. That said, levels of deprivation varied considerably across the 26 study areas, from those which had an index of multiple deprivation which placed them within the top 5 per cent of deprived areas in England to those which were closer to the middle of the range of areas.

Our analysis found that while levels of deprivation affected how communities responded, they did not determine it, and deprivation alone did not account for the differences between community responses.

The effect of deprivation was most apparent in terms of the scale and types of need that were evident and for which responses were required. It was also evident through a sense that the most deprived communities simply lacked some of the resources needed to facilitate a stronger response instead of having to be constantly firefighting:

> **"This is not a community that has resources … [The] poverty levels are just [terrible], at every level: it's poverty of aspiration, it's poverty of education, people's access to knowledge and resources, people's access to food. I mean, the housing is awful … So all of that stuff hasn't gone away because of a horrible virus. It's still there."**
>
> Community worker

Beyond this, however, the evidence was contradictory. There were certainly cases of more deprived communities struggling to respond to the crisis, and cases of communities that were less deprived mounting a stronger response. But equally, there were cases of even the most deprived communities within our sample responding in ways which were more comprehensive, strategic, and inclusive: one of the most deprived communities mounted what we felt was one of the strongest responses. There were also cases of the least deprived communities within our sample struggling to develop a response that could be seen to have these characteristics.

There was not, then, a straightforward, linear relationship between levels of deprivation and strength of community response. It was clear that there were other factors at play which could, to a certain extent at least, override the effects of deprivation on a community's ability to respond.

Summary finding: Levels of deprivation were important, but they did not explain why community responses differed.

Vignette four: a strong response, despite high levels of deprivation

One of the research areas is made up of two adjacent housing estates on the outskirts of a large English town. The estates have high levels of deprivation, most notably reflected in low levels of income and a substantial reliance on zero-hour contracts. The immediate impact of lockdown on residents' (already restricted) income was significant, with many people losing the ability to earn overnight.

A key community-led organisation has worked hard over the years to establish good relationships with, and a funding stream for, local agencies that offer vital support to individuals and families in need, such as Citizens Advice and Home-Start. They were able to build on these relationships within their response.

The organisation made the decision to continue to invest in these agencies, as a cost-effective way of supporting people to access advice about benefits and money, and enabling families with young children to access equipment and basics. They also funded a scheme to start a food club, investing in a fridge and supplies of food that could be accessed by residents, which continued throughout all the lockdowns.

Good relationships with the local authority meant they were also able to refer people to the council's resilience scheme who could then pinpoint any additional support needed.

Vignette five: looking beyond deprivation

One of the communities in the study consisted of a collection of isolated rural villages with a history of poor access to services. Statistically the area is relatively affluent, with pockets of endemic poverty and patterns of precarious working.

At the start of the pandemic, access to flexible funding facilitated the production of information leaflets on what services were available and how to access them. This also made it possible to commission a range of interventions – for example welfare rights advice, online and by phone, as well as health and wellbeing classes to address underlying conditions.

Throughout the pandemic, those involved in the research emphasised the strength of informal responses to need, predominantly on a neighbour-to-neighbour and street-by-street level. Activists and workers, however, struggled to build a coordinated and strategic response across the area. Historic tensions and competition between the villages re-surfaced in the early days of COVID-19 and this contributed to a fragmented response throughout the pandemic.

Levels of community cohesion

We considered the idea that feelings of cohesion within communities could shape community responses to COVID-19. The assumption was that less cohesive communities might find it harder to develop stronger responses to the pandemic, due to a lack of trust and/or conflict between groups (Fieldhouse and Cutts, 2010; Hudson et al, 2007; Abrams et al, 2021).

The communities involved in the study varied considerably in terms of their sense of community cohesion and identity, and we found that this did appear to make a difference to responses: those which struggled most to develop comprehensive, strategic and inclusive responses all appeared to have low levels of cohesion.

It should be noted, however, that we offer this as a tentative finding, as there are limits to our data on community cohesion. It was notable that participants in some of the communities that found it hard to develop or sustain a stronger response talked in terms of being insular, of people keeping themselves to themselves.

Amongst those that seemed to find it hardest, talk was more of the tensions and schisms within the community, of little mixing between groups and the challenges that this created when it came to developing comprehensive, strategic, and inclusive responses. Some respondents talked about the need to get community groups to work beyond their regular groups:

"Across communities rather than just their existing service user groups, their existing communities … we haven't put any artificial boundaries in place, the [foodbank] has and they haven't been prepared to go beyond that."

Resident

Meanwhile, those with the strongest responses tended to have higher levels of cohesion, although this was not always the case. This was evidenced by people from a number of areas who talked about being a strong community and pulling together. As a resident from one of these communities reflected: "there is a strong community spirit and people came together to support each other". In some cases, this sense of unity came through adversity – through a feeling of needing to be united within the community to look after themselves, as no one else would.

In some cases it was apparent that the efforts made during the pandemic, by individuals and groups, to reach out beyond traditional divides within the community, had helped to bridge gaps and build cohesion, thus modifying the context within which the responses were situated as they unfolded. Cohesion within communities could then be considered both a contributing factor in differentiating how communities responded and an outcome of those responses.

We also explored whether levels of ethnic diversity made a difference to responses. The assumption was that communities with high levels of diversity and/or transient populations would find it harder to develop fuller responses, as community engagement is more likely amongst longstanding residents and because diverse populations may create fragmented responses (Araujo, 2021; RSPH, 2021).

We found no obvious pattern in terms of the ethnic diversity of the population and how communities responded to COVID-19. The most and the least diverse were found amongst those communities considered to have demonstrated the strongest responses and those which struggled to do so.

Summary finding: Feelings of community cohesion and identity helped to explain why responses to COVID-19 differed: those communities which struggled most to develop a comprehensive, strategic and inclusive response all had low levels of cohesion.

Vignette six: community cohesion facilitates community responses

A community-led organisation, covering a predominantly white population in urban and rural settlements (and including new housing developments), built on existing community involvement and community connections to create an appropriate response to COVID-19.

The group mobilised residents to make sure that people could access support to meet their basic needs and provided complementary services and activities. A resident commented in April 2020 that: "Within a few phone calls, lots of volunteers are there. The amount of local response and neighbourhood response and one-to-one … it's been quite remarkable actually… And because we've got so many connections … we're able to get that stuff out there quite widely and quite quickly".

One feature of the community's response was wellbeing calls — contacting all those that had previously used and volunteered in activities, looking out for each other and consistently signposting people. The group talked about "the comradeship and the friendliness of all our people" and the worker explained: "[you] see people on Facebook that look like they are becoming the doers … There has been a lot of people moving into action".

Other responses included use of the community allotment to enable people to meet safely and access wifi, a funding offer to sustain small community groups who were unable to fundraise, covering the usual rental costs at a community club to help it financially survive, and mobilising teams of volunteers to run holiday play and food provision.

This response rested on people coming together when needed, as a project worker noted: "It's a case of mobilising the existing resources, the community resources … [We] always had this latent social capital and now it's coming to the fore".

Levels of investment in communities

A common theme in discussions of strengthening communities in relation to COVID-19 is that levels of existing and prior investment affected their ability to respond to the crisis (for example, Tam, 2021; Abrams et al, 2021; Krasniqi et al, 2021). The underlying assumption here appears to be that such investments would have built community capacity, organisation and facilities, ensuring that communities had the resources needed to enable a fuller, quicker response.

Twenty-one of the communities involved in the study were Big Local areas, currently in receipt of a programme investment that included both financial and capacity-building support, with an emphasis on developing community-led change over the past 10 or so years. Three were not Big Local areas but were part of Local Trust's Creative Civic Change programme, which meant that they were in receipt of funding and support to use art and creativity to make positive local change.

Two were not currently in receipt of any such programme investment. Some of the communities had also been part of previous regeneration and investment programmes or were located within local authorities that had invested significantly in supporting voluntary and community action.

The effects of levels of investment were hard to assess. In part, this was due to the limits of our data and sample: we did not always know what previous investments the communities had benefited from and all but two of our communities were in receipt of Local Trust investment. It was also due to the complex ways in which investment worked. Overall, it was apparent that levels of investment did matter for community responses to COVID-19, but it was not a simple case of those communities that were in receipt of the greatest investment always mounting the strongest responses.

Those communities that had the strongest – most comprehensive, strategic and inclusive – responses were all in receipt of current investments (as indeed were all but two of the communities involved in this study), although they were mixed in terms of levels of historic investment. Areas in receipt of Big Local investment were, however, spread across the spectrum: while some were amongst those that appeared to provide the strongest response, some were amongst those which seemed to struggle the most to do so, while others were in the middle.

One of the areas with more limited current programme support (that being, not a Big Local area, but a community in receipt of investment through the Creative Civic Change programme) provided one of the strongest responses, but it was suggested that they had benefited from substantial previous (and indeed current) local authority investment.

Most of those communities that found it hardest to develop comprehensive, strategic and inclusive responses tended to have had relatively low levels of historic investment, although most of these were currently in receipt of support through being Big Local areas.[2]

In the two communities that had no current Local Trust investment, it appeared that a lack of investment (long term and systemic, as well as current) had affected their ability to respond to the pandemic. Limited investment meant a lack of flexible resources to invest in community activities and outreach, which made it harder to develop more comprehensive and strategic responses. People in both these areas talked about a lack of available funding and access to community space, poor coordination of volunteers, and less than helpful relationships between the local authority and community groups.

Indeed, in one of these areas there is some Big Local funded activity in a neighbouring community. Project workers spoke about how people could see the resources on the other side of the road and a noticeable difference in how the other community was connected and mobilised. There was also a difference between how these two communities responded which appears, in part at least, to be influenced by other forms of previous and current investment that they have had, such as local authority funding and community development support. One of these areas, for example, did have the backing of a geographically broader community network which had been established several years earlier with local authority support.

[2] This reflects the bias towards Big Local areas within our sample. With only two areas not in receipt of Local Trust investment, we cannot say whether other communities also not in receipt of this funding found it harder still to develop a full response.

It was apparent from a small number of the 26 areas that a lack of investment not only affected the availability of resources needed for responses within communities, but also the attitudes of residents towards developing responses. Some respondents, for example, talked about a lack of investment being suggestive of a lack of care and being a neglected and stigmatised community. There was also anger amongst some about how this affected their ability to respond to the pandemic:

> **"I think with regards to community response, there needs to be a full assessment of what actually happened. We need to expect a lot more from funders and the local council to build our communities again. Listen to and involve local people. A coffee morning doesn't change anything. Small group activities don't even scratch the surface. People get by in [this community] and need to be better informed about what they are entitled to in terms of support."**
>
> Resident

Overall, there seemed to be a number of different ways in which investments facilitated community responses.

First, being in receipt and control of financial investment as the pandemic hit meant a community had its own money to spend on what was needed. Ready access to, and community control of, money was an enabler for community responses to COVID-19. It enabled communities to set up new and appropriate response activities – in one case to buy Zoom licenses for local community groups, in another to pay for volunteer expenses and Disclosure and Barring Service (DBS) checks, for example. But it was acknowledged by a community group advisor that money alone was not enough: "We can't start kind of just chucking money into a community to make things better for a short term, because that doesn't work".

Second, recent and historic investments had contributed to the building of structures, relationships and capabilities within areas, which often proved to be key focal points for responses in communities. People spoke about how the structures and support they had put in place, through the investment they had received over the last eight to ten years, had paid off, with one Big Local worker reporting:

> **"[I have learned] that we can do almost anything, we can rise to any challenge. And that we can solve anything if we work together. I know all the right people to go to for things. Whatever it is that is needed for my community I can find someone who can help is with it and, if I can't, I will find someone who knows someone who can."**
>
> Big Local worker

It was apparent that this was not an automatic outcome of investment – it was a result of the process of how the investment was being and had been used, and to what effect. As one worker commented: "What we learned from SRB [Single Regeneration Budget] is that parachuting external agencies in does not work. They leave when the money goes". In this community they have spent many years developing grassroots action to avoid reliance on external agencies, which in turn meant they were better placed to respond to the pandemic.

In this way, levels of investment are likely to be related to two other prevailing explanations for different community responses: levels of existing community activities and a network of individual community leaders (section below).

Third, the employment of locally based community workers, through investment programmes such as Big Local or through local authority funding streams, could also make a difference. This was most notable in those areas that had the most comprehensive, strategic and inclusive responses. Such workers enabled the coordination and mobilisation of volunteers and, in many areas, ensured connections with other organisations. This was, however, time consuming and as the pandemic wore on, some workers were forced to return to other tasks.

More specifically, COVID-19 programme support associated with these investments was valued as making a difference to community responses. For example, Big Local areas valued both the offer of a free Zoom license and the training to use it, as well as the weekly online networking events to share ideas and information, that were put in place very early on in the pandemic. The Zoom licenses encouraged several areas that were previously hesitant to move their community activities and other business online and, as one worker said: "We are certainly getting our money's worth out of [Local Trust] paying for this Zoom".

We also examined the idea that 'left behind' areas – those with high levels of deprivation and lower levels of social infrastructure which Local Trust consider is, at least in part, a reflection of low levels of investment – would respond differently to the crisis than those from areas not given this designation (Local Trust and OCSI, 2019). The assumption was that a lack of resources would make it harder to respond.

When we looked specifically for differences between communities that had been identified as 'left behind' and compared them to those that had not, we found cases that seemed to both support and contest the idea that 'left behind' areas would find it harder to respond.

'Left behind' areas were spread out across the spectrum from the most to the least comprehensive, strategic and inclusive of community responses, as were areas that were not identified as 'left behind' (see below for an example of how being 'left behind' interacted with other contextual elements explored).

Summary finding: Current and previous levels of investment in communities helped enable more comprehensive, strategic and inclusive community responses, but did not fully explain the difference between communities in the strength of their responses.

There was no clear difference in the strength of responses between areas that were identified as 'left behind' and those that were not.

Vignette seven: a lack of investment hampered responses

Research participants in one urban area were working within a context of shrinking employment opportunities, limited community infrastructure and few community buildings. They described how residents felt they had been left out of previous regeneration initiatives that other parts of the town had benefitted from.

As a result of a previous lack of investment and poverty, the community's response to the pandemic faced significant barriers. A key challenge was the level of demand for community support, in particular around food distribution. Another was the pressure on local public services (for example, mental health support, debt advice, social and health care) and limited access to community spaces.

In the absence of other forms of support, community groups had to work extremely hard to meet the demand for food supplies and befriending services in particular. As one resident put it: "People have cried openly in my car when I have asked them how they have been".

Residents, local politicians, local faith groups and local businesses (including a social club) in the area responded to this by linking up with wider food distribution networks in the town, which helped them to draw in other resources and volunteers. Community groups developed new ways of working together to support local residents too. A network of previously loosely affiliated community activists, for instance, emerged with a shared purpose and identity (even getting the same t-shirts so their network is identifiable).

Similarly, a local mosque has rethought how to involve people, with younger people stepping up to lead the mosque's work on communication and food distribution after the elders on their committee had to isolate due to the pandemic.

Strength of existing community activities

The fourth explanation we considered was that the strength of existing community activities would shape how communities responded. In this view, areas with a wide range of active, experienced and densely networked community groups and activities would find it easier to develop stronger community responses (Gilchrist, 2019; Tanner et al, 2020). The assumption was that active and experienced groups, activities and networks would form a positive and readily available resource to be put to use and easily coordinated in emergency situations.

Our understanding of community activities is wide ranging. It includes the density and range of activities within communities, whether community-run or provided by other organisations. It includes not just community groups and community based/run voluntary organisations, but also the work of faith-based organisations, schools and local businesses.

We found support for this explanation in differentiating between community responses across the 26 study areas. Those that demonstrated a stronger response tended to have stronger levels of existing community activity, whereas those that found it harder to respond tended to have weaker levels of existing activity. Areas with a wide range of pre-existing activities tended to have resources that they could draw upon more readily than those without. This included, for example, volunteers that groups could readily mobilise to provide a wide-ranging response.

This is not just about the existence of such activities and resources. It is also about the strength of connectivity and relationships between existing activities. For example, in one area it was reported that community activists consolidated their connections to make for a stronger response: "because they've got the trust there already" (resident).

In another area, previous experience of partnership working and collaboration across a number of organisations within the community proved to be an enabler during the pandemic. The partner organisations each had their own networks which enhanced their collective reach and resulted in a comprehensive response. This collaboration also enabled the area to access funding that would have been difficult as individual organisations.

It is notable that those areas with strong existing community activities also tended to have a strong network of individual leaders, suggestive of the interaction between these different aspects (see below).

The above illustrations contrast with those areas that have fewer established groups and poorer connections between them. In a few cases, there were examples of ongoing tensions and a sense of rivalry between key community groups, which hampered possibilities for a coordinated response. The evidence in such areas points to an ad hoc, fragmented and more limited response which was often led by individuals rather than groups and alliances between them.

As with community cohesion, it was apparent in some areas that community activities became stronger, particularly in terms of the relationships between groups and organisations, as a result of the ways in which they responded to the pandemic – as they realised, for example, that they needed to share information about community needs and would be more able to respond effectively if resources were pooled.

Strength of community activity can be considered both a contributing factor in differentiating between how communities responded and an outcome of those responses: responses were modifying the context within which they were being enacted as time went on.

Summary finding: The strength of existing community activities was an important factor in shaping community responses. Communities with stronger existing activities were generally able to mount a stronger response, whereas those with weaker existing activities were less likely to do so.

Vignette eight: having strong community activities enabled better responses

A resident-led and neighbourhood-based partnership in a coastal town had been funding community activities, commissioning services and working with external agencies for over eight years at the point when the first lockdown was announced.

Very quickly, residents and the different partner organisations used weekly online gatherings to communicate what they knew about community needs from their varying perspectives; share the responses that each could undertake; identify gaps and suggest new ways of meeting them. Decisions about priorities for allocating available funding could be taken very quickly. A partnership member explained: "People can react to a need today, don't need three months and a committee to talk about it. We can make decisions in 24 hours".

A wide range of activities were in place before the pandemic and helped to target the response to those most in need, provided by, for example, the residents association, a local community centre, a mental health and employment project, a local primary school, and a local church. Responses included food shopping, emergency fuel payments, mental health support and counselling, lunch vouchers for children not in receipt of free school meals, young people's health and wellbeing programmes, food provision, treat packs, outdoor picnic tables, advocacy with GPs and health services, and support to help residents connect through Facebook and Zoom.

In addition, relationships built with housing associations and the council brought in additional resources and helped to create a comprehensive and inclusive response. As a Big Local rep commented: "they identified immediate problems and tackled them".

Community buildings and spaces

Much has been written about the value of community spaces, within and outside buildings, in general and during COVID-19 (Latham and Layton, 2019; Community Matters, 2020; Coutts et al, 2021).

We wanted to assess the extent to which the existence of community buildings and spaces could be seen as an explanation for why community responses varied during the pandemic: whether the presence of community buildings and spaces led to a fuller community response, while areas lacking in them had a more limited response. The assumption here is that venues and spaces can be seen as focal points for communities, providing visible presence and momentum, and enabling services to be provided and residents and groups to meet.

We found some support for this explanation, although evidence was mixed. While it was apparent that the communities which demonstrated the strongest responses tended to have greater access to community buildings and spaces, this was not always the case. Equally, while communities which struggled

to mount the strongest responses tended to have more limited access to community buildings and spaces, again this was not always the case. While the presence of community buildings and spaces was an important enabler of community responses to COVID-19, it did not neatly account for the differences between communities in how they responded.

For several areas in the study, community buildings – and particularly those that operated as community-controlled hubs – were central to the response with some activities, such as foodbanks, made possible only by access to a physical space (see *Rapid research COVID-19 briefing 16* Langdale et al, 2021, for a fuller discussion of the role of community hubs during the pandemic). Indeed, there is evidence that the availability of a community hub often enabled a more comprehensive community response.

In one area, a request by a local community worker to use a community hub as a foodbank led to a community partnership offering a seconded worker to help staff it, providing an opportunity for engaging with residents who were using it. The hub has also been used as a vaccination centre. Both of these uses, food provision and vaccination, have led to further productive outcomes in terms of stronger connections with other agencies and service providers and greater community awareness of the centre, respectively.

However, there are also examples of areas that could use a building to provide access to food when needed but that was all they did, and it was not necessarily inclusive of all the residents that required such support.

While the use of community buildings for food provision was more common, their use for running activities for vulnerable people during lockdowns and restrictions was much less so. Restrictions around social distancing took precedence over people's need to connect with others. There was local authority support in just one area for opening up some face-to-face activities in response to concerns about mental wellbeing, a move that enabled a more inclusive and comprehensive response than would otherwise have been the case.

It was apparent that the presence of a community building was not enough. Not all areas with a community building were able to use them as some building owners took a very restrictive stance. In several areas landlords closed community hubs, which limited opportunities for the community to provide support and assistance. It appears therefore that it was not just the existence of community buildings that was important, but who owned and controlled them.

Furthermore, it is not the case that all those with the strongest responses had community buildings available, or that all those with more limited responses lacked them. This is in part because for some communities the lack of a building, whether they had access to one prior to the pandemic or not, led them to think creatively about how they could respond using different kinds of spaces. These areas demonstrated resourcefulness in using and adapting what was available to them, including the use of local green space and the emergence of outreach work.

In some areas, interactive activities or art installations were organised in outside spaces, such as parks or woodlands. Residents organised street quizzes to stay connected with their neighbours, and activities took place outside on the grass or benches, with residents taking along their own refreshments and, when needed, a hot water bottle to keep warm!

In one area, partnership working between the community and the local authority led to regular markets and weekly outside dining when restrictions allowed, while another organised a takeaway service from a park ticket office. In addition, a few areas took to outreach work such as door knocking to reach as many residents as possible. This enabled communities to reach people they would not have connected to from within a building and produced a more inclusive response as a result.

The lack of physical space could also be at least partially compensated for through the creation and use of online communication spaces. In some communities, these online spaces enabled groups to be brought together for activities which ranged from knit and natters through to online youth work, as well as planning and coordinating community responses.

Some areas worked hard to create online spaces and to build digital connections amongst residents. A project in one area, for example, covered the cost of Zoom licenses for community groups. In another, IT equipment was purchased for local schools and vulnerable adults, with activists and workers providing training and support in the use of social media. Whilst the volume of social media outputs in each area ebbed and flowed as the pandemic continued, with the focus often shifting from, for example, access to food to advertising positive activities for families, it remained a key mechanism for sharing tailored, locally appropriate information amongst residents. As suggested, the creation and accessibility of such online spaces was influenced, at least in part, by the programmes of investment operating within those communities.

Summary finding: Having or creating physical and/or virtual spaces was an important enabler for community responses to COVID-19, but it was not a simple relationship between the availability of buildings and the strength of response. Not all communities with buildings developed stronger responses, and not all those that struggled to develop stronger responses lacked buildings.

Vignette nine: accessible spaces were important for community responses

One community, based in a diverse urban neighbourhood, has successfully delivered and grown their community fridge programme throughout the pandemic. Their community hub was shut for activities and events in the first lockdown but the fridge was allowed to continue and indeed developed in the additional space available.

The aim of the fridge was always about reducing food waste (as opposed to providing food to people in need) but it came into its own during the pandemic. It adapted and increased its hours in response to community need, growing from around 30 users per week before the pandemic to sometimes 100 people per day during it. It has been welcomed by volunteers as well as users, combating isolation as well as food insecurity.

The last two years have been difficult for this community, and there have been challenges with relationships in the area, volunteer turnover, and key people stepping back. These have hampered the community's ability to provide a strategic response to COVID-19. However, they have used the one thing they did have, a building, to meet local needs. Without the community hub this would not have been possible.

Strength of network of community leaders

Existing evidence led us to consider the possibility that the capabilities, in terms of knowledge, skills, experience and networks of individual community leaders, would make a difference to how communities responded to the pandemic (Onyx and Leonard, 2011; Gilchrist, 2019; McCabe et al, 2019).

The belief was that areas with a network of highly experienced and active residents, activists and/or workers would be better positioned to develop a fuller community response. The assumption in this explanation is that key individuals can act as lynchpins, bringing their experience, knowledge, confidence, time, relationships and energy to mobilise others, link people together and get things done.

We found strong evidence in support of this explanation across our study areas: communities with the most comprehensive, strategic and inclusive responses had strong networks of individual leaders, whilst those that struggled to respond quite so fully seemed to lack strong networks of individual leaders.

What seemed crucial, however, was not so much that those individual community leaders existed (in some areas in relatively small numbers) but the skills they brought, the approach they took in their roles and the extent to which they were embedded within and networked across their communities. This included the ability of those people to identify local needs and to motivate and mobilise other members of the community through their networks in response. For example, a resident described one local community leader (a paid worker in this instance) as an "absolute powerhouse – knows everybody. Knows everything that is going on. Very forceful. Amazing energy. Makes stuff happen".

A history of forming relationships across the community and building collective community leadership over time adds to this:

> **"We're known because we're loud and we bang drums, and we make sure people know that we exist. That has a huge benefit, doesn't it, to getting something up and running very quickly and to be able to take the lead on something that other places don't have."**
>
> Community worker

> **"Without [us] there would not have been a response, you would have got the odd person saying if you need anything I will get it for you. No one else would have done. There wouldn't have been an action group. A good job we were around."**
>
> Resident

As suggested above, in communities that developed the strongest responses, it was apparent that it was also important for such key individuals to be embedded within their communities and to have strong networks of other individuals, groups and organisations that they could draw upon – in effect to work as a core group of highly active people on the ground, at the heart of most things.

This was not simply a case of having information about agencies to refer individuals on to for support, but the ability of such people to stimulate and sustain wider networks and partnership working both within the community and with external agencies. As the pandemic evolved, whilst such key individuals often risked burning out, they were also those that invested time and energy in ensuring the wellbeing of other activists.

There was not always a strong group or network of individual leaders across the case study areas. Areas without a core group tended to be the ones that found it harder to develop a fuller response. Some seemed to lack a network of people who had lived and/or worked in the community for long enough to develop the required relationships, and/or who had the necessary social skills. In some areas there was an element of competition or rivalry between key individuals for status, kudos and funding during the pandemic, rather than collaboration, which exacerbated already poor relationships within the community and with external agencies such as the local authority.

In a few other areas, pre-existing tensions between key people within a leading community organisation hampered the response. It was difficult to be proactive and take decisions if there was not a team approach before COVID-19, and difficult to repair relationships when relying solely on online communication. There were also instances of the community trying to create a project in response to the pandemic but lacking the skillset to run it and keep it positive for people.

In some areas where residents struggled to be proactive in response to the crisis, the role of faith-based groups and their leaders played a significant role. There were several examples of faith leaders initiating and delivering responses, for example the coordination of food provision, family activities, housing support and debt advice. Some of this was ultimately financed by community-led bodies and ensured some grassroots activity in places where there might otherwise have been a more limited response.

While the research indicates the importance of having a network of individual community leaders, it was clear that skilled, embedded individuals alone were not enough to ensure the strongest responses. For example, in one area there were a number of key people who were really active and did great work, but a lack of investment and pre-existing organisational support, combined with high levels of deprivation in the area and low levels of cohesion, made it difficult to respond comprehensively or, indeed, in a coordinated, strategic way to the depth and diversity of local needs.

Summary finding: Those communities that struggled to develop the strongest responses tended to have a more limited group of individual leaders. In contrast, almost all of those areas that demonstrated the strongest responses had a strong network of leaders.

Vignette ten: the importance of key individuals for community responses

One of the case study areas is in a coastal town and is amongst the most deprived communities in England, with high levels of transience and poor access to local services.

Community responses to COVID-19 were initially slow to evolve beyond a well-established foodbank and there had been a history of tensions and poor relationships between the community and the local authority. As the pandemic progressed, however, relationships with the local authority were transformed and additional resources were provided to carry out local door-to-door outreach work. Responses also became more coordinated at the local level, with the provision not only of food and household goods but also mental health support and positive activities for children and young people.

Much of this strengthened, and then sustained, response can be attributed to a combination of existing community leaders and the emergence of new community leaders in 2021 – people with a physical presence in the community. This facilitated an improved relationship with the local authority and other external agencies and also opened up access to new resources. It is not simply that the area's community leadership was re-invigorated during the pandemic. The style of that leadership was critical, a style that encouraged cooperation and was instrumental in mobilising and motivating a wider range of community-led interventions.

Strength of relationships with local authorities

A common theme in COVID-19 related research and commentary is that communities were quick to respond to the initial crisis, while local government was relatively slow in comparison (Kay and Morgan, 2021; Pollard et al, 2021; Dayson et al, 2021). Once local authorities did gear up their responses, there were a number of scenarios around how they and communities worked together, from supporting the community response through funding, collaboration and working in partnership, through to those areas where there was little relationship and responses appeared to run in parallel (Tiratelli and Kaye, 2020).

From this, we examined whether the strength of relationships between a community and its local authority would shape its response to the pandemic, with stronger relationships contributing to stronger responses. The assumption in this explanation is that good relationships confer legitimacy, authority and permission; provide information, resources and access for residents to other groups and services; and create confidence in community responses.

We found that generally, but not always, the communities that demonstrated the strongest responses to the pandemic had strong existing relationships with their local authorities, as evidenced through formal partnerships or more informal relationships with relevant council departments and individual officers. In such situations, councils forwarded referrals to community groups, helped coordinate volunteers on the ground and passed on (often unsolicited) funding. As one respondent explained:

> **"We'd already built up quite a good relationship with [the] council … We know all the people … So we tend to just tell each other everything that we're doing, because we don't really want to be duplicating. We want to be doing stuff together because it gives extra support and power, really, to the community if we work together on things."**
>
> Community worker

However, not all areas that had the strongest response had a strong relationship with the local authority at the start; for some it developed over time and in some it never really developed. There are several examples of where relationships prior to the pandemic were not especially strong but became stronger as time went on, as a result of working together during the pandemic (in *Rapid research COVID-19 briefing 10* Wilson et al, 2020, noted the ebb and flow of collaborative working between communities and councils). In one area, the community stepped in when it felt forgotten by the statutory response and dragged agencies along with it, until the point that it became a joint and comprehensive effort.

Equally, generally (although not universally) those communities that struggled most to develop the fullest response had weaker relationships with their local authorities. One area talked about a lack of coordination from the council and a lack of knowledge about community action on the ground, which meant that funding did not reach them or flow equitably. In many of the areas there was a perceivable lack of trust in local authority officers by communities and a possible lack of trust in the community by those same officers, making the scope for misunderstanding quite high. For example, in one area where there appeared to be a disconnect in the response, there was disquiet that the council did not contact a key community organisation to be part of the relief effort and a suggestion from the council that the group did not come forward to offer its support.

It was not, then, only about the strength of relationships between communities and their local authorities, but also about the approach adopted by local authorities and how they relate to communities overall. To some extent, the community response was shaped by the statutory response. For example, there are examples of communities that did not feel the need to set up food provision because it was felt this was adequately catered for by the local authority and larger voluntary sector partners.

It is also likely that where local authorities had already adopted asset-based approaches, there were already more knowledgeable and trusting relationships with communities that played out in a collaborative response.

Summary finding: Communities that demonstrated the strongest responses tended to have more solid relationships with their local authorities, while those who found it harder to develop comprehensive, strategic and inclusive responses tended to have a weaker relationship with their local authorities. However, there were exceptions, and these relationships could change over time.

Vignette eleven: strong relationships with local authorities supported COVID-19 responses

In a rural town and surrounding villages that are served by several tiers of local government, there are times when relationships between the community and the various levels of councils (local, district and county) have been distant at best and difficult at worst.

When the pandemic hit, the two leading community bodies in the area initially "delayed … we watched and listened first to see what was going on, because we particularly wanted to make sure that we were linking in with the councils" (resident and project worker). It soon became apparent that the community bodies needed to step up more quickly than the local councils were able to, and they took a tactical decision to promote the response as a town response, to create broader ownership amongst all agencies.

This approach brought on board the town council and relationships were soon built with the district council. The community was represented at regular, district-wide, strategic COVID-19 planning meetings where they were one of only two grassroots groups invited.

The community-led organisation was given a quality mark as an approved partner in the response effort and close relationships were built. This accreditation opened up a flow of funding into the area and the community felt supported and trusted. Working together in this way led to a coordinated response to a flooding crisis in 2020 and stronger and more strategic ongoing relationships with the local, district and county councils.

Interaction between different explanations

All seven of the explanations that we explored in our research were found to have some influence on how communities responded to COVID-19 (see figure 3). None alone could explain the differences between communities – indeed, it was the combination of all these elements which together seemed to account for the differences between communities.

Of these seven explanations, three of them – represented in Figure 3 by heavier arrows – seemed to have a slightly clearer, more straightforward relationship with the strength of community responses. These are also listed first below.

Figure three: Various factors interacted to influence the strength of community responses

Strength of a network of community leaders: there was a clear relationship across the case study areas between having enough skilled, embedded, networked community leaders and the strength of a community's response. It was apparent that key individuals (workers, activists, faith-leaders, residents) can act as lynchpins who bring experience, knowledge, confidence, time, relationships and energy. They were able to mobilise others, link people together and get things done. For this to happen, they needed to be socially skilled, able to understand and work well with diverse groups of people and, generally, to have deep relationships within and beyond their community.

Levels of existing community activities and their connectivity: areas with stronger, existing networks of community activities (community groups, voluntary organisations, faith-based organisations, schools and local businesses) tended to demonstrate a stronger response, whereas those with weaker existing activities – or activities and groups that were not so well connected – were less likely to do so. Having active and networked, experienced groups, activities and organisations provided communities with positive and readily available resources which could be put to use and easily coordinated during the pandemic.

Strength of relationships with local authorities: although there were some exceptions, communities that demonstrated the strongest responses tended to have stronger relationships with their local authorities, while communities that found it harder to develop a fuller response tended to have a weaker relationship. Where relationships were strong, there tended to be better sharing of expertise, information and resource, less duplication and more coordination of effort, all of which helped to facilitate responses. It was not, however, only the strength of relationships that mattered; the approach that a local authority itself took to responding to the pandemic had implications for how communities within the area responded.

Even taken together, these three elements were not enough to explain differences between communities. The other explanations we assessed through our analysis were all found to have shaped what community responses looked like and what was and was not possible, albeit with slightly less straight forward explanatory power.

Strength of community cohesion and identity: communities with low levels of cohesion tended to struggle to develop a comprehensive, strategic and inclusive response. Although not all those that developed a stronger response appeared to be highly cohesive, they did tend to talk more about the strength of community spirit and identity in their communities. Tensions and a lack of trust and shared identity between groups within communities led to more constrained responses — it was harder to work together to identify and address needs. In addition, there were some groups of people who felt their needs were not adequately met, for example those with halal or special dietary requirements, and we also heard stories of people not being welcomed, either as beneficiaries of food provision or as volunteers, alongside claims of racism.

Levels of current and previous investment: there were differences in how the 21 Big Local areas involved in the research responded: current investment through the programme was not a guarantee of a strong response. However, it was also clear that a lack of investment could constrain responses. Those (two) communities that were not in receipt of any Local Trust investment, and those (three) communities that were in receipt of more limited investment, tended to find it harder to develop a stronger response (with just one notable exception, which had benefited from previous investments). Current investments enabled community responses through, for example: providing money that the community had control over, to spend as and when needed; paid worker support; and contributing to the building of organisational structures, physical assets and skills required for a response. The influence of previous investment was harder to assess but did also appear significant, particularly in terms of its contribution to the development of community activities, buildings and leadership.

Availability of community buildings: there was not a simple relationship between the presence of community buildings and strength of response. Not all communities that demonstrated the strongest responses had plentiful community buildings, and not all those who struggled to develop a stronger response lacked buildings, although there was some association. However, it was apparent that communities needed appropriate physical and/or virtual spaces over which they had control to develop a response. Buildings that were accessible during periods of lockdown, for example, were particularly important as bases for activities such as food provision and the more general coordination of efforts. Some communities demonstrated their resourcefulness through utilising outdoor spaces and/or creating new virtual spaces when they did not have access to buildings, enabling them to overcome the constraining effects of a lack of physical space on their responses.

Levels of deprivation: there was no clear, simple relationship between levels of deprivation and the strength of community responses amongst the 26 case study areas. Nevertheless, the 26 communities were not operating on a level playing field. Deprivation did have an effect on the levels of need within an area for which a response was required and as COVID-19 exacerbated inequalities, these differences between communities – in terms of levels of poverty and the varying needs of residents – likely grew as the pandemic went on. In addition, there were areas where the resources available to individuals and communities to support the community response were simply not available. For example, in one area volunteer food delivery drivers withdrew as they could not afford to cover petrol costs.

Furthermore, we found that community responses were shaped by a complex interaction between these different contextual elements.

1. **Some of the elements were mutually reinforcing:** it was the additive effect of elements working in combination that was particularly influential in explaining why some communities mounted a stronger response than others. Those communities that found it hardest to develop the strongest responses:

- lacked community leaders
- *and* had weaker existing activities

- *and* had relatively poor relationships with local authorities
- *and* lacked community buildings
- *and* lacked community cohesion, almost regardless of their levels of deprivation.

Those that demonstrated the strongest responses, tended to have:

- a strong network of community leaders
- *and* stronger existing community activities
- *and* tended to have stronger relationships with local authorities
- *and* were in receipt of current investment.

Those that were in the middle of the spectrum of responses tended to have a mixture of these different elements. They might, for example, have had low levels of deprivation but also low levels of community cohesion, and strong existing community activities but weak relationships with local authorities. While some of these contextual elements were enabling community responses, others were constraining them.

2. **The processes involved in one explanation may offset those in another:** the constraining effects of deprivation, for example, appeared to be counter-balanced in some areas by having stronger community activities, individual community leaders and stronger relationships with the local authority. The constraining effects of low levels of community cohesion appeared in some cases to be offset by having strong individual community leaders who were able to access and mobilise resources and work across and between different groups.

The interaction of these different elements can be illustrated, for example, when we look in more detail at areas that were or weren't identified as 'left behind'. Three areas in particular stood out as being identified as 'left behind' and developing particularly strong responses. In all three, it was notable that they were all in receipt of current (Big Local) investment and all had a strong network of skilled individual leaders which, together, helped to mitigate the constraining effects of being 'left behind'.

Conversely, in areas that were not 'left behind' but which found it hardest to develop a strong response, it was notable that while all were in receipt of investment, they all lacked a strong network of skilled individual leaders and most also lacked strong relationships with their local authority, had weak existing community activity and low levels of cohesion.

Similarly, amongst those areas that were in receipt of current investment through Big Local but which struggled to develop comprehensive, strategic and inclusive responses, it was notable that they all had low levels of cohesion, *and* lacked community buildings, *and* didn't have a strong network of community leaders, *and* tended to have weaker relationships with local authorities. Investment was not enough to compensate for the constraining effects of all the other elements when they were operating together.

3. **These were not independent elements:** the strength of community activities, the network of community leaders and the availability of accessible community buildings/spaces, for example, were likely to have been influenced – in part at least – by levels of (previous) investment and potentially by levels of deprivation. The individual histories of, and sense of identity in, each community had contributed to the particular layering of contextual elements, which in turn shaped what was possible by way of a response to the pandemic.

4. **Neither the ways in which communities responded to the pandemic, nor the contexts through which those responses played out, were static but developed as time went on, sometimes in mutually reinforcing ways:** for example, while existing relationships with a local authority could affect how a community initially responded to the pandemic, the nature of those responses could in turn affect the strength and quality of relationships. In a few of the communities in the study it was clear that relationships with the local authority had improved over time due to the ways in which both the community and the council had responded.

Some contextual elements that were included within our explanations were particularly deep-seated and lay outside community control at the hyper local level but could be mediated by other factors. For example, the limiting effects of deprivation felt beyond the immediate control of communities within the context of the pandemic but could be countered through the contribution of other elements such as investment, having a strong network of community leaders and strong relationships with local authorities. This enabled some communities to mount a fuller response, despite their high levels of deprivation.

Elements such as the strength of community activities, relationships with local authorities and strength of the network of community leaders felt more mutable and in some cases changed as the pandemic unfolded, as a result of the ways in which the community acted. Others, such as levels of investment and community cohesion, seemed to sit somewhere in the middle.

While this combination of contextual elements goes a long way in explaining why community responses varied, they still do not fully account for what happened. Our analysis also highlighted the ways different actors (individuals and groups) within and around communities developed approaches which seemed to work against what the prevailing contextual elements would suggest. Such actions could then shape the environment within which they were responding.

Some community leaders, for example, chose and fought hard to work in ways which were collaborative, despite being situated within contexts which would have seemed to mitigate against collaboration, for example, areas where there was an absence of strong networks of existing community activities, and/or strong relationships with local authorities. This was often demanding work, placing considerable pressure on a few key individuals and groups.

Finally, our analysis made it apparent that how communities responded to the pandemic cannot be considered in isolation from how others responded. For example, the strategies adopted by local authorities (for example, whether or not they developed an authority-wide, coordinated response, and whether they favoured command and control or other types of approaches) had significant implications for both what was demanded of, and possible for, communities.

Conclusions

A demonstration of resourcefulness

All around the world, communities have stepped up in different ways to meet the challenge of responding to COVID-19. The 26 communities in England involved in our study have all shown themselves to be resourceful, developing creative solutions to the enormous and long-lasting shock that the pandemic has represented.

As we argued in *Rapid research COVID-19 briefing 2* communities have mobilised financial and human resources (old and new) to respond to immediate community needs; they have used skills and technical knowledge to adapt previous ways of working or develop new ones; and they have drawn on and applied local knowledge and relationships to identify and address basic needs, whilst not losing sight of their longer term visions (McCabe et al, 2020a).

Exactly how communities responded, however, varied in terms of what they did, how they did it, and to what effect. It was apparent that some communities were better placed than others to develop a stronger response – one that was comprehensive in terms of the needs it sought to address and the activities it involved; strategic in terms of the understanding of needs, coordination of efforts and adaptability of response; and inclusive both in terms of who was supported and who was engaged in delivering the response.

For some, this pattern was apparent from the outset, for others it developed over time with early actions helping to build strength as they went. Some communities are emerging from the pandemic feeling more connected, energised and more powerful, others less so.

The differences between communities were shaped by the complex interaction of multiple contextual factors. Most clearly influential in terms of identifying why community responses varied were the strength of networks of community leaders, existing levels of community activity, and relationships with local authorities. The relationship with existing levels of community cohesion, investment, and deprivation were less clear cut (in part due to the limits of our data), although it was evident that all helped to shape how individual communities responded.

None of these elements alone fully explained the variation, and none were mutually exclusive. Rather, it was the ways in which all these different contextual elements worked *together* that was key.

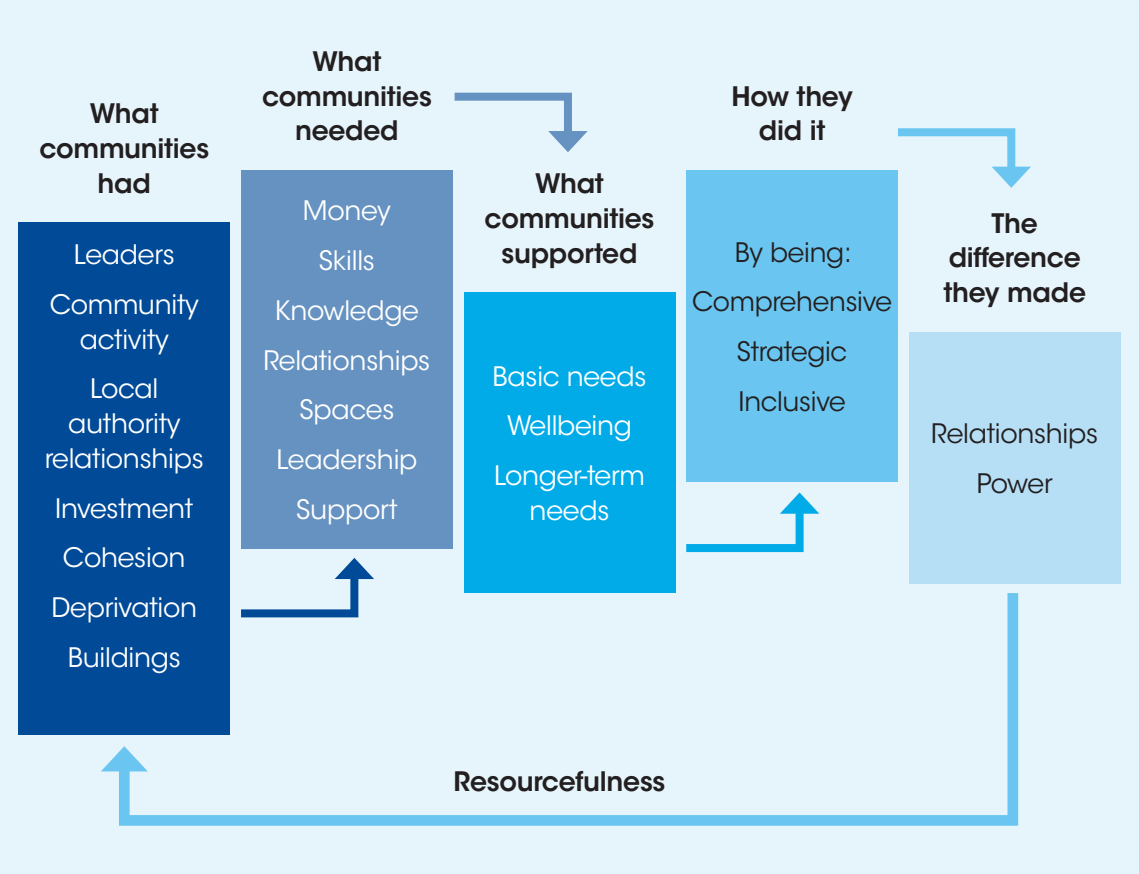
Some elements constrained responses, whereas others enabled them and, again, it was the interaction between elements which was key. High levels of deprivation and low levels of community cohesion could, for example, work to constrain responses, but this could be mitigated by having a strong network of community leaders, strong existing community activities and strong relationships with the local authority.

Further, these elements were not independent. For example, in a number of communities it was suggested that the strength of community activities and of the network of community leaders, which had enabled their response, was as a result of the 10 years of investment they had received through being a Big Local area. These findings emphasise the nuance and complexity in explaining differences in how communities have responded to COVID-19.

Our analysis leads us to unpack the idea of resourcefulness that we explored within *Rapid research COVID-19 briefing 2* and which we have attempted to illustrate within figure four below (McCabe et al, 2020a; Mackinnon and Derickson, 2013). Together, all the seven contextual factors that we explored worked together in complex ways to influence the availability of the resources required by communities to mount a response: money, skills, time, knowledge, relationships, space, leadership, and support.

When these resources were most readily available, responses were at their strongest – they were comprehensive, strategic and inclusive – and communities were able to deliver activities which sought to meet basic needs, to enhance individual and collective wellbeing, and to address deep-seated and longer term needs.

Figure four: A model of resourcefulness



It was clear that organisations and individuals demonstrated their resourcefulness, albeit in challenging, uncertain and highly constrained circumstances. They demonstrated agency through the choices and efforts they made to lift their heads above the parapet, to bring people together, to be creative and to take risks. It was not just the actions of those within communities that mattered, but also those around them – for example, the influence of decisions taken by local authorities on how to respond to the crisis had clear implications for how communities themselves responded.

As we begin to emerge from the restrictions associated with the pandemic, it is clear that while some communities are feeling more connected and more powerful, many are also tired and apprehensive about their future role and responsibilities (see, for example, *Rapid research COVID-19 briefing 14* Ellis Paine et al, 2021; *Rapid research COVID-19 briefing 15* Wilson et al, 2021; *Rapid research COVID-19 briefing 16* McCabe et al, 2022).

Learning through crisis

The last two years have provided a unique opportunity to learn about how communities react and respond when faced with crisis. This learning signifies what contributed to an effective community-wide response and provides for emerging lessons about what communities need now.

The research illustrates that when communities have some control over money and spaces and have leadership at hand, they can make the most of their knowledge, skills and relationships. Long term investment at a hyper local level provides a framework for strengthening community activity, creating community connections, developing residents' confidence and community leadership, building constructive relationships and joint approaches with the voluntary, public and private sector. We have demonstrated how it provided a basis for community resourcefulness and its potential to improve cohesion at a community level, and take the edge off the impact of inequalities caused by poverty and a lack of inclusion.

As we emerge from what is hopefully the worst of the pandemic, some community members are questioning what is possible and desirable in terms of their role in what happens next. There are communities which have adapted their future plans and/or identified new priorities based on knowledge gained over the last two years – in some cases, communities are working with other agencies to fund and deliver these plans. These include rethinking approaches to food provision, greater outreach work, digital literacy campaigns, low-level mental health support and the re-energising of high streets.

There are also those communities that are uncertain, if not fearful, about how to respond to the scale of emerging needs. In the last year, we have seen a growing awareness that increasing levels of poverty are likely, due to, for example, rising fuel prices and inflation. Services such as health are also struggling to get back on track, and there is concern around where responsibility for addressing ongoing and future community needs lies and the expectations that are and will be placed on communities.

The resourcefulness that communities have demonstrated over the last two years is unlikely to be sustainable in the longer term without additional resources. Residents stepped up to respond to a quickly emerging crisis and community-led organisations were able to flex their spending plans and priorities in the short term. But some communities saw the number of volunteers drop off as the pandemic continued and as people on furlough returned to work and volunteers grew tired, or could no longer afford the costs of volunteering, while community organisations now need to return to their core purpose.

However successful they have been, communities are also not in control of the broader socio-economic context or deeply engrained structural inequalities. The future will test the relationships built between communities and external agencies during the pandemic, and the resultant understanding and learning they have about each other.

The government tells us that "levelling up will deliver for every part of the UK" and that "levelling up is a collective endeavour" (DLUHC, 2022, p.159, and p.245, respectively). Based on the last two years, our knowledge illustrates what communities can do when they have networks of community leaders, connected community activities and productive relationships with the local authority, and the benefits of investment in building resourceful communities.

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This research also draws on material from 12 rapid research briefings produced between May 2020 and April 2021. These are all available on the Local Trust website.

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Appendix 1

Previous reports and briefings

Research briefings and reports — all available on the Local Trust website, including related blogs.

Briefing 1: April 2020	How will communities respond to and recover from the COVID-19 crisis?
Briefing 2: June 2020	Community resilience or resourcefulness?
Briefing 3: July 2020	The role of informal community activity
Briefing 4: August 2020	Blending formal and informal ways of working
Briefing 5: September 2020	Volunteering in times of crisis and beyond
Phase 1 report findings	Stronger than anyone thought: Communities responding to COVID-19
Briefing 6: October 2020	Grassroots volunteering in response to COVID-19
Briefing 7: November 2020	Towards 'community-led' infrastructure
Briefing 8: December 2020	The role of community-led infrastructure in responding to COVID-19
Briefing 9: February 2021	Exploring the relationship between communities and local authorities
Briefing 10: March 2021	Striking a balance between communities and local authorities
Briefing 11: April 2021	How power operates in and between communities
Briefing 12: May 2021	The potential and limits of community power in a pandemic
Briefing 13: August 2021	Community hubs as social infrastructure
Phase 2 report findings	Now they see us: Communities responding to COVID-19
Briefing 14: September 2021	Sustaining community action
Briefing 15: November 2021	Changing community needs and looking to the future
Briefing 16: January 2022	Connecting communities? How relationships have mattered in community responses to COVID-19

Appendix 2

COVID-19 timeline

A timeline for the period December 2019 to August 2020 is available in the first community responses to COVID-19 research report, *Stronger than anyone thought*, with key events between August 2020 and February 2021 highlighted in the second research report, *Now they see us.*

23/02/2021	Prime Minister Boris Johnson announces a review into the idea of vaccine passports.
24/02/2021	The number of people to receive their first COVID-19 vaccine reaches 18 million.
25/02/2021	The UK's COVID-19 alert level is lowered from five to four as the threat of the virus overwhelming the NHS has 'receded'.
03/03/2021	Essex based charity Kids Inspire reports that children are experiencing 'heightened anxieties' because of lockdown.
05/03/2021	82 deaths are recorded in the UK, the first time the daily death rate has been below 100 since 9 October 2020.
09/03/2021	Professor Chris Whitty warns that reopening society too quickly could lead to a substantial surge in the number of COVID-19 cases.
10/03/2021	Data from the Office for National Statistics (ONS) suggests women have felt more overworked, anxious and depressed than men during the pandemic.
13/03/2021	The Clapham Common vigil to remember Sarah Everard, who was murdered in London, is officially cancelled, although a number of women still gather.
14/03/2021	Health charities urge around two million people with underlying health conditions yet to be vaccinated to book their COVID-19 vaccination.
26/03/2021	Figures from the ONS indicate COVID-19 cases have levelled out in the UK for the week ending 20 March.
29/03/2021	The stay at home order for England comes to an end, as two households or six people are allowed to meet up outside.
30/03/2021	The ONS finds the location, wealth and education of people explains only a fraction of the difference in vaccination levels between different ethnic groups.
01/04/2022	The four million people in England and Wales told to shield by their GPs are no longer required to do so from this date.
03/04/2021	ONS figures suggest that COVID-19 rates are down to a sixth of their peak in January 2021.
12/04/2021	COVID-19 rules are eased in all of the home nations, with changes including the reopening of non-essential retail in England and Wales.
16/04/2021	ONS data shows that COVID-19 infections in all four nations of the UK have fallen to the lowest level since September 2020.

16/04/2021	Health officials confirm that 77 cases of a strain of COVID-19 from India have been discovered in the UK.
17/04/2021	Health officials investigate whether the COVID-19 Delta variant spreads more easily and is resistant to vaccines but do not designate it as a variant of concern.
24/04/2021	Official figures show that 33,508,590 people, half the UK's estimated population of 66.7 million, have received their first COVID-19 vaccine.
26/04/2021	A group of families with relatives who died because of COVID-19 express their disappointment after the UK Government rejects their calls for an immediate inquiry.
01/05/2021	ONS reports that people from Black and South Asian backgrounds were being hardest hit by COVID-19
03/05/2021	One further COVID-19 death is recorded, the lowest number of daily deaths since 30 June 2020.
05/05/2021	ONS figures suggest rates of depression have been higher amongst women and young adults during the second peak of the pandemic.
05/05/2021	Black leaders in the UK blame the country's racist past for the lower uptake in COVID-19 vaccinations among black people.
08/05/2021	The UK's coronavirus alert level is lowered from four to three, meaning the virus is in general circulation but not rising significantly.
17/05/2021	COVID-19 rules are eased in England, Scotland and Wales, with pubs and restaurants allowed to reopen. Indoor mixing is permitted for up to six people from two separate households.
21/05/2021	ONS figures suggest there is early evidence of a 'potential increase' in COVID-19 cases in England.
24/05/2021	The 2021 Sunday Times Rich List is published, indicating the wealth of the UK's billionaires increased by 21.7 per cent during the year of the COVID-19 crisis.
28/05/2021	ONS figures show signs of a small increase in COVID-19 cases across the UK, largely driven by the Delta variant.
01/06/2021	The UK records its first day with zero COVID-19 related deaths since March 2020. 3,165 new cases of the virus are announced.
09/06/2021	Figures show the number of people in hospital with COVID-19 has exceeded 1,000.
10/06/2021	The UK records 7,540 new COVID-19 cases, the highest number since late February.
14/06/2021	Prime Minister Boris Johnson announces that England's relaxation of coronavirus restrictions planned for 21 June will be delayed by four weeks, until 19 July.
25/06/2021	Figures from the ONS indicate that COVID-19 levels have returned to their highest levels since early April, but that the vaccination programme is making a difference to the severity of cases.
05/07/2021	Prime Minister Boris Johnson sets out the last stage of the road map for lifting restrictions, expected to be on 19 July.

07/07/2021	COVID-19 cases in the UK rise above 30,000 for the first time since February, with 32,548 cases recorded for this date. 33 deaths are recorded over the same period.
16/07/2021	The UK records 51,870 daily COVID-19 cases, the first time the number of daily cases has passed 50,000 since January 2021.
17/08/2021	Six of the UK's teaching unions write to Education Secretary Gavin Williamson to call for urgent action for better ventilation in schools in England, amid concerns of a rise in COVID-19 cases when pupils return to the classroom for the new academic year.
24/08/2021	Data from the ONS for the week ending 13 August indicates the number of COVID-19 deaths in England and Wales were at their highest since late March, with 571 death certificates mentioning COVID-19 during that week.
26/08/2021	The latest figures from Public Health England indicate COVID-19 cases are on the rise again in most areas of England.
08/09/2021	Official figures reveal that people in the north of England were 17 per cent more likely to die from COVID-19 related illnesses than those in the rest of the country.
14/09/2021	Prime Minister Boris Johnson and Health Secretary Sajid Javid unveil the COVID-19 Winter Plan for England, which includes a Plan A and a Plan B.
16/09/2021	The booster vaccination programme begins in England and Wales, starting with NHS staff.
23/09/2021	BP warns of the temporary closure of some of its filling stations due to a shortage of lorry drivers.
06/10/2021	The gender pay gap has remained at 10.4 per cent for the second year in a row, with COVID-19 disproportionately affecting women's pay.
16/10/2021	The UK records 43,423 new COVID-19 cases, the fourth consecutive day that new cases have been above 40,000, while figures from the ONS indicate around one in 60 people may have the virus.
08/11/2021	Figures show 4.5 million people in England are yet to have a first vaccine.
15/11/2021	A study commissioned by youth charity Ditch the Labels notes that online hate speech in the UK and US increased by 20 per cent during the pandemic.
25/11/2021	The number of recorded COVID-19 cases in the UK surpasses 10 million, as a further 47,240 cases are reported, taking the overall total to 10,021,497.
27/11/2021	Health Secretary Sajid Javid confirms two cases of the Omicron COVID-19 variant have been found in the UK.
29/11/2021	The reintroduction of some COVID-19 measures for England is formally announced to Parliament.
07/12/2021	The official spokesman for Prime Minister Boris Johnson says early evidence suggests the Omicron variant of COVID-19 is more transmissible than the Delta variant.

08/12/2021	At a Downing Street press conference, Prime Minister Boris Johnson announces new Plan B rules for England.
10/12/2021	The UK records 58,194 daily COVID-19 cases, its highest number since January 2021.
12/12/2021	The UK COVID-19 alert level is raised from three to four by the four chief medical officers, due to the spread of the Omicron variant.
14/12/2021	MPs vote 369–126 in favour of introducing COVID-19 passes for nightclubs and large venues in England, with 100 Conservative MPs voting against the measure – the largest Conservative rebellion since Boris Johnson became prime minister.
24/12/2021	A further 122,186 COVID-19 cases are reported, the third day the figure has been over 100,000.
28/12/2021	The UK Government's decision to avoid new COVID-19 restrictions in England before the new year is disputed by a number of scientists, who describe it as 'the greatest divergence between scientific advice and legislation' since the pandemic started.
08/01/2022	The number of UK recorded COVID-19 deaths passes 150,000, as a further 313 deaths take the total to 150,057.
19/01/2022	Prime Minister Boris Johnson confirms that England's Plan B COVID-19 measures will not be renewed when they expire on 26 January.
27/01/2022	Plan B measures are lifted in England, bringing an end to the mask mandate, but a number of retailers including Sainsbury's, Tesco, John Lewis, Waitrose and Morrisons continue to encourage people to wear them, along with several rail operators.

Appendix 3

Glossary of terms

Big Local	Big Local is a resident-led funding programme, providing communities in 150 areas in England with £1.15m each to spend across 10-15 years, to create lasting change in their neighbourhoods.
Big Local area(s)	Big Local areas are neighbourhoods selected by the National Lottery Community Fund to receive at least £1m. Local Trust is working with 150 Big Local areas.
Big Local partnership(s)	A Big Local partnership is a group comprising at least eight people that guides the overall direction of a Big Local area.
Big Local plan	Each Big Local partnership is required to produce a plan. This is a document they write for themselves, their community, and Local Trust. It is a guide and action plan that the partnership can follow, share and use to get others involved.
Big Local reps	Big Local reps are individuals appointed by Local Trust to offer tailored support to a Big Local area and to share successes, challenges and news.
Community-led infrastructure (CLI)	Community-led infrastructure (CLI) refers to networks of residents, community leadership, trust, relationships with agencies and access to money, and was explored in *Rapid research COVID-19 briefing 7* and *Rapid research COVID-19 briefing 8*.
Creative Civic Change (CCC)	The Creative Civic Change programme offers flexible long term funding, in-area mentoring and peer learning to 15 communities across England. Residents lead every step of the way. Whatever the local priorities, the programme helps communities use creative methods to achieve their goals.

'Left behind' areas

Local Trust define 'left behind' areas as those which rank highly in terms of levels of deprivation and which lack social infrastructure. The definition is based on work by OCSI (2019) which created a Community Needs Index by combining the availability of places to meet, having an active and engaged community and measures of connectedness. The community index was then overlaid with levels of deprivation. Their conclusion was that 'left behind' areas have not received their fair share of investment and so lack services and facilities present in other communities.

About Local Trust

Local Trust is a place-based funder supporting communities to transform and improve their lives and the places in which they live. We believe there is a need to put more power, resources, and decision making into the hands of communities.

We do this by trusting local people. Our aims are to demonstrate the value of long term, unconditional, resident-led funding, and to draw on the learning from our work delivering the Big Local programme to promote a wider transformation in the way policy makers, funders and others engage with communities and place.

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About TSRC

The Third Sector Research Centre (TSRC) at the University of Birmingham coordinates a research team of 15 members examining community responses to COVID-19 for Local Trust. TSRC was established in 2008 in order to enhance knowledge on the third sector and civil society, with a focus on understanding the scale, extent and dynamics of the sector, its work in service delivery, the work of 'below the radar' organisations and the changing policy context.

birmingham.ac.uk/research/tsrc

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