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Rapid research COVID-19

Community responses to COVID-19: Changing community needs and looking to the future

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SYNOPSIS: The pandemic has been accompanied by a searching analysis of its multi-faceted challenges, uneven consequences and intensifying social needs. Looking ahead, it is thought that a 'long shadow' of impact will be cast over the coming 'COVID decade'. But how are needs experienced at community level identified and understood? This briefing addresses how community groups have been responding to changing and emerging needs, and the dilemmas and challenges they have been encountering along the way.

Key points

- Communities identify and understand changing needs through informal mechanisms and anecdotal evidence, such as door-step conversations with residents. Some adopt systematic approaches, such as working through relationships around existing projects, outdoor 'meet and greet' events and consultations.
- Three overlapping phases can be seen in responses to changing needs: first, an immediate, practical response to needs arising from successive lockdowns, for food, medicines and creative activities; secondly, a question of whether to revert to plans and activities addressing pre-pandemic needs; and finally anticipating emerging and longer-term needs, such as job losses, debt, digital exclusion and mental ill health.
- Dilemmas and challenges encountered in responding to needs include: whose is the appropriate responsibility to lead and take action; a mismatch between expectations placed on communities and available resources; responding to needs which are less well known; and some evidence of judgements being made around dependency and deservingness.

This briefing is the 15th in a series seeking to understand how communities across England respond to COVID-19 and how they recover.

Briefings were published throughout 2020 and will continue through 2021 to share findings and learn from others exploring similar questions.

- Three main approaches can be seen in response to changing needs: from some a desire to forget the last 18 months and return to pre-pandemic activities; others express apprehension and uncertainty about how to respond to the scale of emerging needs; and a third group are recognising new priorities, planning what to do, fundraising and partnering with others in response.

Introduction

A common refrain throughout the pandemic has been how existing socio-economic inequalities have been thrown into much sharper relief. An extended review of the long-term impacts of COVID-19, published in March 2021, observed that: “we are not ‘all in this together’ ... some people – on account of who they are, where they live, how visible they are to decision-makers, and how long they will encounter the effects – are much more deeply affected than others” (British Academy, 2021, p. 16). Indeed, the stark reality that COVID-19 has killed unequally, is experienced unequally, and impoverishes unequally has led to the idea that the crisis is better described as a ‘syndemic’ of infectious disease “interacting with and exacerbated by social, economic and health inequalities – a rare combination of negative factors producing a ‘perfect storm’” (Bambra et al, 2021, p. 5).

While awareness of inequality had been growing before COVID-19, one effect of the last 18 months has been a far greater and more comprehensive reckoning of social and economic conditions and needs than has been witnessed for many years. It has contributed to a deepening concern about the long shadow that will be cast by the crisis over what has been called the ‘COVID decade’, involving:

“... a set of deeper impacts on health and wellbeing, communities and cohesion, and skills, employment and the economy which will have profound effects upon the UK for many years to come” (British Academy, 2021, p. 6).

In this briefing, we ask how these impacts are manifest in changing needs at hyper-local level, and how communities are recognising and responding to those needs and continuing uncertainties as COVID-19 rolls on into its second winter. In doing so, we outline some of the challenges and dilemmas involved in addressing community needs. We conclude by noting three overlapping phases in how communities have responded to needs during the pandemic, and three approaches to how they are thinking about emerging needs.

A bigger picture: Needs and challenges across society

You have to look back more than a decade to find the last comprehensive analyses of social needs in the UK before COVID-19, to a country falling into the recession triggered by the 2008 financial crisis and on the cusp of austerity. In what seems like a far cry from the current context, extensive research into unmet needs then noted “some progress in how needs are met”, such as lower child and pensioner poverty, and “a narrowing of the gap between richer and poorer areas.” However, widening inequalities in health, wealth and income were seen, alongside growing psychological needs, including loneliness and increasing mental health problems (Young Foundation, 2009, p. 7). The report’s conclusion, that “Britain is a brittle society, with many fractures and many people left behind” (ibid, p. 9) was echoed in parallel research into “contemporary social evils” from the Joseph Rowntree Foundation (2009), which highlighted broader public concerns with, among other things: a

declining sense of community; declining values and social virtues; family breakdown and poor parenting; misuse of drugs and alcohol; and apathy, failed institutions and a democratic deficit (Watts and Utting, 2009, p. 28).

A decade of austerity and low economic growth has intensified the concern with social and spatial inequalities, a growing mental health crisis, and faltering life expectancy, especially in deprived and what have subsequently become known as 'left behind areas' (Marmot et al, 2020a; Local Trust/OCSI, 2019). To this has been added concern with stagnant or declining real wages, rising costs of living and indebtedness, and a soul-searching debate about hunger, food insecurity and the growth of food banks (Lambie-Mumford, 2017). A stock-take published just as COVID-19 was spreading rapidly concluded that:

"lives for people towards the bottom of the social hierarchy have been made more difficult. Some of these difficulties have been the direct result of government policies, some have resulted from failure to counter adverse trends such as increased economic inequalities or market failures" (Marmot et al, 2020a, p. 149).

The pandemic intensified and amplified these concerns, with widening geographic inequalities, exacerbated structural inequalities, worsened health outcomes and growing health inequalities, and rising unemployment (British Academy, 2021, pp. 126-35; Marmot et al, 2020b).

Given this changing macro-context, how have communities been assessing needs through the pandemic in their local areas? The rest of this briefing examines needs and responses at a micro or hyper-local level.

Understanding continuing and emerging needs at local level

Earlier reports from the [Community Responses to COVID-19 study](#) (Local Trust) documented the immediate needs and issues raised by the first and subsequent lockdowns through 2020 and early 2021. Research with the 26 study areas in spring and summer 2021 indicates a general understanding that **needs have changed over the course of the pandemic**. The immediate concern with meeting the very practical need for food and medicines when the first lockdown came into force has broadened into an agenda addressing social isolation, mental ill health, and financial challenges, as restrictions have eased.

Identifying need informally

Across the study areas, **needs have mostly been identified informally** throughout the pandemic – through conversations in the street, walk-and-talk events and sharing anecdotal information:

"for people who were struggling, other people stepped up to the mark... People were looking to the government but [help came from] someone up the street" (resident).

There is a view among many of the more organised communities in the study that they know what is happening in their localities through their various contacts with residents.

Pressing needs are rarely experienced in isolation; typically, they combine and compound each other. There are examples of conversations unfolding to reveal complex needs when people access other advice and support services. But, as one worker explained, “this is just the tip of the tip of the iceberg”, and another was clear that “No-one really knows what’s going on”. One respondent, a taxi driver, illustrated a wider reflection by talking about the emotional impact of unemployment and debt, and its impact on mental health:

“People have cried openly in my car when I have asked them how they have been”.

Social media has also been important in informal and street-level communications; for example, where individuals have set up Facebook groups to support neighbours and to provide information and signposts to other services: “There's one they started up because of lockdown ... And it's just really growing. And people just put on there what they need. ... And sometimes what they'll do is they'll go around and collect everything up, and then they'll deliver it themselves” (resident).

Identifying need formally

In some areas, though, **a more systematic approach to understanding community needs** has been taken. Examples across the study areas include: local COVID-19 relief platforms and hubs that log requests for help and seek to match them with volunteers; intelligence from local projects that have built close relationships with families over time; the creation of networks of organisations and agencies with more co-ordinated cross-referral arrangements; and gathering information through community surveys, door-to-door visits and consultations at community events.

There is an evident desire of residents to reconnect with others, and the emotional strains of repeated lockdowns have come to the fore. One resident reported: “I've been doing a bit of door knocking ... for a project and ... a lot of people have just wanted to talk, like even if it's not related to the project”. In one area, the community group recruited two outreach workers who called at every house and secured 800 responses, which identified previously unmet need and a rapid identification of emerging needs amongst vulnerable and marginalised groups.

The numbers of people trying to access support is also an indicator of need, such as the increase in people looking for food or money advice. A community group in one area kept a daily tally of people who use a community fridge, conducted some simple surveys of users and held informal conversations with people using the fridge. This highlighted that some people visit several community fridges in the area, indicating a possible increase in needs.

Finding out more

There appears to be a realisation in some places that **more could have been done** to create an accurate picture of community need and to go beyond responding to needs as informally presented, although it is worth noting that communities were not set up to play an emergency response role, as one worker reflected:

“Where we were in the know [we’ve] done well, but we could have done more to find out. Also, because we didn’t have access to the community centre, we lost our presence. Looking back, what was needed was food for families”.

Some groups are beginning to remedy this – in one area, for example, the local voluntary sector infrastructure organisation has recently started to fund several community organiser roles. These are in the process of building up trust in the community, consulting on what the community needs and aiming to amplify residents’ voices.

Inclusivity

Groups in several areas began doing more outreach work during the pandemic. One mosque member, for instance, explained how they are “more connected to the community around us and know more people outside the congregation”. However, there is a growing awareness that responses have not always met the needs of diverse communities and particular groups of people may have missed out. Few of the community groups in the research study appeared to have used official data to evidence need. In one area, higher levels of need were identified within black, Asian and minority ethnic communities, but this was at least in part driven by greater media coverage of the disproportionate impact of COVID-19 on certain communities nationally, rather than very detailed local knowledge (Bambra et al, 2021).

A paid worker in one community talked about the needs of the Muslim community not being met by the local COVID-19 support hub due to a lack of halal food in the local supermarkets where volunteers were picking up shopping:

“How do we ensure that people know they can get support within the place that they live? I think we just missed a trick. We can say we’re as accessible as we want, really, but who are we accessible to?”.

Another interviewee considered that new arrivals to the country are likely to have missed out due to lack of English, unfamiliarity with systems of support and the stigma around asking for help: “when you imagine yourself moving to a new country, how do you know what to do?” (Primary school headteacher).

Pride and stigma were also mentioned more generally in terms of who might have missed out on help when they needed it:

“...we might have missed someone too proud to ask. There’s a lot of that... at the local foodbank a parent saw me, and I could tell by the look on her face she didn’t want me to see her” (resident volunteer).

To counter this, one group recognised that people were embarrassed to come to the foodbank and therefore asked for volunteers to help wrap bread in the mornings and then gave them a food parcel to take home.

Developing local responses to need

In addressing changing needs, two broad approaches are apparent amongst communities in the study: using their own resources to formulate a response and working with others outside or specialist agencies.

Self-generated and resourced local responses

Much of the initial response to COVID-19 was [informal self-generated community action](#) (Wilson, M et al., 2020). Many reflections now draw on several familiar narratives that have emerged during the crisis, namely: that councils (and other agencies) were slow to respond so community groups effectively became the first responders in meeting need; that community groups were left to focus on unmet need; and that community groups were able to focus on broader needs, such as isolation and boredom (through, for example, creativity packs and wellbeing phone calls). The chair of one community group commented that when other agencies closed their doors, the community stepped up because “we can, we can, we can ... and we have, we have, we have”. Some groups did not want to take on a leading role, but in the end:

“[we] just went with it. And we were in a prime position to be able to do it. We already had a list of volunteers. We already had all the Facebook pages. We already had all the staff team ready to go ... so, it was kind of common sense, really. We were the best people for the job”.

Community groups are rightly proud of the way they have been able to adapt to new and pressing needs, as reported here by a worker:

“... we’re all just pretty awesome, you know. This last sort of 18 months has really shown what a great community charity we are, and how quickly we’ve been able to pull everything together and support the town as a whole, whether that be offering new events, like we’re doing now, or whether that be through the COVID support that we’ve offered and are still offering”.

Elsewhere a resident commented:

“The community is so tough and resilient ... And by and large, they've just got on with what they usually do, and cope with this new situation, the way they cope with a dozen other situations”.

A community group's ongoing presence was stressed by another – simply being there for people, along with flexibility and working responsively, was important in opening the doors to further help and support.

Some respondents have stated that some of the most vulnerable people have literally been kept alive by the community-based support on offer, such as meals provided for homeless people and opportunities to connect with others. Notable illustrations of relatively informal community responses include: 'giving walls', where people are encouraged to put tins of food and other things such as toiletries out on walls for others to pick up; giving out vouchers for local shops and take-aways, both to help address food poverty and to support local businesses; organising street-based social activities which have increased neighbourliness; young Muslims coming together to support a mosque's outreach; and social media efforts which have forged closer connections with older people who felt less able to attend the mosque.

As restrictions have eased, the focus of the response has shifted somewhat but, compared to the initial crisis from spring 2020, **respondents feel less clear now on how to tackle emerging needs**. Key areas of concern at community level centre on social isolation, mental ill health, unemployment, poverty and debt. There are examples of **restarting** and **increasing** pre-COVID-19 activities, although not without difficulty: there have been interruptions when workers and participants have contracted the virus, and delays caused by the need to renew food hygiene and health and safety certificates. There are also examples of **stopping** activities for fear of spreading the virus. Uncertainty here has created a widespread sense of apprehension about how to proceed. There are also examples of community groups **changing what they offer**. The pandemic has provided an opportunity to pause and reflect and, as one worker suggested, the need to ask: "what do we want to bring through and what might not be valid now?" In rethinking activities, respondents in the study areas have been adjusting to the availability of other services. For example, one group now hosts a reading group until the local library can re-open safely, and in another area a local social club has established a befriending scheme to fill a gap left by the closure of meeting spaces at a local voluntary organisation.

Pulling in other agencies with resources and expertise

As the pandemic continues, there appears to be a growing **trend of closer working between communities and outside or specialist agencies** across the study areas. In some places, informal actions became part of more formal local initiatives, such as people volunteering to work with established foodbanks or community groups becoming part of broader geographical support networks. In addition, local authorities have funded and relied on community hubs and local volunteers to provide lunches during the school holidays.

There is also a greater degree of **collaborative working across agencies**. In one area, a community-led partnership organised a Community Clean-up which brought together the primary school, housing associations, the residents' association, locally-based projects, the community centre, and the council because "partnership working is the only way we get out of all this crap at the moment" (resident). In another, resident-led groups have put on monthly markets as part of the local authority's strategy to stimulate economic recovery. Another respondent observed that there have been challenges around collaboration and co-ordination. For example, in one area 30 foodbanks were in operation, all competing for limited food supplies and volunteers.

Access to and **control of resources seems to matter** in working with others. Communities that are part of the Big Local programme have reprioritised funds and other organisations have been deployed to deliver specific activities where gaps were identified. This includes,

for example, funding a family support project which distributed baby supplies, paying a local café to prepare hot meals, and commissioning advice and debt support services.

As a result of working with other agencies, many of the people interviewed have mentioned the development of **stronger partnerships** throughout the pandemic. While hopeful that these relationships would continue in the future, there is considerable uncertainty about whether they would, and respondents were not clear about how this might happen. Local authorities, for example, have needed community-based groups to step in to deliver an emergency response, but beyond this reserve capacity there are few cases where community voices have been invited into the spaces for wider strategic thinking across the locality. Equally, community groups are often unfamiliar with the wider networks and structures they need to access if they want to influence developing COVID-19 recovery strategies and access associated resources. For the small number of groups in the study that are part of such strategic inter-agency networks, there is a hope that the credibility gained through their COVID-19 responses will provide them with a platform to articulate longer-term community needs with a stronger voice. However, both these groups and others less involved in strategic conversations have pointed to dilemmas and anticipate challenges in responding to future needs.

Dilemmas and challenges

Two main intractable dilemmas and challenges appear to occupy communities across the study areas: first, the question of where responsibility should lie for addressing needs, including what expectations are appropriate for community-led responses to the pandemic and its 'long shadow'; and second, how to address needs practically given the likely slow and uncertain adjustment required after successive lockdowns.

Responsibility for addressing needs

Many community groups have been buoyed by their roles over the last 18 months. A real 'buzz' seems to have been generated for people involved in taking action, helping out and making a difference. They chose to do something immediate, purposeful and practical, and their efforts were recognised and valued by residents and other agencies alike. One interviewee noted the sea-change in how community action has been regarded:

"... the community sector is always, always being presented as the poor relation. And I think what COVID demonstrates is actually... without them it would have been a very, very, very different story" (worker).

Now, however, there are emerging concerns about the **expectations placed upon them** as they try to move on. The research findings point to several areas where there is pressure on community organisations to solve local problems but where this is not reflected in funding or other available support. For instance, a community-led suicide-prevention service, which aims to counter the longer-term mental health impact of the pandemic, has felt no recognition or support from public agencies. At the same time, however, it has been expected to take up clients from the lengthening waiting lists for NHS and large charities' mental health services.

Furthermore, the 26 study areas do not all have the same **capacity or infrastructure for community mobilisation** to meet local needs. Places that do not have resourced community-led programmes (such as Big Local or Creative Civic Change), or alternatively significant resourcing of the local voluntary sector, are struggling to put their ideas into practice to meet emerging needs. Several respondents in one of the most deprived study locations pointed to a large gap in locally-focussed support and services, with one resident commenting that:

“The problem with this area is there isn’t a fully functioning community centre for all people to access. This would mean more reach and engagement in the community” (see Briefing 13 (Langdale et al, 2021) for further discussion of community hubs).

In the same area, a council officer felt so much more could have been done with sufficient funding at community level.

Conversely, some groups suggest that in fact they are tripping over resources, and there is a struggle to use them. One has received more in COVID-19 emergency grant aid than it would have expected to generate itself over the same period. The use of this money, however, is sometimes hampered by the funders’ restrictions:

“this is thousands and thousands of pounds that’s just being ... chucked around ... Not for what we want it for ... you can’t pay salaries with it ... What do we spend [cites size of grant] on what we don’t want? It’s a waste of money ... we know what we need” (community worker).

Some pandemic-related services are winding down and while some respondents see this as the right thing to do as referrals ease off, there are other factors at play. In one area the local authority will no longer provide insurance for volunteers, and an annual gala in another was cancelled because the group did not feel it could expect volunteers to police their neighbours around social distancing. There are several instances of people giving up working and volunteering at community level due to stress, exhaustion and burnout. One faith leader spoke of the need to slow the pace of activity or do less. Moreover, a paid worker noted that volunteers were not equipped to deal with the effects of the isolation and exacerbated mental health struggles of those accessing food provision – often the only point of contact for some people experiencing immense need, which resulted in some quite challenging behaviour.

Tensions in addressing changing need

Community **needs are not straightforward** and may not point in the same direction. For example, there are reports of a widespread desire for face-to-face interaction and people jumping at the chance to be back in community venues. Yet on the other hand, the nervousness amongst some people about coming out and getting ‘back to normal’ is frequently noted. A project worker advised they had “never seen anxiety levels so high” and reported how difficult it has been to get people to commit to activities. There are examples of many activities which indirectly address the impact of isolation, such as providing an

informal social space, chatting to people on the streets, door knocking, weekly walks and outside keep fit sessions. Unsurprisingly, outdoor activities have proved very popular with those who have invested in making outdoor spaces more attractive or have opened new spaces such as community allotments. A monthly 'Dine Out' is held in the town centre of one area:

"... it's about encouraging people to start coming back out again. We had ten tables and 50 chairs, and that wasn't enough. It was lovely to see the town buzzing" (community worker).

What many of these have in common is the opportunity for people to participate when they feel comfortable and able, with no pressure to participate.

The question of whether and when to restart previous activities reflects one of the dilemmas identified at the start of lockdown, namely when community groups should take a lead and intervene, and when to step back and let others act. A lot of discussion common to many of the study areas focuses on the safety of reopening buildings and holding face-to-face meetings. There has been a challenge of managing behaviour amid the mixed messaging when restrictions were being lifted. Without clear rules or guidance, mask wearing was described as: "... a very divisive issue. It's become almost politicised" (community worker).

There has been a lot of critical self-reflection around food provision across the study areas. Some involved in food projects worry about creating dependency, opening up the possibility of judgements around who is or is not deserving of support. While recognised as an emergency lifeline, there is a concern that food support projects can only offer a partial solution to a wider problem requiring longer-term, more sustainable and collective responses around food, such as the asset-based 'food ladder' approach which promotes community-level interventions in response to food insecurity (see Blake, 2019).

Generally, **community groups are sticking with their pre-COVID-19 aims and priorities.** There may be small adjustments, such as adding food support into their ongoing services and making more informal spaces available for people to drop in and chat. Nonetheless, groups across the study areas are keen to step beyond COVID-19 and to renew their focus on longer-term ambitions and plans. Managing day-to-day emergency responses has drawn a lot of energy and attention and has detracted from more strategic activity. In the light of dramatically changing circumstances, one organisation has talked about the need for a fundamental re-evaluation of what they do:

"I feel like we've almost got to step back and go back to the basics again, about relationship building and creating space for conversation ... we're going to go back to the point before where we say, 'Well, what would you like to do? What matters to you? And what would make your life good?' And then pick up some of those things" (worker).

Conclusions and implications

There have been some key shifts in identifying and meeting community needs over the course of the 18 months from spring 2020 to autumn 2021. **Three overlapping phases can**

be seen, each based on a key question occupying the minds of community groups at the time.

First has been **the immediate emergency response** to whatever pressing presenting needs were apparent: what do we need to do here right now? Initially, community responses focused on older and vulnerable people needing to shield. Over time this broadened to include activities focusing on children, young people and families. Community responses mostly began with deliveries and providing food, but then extended into organising leisure activities such as outdoor street games and creativity packs.

After a while, a second question was posed: are things changing more fundamentally, and so to what extent **do we return to previous plans**, based on our existing understanding of need? As later lockdowns were introduced, food provision came to the fore once again, but there was also a noticeable shift in emphasis across many communities.

A third question has then arisen: what are the emerging needs that we need to address? Rather than just responding to the visible needs of the moment, many communities began to **anticipate new and arguably longer-term needs**, such as potential job losses as the furlough scheme is wound down; debt and the need for money advice; digital exclusion and the need for targeted support; and long-term isolation and mental ill health and the need for wellbeing activities.

Community groups have therefore been asking **whether COVID-19 has created new needs or made visible the scale of pre-existing (and sometimes hidden) concerns**, such as poverty, food insecurity and social isolation, and linked to this whether it has extended vulnerability to new groups or whether it has highlighted the pre-existing vulnerability of particular groups during a crisis. Certainly, the study areas appear to be **more alive to the depth and extent of need in their communities**. A study workshop reflected on these issues, with participants stressing that:

“inequality revealed through the pandemic is a shameful state of affairs and we mustn’t lose sight of it” and that “COVID teaches us a lot, where the focus is needed, where resources can be found, strong working with other organisations”.

There is, perhaps, less reflection on what are the underlying causes of need and inequality, although the role of government policy is noted. Deep concerns were expressed across many study areas about the withdrawal of the temporary £20 per week uplift on Universal Credit. The impact, it was noted, would be felt very deeply indeed across many communities, with concern about the ability of people to get by and meet basic needs.

Community groups are responding to the current and emerging impact of the pandemic in different ways. **Three main approaches seem to be in play**. First, there are those who want to forget the last 18 months and, as one worker said, get “back into the old groove”, albeit with a readiness to return to online activity should the need arise. Second, some are apprehensive about the scale of needs looking ahead, and to some extent feel quite stymied in the face of, for example, increased debt, deep-seated mental health problems and the impact of the pandemic on school achievement. They may require the professional expertise of specialist workers and agencies, but find that it is not available, over-stretched or that they are unsure how to access it. Finally, a third group of study areas are already planning, fundraising and partnering with others to shift what they do in response to new and emerging priorities, albeit with a realisation that whilst people face increasing

challenges around poverty and ill health in their day to day lives, there is not a corresponding increase in funding.

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About this research

Local Trust commissioned in-depth research in communities across England into how they respond to COVID-19 and how they recover.

These are places where:

- residents have been supported over the long term to build civic capacity, and make decisions about resource allocation through the Big Local programme
- residents have received other funding and support through the Creative Civic Change programme
- areas categorised as 'left behind' because communities have fewer places to meet, lack of digital and physical connectivity and there is a less active and engaged community.

The research, which includes extensive desk research and interviews across England, is undertaken by a coalition of organisations led by the Third Sector Research Centre. The findings will provide insight into the impact of unexpected demands or crisis on local communities, and the factors that shape their resilience, response and recovery.

About Local Trust

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

We do this by trusting local people. Our aims are to demonstrate the value of long term, unconditional, resident-led funding through our work supporting local communities make their areas better places to live, and to draw on the learning from our work to promote a wider transformation in the way policy makers, funders and others engage with communities and place.