



Pandemic Stories:

A **Participatory Action Research project** exploring the experiences of Londoners disproportionately affected by the **COVID-19 crisis** and their policy recommendations for a fairer future for all

August 2021

Thrive LDN 

TOYNBEE
HALL



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About us & dedications

About Toynbee Hall

Based in the East End of London since 1884, Toynbee Hall works with the local community and a wide range of partners to shape a fairer and happier future. We offer high quality advice and support, engaging with communities and creating opportunities to ensure they have a more meaningful say over the things that affect them, and can shape platforms for social change. Our Research and Policy team includes local residents and aims to identify systemic failures which create exclusion and hardship, whether from public policy, legislation, regulation, service or product design, or any form of cultural influence. We ensure that people affected by those failures are involved in designing solutions through connecting Experts by Experience and Peer Researchers to decision-makers and innovators, and supporting them to influence effectively for change.

 www.toynbeehall.org.uk

About Thrive LDN

Thrive LDN is a citywide movement to support the mental health and wellbeing of Londoners. Launched in July 2017, it is supported by the Mayor of London and led by the London Health Board. Since March 2020, Thrive LDN has been coordinating the public mental health response to the COVID-19 pandemic on behalf of Public Health England (London) and wider partners, with the aim of ensuring London's diverse communities have the strength and resilience to cope with and overcome these unprecedented events. Between April 2020 and March 2021, more than 685,000 people took part in projects, events, and activities in which Thrive LDN led or collaborated on.

 www.thriveldn.co.uk

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This report is dedicated to Jennifer Griffith

Jennifer joined the project as a peer researcher in June 2020. A dedicated member of the team, she helped shape the Pandemic Stories research, conducted interviews with her peers, and developed recommendations. A talented policy-influencer, she took part in podcasts and presentations, including to the APPG on Universal Credit and the Need to End Food Banks. Jennifer was employed by Toynbee Hall as one of our first Policy Champions from February 2021. She passed away in March 2021.

“I am hoping that our findings and recommendations will be taken seriously and that we can improve the mental wellbeing and finances of our communities. This will help us to grow together to not only depend on the government or handouts, but to be so empowered individually and in our communities so that we can make improvements and make a difference.”

Jennifer Griffith, February 2021



1. Introduction

1. Introduction

Pandemic Stories is a Participatory Action Research project co-produced by 17 peer researchers and Toynbee Hall (“project group”), with support from Thrive LDN. Since June 2020, Toynbee Hall’s research and policy team have been working in collaboration with Londoners who have been disproportionately affected by the COVID-19 crisis. Together, the project group investigated the impact of the crisis in their own words and co-designed effective policy solutions which would improve their financial resilience and wellbeing. The peer researchers all have direct experience of the extra difficulties faced by certain households in London during the pandemic caused by a range of factors: low incomes, insecure housing, the need to support dependent children, living with a disability or coming from racial backgrounds which experience systemic racism. The solutions developed by the peer researchers responded to immediate needs that emerged during the crisis but also looked at the longer term, recognising that the difficulties suddenly so visible during the crisis are in fact a microcosm of longstanding systemic failures.

A Greater London Authority-commissioned rapid evidence review (Nazroo et al., 2020) makes a blunt assessment of why the early mortality rate from COVID-19 was so severe in London:

“Within the UK London has the highest proportion of ethnic minority people and LGBTQ+ people, higher levels of overcrowding and substandard housing, the highest rates of income and expenditure poverty, and high rates of migration and mobility. It is, therefore, not surprising that London had the highest proportion of deaths due to COVID-19 over March and April 2020.”

It is clear that the disproportionate health impact of COVID-19 in the capital was created by the systemic disadvantages faced by many Londoners as they entered the pandemic. For the participants we spoke to for Pandemic Stories, the long-term difficulties they face in not having a secure income or a decent home have enabled a multitude of non-health related crises to unfold. From finance to employment, education, and mental health, the blueprint for the impacts of the crisis was set long before the pandemic began and, without significant intervention, will continue to perpetuate vulnerabilities in our communities far beyond the crisis.

Report overview:



Methodology

Participatory Action Research



Project findings and recommendations



financial health and employment



advice and information



community support and collective voice



mental health



Actions taken

How we have worked with the peer researchers and stakeholders to take action



The way forward

A picture of our collective hopes and ambitions for the way forward

The ground was already shaky for many of the households we spoke to for this research prior to the crisis. Many will have been numbered amongst the 28% of Londoners living in poverty pre-crisis (Trust for London, 2021), or the third of Londoners who reported being unable to survive for more than a month on their savings (Lloyds Bank, 2019). These Londoners were already experiencing a level of precariousness that made life-shocks like losing work potentially disastrous. As noted in many studies (e.g. Mathers et al., 2020), they have had to cope with these crises without easy access to their usual safety nets like advice services, community centres, libraries, health services, and physical access to their social networks.

The capital has been hit particularly badly by the crisis in terms of employment, and this is a key cause of anxiety for our interviewees and peer researchers. Data from the Office for National Statistics (2021) suggests that London was the UK region with the highest redundancy rate between November 2020 and January 2021. The Learning and Work Institute (Dromey and Stevens, 2020) attributes the vulnerability of London's labour market to the prevalence of low pay and insecure work. Their analysis points to the number of people claiming unemployment benefits increasing faster in London than in any other region. According to the Resolution Foundation, low income households in London have been worst hit. **“Over one-in-five workers in the most deprived quartile of the country were either not working, furloughed, or had lost hours (and pay) in early September 2020 because of coronavirus: of this group, more than one-in-four live in London”** (Brewer et al., 2020, p.7).

The Coronavirus Job Retention Scheme and Self Employment Income Support Scheme have been a lifeline for many low-income households, though not for those of our interviewees who fell through the gaps of eligibility. The temporary uplift to Universal Credit has also helped significantly at a time of income loss and increased expenditure, but some evidence (e.g. Joseph Rowntree Foundation, 2020) suggests that welfare benefits did not adequately cover living costs prior to the crisis. Even with the uplift, our Pandemic Stories project shows that welfare benefit levels are not always meeting the needs of many households who have had to move from full time work into unemployment as a result of the crisis.

Finally, while this has been a fearful and uncertain time, **we have heard many hopeful stories of the incredible good done by Londoners in difficult circumstances.** From housemates covering the rent of their fellow tenants who have lost income, to a digitally-excluded mother fundraising for laptops and data for local families. Friends, families, neighbours and volunteers have mobilised to fill needs not met by institutions. Part of this report examines how Londoners think strong community support networks should be built and the role of collective voice in challenging systemic disadvantage.

We start this report by **providing an overview** of our methodology – Participatory Action Research. We then address the project findings and recommendations in four areas: financial health and employment, advice and information, community support and collective voice, and mental health. Following the findings and recommendations, this report captures how we have worked with the peer researchers and stakeholders to take action, and draws a picture of our collective hopes and ambitions for the way forward.



2. Our approach

2. Our approach

17

peer researchers

20–70yrs

the age range of the
peer researchers

13

languages spoken
between them

Pandemic Stories is a Participatory Action Research project, with Toynbee Hall and community peer researchers working in partnership throughout the entire research and policy influencing process. We have been generously supported by Thrive LDN, who have worked closely with the project group to co-design the project, analyse data, influence policy and disseminate the findings and recommendations.

To form our project group, Toynbee Hall drew from an existing network of over 40 trained peer researchers, and recruited a representative group of people with lived experience of being disproportionately affected by the COVID-19 crisis. We co-produced the project with **17 peer researchers aged between 20–70 years old, speaking 13 languages between them.** All of them lived in London at the beginning of the pandemic, the majority of them are living on a low-income and/or at risk of disproportionate harm from the crisis due to other risk factors. Throughout the project, the whole group worked together in 17 workshop sessions, in addition to various one-to-one meetings and sub-group workshops.



Step One

**Designing the
project**



Step Two

**Deciding
the research
methods**



Step Three

**Conducting
interviews and
surveys**



Step Four

**Analysing findings
and identifying
solutions**



Step Five

**Policy
influencing**

Step One

Designing the project:

Participation of those with lived experience of systemic disadvantage began from the very early stages of our project design. Peer researchers agreed on the project title and voted to focus their investigation on the following themes: the impact of powerlessness over sources of income and expenditure, the help and support those households receive, their digital access and their mental health. They decided on these areas of focus having reviewed the internal and external evidence available to the group. Their decision took into consideration their understanding of their communities, the input of Toynbee Hall's advice and community team, and where Toynbee Hall and Thrive LDN considered ourselves best placed to have an impact in terms of policy influencing.

Step Two

Deciding the research methods:

The group decided on the most effective research methods with guidance from the research and policy team. Since we wanted to explore people's in-depth experiences, and most peer researchers were familiar with conducting interviews through their involvement in other Toynbee Hall projects, we selected in-depth interviews as our main research method. This method also allowed peer researchers to recruit participants and conduct research at a time that was suitable to them, which was important during the pandemic. Together, the research and policy team and the peer researchers developed an interview

guide which was used to explore the in-depth experiences of Londoners. In addition to the main method of in-depth interviews, the group included other methods to collect quantitative data and to allow people to share their experiences in another way if they choose to. These methods were surveys, self-filming, blogs and diary writing. Some non-traditional research methods did not seem to be popular, possibly due to the fact that our peer researchers may have encouraged people to take part in an interview rather than another method, participants may have preferred to be anonymous and therefore not to self-film, and that it may have been more difficult for people to commit to something that takes a longer time during this unsettling period.

Step Three

Conducting interviews and surveys:

50 interviews were conducted by the peer researchers with family, friends and neighbours, over the phone, face-to-face or via online platforms. All interviewees also completed an online survey about the impact of the crisis on their financial circumstances. The interviewees come from a diverse background. They are aged between 18 and 80+; three out of four come from a Black, Asian or minority ethnic (BAME) background; over half have a long term disability or health condition; over half live in Tower Hamlets and others live in nine different boroughs in London. Toynbee Hall's research and policy team supported peer researchers to conduct these interviews and provided ongoing training on how to gather in-depth research data.

The interviewees



18–80+

the **age range** of the interviewees



75%

come from a **Black, Asian or minority ethnic (BAME)** background



> 50%

have a **long term disability or health condition**



10

the number of **London boroughs**

Step Four

Analysing findings and identifying solutions:

In addition to thematic analysis conducted on each interview, we hosted five analysis sessions with the peer research group to identify findings and possible solutions. Peer researchers explored solutions with interviewees during their conversations, and we then discussed and refined possible solutions further with peer researchers. Through an online event, peer researchers also discussed their early findings and developed recommendations based on feedback from stakeholders from the Greater London Authority (GLA), Financial Authority Conduct (FCA), Department for Work and Pensions (DWP), local councils and voluntary organisations.

Step Five

Policy influencing:

Based on the solutions and recommendations developed, we hosted another five workshops with peer researchers to strategize and plan our policy influencing. The project group developed principles for selecting the focus for action, and chose the key focus based on those principles. We identified short-term and long-term actions, and discussed how to achieve those goals. The peer researchers decided that their priority recommendation was the implementation of a minimum income guarantee by the government. With support from Thrive LDN and Toynbee Hall staff teams, the peer researchers ran an online campaign to promote the need for a universal minimum income. Throughout the policy influencing stage, the project group hosted two events, presented at six events, attended various stakeholders meetings, and submitted two consultation responses.





3. Findings and recommendations

3.1.

Financial health and employment

The overall picture

Main Income Type	Before Pandemic (%)	During Pandemic (%)
Full-time and part-time work	40%	31%
Self-employed work	7%	3%
Casual work & zero-hour contract	3%	3%
Pension	16%	16%
Universal Credit	7%	18%
Other benefits	16%	18%
Other	11%	11%



had a **reduced household income** as a result of COVID-19

Lost income:

Nearly half of participants (43%) stated that their household income had reduced as a result of COVID-19, with a decrease ranging from £50 per month to as high as £2,500 per month. In particular, the number of households relying on employment-related sources of income has decreased by 24%, and securing and keeping employment is a key cause of anxiety for many of our interviewees and peer researchers.

Increased expenditure:

What made coping with reduced income even more challenging was that most people who reported a reduction of income also experienced an unavoidable increase in expenditure. In fact, regardless of whether their household income had reduced, we found that around three out of four respondents (76%) had new essential costs that were associated with the pandemic.

Areas of increased costs



66%

Two thirds (66%) reported **increased food and groceries costs**



34%

One third (34%) reported **increased telephone and internet costs**



25%

25% reported **increased transportation costs**



19%

19% reported **increased costs for energy bills**



of respondents **used savings to cope**



reduction in households able to **earn through self-employment**

Many Londoners who had increased utility costs then faced debt issues. According to our Debt Free London internal data on debt advice users in London, utility bill debt has seen one of the biggest increases as a debt type over the past year, with electricity arrears up 60%, gas arrears up 80% and water arrears up 71%.

Coping with income loss and increased expenditure:

To cope with decreased income and increased costs, many respondents used savings (29%) or borrowed from friends and family (24%). Others coped by taking extra jobs or working more hours, using credit cards, moving away from London or moving back in with family. The number of households relying on benefit-related support has increased by over 50%, from 23% pre-pandemic to 36% during the pandemic. Interviewees also described careful budgeting but one out of four (24%) described “going without”.

Insecure workers have taken the hardest hit:

As shown in the chart, the number of households able to earn through self-employment has dropped by 57%. Our quantitative and qualitative data suggests that freelancers, gig economy workers and other self-employed workers have taken the worst financial hit and some have fallen through gaps in government support for part or all of the crisis.

3.1.

Financial health and employment

Key findings

Anxiety about future employment prospects driving poor mental health:

The key issue causing anxiety across working age groups is future employment prospects. Young people, especially those leaving university or early in their careers, felt that opportunities to progress in their chosen careers were closing to them. Older interviewees who were unemployed pre-pandemic or in very low-paid work, find the prospect of moving into well-paid work even more unachievable now that opportunities have gone online, there are slim employment opportunities, and the job market is even more competitive. Finding employment is particularly difficult for the over-60s who need to work for longer because their pension age has been delayed.

“It’s difficult to find work. You don’t have money, you can’t pay the rent, the bills. It’s difficult because the money is going out, not going in.”

“To take back some control, I think I could potentially look for another job and work two jobs instead of just one, for the extra income. And for me to be able to do this, I think there needs to be some sort of support for finding work during the current situation.”

Strain across households for young private renters:

Several young private renters in their twenties experienced income loss through furlough or loss of freelance work, zero-hours employment,

or redundancy. Income has at times been lost across all rent-payers in a household, creating shortfalls for the overall rent. Some young private renters are having to cover shortfalls for their fellow housemates. Our private renting peer research project found 57% of young private renters in London were already spending more than 50% of their income on their rent alone, leaving them little disposable income to cover the rent for their housemates.

“I think the main impact was work, so one of my flatmates, she had her job for the first month then got fired, and... she didn’t have any... support. She was on her own and had to apply for benefits, so Universal Credit. My other flatmate, she works in the hospitality industry and so she obviously saw a reduction in her hours and then eventually got furloughed.”

Extra financial pressure on diasporic communities:

Some people from Black, Caribbean and Bangladeshi backgrounds told us that they were providing (or anticipating providing) financial support to worse-off family members or friends, either in their local communities or abroad. While this provides an extra layer of support for people in their communities, especially those with no recourse to public funds, this has created extra pressure for some individuals, especially interviewees who were in low-paid, casual work, or who had lost their main form of income completely. This finding

also points to global wealth inequality playing a role in maintaining the wealth inequality experienced by diaspora communities in the UK.

“So it is giving me all of this psychological pressure... how am I going to pay this you know and I’ve got people from my country who are more vulnerable and I have to support them financially. Before the COVID-19 they are independent... but now their problem becomes mine because I know they are more vulnerable.”

People with no recourse to public funds (NRPF) face hunger or destitution:

We found that not all people with NRPF were being supported by their communities during the crisis. For some interviewees with NRPF who had relied on their networks to help them when they could not make ends meet prior to the pandemic, they found that their community could no longer support them due to falling incomes and they faced hunger or destitution without access to the welfare safety net.

“Some of my friends, they’re gonna tell me I can’t give you this month because I have no income. Ah, a lot of the time they can’t come to my home, they couldn’t provide any food and a lot of that time I am hungry.”

“So I am suffering for food, clothes, things, sleeping, bathroom, shower, everything, but no one can understand.”

Extra costs for low-income and disabled Londoners:

For low-income households, those who were shielding, or people who were unable to shop in person due to disabilities, online shopping minimum purchase requirements and delivery charges resulted in being forced to spend more than they were able to afford. Some disabled respondents had been using taxis to get to work or essential appointments, as they felt unsafe using public transport due to COVID-19, or were unable to use it due to a lack of support.

“I’ve gone out to kind of places ... being like, taking taxis and stuff like that. So sometimes, obviously, I’ve paid for it out of my own pocket because there are certain places I’ve got to go to. I can’t avoid going to certain places, or certain times.”



“So it is giving me all of this psychological pressure... how am I going to pay this you know and I’ve got people from my country who are more vulnerable and I have to support them financially.”

- Pandemic Stories interviewee



The dual impact of internet access on finances:

Internet access has been a significant extra cost during the crisis for some households, but those who have it report a greater sense of control over their finances. A number of families with children at home either had inadequate internet to meet their needs during the crisis, or had to cut costs elsewhere to pay for better internet that did meet their needs. Those who have had to purchase a better internet connection during the lockdown have had a significant additional expense at a time of unpredictable financial strain. Yet in spite of the cost, having a good internet connection was clearly beneficial for financial health.

Interviewees could easily pay bills and keep track of their balance through online banking, order shopping online and connect with family abroad, avoiding expensive phone bills.

“So my disposable income dropped dramatically as my dad, who’s the main earner in the household, his hours dropped from full time hours, so, like 40 plus hours a week to suddenly zero hours a week. So there were some tough decisions that had to be made, for example, a second phone contract that my dad has for work, he had to choose between keeping that active or paying for our Wi-Fi bill.”

3.1.

Financial health and employment

Recommendations



A liveable income



Employment support that is good for wellbeing



Jobs need to be created in key sectors



Low income households must have affordable internet access at home



A liveable income:

The government should ensure that no resident in the UK receives below a minimum level of liveable income after they have paid their housing costs. This is the highest priority for our peer researchers. This is a principle that should be adhered to not only as we weather the economic crisis, but going forwards should be seen as a central pillar of a fairer post-pandemic society.

The extension of the furlough scheme until the end of September 2021 is welcome, but more comprehensive, easy-to-access income protection measures are needed to support vulnerable groups such as the self-employed, young people and zero hour workers. Enhancing Universal Credit by increasing housing allowance to adequately cover the cost of average market private rents, maintaining the £20 uplift and extending it to legacy benefits, and lifting the benefit cap, would be far-reaching interventions which ensure that households could meet their essential needs during periods of low or no income. Longer term, in London particularly, this should be coupled with measures to decrease the average price of private rental properties.



Employment support that is good for wellbeing:

Our participants suggested that, in order to help them find their good work providing a living income, further training (including IT training), application support, disability support, and sufficient funding to cover childcare support, IT equipment and transport costs would be most helpful. We recommend that the approach to employment support adopted by the government needs to meet the requirements of jobseekers who:

- Are digitally excluded;
- Struggle to afford childcare;
- Have caring responsibilities;
- Live in overcrowded housing; and
- Face race, disability or age discrimination.

Peer researchers advocate for co-designed, personalised employment support with extra resources available for those facing barriers to finding work. One popular suggestion is to promote mentorship schemes, where mentors in employment could be linked with a mentee from a similar background to provide support, encouragement and skill development. Jobseekers facing systemic discrimination also need clear pathways to work towards their chosen careers.



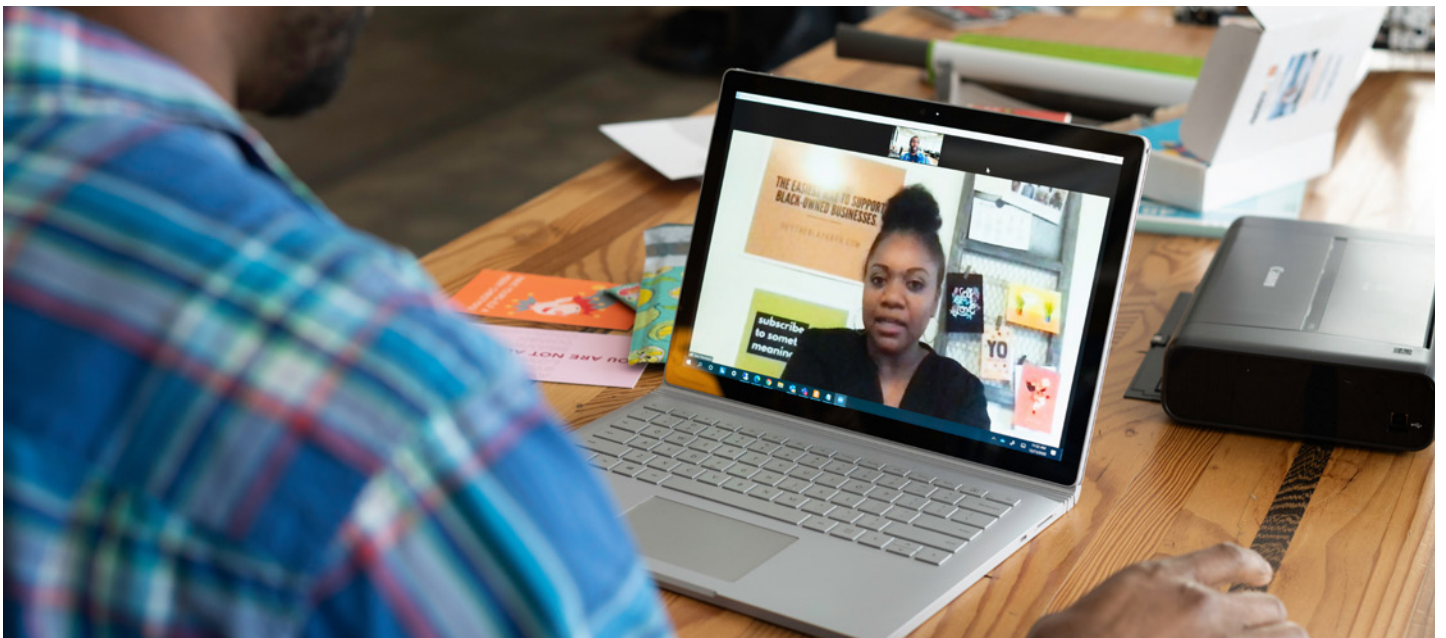
Jobs need to be created in key sectors:

Employment support can only be successful when there are jobs available to move into. Job creation is also essential to avert a mental health crisis for working age people. The peer researchers recommend the government invest in job creation in sectors that are for the public good, such as mental health services and the green economy.



Low income households must have affordable internet access at home:

The peer researchers recommend a partnership approach to creating affordable internet access at a neighbourhood level, ideally in the home. The business sector, telecommunications companies, housing providers and people with lived experience of digital exclusion should innovate together to develop and pilot solutions, so that internet access is affordable or, even better, free.



3.2.

Advice and information

The overall picture

Access to the internet:

Access to the internet has allowed households to find up-to-date information that has helped them to stay safe during COVID-19.

Complicated service design:

Complicated website and online service design creates barriers for some interviewees in getting advice and support.

Key findings

Barriers to advice have worsened the mental wellbeing of some older people:

Interviewees in some supported accommodation have not been helped to access advice during the pandemic and, with limited access to the internet, they missed out on resources like food parcels. Several older people who were living independently said that they could not access welfare or legal advice during the crisis, and appeared to be unaware of the high level of service that advice services continued to offer during the pandemic. Inability to access advice caused distress, and for some a deterioration in mental health.

“I think I’m headed for a nervous breakdown! This is exacerbated by the fact that there are no agencies open due to the virus that could have helped me otherwise like the [advice provider] etc. I can’t get through on the phone so can’t get telephone help either.”

Barriers to health support for Black and Bangladeshi communities:

In addition to the participants’ insights, we held a conversation with peer researchers and Toynbee Hall staff members from ethnic minority backgrounds to hear their thoughts on the disproportionate effects of COVID-19 on certain ethnic minority communities. We heard concerns

that the historic lack of trust in mainstream health services had affected Black people's willingness to seek help and follow guidance, as noted in the quote from a peer researcher here. It was also reported that culturally-specific services for the Bangladeshi community generally were seen to be of lower quality than mainstream services.

"As a Black person, a lot of us do not trust the health sector. We think we are being used as guinea pigs. A lot of people in my community do not take the appropriate medication. We feel the medical people don't really have our interests at heart."

Lack of clear information about COVID-19 has exacerbated people's sense of fear:

A theme of anger and disillusionment emerged in the interviews about the way public authorities had communicated information about rule changes and advice updates during the crisis. The lack of clear guidance from national and local government over how to behave and future plans has exacerbated the fear and uncertainty that has characterised most interviewees' experience of the COVID-19 crisis.

This appears to be partly a cascading issue: central messages are not reaching everybody in an inclusive way. Local councils and supported accommodation providers were pointed to as bodies that could have shared government advice in an easy to understand format, such as leaflets or face-to-face.

"The government and organisations need to work together to reduce the public's level of fear, in particular, in the case of vulnerable groups (like myself). They need to disseminate more realistic and accessible information about the pandemic as you can't expect the elderly to be able to remember everything they see on TV or hear on the radio. They need to have leaflets and letters explaining things clearly and properly."

"We also should have had better access to information about the virus, government efforts to tackle it, something in writing from [sheltered accommodation provider] or other agencies. Instead, it seemed we were treated like children."



"As a Black person, a lot of us do not trust the health sector. We think we are being used as guinea pigs. A lot of people in my community do not take the appropriate medication. We feel the medical people don't really have our interests at heart."

- Pandemic Stories interviewee

3.2.

Advice and information

Recommendations



Advice providers need to reach the most marginalised Londoners



Public information needs to be effectively cascaded from government to grassroots



Advice providers need to reach the most marginalised Londoners:

Advice providers should target housing associations and supported accommodation with accessible publicity materials that reach the digitally excluded, disabled and people who do not have English as their first language. Advice services should also work with the support staff of housing providers to publicise information about these services via word of mouth to residents.



Public information needs to be effectively cascaded from government to grassroots:

The government should work together with local councils to adopt a cascading approach to disseminating information, where community institutions such as local councils, housing providers, schools and charities are directed to share public messaging with their contacts. This includes providing resources and translations for local councils; and will ensure that health information, particularly around the vaccine, is accessible for everyone, including older people, Black and Bangladeshi groups, and disabled people.

3.3.

Community support and collective voice

The overall picture

Formal volunteering and support:

Formal volunteering and informal neighbour-to-neighbour support was highly valued by people from all age groups, both as a lifeline and a powerful way to improve mental wellbeing and connection with others.

Community initiatives:

A significant number of residents wanted more opportunities to get involved in community initiatives, and to be able to carry forward a sense of community beyond COVID-19.

Collective power in the community:

Everyday kindness and connection was felt to be a foundation for collective power: small, everyday acts of kindness really mattered to people during the crisis, from sharing food to looking out for neighbours, and some interviewees felt that this was key to building a community with a collective voice.

“The power of community isn’t just lending a cup of sugar to your neighbour. It’s, you know, letting them know that you’re there if they do need anything.”

Key findings

Different generations had varying experiences of community support:

Younger people, particularly renters living independently of family, want opportunities to connect with the local communities they live in. They had less need for resources like food, but more for social connection and belonging. Many struggled with their mental health during lockdown and those who volunteered reported that doing so improved their wellbeing.

Food distribution through apps like Olio had helped them to connect with their neighbours and young people generally felt that food sharing could play an important role in bringing communities together, and there was an interest in using online platforms to connect.

“One thing that I found has been really nice, is that during lockdown, me and people have been doing stuff for the Olio app. ...And I found that like, there’s lots of people that come like every week and we’ve gotten to know them, and that’s kind of like building up a little community, and that’s people... that’s been really nice”.

“In America, they have like apps... maybe even a Facebook group or something, because I don’t know if that exists (here). I feel very like out of touch with my community, and I think it’s the way London is, it’s so big and there’s so many people, it’s hard... everyone feels a little bit like an outsider I think.”

In contrast, older people have mainly relied on family, but also friends and volunteers to meet their material needs like shopping, cooked meals, and access to cash and prescriptions. One perhaps surprising finding is that several older people consider policies to keep them isolated to be too strict, and bad

for their ability to look after their mental health through connection with others. They tend to think charities or the council should facilitate community activities, though some had connected with others online.

“By avoiding the government’s directives about not meeting up, as it’s not helping people’s mental health. They’re stopping us meeting and socialising, which is physically affecting us, making us more sick than the virus is. After all, they’re just a bunch of old Etonians, with inferior thinking. Face masks also don’t help, they just impede communication and should be scrapped.”

Barriers to communities supporting one another:

Language barriers, a need for more volunteers, and a tendency to stick in close family or friendship circles during the pandemic were all put forward as barriers to better community support. Some people described needing training or better internet access to engage in activities that connected communities. Some older people felt there had been a lack of coordination between community support, charitable support, statutory support and housing providers. It was also suggested by our peer researchers that the support provided



“One thing that I found has been really nice, is that during lockdown, me and people have been doing stuff for the Olio app. ...And I found that like, there’s lots of people that come like every week and we’ve gotten to know them, and that’s kind of like building up a little community, and that’s people... that’s been really nice”.

- Pandemic Stories interviewee

needs to be more inclusive, taking account of digital barriers and culturally-specific requirements for food, for example.

“As many here in the scheme (housing accommodation) don’t have access to the internet, and some not even to a smartphone, there was a lot of ignorance about it and people were feeling more isolated as a result.”

Opportunities to forge relationships to build collective power:

Having regular interactions and coming together more often was seen as essential for building collective power and being able to influence change. Interviewees described wanting to be heard, and to see evidence of their inputs impacting policies, and that access to knowledge and information is key. They suggested frequent local meetings about the impact of COVID-19 for example then having representatives go to a broader level with those concerns. Across all age groups it was suggested that there may need to be facilitators or named representatives in communities who can coordinate activities.

“I feel like the power of the community is their voices... as in its really hard for one person to be heard properly right and if the community got together. If they all expressed the same concerns and the same worries, I think they’re most likely to be heard, the change is most likely to happen.”

Access to virtual and physical space:

During the pandemic and moving forward, people want more spaces to participate in community life and decision-making. These spaces can be physical and virtual. While it has been difficult for some to use community spaces because of COVID-19, many felt that there was a lack of community spaces even before the pandemic. There is a need for clarity and transparency over what a space is for and who can get involved. Some felt that they could take the lead in community action with their neighbours if they only had some ownership over a physical space. Growing vegetables and food was seen as a good way to bring people together that would be popular. Apps, messaging groups, online meetings and events were all put forward as ways to facilitate interaction and cooperation.

“The internet and online contact should ideally only complement face-to-face interaction and not replace it completely, as has happened during lockdown.”

“I think to empower communities, I think government have a responsibility to allow us to have our own grounds to grow food for example so we are not at the beck and call of Tesco’s and multinationals. ...I think give us space to grow. Give us space, to support local grassroots organisations.”



3.3.

Community support and collective voice

Recommendations



Every Londoner should be able to take part in accessible and programmed opportunities to meet with their neighbours and to speak to decision-makers



Every Londoner should be able to take part in accessible and programmed opportunities to meet with their neighbours and to speak to decision-makers:

Every Londoner should have the opportunity to meet their neighbours regularly and to have a voice in local and national decision-making. Building relationships, a sense of belonging and having support networks is crucial for Londoners' wellbeing in this moment. There is an appetite from individuals to work together with their neighbours to shape plans to help the city and country to move to a better future.



Local councils should adopt charters for service providers to make sure policy becomes practice



Local authorities should work with local communities to design the coordination of different types of community provision

"I think one of the key things they (the government) need to do is to listen to the individuals that are affected because they're the people who walk in the shoes every day, so they know and understand."

"This is basically being the perfect time... because people actually have the time to... do things and... learn about things, educate themselves... We're not spending most of our week at work, we actually have time to do that. But if we were... given a time to discuss issues or something in the community... that would help a lot."



Local councils should adopt charters for service providers to make sure policy becomes practice:

On key issues related to equality and community rights, councils should require contractors to agree to principles co-designed with residents.



Local authorities should work with local communities to design the coordination of different types of community provision:

Community spaces should be mapped, and it needs to be clear what a space is for, who can be involved in decision-making about the space, and how. The number of co-owned physical spaces for the community should be increased where there is not enough space in an area to meet demand. Funders should support active citizenship at a neighbourhood level, and support projects to understand and develop the role of food growing and sharing in building community.



3.4.

Mental health

The overall picture

Multiple traumas caused by COVID-19:

Households are recovering from multiple traumas caused by COVID-19, from grief to financial shock to mental health breakdown.

Fear has been a prevalent emotion:

Fear has been a prevalent emotion, from fear of infection, fear of infecting loved ones, combined with uncertainty about the future.

Below: How interviewees described their experience of COVID-19



Key findings

The impact of the crisis on certain ethnic minority communities:

African, Caribbean and Bangladeshi communities have described their distress at seeing so many people in their communities die as a result of COVID-19. Communities are coping with unusually high levels of grief alongside the added financial and familial pressures of the crisis. Furthermore, while Black Lives Matter has been a long awaited moment of recognition of structural racism for some, it has also burdened Black Londoners in other ways, for example, employers asking Black employees to tell them how to improve their practices, and having to centre their racial identity at work in a way that can be uncomfortable to them.

“On top of COVID, for a Black person, it was even more draining. It’s not really, it’s not really what’s needed right now, for the simple fact that Black people should (be) like all people... No matter what colour you are, your life should matter.”

A loss of support and routine impacted the mental health of disabled people:

For some of our disabled interviewees, the pandemic meant losing their in-home support due to staff sickness or isolation. This had led to increased anxiety about completing daily tasks, and exacerbated feelings of isolation as they were unable to leave the house without support. Others described dealing with the difficulty of the loss of routine, from being unable to rely on their usual cues to differentiate the time of day, to having their safe foods made unavailable through panic-buying.

“You know, most sight dependent people could look out the window and they can think dusk and they can see dawn. But when you’re visually impaired, you’re relying off... ,

you know, noises in the sense of, you know, people go in past going to work or going to school. And when you don’t hear those noises, you don’t really have a semblance as to... you know what the time is, what the day is.”

The role of the internet in maintaining good mental health:

Londoners we talked to are using the internet to look after their mental wellbeing in ways that fit into the Five Ways to Wellbeing framework¹, across different age, gender and racial backgrounds. Their approaches to self-care range from connecting with friends, family and support groups, to learning new skills, being mindful and volunteering using online platforms.

“I just try to use the internet - like sometimes I video call my friends and my family and sometimes I go on YouTube and search many things like some gardening stuff. And I’m doing sewing also so I search many things on the YouTube so I keep myself busy that way too.”

¹ The Five Ways to Wellbeing (Connect, Be Active, Take Notice, Keep Learning, Give) are simple and evidence-based actions that can help people find balance, build resilience and boost mental wellbeing.



“On top of COVID, for a Black person, it was even more draining. It’s not really, it’s not really what’s needed right now, for the simple fact that Black people should (be) like all people... No matter what colour you are, your life should matter.”

- Pandemic Stories interviewee

3.4.

Mental health

Recommendations



Include disproportionately impacted communities in designing the public health response to COVID-19 and other health crises



Include disproportionately impacted communities in designing the public health response to COVID-19 and other health crises:

By including people with lived experience of exclusion in designing messaging and communication strategies, the groups most affected by the pandemic will have the correct information to make good choices and access support.



Clinical Commissioning Groups and health providers should consider the social prescription of internet access



Clinical Commissioning Groups and health providers should consider the social prescription of internet access:

With funding, social prescribers could play a key role in providing data and devices to digitally excluded Londoners experiencing poor mental health, who could support them to use the internet to maintain their mental wellbeing during the pandemic.



Thrive LDN to coordinate a co-designed programme of online workshops and online support for young people



Thrive LDN to coordinate a co-designed programme of online workshops and online support for young people:

Young people are struggling with their mental health and have proposed more online mental health support delivered by mental health professionals, for example, online workshops about how to look after wellbeing, moderated support forums and one-to-one help. Much of this provision already exists through youth and mental health services in London, but it needs to be curated, promoted and gaps identified and responded to in discussion with young people.

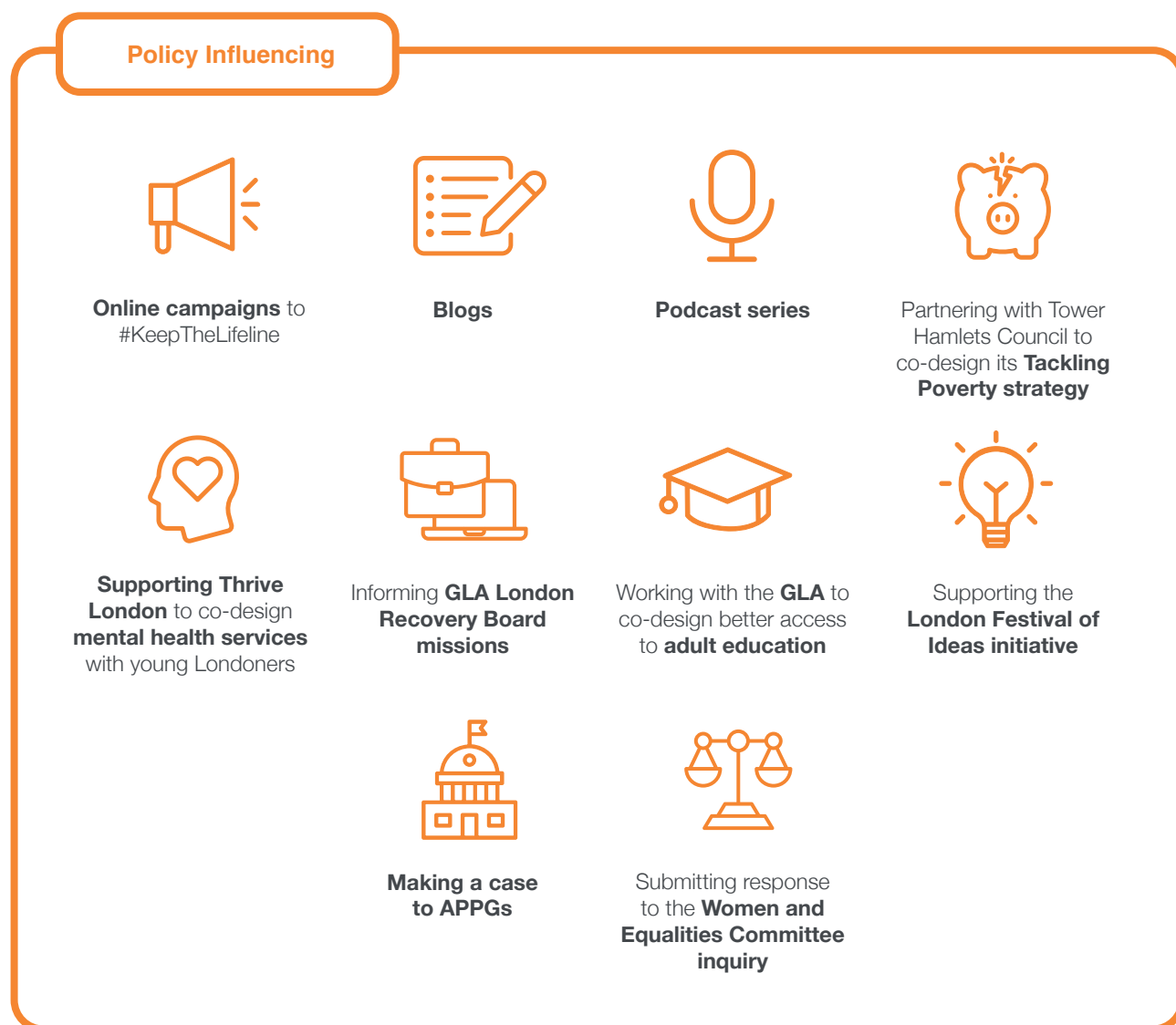
“Workshops or like a forum, where you can express yourself... like mental health issues, or... Black Lives Matter, issues in general. I think it would be good if people could go somewhere where they know that they won't be judged and that they, their needs will actually be listened to. ...Not everyone can afford to like go to therapy or to have like a mentor. So, if there was a way on the internet for... workshops by professionals who cover like an array of subjects and that actually understand [that will be great]; because I think it's one thing knowing, and another understanding.”



4. Action taken so far

4.

Action taken so far



Taking action is essential to community empowerment, and we have worked with the peer researchers and a wide range of stakeholders to honour our commitment to co-design and co-production.

The peer researchers decided their priority recommendation was the implementation of a

minimum income guarantee by the government. The researchers ran an online campaign to promote the need for a universal minimum income that covers essential living costs both during and post-pandemic. As a first step, they focused on the need for the government to maintain the £20 increase to Universal Credit and extend the uplift to legacy benefits.



They created posts for social media, wrote blogs and took part in a podcast series with the Runnymede Trust's Chief Executive, Dr Halima Begum. The peer researcher presented to different stakeholders to promote their broader set of recommendations, including MPs and peers at the joint meeting of the All-Party Parliamentary Groups (APPG) on Universal Credit and Ending the Need for Food Banks. They also ran separate workshops to inform the GLA's London Recovery Board missions on employment and digital inclusion, and to respond to the Women and Equalities Committee inquiry into the disproportionate impact of COVID-19 on BAME communities. We have listed links to some of these policy influencing activities in the appendix.

The seeds of the project group's recommendations are now growing green shoots. Toynbee Hall peer researchers are working with the Greater London Authority to co-design better access to adult education. Toynbee Hall are working with the GLA and other organisations to co-organise the London Festival of Ideas initiative for building strong communities. Thrive LDN have taken on board the peer researchers' recommendation that they co-design mental health services with young Londoners, and the Toynbee Hall team are facilitating this process. We have also partnered with our local authority to make sure residents who have experienced poverty first-hand are involved in designing the authority's strategy to tackle this issue, which affects 57% of children in Tower Hamlets.



5. The way forward

5.

The way forward



A listening infrastructure into all future decision-making in London



Participatory policy-making and co-design into every element of the recovery strategy



Parallel support systems to national systems that perpetuate inequality and entrench poverty



National policy change that creates a fairer future for all



A mindset shift in national policy making and in public opinion

It is heartening that, at a London-level, we can see many of the recommendations made by the peer researchers reflected in The London Recovery Board and Mayor of London's mission strategies². Some of these missions include: "by 2025 all Londoners will have access to a community hub where they can volunteer, connect and get support"; "young Londoners will be able to access holistic mentorship schemes to help them access employment"; "the creation of green jobs and digital access will be one of the capital's priorities".

The synergies between the peer researchers' recommendations and the GLA's recovery strategy can be attributed partly to the commitment shown by the Greater London Authority to listen to Londoners during the pandemic. Whether indirectly through hearing from grassroots organisations (for example, Toynbee Hall's CEO, Jim Minton, is co-chair of the Robust Safety Net Mission, and many other grassroots organisations contributed to the process), or directly through community conversations, it is clear to us that these exercises directly informed the recovery missions. We strongly support the GLA's approach to community engagement. There is an opportunity to embed further a listening infrastructure into all future decision-making in London, and to build participatory policy-making and co-design into every element of the recovery strategy. From our perspective, this is the only way to make decisions that will lead to a genuinely fairer London.

Looking more broadly, peer researchers felt less hopeful about the national picture. Many were sceptical that measures to reduce inequality post-pandemic could emerge from central government. Schemes like furlough, for example, were thought to have protected those on middle incomes from the reality of Universal Credit, which could have galvanised public opinion on the need for a better welfare safety net. There was a belief that taking action to make housing genuinely affordable to people on the lowest incomes was an impossible ask. Yet a theme throughout both the interviews and the peer researchers' discussions was the potential of collective action to improve

² <https://www.london.gov.uk/coronavirus/londons-recovery-coronavirus-crisis/london-recovery-board>

the lives of the most marginalised. Londoners were interested in building parallel support systems to national systems that perpetuate inequality and entrench poverty, by helping one another to access welfare support, employment, education, internet and healthy food. As a priority, they called for resources and space to organise at a local level.

Local authorities and the GLA need to work in partnerships with communities who can take direct action to transform life locally. In short, while the peer researchers identified areas where government policy would make the biggest impact on a national level, they also found that Londoners wanted to proactively and collaboratively improve the lives of their own families and wider communities.

Finally, as we look to the future, the Londoners we spoke to wanted to feel of equal worth to the majority, regardless of disability, race, immigration status or age. They felt that this could only be possible through a mindset shift in national policy making and in public opinion, away from the view that a person's worth is primarily decided by their economic productivity, and instead towards the belief that it is our wider societal contribution, as a neighbour, a helper, a volunteer, a mentor, a citizen, as well as a worker, that demands and deserves support and recognition. By investing in these aspects of our lives, the state and wider society can achieve much more effective and efficient solutions to the most pressing problems we face as a nation; persistent inequality and its human and ecological costs.



References & Appendix

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Appendix

(Links to policy influencing activities)

Campaigns to #KeepTheLifeline - <https://www.toynbeehall.org.uk/25/02/2021/pandemic-stories-research-group-campaigns-to-keepthelifeline/>

Podcast series - <https://www.toynbeehall.org.uk/18/03/2021/new-podcast-series-pandemic-stories/>

Pandemic Stories Research Group make their case to APPGs - <https://www.toynbeehall.org.uk/25/02/2021/pandemic-stories-research-group-make-their-case-to-appgs/>