



Working alongside local communities responding to COVID-19

March to June 2020



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People's Health Trust helps to create fairer places in which to grow, live, work and age. Through our funding and support, we work alongside local people to help to address the real causes of ill-health and shortened lives.

We work with neighbourhoods experiencing disadvantage because they are the most affected by health inequalities, as well as communities of people with shared experiences and identities, who face additional barriers to good health due to discrimination or further inequality.

There are already stark differences in life expectancy and healthy life expectancy between different neighbourhoods and groups of people, which have widened over the past ten years. The COVID-19 pandemic has brought this into sharp focus.

When the COVID-19 lockdown began, the Trust made contact with all of our funded partners. This was urgently needed, so we could effectively respond and understand the rapidly changing needs within neighbourhoods. This contact has been ongoing over the past four months, through which we have listened, learned and acted upon the key challenges and we continue to do so.

Like many funders, in response to the pandemic, the Trust immediately relaxed our grant conditions. We know that funded partners have the local wisdom and knowledge to respond most effectively to the local situation.

What we have seen over these past few months has revealed the true importance of resident-led projects in neighbourhoods and communities: they have been a key source of support and guidance for local people before and during the Covid-19 crisis. They will continue to be critical as communities begin to adjust.

“We know that funded partners have the local wisdom and knowledge to respond most effectively to the local situation.”

75%
of projects successfully moved online

The response on the ground

In total we spoke directly to 80% of funded partners across England, Scotland and Wales in April and May 2020, with ongoing network meetings and discussions. The vast majority of these community-led groups have been quick to adapt to the COVID-19 crisis. Over 75% moved online and successfully delivered a wide variety of activities, from counselling to Zumba classes. Where that wasn't possible for individuals and groups, they connected using the phone (41% across all of our projects).

The online offerings of funded partners during this time have included a range of activities from dancing, cooking, music, craft and Tai chi to peer support groups, children's activities and counselling and befriending services. Funded groups have also made deliveries of equipment (from sewing machines to tablets) and materials for children and young people, to help keep them and their families engaged and entertained.

Whether through online support via social media, Zoom and Facebook groups, or through dedicated weekly phone-calls to those most at risk of isolation, there has been a hugely successful effort to maintain social connections across all of the Trust's programmes at a time when people have needed to be physically distant.

Many funded partners moved instinctively towards their natural place at the heart of neighbourhoods and communities, proactively providing support wherever needed. Fifty-seven percent of projects have been involved in meal delivery and/or the distribution of care packages, while 36% have been working alongside foodbanks. These projects effectively became emergency hubs by coordinating foodbanks, or delivering emergency supplies of food and medicine throughout the lockdown.

Funded partners have also acted as important conduits for information. Nearly half (46%) of the Trust's projects have provided valuable information services to support residents to interpret government and NHS advice. Several projects have worked to provide much-needed translation services, particularly longer-term projects in communities. They have also been helping to dispel misinformation and to provide valuable referrals to other local services, as well as playing a role in disseminating accurate local information.

For example in the Govanhill area of Glasgow, the Local Conversation project has proactively focused on translating government advice into multiple languages for the Roma communities. In other neighbourhoods dedicated phone lines have been set up to disseminate accurate information relating to COVID-19. There are also a few examples of projects providing BSL and ISL support services.

It has also become clear that the devastating impact of Covid-19 has not been experienced equally. We know from national statistics that people living in more deprived areas have experienced COVID-19 mortality rates more than double those living in less deprived areas.¹ We know that disabled women are 2.4 times as likely to die compared to those with no disability.² Men are also disproportionately affected, accounting for 58% of total deaths compared to women (42%).³

We know that Black, Asian and Minoritised Ethnic groups are around twice as likely to die overall and that Black, Bangladeshi and Pakistani communities are some of the most affected.⁴

Notes:

- 1 Office for National Statistics (1 May 2020), Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020. [Link](#) (accessed 08/07/20)
- 2 Office for National Statistics (19 June 2020), Coronavirus related deaths by disability status, England and Wales: 2 March to 15 May. [Link](#) (accessed 08/07/2020)
- 3 Office for National Statistics (23 June 2020), Deaths involving COVID-19, England and Wales: deaths occurring in May 2020. [Link](#). (Accessed 09/07/20)
- 4 Office for National Statistics (7 May 2020), Coronavirus-related deaths by ethnic group, England and Wales. [Link](#) (accessed 08/07/2020)

The issues emerging in affected neighbourhoods

Many projects have needed to provide advice and support.

Several of our long-term Local Conversations projects have been providing support to access Universal Credit, often for people who had never previously needed to access this. Projects have also reported a significant rise in the uptake of Universal Credit and housing credit support services, as businesses close and people are experiencing poverty. Additionally translation services and supporting communities to make sense of Government advice has also been critical.

Black, Asian and Minoritised Ethnic communities.

Our work has focused on addressing health inequalities. BAME communities face disproportionately high poor health. COVID-19 has shone a light on this. Across the Trust's programmes, 24% of participants identify as being from a Black, Asian or Minoritised Ethnic (BAME) group. We know there are a number of neighbourhoods where the high death rate for BAME groups has had a significant impact on the local community. Due to the strength of the social networks and sense of agency those residents have created, in part due to involvement in the Trust's programmes, strong foundations exist to enable them to respond, but the issues underpinning why these communities have been so affected remain. We have seen calls to address what some see as the long-term neglect of the BAME community in some areas and we will be supporting an emerging study in this area.

Financial concerns of funded partners are emerging, with several of the Trust's projects describing the pandemic and their necessary response to it as 'stretching their capacity'. Averaging across programmes, 31% of projects have stated that their costs have increased as a result of the pandemic and this is as high as 50% in the largest of the Trust's programmes. Twenty-eight percent have requested some form of financial support going forwards.⁵

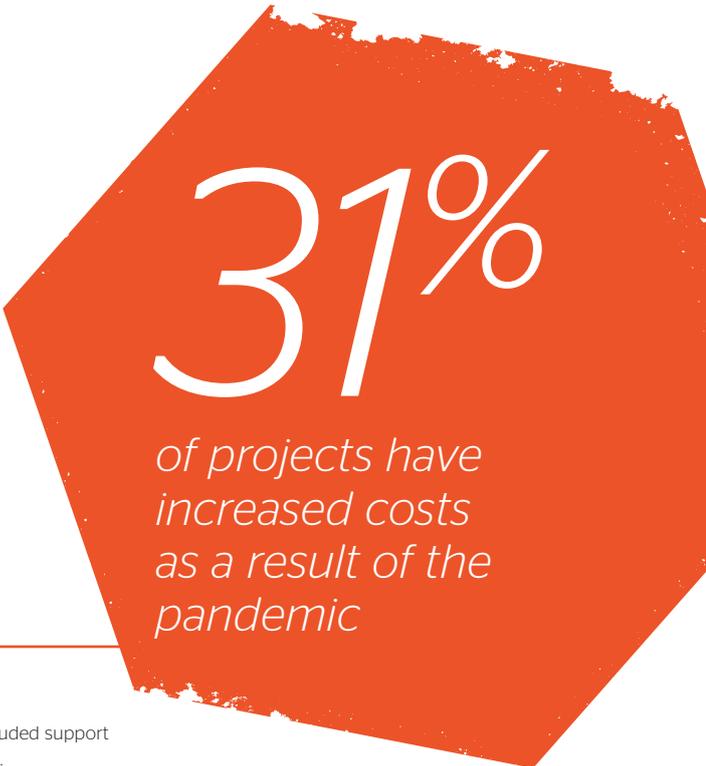
Financial concerns of local residents emerged in nearly every response to our surveys and phone-calls, as those in already precarious situations face greater hardship, while others face new challenges with fewer work opportunities or unemployment.

Domestic violence cases are rising in some areas, and the compounding impact of isolation, grief, being trapped indoors, fear and financial precariousness are clear in several of the Trust's long-term projects.

Mental health is a real concern for nearly every project. This is true for both older and younger people, whose mental health is being affected for different reasons and in different ways. Concerns have also been raised for project staff who are often working beyond their paid hours, in the face of significant challenges and reduced capacity.

A digital divide is apparent in many areas, meaning a greater risk of isolation for some and an inability to access school work for others. The reasons for this are varied; people who are older or have learning disabilities may have additional technology support needs, while children and young adults may be technically able but don't have access to a phone, laptop or the internet to get online. For some people, telephone support remains the only route to maintain contact, which limits what can be offered and risks growing anxiety and isolation for those members.

The isolation of older people and people who have had to self-isolate (clinically vulnerable and extremely clinically vulnerable) has also been a key concern across projects. Our funded partners, like many, appear to be rising well to this challenge with their commitment and creativity to sustain social connections and provide practical support.



31%

of projects have increased costs as a result of the pandemic

Notes:

⁵ A minority of requests were for emergency funding (less than 20%) but requests also included support for financial planning and for medium and longer term funding beyond emergency funds.

What next?

The Trust has been taking action on things we have learnt and we are continuing to engage with funded partners to learn about how we can provide on-going support. Our focus is not only about the short-term crisis but how we all manage the medium term (the next 12-24 months).

- We have established new and adapted existing online networks across all of our programmes to create a space for peer learning and support. These spaces ensure that every project has the chance to honestly share their challenges, and to support and inspire one another. We see networked communities as a foundational element of what we do and we will continue to invest in them.
- As always, we will continue to ensure that we are working alongside BAME and other marginalised communities and to ensure that our funding is reaching BAME-led communities. We are supporting a funded organisation with a potential inquiry into the provision of primary care in one neighbourhood badly affected by the COVID-19 crisis.
- We are actively exploring how we can provide further financial and technical support to our projects, not just for this immediate crisis period but on the long road ahead. We are also committed to staying in close dialogue with all of our funded partners through the crisis to provide further guidance and reassurance where needed, sustain the networks, and support the transition to a 'new normal' as smoothly as possible.
- We are working with a consortium of international organisations supporting the emergence of 'street journalists and bloggers' to ensure that the voices of people who experience health inequalities are heard and these voices contribute to policy solutions.

- The Trust has requested the Government consider further community level mental health support for children, young people, adults and front-line community workers at this time and hope to continue this dialogue going forwards.
- We are collaborating with partners in the Community Wealth Fund Alliance to seek a permanent endowment for long term investment in those communities which experience the most disadvantage (the so-called 'left behind').
- We are engaging with the Welsh Government to look at how communities being in greater control and having a strong emphasis on social connection, will be able to help in the COVID-19 recovery.
- We have written to the Government arguing for improved connectivity and tailored support for people who need assistance in using technology, along with improved access to equipment to address the digital divide. We will look to work with other partners on this important issue.

The Trust will continue to engage with all of our funded partners to understand how we can support them, and understand what help they might need in the short, medium and long term. We will continue to campaign alongside partners at a local and national level on all of the associated issues, and take action with our funded partners to emerge from the Covid-19 crisis and work towards realising our vision of reducing health inequalities.



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