Community Responses to the Coronavirus Pandemic: How mutual aid can help

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Abstract

The beginnings of the COVID-19 pandemic caused panic over job losses, food and toiletry shortages and social isolation, over and above the health impacts of the virus. People wanted to help on a mass scale and there was a huge community response. The pandemic brought energy into neighbourhoods and communities, leading to the rapid formation of mutual aid groups in many different forms all over the country. At the same time, existing community groups and many service enterprises, particularly food outlets, redirected their activities to helping the NHS, families that were struggling, and vulnerable people.

Since March 2020, LSE Housing have been researching a sample of these mutual aid groups. In this paper, we will present our findings on the makeup of volunteer groups, the contributions of volunteers, the people they helped, and how, also what potential longer-term benefits there may be. We explore the social problems that the groups address and show how we need more than mutual aid to remedy the deep-set inequalities that the pandemic has highlighted. The need for community and a sense of belonging is a message that comes out most strongly from our research, reinforced by financial need and social isolation. Mutual aid can bind communities and neighbourhoods together and create a sense of belonging to a degree. But there is also a need for stronger and wider social infrastructure, of which the NHS is maybe the most shining example. Schools have a big role to play as part of this social infrastructure, but we also need more housing, training and jobs in new sustainable fields in order to under pin basic social infrastructure. Mutual aid on its own is not enough.

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1. Introduction – The impact of COVID-19 in communities

The COVID-19 pandemic and the subsequent lockdown that began on the 23rd March created a unique set of circumstances: people over 70 and people with underlying health conditions were confined to their homes; people were cut off from their normal forms of support; family members were separated; schools and non-essential shops closed; and day to day activities stopped. The closure of many businesses created economic worries, resulting in pay cuts and job losses. Nine million employees were put on the furlough scheme, a government wage subsidy allowing people to be paid while no longer working. Working parents had to balance home schooling with working from home. Free school meals stopped which for many children meant that they lost a main source of food. The virus and lockdown put strains on people's mental health with older and single people often feeling isolated and cut off from support networks. The virus greatly increased pressure on NHS staff and carers as they had to balance their family duties, and caring for those who developed the virus, whilst trying to prevent the further spread of COVID-19.

It is important to highlight that some communities were hit harder than others by the pandemic. Church Road in the London Borough of Brent had the highest level of COVID-19 related deaths in country[1] as of 27th June 2020. This was linked to high levels of overcrowding in the area, and large numbers of residents working in frontline jobs. Church Road also had a high proportion of Somali residents and another problem, at least initially, was the lack of information and health messaging in Somali. The Harlesden Mutual Aid group, who we spoke to, has been a vital form of support to this community.

2. Widespread community responses to the pandemic

From the start of the pandemic there has been a huge surge in the "helping sprit". People have wanted to help and play an active role in responding to the crisis. This is evident from the impressive numbers signing up to volunteer: 750,000 people signed up to the NHS volunteer scheme, three times as many as expected and five times the numbers needed. There was also a surge in people signing up to local volunteer centres, with 250,000 people signing up in the first three weeks of lockdown[2]. 22% of Britons now belong to a community support group, with a third of these joining since lockdown[3].

Existing community groups have played a crucial part in supporting people during the crisis and are going above and beyond their everyday duties to provide for people in need. For example, The Felix Project, a food redistribution charity in London, quadrupled the amount of food it delivered to people in need, despite a 30-fold reduction in their volunteer members, as many were over 70 and were asked to shield as part of the Covid-19 restrictions[4]. Housing associations have made a major effort to support tenants, with many staff volunteering beyond their normal working hours to provide support and giving their free time to local efforts.

Businesses forced to stop normal activities have also helped people in need. All the traders at the Grainger Market in Newcastle joined forces to distribute 6000 meals a day to vulnerable people when the indoor market had to close[5].

Practical volunteering to help people in need has led to a striking surge in community spirit with neighbours across the country coming together in new ways. In Wavertree, Liverpool, a group of neighbours transformed the back alleys of their terraced houses into a community garden[6]. Previously the alleys were full of rubbish and uncared for. This combined effort has not only restored the unused space; it brought neighbours together and formed new friendships.

The national spirit of solidarity was captured by army veteran Sir Tom Moore, who aimed to raise £1000 for NHS staff by walking 100 laps of his garden by his 100th birthday. By the time he crossed the finish line he had raised £32,000,000. As a thank you he received 650,000 birthday cards from people across the country. His efforts captured the public imagination in a special way, and he received an honorary army title as well as a knighthood from the Queen[7].

Much of this voluntary activity contributed to a remarkable surge in the foundation of mutual aid groups, as defined here:

> *"A mutual aid group is a volunteer led initiative where groups of people in a particular area join together to support one another, meeting vital community needs without relying on official bodies. They do so in a way that prioritises those who are most vulnerable or otherwise unable to access help through regular channels."[8]*

There are now an estimated 4300 mutual aid groups in the UK, with three million people offering their support to people in their local community. Most of these groups have been set up since the outbreak of the pandemic[2].

3. Our research

LSE Housing and Communities has a long-standing interest in the role of mutual aid in responding to community problems. This research aims to capture the community response to the COVID-19 virus and explore the function of the community groups in helping people.

Characteristics of mutual aid groups formed during the COVID-19 pandemic are that they:

- appeal to people's desire to help others in a crisis,
- attract attention, under lockdown conditions, to the people who are ill, short of basic necessities, elderly, and/or vulnerable,
- run on an entirely voluntary basis.

The groups are "mutual" in the sense of sharing a common need and ambition to help people in their community. They are "self-help" in that they are motivated to meet local need through local effort, for example the need for food, medicine, and other necessities. Sometimes, this simply involves 'checking in' on each other to reduce loneliness and isolation.

Our research aims to answer 3 key questions:

A. What drives the rapid development of voluntary neighbourhood and street level 'Mutual Aid' groups, formed to support vulnerable, sick, elderly and "socially isolated" people in the current health emergency?
B. What forms of help are most common in this movement?
C. What is the impact of the work of mutual aid groups?

4. Methodology

We began our research by identifying mutual aid groups from across the country using social media, council websites, local and national newspapers and the COVID Mutual Aid website which lists all known mutual aid groups in the UK[8]. In total, we contacted 70 groups between March and July 2020. This helped us establish a picture of the scale and pace of development of the groups. As well as clearly identifiable mutual aid groups, we identified organisations that had adapted their usual activities to support people in the community, and organisations that have gone above and beyond their normal duties to help others. From 70 organisations, we identified 20 groups, representing different types and geographical locations, to explore in more detail. We carried out telephone interviews with the organisers and volunteers of these 20 groups to learn how they were organised, what they offer, and how they benefit their communities.

5. Forming a picture of the groups

i. Type of group

The 20 groups we spoke to supported people in different ways, with several groups falling into more than one category. The majority, 15 of the 20 groups, were local support groups responding to individual needs on a one-to-one basis. These groups carried out tasks such as shopping, prescription pick-ups, and friendly phone calls. Six of the groups provided food, two of which provided food specifically for NHS staff and carers. Two of the groups made protective clothing (scrubs) for frontline workers.

Two of the groups we interviewed were existing organisations already supporting people who had adapted and expanded their services. One group we spoke to was a hotel owner who was forced to close to the public when lockdown was announced and who responded to an appeal by the local council to house local homeless people in the hotel during the crisis.
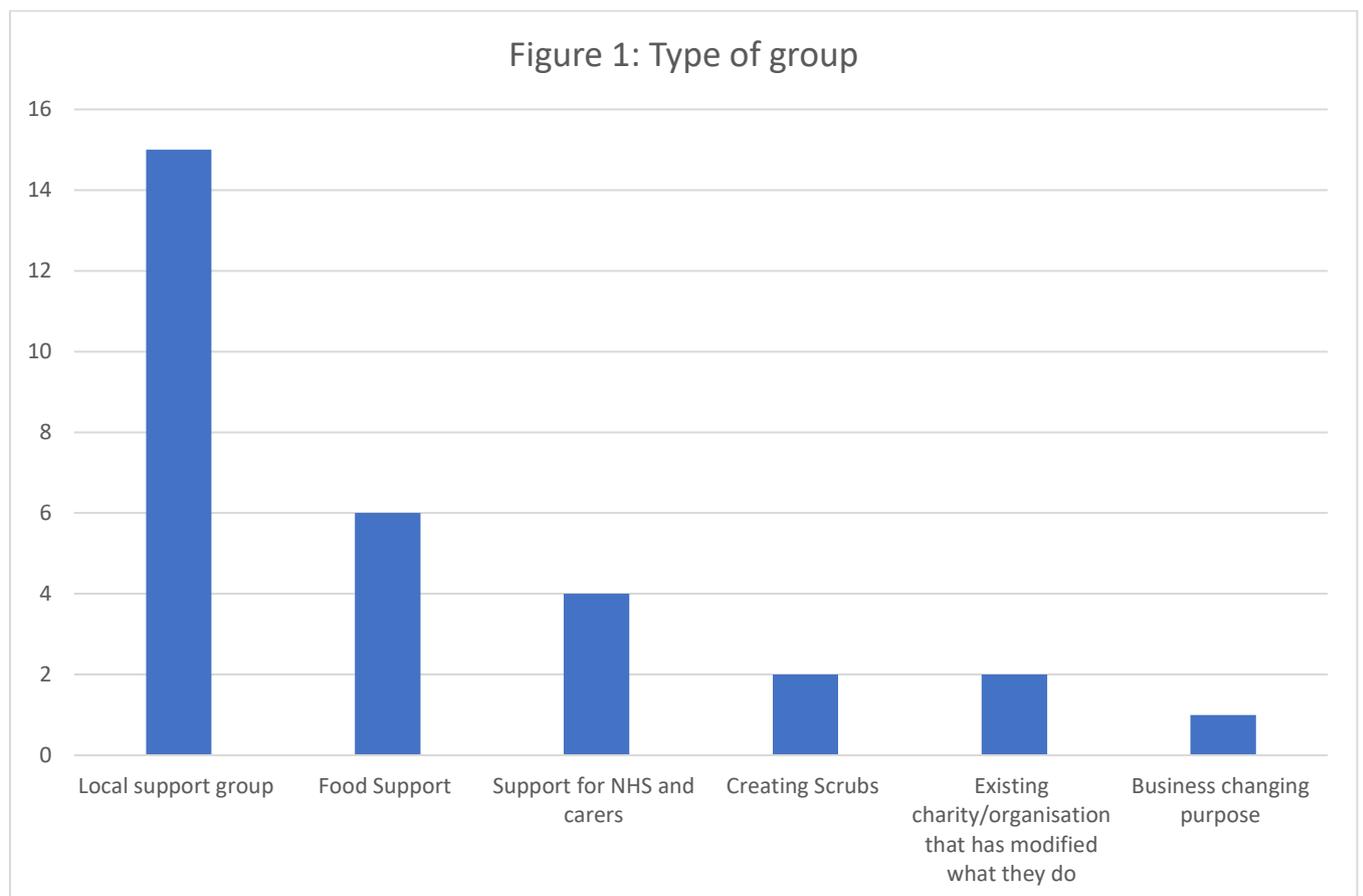
Figure 1: Type of group

ii. Geographical distribution and size of groups

The 20 groups came from across the UK: from cities, towns, and villages. A quarter of the groups came from London (5); with the rest coming from the North of England (4); Midlands (3); Scotland (2); South West England (2); East of England (3); and Wales (1). Although we were in touch with groups from Northern Ireland, we were not able to arrange interviews within our research timeframe.

The groups varied in size, from 2 to 800 volunteers. In total, the 20 groups had 3549 volunteers and organisers signed up to help; on average there were six organisers and 190 volunteers per group. The two biggest groups, with 800 and 700 volunteers, were both based in London.

iii.   What motivated the groups to form?

14 of the groups were new and set up in the first weeks of lockdown. Of the six groups that were already in place, four were existing volunteer-run local community groups that adapted what they did following the lockdown announcement and recruited new volunteers.

When asked what motivated the groups, the dominant motive (11) was the realisation that some local people would need support during lockdown. Four of the groups were motivated by wanting to play an active role in helping people through the crisis. Two of the groups wanted to show their solidarity with and support for NHS staff and care workers. Two of groups were motivated by religion in their commitment to helping their neighbours. The hotel owner housing homeless people wanted to make use of the hotel during lockdown to help people in need, thus contributing to community well-being. One group specifically wanted to support female carers who they knew would be isolated during lockdown as they would be unable to leave the house due to the vulnerability of the individuals they were caring for. One young volunteer who helped set up a group wanted to show that young people do care and were not "irresponsible and reckless" or breaking lockdown rules.
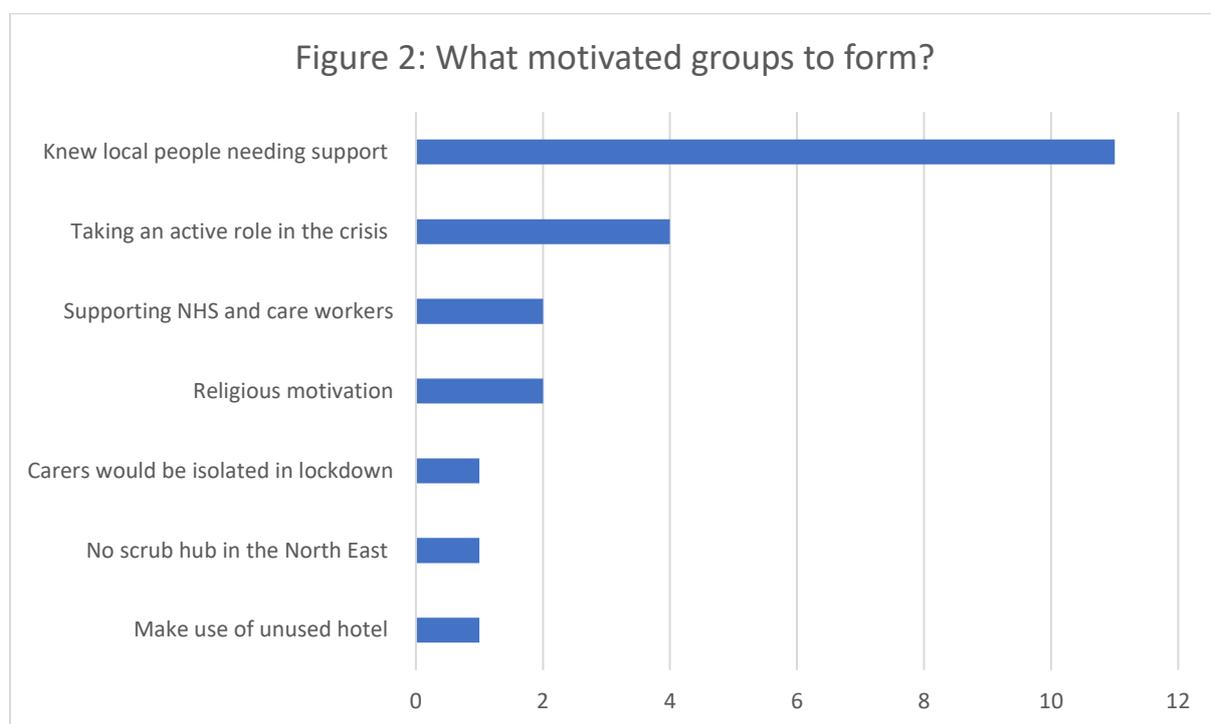
Figure 2: Group motivations

"Furloughed foodies set off on a mission to feed all those who are struggling the most in the pandemic and the people we concentrated on initially were NHS doctors fighting on the frontline. We wanted to help people who are furloughed struggling being at home unable to work"
Group leader, Furloughed Foodies

iv.   Volunteer engagement

We also asked interviewees about levels of engagement with volunteers. 10 of the groups reported that some volunteers were inactive as there was not enough for them to do. The surge of people wanting to help far outweighed the numbers needing support. In three cases the organisers of the group had developed additional ways to engage the extra volunteers such as organising food collections for local foodbanks. Two groups, the charity and the hotel, were using existing paid staff who went beyond their normal duties to help.

v.   Demographics

The representatives we spoke to could not give us a precise demographic breakdown of their volunteers, but they gave us a broad picture:

- All the groups reported a roughly even distribution between male and female volunteers, however sometimes playing different roles. One group explained that there were more men doing deliveries and more women operating the phone buddy service.
- Generally, volunteers of mutual aid groups were fairly youthful: three groups said they were predominately aged 20-35; 10 groups said the volunteers were a mix of all ages and three groups said they were mainly aged 35-50. Only one group said most volunteers were of retirement age. One interviewee commented that the mix of ages was incredibly important in making the group work well as different ages bought different dynamics to the group.

vi.   Diversity

When asked about the ethnic mix of the volunteers involved in the groups, 11 groups said the volunteers were predominately White British; six groups said the volunteers came from very diverse backgrounds; and one group said the volunteers were predominantly Asian. One group said whilst most of its volunteers were White British, they had received support from many different ethnic communities who referred people needing help to the group and helped them identify people needing support. The six groups with a diverse mix of volunteers were all based in large cities, reflecting the demographics of the areas they were working in.

We were in touch with two groups formed by ethnic minority leaders in local areas with large BAME populations: Leicester and Brent. The Brent group, set up by Somali community leaders, became one of our case studies and offered us some very useful insights into the Somali community in Brent and the types of support being organised.

Figure 3: Ethnicity of Volunteers
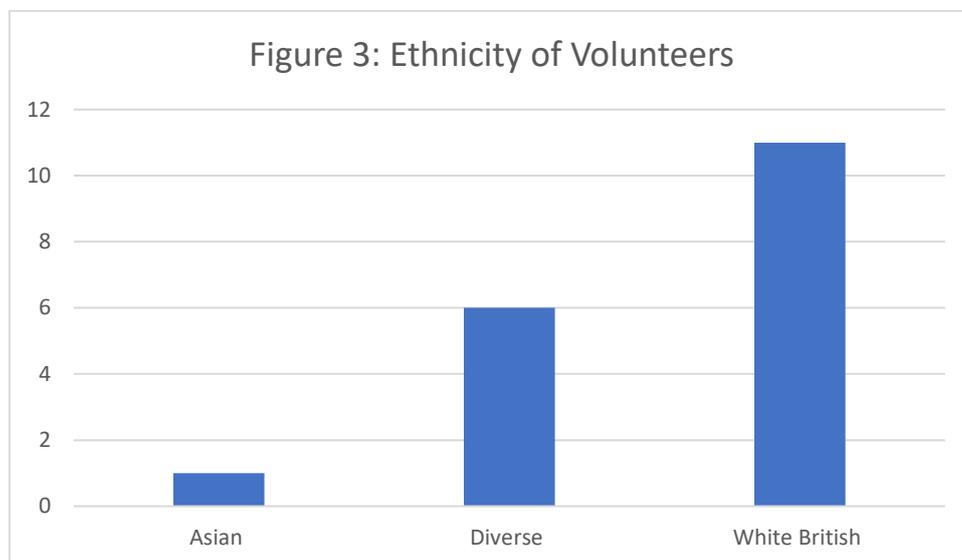
Figure 3: Ethnicity of volunteers

vii.   Previous volunteer experience

The volunteers we spoke to had a range of previous volunteer experience: some have been involved in several organisations; some had never volunteered before. Four of the interviewees had lots of volunteer experience and two had been members of charity boards. Four had been involved in limited volunteering roles, such as organising charity cake sales. Seven people said they had done work linked to a religious organisation. Four interviewees had never been involved in anything similar

before. Of the people who had very little or no volunteer experience, all said they would like to continue to be involved in volunteering.

Figure 4: Previous volunteer experince

Category	Value
Nothing	4
Charity Board	2
Experince linked to job	2
Lots of volunteer experince	4
Religious group	7
Limited volunteering roles	8

Figure 4: Previous volunteer experience

viii.   Volunteer time commitments

The time volunteers spent working with groups ranged from under five hours a week (9) to more than full time (6). Five people spent 5-9 hours, four people 10-19 hours and three people 20-30 hours. The hotel manager and his staff decided to move full-time into the hotel, to reduce the risk of the virus being spread between the hotel and their families. The time that volunteers reported spending demonstrates a major commitment by all the groups to helping their local community.

Figure 5: Hours spent volunteering

Category	Value
under 5 hours	9
5-9 hours	5
10-19 hours	4
20-30 hours	3
30+ hours	6
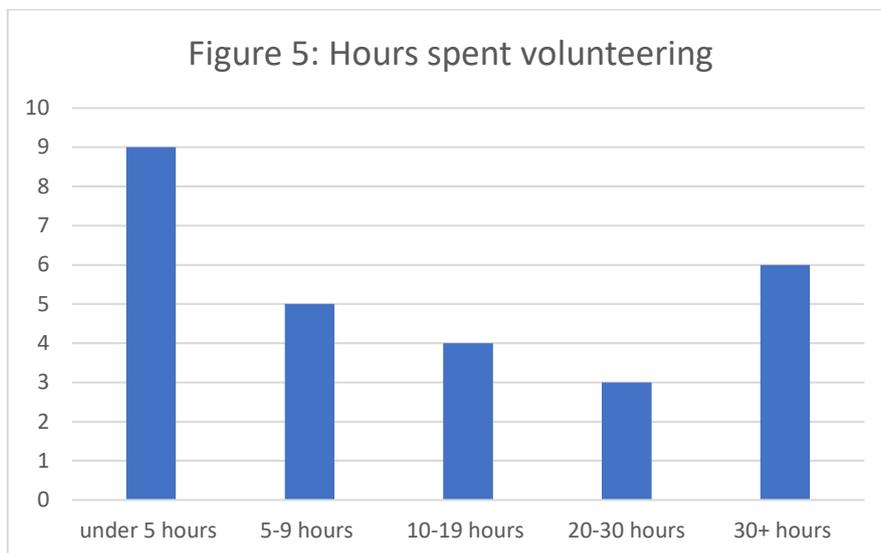
Figure 5: Volunteer time commitment

ix.   Volunteer recruitment

The volunteers were recruited in a variety of ways, with most of the groups using several methods. The most common form of recruitment was through social media (9). For six of the groups a proportion of the volunteers were previously involved in existing groups. Six of the groups recruited volunteers through word of mouth and four used leaflets posted through doors in the local area.
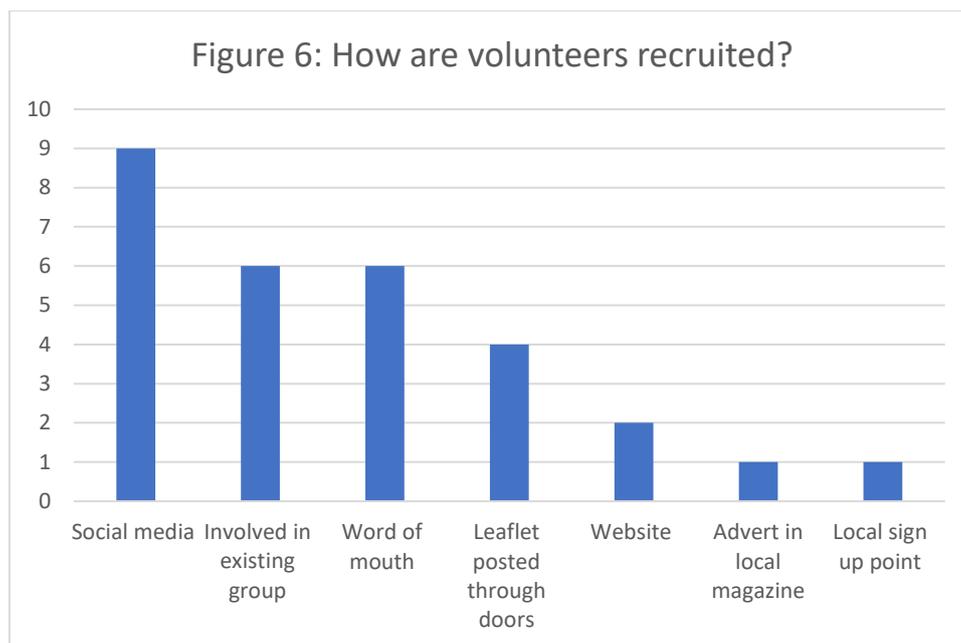
Figure 6: How are volunteers recruited?

Figure 6: Volunteer recruitment

x.   Safeguarding, health and safety policies

The groups had different systems in place to vet volunteers and ensure they were working safely. Four groups said they had safeguarding policies in place that were given to all volunteers. Two of these groups had taken these policies from established organisations such as the Salvation Army. Two groups said all volunteers had to be DBS checked; while two groups only required police checks for roles that came into direct contact with vulnerable people. Four groups felt there would not be enough time for all volunteers to get DBS checked so they introduced an ID and self-declaration check all volunteers had to complete.

Two groups that prepared meals ensured all volunteers had food hygiene, health, and safety guidance to follow. Another group required all volunteers to take part in food safety training.

The Scrub Hub, an organisation that made scrubs for NHS staff, required all volunteers to have sewing experience to ensure the scrubs were made to a high standard and could be reused. One group runs an induction session for all new volunteers setting out how the group worked. For two groups, the only requirement was that volunteers lived in the local area.

The policies in place helped to create an ethos of responsibility but due to the speed in which most of the groups were established, many did not have the formal structures in place that more established organisations would offer. They relied on trust, honesty, and good will.

Figure 7: Safeguarding, health and safety policies
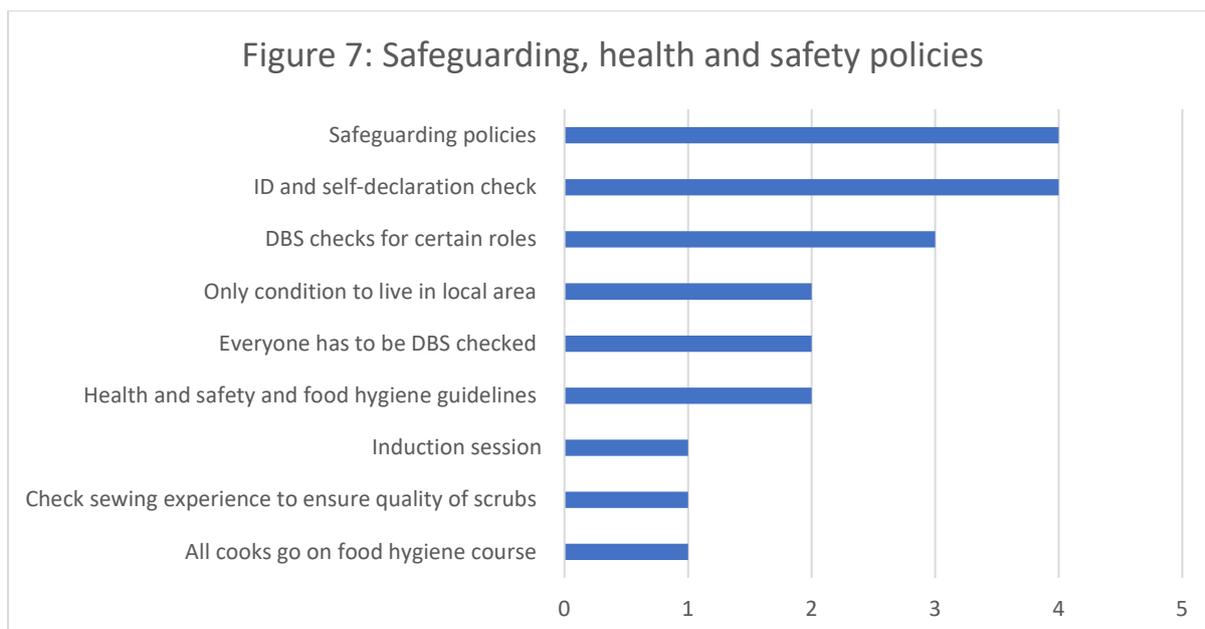
Figure 7: Safeguarding, health and safety policies

xi.   What the volunteers gained from the experience

Through talking to group leaders and volunteers, it became clear that the groups not only helped their community, but that being part of the group bought benefits to the organisers and volunteers. It helped keep them busy during lockdown, when many usual routines were upturned, and gave them a sense of purpose. One volunteer said that being part of the group had helped her cope with the loss of her dad, which had happened just before lockdown was announced. Being part of the groups brought people closer to their community and helped them form new friendships.

"I wanted to help because I suffer with poor mental health and for me being involved in this and helping others actually helps me too by giving me a sense of purpose."
Volunteer, Dons Local Action Group

6. Roles played by the mutual aid groups

i. Activities

The groups performed a wide range of activities, with many fulfilling more than one role. The most common activities were pairing volunteers with clients to do shopping collection (11); friendly phone calls (7); and prescription pick-ups (6). Six groups distributed food parcels and meals, with other groups creating 'lockdown libraries', providing online music sessions, and collecting and distributing spare computers to children doing home schooling. Groups also helped with one-off jobs such as setting people up with online shopping (12).
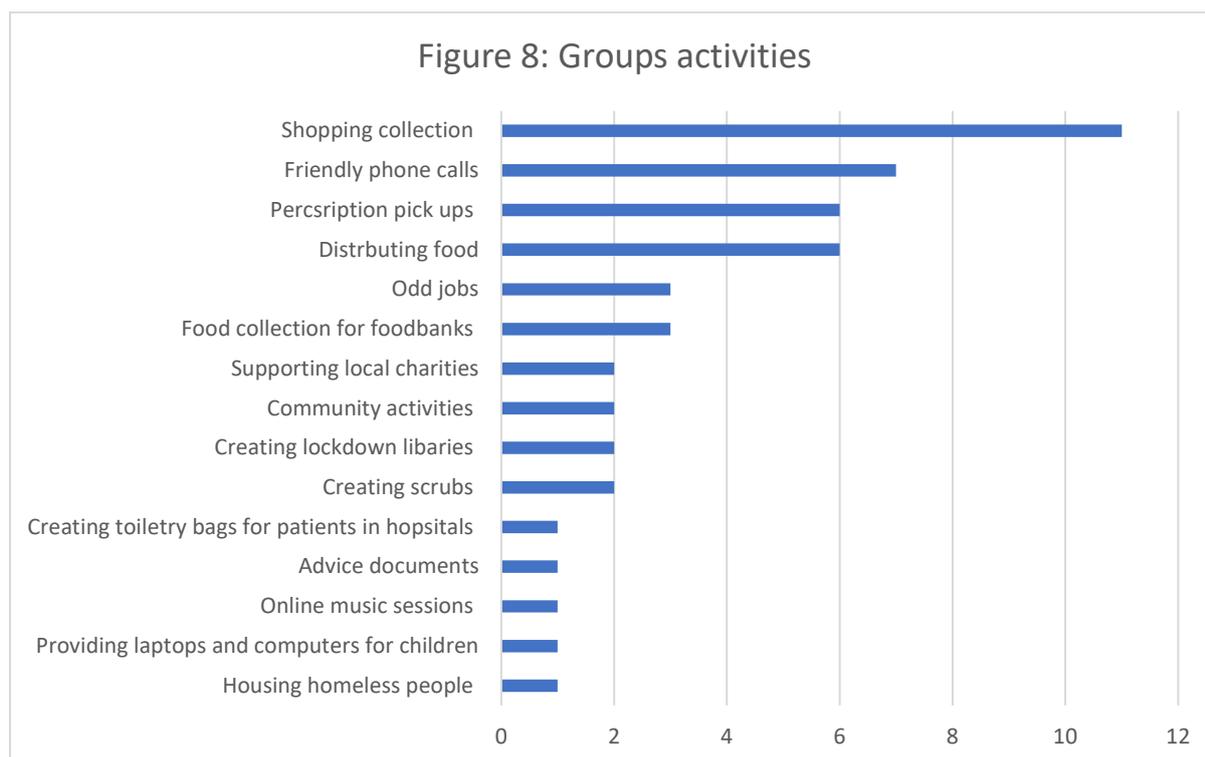

Figure 8: Groups' activities

"It's carried on along the same path, we started the tech part about 3 weeks ago supplying laptops for children to do schoolwork, we have helped people with ovens and fridges as well."
Group leader, Dons Local Action Group

ii. Who do the groups mainly help?

The people the groups help fall into four main categories: elderly people and people self-isolating due to health conditions (15); NHS and care workers (3); families (2); and homeless people (2).The group My Music Northamptonshire worked specifically with female carers. The groups that offered one to one support adopted an open-ended approach to who they helped and did not have any strict criteria; they offered support to anyone they felt needed it. This is a very different approach from more formal forms of support which often have strict eligibility criteria.
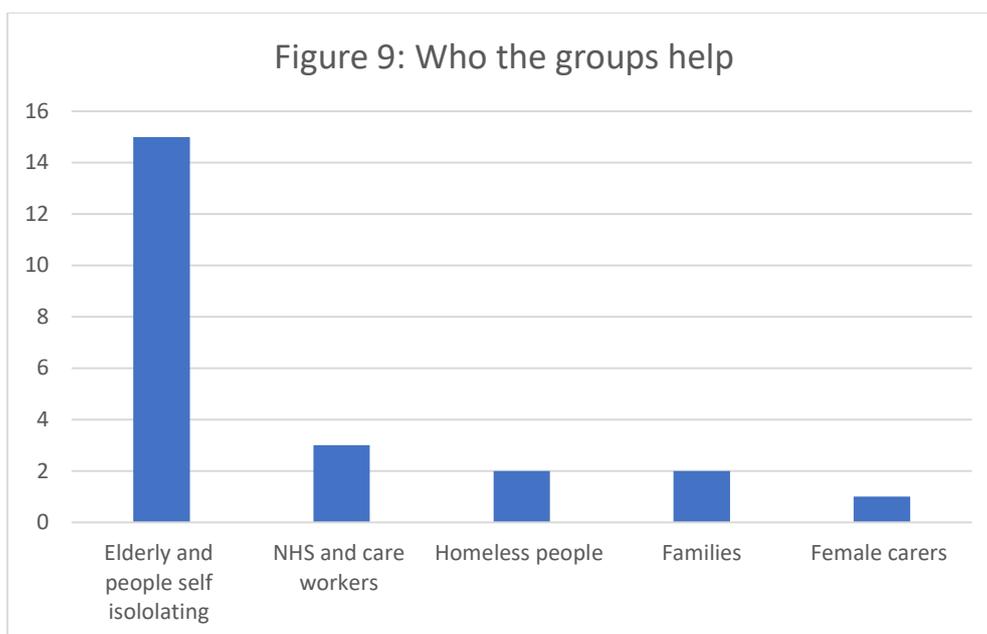
Figure 9: Who the groups help

"In my mind one of the key things is that mutual aid groups don't have the eligibility criteria attached to some of the more normal forms of help. It helps ensure people don't fall through the gaps if they don't fit with the criteria"
Group Leader, Kensal Green Mutual Aid Group

iii.   How many people have the groups helped?

The groups help people in different ways. In some cases, this involves ongoing support, with volunteers building up relationships with the person needing help and supporting them on a weekly basis. In some cases, it involved one-off support with jobs such as gardening. Other groups delivered regular food packages and meals. We calculated that from the middle of March to the time of interview, the 20 groups had provided 102,620 meals and food packages. The Scrub Hub made 235 sets of scrubs. The groups were providing on-going support for 975 people, on average 50 people per group.

The groups reported getting fewer requests for helps as the lockdown progressed. Interviewees suggested one explanation for this could be that people needing help had been paired with volunteers, and these relationships were continuing on a more personal level.

The number of people helped by some of the groups was harder to quantify, such as setting up a lockdown library in a telephone box. Two groups had provided support for other charities, one doing food collections and another helping a homeless charity distribute food. Below is a table summarising the numbers helped by different type of support.

Name of group	Type of support	how many people helped (estimate)
High Town Mutual Aid	ongoing support	21 people
Prince Rubert Hotel- Shrewsbury	ongoing support	24 people
South Milford Isolation Group	ongoing support	30 people
Food Bank Collection (No formal group name)	food support	40 food bags since the group was set up in mid-March

Sway Village volunteers	ongoing support	40 people
Grange Association	ongoing support	40 people
Chorley Buddies	ongoing support	55 People
Brockenhurst Parish Church	ongoing support	60 people
My Music Northamptonshire	ongoing support	60 carers on fb group, 50 on mailing list. 25 people engaging weekly
Harlsden Mutual Aid	food support	110 meals three times a week
CRHG Mutual Aid Group	ongoing support	140 people
Ponteland Community Group	ongoing support	150 online shopping service
Kensal Green Mutual Aid Group	ongoing support	215 people
Scrub Hub- Country Durham	one off support- providing scrubs	235 sets of scrubs since the group was set up in mid-March
Mosley Together	ongoing support and food support	200 requests for help, 40 food parcels since the group was set up in mid-March
Shopping Club Wixham	ongoing support	In store shopping: 41, Click and collect shopping: 37, Prescription pickups:1000, set up shopping to be self-sufficient: 12
Guru Maneyo Granth Gurdwara	food support	6000 meals a day
Caring for Carers	food support	6200 meals 1000 snack project. Plus, the support given to the homeless charity
Furloughed Foodies	food support	10,000 meals
Dons Local Action Group	ongoing support, food support and tech support	10,000 people since the group was set up in mid- March

Figure 10: Table showing type of support and numbers of people helped

iv.   How do the groups reach people who need help?

In most cases, people who needed help contacted the groups directly. They found out about the groups in several different ways: a leaflet posted through people's doors (8); word of mouth (5); social media (5); the group's website (3); and newspaper articles about the group (2). Despite the speed and level of informality with which many of the groups were established, eight of the groups reached people by linking their efforts with existing social infrastructure such as councils, food banks, hospitals and care homes that faced huge pressures as a result of the pandemic. Four of the groups had received referrals from organisations such as the council; two of the groups contacted hospitals and care homes directly and offered their services. A further two groups delivered food directly to foodbanks who would then distribute it to people in need.
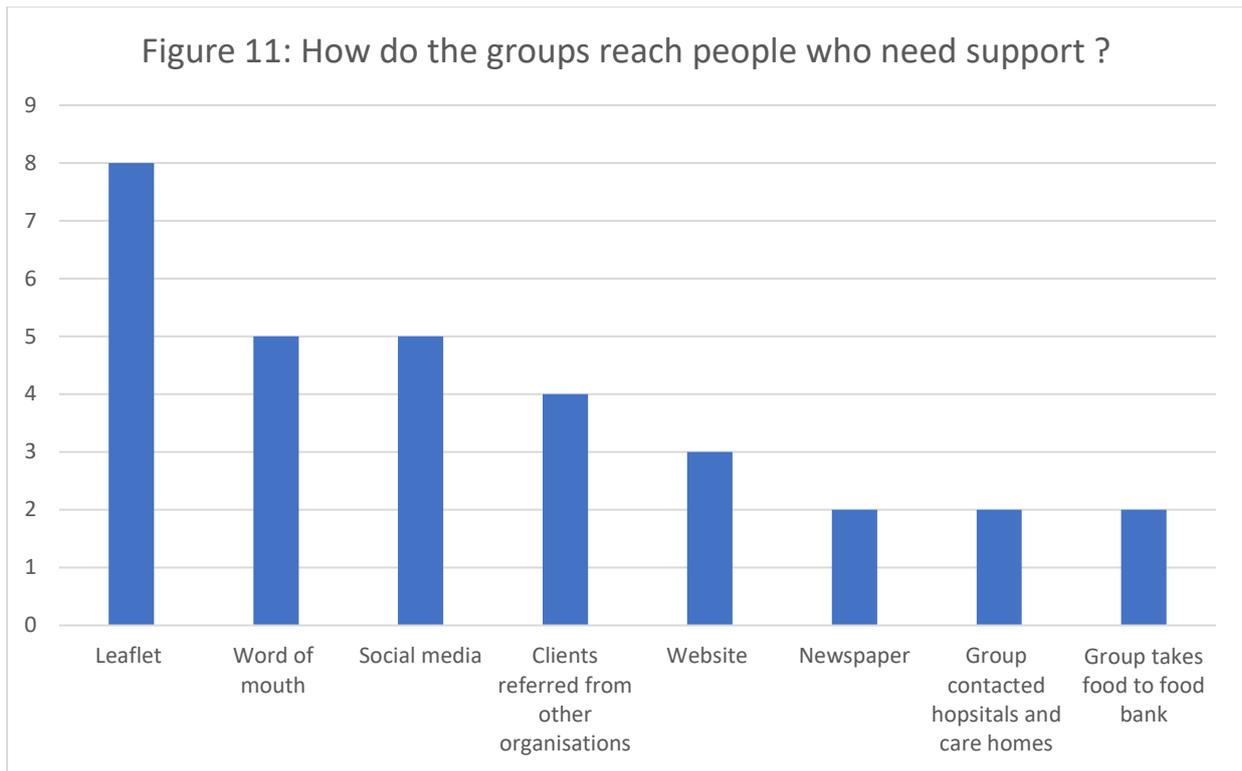
Figure 11: How do the groups reach people who need support ?

Figure 11: How do the groups reach people needing support?

"We reach people through the leaflets. It's important it is not digital because we have been surprised by how many people don't have the internet."
Group Leader, Kensal Green Mutual Aid Group

7. Group organisational structures

i.   Management structure

Despite 18 of the groups being volunteer-led and set up very quickly, they all had clear management structures in place. 17 of the groups had a small management team who coordinated the volunteers and tasks that needed doing. The bigger groups divided into street teams and each area had a team leader responsible for distributing tasks.

The 15 groups offering direct ongoing support by pairing volunteers with people needing support all had a central phone number and email address people could contact to request help. These requests would then be passed to the volunteers. In most cases, this happened either over a WhatsApp group or shared Google document.

ii.   Funding

12 of the 20 groups received funding to support their work. Six of these groups had received grants from the council or other local organisations, while four of the groups had fundraised and collected money online. Two groups had received sponsorship from local businesses and one group was completely funded by the temple it was run from.
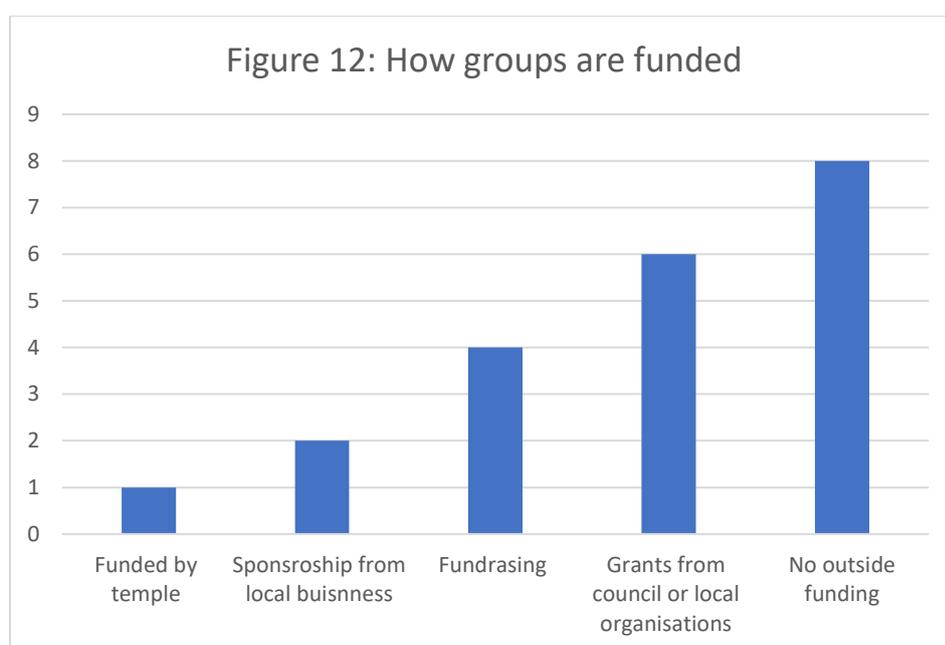

Figure 12: How groups are funded

Figure 12: Funding

iii.   Working with other organisations

A majority (14) of the groups worked with other organisations. This happened in a variety of ways and greatly enhanced their capacity. Five of the groups helped charities, for example providing food, with one group supporting a homeless charity. Four of the groups received referrals from other organisations and one group referred people to other organisations for more support. Five of the groups worked in partnership with other local mutual aid groups. This normally involved sharing advice on how the groups were run and referring people to mutual aid groups that were nearer to where the person needing help lived. Three of the groups received support and guidance from larger, more established organisations. One group had set up a locally-based food delivery service with the local Waitrose; while one group was delivering prescriptions for a local pharmacy.
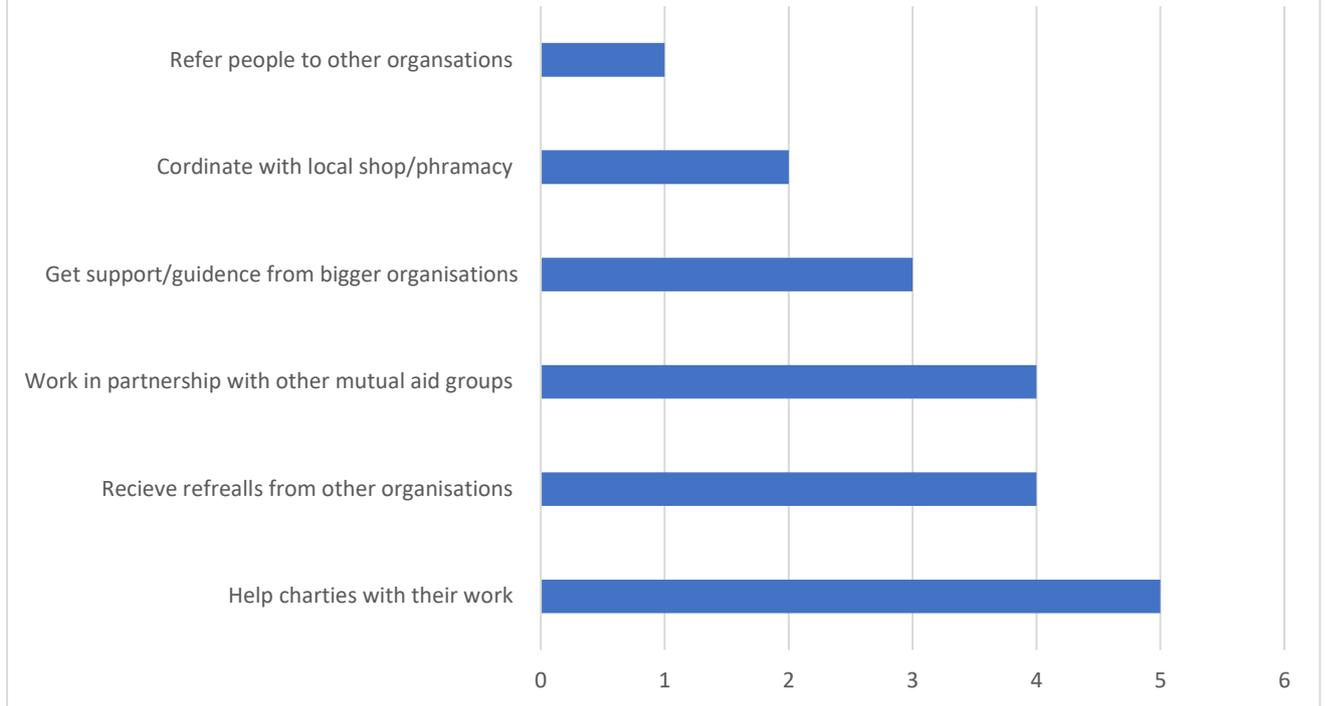
Figure 13: Working with other organsiations

Figure 13: Working with other organisations

8. How the mutual aid groups plan to move forward

19 of the groups wanted to continue supporting people after lockdown was lifted, suggesting that the lockdown has created a wave of volunteering that will continue as we return to normal. However, all the groups were planning to change how they were organised to adapt to new roles. At the time of interview, groups were working out how to do this. Seven of the groups felt that the people they were supporting would need help longer-term and that there was a gap in support for many people even before the pandemic. Groups want to move into new areas of support with four groups wanting to focus on tackling food poverty. Two groups were setting up new community projects: a community garden and an outdoor exercise class.

Groups reported that friendships had formed between volunteers and people receiving help, and volunteers would continue to support the people they helped on an informal basis, while three interviewees said the mutual aid group had given them and other volunteers an appetite for community work which they think will continue as the situation evolves.

Groups recognised the challenge of making the groups work when people were able to go back to work and had less time available. One group wanted to create a system that could mobilise quickly in case of a second lockdown. The hotel that housed 20 homeless people was planning to take on five of those housed as full-time members of staff and continue to house them in the hotel. The music group planned to continue running some sessions online after lockdown eased as it allows some carers who may struggle to find stand-in care to access the sessions.
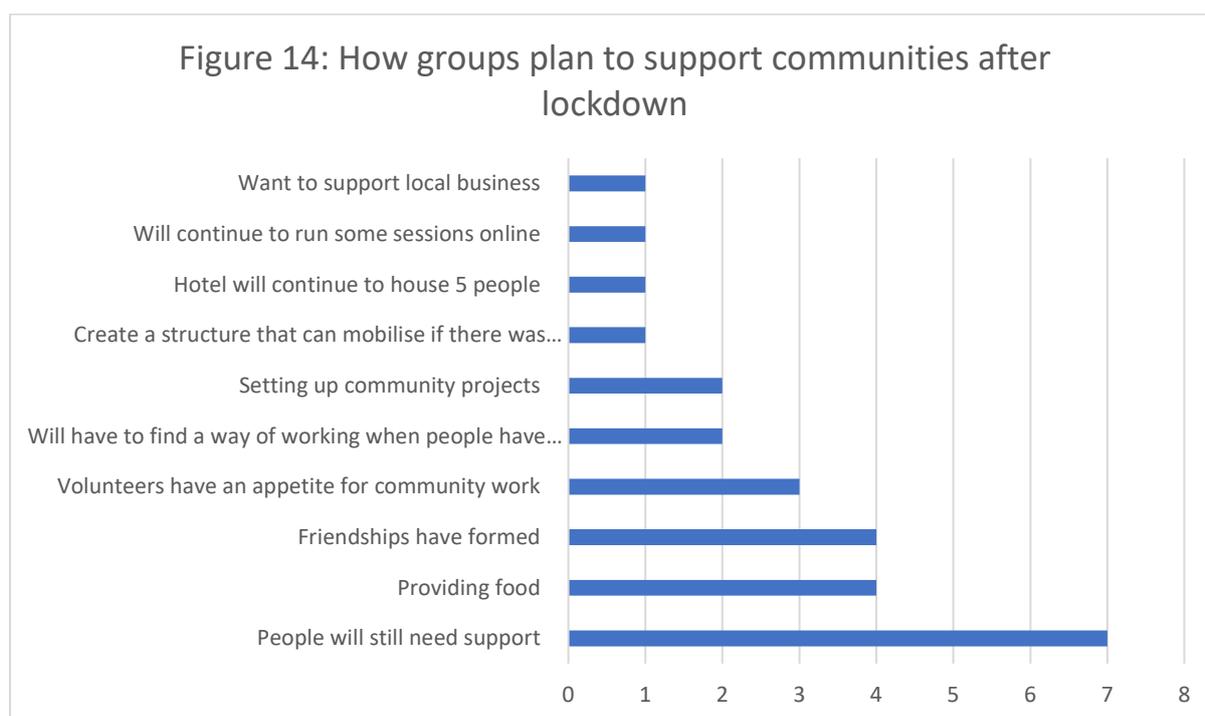

Figure 14: Supporting communities after lockdown

"I will 100% continue to be involved after lockdown ends. I have already had phone calls with the main leader about ways that we can remain a presence in the local community"

Volunteer, Dons Local Action Group

9. Overview and conclusions

The 20 groups we spoke to have had a significant impact in the communities they work in and offer many forms of support. They have provided individual and personal support, set up projects such as community libraries, cooked meals for NHS staff and carers, and housed rough sleepers. As we move into a second wave and COVID-19 rates rise again, the work of the groups may prove even more crucial. The NHS is still dealing with the backlog from the first wave and the pressure of the second crisis is beginning to take a mental toll on staff. The general population is weary of lockdown.

The community spirit which was unleashed in the first wave of the virus is still strong. This is evident in the response to footballer Marcus Rashford's campaign to end child food poverty. After the government voted against providing free school meals to children during October half term, thousands of cafes, charities and businesses, large and small, stepped in to provide food for families who were struggling[9].

The mutual aid groups want to continue providing support to people in the community but to do this they will need to ensure the groups are self-sustaining. To maintain volunteer momentum, they need the right support to carry out the work. Training could help the volunteers extend their work. Our report "Private Action for the Public Good"[10] on the impact of tenant training and volunteering in social housing communities, highlighted the important role training in giving social housing tenants the skills, motivation and support they needed to organise and sustain community projects. The mutual aid groups we spoke to were reliant on one-off grants and fundraising to support their work. Groups will need more stable sources of funding to become sustainable long-term, especially as donations may reduce over time. The groups will need structures in place to account for funds and how it is used. As economic uncertainties continue and the winter lockdown takes its toll on people's mental health, the groups may uncover problems they do not feel able to deal with. It is important that groups have links to professional organisations where they can refer people for support and get support themselves.

Concluding thoughts

The groups responded quickly out of an instinct for self-help responding to local need. They had an awareness of isolated, sick and impoverished households. Younger, more able-bodied people wanted to help more vulnerable neighbours. The groups offered many forms of help: in some cases they were using existing skills and businesses to support people in the local community; in the majority of cases they were simply responding out of kindness and had little experience of this kind of community action. The groups underline a common desire for stronger, more involved communities. People want to feel part of their community and the groups gave them an opportunity to achieve this. The mutual aid groups offered a sense of purpose and fulfilment in challenging times.

Mutual aid on its own is not enough to meet all the needs of a complex society. We need wider social infrastructure to protect health and wellbeing. These groups compliment the need for more formal forms of support, but a wider social infrastructure will help these groups to thrive.

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