

## RAPID RESEARCH IN COVID-19 PROGRAMME

# Solidarity in a time of crisis: the role of mutual aid to the COVID-19 pandemic

### AIMS

We examined the role of grassroots, community-based responses to the pandemic, focusing attention on local 'mutual aid groups' which emerged spontaneously and aimed to provide support to people most at risk of infection. The project has improved our knowledge of civil society responses to the pandemic, raising awareness and understanding of the importance of community-based action to public health crises. **Our research question was:** *How, and in what ways, do mutual aid groups complement, enhance, or undermine formal public health provision in the context of the COVID-19 pandemic?*

### KEY FINDINGS

Analysis of the data from three mutual aid groups, based in different locations across rural and urban Scotland, showed a complex interaction with more 'formal' service provision. People displayed varying levels of understanding of what mutual aid is, and what the groups do. For this research, we considered 'mutual aid groups' to be informal groups of people that came together spontaneously to support vulnerable people in their communities. We then refer to 'formal services' and 'formal service organisations and/or providers' as constituted bodies in the third sector (such as charities, social enterprises, for example), and also as statutory and non-statutory bodies within the public sector (such as the NHS, local health boards, and local councils).

Membership of the groups was highly diverse and involved people with experience from all sorts of backgrounds and occupations, including people with professional skills who were not able to work or who were furloughed. We found the groups were able to coalesce, mobilise, and respond very quickly, in some cases, several weeks ahead of formal provision. As a result, they undoubtedly had a significant positive impact in supporting vulnerable people, particularly in the early days of lockdown, although their role changed over time as formal provision became more widely available.

Our study also revealed that the distinction between 'formal' and 'informal' responses to COVID-19 was not always obvious; even the term 'mutual aid' meant different things to different people. The mutual aid groups complemented, enhanced, and even (on rare occasions) undermined the more 'formal' responses in their local areas. These components are outlined below (for more detail see "What were the results and what do they mean?" section):

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- **Complemented** (contributed extra features to current provision)
  - Delivery services (food, prescriptions)
  - Provision for non-shielding yet still vulnerable individuals (although not a positive experience for all)
  - Quick responses (typically two weeks ahead of formal services)
- **Enhanced** (increased effectiveness of existing provision)
  - Pooling resources/linking existing organisations
  - Sharing of pre-existing information (e.g. local infection rates)
  - Large number of volunteers
  - Local knowledge
- **Undermined** (lessened effectiveness of existing provision)
  - Lack of long-term security (e.g. those being delivered food by the group)
  - Exposure to risk (e.g. bypassing PVG (Protecting Vulnerable Groups) checks for 'volunteers')

### WHAT DID THE STUDY INVOLVE?

In order to collect data, we used a web-based platform called Recollective to gain perspectives from individuals involved in the mutual aid groups. The platform supported several online activities that were designed by the research team. Participants were able to complete the activities, participate in guided discussions, and create diary entries that reflected on their engagement with mutual aid. The platform also allowed for the completion of one-to-one interviews with participants. 39 people registered and engaged with the site. 20 participants provided their in-depth perspectives, supplemented by two focus groups involving 10 individuals from public health, the third sector, local government bodies, and community organisations.

### WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

In addition to insights gathered from the mutual aid groups themselves, the research team believed it was important to also incorporate the insights from the focus groups, which provided nuance to our understanding of mutual aid groups' impacts in communities. Where there were differing, sometimes conflicting, perspectives about the impact of mutual aid groups according to participants of our focus groups, we presented these within the relevant bullet points below.

- **Complemented** (contributed extra features to current provision)
  - **Collection/delivery:** Across all three mutual aid groups, the most common services provided were the collection/delivery of food from grocers, supermarkets, food banks, and the collection/delivery of prescriptions. The groups provided these services to individuals from the very beginning of national lockdown, with formal services only becoming available after 1-2 weeks.
  - **Support for non-shielding yet vulnerable:** Once local councils set up support hubs, they were seen by some participants as only providing support for individuals on shielding lists. Those not on shielding lists, yet still vulnerable to the effects of the lockdown, often relied upon the continued support of mutual aid groups.
  - **Key features:** Mutual aid characteristics helped groups complement formal provision

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- **Approachability:** The groups also fielded ‘low-level’ requests, such as requests for small quantities of food, fixing lightbulbs, taking the bins out, and other tasks of this nature.
  - **Flexibility:** Less bureaucracy was involved than in some more formal organisations, with no forms to sign in order to start receiving services.
  - **Familiarity:** The groups were highly accessible via social media and other ‘everyday’ platforms, rather than through unfamiliar request systems.
  - **Privacy:** The groups provided a level of relative anonymity. However, in some cases, there were concerns that a lack of confidentiality that binds (say) local councillors and formal service providers, but not mutual aid ‘volunteers’, had the potential to expose the privacy of recipients of mutual aid groups’ support.
- **Enhanced** (increased effectiveness of existing provision)
    - **Information signposting:** Mutual aid groups brought together information from a variety of formal and informal sources within and across communities. Examples of the sources of information gathered and distributed included: local councils, the NHS, academic journals, local grocery stores, third sector organisations, the local/national press, local/national/international travel companies, and many other sources. Members of the groups collated the information into a central hub, potentially increasing the effectiveness of information distribution, although engagement rates on the mutual aid group sites deteriorated over time unless there were requests for help.
    - **Network capacity:** Mutual aid groups also had access to a relatively large number of members or ‘volunteers’ compared to many constituted organisations, whose capacity related challenges may have been exacerbated by furloughed staff members. There were examples of local councils and third sector organisations contacting mutual aid groups to respond to a request that the formal organisation did not have the capacity to address.
    - **Localised provision:** Mutual aid group volunteers had hyper-local knowledge about buildings in their area, or the collection process of prescriptions at the local pharmacy, for example. They were also in-tune with the needs of community members requesting help from the mutual aid group and were able to adjust service delivery accordingly. This may have contributed to the effectiveness of service delivery for pre-existing formal provision. In certain cases, mutual aid groups may have had hyper-local knowledge, but many did not have knowledge about existing service provision, nor did they have knowledge about gaps in provision before they started.
    - **Mental health support:** Mutual aid groups also played an essential role in preventing feelings of social isolation. Some mutual aid groups set up bereavement counselling, others made phone calls and/or set up support groups for those who were alone. While some formal organisations had concerns about mutual aid groups’ ability to respond to complex mental health issues or other challenges, many mutual aid groups developed protocols that involved partnership or referrals to formal organisations. Some mutual aid group members also reported developing a sense of purpose through their involvement. They expressed that they would have otherwise felt hopeless or isolated due to furlough, living alone, or simply the harsh realities of life during a pandemic.

- **Undermined** (lessened effectiveness of existing provision)
  - **Sustainability:** There was some potential for mutual aid groups to have negatively impacted upon formal service provision. In particular, as regions in Scotland faced varying levels of lockdowns, groups had to manage their position of providing services at short notice, or of reducing their services. This might have left individuals who were vulnerable exposed to similar risks they faced prior to lockdown unless the mutual aid group transitioned them to a formal organisation that was still consistently operating.
  - **Risk management:** Each of the mutual aid groups in this study indicated they took risks to 'get things done'. In some cases, these risks included not checking if 'volunteers' had PVG checks prior to collecting food or prescriptions. Additionally, individuals in unofficial positions coordinating the group carried out most of the vetting of volunteers/members.
  - **Health and safety:** Other risks included the transmission of the virus itself. Conflicts arose when 'volunteers' were unwilling to accept cash because of the perceived risk of virus transmission, and when those requesting help were unwilling to share their card details with members of the group. The management and distribution of information such as prescription details, names, and addresses also risked undermining formal service provision where organisations were required to follow data management protocols that protect the confidentiality of those receiving their service. The mutual aid groups may have undermined these services if formal organisations passed along any details.

While the state of the pandemic was uncertain, and the Scottish tiered system was coming into effect, many mutual aid groups were still operating, although very few still resembled their original form. Where groups were successful in their continued solidarity, they found ways to partner and connect with existing formal organisations, while they retained unique community-based 'assets' that positioned them to respond to community needs rapidly and effectively. Formal organisations need to respect the way that mutual aid groups emerge spontaneously and recognise that localised informal community-led responses complement and enhance formal public health provision. Ideally, opportunities where formal and informal organisations undermine each other's work or put community members at risk should be minimised.

## WHAT IMPACT COULD THE FINDINGS HAVE?

As the pandemic continues to affect society, and as other crises emerge, it is important that practitioners, community members, and policymakers alike have an understanding and appreciation of the ways in which mutual aid groups can be enabled to further enhance local health provision. Our findings help increase this understanding of how mutual aid groups responded to the COVID-19 pandemic. They can also position policymakers to develop funding streams and communication channels that can empower mutual aid groups to help spread information, control virus transmission, and bolster community cohesiveness in times of crisis and beyond. This strategic support could ensure risks are mitigated and gaps are filled without duplicating or undermining more formal provision. Continued communication from government at all levels is essential in this endeavour. Increased transparency from the Scottish Government and local councils about their on-going responses to the pandemic will allow mutual aid groups and formal service providers alike to align their strategic plans to help fill service gaps and best address community needs in the future. These findings also have the potential to boost the work of mutual aid groups at the practitioner and community level by providing sources of reference and connection for communities attempting to organise in future times of crisis.

## HOW WILL THE OUTCOMES BE DISSEMINATED?

To fully realise these potential impacts, the research team will present our findings at a joint dissemination event with another CSO-funded team at Strathclyde University focusing on mental health impacts of the COVID-19 pandemic. This forum is scheduled for February 2021 and will provide local policymakers, health boards, and third sector leaders with the opportunity to consider this research and explore opportunities for more formal partnership with, and engagement of, mutual aid groups in a manner that further promotes local health provision. Additionally the research team will publish at least two scientific articles and will produce a policy report designed for local authorities and the Scottish Government's Third Sector Division as well as third sector practitioners to ensure the findings are widely accessible to a range of audiences.

## CONCLUSION

Mutual aid groups provided a fast, flexible, and powerful way to mobilise efforts to respond to a major crisis. Interaction between groups and formal service providers have resulted in both positive and negative outcomes for the communities they both serve. When mutual aid groups and formal service providers attempted to work together to enhance their community impact, they had to balance risk management while remaining responsive and flexible. In the future, these competing interests must be considered by both parties. Some mutual aid groups should be encouraged to take more seriously their management of data, their potential for sustainability going forward (should they wish to), and their safeguarding of the communities they serve through more formal vetting procedures. Whereas some formal service providers may be able to learn from mutual aid groups and their responsiveness on the ground, their accommodation of local needs, and their reduced barriers to involvement and interaction. Balancing these organisational dynamics and interests can foster collaboration and understanding, which will be critical to enabling the most effective future responses to crises from both formal and informal organisations.

## RESEARCH TEAM & CONTACT

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## ADDITIONAL INFORMATION

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