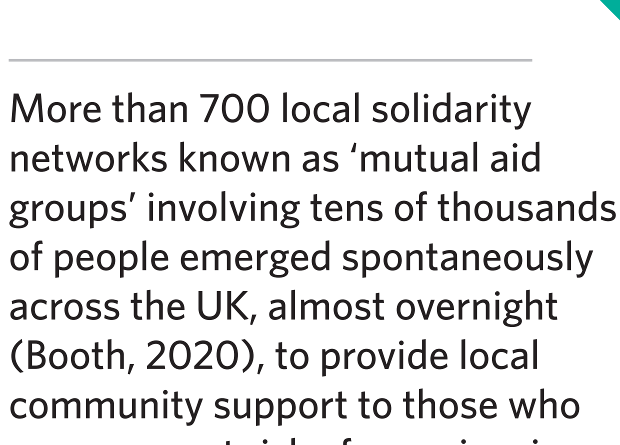
YUNUS CENTRE REPORT — FEBRUARY 2021

SOLIDARITY IN A TIME OF CRISIS

THE ROLE OF MUTUAL AID TO THE COVID-19 PANDEMIC



More than 700 local solidarity networks known as 'mutual aid groups' involving tens of thousands of people emerged spontaneously across the UK, almost overnight (Booth, 2020), to provide local community support to those who were more at risk of experiencing negative impacts of the COVID-19 pandemic.

Grassroots community responses of this kind were perfect examples of 'non-obvious' (Roy, Baker & Kerr, 2017) novel interventions to help prevent infection since they were established with the goal of supporting communities and preventing the spread of the virus. Despite their role in the response, they acted outside of the remit and co-ordination of formal health systems organised by public authorities or, indeed, any centralised authority at all.

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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 DEFINITIONS

'Mutual aid groups': informal groups of people that came together spontaneously to support vulnerable people in their communities.

'Formal services' and '**formal service organisations and/ or providers'**: constituted bodies in the third sector (e.g. charities and social enterprises) and statutory and non-statutory bodies within the public sector (e.g. NHS, local health boards, local councils).

'Vulnerable groups' or **'those at risk'**: includes people who have pre-existing health conditions that make them particularly clinically vulnerable, but also includes those who are susceptible to the negative impacts of the pandemic and lockdowns (e.g. those without personal transport, individuals who are unemployed, those with history of social or psychological conditions like addiction or depression).

SUMMARY OF FINDINGS

Mutual aid groups had a complex relationship with more 'formal' service provision, complementing, enhancing, and even (on rare occasions) undermining the more 'formal' responses in their local areas. Focus groups revealed tensions between the wider third sector and grassroots mutual aid groups, but data from mutual aid group members in our study suggested these tensions were largely one-sided. While all study participants believed that Third Sector Interfaces (TSIs) were helpful to some degree, less than half felt similarly about local councils. Mutual aid group members perceived the biggest roadblocks to action and most ineffective responses as coming from the government, and particularly local councils. While this research revealed tensions with local government bodies, it also highlighted examples of collaboration with, and even blurring of lines between, mutual aid groups, other charities, and, in some cases, established TSIs.

KEY LEARNING ON MUTUAL AID GROUP ORGANISATION AND OPERATION

1. Membership in mutual aid 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.

2. There were not many examples of 'mutual' engagement or tangible reciprocity within the mutual aid groups. Most reciprocal benefits articulated by mutual aid group members were emotional and rooted in altruism. Some also expressed a desire for the groups to become more reciprocal, but it was challenging to break a traditional 'giver' and 'receiver' binary.

3. People within and outside of the mutual aid groups had various conceptions of 'mutual aid' and understanding of what the groups did or should be doing.

4. Distinctions between 'informal' mutual aid responses and 'formal' statutory responses were not always obvious. Some more grassroots, community-based social enterprises and charities provided services outside of their traditional activities that were similar to those provided by mutual aid groups. In other instances, services developed by mutual aid groups to respond to the pandemic started to resemble more formally constituted organisations.

5. At the end of 2020 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.

WHAT THE RESEARCH INVOLVED

To understand how these grassroots mutual aid groups were impacting public health provision during the COVID-19 pandemic, a team of researchers at Glasgow Caledonian University developed a 6-month study that ran from May-October 2020. The team was interested in the operations of mutual aid groups across Scotland and their role in the collective community response to COVID-19.

Participants were sampled from across three different mutual aid groups from urban, peri-urban, and rural locations in Scotland. These participants held a variety of roles within the groups including coordinators and volunteers. Participants signed up for a web-based platform called Recollective to share their real-time perspectives under constraints of lockdown. They were able to complete online activities, participate in guided discussions, and create diary entries that reflected on their engagement with mutual aid. Participants also participated in one-to-one interviews on the Recollective platform. After gathering initial insights from those who were engaged in grassroots, community response, the research team conducted two focus groups to supplement the findings. The focus groups included individuals from public health, the third sector, local government bodies, and community organisations. These individuals worked in areas represented by the mutual aid groups in this study, but also in other areas across Scotland.

In total, 39 people registered and engaged with the Recollective platform. 20 participants provided their in-depth perspectives through activities and/or interviews and 10 individuals participated in the focus groups.

ORKNEY

ISLAY

GLASGOW

INVERCLYDE

How, and in what ways, did mutual aid groups **complement** formal public health provision in the context of the COVID-19 pandemic?

Complemented

(contributed extra features to current provision)

- **Quick delivery services (food, prescriptions):** Mutual aid groups provided these services to individuals from the very beginning of national lockdown, with formal services only becoming available after 1-2 weeks.
- **Provision for non-shielding yet still vulnerable individuals:** Those not on shielding lists, yet still vulnerable to the effects of the lockdown, or those who did receive shielding parcels that did not meet their needs, often relied upon the continued support of mutual aid groups. Although this additional support from mutual aid groups was not a positive experience for all, mutual aid group members received feedback that their services more effectively addressed specific and individualised needs of those who needed support.
- **Organisational characteristics:** The groups were **approachable** for 'low-level' requests such as requests for small quantities of food, fixing lightbulbs, taking the bins out, and other requests of this nature. They were **flexible** and able to provide bespoke services quickly without any bureaucratic administration. They were also **accessible** to many in the community through social media or other 'everyday' platforms instead of unfamiliar request systems. Finally, many perceived the groups as **private**, providing relative levels of anonymity. Although, there were some 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. All these characteristics allowed mutual aid groups to assist others with needs that formal service providers potentially could have helped with, but they often assisted faster and with fewer barriers to access.

> *"We were able to mobilise very quickly... On the whole very grassroots led, so people expressed a need, or a gap and we were able to say, 'Right, what can we do about that?' It was innovative."*
>
> ***Mutual aid group organiser***

> *"I think people involved in the mutual aid group were like, "right, we must go to the ends of the earth to get them that food" whereas people working in the sector may have been like "it's too late" or they wouldn't be open."*
>
> ***Mutual aid group coordinator***

POLICY IMPLICATIONS

Grassroots community efforts like mutual aid groups will continue to spontaneously arise because they are adding extra levels of service provision that are needed in communities. As observed in this study, the local or national government sometimes stepped in after a time to provide services mutual aid groups had been providing. When this happened, the mutual aid groups pivoted to filling other service gaps to complement delivery. Governments and councils should attempt to work with, instead of obstruct, the efforts of these groups to provide a more comprehensive level of service within communities.

RECOMMENDATIONS FOR FURTHER ACTION

Some 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. Mutual aid groups that were successful in sustaining their activity often sought partnership with formal organisations, but retained their key organisational characteristics through continued dialogue and engagement with their partners. Groups should strive for this type of engagement.

How, and in what ways, did mutual aid groups **enhance** formal public health provision in the context of the COVID-19 pandemic?

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.
- **Large group membership:** 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.
- **Local knowledge:** 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. In some cases, they did not have knowledge about existing formal service provision.
- **Mental health support:** 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 that helped them avoid feelings of hopelessness and/or isolation.

"Social services, a few times it was other charities...got in touch a few times because they had exhausted all their channels and maybe it was a case of if you've got the extra manpower – because we have a lot of hands on the ground"
Mutual aid group coordinator

"We had two, three retired social workers, we had trained counsellors that were volunteering, so we actually had the skills already there...there was an enormous amount of experience that we already had."
Mutual aid group local coordinator

POLICY IMPLICATIONS

Policymakers can develop unique funding streams and communication channels that help mutual aid groups to spread information, control virus transmission, and bolster community cohesiveness in times of crisis and beyond. These groups had unique local knowledge and also significant expertise, which allowed them to increase effectiveness of provision even for specialised services. Many set up multiple simultaneous coordinated services with both formal and informal communication channels supporting the effort. This type of communication made processes easy to follow and helped distribute power, ultimately enhancing provision.

RECOMMENDATIONS FOR FURTHER ACTION

Increased transparency from the Scottish Government and local councils about their on-going responses to the pandemic is critical. It will allow mutual aid groups and formal service providers alike to align their strategic plans to help fill service gaps, enhancing service delivery and better addressing community needs in the future.

How, and in what ways, did mutual aid groups **undermine** formal public health provision in the context of the COVID-19 pandemic?

Undermined

(decreased effectiveness of existing provision)

- **Sustainability:** Mutual aid groups lacked long-term security that 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 providing services like food deliveries.
- **Risk management:** Each of the mutual aid groups in this study indicated they took risks to 'get things done' including bypassing PVG (Protecting Vulnerable Groups) checks for 'volunteers'. This fear of the risks associated with mutual aid group operations was often cited as a reason why councils and other formal organisations were reluctant to support the work of mutual aid groups directly.
- **Health and safety:** Other risks included the transmission of the virus itself as safe delivery protocols and PPE use evolved. The management and distribution of information such as prescription details, names, and addresses also may have posed a risk to individuals and formal organisations. Handling very complex care situations, particularly those related to mental health, were also of concern. Mutual aid groups often had protocols for dealing with these, but pre-existing formal organisations that were best equipped to deal with many of those challenges were constrained. This left some mutual aid groups with limited options for response.

"[The Council began] wrangling over petty issues and nitpicking in the face of extreme need."

Mutual aid group organiser

"From the mutual aid group point of view, we often had requests referred to us from the local council/social services, with no corresponding material support to do the work, and often for people with very complex care needs."

Mutual aid group coordinator

POLICY IMPLICATIONS

In certain cases, governments and politicians relied on mutual aid groups to deliver services without supporting them. In other cases, they attempted to minimise their work forcing them outside the bounds of centralised authorities. Strategic support could ensure risks are mitigated and gaps are filled without duplicating or undermining more formal service provision.

RECOMMENDATIONS FOR FURTHER ACTION

Some mutual aid groups should be encouraged to take their data management more seriously, to consider their potential for sustainability going forward (should they wish to), and to evaluate their safeguarding of the communities they serve through more formal background checks. This does not mean sacrificing organisational characteristics, but it could lead to more productive collaboration and improved community support.

This research was funded by the Chief Scientist Office (CSO), which is part of the Scottish Government Health Directorates. The CSO's vision is to support and increase the level of high-quality health research conducted in Scotland.

This visual report is based on research carried out by Maeve Curtin, Dr Jack Rendall, Professor Michael Roy, and Professor Simon Teasdale from the Yunus Centre of Social Business and Health at Glasgow Caledonian University. More information on the project can be found on the CSO website.

The photos on the front cover were either captured by the research team or used with permission from those involved with this research. Many of the photos were shared through the mobile ethnography platform by individuals participating in this project. They include scenes from The South Islay Development offices, a poster advertising for Glasgow Mutual Aid, a prescription delivered on a doorstep in Orkney, home visits from Your Voice in Inverclyde, and Inverclyde's Sign of Strength Campaign.

The Sign of Strength Campaign was launched by Inverclyde Community Action Response Group (ICARG) on 25 June 2020. Mark Hutton from Hutton Creative, Garth Ivan Linscott from With Heart, and Louise Hunter from Creative Inverclyde created the campaign with the goal of breaking the stigma around reaching out for support from the community. MindMosaic Counselling & Therapy, another ICARG partner, delivered the campaign.

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