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Title

"I think people have been in survival mode" - a qualitative study of community connectivity in a neighbourhood of North East England before and during COVID-19.

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Keywords

Public health, qualitative research, COVID-19

Abstract:

Objectives:

The aim of the study was to examine whether and how community-centred approaches facilitate community connectivity by exploring changes that matter to communities.

Design: Qualitative study comprising ethnographic methods, participant observation and interviews.

Setting: Economically deprived neighbourhood of North East England.

Participants: Interviews with community members (n=14), staff and stakeholders (n=14) involved in a National Lottery Community funded initiative and 567 hours of participatory observation were undertaken between November 2019 and July 2020. Data were thematically analysed using a community-centred public health framework.

Results: Communities experiencing disadvantage approached the pandemic adversely affected by stigma, austerity and reductions in public sector funding. Community members'

priorities centred on the environment, housing, activities for children and young people, crime, community safety and area reputation. Multi-agency efforts to promote connectivity, led by voluntary and community sector (VCS) organisations were prerequisites in community-centred approaches to public health. Stakeholders reported that these approaches can help alleviate some of the health, social and financial burdens facing communities that are marginalised. Findings suggest community-centred responses were facilitated by trusting relationships, visionary leadership; and lived experience of adversity among staff. Issues which appeared to hamper progress included inter-organisational power dynamics, and attempts to impose solutions. The strength of stakeholders' connections to the area and to people living there contributed to laying the foundations for local responses to the COVID-19 pandemic. Relational, values-informed work with communities provided a platform to mobilise recovery assets.

Conclusions: Whole system approaches, co-designed with communities most affected, can help address the long-term consequences of COVID-19 and its negative effects on health and social inequalities. Further comparative implementation research is needed to examine the partnerships, values and principles which drive success and inclusion.

Article summary; strengths and limitations of this study

- Voluntary and community sector (VCS) organisations and those living and working in communities experiencing discrimination help mobilise community-centred public health responses to COVID-19.
- Ethnographic qualitative methods enabled in-depth insights to be generated, exploring connectivity as a central theme in addressing inequalities.
- An evidence-informed whole system approach to community-centred public health (Stansfield et al 2020) provided a useful analytical framework.
- The hyper-local focus may limit the transferability of findings outside NE England.
- Further studies are needed, including the views of men, younger people, Black, Asian and minoritised community members, to inform COVID recovery strategies.

Introduction

This exploratory study was undertaken in a North East England neighbourhood where communities have been hit hard by the COVID-19 pandemic, with high rates of unemployment and COVID-19 mortality[1,2]. Multiple forms of deprivation intersect and persist in these communities, widening health and social inequalities[3]. Austerity has led to reductions in services that support health and wellbeing in the places where need is greatest[4] and demands on voluntary and community sector (VCS) services are rising[5].

Disproportionate reductions in public spending in England since 2010[6,7], have adversely affected mental health and wellbeing[8,9,10,11]. Recognising some communities have been disadvantaged by the systems around them, local authorities (LAs) are examining ways to co-produce solutions and share decision-making with those who lack confidence and power[12]. The urgency of these efforts has been accentuated during COVID-19 recovery efforts.

COVID-19 has disproportionately affected communities that are marginalised, exacerbating the socioeconomic pressures they experience [1]. High levels of underlying health conditions

are correlated with income deprivation in North East England[13]. Social and educational problems are predicted among children in families that are disadvantaged, while unemployment, loss of income and jobs will influence long term health and welfare outcomes[14]. In addition to the consequences COVID-19 itself[15], wide-ranging psychosocial effects of quarantine are anticipated[16], alongside increased stigmatisation of some communities[17]. Interest is growing in hyper-local, community-centred responses to reduce widening inequalities, address marginalisation and powerlessness, delivered in collaboration with VCS organisations[12]. The public health benefits of strengthening community resilience in response to the COVID-19 pandemic have been noted [18], but there remain gaps in understanding these in a UK context.

In this paper, we report data from community members, staff and stakeholders involved in a National Lottery Community funded initiative, led by a voluntary and community sector (VCS) organisation, which adapted its approach to respond to the challenges of COVID-19 (https://edbertshouse.org/larkspur-house).The aim was to enable community members and wider stakeholders to make the neighbourhood a happier, healthier, friendlier place through positive community-led activity (see supplementary file 1 for details).

The principles of a whole system approach outlined by Stansfield et al.[12] are used in this study to explore ways in which community and organisational connectivity is being (re)built with communities facing significant challenges as a result of living in one of the 10% most deprived wards of England https://www.localhealth.org.uk/#c=report&chapter=c01&report=r01&selgeo1=ward_2020.E05001087. Community connectivity is defined as the process of connecting people with each other, with organisations and power to influence decisions about how resources are used that affect the conditions in which people live, work and play (adapted from Popay et al.[19]). The insights gained are relevant to community-centred COVID-19 recovery efforts, using localised, place-based approaches.

Aims and objectives

The aims of the study were to explore whether and how community-centred approaches facilitate and enhance community and organisational connectivity in an economically deprived neighbourhood of NE England. The research questions (adapted from South et al. [20]) were:

- How can community-centred approaches improve community connectivity?
- What changes matter to communities?

Methods

Table 1 showing data collection undertaken from 1st September 2019 to 31st July 2020

What and who	When	How many
In-depth semi-structured interviews with community members aged 28-93 years, who had lived in the local neighbourhood from 3-53 years. All identified as white British.	January 27th – March 11th 2020	Walking interviews n=7 (5 females, 2 male) Face to face interviews n=6 (6 females) Telephone interviews n=1 (1 female) **Total n=14 (12 females, 2 males)**
In-depth semi-structured interviews with staff and stakeholders involved in a National Lottery funded initiative	June 26th – July 31st 2020	Telephone interviews **Total n=14 (7 females, 7 males)**
Participatory observation of activities in local community	October 1st 2019 - March 13th 2020	46 days / 322 hours
Participatory observation in shielding hub offering practical and emotional support during first lockdown	March 31st – June 22nd 2020	35 days / 245 hours

Data collection was undertaken by MC using qualitative, ethnographic methods. Ethnography is a systematic approach to learning about the social and cultural life of communities and institutions in which the researcher is the primary tool of data collection [21]. A relational conception of place was adopted, which requires a focus on "the mutually reinforcing and reciprocal relationships between people and place and how these change over time, drawing on perspectives from multiple sources"[22]. In this study, purposive snowballing sampling was used to recruit community members, staff, stakeholders, and local leaders involved in a National Lottery funded initiative to develop a place-based approach to community change. The sample included community members who were engaged either as volunteers, or attended activities or drop-in sessions offered at Larkspur House. Participants who lived or worked in the neighbourhood and were involved in different ways were provided with verbal and written information about the study. All participants were given 48 hours to decide if they wanted to take part. Two community members chose not to be interviewed for the study as they had personal pressures at the time.

The data presented in this paper are drawn from interviews with community members (n=14), including walking interviews (n=7), and stakeholders (n=14), as shown in table 1. Ethnographic observations were undertaken as a way to deepen understanding of lived experiences in particular places [23]. A total of 81 days (567 hours) of participatory observation were undertaken, including informal chats with community members. Before

March 2020, with permission, the researcher (MC) joined regular planned activities with community members including weekly craft and natter, women's group and housing drop-in sessions, African drumming, line dancing, song writing, bingo and boccia (indoor bowling) sessions with elderly residents living in supported accommodation on the estate. Contemporaneous fieldwork notes kept throughout the study were read and re-read during coding of interviews to explore patterns of similarity and difference. Detailed fieldnotes helped contextualise the findings and informed data analysis and writing up. Once the community hub was established in response to COVID-19 in March 2020, the researcher became actively involved in assisting with practical support, such as packing and delivering emergency food parcels.

Staff and stakeholders were purposively sampled to reflect the priority issues identified in interviews with community members (e.g. housing and community safety). Information about the study was sent by email to staff from voluntary and partner organisations and the local authority involved in, or managing, community-centred work in the area. To comply with government guidance in place during the first lockdown, semi-structured telephone interviews were undertaken with staff and stakeholders who agreed to take part (n=14) during Summer 2020.

Main topics covered in interviews were perceptions and experiences of community; perceived drivers of community wellbeing; priorities for change; and perceptions of how any changes made a difference. Staff and stakeholder interviews included questions about the impact and implications of COVID-19. All interviews were audio-recorded, transcribed verbatim, and analysed using thematic analysis. Community members and staff interviews were analysed separately. Each interview transcript was read twice and coded by MC, who drafted a coding framework, which was applied to the data. Data analysis was informed by the theory of change underpinning the process of building community wellbeing outlined by South et al.[20]. This states that community wellbeing depends on people (the social relationships in a community), place (the physical characteristics of where we live) and power (the participation of communities in local decision making). We analysed examples of the ways participants articulated their relationships with one another, the local neighbourhood and those in positions of power. Interim findings were checked for accuracy, discussed with community members and refined in discussion with the wider project team and study advisory group.

Public Involvement

Members of the public were involved in identifying the need for the research, the research questions and informing the design. Community members priorities shaped the interview schedule and guided recruitment of stakeholder participants. Members of the partnership board established as part of the governance arrangements for the project, including local residents, participated in data interpretation. Staff and academics have co-presented findings at a research seminar and national conference. It is anticipated that stakeholders will be involved in wider dissemination activities and future research.

Ethics

Consent was negotiated and revisited with participants continuously as the fieldwork progressed. Interviewees gave written, informed consent to participate in the study, which

was granted approval by Teesside University Health and Life Sciences research ethics and governance committee (Ref number117/19) and R&D approval by Gateshead Council.

Findings

Using the principles of a whole system approach to community-centred public health outlined by Stansfield et al. [12], diverse perspectives on connectivity are presented to illuminate what connectivity means, how it was enhanced, and what the barriers to, and enablers of, connectivity are according to participants involved in this initiative. Quotations from community members are labelled CM followed by an interview identification number. Quotations from staff and stakeholders are labelled staff, with an identification number followed by the respondent's organisation and their professional role (M for manager or SP for service provider). Distinctions are made between staff of the VCS organisation hosting the initiative (VCSH), staff of other VCS organisations involved (VCS), the LA (LA) and wider stakeholders / partner organisations (PO).

Main findings

Connecting community members' priorities

Community members' priorities centred on the quality of the environment, housing, activities for children and young people, crime, community safety and area reputation. Pre-COVID-19 concerns revealed the complex interdependencies affecting everyday life and revealed a sense of frustration and powerlessness among community members (CM):

> *We've got a community here and it will die if we don't do something for it. We are the lifeblood of the community, the people that live here…As residents of this estate, we feel rather toothless* (CM IV3.).

Indicating ambivalent views about power to halt the perceived decline of the estate in recent years, this community member explained: *It's not power. We don't want power. We just want our estate back to the way it was* (CM IV3). Securing National Lottery funding in 2019 galvanised community members and local partner organisations to start pushing for change:

> *We've got something started at least, you know what I mean. I hope it carries on, but it's something started that other people are coming in to now and wanting to be involved in* (CM IV6).

Community members were involved in the recruitment and selection of a community development worker and youth worker, appointed in Autumn 2019. A dedicated community space in the local primary school was identified as a base, where people could come together:

> *I don't think people feel like they've got any power, but hopefully this will change that* (CM IV7).

Community members reported being motivated to address the stigma associated with the negative reputation of the area, challenging assumptions and judgements made about residents, which affected people's willingness to seek help and support.

> *I don't like telling people where I live, which is so sad. It's nothing like what people imagine it to be like… They think we're all thugs* (CM IV8).

Staff worked alongside engaged community members to change the physical environment and improve the reputation of the estate. Asked the one thing he would like to change, this interviewee commented:

> *Probably the way people on the estate think about the estate. There's a lot of people living here that think it's rough. So probably change their mindset and then that would maybe change the other mindsets of people looking in* (Staff IV1VCSH:SP).

Other stakeholders indicated the need to change mindsets among those living in the area, but community members were realistic about the limits of their influence and the role of social media in perpetuating negative stereotypes.

Strengthening connections between people and services

Making plans to revitalise community assets on the estate and build positive relationships with staff in health, social care, police, housing, and education were welcome early developments. Connections with senior decision makers who were seen to have power and influence made a "*total difference when you could talk to them in person"* (CM IV6).

A safe community space enabled regular opportunities for informal dialogue between staff from partner agencies and community members:

> *It was kind of a community based project and they had ownership of it, which really assisted us to try and get better grips of the community and getting to know and engage with that community* (Staff IV11:PO:M).

Relational bridges between services and communities helped build opportunities for timely responses to priority issues identified by community members.

> *It's making life easier, learning to listen to people, reaching out to people in different ways, finding out, bringing services to them, rather than them having to go to services* (CM IV4)

Community members came together and began to approach staff with ideas. Some volunteered their time and skills, providing *"a sense of purpose"* (CM IV4) and growing realisation *"that people aren't as different from you as you think"* (CM IV10).

Stakeholder responses to issues of concern identified by community members reinforced a positive cycle of change:

> *When people are heard and something changes, that empowers people. It makes people feel validated and they will want to be more engaged* (Staff IV5:VCSH:SP).

Connections to place

Staff and stakeholders reported connections to place which promoted positive working relationships within and between agencies and helped resolve conflicts:

> *It's often our work or our connection to places that help us learn how to have relationships with other people and how to resolve difficulties…the way that we connect with one another, the way that we value one another, the way that we look after one another* (Staff IV2:VCSH:M).

Eight staff respondents described personal experiences, which they said increased their sense of connection and commitment to the area. One local interviewee described how personal experiences informed her work:

> *A lot of people don't understand what goes on on estates like this…I think because I've had to bite the bullet and ask for help in the past. Even when I've been stubborn and not wanted to, and I've had to go to food banks in the past and things like that, and get over my own shame of it, and deal with my own issues* (Staff IV13:VCSH:SP).

One LA manager who described knowing the estate well because of a childhood connection with it described their drive to challenge the negative area reputation::

> *I sometimes feel it's like personal about your reputation. Because people if you hear them talking disparagingly about the estate I feel as though I want to defend it* (Staff IV4:LA:M)

Another interviewee felt strongly that people should not be disadvantaged by the communities where they grow up. He described how his work was the source of frustration and tension:

> *For me, it's like a vocation …and you know, that's both a positive and a negative, from a work perspective. I find, you know, the frustrations with some of the people who I work with, because they say it's a nine to five job, as opposed to, you know, quite a deep rooted vocation* (Staff IV14:LA:M).

Those who lived and worked in the community brought knowledge and understanding of the people, place and politics, and were able to identify (sometimes hidden) assets and skills, unmet need and isolated individuals.

> *It's not a kind of 'them and us' scenario. It's a, you know, together we can do something and that connectivity is really important. So now we talk about our work in that sense of connecting people to one another, connecting people to support, and connecting people to decision makers, to change the balance of power* (Staff IV2:VCSH:M).

The strength of stakeholders' connections to the area and to people living there helped lay the foundations for the local response to the pandemic. During the early days of the pandemic, community members, staff, and stakeholders co-designed timely, creative local solutions, including targeted mental health support, delivery of free school meals, and craft packs for children in the area:

> *Where you've got people doing the work on the estate that live on the estate, that's better for the estate* (Staff IV8:PO:M).

Relationships between community members, staff and stakeholders prior to the pandemic helped facilitate rapid responses, guided by staff from VCS organisations with respectful, empathic, non-judgemental approaches.

Adapting and re-shaping connections during COVID-19

Staff and stakeholders emphasised the key role played by trusted leaders and senior managers committed to change who were willing to listen, release financial and human resources, adapt systems and processes in response to feedback:

> *She's been really instrumental in supporting me with everything that we're doing on the estate, you know, and has been quite key in making some of the changes internally* (Staff IV3:LA:SP).

Despite perceptions of bold, visionary leaders in voluntary and community sector (VCS) organisations, there was recognition of the limits of individual power to exert wider system influence:

> *It's astronomical what she's done in those communities in which she's worked, with a relatively small number of people, but none of that's changed the system substantially* (Staff IV6:LA:M).

The arrival of COVID-19 appeared to open up possibilities for collaboration, but also revealed differences in stakeholder's perspectives as the community centre became one of nine multi-agency hubs providing emergency food provision, prescriptions, and other practical support for community members bearing the brunt of the pandemic. This included mental health support, referrals for benefits and income maximisation; crisis, housing, welfare rights, employment support and debt advice.

One participant anticipated significant mental health effects of COVID-19, including increased relationship and family difficulties, domestic abuse, and anxiety:

> *There's very much on the mental health, it feels like the lockdown's been the calm before the storm. I think people have been in survival mode. So they, you know, have just been trying to get through each day* (Staff IV 7:VCS:SP).

For other interviewees, the effects of changes to the furlough scheme, the return of conditionality (work search requirements linked to receipt of welfare benefits) and loss of the temporary £20 increase for those on Universal Credit were predicted to increase the stresses facing people on low incomes. In response to COVID-19, LA and VCS staff came together to *"engineer solutions with people, not do it to them"* (Staff IV 6:LA:M):

> *So we've seen people in different services working, you know, we've seen architects, librarians, leisure centre staff, getting connected a bit more to people's lives in what they do. And the key learning for me, is … it's brought the best out in people and I think it's just, it's meant that people have been connected* (Staff IV6:LA:M).

This participant observed the "*need to connect more of the roles in our organisation to people's lives, contexts and their aspirations, as well as their assets".* Hubs combining LA and VCS staff generated debates about behavioural and attitudinal norms (ways of doing and being), opening fruitful discussions about preferred organisational cultures. There was a

perception that during COVID-19, the skills and abilities of LA staff had been utilised differently. This enabled community members and staff from different organisations to co-design solutions in response to community priorities:

> *I think that's been part of the problem with the traditional ways of working, we haven't listened to people enough, we haven't been public facing enough* (Staff IV10:LA:M).

Taken out of the usual structures, staff reported opportunities to work flexibly and undertake tasks that they would not routinely do. Akin to the nimble way VCS organisations can operate, the LA shifted to "*being a facilitator, as opposed to being in charge"* and *"less bogged down by bureaucracy and control"* (Staff IV14:LA:M):

> *I think the organisation suffers from bureaucracy fatigue. And some of it is driven by some of the people within, to maintain their position, to maintain their stature, to maintain the status quo* (Staff IV14:LA:M).

These observations suggest that, for some stakeholders, the pandemic prompted organisational policies and practices to be re-negotiated, informed by debates over shared values. Working through these appeared to reveal assumptions that both help and hinder connectivity. Connecting community members with people in power requires attention to complex intra-and inter-organisational power dynamics. Core facilitators identified by staff and stakeholders in this study included robust, visionary leadership and trusting relationships. Personal experience of adversity appeared to strengthen stakeholder's belief in the collective power of community members to drive change. Ascertaining community members priorities before the pandemic helped lay the foundations for the community-centred response, which was enhanced by robust connections with staff in health, social care, police, housing, and education.

Some stakeholders saw their roles as mediator, advocate, navigator, and connector, keen to lobby for change on behalf of community members. Others appeared more concerned with maintaining the status quo, and managing increased demands and pressures on overstretched council services:

> *I wanted to make sure that we would be able to manage the expectations of everybody involved, including the residents* (Staff IV12:LA:M).

Issues which were seen to hamper or undermine efforts to shift the balance of power included; judgement and blame of already stigmatised communities and a preoccupation with protecting jobs, power and resources. Attempts to impose rather than co-produce solutions or enforce compliance with organisational priorities proved counterproductive.

Discussion

Poverty, exclusion, and discrimination because of where people live[24] result in less power and fewer opportunities[11]. It is widely accepted that community-led control results in better health[3,25], as well as positive health, social and educational outcomes[4,26]. Existing evidence suggests that social relationships, perceptions of social cohesion, feelings of

belonging and attachment are a core part of improving individual and community wellbeing[27]and mental health outcomes[28]. Although empowerment-based approaches which include co-production or participation in local decision-making processes, were highlighted in the Marmot Reviews[3,29], evidence of meaningful system level change has been slow to emerge[30] and COVID-19 has further hampered progress.

Main findings and implications

This study highlights the key role which VCS organisations can play in enhancing connectivity, drawing on diverse perspectives of community members and stakeholders, It provides a timely contribution to our understanding of possible ways to maximise the effectiveness of future initiatives focused on improving the wider determinants of health inequalities that are amenable to action at neighbourhood level.

Central to engaging community members in this study were relational approaches, manifesting values of kindness, compassion and a willingness to adapt to need. This approach fuelled the desire to jointly develop solutions and enabled local community members to move from light touch involvement to becoming a core part of the COVID-19 response. Acknowledging staff and community members agency is central to community-centred public health and organisational change management processes in the context of COVID-19 recovery. It requires the ability to understand the nuances, complexities and emotional labour involved in building and maintaining effective partnerships between communities, VCS organisations and local government.

Observational data suggested that pre-COVID relationships developed through the community hub provided a positive local 'bumping space'[27], offering community members and stakeholders opportunities to engage, build social networks, trust, belonging, hopes and aspirations for the future. Fieldnotes from October 30th observe a craft session in which "*people were incredibly upfront about their mental health and experiences of (inpatient unit). Unplanned, unprompted and from my perspective unpredicted*". These are akin to the 'spaces of possibility' identified by Powell et al.[31] as enabling the development of emancipatory power. In our study, connecting people with responsive services helped them to navigate housing and health systems and resolve difficulties (for example with utility companies or debt) with support from experienced staff. Efforts to influence social and environmental changes, contributed to increasing capacities, confidence, and sense of control among community members. Partnerships with trusted organisations magnified and accentuated the possibilities for mutual gain and helped create the conditions for swift co-produced responses to COVID-19 enabling staff and volunteers to help meet basic needs for food, warmth, and security (see also [32]). Trusting relationships with staff and other community members made it possible to seek and provide support, emphasising the important role of local community-centred knowledge exchange systems. Central elements identified by Stansfield et al.[12], including attention to values, trust, power, and relationships, were shown to be of fundamental importance, informed by the lived experience of poverty and inequality among staff and stakeholders with connections to the local area.

The concept of connectivity has been identified as an important component of a systems resilience approach advocated by Popay et al.[19]. Our findings confirm that the cumulative effects of austerity, and sustained underinvestment, risk magnifying the unequal impact of

COVID-19, by increasing environmental and socioeconomic stresses and stigma, exacerbating exclusion, powerlessness and precarity in communities that are socioeconomically disadvantaged. The COVID-19 pandemic, and measures taken to control it, are predicted to profoundly affect the psychological and socioeconomic well-being of communities that experience discrimination in the medium and long term[15]. Recent reviews on the psychological impact of quarantine highlight mental health and stigma as major themes, heightening fears and suspicions, and the need for additional support for people who have lower household income and educational levels[16]. Based in a defined geographic community, our findings suggest VCS organisations are well placed to build and maintain organisational and community connectivity using relational approaches to address imbalances of power to affect change. They are an important part of grassroots movements of advocacy organisations mobilizing for collective wellbeing[33], engaging communities at increased risk of COVID through income deprivation, ethnicity, and poor housing conditions [13]. The experience of area-based stigma and powerlessness come through participant's accounts, which support findings of previous studies of empowerment initiatives in the UK[34]. These are likely to grow because of the unequal effects of COVID-19[17]. Alliances of community members, VCS and LA partners can build targeted, tailored, responses which take account of the dynamic local context[18], but power to affect sustainable organisational change was seen as a challenge, with resistance to change noted amongst some staff in LG . Our findings suggest community members, staff, and local leaders need to work through the diverse pitfalls and 'productive emotions' of co-production[35] to ensure existing inequalities are not replicated and reinforced.

Strengths and limitations

The strength of this study lies in its focus on community and stakeholder perspectives on connectivity as a central theme in addressing inequalities when communities and organisations are facing the social and economic shocks of COVID-19. Co-located embedded research[36] enabled insights into the nuances and complex realities of mobilising community-centred approaches in places disproportionately affected by years of austerity. The principles and elements of an evidence-informed whole system approach to community-centred public health provided a useful analytical framework by focusing attention on power, trust and relationships. The findings support previous evidence of the key role played by VCS organisations in response to the COVID-19 pandemic[32]. They add important insights into the importance of values-informed, relational approaches at a time of rapid social change. Care must be taken in generalising from the findings as the sample was small and lessons may not be transferable outside NE England. The specifics of the local area will mean the findings may not be mirrored in other communities. Our findings suggest that implementing hyperlocal responses to the pandemic requires community-centred approaches tailored to differing populations and resources allocated proportionate to need[13]. Adequate resourcing of VCS providers in communities vulnerable to COVID-19 is required alongside attention to the negotiations over power and control which underpin partnerships in and with local government in these areas. Questions remain about which organisational coalitions are best placed to mobilise community-centred responses, and how to ensure these are shaped by lived experiences of poverty and inequality. Further research is needed, including with men, young people, Black, Asian and minoritised community members to test the principles outlined by Stansfield et al.[12] in different contexts in and

outside NE England with communities most at risk[37] to examine the long-term impact of these approaches.

Conclusion

Painful societal transitions such as the COVID-19 pandemic increase the risks to health and wellbeing of the most disadvantaged communities[18]. The impacts on job loss, financial strain, poverty, debt, homelessness, domestic abuse, mental health are falling hardest on groups that are marginalised as the economic shockwaves of COVID-19 are felt[32]. The loss of agency, hope and optimism for the future, and concerns about security feed into health risks and ultimately poorer population health if left unchecked[38]. Our findings suggest community-centred approaches have a role to play and can enhance community and organisational connectivity in an economically deprived neighbourhood of NE England, using values informed, relational approaches. Partnerships with VCS organisations and community members can mobilise localised, tailored community-centred responses, but parts of LG need to adapt their approach. The study suggests meaningful investment in relationships with community members before the pandemic carried forward into COVID responses in this neighbourhood. The pandemic has highlighted possibilities for collective action “when institutions, organisations and individuals from different sectors work together and pool resources, skills and expertise for an agreed common purpose”[35]. It remains to be seen whether these assets can be harnessed to inform wider transformational system change in pursuit of social justice and equity post-COVID-19[30,39]. Lessons are still emerging, but this study suggests community-centred approaches may help to reduce the negative effects of COVID-19, which are concentrated in communities experiencing significant disadvantage. Increases in inequalities will continue without structural measures to address the long-term health, economic, social, and educational consequences of COVID-19, designed and developed with communities most affected.

Author contribution

Contributors MC and AW designed the study. MC has over 10 years experience as a qualitative researcher in public health, since completing formal training in research methods as part of her PhD. MC undertook the fieldwork for the study, data collection and data analysis. SG, FP and SW contributed to data interpretation, alongside residents, research advisory group and Partnership Board members. MC drafted the manuscript, all authors commented on the draft manuscript, revised the content, and approved the final version for publication.

Competing interests statement.

Co-author AW is Gateshead Director of Public Health and contributed to discussions about the study design and research questions, but did not undertake data collection or writing up. MC was the embedded researcher funded by Gateshead Council, employed at the time as a Research Associate by Teesside University. SG is Chief Executive of Edberts House, and at the time of the study FP was a community development worker employed by Edberts House, the charity which secured National Lottery funding and hosted the embedded researcher. SW is east area co-ordinator employed by Gateshead Council. Members of the research advisory group included AW, SG and representatives from Teesside University and Fuse, who contributed to discussions about the design of the study.

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Data sharing

All data relevant to the study are included in the article or uploaded as supplementary information

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