THRIVE
TOGETHER

A summary of recent experiences and ideas to support the wellbeing and resilience of all Londoners

WORKING DRAFT

Thrive LDN

Contents

Executive Summary

- Thrive LDN is a citywide movement to ensure all Londoners have an equal opportunity to good mental health and wellbeing. We are supported by the Mayor of London and London Health Board partners.

- Since March 2020, we have also been coordinating the public mental health response to the coronavirus pandemic on behalf of Public Health England London and wider partners, with the aim of ensuring London's diverse communities have the strength and resilience to cope with and overcome unprecedented events.

- As part of our coordination role, we are producing regular working papers on what we do and do not know about the impact of the coronavirus pandemic on Londoners' mental health and wellbeing. This work has highlighted that there is a lack of representative and granular information available on the experiences and needs of disadvantaged communities in London, leading to a significant barrier to understanding the action required to create positive change.

- In direct response to this, Thrive LDN, supported by funding from the Leaders' Group, undertook our largest and most ambitious community engagement project to date – working with 200 different community groups and organisations to listen to the voices of over 10,000 Londoners to understand more about the experiences of 20 disproportionately at-risk groups.

- We are keen to stress that this work is ongoing, and the findings and suggested actions presented here are a rough cut at this present time, shared due to the urgency of the current situation and to avoid delaying meaningful action. It is important to note that further work is planned to share our findings back with the groups and communities who have participated to ensure they are involved in the interpretation of findings and implementation of actions.

- We would also like to express a massive thank you to the many individuals, groups, teams and communities that have directly and indirectly contributed to this work – London's health and care system (NHS, public health and local government) at regional, sub-regional and local levels, voluntary organisations, educational institutions, faith leaders, doctors and nurses, community and grassroots groups, and Londoners themselves. We have learnt a lot and are committed to working with you all, and many more, in the future as we progress this work.

- Overall findings from the analysis indicate that, for many communities across London, the coronavirus pandemic is seen as the latest crisis event in a crisis trend – a steadily worsening series of situations disadvantaged communities across Londonface. This is against a backdrop of vital conditions for wellbeing and resilience being eroded

"We don't always know how, but we know we'll be OK together"

of time and a fear for what is to come – be that a worsening pandemic, winter challenges, uncertainty over income and employment or Brexit. There is a need to understand more about the intersectional nature of issues communities face, the impact of cumulative stressors over time and the systemic action needed to address them.

- The findings also illustrate a general sense of loss across all aspects of many Londoners' lives: loss of loved ones, employment, relationships, homes, education and wider opportunities. However, there is also a definite theme of hope. Communities disproportionately affected by the coronavirus pandemic, who already experienced poorer social, economic and health outcomes, identified the significance of family and support structures, and the support offered by wider community and faith groups. Early findings show a clear relationship between resilience and coping with uncertainty, and the power of relationships, collectivising, and social networks. There is a clear need to examine these assets further and how they can be reinforced to protect Londoners' mental health and build strength and resilience in the long-term.

- Having analysed the responses, findings and submissions, Thrive LDN has begun testing some potential solutions and interventions with our partners and contributors. We acknowledge that there is no one size fits all, but we have found that many of the communities have the solutions and answers to what they need to look after themselves and one another; they just want more support on how to access, promote and localise these.

- Thrive LDN strives to work with communities and will continue to iterate, listen and develop ways of supporting Londoners, however, these are extraordinary times, and, as the winter months loom, we have developed some initial suggested actions for our partners to consider and outlined some actions Thrive LDN will take:

Suggested actions

Strengthen community

- Engage with and learn from how community support services proactively responded to the coronavirus pandemic and identify where different approaches were used in comparison to mainstream services to ensure innovative approaches can be shared, sustained and continued support is appropriate or sufficient for everyone.

- Develop and implement universal and selective place-based and settings-based resilience and/or bereavement support and promotion programmes.

- Utilise neighbourhood and community assets to improve social cohesion and develop more safe places for social connection and interaction via. community and peer support.

- Ensure trauma-informed practice is widely adopted across London's public services and business sector.

Address discrimination

- Engage with and listen to communities with lived experiences of inequality and discrimination and invite them to join the conversation around decisions which affect their mental health and wellbeing.

- Work with grassroots groups to proactively co-develop narrative change campaigns that amplify the experiences and voices of those who experience discrimination, weaken damaging stories and strengthen alternative ones.

- Consider potential barriers to accessing mental health services and support for those who experience inequality and discrimination and mitigating measures, such as varied communications methods, simplifying referral pathways and enhanced outreach.

- Ensure that COVID-19 transition and recovery strategies actively look to reduce inequalities and discrimination.

Balance uncertainty for the future

- Work with partners to deliver targeted community engagement and activities focusing on the principles of emotional resilience – a process of negotiating, managing and adapting to significant sources of stress or trauma – bespoke to the needs and experiences of local, cultural or community groups.

- Working in partnership with community networks, deliver free training and resources to community leaders, faith leaders and volunteers in interventions such as psychological first aid, bereavement support, suicide prevention and trauma-informed values and principles, so that they are better equipped to support individuals to overcome adversity and uncertainty.

- Deliver regional and local campaigns that acknowledge the real concerns people face and feelings of uncertainty, normalise feeling stressed and mitigate stigma (for example, "it's OK not to be OK"), and promote tools and resources to support individuals and communities to build their strength and resilience.

Suggested actions

Financial security

- Ensure economic recovery efforts focus on creating sustainable and inclusive employment opportunities and support vulnerable people into employment.

- Continue investment in apprenticeships at a regional and local level, particularly for 18-24 year olds.

- Undertake targeted outreach to people who are unemployed, struggling with debt or at risk of eviction and ensure accessible mental health, psychological and suicide prevention support is available.

- Take action to end fuel poverty and thereby improve Londoners' health and quality of life, by working in partnership with the voluntary and community sector and regional and local policy makers so fewer people will have to choose between heating and eating.
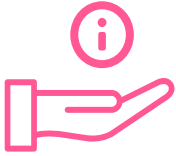
Value family and support structures

- Give parents, particularly those from under-privileged backgrounds, the skills and support they need to give their children the best start through peer-parenting groups.

- Develop policies that improve access to affordable childcare, particularly for single parents.

- Engage with and listen to multi-generational families and their communities to understand more about the issues and assets of multi-generational living.

- Provide young LGBTQ+ Londoners, particularly young LGBTQ+ Londoners of colour, with the tools and resources they need to maintain and grow support networks and safe spaces to connect and succeed in London.

Digital inclusion

- Bring together the business sector, telecommunications companies and people with lived experience of digital exclusion to innovate and pilot solutions to providing free or cheap Wi-Fi for digitally excluded communities. This could be through collective switching, housing associations providing free or cheap Wi-Fi or through data sharing partnerships between neighbours.

- Provide digital skills training in the home or within housing estates.

- Londoners with internet access are better equipped to find tools, resources and support for their mental health and wellbeing. For those digitally excluded, ensure Social Prescribers signpost to mental health tools, resources and support, or even prescribe devices to patients so they are better able to self-manage their mental health and wellbeing.

- Young people are interested in attending online workshops, run by mental health professionals, which teach them how to manage their mental health and wellbeing. They are also interested in being part of online but professionally moderated communities to get support with their mental health. Health and care partners could play a role in creating or facilitating these workshops and forums.

Suggested actions

Improve access to information, advice and support

- Communicate clear and consistent public mental health messages that promote practical things people can do to support their own mental health and wellbeing and build resilience, encourage help-seeking behaviour and signpost people to a diverse variety of support.

- In coproduction with marginalised communities, develop and implement more culturally competent public mental health education and prevention campaigns, and public mental health programmes.

- Work across sectors and with local communities to understand any localised increase in demand for mental health support and to develop and implement integrated placed-based models on a neighbourhood or Primary Care Network area.
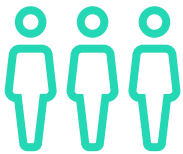
Commit to delivering change for Black, Asian and minority ethnic communities

- Implement the recommendations in Public Health England's descriptive review of data on disparities in the risk and outcomes from COVID-19 and the accompanying report sharing insights from stakeholder engagement.

- Create channels for affected Black, Asian and minority ethnic communities to inform regional policy and service delivery.

- Support Black, Asian and minority ethnic-led organisations to respond to the needs of communities and provide the tools and resources needed to ensure to collaborate and grow networks.

- Undertake more locally-led partnership engagement activities to improve understanding, build trust and develop solutions that are meaningful and impactful for Black, Asian and minority ethnic communities.
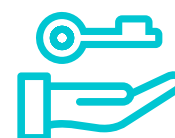
Thrive LDN's response

Building participatory processes and infrastructure

Participatory approaches directly address the marginalisation and powerlessness caused by entrenched health inequalities. Rooted in sharing our findings and suggested actions back with the groups and communities who have participated, Thrive LDN is co-designing additional participatory processes, infrastructure and action research projects to ensure participants are leading and involved in the interpretation of findings and meaningful implementation of actions.

Right to Thrive expansion

Right to Thrive is our ongoing commitment to celebrate and protect diversity in London, especially for those at higher risk of unfair treatment based on their identity, beliefs or social class. We are currently expanding our Right to Thrive programme to offer additional support and development opportunities to grassroots groups and take further action to advance equality and ensure more equal access to opportunities. This will include a development programme and peer network for community leaders supporting disadvantaged groups, further work to co-produce tools and resources, and further narrative change campaigns to amplify the voices of grassroots groups.

Resilience promotion

Thrive LDN is co-designing an emotional resilience and resilience promotion programme to support Londoners to cope better with uncertainty and overcome future unprecedented events. Furthermore, working in partnership with community networks, we are delivering more free training and resources to community leaders, faith leaders and volunteers so that they are better equipped to support individuals they work with.

Introduction

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Thrive LDN is a citywide movement to ensure all Londoners have an equal opportunity to good mental health and wellbeing. We are supported by the Mayor of London and London Health Board partners. Since March 2020, we have also been coordinating the public mental health response to the coronavirus pandemic on behalf of Public Health England London and wider partners, with the aim of ensuring London's communities have the strength and resilience to manage and overcome unprecedented events.

As part of our coordination role, we are producing regular working papers[1] on what we do and do not know about the impact of the coronavirus pandemic on Londoners' mental health and wellbeing, implications for transition and recovery planning, and suggested actions we take, locally, sub-regionally and regionally. This work has highlighted that, although many Londoners entered the pandemic from positions of disadvantage and evidence is increasing that the pandemic has widened mental health inequalities, there was a lack of representativeness and granular information available on the lived experiences and needs of disadvantaged communities in London. This is a significant barrier to understanding the action required to create positive change.

In direct response to this, Thrive LDN, supported by funding from the Leaders' Group, undertook our largest and most ambitious community engagement project to date. Driven by the stories, experiences and insights of London's diverse communities, this work examines the factors which influence Londoners' opportunity for good mental health and wellbeing including, but not limited to, the impact of coronavirus pandemic.

It is important to note that this is an ongoing process and the findings and suggested actions presented here are a work in progress, shared due to the urgency of the current situation and to not delay the undertaking of meaningful action. A key part of this is further and continued engagement with the partners, groups and communities who have participated to ensure they are involved in the interpretation of findings and implementation of actions. For more information see: Section 5 – Thrive LDN's response.

We would also like to express a massive thank you to the many individuals, groups, teams and communities that have directly and indirectly contributed to this work – London's health and care system (NHS, public health and local government) at regional, sub-regional and local levels, voluntary organisations, educational institutions, faith leaders, doctors and nurses, community and grassroots groups, and Londoners themselves. We have learnt much and are committed to working with you all, and many more, on the future of this work.

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1   See: thriveldn.co.uk

Aim

In light of the coronavirus pandemic, better understand Londoners' mental health and the complex systems and factors which influence their opportunity for wellbeing.

Objectives

- Build trust and develop relationships with current and new partners, focusing on those disproportionately affected.

- Develop and embed a feedback loop process where those who have shared their insights and experiences are involved in the interpretation of findings and implementation of action.

- Determine what is needed by communities and build capacity for co-production of meaningful interventions, campaigns or activities.

- Expand the evidence base and the methods by which data and intelligence is collected, ensuring all Londoners are included and represented in research, engagement and decision making, particularly those most disadvantaged and vulnerable.

- Amplify the voices of Londoners affected by inequality and poor mental health and continue to work with them to ensure they have the support and tools they need to stay well during the weeks, months and years ahead.

Approach

We undertook various community engagement methods and community participatory research projects to gather stories, narratives and real-life experiences from those often less heard. Following a deductive thematic analysis approach, the insights were reviewed to identify common and differential themes. For more information see: Section 6 – Scope, methodology and limitations.

Community insights in numbers

WE HAVE ENGAGED WITH OVER

200

DIFFERENT COMMUNITY GROUPS AND ORGANISATIONS

AND WE LISTENED TO THE VOICES OF OVER

10K LONDONERS

TO UNDERSTAND MORE ABOUT THE EXPERIENCES OF

20

DISPROPORTIONATELY AT-RISK GROUPS

At this point in time, we have engaged with over 200 different community groups and organisations and listened to the voices of over 10,000 Londoners to learn and understand more about the experiences of 20 disproportionately at-risk groups. The insights gathered also cover every London borough.

Disproportionately at-risk groups

Migrants, refugees and asylum seekers

Asian communities

Faith communities

Gypsy, Roma and Traveller communities

People with long-term, disabling physical health conditions

Older people

People with pre-existing mental health problems

Children and young people, including looked after children and care leavers

Black communities

Women

Other ethnic minority communities

Deaf and disabled people

Latin American communities

Lesbian, gay, bisexual, transgender and queer communities (LGBTQ+)

Victims of domestic abuse

Black LGBTQ+ community

Asian LGBTQ+ community

Parents, including single parents

Homeless people

Carers

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Findings and suggested actions

Informed by principles of action research, this community engagement project did not specify a particular research question to collect insights and experiences with communities. Instead, engagement and analysis were led by open conversations with community groups and leaders, readily available sources of secondary data and lived experiences (to avoid duplicating others' efforts), and participatory action research. Therefore, it is important to acknowledge the huge variation across the sources of intelligence and the rich diversity of experiences shared.
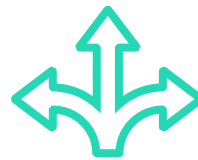
Whilst it is important to acknowledge and explore difference across different groups, a number of common themes have been generated, reviewed and defined across the range of community insights, experiences and stories shared and analysed.

Community

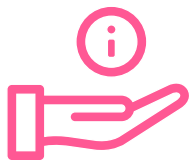**Discrimination**

Uncertainty for the future

Finance

Family and Support Structures

Digital Exclusion

Access to information, advice and support

Black, Asian and minority ethnic communities

Strengthen community

"We as neighbours cooperated well during these times and helped each other with groceries and basic amenities to avoid either of them to leave from the house"

Brixton Reel community research respondent

The London response to the coronavirus pandemic has largely been rooted in community action, resulting in innovation and transformation at a scale and speed never seen before. Across all groups engaged with, Londoners identified the role and importance of belonging and coming together to build strength and resilience. Solidarity within and across communities was a source of support and hope for Londoners. The number of Mutual Aid groups and other informal local support systems, which brought together people to take responsibility for caring for one another grew astronomically when initial restrictions were introduced.

However, within this theme, the reality of structural and cultural barriers for many communities was clearly seen, both before and during the pandemic. Cultural and language barriers have been identified as significant barriers for the communication of public health messaging, with communities feeling ignored and abandoned by the health and care system. This is not a new scenario for London's diverse communities.

Case study:
Brent's Church
End community

Brent's Church End community has been one of the worst effected localities in the country with COVID-19, with one small estate with a large British-Somali population losing at least 36 members of the community to the virus. As part of the response to this tragedy, community members and leaders are working with members of the Grenfell community to use collective voice to mobilise and galvanise their local population and utilise the learning of a different but related experience of loss. The action is helping to connect systems, senior leaders, frontline staff and community activists.

"Our organisation has started to provide translation services by translating COVID-19 information and Government advice in community languages."

Ubele survey respondent

Suggested actions

- Engage with and learn from how community support services proactively responded to the coronavirus pandemic and identify where different approaches were used in comparison to mainstream services to ensure innovative approaches can be shared, sustained and continued support is appropriate or sufficient for everyone.

- Develop and implement universal and selective place-based and settings-based resilience and/or bereavement support and promotion programmes.

- Utilise neighbourhood and community assets to improve social cohesion and develop more safe places for social connection and interaction via. community and peer support.

- Ensure trauma-informed practice is widely adopted across London's public services and business sector.

Address discrimination

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"On top of Covid, for a Black person, it was even more draining. It's not really, what's needed right now, for the simple fact that Black people should (be) like all people … no matter what colour you are, your life should matter."

Toynbee Hall community research interview

In the context of the current COVID-19 pandemic, where existent social, economic, and health inequalities are being exacerbated, it is paramount to document how experiences of discrimination and inequality related to protected characteristics have negatively affected the lives of Londoners and their communities. Protected characteristics include age, disability, ethnicity, race, religion, gender, sexual orientation, gender identity, gender expression, and socioeconomic position.

The COVID-19 pandemic is having a devastating impact on Black, Asian and minority ethnic communities, older people and disabled people when using mortality as the most significant indicator of a population health impact. The Queerantine[2] Study has shown a strong association between experiencing discrimination and poor mental health in London. Beyond the risk of contracting the virus, evidence is available from Londoners representing each of the protected characteristics for who structural and everyday racism, agism, homophobia, transphobia and discrimination are a central component of their lives, threatening their right as a Londoner to an equal opportunity for good mental health and wellbeing.

2   Kneale D, Becares L (202) The mental health and experiences of discrimination of LGBTQ+ people during the COVID-19 pandemic: Initial findings from the Queerantine Study - Findings for London

Case study: BAMEStream

BAMEStream is just one of the sources of secondary data and information used in this thematic analysis to understand the breadth and depth of issues relating to inequalities and structural racism. The alliance brings together practitioners, therapists, policy specialists, organisations, activists, and academia who specialise in the areas of mental health and wellbeing to support the development and delivery of mental health and wellbeing services to ensure that the needs of the BAME community are being met as a result of this COVID-19 pandemic and crisis.

"I understand why the restrictions are in place but there is not much help for people who have long term health issues both physically and emotionally, I would just like to see more being done about it."

YoungMinds survey respondent

Suggested actions

- Engage with and listen to communities with lived experiences of inequality and discrimination and invite them to join the conversation around decisions which affect their mental health and wellbeing.

- Work with grassroots groups to proactively co-develop narrative change campaigns that amplify the experiences and voices of those who experience discrimination, weaken damaging stories and strengthen alternative ones.

- Consider potential barriers to accessing mental health services and support for those who experience inequality and discrimination and implement mitigating measures, such as varied communications methods, simplifying referral pathways and enhanced outreach.

- Ensure that COVID-19 transition and recovery strategies actively look to reduce inequalities and discrimination.

Balance uncertainty for the future

"Initially positive because the stress of exams was lifted and I was able to slow down and enjoy life, but I've started really missing my friends and the freedom of 'normal' life".

"Each time a family is evicted, they need to start from scratch in getting access to water, sanitation and refuse collection. Being forced to travel and engage with enforcement agents puts the entire household at higher risk of catching coronavirus"

Friends, Families and Travellers

COVID-19 has heightened uncertainty over physical and mental health for many Londoners but has universally increased uncertainty and fear regarding the economy, employment, finances and relationships. Findings from national surveys have confirmed increased levels of anxiety, fear and stress, but insights from across London communities have shown huge variation in the response to this mainstream uncertainty. Particular groups have less control over the factors which affect their livelihoods, such as income, employment, caring responsibilities and security. Communities which entered the pandemic already marginalised or with a lower socio-economic status have and continue to face an accumulation of stressors and barriers to support as the trajectory for transition and recovery expands.
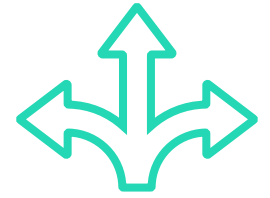
Case study: Kanlungan COVID-19 Filipino Response

The Kanlungan COVID-19 Filipino Response aims to support the members of the Filipino migrant community, regardless of their immigration status in the UK, recover from the economic and social hardship endowed from the lockdown period, and to adapt to the 'new normal.' Together with a Filipino Chaplaincy Group, the project aims to safeguard migrants (a majority undocumented) from hostile environments and uncertain futures by providing basic necessities to vulnerable members of the community, spiritual chaplaincy support, information and advice on employment and housing matters, referring immigration cases to legal advisors and support to those at risk of violence at home and at the workplace, especially for domestic workers.

Suggested actions

"My disposable income dropped dramatically as my Dad's, (who's the main earner in the household) hours dropped from like 40 plus hours a week to suddenly zero hours a week. So, there were some tough decisions that had to be made, for example, a second phone contract that my dad has for work, he had to choose between keeping that active or paying for our Wi-Fi bill. And seeing as me and my brother were taking online classes, he had to prioritise the Wi-Fi bill over that second line."

Toynbee Hall community research interview

- Work with partners to deliver targeted community engagement and activities focusing on the principles of emotional resilience – a process of negotiating, managing and adapting to significant sources of stress or trauma – bespoke to the needs and experiences of local, cultural or community groups.

- Working in partnership with community networks, deliver free training and resources to community leaders, faith leaders and volunteers in interventions such as psychological first aid, bereavement support, suicide prevention and trauma-informed values and principles, so that they are better equipped to support individuals to overcome adversity and uncertainty.

- Deliver regional and local campaigns that acknowledge the real concerns people face and feelings of uncertainty, normalise feeling stressed and mitigate stigma (for example, "it's OK not to be OK"), and promote tools and resources to support individuals and communities to build their strength and resilience.

Financial security

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> "It's difficult to find work. You don't have money, you can't pay the rent, the bills. It's difficult because the money is going out, not going in."
>
> **Toynbee Hall community research interview**

Financial resilience, income and employment are clearly linked to health and wellbeing. The coronavirus job retention scheme and other government initiatives proactively supported 1.2 million Londoners (at its peak in May) avoiding large income reductions, increasing poverty, stress and unhealthy behaviours. However, trends in income and poverty in recent years produced by the Health Foundation[3] have shown the UK entered the pandemic from a starting position of stagnant income growth and low levels of financial resilience. Signs of increasing economic inequality can be seen in the Office for National Statistics' (ONS) report on personal and economic wellbeing[4] and from a number of sources of information, stories and insights gathered.

Control over finances has been identified as having profound impact on people's wellbeing within Pandemic Stories. Just over half of Pandemic Stories[5] interviewees reported that their income had reduced as a result of the pandemic and the same percentage have "gone without" during the crisis. 85% have increased their spending on phone and internet bills, the same percentage have increased their spending on food and groceries. Furthermore, freelancers, gig economy workers and other self-employed workers have taken the worst financial hit (with income loss of up to £2,500 a month) and some have fallen through gaps in government support for part or all of the crisis. The peer researchers also spoke to several private renters in their twenties who have either experienced income loss through furlough, loss of freelance work or zero hours work, or redundancy. The furlough scheme is consistently cited as a significant financial support within households, and has helped keep many from crisis, notably in privately rented shared housing. The increased accessibility and financial uplift to Universal Credit is also helping households to cover costs.

3   Tinson, A (2020) Living in poverty was bad for your health before COVID-19 The Health Foundation. See health.org.uk
4   Office for National Statistics (ONS) (2020) Personal and economic well-being in Great Britain: June 2020. See ons.gov.uk
5   Pandemic Stories. See toynbeehall.org.uk

Case study:
Turn2Us

The latest available insights from Turn2us[6], a national charity which provides practical help to people who are struggling financially include concerns around the ability to pay rent or mortgage, the ability to find a new job during a recession and in a competitive market and the possibility of a second wave of the pandemic.

"I think the main impact was work, so one of my flatmates, she had her job for the first month then got fired, and because of that she didn't have any support. She was on her own and had to apply for benefits, so Universal Credit. My other flatmate, she works in the hospitality industry and so she obviously saw a reduction in her hours and then eventually got furloughed."

Toynbee Hall community research interview

Suggested actions

- Ensure economic recovery efforts focus on creating sustainable and inclusive employment opportunities and support vulnerable people into employment.

- Continue investment in apprenticeships at a regional and local level, particularly for 18-24 year olds.

- Undertake targeted outreach to people who are unemployed, struggling with debt or at risk of eviction and ensure accessible mental health, psychological and suicide prevention support is available.

- Take action to end fuel poverty and thereby improve Londoners' health and quality of life, by working in partnership with the voluntary and community sector and regional and local policy makers so fewer people will have to choose between heating and eating.

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6   Turn2us. See turn2us.org.uk

Value family and support structures

> "It's so nice to be able to spend some quality time with my parents. We've all got such busy schedules that we usually can't… we're cooking together, watching films over the weekend – we haven't done that for 4 or 5 years"
>
> **Young Londoner**

As a basic and essential building block of society, the role of families has been crucial in the lives of Londoners; as they entered the pandemic, their experiences of lockdown and as they prepare for the future. Family and support structures were a common feature in the insights gathered and stories shared, as both a protective factor for improved, positive outcomes and in some cases a risk factor for increased anxiety, stress and unfair treatment. The coronavirus pandemic has had a profound effect on family relationships with a variety of pressures, challenges and opportunities impacting every-day family life and how people support each other.

A broad spectrum of experiences and insights were shared in regards to families and support, including increased caring responsibilities for parents of children, balancing work and parenting commitments throughout lockdown, increased or restrictive caring responsibilities of older parents, cramped living conditions, isolation of single parents, implications of shielding for intergeneration households. A number of insights shared from LGBTQ+ Londoners referred to hostile living arrangements due to homophobic and transphobic families. Furthermore, calls to the National Domestic Abuse Helpline increased by 150% during the initial stages of lockdown[7].

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7   See: refuge.org.uk

Case study: Switchboard

Switchboard, the LGBT+ helpline, has reported 20% more calls, emails and instant messages during the pandemic, with the numbers only increasing. They have spoken to people who've come out to their family as transgender or homosexual and the family or parents are not dealing with that very well. Those callers are contacting Switchboard because they think they are about to be kicked out.

"I haven't yet learned all the terms and computer speak but have realised that many younger people are happy to explain as many times and as slowly as possible. More time with my children has helped new digital skills. They are really understanding."

Suggested actions

- Give parents, particularly those from under-privileged backgrounds, the skills and support they need to give their children the best start through peer-parenting groups.

- Develop policies that improve access to affordable childcare, particularly for single parents.

- Engage with and listen to multi-generational families and their communities to understand more about the issues and assets of multi-generational living.

- Provide young LGBTQ+ Londoners, particularly young LGBTQ+ Londoners of colour, with the tools and resources they need to maintain and grow support networks and safe spaces to connect and succeed in London.

Digital inclusion

> "Many … don't have access to the internet, and some not even to a smartphone, there was a lot of ignorance about it and people were feeling more isolated as a result."

Digital exclusion is not a new phenomenon for many Londoners. A 2019 report[8] by the ONS revealed that, although declining, the number of "internet non-users" is still large in the UK. However, the pandemic has expanded the digital divide with serious implications for those with limited or no skills and access to digital technology.

Findings from across the insights, experiences and stories reviewed highlighted the range in outcomes and impact of digital exclusion, varying from limitations to remote learning for children and students, due to shared or no devices or access to the internet, inability to pay for devices and their running costs to a lack of digital skills and education to access online services such as applying for universal tax credits or booking medical appointments.

The implications of a widening digital divide have and will continue to affect those who need information, connectivity and support, which go beyond daily practicalities and are closely related to the social inequalities which exist across London.

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8   Exploring the UK's digital divide. See ons.gov.uk

Case study: Tutors for Gypsy, Roma and Travellers

"Tutors for GRT" is an initiative by the Traveller Movement in response to the coronavirus pandemic where parents had to home school their children. Knowing the challenge that this would pose for GRT communities, due to low literacy levels and digital exclusion, the programme provides volunteer tutors to GRT families. The needs of each family are taken into consideration and different mediums are used from WhatsApp to Zoom, books or tablets depending on the circumstances. The programme has been well received with parents seeing increased engagement and enthusiasm towards education from their children. Although challenges with connectivity and equipment still exist.

"As a parent, I have to decide who gets to use a shared laptop to do work that has been set"

Camden resident

Suggested actions

- Bring together the business sector, telecommunications companies and people with lived experience of digital exclusion to innovate and pilot solutions to providing free or cheap Wi-Fi for digitally excluded communities. This could be through collective switching, housing associations providing free or cheap Wi-Fi or through data sharing partnerships between neighbours.

- Provide digital skills training in the home or within housing estates.

- Londoners with internet access are better equipped to find tools, resources and support for their mental health and wellbeing. For those digitally excluded, ensure Social Prescribers signpost to mental health tools, resources and support, or even prescribe devices to patients so they are better able to self-manage their mental health and wellbeing.

- Young people are interested in attending online workshops, run by mental health professionals, which teach them how to manage their mental health and wellbeing. They are also interested in being part of online but professionally moderated communities to get support with their mental health. Health and care partners could play a role in creating or facilitating these workshops and forums.

Improve access to information, advice and support
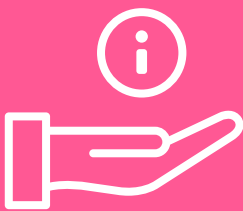
> "Older Bengali people have found it hard to access social media and online tools due to lack of digital proficiency and language barriers, resulting in a lack of access to the right information and guidelines."

Camden resident

Access to clear and appropriate information, advice and support has been evidenced as a vital and in some cases lifesaving requirement for all Londoners and communities, which has not been uniformly experienced across London. Huge disparities have occurred across communities, services and subjects leading to conflicting and confusing messages regarding the coronavirus pandemic, restrictions and the support available.

Interviews from Toynbee Hall's peer research revealed that in some supported accommodation settings no support was provided to access advice during the pandemic and they missed out on resources like food parcels. Older people who were living independently said that they could not access advice during the crisis and appeared to be unaware that advice services continued to operate within during the pandemic.

Language and cultural barriers have been reported as affecting people's ability to understand government guidelines during the pandemic and the quick spreading of misinformation. London's diverse population with a high proportion of first- and second-generation immigrants and marginalised communities has also given rise to variable experiences of authority and trust in public services. Reports have shown some communities hesitate to reach out to statutory bodies and so are lesser heard of by services.
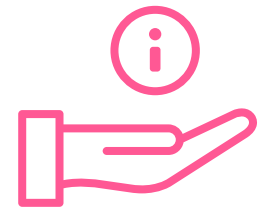
Case study: Doctors of the World

Doctors of the World, in partnership with Thrive LDN and the Mayor of London, have produced wellbeing guidance and support in 27 languages[9]. These tools and resources are being used by Londoners to keep themselves well and to get support when they are finding it hard.

"Workshops or like a forum, where you can express yourself … like mental health issues, or … Black Lives Matter, issues in general. I think it would be good if people could go somewhere where they know that they won't be judged and that they, their needs will actually be listened to. … Not everyone can afford to like to go to therapy or to have like a mentor. So, if there was a way on the internet for … workshops by professionals who cover like an array of subjects, and that actually understand, because I think it's one thing"

Brixton Reel Community Research

Suggested actions

- Communicate clear and consistent public mental health messages that promote practical things people can do to support their own mental health and wellbeing and build resilience, encourage help-seeking behaviour and signpost people to a diverse variety of support.

- In coproduction with marginalised communities, develop and implement more culturally competent public mental health education and prevention campaigns, and public mental health programmes.

- Work across sectors and with local communities to understand any localised increase in demand for mental health support and to develop and implement integrated placed-based models on a neighbourhood or Primary Care Network area.

9   See: thriveldn.co.uk

Commit to delivering change for Black, Asian and minority ethnic communities

> "Information wasn't provided early enough in Somali. People were abandoned"
>
> **Brent resident**

The correlation between London's diverse population from Black, Asian and minority ethnic backgrounds and the geographical areas worst affected by COVID-19 has been acutely felt across the capital. The disproportionate mortality data has exposed structural inequalities and racism as the root cause of many unfair and avoidable outcomes, bringing these issues to the forefront of social action and community activism.

Experiences of Black, Asian and minority ethnic communities link to all other themes presented in this research and analysis, particularly discrimination, the role of community and access to information and support. Toynbee Hall's peer research findings showed an association between the historic lack of trust in mainstream health services had affected Black people's willingness to seek help and follow guidance. This work has evidenced the distress for Black Londoners to see so many people in their communities die as a result of COVID-19. Communities have been coping with unusually high levels of grief alongside the added financial pressures and familial pressures of the crisis. Furthermore, while Black Lives Matter has been a long awaited moment of recognition of structural racism for some, it has also burdened Black Londoners in other ways, for example, employers asking Black employees to tell them how to improve their practices, and having to centre their racial identity at work in a way that can be uncomfortable to them.

Case study: Community Voices

Community Voices is a collaboration of health, care and community organisations, community activists and individuals working across North West London. Members have now come together to investigate the impact of COVID-19 on BAME staff and communities in North West London, by having conversations and collecting stories of coping with COVID-19 from residents, community representatives, faith leaders, staff and health and care leaders since May 2020. As a social movement powered by the very people who need things to change the most, this group aim to collectively respond to some of the questions raised by our communities and influence change to avoid the same mistakes happening again.

"We've had households where whole families have been wiped out," she said. She is shocked that many of her patients who died were in their 40s and 60s. "I was talking to patients who would say my aunt has died, my uncle has died, my dad has died. It was literally every day."

Brent nurse

Suggested actions

Implement the recommendations in Public Health England's descriptive review of data on disparities in the risk and outcomes from COVID-19[10] and the accompanying report[11] sharing insights from stakeholder engagement.

- Create channels for affected Black, Asian and minority ethnic communities to inform regional policy and service delivery.

- Support Black, Asian and minority ethnic-led organisations to respond to the needs of communities and provide the tools and resources needed to ensure to collaborate and grow networks.

- Undertake more locally-led partnership engagement activities to improve understanding, build trust and develop solutions that are meaningful and impactful for Black, Asian and minority ethnic communities.

10 See: thriveldn.co.uk
11 See: thriveldn.co.uk

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Thrive LDN's response

The coronavirus pandemic is already having a significant impact on people's mental health and wellbeing and will have profound psychological consequences in the longer term. Whilst this work is ongoing, it is important for Thrive LDN to consider how we best use the existing resources and partnerships we have to respond to findings and suggested actions so far, to support London communities to build their strength and resilience to cope with what is likely to be a protracted second wave and future unprecedented events.

Building participatory processes and infrastructure

Participatory approaches directly address the marginalisation and powerlessness caused by entrenched health inequalities[12]. Without the active participation of Londoners and partnership working it would not be possible for Thrive LDN to deliver meaningful and engaging activities, campaigns, and interventions. It is essential that we respond together and that communities own Thrive LDN and partners response to the coronavirus pandemic. Consultation, participation and an acknowledgement of the hardships that people are facing are key. Thrive LDN considers Londoners as a resource, as well as a recipient or beneficiary.

As participation is an enabler for all Thrive LDN growth and development it is important to review the processes and systems in place and consider how we move to substantive participation and co-production to demonstrate that when Londoners are motivated, able and prompted to take action, social change can take place.

Rooted in sharing our findings and suggested actions back with the groups and communities who have participated, Thrive LDN is co-designing additional participatory processes, infrastructure and action research projects to ensure participants are leading and involved in the interpretation of findings and meaningful implementation of actions.

Right to Thrive expansion

Right to Thrive is our ongoing commitment to celebrate and protect diversity in London, especially for those at higher risk of unfair treatment based on their identity, beliefs or social class. Our accompanying grants scheme, valued at £200,000, has awarded grants to support community-led mental health projects with and for intersection and marginalised groups.

We are currently expanding our Right to Thrive programme to offer additional support and development opportunities to grassroots groups and take further action to advance equality and ensure more equal access to opportunities. This will include a development programme and peer network for community leaders supporting disadvantaged groups, further work to co-produce tools and resources, and further narrative change campaigns to amplify the voices of grassroots groups.

Resilience promotion

Thrive LDN is co-designing an emotional resilience and resilience promotion programme to support Londoners to cope better with uncertainty and overcome future unprecedented events. Furthermore, working in partnership with community networks, we are delivering more free training and resources to community leaders, faith leaders and volunteers so that they are better equipped to support individuals they work with.

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12   Public Health England (2015) A guide to community-centred approaches for health and wellbeing

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Scope, methodology and limitations

Scope

The scope of this work is the wider determinants of health, using community engagement and action research as the tools to better understand the experiences and needs of different London communities. The current output of this work uses a thematic analysis approach to identify, analyse, and interpret patterns of themes within insights, experiences and stories captured as part of Thrive LDN's community engagement and participatory action research activities.

Methodology

It is also important to note that the community engagement process and analysis and interpretation of findings is grounded in Thrive LDN's history as participation-driven partnership, supporting a community of individuals and organisations from across the health and care system and the voluntary and community sectors since launching in 2017.

The methods and processes used to produce these findings are part of the wider Thrive LDN framework coordinating the public mental health response to COVID-19 on behalf of Public Health England Office for London and wider partners. The ongoing community engagement activity, participatory research and thematic analysis is linked to and informed by the Thrive LDN Working Paper's Research and Triangulation methodology.

Thrive LDN's coordinated approach to collecting insights from across the community and voluntary sector involves a complex collection of partnerships, projects and activities. Many of the experiences and insights reviewed as part of this work are as a result of long-term relationships from before the pandemic, but a significant number are new connections with grassroot organisations, community organisers and activists for change. The insights, experiences and stories captured are based on both primary and secondary data sources ranging from commissioned community engagement by Toynbee Hall, Brixton Reel and Healthwatch CWL as well as reports and research conducted by partner organisations. Partnerships have the firm foundations for collecting rich and diverse range which insights and experiences, producing a range of information, which is methodologically varied, spanning different contexts and sample sizes. A thematic analysis approach has been utilised to identify common themes from across the range of intelligence and better understand the experiences and needs of different communities and the action required to create change.

Figure 1.

Engagement and thematic analysis method

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1. Research and mapping of prevalence of poor mental health and inequalities:

Ongoing Thrive LDN overview and analysis of indicators.

2. Coordinated approach to capturing insights:

Framework developed to engage partners and communities to guide stakeholders and participant discussions and debate and collect and share findings.

3. Familariasation of findings:

Team allocated broad topic areas to review insights from and get an overview of the information.

4. Initial coding:

Searching for themes based on initial review.

5. Generating themes:

Identification of patterns that are grouped into themes, discarding topics too vague or not relevant enough.

6. Identifying themes:

Defining themes to ensure we know what is meant by each theme and figuring out how it helps us understand the information.

Triangulation of information credibility and validity of research findings

In parallel to each of these steps, triangulation is ongoing to ensure an in-depth and more unbiased set of findings are produced in the context of London factors, circumstances and environment.

Challenge sessions:

Regular challenge sessions are held between the core team of four working on this, and with wider team members and partners, to test interpretation of data and assumptions.

Engagement:

Open conversations with community groups and organisations on the process and the findings to ensure learning is fed back Londoners and used for wider activity and implementation.

Limitations

Fundamentally, insights are limited by the availability of data and information due to the breadth and depth of community engagement at this time. There will undoubtedly be data and information sources the team are unaware of and would appreciate being made aware of, as well as community partnerships not yet brokered to share an insight into the lives and experiences of groups living at the margins of London society. This work continues to be part of Thrive LDN's participation-driven partnership approach. Capturing insights across an evolving, networked system is a fundamental part of our Theory of Change, informing strategy and programme delivery as well as adding to the evidence base. Over time, more information, themes and recommendations for action will be available.

Thrive together
October 2020