

COVID and care: how a 'stacked' care system could help places like Hackney

The weakness of local support networks, already cut to the bone, has been cruelly exposed by the pandemic. The LSE's COVID and Care Research Group looks at the situation in Hackney and explains how an alternative 'stacked' care system could help.

When the pandemic began, the east London borough of Hackney already had high levels of poverty, social isolation and people without work. Confronted with a decade of austerity cuts, a network of community support groups had sprung up. We were keen to find out whether they were able to respond to the crisis, and what can be done to help them.

The various kinds of social care – provided by the third sector, mutual aid or government – can either help or hinder the social foundations of life in the UK. As we enter a second wave of COVID-19, we need to find ways to generate new cooperative connections to strengthen our social foundations for recovery and renewal.

The pandemic has highlighted and exacerbated what we term a 'care deficit', or a shortfall in formal support services for vulnerable people. We shouldn't consider the severe impacts of the pandemic on these services in a historical vacuum: state and third sector care providers, such as those offering crisis housing support and early years care, had been deprived of funding and stripped back under austerity measures over the course of the decade 2010-2020.

Our research gave us insight into the serious harms caused by the care deficit, including people finding it difficult to feed themselves and their families, victims of domestic violence struggling to access support, and migrants feeling fearful to seek the limited resources available to them. These harms pre-existed the coronavirus pandemic in our context of austerity, but they certainly worsened since lockdown.

Case study: Hackney

In Hackney, we found that state and voluntary organisations are facing severe financial difficulties in meeting the needs of vulnerable people, demonstrating trends applicable to many areas of the UK. Hackney ranks highly in several measures of deprivation, including high levels of child poverty (41.3% – [third highest in London](#)), high [poverty and isolation](#) among older people, and a [high proportion of out-of-work benefit claimants](#) (10%, the highest in London). Hackney has also been severely affected by post-2008 austerity policies, and many community organisations have sprung up in an effort to provide for those most affected by these measures. These organisations include independent food banks, community hubs providing professional advice services, and voluntary organisations targeting various 'at-risk' groups.



Volunteers Ziggy Noonan, Carletta Gorden, and Michelle Dornelly from Hackney charity Children With Voices sing along to Whitney Houston as they pack bags with food at the community food hub on the Wilton Estate Community Centre, 6 April 2020. Photo: Grey Hutton/National Geographic Society COVID-19 Emergency Fund. Instagram [@greyhutton](#) [@InsideNatGeo](#)

In this sense, Hackney was well served by a dense network of community and voluntary organisations who were able to refocus their efforts as the COVID-19 situation and lockdown progressed. One organisation, for instance, pivoted from running professional support sessions for families with young children to offering telephone consultations about coping with the many stresses brought on by lockdown. The major drive at the beginning of the lockdown period was towards food provision for those struggling with getting food on the table for a host of reasons, including a lack of money, shielding/isolating circumstances, and alternative food providers closing (e.g. school lunches, or free community meals).

Our key lesson from Hackney is that while these small organisations can assess and meet need in locally sensitive ways, they are being held back and left in a very fragile state. They face a steep rise in demand for their care work, but funding sources are unresponsive, particularly for long-term work. Without more funds, many organisations face imminent closure. Small community and voluntary organisations hold so much potential, given their nuanced understanding of local needs and best methods of support, but without adequate financial support, these systems of care are at real risk of collapse, leaving large numbers of vulnerable people with nothing to fall back on.

The care deficit

The case of Hackney shows that a decade of thinning care provision and hollowing out of services at the local level have increased the risk that local authorities become dependent on informal care providers to meet the care gap, without adequately compensating them. For example, drastically reduced local authority budgets led to the closure of state-led childcare centres; the bulk of community parenting advice is now provided by already underfunded voluntary organisations. Still, there have been strong collaborations between local authorities and the third sector to meet the needs of communities, as the full case study in our report illustrates.

Although a new landscape has been built by the third sector to fill the lack of local authority funding and provision since austerity hit, this too is now disrupted amid growing strains during the pandemic. There is a significant increase in demand for care provisions amid reduced funding, with [one estimate](#) suggesting that charities face a 43% increase in demand for their care services. The situation of these organisations highlights that current funding shortfalls are not only linked to local authorities, but also to the suspension of major grant schemes and ineligibility of some voluntary sector staff for the furlough scheme brought in during lockdown. Small grants given out by local authorities were important and well-received, but limited, and often insufficiently targeted to meet the needs of communities. Many local charities and social enterprises were unable to access the Coronavirus Small Business Loan Scheme, as their rateable value was above the threshold. Grassroots services are often funded voluntarily by their communities and are unable to access local authority grants, threatening their long-term survival.

Policy recommendations

We propose a system of 'stacked' care, whereby various caring organisations in a specific locality, such as associations of unpaid carers, local mental health professionals, community organisers, and local authority representatives, coordinate and overlap their care provision by keeping in close communication. A specific need may be met in a number of different ways, by a range of care providers – from informal family/friend care networks, through community and voluntary groups, to broader statutory care and intervention.

Enabling a system of stacked care means care providers can identify people's needs more easily and makes care more accessible. (For example, where someone might be wary of approaching the state for assistance, it may be less daunting to interact with informal systems of care.) We would advise rethinking the current policy that social workers and other support staff are often not permitted to refer people to informal support services. These services often meet the needs of vulnerable people better than formal care providers.

It cannot be stressed enough, however, that these endeavours must be adequately funded, and the government should play the leading role in channelling the required funds.

- The government should prioritise **further financial support** to local authorities, targeting the most deprived and worst hit areas.
- It should establish a **national mutuality fund** that can release regular flows of income to mutual aid groups and voluntary and community organisations so that their increased responsibilities of care can be met. These funding mechanisms apply as much to organisations dealing with crisis intervention, such as domestic violence support services, as they do to general public services such as libraries and early years childcare support, which provide an important space of public interaction and knowledge distribution.

While COVID-19 has underscored severe deficits in care provision, it has also offered us an opportunity to see how investment in the rich social infrastructures that already exist in local communities might support more sensitive, effective and sustainable forms of cooperative care.

[The COVID and Care Research Group](#) is composed of anthropologists from the London School of Economics, and associates. Between March and August 2020, the group carried out interviews and surveys across the UK, in order to gather data on the UK public's response to the pandemic and government policy. This is the first of six posts on LSE COVID-19 setting out the findings of the resulting report, [A Right to Care: Social Foundations of Recovery from COVID-19](#).

This post represents the views of the authors and not those of the COVID-19 blog, nor LSE.