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A Social Capital Approach to Understanding Community Resilience during the Covid-19 Pandemic

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Abstract

As the world begins to take stock of the impact of Covid-19, this paper provides a critical review of the role of mutual aid groups in the UK community response. Drawing on interviews with community members and selective case studies, this position paper considers what forms of social capital impact on availability of mutual aid support in the community response to Covid-19. Based on our own experiences and Covid-19 specific research, we found that communities with social capital have been among the most organised in providing formal mutual aid, and sometimes this has extended to supporting the more marginalised and disadvantaged communities. The phenomenon of collective resilience in the pandemic, and in particular the activities of mutual aid groups as described in this paper, testify to the relevance of key concepts in social and community psychology. Without psychological 'groupness' there would be no adaptive community response. Further research is needed to better understand the role that social capital played in both the individual and community resilience of those offering and receiving mutual aid. This is of particular importance, given that communities lacking social capital are more vulnerable to social exclusion, in a global context where societal inequalities are widening. Whilst appreciating the limitations of social capital (particularly that it does not explain the new group relationships and forms of solidarity that have emerged), we argue that developing social capital, particularly bridging and linking social capital, can help to build community resilience and promote inclusions in communities bearing the collective economic and societal burden of the pandemic.

Keywords: community resilience, social capital, mutual aid, social inclusion

1. Introduction

Covid-19 has not only presented a viral threat but has also had a significant economic and societal impact (World Health Organization, 2020). It has been particularly damaging to excluded and vulnerable groups, including families with young children (Darmody, Smyth & Russell, 2020), unpaid carers (Wood & Skeggs, 2020) and people with dementia (Life Changes Trust, 2020). People experiencing poverty have been disproportionately impacted

(Jannot et al., 2020; Plümper & Neumayer, 2020; O’Dowd, 2020), exacerbating existing inequalities (Patel, et al., 2020). Given that inequality is already heavily linked with distress, this highlights the importance of research that seeks to explore and understand what can reduce inequalities during pandemics and other times of collective crisis. This position paper will critically reflect on the emergence of mutual aid groups through the lens of social capital, considering how this resource may have impacted on how groups were able to access and participate in mutual aid groups, contributing to the emerging community psychology literature on the Covid-19 pandemic (Marzana, 2021; Mao, 2021a, b).

2. Mutual aid groups

Community responsibility is important in managing transmission during a pandemic (Laverack & Manoncourt, 2016), but the Covid-19 outbreak also required a community response to the physical, social, and emotional needs of people. In March 2020, when the UK government introduced requirements to ‘shield’ and self-isolate, individuals needed others to support them, including help with food shopping, collecting medical prescriptions, posting letters, providing information, and offering emotional support (Hogan, 2020; Mao et al., 2021a; Smith et al., 2020). Many of these needs could not be met by the local authorities and government as quickly as was needed (O’Dwyer, Beascochea-Seguí, & Silva Souza, 2020), and so informal coordinated support was required from the community.

Thousands of community support and mutual aid groups emerged to respond to people’s needs in March 2020 (Jones, 2020). Hyper-local and chiefly facilitated by social media, these ranged from Facebook groups to those groups that cooked food and carried out deliveries themselves. Whereas some mutual aid groups developed from existing community groups, others formed specifically for the pandemic. Some members of mutual aid groups have even seen changes in their members’ beliefs in the possibility of social change (Mao et al., 2021b). Mutual aid groups have been crucial in society’s response to the pandemic (Tiratelli & Kaye, 2020) and pre-existing social networks, local knowledge, and social trust facilitated the emergence of community solidarity during Covid-19 (Mao et al., 2021a). Relatedly, an analysis of the geographical spread of mutual aid groups, listed on the central organising website in the UK, found that their presence was positively related to the median age, happiness, life satisfaction, and wealth at the local authority level (Felici, 2020), and in another report their presence was linked to areas with higher levels of social capital and where working-age people had more time, chiefly via the government’s ‘furlough’ scheme (Tiratelli & Kaye, 2020).

Taken together, these findings suggest that, mirroring the country's broader experience of the pandemic so far, the community response has also been shaped by entrenched economic and social inequalities.

3. Community Resilience

The formation of mutual aid and community action groups calls attention to the capacity for communities to quickly mobilise and coordinate resources on a localised level. This self-sufficiency, independent of government-driven intervention, demonstrates the strengths of communities, and exploration of this resilience may be an important public health focus in understanding what can buffer the impact of situations that increase inequalities. Community resilience has been defined as “the existence, development, and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty, unpredictability, and surprise” (Magis, 2010; p. 402). In the context of public health, the Glasgow Centre for Population Health defines resilience as ‘profoundly social’ and is as much about understanding the qualities of networks and groups as it is about the individuals’ abilities to access those (Seaman, 2020).

While the concept of community resilience can differ across researchers, elements include “local knowledge, community networks and relationships, communication, health, governance and leadership, resources, economic investment, preparedness, and mental outlook” (Patel, Rogers, Amlôt, & Rubin, 2017, p.1). There has been an emerging body of work being published on community resilience during the pandemic (e.g., Rippon et al., 2020; South, Stansfield, Amlôt, & Weston, 2020), and the World Health Organisation (2012) emphasises the importance of community resilience and the need for good community networks as a way of addressing health inequalities.

4. Social capital as a facilitator of community resilience

Not all communities will have the ability to respond with equal levels of resilience and the capacity to do this may depend on social capital. Defined as the “resources accessed through social connections” (Villalonga-Olives & Kawachi, 2017, p.105, social capital can increase the capacity for communities to be resilient. Coleman (1988) categorised social capital into three forms: obligations and expectations, information channels, and social norms. Unlike some theories that see social capital as something people benefit and gain power from (Bourdieu, 1986), Coleman conceptualised it as something that benefits the social network equally.

Putnam (1995) distinguished bonding capital as occurring within one community, while bridging capital is developed between different communities and is theorised to contribute to civic engagement. Bridging social capital refers to creating connections that link people where traditionally they may be divided by ‘race’, class, or religion. An extension of bridging social capital is ‘linking social capital’. This describes the respect and networks of trusting relationships between people who are interacting across explicit, formal, or institutional power gradients – or authority gradients – in society. It differs from bridging social capital because the power differences between partners are a conscious part of the relationship. While bridging social capital develops horizontal, trust amongst cultural groups linking social capital, involves classic power hierarchies.

In order to build community resilience, communities must reduce risk and resource inequities, engage local people in recovery, and create organisational networks. The community needs to be flexible, skilled, and have trust in itself and its systems (Norris et al., 2008). When responding to trauma, Hawkins and Maurer (2010) identified community resilience as a process through which close ties (bonding) were important for immediate support, but bridging and linking social capital offered pathways to long-term survival and wider community recovery. A positive relationship between the practical resources within the community and social support was identified by Norris et al. (2005) who explored social support mobilisation and deterioration after Mexico’s 1999 flood at several intervals after the event, finding that individuals with the least social capital received the least support, with corresponding impacts on individuals’ mental health. There is therefore an important conceptual link between social capital and community resilience, in understanding how members of marginalised communities are able to leverage resources to “overcome adversity, whilst also potentially changing, or even dramatically transforming, (aspects of) that adversity” (Hart et al., 2016, p. 3). We suggest that a social capital approach may enable greater understanding of how some marginalised communities responded in mutual aid organisation to the pandemic, demonstrating a level of community resilience.

The community resilience built during the pandemic cannot be explored without acknowledging the interplay between individual and community resilience, with both concepts being deeply embedded in social capital (Pfefferbaum, Van Horn, & Pfefferbaum, 2017; Ungar, 2011). In the case of mutual aid groups, residents and the community as whole benefitted the most where there was strong level of social capital (Mao et al., 2021a; Tiratelli & Kaye,

2020). Those benefits, enjoyed by both, the recipients of mutual aid and the providers of mutual aid, plus the community, are dynamic and inherently connected, but for the purpose of this paper we focus on how community resilience was built through mutual aid groups, viewed through the lens of social capital.

In considering the role of social capital in mutual aid groups, we will draw on interviews with community members and selective case studies, based on the experiences of a working group of community psychologists operating during the Covid-19 lockdowns. Here we do not aim to present an empirical piece offering detailed research findings, rather, we are sharing our experiences of mutual aid support early in the pandemic. It is our hope that we present some interesting and thought-provoking observations that will encourage further psychological enquiry into this important area.

Virtual interviews were carried out with six individuals involved in Covid-19 mutual aid group activities as part of a larger nationwide study on mutual aid and community solidarity during the Covid-19 outbreak in the UK (Fernandes-Jesus et al., 2021). Participants were members of mutual aid groups or neighbourhood support groups in England. The interviews covered questions related to group emergence and development, experiences of participation, motivations for participation, group coordination and organisational issues, challenges and problems faced by the group, and lessons from coordinating the group. Data were analysed using Thematic Analysis (TA) (Braun and Clarke, 2019) with a reflexive approach where all stages were discussed with co-authors who also engaged with the material. NVivo software was used to organise the codes and the initial themes from interview transcripts. The key themes generated were (1) meeting community needs over time with localized action and resources, (2) building trust and community-based alliances, and (3) employing group processes strategies.

The members of the community psychology working group were invited to share their experiences within their community in which they either lived or worked, where mutual aid included and supported marginalised residents. Those who wished to share their experiences did so through writing a case study, describing the mutual aid group in detail. Two case study examples were selected in light of the emergent finding around the role of social capital which leaves some already socially excluded groups at risk of being marginalised from the Covid-19 community response effort. Age related inequalities across the lifespan were

selected for case study inclusion based on the authors' expertise and experience in this area in order to present more in-depth examples of challenges faced by individuals across their lifespans and ways in which these challenges can, and have, been overcome. Data from the two case studies were analysed using data-driven TA with the aid of NVivo software to identify key generative themes emerging from the data (Braun & Clarke, 2006). An initial familiarising of the data revealed patterns around different age groups, followed by the generation of initial codes, which were then reviewed, defined and named, all associated with age related participation.

Data from both interviews and case studies were selected for inclusion through discussions with the community psychology working groups, where key overarching themes were identified (social networks and marginalised communities). Data were triangulated using TA, again, with the aid of NVivo software to identify key generative themes emerging from the data (Braun & Clarke, 2006). An initial familiarising of the data revealed patterns, followed by the generation of initial codes, which were then reviewed, defined and named. These themes were: (1) types of support offered, (2) responding to disadvantage, (3) collaboration and social networks, and (4) trust. These themes are used to frame a presentation of the examples from the interviews and case studies in the next section.

5. Social networks and the emergence of mutual aid: interviews and case studies

Participants in the mutual aid groups we spoke to offered different services to their communities, including grocery shopping and delivery, collecting prescriptions, library runs, posting mail, emotional support through telephone/email helplines, dog walking, and providing information about coronavirus and existing public services. These groups focused on providing support through horizontal relationships, which represents a divergence from both traditional public services and traditional volunteerism (Spade, 2020): As described in one interview, "It was a kind of thing that people would do as neighbours and friends anyway, whether there was an emergency group or not, really" (Interviewee 1). In addition, some of these groups made a concerted effort to supply the needs that were not being satisfied by official public bodies:

So, the main thing is running errands, going shopping. There wasn't so much need for collecting prescriptions because a couple of the pharmacies in the area approached us, as a delivery service, so there wasn't a need for that. There were some people who need company. So, volunteers just called them up and keep them company on the

phone. (...) There was one resident whose friend contacted us, saying that she was having suicidal ideational episode. So, one of the volunteers was able to speak to them on the phone. It's a broad range of things but those are the things that they come down to. Sometimes you get unexpected requests like walking the dog for example – stuff like that. (Interviewee 6).

Thus, the support offered was both practical (e.g., shopping) and emotional (e.g., talking). By offering these kinds of activities, mutual aid groups helped people to self-isolate and shield by making this difficult public health requirement possible. The case study below provides an example of how communities were mobilised to offer this practical support to older members of the community.

A community response to Covid-19 focusing on older people in Scotland

Community Emergency Teams are part of the Scottish Government Resilient Communities initiative and are led by the Community Council. During the pandemic, teams mobilised community resources and co-ordinated mutual support, with a particular focus on people who were socially isolated, shielding, and digitally excluded. The group formed Street Links – a network of older aged neighbours who gave friendly, hyper-local support and shared information for people who needed help and who wanted to give help. The group built community resilience by working closely with local activists and organisations, sharing their hyper-local intelligence on the needs of different community members. These neighbours delivered goods to day centre members and supported a community centre's work with people on Universal Credit. They supported a digital inclusion project which aimed to create virtual social connections for care home residents. This was a collaboration between the Community Council (who provided the funding), a local social enterprise (who provided tablets and training in how to use them), and care home managers (who helped residents to use their devices successfully). Finally, the social enterprise linked a care home to a national theatre project, so people could attend virtual concerts, and the Street Links residents arranged for a local lunch club, closed due to Covid-19, to hold a special afternoon tea for people 'attending' the performance. The relationships built by the community during Covid-19 were highly valued by the community and are becoming part of the fabric of daily life. Street Links provides a myriad of examples of ways in which

mutual aid groups can support usually the most excluded in society by enhancing the organisational networks and social capital that existed before the pandemic.

Box 1: A community response to Covid-19 focusing on older people in Scotland

While the initial literature suggests that mutual aid groups disproportionately serve areas with relatively greater social capital (Felici, 2020), in our interviews some groups also played a key role in supporting minoritised and disadvantaged groups within their communities, such as migrants, refugees, and low-income families. For example, one participant mentioned their creation of a solidarity fund to help local residents who were struggling financially as a result of Covid-19. This financial support could be accessed without the need for people to justify the reasons and with no obligation to return the money:

I'm not, definitely not the pro on this set up something called Solidarity Fund, and Solidarity Fund is a no-questions asked amount per month that is given to people in need (...). Not – when I say “no questions asked,” that’s like anybody could say, “give me fifty pounds now,” and it’s not like that, there are systems that you don’t need to prove like if you were getting money from the government. (Interviewee 5).

At least in part, addressing the lack of services within local communities was possible because mutual aid groups worked in collaboration with other groups and community organisations. Such collaborative work seems to have helped the groups to both support their activities and provide more support in the community.

Most of them [other groups they work with] are community organisations, churches mosques, youth groups, local charities, the foodbank, local foodbank, pharmacies. At one point we were thinking of approaching local supermarkets so volunteers would have a card that they could use so rather than money being handed over by residents. What else do we have, local GP groups [medical doctors] have contacted us. (...) So, we have, I can’t think off the top of my head specific organisations but those are kind of the categories of groups that we are working with. (Interviewee 6).

The ability to work collaboratively with other community groups and organisations appears to have also facilitated sustained activity over time. According to previous research, social relationships and networks are also key factors in explaining the emergence of mutual aid groups (Felici, 2020). Our preliminary findings similarly showed the importance of pre-

existing relationships and organisations in the community in explaining the emergence and development of mutual aid groups:

So, in terms of contacting first, we had, so we got like councillors and MPs to like share what we were doing which was use in terms of getting volunteers. We'd had member who had links to the Labour party and the Green party, that were useful, they had like big (...). So, we kind of used pre-existing, those pre-existing relationships that we had – and we did then contact different resident groups across the city, various community groups, other volunteer groups. We'd contacted like, we messaged like the admins of pretty much like all of the mutual aid groups. (Interviewee 4).

The case study below describes how a group of girls used their social networks to work collaboratively with organisations to offer hope and support to different groups in their community.

A community response to Covid driven by young people in Northern England

Nine 14-year-old girls living in North West England wanted to take action to support their community. The group had been formed three years prior to the pandemic and had already engaged in a number of community activism projects, with strong links with statutory and third sector organisations. Based in a community experiencing significant disadvantage even before Covid-19, the girls were concerned about the impact the pandemic would have on the most vulnerable, particularly older people who were shielding. Following the announcement of the first national lockdown in the UK, the girls designed what they called 'Positive Posters' for those who were shielding, conveying messages of support and solidarity. These posters were printed by the local authorities, who were working with a local mutual aid group and included them in food parcels being delivered to vulnerable people in their community. This activity was possible due to a group facilitator being a community worker for the local borough council, highlighting the importance of connections with local government. After face-to-face meetings had resumed, the girls designed and created 50 anti-anxiety welfare packs for young people in their community, which, whilst entirely their idea and completed by the girls, required the local knowledge and organisational structure to ensure that the packs were delivered to local young people. Finally, the girls volunteered for a day during October half term to create 100 Halloween Bags for children in their community and helped with a Christmas food project where they delivered food

and spoke to older people who were living alone, identifying gaps in provision and individual needs. By having already been associated with an established action group, the girls had stronger social capital than most children in their community, which provided them with the opportunity to organise themselves into their own recovery team, connecting with other young people in their community and also older people.

Box 2: A community response to Covid-19 driven by young people in Northern England

Besides social interactions, trust was also mentioned as a key dimension facilitating coordination and cooperation in mutual aid groups during Covid-19. Specifically, two forms of trust were mentioned. The first relates to the reputation of the organisation offering mutual aid in the community: “So, yeah, having a good reputation is something that we found useful in terms of people trusting us” (Interviewee 2). The second relates to the involvement of people who were trusted and known in the community, which seems to have facilitated the engagement with vulnerable groups, such as elderly people. These findings align with previous arguments that high levels of trust and interconnectivity between members generate and sustain collective action (Six, van Zimmeren, Popa, & Frison, 2015).

6. Existing social capital and social inclusion

The fundamental role that social capital plays in community resilience is clearly reflected in the interviews with those involved in mutual aid groups, particularly considering how resources can be accessed through social networks (Villalonga-Olives & Kawachi, 2017). The reciprocity that characterised mutual aid group activity shows the potential for transformational change in communities; by strengthening the links within communities, the communities themselves became stronger. Within this context we mean stronger through increased social networks and more resilient, with a stronger sense of community. The transformative means are, therefore, as important as the transformational ends. The case studies illustrated this reciprocity and community resilience in describing how both the younger and older generation were impassioned and energised to support those around them.

Social capital and community resilience in the mutual aid groups center around the ability to utilise the bridging and linking social capital that groups possessed before the pandemic. The ability to mobilise effectively was determined by the nature of the relationships between the community members and those in authority, for example, the Community Emergency Team

and Street Links. A strong linking social capital provided a more level power gradient, which enabled effective community organising, partnership working, and sharing of resources. This is in contradiction to previous research in disadvantaged communities, which found high levels of bonding social capital and poor levels of bridging and linking social capital (Wilson & Morris, 2020). We argue that this is because the case studies we have described are an exception to the experiences of most marginalised communities where social inclusion may limit opportunities to develop bridging and linking capital. Thus, the role of social capital in the development and delivery of mutual aid groups serves to illustrate how certain groups could be excluded from being involved in the community response.

Volunteering opportunities were created, and individuals of all ages were involved in the recovery effort, but the degree to which these things happened was dependent on the existing resource. Mutual aid groups are more than simply “magical volunteerism”, the belief that it is within every individual’s power to make themselves whatever they want to be (Smail, 2018), where the whole of the community rallied together to help one another. Rather, it was individuals with existing bridging social capital co-ordinating the response. In other words, mutual aid groups are an outcome of interacting social structures. Of course, there were new volunteering opportunities created which many people did take part in, but when we look at this on a structural level, it appears that the catalyst was organisations working together better than made mutual aid groups so successful, rather than the collective efforts of communities as a whole.

Our interviews highlighted the importance of the pre-existing networks and the trust that existed within them, again, stressing the role of bridging social capital. Trust between the community and institutions in positions to offer support enabled the effective deployment of resources to those who needed it the most. Trust is seen as vital in bridging relations between institutions (Cook, 2005), and again, previous research in marginalised communities suggests poor levels of trust and engagement with organisations beyond the immediate community (Wilson & Morris, 2020; Wilson, Morris, & Williamson, 2020). The case studies presented in this paper were successful as a result of the trust that existed between the communities and institutions before the pandemic struck, which is not something all marginalised communities enjoy.

The case studies suggest that the key ingredient was support from formal organisations, which provided opportunities to participate. The importance of organised activity highlights the central role of social capital. Both children and older people are often excluded from formal networks, such as local authority advisory or working groups. One of the reasons enabling the young people to be involved in the community response was influenced by the social capital they possessed before the pandemic, which enabled them to participate, in some form, in the recovery effort. Third sector organisations may act as a bridge for this, but during times of crisis such organisations are busy adapting to the situation to deliver any form of service; representing the views of the people they work with doesn't always take precedence.

Previous studies around social capital and community resilience identified that bonding social capital was important for immediate support but bridging and linking social capital offered pathways to longer term survival and wider community recovery (Norris et al., 2005; Hawkins & Maurer, 2010). Reflecting on this in light of our experiences, we can see the importance of pre-existing social networks and local knowledge, something of which some marginalised individuals and communities may not have access to. The girls group provides an exception to this marginalisation, where a group of young people have a more equal relationship with those in positions of authority. Such an example is laying the foundations for sustainable change within a community, not only through utilising the bridging and linking social capital, but also through building citizenship and a sense of civic duty in the next generation of community leaders. Our experiences described in this paper provide a psychological case for shifting power structures in community response and resilience, using the conceptual approach of social capital to demonstrate that providing those in marginalised positions with opportunities to participate can help to build community resilience.

This paper has used social capital theory to understand how community resilience was developed in mutual aid groups. It has not, however, adequately considered how social capital influences individual resilience. More research is needed to understand the individual experiences of both the providers and recipients of mutual aid. Social connections and capital are understood to be critical in individual resilience in young and older people (Brockie & Miller, 2017), highlighting the interplay between individual and community resilience. Furthermore, research into the dynamics between individual and community resilience in the Covid-19 pandemic is needed. Such results can be used to respond to individual and community needs following future crisis. Indeed, enhancing community participation through community

engagement has been suggested to be a central way to develop individual resilience in young people (Bottrell, 2009).

The ‘adultism’ demonstrated in the Covid-19 response excludes not only the lived experience of children and older people but also their capacity to actively participate in the community response and recovery effort. There is little evidence of active efforts to include marginalised children and older people, such as those experiencing poverty or from low-income families, in the recovery effort. The challenges for children are often overlooked among the challenges faced by communities, as stated by the UN, “Children are not the face of this pandemic. But they risk being among its biggest victims” (UN, 2020, p. 2). Of course, community-based projects are of great importance, but they confirm the pre-existing narrative that children are passive objects of parents or the state, lacking in any capacity to contribute activity to community development and response.

In this paper we have adopted a social capital approach to discuss how mutual aid groups were formed and operationalised during the Covid-19 pandemic. Of course, this is not the only lens to view the phenomena, and a social capital perspective is not without limitations. For example, it does not explain the new group relationships and forms of solidarity that emerge in and through a disaster (Ntontis et al., 2020). Likewise, it cannot explain how some marginalised communities, such as refugees, were able to mobilise and/or receive mutual aid support (Tsavdaroglou & Kaika, 2021). In addition, it is argued that the approach does not sufficiently analyse deeper social processes, such as intolerance, and neglects to fully appreciate the broader, macro social factors that influence society (Gelderblom, 2018). Community psychology could develop this understanding by offering a broader perspective. For example, Ecological Theory (Kelly, 1968) would provide a more comprehensive analysis of the wider structural factors influencing the groups. The drivers for individuals volunteering in mutual aid groups could be better understood by viewing this through the lens of Sense of Community Theory, which postulates that “by giving to or doing for others what one expects of them” (Sarason, 1974, p.157), we feel we belong to and have a degree of interdependence with others. We recommended that a deeper community psychology theory analysis is undertaken to understand the interplay between individual processes (such as sense of community), the organising features of mutual aid groups, and the power dynamics operating within these.

This paper offers an introduction to the concept of social capital in mutual aid groups, and further research is needed to better understand its role in the Covid-19 response. In order to gain a more comprehensive understanding of access to and participation with mutual aid groups it is necessary to hear the experiences of both a larger number of community members and also hear the voices from a range of marginalised groups. These could include BAME communities, disabled people, the LGBTQ community, and carers. We have offered a critical reflection on formal mutual aid groups, arguing that existing power structures influence access to and participation in mutual aid support. However, informal mutual aid also played a significant role in the community response, but it is harder to evidence given its unstructured and often hidden nature. Research is needed to address the gap in our understanding of the function of informal mutual aid groups, particularly in marginalised and disadvantaged communities.

A more detailed examination of the dynamics between individuals who use the mutual aid groups and the groups themselves would contribute to our understanding of the important interplay between individual and community resilience. This is particularly important given that those who perceive themselves as higher social class are more likely to be both the recipient and provider of social support. This has been shown to influence adherence to government guidance and civic attitudes during the earlier wave of the pandemic (Tanjitpiyanond et al., 2021). Acknowledging the existing relationship between social class and social capital (Pichler & Wallace, 2009), a more detailed analysis of the interplay between these two concepts is needed. Furthermore, a cross cultural sample, beyond that of the UK, would help to develop a broader understanding of mutual aid groups across cultures. Moreover, longitudinal studies are needed to understand the sustainability of mutual aid groups, especially since many were facilitated by working adults who will have returned to work once the lockdown ended. Given the potentially transformational change mutual aid groups could make, it would be useful to understand how the groups have evolved and developed and see if the solidarity and reciprocity continued.

The Covid-19 pandemic has arguably impacted on all elements of society, including the authors of this paper. Thus, the way in which positionality is understood in this paper is complex. It is acknowledged that we all have our own biases, preferences, and personal experiences that impact on how data are interpreted. We tried to counter this through constant discussion and reflection of the key themes within the community psychology working group.

For a more detailed reflection on researcher positionality in Covid-19 see Kara and Khoo (2020).

7. Conclusion

It is important to recognise that local communities have demonstrated resilience in the face of the Covid-19 pandemic because they have had to. The pandemic has both revealed and exacerbated inequalities, which meant that those dependent on already-strained public services had to take action or go without. This position paper draws on interviews and case studies from a group of community psychologists to encourage reflection on the role of social capital in the Covid -19 mutual aid response. We argue that communities with social capital have been among the most organised in providing formal mutual aid, and sometimes this has extended to supporting the more marginalised and disadvantaged sectors. The phenomena of collective resilience in the pandemic, and in particular the activities of mutual aid groups as described in this paper, testify to the relevance of key concepts in social and community psychology. Without psychological ‘groupness’ – the sense of being a part of and identifying with a community, and the motivations and commitments that come from that – there would be no adaptive community response. This solidarity and reciprocity must be harnessed to instil sustainable, transformative change within communities.

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