Community Champions Policy: Key Principles and Strategic Implications for Recovery from Covid-19

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Executive Summary

The Department for Levelling Up Housing and Communities (DLUHC, formerly the Ministry of Housing Communities and Local Government) funded the Community Champions programme to provide a framework which aligns key messages at a national and local level during a national emergency. The programme, initiated in March 2021, has amplified and supported the social infrastructures of mutual aid and volunteering that emerged during the first wave of the Covid-19 pandemic. It is a success story of central government pandemic policy because it articulated well with local level efforts, thereby strengthening and sustaining regional capacities to deal with Covid-19.

Three local authority areas (names not reported to maintain participant anonymity) were selected for a spotlight evaluation as they were super-diverse areas (or areas with a high level of diversity of social groups across dimensions of race, class, gender, ethnicity and religion and a high diversity of social positioning within groups [1]), high on the indices of multiple deprivation, and were initiating Community Champion programmes for the first time. Data was collected over three time points to explore the experience of initiating, implementing, and maintaining the programme. A comparative analysis of delivery of community-led interventions through shorter term surge funding of Voluntary Community Social Enterprise (VCSE) delivery partners is also reported.

Within a few weeks of initiating the Community Champions programme, new connections had been developed linking formal and informal support networks and services. Local authority areas were engaging with a wider range of groups, some of which were not previously visible and would have remained invisible without the support of Community Champions.

Positive outcomes include local authority and VCSE partners reported positive impact on vaccination uptake, decrease in fly tipping, increased trust and engagement with wider services, and some improvements to community cohesion. The Community Champions programme achieved these outcomes through a number of coordinated activities such as setting up vaccination hubs, circulation of translated materials in multiple languages and modes of delivery, ‘foot-patrol’ visits to neighbourhoods, facilitating two-way dialogue and Q&A forums. Community Champions shared messages in a timely manner which minimised the vacuum for misinformation and facilitated the removal of barriers to engaging in vaccination and Covid-19 tests.

A co-ordinated approach between Community Champions increased cohesion and minimised stigma by sharing the same message that cut across many divides including racial, ethnic and geographic divides. The programme created a shared collective identity that united Community Champions from different backgrounds that may not have otherwise worked together.

The decentralised form of the Community Champions programme meant that groups experienced a positive and enabling relationship with central government. This was based on their provision of support which reduced negative perceptions of central government as untrusting, punitive and unsupportive, resulting in greater trust in national policy and procedures between local and central government.

Key to its success was that each programme had a clear goal but the route to achieve the goal was not prescribed. As a result, the structure of each Community Champions programme varied to reflect the needs of each local authority. This decentralisation and

flexibility allowed local authorities to be responsive to the needs of their community and the issues they faced which generated local insights and identified challenges faster than official circles of knowledge. This informed timely communication campaigns which addressed barriers of misinformation and vaccine hesitancy.

Ten principles of community engagement were identified to explain the mechanisms underpinning the success of the Community Champions programme:

1) Micro-knowledge where Champions used their neighbourhood knowledge of individuals that were reluctant and remained engaged with them
2) Open dialogue with a non-judgemental stance
3) Embedding information on health behaviours in broader forms of support
4) A mixture of face-to-face and virtual care
5) Micro-messaging based on Champions deep understanding of where the debates in communities were heading
6) Insights into invisible barriers that were not otherwise visible to local authorities
7) Social animators creating connections in their neighbourhoods
8) Autonomy and flexibility of the programme resulting in more diverse Champions
9) An amplifying effect when connected with other Champions and organisations
10) Use of a skilled Champions co-ordinator to maximise programme aims.

Nine principles of policy success were identified that have operational implications for wider health, social and levelling up policies:

1) Responsiveness, decentralisation and flexibility
2) Varied models of decentralisation for different social fabrics
3) Questioning concepts of leadership and community
4) Creation of a sense of agency in a time of crisis and fear
5) Greater and deeper co-ordination and co-operation and collective identity
6) Value for money
7) Relational work
8) Feedback loops and difficult dialogues
9) Social cohesion a result of engagement and shared action.

While all the principles are significant for the effectiveness of Community Champions (and other similar devolved) schemes, they are ranked in order of importance for policy success.

Barriers of implementing the programme included challenging timescales for activity, challenges to cohesion at an organisational and community level, barriers for NHS Test and Trace, which require enablers that are beyond the control of Community Champions, and concerns about the future of the programme due to uncertainty about resources for sustainability. National support is key to addressing each of these barriers and has been attributed to the success of the Community Champions programme due to resourcing support and endorsement which instilled confidence in stakeholders at a local level.

Where Community Champions schemes produced new connections, decentralised activity and emerging responses and forms of coordination, VCSE partner schemes drew on long-term expertise and connections to deliver a rapid response. Both delivery models are complimentary and essential to increase the variety and diversity of community infrastructures generated and to ensure the capacity that has been built through the surge funding and Community Champions scheme is not lost.

This report shows a rapid policy response directed through existing skilled local networks with micro-knowledge of barriers and needs has been highly effective. It has been reported by local authority and community champion partners that it contributed to vaccine uptake and also to growing collaboration and coordination of social provisioning. Now this social infrastructure of Community Champions has been built it is very important to continue central government support for it as it has the potential to be deployed to support a wide range of public health and social cohesion initiatives.

Recommendations

1) Resourcing support (including time, staff, ongoing funding and political support) to sustain and build on the trust that the scheme has generated between Community Champions, local authority, and central government.

2) The principles of the Community Champions programme can be embedded into a number of policy initiatives as the social infrastructure has been established and these new alignments and connections forged in crisis could be used to advance other policy interventions such as ‘levelling up’.

3) Build a sustainable pool of Community Champions to avoid consultation fatigue and burnout, for example, actively engage young people to ‘pass on the baton’ and build on the foundations of trust established by earlier groups.

4) Acknowledge the recognition of volunteers and Community Champions to increase trust and minimise barriers to working with formal authorities.

5) Give VCSE partners a national role in providing advice to local authorities in engaging with communities and maintaining social infrastructures.

Introduction

1.1 Background

Marginalised communities have been disproportionately impacted by the Covid-19 pandemic and experienced more challenging economic, social and physical consequences. The pandemic shone a light on existing health inequalities and revealed mistrust towards government and healthcare services was high in many disadvantaged communities. Key public health communications were not reaching all communities resulting in lack of information, misinformation, and delayed help-seeking - factors which contributed to increased infection and mortality rates [2].

Community Champion schemes are interconnected with broader social infrastructures within a local authority area and if well-integrated, they contribute to new relations and information flows between formal and informal services [3]. Community Champions act as a bridge between authorities and communities and are likely to be effective in situations where trust is low, helping to reduce barriers to health seeking behaviour and increasing social cohesion through locally generated solutions [4]. Community Champions vary to reflect their local communities. They are more likely to reach vulnerable groups and achieve most impact when they are treated as an integral part of the health system [5].

In the early stages of the pandemic, many local voluntary sector organisations re-organised their activities when they had to close community centres or end in-person support groups in March 2020. Much of their early activities addressed basic needs in the form of food parcels. Through their existing relationships they were able to connect with isolated groups such as the elderly, recent migrants, or lone and young mothers. They could also direct people to the services that were still available or towards claiming benefits. Initially they received funding from local authorities and the National Lottery Fund. On this basis they expanded their activities to online support groups, dealing with digital exclusion by handing out devices or providing online support for applications for universal credit or EU settled status. Given the national emergency they began to collaborate more with each other in local areas but funding issues limited their activities and the scaling of their work.

From September 2020 a different local initiative began in local public health teams and NHS commissioning groups. Using the model of health champions (previously used to deal with issues such as obesity and alcoholism [6]) and facing a lack of connection with local communities they began repurposing community-led health models.

The Department for Levelling Up Housing and Communities (DLUHC, formerly the Ministry of Housing Communities and Local Government) drew on evidence from previous Community Champions programmes, the disaster management field, and primary research conducted by Professor Laura Bear and Dr Atiya Kamal, to inform the development of a nationally funded Community Champions scheme.

The design of the scheme, with circa £25 million of funding released in February/March 2021, was to empower local organisations and generate solutions from local knowledge to share public health communications and address pandemic related challenges. More specifically, local authorities and voluntary and community sector organisations were tasked with: working alongside Community Champions to share information and increase access to specific groups, so they are better equipped to support their communities; developing new networks of ‘champions’ where they don’t already exist; running workshops, events, and helplines that are responsive to the needs of communities and enable them to access key public help advice; and creating bespoke materials that simplify key public health messages

and signpost to local and national support available such as testing sites and the support available to those who are self-isolating. Sixty local authorities were identified as being most likely to benefit from this additional funding using 2011 Census data on proportion of the population with little or no English, proportion of the population residentially segregated, and proportion of population with a disability. It was the largest nationally funded programme during the Covid-19 pandemic to provide a framework which aligns key messages at a national and local level during a national emergency.

1.2 Aim

In this report we explore the implementation, impact and challenges of initiating and sustaining a Community Champions programme in three local authorities. Each region was high on the indices of multiple deprivation and initiating a Community Champions programme for the first time. By tracking the results of central government funding in these settings, it was possible to measure its impact on social relationships and their mobilisation for health protection This was based on qualitative research with relevant local authority leads, community champion coordinators, community champions and users. This was carried out through online interviews in group situations. These interviews were designed to research, through standardised question guides, the broad social effects of the initiative as well as the kinds of activities undertaken. The answers were analysed through our literature review of similar initiatives, our ethnographies with marginalised communities in the UK experiencing Covid-19 and knowledge of the health psychology and social science frameworks for understanding policy impacts [8,9]. We also carried out a comparative analysis of delivery of such interventions through shorter term surge funding of Voluntary, Community and Social Enterprise (VCSE) partners to DLUHC.

2. Methods

2.1 Design and participants

This was a longitudinal online qualitative study. Interviews and focus groups (FGs) were conducted via MS Teams as face-to-face data collection was not possible due to pandemic-related control measures. We adopted a qualitative design as it enables the scientific study of experiences and realities and provides a deeper understanding of social phenomena than would be obtained from purely quantitative data [4]. Data was collected across three timepoints for Community Champion delivery partners (March, June and September 2021) and two timepoints for VCSE partners (March and June 2021).

The RE-AIM planning and evaluation framework [10] was used to guide the evaluation structure; and the COM-B model [11] and Theoretical Domains Framework [12] were used to understand wider behavioural influences. These frameworks were used flexibly and were adapted to build on the relational work that created barriers or facilitators to programme delivery.

Time 1 (March 2021)

The Community Champions programme had been launched in two regions and was in the process of being set up in one region. VCSE partners had received surge funding with programme activity underway.

One-to-one interviews were conducted with:

- Three local authority programme leads
- Two Community Champion co-ordinators
- VCSE Director
- VCSE regional hub leader

Four focus group discussions were conducted with:

- Community Champion co-ordinators (n=3)
- Community Champions (n=5 and n=7)
- VCSE grant recipients and a hub leader (n=3)

It was not possible to interview Community Champions in one area as Champions were not in post at the time of data collection.

Time 2 (June 2021)

Interviews were conducted three months after the Community Champions programme was initiated in all three regions. VCSE partner funding and programme activity had ended at this timepoint.

Eight one-to-one interviews were conducted with:

- Two local authority programme leads
- Two Community Champion co-ordinators
- Two VCSE Directors
- Two VCSE regional hub leaders

Nine focus group discussions were conducted with:

- Community Champions (n=3 and n=5)
- Local authority lead and Community Champion co-ordinators (n=3)
- Community Champion coordinators and Community Champions (n=6 in each group x3)
- VCSE grant recipients and a hub leader (n=3)
- VCSE grant recipients (n=2 and n5)

Time 3 (September 2021)

Community Champion programmes in two regions had completed all programme activity and funding had ended. One programme was mid-activity and still in-receipt of funding. VCSE partners were not interviewed at this time as programme activity had ended prior to time 2 data collection.

Eight one-to-one interviews were conducted with:

- Two local authority programme leads
- Two Community Champion co-ordinators
- Four Community Champions

Four focus group discussions were conducted with:

- Community Champions (n=2 and n=4)
- Local authority lead and Community Champion co-ordinators (n=3)

- Community Champion coordinators and Community Champions (n=13)

We also conducted a survey at time 2 and interviews at time 3 with residents in the three Community Champion funded areas. This data is reported separately and the current report will focus on the experience of programme delivery.

One-to-one interviews lasted approximately 55 minutes and group discussions were approximately one hour and 30 minutes.

2.2 Measures

A semi-structured interview guide was developed for each wave of data collection and role (local authority area lead, co-ordinators, and Champions). Interview questions were developed based on stakeholder consultation and researchers' wider programmes of research which provided an in-depth understanding of the situation that was occurring during the pandemic. Each interview guide included questions about programme aims, reach, implementation and effectiveness of the programme, community engagement and support. At timepoints 2 and 3, additional questions relating to change and maintenance were included.

2.3 Analysis

Interviews were recorded, transcribed and analysed using thematic analysis [10]. As we analysed the data we looked for repeated patterns in how relationships had been built, from which we derived the mechanisms and principles outlined below.

3. Results

Increased vaccination uptake was reported by Community Champion delivery partners across all three regions. This outcome was attributed to the DLUHC (formerly MHCLG) funded Community Champions programme due to the concretely visible coordinated programme activities such as setting up vaccination hubs, circulation of translated materials in multiple languages online and face-to-face, and 'foot-patrol' visits to neighbourhoods.

Other positive outcomes reported included increased trust and cohesion between local authorities and community organisations, greater coordination of voluntary sector activities, better understanding of communities (who they are, barriers and enablers), and provision of support that is aligned with the needs of the community.

3.1 Experience of initiating and implementing the Community Champions programme

Community Champions vary to reflect the needs of each area

In line with the ethos of the Community Champions scheme, each region recruited Community Champions that reflected the different aims and needs of each area. Champions reflected their communities and enabled local authorities to utilise their networks and share messages with communities they could not otherwise reach. Champions were identified

following a mapping exercise which draws on local knowledge and expertise of staff and elected councillors, public health data, and equality impact assessments.

> *We've mapped things like COVID infection rate, and we've overlaid that with housing data. And we've also looked at employment data linked to that. And we can see … where we had the concentrations of COVID infection, it was in HMOs, we've got lots of people living together from different households sharing transport, going to work on the land or in big factories… And as a result of the situational risk factors, we've appointed a Housing, Health and Wellbeing officer, he can speak a number of the languages spoken in the borough, and he will work directly with landlords and tenants (LA lead, Region 1)*

Champions were appointed through voluntary, community and faith sector organisations and selected based on previous experience of working with the council or with the target communities. In each area, Community Champions were selected based on the following attributes: trustworthy, respected, representative of/have knowledge of the target community, would not compromise the integrity of the programme, and have an existing network with deep reach into communities that councils cannot otherwise reach.

Aims of each programme remain the same but Community Champions were responsive to new challenges of the pandemic

The overall aim of each programme remained the same, but the decentralised structure enabled schemes to be responsive to new challenges and sub-goals changed to address emerging issues. For example, in Region 2, the local authority altered its funding allocation to target geographical areas of high transmission and deprivation. It also initiated bi-weekly meetings between paid Community Champion coordinators embedded in local organisations to link up local efforts effectively. Flexibility meant Community Champions were well positioned to respond to the changing landscape of the pandemic as new, unanticipated challenges developed.

> *We've been given a lot of freedom and flexibility to use our resources creatively. So as we've come up against things we've said, right, let's re-divert some of that resource to do that. An example being those cultural awareness sessions, they weren't part of the plan, they turned out to be one of the most valuable things that we could have done, but we didn't know what we didn't know (LA lead, Region 1)*

> *… give people a bit of assurance and then we got something else, about Astra Zeneca... Now we're talking about this new variant … this constantly changing circumstances (Community Champion, Region 3)*

Having programme aims that were not too narrow in focus ensured there was capacity to address issues as they arise. During the pandemic Community Champions responded to concerns about the AstraZeneca vaccine, variants of concern, and social cohesion challenges which resulted from stigmatisation of specific communities during the pandemic. These are all major points of activity that emerged after Community Champions had started their programme of activity.

Programme activity was varied and diverse even within a single local area. See Table 1 for an overview of Community Champion programme aims and activities in each region.

Table 1. Overview of Community Champion programmes in each region

Community Champion Programme	Region 1	Region 2	Region 3
Region profile	- Medium size density with one major town - Large migrant community - Low percentage of fully vaccinated at six-month follow-up	- Large district with several towns - Most diverse region - Percentage of fully vaccinated one of highest in England at six-month follow-up	- Medium size density town - Large South Asian British population - Percentage of fully vaccinated higher than region 1
Funding award	- In region of £450-500,00 - 12-month programme	- In region of £450-500,000 - 6-month programme	- In region of £100-110,000 - 6-month programme
Aims	- Build trust and empower communities to protect themselves and their families. - Increase testing and vaccination by providing programmes in a meaningful and relevant way for communities. - Increase engagement with and understand the needs of migrant communities. - Increase community cohesion. - Strengthen partnerships with communities to achieve long-term sustainable impact.	- Increase vaccine uptake in minority ethnic communities, unpaid carers, and people with learning disabilities	- Build trust in the vaccination programme. - Increase vaccination uptake in South Asian communities and people with learning disabilities.
Organisational partners	- County council, public health professionals, police, housing providers, community and voluntary services, high school, translation company, strategic health group, parish councils, local government authority, clinical and commissioning group.	- National health service, clinical and commissioning group, public health, voluntary sector, community pharmacies, faith institutions, university, other parts of the Council, children's centre, primary care networks.	- Clinical and commissioning group, voluntary and community sector, GPs, media consultant.
Method used to identify Community Champions	- Community leader briefings - Meetings - Programme board - Public health data	- Public health data	- Local authority network
Examples of activities included in programme	- Health, housing and wellbeing officer - Good neighbours scheme - Behavioural insights and research and analysis - Future leader programme	- Announcements in mosques - Training for Community Champions - Engagement and conversation with residents about	- Vaccination booklet delivered to every household. - Booklet translated into different languages - Translating core messages into BSL

	- Pride in Place programme - Youth Ambassador programme - Cultural awareness sessions - Mental health first aid training - Language lab - Community liaison officer - Community leader briefings (every six weeks) - Question and answer session with prominent national scientist - Banners in workplaces - Leaflets in tenancy packs and letting agents - Social media communications - Banners in community spaces – shopping area - Logo competition - Drop-in session - Vaccination bus for local businesses - Covid clear campaign for young people	staying safe, testing and vaccine take up - On-line community centre integrating Covid discussions into other subject areas that attract large audiences - Supporting vaccine outreach, drop-ins and pop ups working to support PCN activity - Weekly communications shared with champions - Champions encourage surge testing and have t-shirts identifying themselves - Some vaccination drop-ins and pop ups hosted by Community Champions - WhatsApp videos	- Billboards in target neighbourhoods - Videos with community leaders and GPs - Targeted paid ads - Community language radio, TV and partner social media channels - Local campaign website for all the materials - VCFS funded to develop trusted messaging and outreach work with target audiences - Comic book
Who is accessing the scheme	- White working class, Eastern European community, young people, councillors, HMO tenants, factory and agricultural workers, blind society	- Black African and Caribbean, Pakistani, Indian, Syrian, Iraqi, Libyan, Kurdish, Romanian, Hungarian, and Afghani heritage groups, learning and physical disability groups, carers, women	- Pakistani and Bangladeshi heritage groups, people with learning disabilities, young people, women, migrant seasonal workers, homeless groups
Impact	- Uplift in attendance at vaccination drop-in centre for Eastern European community - Improvement to recycling and fly tipping	- Local Authority and Community Champions reported increase in vaccine uptake in most hesitant areas - New relationships with groups - Built trust with community groups	- Success encouraging vaccine take-up among residents with learning disabilities, refugee families, and homeless residents. - Messages delivered face-to-face by trusted service providers in the VCFS had greatest impact on behaviour.

Positive impact achieved within a few weeks of initiating the programme

Within a few weeks of initiating the programme, local authorities established new partnerships and increased its reach into communities which shaped more positively framed public health communications.

Developing the initial funding application with community partners from the outset created a sense of locally developed and owned action plans. Within a few weeks, pre-existing connections were strengthened and new social infrastructures that link formal and informal support networks and services had been developed. Local authorities, community groups, businesses, and CCGs began working collaboratively. Authorities were engaging with a wider range of groups, some of which were not previously visible and would have remained invisible without the support of Community Champions. The programme was being accessed by residents from diverse communities including South Asian, Eastern European, White working class, Black African, Black Caribbean, factory workers, shared housing occupants, people with learning difficulties, migrant women, and young single mothers. This challenges the concept of communities being 'hard to reach' and demonstrates the importance of flexibility within formal structures to accommodate the varied needs of different communities.

> *Everybody locally has bought into it. And the fact that we co-produced the submission with the third sector, right at the start means that we had buy-in right from the beginning. (LA lead, Region 2)*

Pre-existing relational trust facilitates information exchange

The example of local authority and Community Champion reported increased vaccination raises the broader issue of how and why Community Champion schemes have generated increased trust for measures to combat Covid-19. This is not because 'representatives' or 'trusted voices' are broadcasting messages inside 'their' communities. What is effective is the relationships or social infrastructures that are being repeatedly made and remade by the micro-organisations involved in the Community Champions schemes. This is known as relational trust and refers to interpersonal social exchanges that take place in a community setting [13].

Sharing health information is part of a relationship over the long-term that is supportive of multiple and changing needs among disadvantaged groups. A large amount of trust has been built through the delivery of basic resources, sports and youth club activities, and engagement by advocacy groups that have regular contact and provide wider support to their communities.

> *We use a local football club…they are contacting parents and their players all the time with messaging. So they find it very, very easy to just provide information about the vaccine and where you could get it and know what to do if you've got any questions or you're feeling unsure about it. And I think that felt really natural to them. (LA lead, Region 3)*

> *The trust is based on who you are, and what your background is, what your experience with working with community, what your knowledge and understanding is. ...Officials are seen as: social services they take the children away from you, the council close your business... So it's the trust is, if you understand the community … Understand the cultural need and respect, and you get the respect. (Community Champion, Region 3)*

This carries an important lesson for future schemes. Trust is not just a thing that exists between members of a community and their 'leaders' or 'representatives.' Trust is a relationship that has to be built through the work of care and provisioning provided by micro-organisations. Trust is developed over time and built on authenticity and understanding of communities needs and concerns.

Ten principles of community engagement

We identified ten principles of effective community engagement that underpinned the success of the Community Champions programme.

Table 2. Ten principles of community engagement

Principle	Description
1. Micro-knowledge	CCs use their neighbourhood knowledge of specific individuals or groups who were unsure about the vaccine and engaged in repeated work with them.
2. Open dialogue	CCs listened openly and non-judgementally to people's concerns with no topics or concerns off-limits even if they repeated misinformation. This stance enabled people to express their anxieties and allowed CCs to provide information relevant to their concerns.
3. Embedding information in broader forms of support	Messages on vaccination were only part of the support offered to disadvantaged groups. CCs were part of broader provision that included help with applying for welfare, regular food parcels or debt advice.
4. Face-to-face and virtual care	A large amount of material was shared online through WhatsApp groups and Zoom webinars but supplementing this with face-to-face interaction maximised the effectiveness of the encounter.
5. Micro-messaging	CCs had a deep understanding of where debates in communities were heading and therefore whether expert knowledge, religious advice or personal reassurance was needed.
6. Insights into invisible barriers	Barriers to accessing the vaccine did not always relate to lack of knowledge. CCs provided practical support to address physical barriers to booking a vaccine.
7. Social animators create connections	The CCs scheme drew in social animators who create connections in their neighbourhoods. They literally build social infrastructure and have drawn in new groups of people, who might not have identified with volunteering in the past.

8. Autonomy and flexibility	LAs handed over the design of schemes to people who knew their neighbourhoods and their needs best. This enabled CCs to innovate in response to the immediate situation rather than audit goals introduced from the top down. This resulted in more diverse CCs and third sector organisations that were willing to work with the council when it did not prescribe the terms of engagement.
9. Amplifying effect	Growing co-ordination between CCs and joined up working with wider organisations such as the NHS has generated the capacity to achieve greater impact. Social cohesion has been increased and stigma has been decreased by sharing the same messages that cut across racial, ethnic and geographic divides.
10. Role of the co-ordinator	A full-time co-ordinator maximised programme aims by co-ordinating and facilitating links and partnerships between various funded projects.

CC = Community Champions; LAs = local authorities

3.2 Nine principles of policy success

Time 3 data collection explored the broader principles of Community Champion programmes and how these could be integrated into future programmes. We identified nine principles of policy success.

1. Responsiveness, decentralisation and flexibility

From the outset, the Community Champions programme was designed with a clear goal. This was to increase community engagement with public health information to generate tangible effects on vaccination rates and help prevent the negative impact of Covid-19 in disadvantaged local authorities and among vulnerable groups. It did not, however, prescribe the route through which this goal should be achieved. Instead, it allowed local authorities to be responsive to the particular community make-up and issues that they faced, and it encouraged decentralised design of schemes and flexibility of initiatives over time.

This top-down flexibility enabled bottom-up solutions to challenges experienced in specific groups and settings. Local authorities could find out about issues arising in communities before they entered official knowledge circles or the media which enabled easier identification of barriers, misinformation and hesitancy. Importantly, this flexible form increased trust among community groups and residents. While it was a central government funded programme, many groups could take ownership of it as 'their' scheme increasing engagement with it. As each group did this, the reach of the scheme extended and a sense of pride emerged, often linked to local place-based and other identities.

> *Rather than being very prescriptive. And, you know, people's experience of funding from the council previously, might be very different from that. So where they felt that they had to account for everything and that - which meant they weren't trusted -, they felt - they weren't trusted. So that has changed, and being given that trust - that they're the experts - they know their community the best, I think that's made a big difference. And*

that they, you know, in some extent the Council - the local authority - have been prepared to maybe change their mind about things, do things a bit differently,which then changes community members' views of authority and sort of reduces the power imbalance a little. (LA lead and coordinators, Region 2)

2. *Varied models of decentralisation for different social fabrics*

While decentralisation was the key form for the Community Champions programme, the structure this took was different in our three research sites. In areas with very few and weak social ties and cross-community organisations, a model that involves Community Champions within professional and business organisations may be more appropriate to reach specific communities and sub-groups such as areas with large migrant and transient communities (region 1 model). In areas with comparatively more social infrastructure, such as regions 2 and 3, Community Champions were part of existing micro-organisations and had a wealth of expertise and networks to draw upon when tapping into the local social fabric of their communities. This model is likely to be effective in areas where an already existing and strong social infrastructure needs to be connected to existing services as in region 3 where increased engagement with healthcare professionals was particularly effective; and in region 2, where an already existing relatively strong social infrastructure needed to be connected to new, previously excluded groups and was particularly effective in supporting the Black British community. The model chosen by any local authority needs to be linked to the specific social fabric it has already in place.

3. *Questioning concepts of leadership and community*

Leaders do not always hold formal roles within a community. They are local people with established networks which can include their friends, families and peers. When using the label ‘leader’ it may inadvertently shift the dynamics and lose what it is about the engagement that works. The term ‘Community Champion’ is versatile and moves away from the rigid and hierarchical concept of a ‘Community Leader’ who represents a specific community group. Pre-defined categories of community may not align with how individuals self-identify their community identity.

if we start to label them and start to give them leader roles, you almost lose the power of what they have - which is engagement. So it's because we've not labelled them, it's because we've called them Community Champions, and then we've let them do what they do the way they want to do. That's where our program I think, has got it successful. I think if we suddenly started saying to people, 'you are a community leader', you - by giving them that label, you almost can start to switch people off. (LA lead and coordinators, Region 2)

4. *Creation of a sense of agency in a time of crisis and fear*

Complex, changing and confusing guidance during the pandemic heightened anxiety especially in areas with higher levels of infection and mortality rates. Community Champions created a sense of agency for residents by providing practical information with guidance that specified how to engage in behaviours that would protect them during the pandemic and created a space for residents’ concerns to be heard and addressed. Community Champions

shared messages in a timely manner and facilitated the removal of barriers to engaging in vaccination and Covid-19 tests.

> *Working with everybody, it highlighted, there's a lack of transport for people to get to the mass vaccination centre. So we've been able to feed that back to the resilience forum, and they've put on a shuttle bus. (Coordinator, Region 1)*

> *I want people to know, what is the process when they go there. What is going to happen, who is going to meet them, where they're going to go, what they need. So we start recording these journeys, and filming the event. You know, when you park your car, somebody's there to take your temperature. Somebody welcome you. You have to write your name. You have to have mobile, they will ask you to have the test. So we want to make sure the people will physically understand exactly what's going on. (Community Champion, Region 3)*

5. Greater and deeper co-ordination, co-operation and collective identity

The Community Champions programme harnessed the motivation of communities and provided a structure and framework to facilitate a cohesive message and package of support. This streamlined activities and resulted in greater co-operation between Community Champions, alignment of messages at a national and local level, and greater co-ordination between vaccination centres, local authority staff and Champions. Impact was achieved, in part, due to the volume of Champions across different areas sharing the same message with different communities using locally informed insights to adapt and tailor communications. This resulted in Champions recognising their collective role and increased co-operation across different areas. This co-ordinated approach increased cohesion and minimised stigma by sharing the same message that cut across many divides including racial, ethnic and geographic divides. The programme created a shared collective identity that united Champions from different backgrounds that may not have otherwise worked together.

> *The thing that struck me the most is the cooperation across the areas and the groups talking to people outside of their communities or outside of their areas. And that feels like a difference, to me. (LA lead and coordinators, Region 2)*

> *I have 20-25 years of experience working with community… The only thing different this time was that it was perhaps more organised in a way, more focused this time. Whereas in the past, it was probably me on my own, running around and doing it in the time I was free to support community… while 14-15 organisation with different skill sets, different community to deal with, different experience, different part of the town with sort of different skill set … that was huge. That worked really well. And we can share information, talk to each other. I think that was very unique. (Community Champion, Region 3)*

6. Value for money

While a formal economic evaluation was not conducted, qualitative evidence indicates the Community Champions programme is cost-effective not only in terms of increasing vaccine uptake but also in terms of wider returns on investment. The Community Champions policy generates direct public benefits to the originating organisation, DLUHC, by contributing to

organisational learning and links between local authorities and communities leading to greater social co-ordination and effectiveness of policy. The Community Champions scheme also generates direct public benefits in supporting health-seeking behaviours and vaccination outcomes that can be expected to cut national and local NHS costs over the long term, and through increasing the capacity of local authorities, community groups and residents to work together to direct support to the groups that are most in need of support. It also creates indirect public sector benefits to other organisations such as local authorities and CCGs by increasing their capacity to deliver services and by serving as a positive skill building example to other local authorities. It delivers wider benefits to UK society as in households, businesses and the voluntary sector by generating a sense of agency in a time of crisis, mutual learning and cooperation, alongside mental and physical health benefits. Overall, its targeting at disadvantaged, under-served groups in areas high on the indices of multiple deprivation serves equity, place-based and reducing inequality goals.

> *And I think just the huge return on investment… that such a small amount of money for some of the groups that might have got £500 pounds to do a specific project in - and they might have got that in April or May. And that money is long since used, but they're still doing it. They're still actually, they've got that built into their work. And that way of working and having those conversations. That's been quite staggering, really - that commitment to the program. (Co-ordinator, Region 2)*

> *We gave all groups for community champions, no more than 5000 pounds… for the amount of volunteer time we got out of that, for example, it was an absolute bargain. So ultimately, five grand doesn't really go far within an organisation. It's not a lot of money in the grand scheme of things. A couple of thousand pounds can mean an awful lot to some of these grassroots organisations. And if it just means getting them to think about some of our shared objectives, like community integration, and to get some ideas from them, it's probably money well spent (LA lead, Region 3)*

7. Relational work

The success of the Community Champions programme was enabled by the sharing of health information as part of other relationships and provisioning. Building trust does not happen overnight and requires repeated interactions across a prolonged period. The established trust based on pre-existing relationships between Community Champions and a range of organisations enabled local authorities and councils to change their approach from enforcement to support. This positive framing of Community Champions is key to building new relationships and trust.

> *I don't think anybody ever went into the letting agents and worked with them, or said, 'What do you need from us? What is happening?' And I think [Community Champion] has been able to do that for us, because he has a link with letting agents from his previous role anyway, so he was kind of already trusted in that environment, as opposed to perhaps somebody who's worked for the council and enforcement for years. Somebody new coming in that you already trust, you already know, I think has helped. (Coordinator, Region 1)*

8. Feedback loops and difficult dialogues

Feedback loops were created between local authorities and residents via Community Champions. This resulted in changes to how the vaccination programme was promoted or offered but also meant Community Champions engaged in complex and difficult dialogues

with residents, for example, when the rationale for specific rules was unclear. Feedback was particularly effective when local authorities could demonstrate the positive change that resulted from sharing local insights. Positive framing of Community Champions as being supportive and not involved in enforcement, being autonomous and not affiliated with formal authorities where mistrust exists, and demonstrating positive changes that help the community was key to the success of the programme. Involving Community Champions in enforcement activities risks undermining the credibility of the programme which may then be perceived as a top-down programme that is designed to meet the needs of formal authorities and not communities.

> *Recently people saying, 'Well, why can't I go to my family's wedding, when there's 500 people going to football match', and that sort of thing, that causes a lot of issues. Because for one community, attending a funeral and a wedding is much more culturally a massive thing, with one culture football or cricket is more important than anything else. (Community Champion, Region 3)*
>
> *We're licensing fairgrounds, and then telling them that they shouldn't be going around to their Grandma's (LA lead and coordinators, Region 2)*

9. Social cohesion is a result of engagement and shared action.

The experience of community cohesion varied across and within all three areas, improving for some groups and in some places. The aim of the Community Champions programme in Regions 2 and 3 was to improve vaccination rates, not social cohesion whereas in Region 1 improvement to social cohesion was part of the programme aims. An indirect positive impact for some Community Champions in Regions 2 and 3 was increased cohesion as a result of engagement and shared action particularly in young people. It is important to note, not all Community Champions experienced improvements to social cohesion, rather their experience became more challenging due to the stigmatisation of specific groups during the pandemic.

While all the principles are significant for the effectiveness of Community Champions (and other similar devolved) schemes, they are ranked in order of importance for policy success. These principles also have operational implications for health, social and levelling up policies.

3.3 Barriers and facilitators

Minimal barriers were reported when setting up the programme and this was attributed to decentralisation, flexibility of funding, and partnership working. Barriers to implementing the programme included: challenging timescales to achieve programme aims, organisational resistance to responsive community engagement, pre-pandemic social cohesion challenges that were exacerbated due to stigmatisation of minority ethnic groups during the pandemic being incorrectly labelled and disproportionately blamed for increased infections, and pre-existing mistrust towards local authorities.

In the early stages of setting up the programme, lack of access to data across formal authorities restricted the ability to provide targeted support. Access to Clinical Commissioning Group NHS and other national central government data was later available and helped to understand specific challenges and facilitate a targeted response.

> *One of the challenges that we've had is getting hold of the data within the district council … it will give us some motivation in the scheme to really knuckle down and say okay can we find out a little bit more about, around which doctor surgeries do we have an issue for example (LA lead, Region 3)*

While Community Champions was reported by local authorities and community champions as contributing to increased vaccine uptake, similar efforts to raise awareness of NHS Test and Trace did not result in similar outcomes. Differences are attributed to the stigma associated with NHS Test and Trace which includes concerns about labelling specific communities as groups that spread disease and financial barriers of loss of income if self-isolation is required. Champions shared information about NHS Test and Trace via social media, translated leaflets in tenancy packs and public spaces, and set up a local testing site which was disbanded due to low uptake.

> *… it [lockdown night before Eid] was damaging and might not have helped public services when it comes to wanting to engage with that community now over how best to tackle COVID. For example, after that in the summer [local lockdown] when we were looking at pop up testing stations, the community didn't want a testing station in their neighbourhood because that would just be like here's the flag of this is where the disease is (LA lead, Region 3)*

However, when financial barriers were addressed, which is beyond the support that Champions can provide, testing increased. This highlights the importance of recognising the different drivers of behaviour and providing appropriate support accordingly. Concerns about sustaining programme gains due to limited time and funding were reported across all regions.

National support can address local barriers

National support was key to addressing barriers and an important factor in the success of the Community Champions programme. Availability of resources, strong leadership, and endorsement at a national level instilled confidence in programme delivery partners. Recognition and celebration of Community Champion contributions at a national and/or local level boosted morale and pride in the programme and reduced mistrust between Champions and formal authorities.

> *For our community leaders to know that MHCLG were interested enough to actually come along the other day meant a lot. And that has an impact locally… it boosts that sense of pride that you know, that people are interested at a national level. (LA lead, Region 1)*

> *The relationship with the council is much stronger than it ever was. And we were really honoured. We got awarded the mayor's medal for outstanding support to the community during COVID. (Community Champion, Region 3)*

3.4 VCSE Partners: An Alternative or Complimentary Mode of Delivery?

Funding directed to two national VCSE partners was intended to address vaccine hesitancy and Covid-19 related health inequities through community-based responses, but with a shorter timescale from February to April 2021. This delivery differed from the local authority Community Champion schemes as it contributed to a deepening of social infrastructures in fragile communities.

A spotlight on two delivery partners reveals the significance of surge funding in a microcosm. As an example, one delivery partner funded five organisations through which the vaccine campaign was inserted into ongoing relational projects offering multiple forms of support. The organisations involved included a disability and minority support group, a faith-based outreach project to primarily Eastern Europeans, refugee and migrant women's network, and a Black British health inequalities group. All of these organisations had sustained and generated new networks during the Covid-19 pandemic by providing food parcels alongside online mental health and bereavement support. They also assisted people in applying for services and welfare including debt advice, universal credit, self-isolation payments, access to GPs and medical care and EU settled status claims. These were highly independent organisations that through their connection with the VCSE partner were drawn into government policy aims around vaccine hesitancy and access on their own terms. This is a very difficult thing to achieve in normal times, and especially, in a period of crisis and national political contestation over the aims and goals of the pandemic response.

VCSE partners engaged in relational work actively on a large scale and with a deep reach (see Table 3 for further information on the VCSE partner delivery model). Their consistent ties with animators in neighbourhoods and groups helped build permanent trust with fiercely independent groups. These ties make it more likely that the right organisations are given the right tasks and monitored well.

> *But what I find is that consistency, and their understanding of grassroots organisations, and how to actually engage as well, other funders don't have, a historical memory of organisations that they've worked with. (Director, VCSE organisation).*

If we compare the VCSE partners and the local authority Community Champion schemes, local authority-based schemes produced new connections, an effervescence of decentralised activity, emerging responses and forms of coordination. VCSE partner schemes, in contrast, drew on long-term expertise and connections to deliver a fast response. They are complimentary and both delivery models are essential to ensure that the capacity that has been built through the surge funding and Community Champions scheme is not lost. This will increase the variety and diversity of community infrastructures generated and communities reached. Increased coordination and sharing of experience between local authorities and VCSE organisations may be helpful to assist local authorities and in their capacity building and dialogues.

Table 3. Advantages and challenges of Voluntary Community and Social Enterprise partner delivery model

Advantages	Description	Impact	Illustrative quotes
Deploy long-established connections at pace	One VCSE partner had an existing social infrastructure with a network of 350 'places of welcome'. Groups and individuals with a wealth of experience gathered over a long period of time were funded. They had a realistic sense of the limits and potential of community outreach and could work at speed with partners. Build on long-term relationships to engage in flexible decentered projects guided by people who know the needs and problems of their communities.	Short-term surge funding was delivered to the right people rather than 'expected' leaders who are well known by local councils, but who might not be the most creative or trusted people to reach out to sub-groups of communities. Pragmatism and awareness of community divisions and stigmas to its strategies. Flexible thinking and responsiveness grounded in local knowledge and real-time consultation Produced a creative diversity of different projects likely to deliver multiple impacts including martial arts gyms, workshops, theatre groups, support phone-lines, and domestic violence support circles.	W*e find sort of unlikely leaders…working at really grassroots level with very local projects and their participants to bring them together with people they wouldn't normally meet and discuss what's good about our community, what can we do? So because of that, we've got a very, very deep, far reaching network across lots of communities.* (Director) *Delivery of this [surge funding] was very easy because we had long relationships of 10 years, built up in spite of cuts to funding. I just got in touch with 5 smaller partners and they reached the Arab, Syrian, Black, and Eastern European Communities. (Coordinator/Hub leader)*
Support of very small organisations and individuals to deliver to sub-groups of communities	Distribution of small grants led to the sustenance of organisations that would not usually be large enough or have the capacity to apply for formal local authority funding.	Smaller organisations that can reach fragmented communities or subgroups are drawn into the effort to prevent Covid-19 inequities and improve vaccine uptake. Likely that the surge funding reached invisible or minority subgroups.	*An advantage of [VCSE partner] is that you don't have to write, you know, spending a week or so writing a big grant application is really difficult for a lot of organisations… as a small organisation, you do not have a capacity to do this.* (Organisation Leader)

Provide experienced advice to community organisations and individuals thereby building long term capacity	Employment of experienced coordinators with experience of community engagement that is used in a non-bureaucratic approachable way to support local project leaders.	MHCLG/DLUHC surge funding has been embedded in supportive relationships that have the potential to build the longer-term capacity of 'fragile groups.'	*The coordinators have always been people that can support the group. So these are very small, little fragile groups, things go wrong… our coordinators are there to help them* (Director)
Super-coordination leading to amplifying organisational power	Paid co-ordinators assist efforts across regions such as bringing together community faith groups to help one another through the COVID-19 pandemic. Cross-organisation links and capacity were created, even though the funding was only intended to get the vaccine message out.	Amplify organisational power towards multiple goals. All of the organisations reported reaching the unreached and isolated in a new, coordinated way.	*by being involved with [VCSE]…we've joined up with lots of different Polish organisation working with them across the country, which we were not aware of even as a Polish organisation. So that could aid in that relationship building and better understanding and potential future opportunities.* (Community Organiser) *As a small charity…all this funding was appreciated…we've communicated with people that we never came across before. (Faith leader)*
Depoliticization of interventions	The most distinct feature of delivery through VCSE partners is that this depoliticises the provision of funding, disassociating it from national or local politics. VCSE work became more or less difficult according to the broader national political context. The Eid intervention in 2020 was a low point of trust due to a high sense of stigmatisation, as was the impact of high levels of mortality in second wave from November 20 to February 21. It was highly problematic to engage with the Black British groups when the Sewell report was issued. Community organisers reported that people did not want to cooperate with the grass roots initiatives because they felt the	Ensure MHCLG/DLUHC funded schemes are disassociated from political tensions. Increases potential for initiatives to reach the most marginalised in the local area or people who otherwise feel abandoned and therefore alienated from national and local politicians. The work of VCSE partners on the ground managed against the odds to rally people round to vaccine campaigns and uptake.	*The gaps [in Local Authority capacity] really showed up because they wanted to reach those people. But they didn't have any mechanisms. And they didn't have any trust in those communities. Either those communities felt left behind, and felt like the government had forgotten them and felt like the local authorities have forgotten them.* (Director)

	government did not understand them at all, their experiences or trauma and they wouldn't acknowledge structural racism.		
Intentional building of capacity and leadership	VCSE partner had a systematic plan including a piloted training scheme, which aims to build the capacity of leadership in community and third sector micro-organisations. Local Authority expertise in this is limited after a decade of cuts. Redefining and tapping into volunteering beyond the white middle class	Training scheme has run in three areas and attracts social animators, giving them time to reflect on their approaches to change. Teach organisations to serve their own communities and to create the evidence base they need, e.g., run their own surveys and help them analyse it. Allows organisation to evidence how it has moved forward, and into the recovery phase. Helped minority business mobilise to be responsible for their employees and colleagues.	*[we] provide mentoring…building the capacity of project leads, who maybe haven't had much experience before or…you just need some help thinking strategically about…the budget? Or how do we get more volunteers? Or how do we manage the volunteers that we have better or how do we think about…developing a business plan or putting in a fundraising bid.* (Director) *a lot of volunteering beyond the white middle class is in faith groups and people wouldn't call themselves volunteers* (Director)
Cross-fertilisation of funding	Funding provided to VCSE partners cross-fertilises filling gaps when other organisations don't provide resources. The VCSE network acts as a national level distribution network of funds that then plug holes at the local level.	Organisations such as the NHS Clinical Commissioning group or Local Authority asked for community engagement and video production for free. Community members would have not been able to attend meetings or produce media unless they had been paid grants.	*The clinical commissioning group in [city name] wanted community engagement and video production, but won't pay for it, so MHCLG[DLUHC] funding supported the [VCSE organisation] and its community groups to provide this.* (Coordinator)

Build capacity of Local Authorities to work with local groups	VCSE partners work with local authorities to build their capacity to engage with a wide range of groups. Since community engagement funding has been cut over the past ten years of ongoing funding pressures, this assistance is relied upon in many regions that are high on the indices of multiple deprivation and that are places of enduring transmission of Covid-19.	Enabled local authorities to work with smaller groups that they would not be able to access.	*from us they can understand how to talk to communities and what examples of good practice they can learn from. We are significant for [name of region] council where we've also got a really strong relationship [City name] is another good example where we've really supported the local authority to engage with lots of little tiny groups that they had no way of getting to.* (Director)
Challenges	**Description**	**Impact**	**Illustrative quotes**
Shorter term funding stream potentially leading to sudden growth and decline of capacity and volunteer model	Concern that the short-term funding, while it had been used effectively on the vaccine issue, was building capacity that would be lost again at the end of the grant term. The volunteer model precludes the payment of wages to recompense the work carried out by individuals attached to organisations. Consultation exhaustion as people are unable to maintain the levels of consultation that community engagement with local authorities and clinical commissioning groups require. This makes paid professional coordinators in organisations even more important because they remain in touch with their community networks and are paid to attend such consultations. Cross-subsidised volunteering by furlough tapering off	If longer term support and funding for community networks not sustained, disillusionment and disengagement may increase among those who have been most committed. Contributes to rising 'volunteer fatigue'. Attendance dropped sharply due to time-pressures, work pressures and falling optimism about the outcomes. End of furlough, redundancies and Treasury support reduced capacity of volunteers.	*Engagement is not come on go…Instead of reinventing each time…it takes ages to get a community's trust. So the government's cannot plan on only coming in with funding last minute and hoping that everything will go well. So sustainability is power.* (Community Leader) *People like us, the government and local authorities take us for granted. …we're not a reserve army that's there…that you can call on any time. It needs some kind of way of knowing that this is a force that you can rely on, but you cannot cut the ties, and then just want them when you need them most. Growing the engagement of the communities is something that no government can ignore…the people who do this job and do it, for their communities need to be recognised. And, this has to embedded with whatever the government is thinking strategically.* (Community Leader)
Relations with Local Authority	It can be difficult to motivate and achieve	Local authorities carry political agendas and can	*The ideal would be for strong collaboration with*

	strong links between VCSE and local authority efforts due to local politics and sometimes the capture of institutions by dominant groups in communities making it difficult to deal with the needs of sub-groups.	be controlled by relatively powerful groups. To overcome this, VCSE partners suggested there could be some motivation or guidance given at the national level for local authorities to work with them.	*local authorities, both are needed, but this is very difficult to create in practice. Maybe it should be motivated more. (Coordinator)*

4. Discussion

4.1 Successful central government pandemic policy

The DLUHC (formerly MHCLG) Community Champions programme was a successful central government pandemic policy because it articulated well with local level efforts thereby strengthening and sustaining regional capacities to deal with Covid-19. The programme engaged Community Champions to tailor a national response and provided a framework which aligned public health messages at a national, local and grassroots level and offers a model of policy making to tackle issues such as vaccine equity, health disparities, regional inequalities where there is enduring transmission of Covid-19.

This evaluation shows that a rapid policy response directed through existing skilled local networks with micro-knowledge of barriers and needs has been highly effective. The top-down support and bottom-up flexibility and decentralisation of the Community Champions programme demonstrates the impact of removing bureaucratic barriers when funding local action as Community Champions were recruited and new connections were formed within a few weeks of initiating the programme.

At the core of the Champions programme is a positively framed model of empowerment, collaboration and partnership working that has been realised with strong foundations on which to continue building. Its positive and non-judgemental ethos makes it more accessible than initiatives that are perceived as punitive or stigmatising. The programme has laid the foundations of cross-sector working with community organisations, formal services and volunteers across ethnicity, class, social and organisational boundaries, and has taken steps towards authentic partnership working [14, 15, 16}]. The principles of the Community Champions programme can be embedded into a number of policy initiatives as these social infrastructures have been established and these new alignments and connections forged in crisis could be used to advance other policy interventions such as ‘levelling up’.

In addition, local authority and VCSE partner mechanisms should continue side by side in future. This will increase the variety and diversity of community infrastructures generated and communities reached including micro-communities and subgroups who do not have the capacity to apply for larger local authority schemes. VCSE partners have deep knowledge and expertise that is not yet formally drawn on by local authorities in the areas they operate (although they often give informal advice). There could be targeted funding to create panels of VCSE community leads to support local authority partners. They could also explain the ‘fragility’ of communities and the experiences of communities that do not yet have a collective identity that may be alienated from or missed out in local authority schemes.

4.2 Recommendations

1. Resourcing support (including time, staff, ongoing funding and government support) is required to maintain and build on the foundations that have been established during the pandemic. If new partnerships are not sustained, communities may become less trusting and less willing to engage with authorities in the future. This funding could perhaps come via the NHS. The NHS new structure of Integrated Care might enable strong partnerships with existing Community Champion schemes run by local authorities and the voluntary sector.

2. To avoid volunteer fatigue and burnout, it is important to build a sustainable pool of Community Champions. An example of achieving this is to actively engage young people to 'pass on the baton' and build on the foundations of trust established by earlier groups.

3. Acknowledge the work of volunteers and Community Champions which will increase trust and minimise barriers to working with formal authorities.

4.3 New principles for policy

At the centre of our work, are the following core approaches for new principles for policies and new policies that are required for recovery from Covid-19 and more broadly.

- Open, flexible and decentralised policy mechanisms.
- Realism about what the social fabric of community can and can't deliver.
- Government provision of support for the relational work that creates new communities. Communities are not a pre-existing phenomenon that the government can 'tap into.' They are a process and a changing formation.
- Community processes are sustained by financial, but also, other kinds of resources such as cooperative identities, place-based affiliations and investment in shared spaces.
- Community processes may need to be built anew in order to address specific policy issues and problems.
- Social listening, challenge and feedback between all levels of policy delivery.

4.4 Conclusion

Our research shows that a rapid policy response directed through existing skilled local networks with micro-knowledge of barriers and needs has been highly effective. It has been reported by local authorities and community champions to have contributed to vaccine uptake and also to growing collaboration and coordination of social provisioning. Our overall suggestion is that now this social infrastructure of Community Champions has been built, it is very important to continue central government support for it as it has the potential to be deployed to support a wide range of public health and social cohesion initiatives. To quote one of our Community Organisers:

We need to continue building this bridge, because we can't build a bridge and burn it after we use it. Those bridges need to be there. And they need to be maintained. And they need to be looked after.

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