Institute for Community Studies

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Case study: Tower Hamlets, UK

Research conducted by
Institute for Community Studies (ICS) UK

Executive summary

Tower Hamlets is a central London borough, located north of the river Thames. The borough borders the City of London to the West, Hackney to the North and Newham to the East. Tower Hamlets is the second most densely populated borough in the UK, after the London Borough of Islington.

Tower Hamlets presents a unique case study on how the experience of COVID-19, and vaccine uptake interacts with the structures of poverty and inequality. The area has very poor social determinants of health: 39% of Tower Hamlets residents are living in poverty, a high proportion of residents live with disabilities, and marginalised groups experience extremes of intersectional poverty and inequality.

The diversity and inequality experienced in Tower Hamlets is part of its history as an area of high immigration. Marginalisation experienced by Tower Hamlets residents, feelings of neglect, and the modern tension of gentrification manifests in feelings of distrustfulness towards the Government. Coupled with the challenges of communication and engagement with widely diverse group of residents, Tower Hamlets was an area with a high level of potential for vaccine hesitancy. Indeed, this potential was realised with an initially low vaccination rates in Tower Hamlets. However, through primary research with community groups this case study will demonstrate the ways in which community organisations played an organic and significant role in engaging Tower Hamlets residents in vaccines. The case of Tower Hamlets demonstrates the benefits of giving power to community organisations to drive where and how residents engage with health services, providing meaningful lessons for all areas of the UK.

Demographic profile

Ethnicity	• Tower Hamlets is ranked as the 16th most ethnically diverse local authority in England. More than half of Tower Hamlets' population belong to minority ethnic groups (1). • Slightly under half (43%) of Tower Hamlets' residents are migrants, with 137 different languages being spoken throughout the borough (1). • Tower Hamlets has the largest Bangladeshi population in the country, accounting for one-third of its population. In general, more deprived areas have a larger representation of the Bangladeshi population and have a lower representation of white groups (2a). • Tower Hamlets has a sizable Somali population who account for nearly 2-3% of the population. A vast majority (90 per cent) of Somali households are deprived of at least one of the four measures, ie, employment, education, health/disability, and housing. This compares to two thirds (67 per cent) of Tower Hamlet's households (2). • Throughout the UK, the poverty rate is twice as high for BAME groups as for white groups in (3). Tower Hamlets has significant income polarisation along ethnicity lines. 41% of White households have an income of £78,000pa or above, only 1% of Bangladeshi households belong to this income group (4)
Gender	• Males outnumber females by around 8,000. Women are more economically deprived than men. COVID-19 has a bigger impact on women's earnings as they were overrepresented in sectors most impacted by lockdown and more likely to work part-time. • There is a gender gap of 15% according to gender-based disaggregation of employment patterns within the population of Tower Hamlets. Women are more likely to be the main carer of dependent children, a barrier to employment whilst schools and childcare are not fully open. This employment gender gap widens to 20% for Somali women (2). • The pre-pandemic employment rate for BAME women was much lower than the equivalent London rate. A fifth of the total NHS workforce is from BAME backgrounds (5), Bangladeshi women, in particular, are more than two times more likely than their male counterparts (43% vs 19%) to be working in a key worker role (6). This means that they might be overexposed to severe health inequalities.
Age	• Tower Hamlets has the 4th youngest population in the UK. Children and young people account for 22% and older people aged 65+ just 5.4% (7). The population is heavily weighted towards people aged 20 to 45 who account for 57.7% of the total.
Religion	• Tower Hamlets is the borough with the highest proportion of Muslims (38%) in the UK (1).

History: marginalisation and resistance

Marginalised populations groups

The demographic profile of Tower Hamlets brings with it several marginalised populations, against which resistance has often been mounted. Young people, migrants, the economically deprived, and Muslims, all have significant experiences of marginalisation and experience discrimination of various forms. Despite the diversity of residents being a source of pride and identity for the borough, Tower Hamlets has a history of tensions of migrant populations asserting their existence against Far-Right attacks.

Gentrification

The contrast between affluent and deprived areas in Tower Hamlets makes it a unique case study for gentrification in London. A report by GoCompare ranked Tower Hamlets as the 11th most gentrified borough in London, based upon a metric consisting of a percentage salary change, increase in property wealth, coffee shops per 10,000 people and cultural spending (8).

A key manifestation of gentrification is the challenges of affordable housing. The number of social houses is decreasing whilst privately rented houses are increasing. Current rates of over-occupation (over-crowding) are at 16.4%, which is much higher than the national average of 2.7% of all units.

Tower Hamlets has a current affordable homes shortfall of 2,700 homes per year. It also has the second lowest percentage of owner-occupied households in England and Wales (27 vs. 64 per cent nationally). The average house price in Tower Hamlets is now 22 times the average salary. In addition, rents are also becoming increasingly unaffordable. In 2013, the average private rent increased by 16.7% compared to a London average increase of 8.9% (9).

Gentrification is not willingly accepted by all Tower Hamlets residents. A recent protest against a proposed shopping mall being built on Brick Lane, in place of a historic brewery indicates the resistance of gentrification by some community groups. The protest is dubbed 'the Battle for Brick Lane' and is seeking to repeal the "City of London...expanding its financial industries into Tower Hamlets", which will "undermine the authentic cultural quality of Brick Lane" (10). Within Tower Hamlets there are palpable tensions between an old guard of residents and a newer inflow of finance-based industries.

Political ecology

Tower Hamlets is represented predominantly by the Labour party, both nationally and locally. The borough has two MPs, Rushanara Ali, and Apsana Begum. Apsana Begum is the first hijab-wearing MP in British political history. Locally, 41 out of 45 councillors are from the Labour Party (11). Labour support in the borough is driven by the hybrid of left-wing activists and faith-based activists, which have found common expression in the party.

The impact of austerity has been particularly severe on London boroughs; London local government has seen its core funding reduced by 63% in real terms from 2010 to 2020 (12). In Tower Hamlets, the severity of the impact was such that a campaign named 'Breaking Point' emerged to call attention to the dire State of local services. The Tower Hamlets council officially backed the campaign (13).

The tension between the local political nexus and the national Government is important to note. This manifested in the 'rotten borough' scandal of 2014. An investigation by PwC into Tower Hamlets council following allegations of fraud included reports of public money being spent "inappropriately" on political advertising. The then-Cabinet Minister, Eric Pickles labelled Tower Hamlets a 'rotten borough' (14). The then-mayor, Luftur Rahman, was removed after being found guilty of electoral fraud. Within Tower Hamlets, this caused some friction, with some believing that there was a miscarriage of justice against Rahman.

Civil society

Tower Hamlets has a number of socio-economic problems, including the highest rate of poverty in England. In response to this, Tower Hamlets has a vibrant network of civil society organisations, consisting of at least 1,300 organisations. This includes different types of organisations, such as registered charities (of which there are at least 219), faith groups, informal community groups, and mutual aid groups. This collection of organisations run crucial activities and services, including social welfare, advocacy, education, employment skills, culture, community safety and environmental projects (15).

The diverse demographic of Tower Hamlets similarly led to third sector organisations which seek to address inequalities faced by ethnic minorities and marginalised groups. This can involve addressing causes of socio-economic deprivation that are particular to ethnic minorities or improving life prospects for other marginalised groups. The Women's Inclusive Team (WIT), for example, provides support for black and ethnic minority communities and women's empowerment projects. The WIT received the 2021 Queen's Award for Voluntary Service recipients.

Tower Hamlets has a vibrant landscape of community organisations; a large mass of organisations, with many exceptional, country-leading examples, working to address the often-severe socio-economic issues, which overlapped with the challenges faced by marginalised groups. This landscape was the backdrop to the community response to the

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COVID-19 pandemic; community organisations bound together to form a coherent response to the pandemic-related issues that were experienced by Tower Hamlets residents.

Faith groups

The concentration of faith groups has manifested a further aspect of marginalisation and resistance, in particular through the exceptionally high proportion of British Muslims. Relations between British Muslims and the Government have often been strained. Media representation of British Muslims has been heavily criticised for being biased and often inaccurate. Some news coverage on the pandemic blamed Muslims specifically for the spread of the virus, both explicitly, and implicitly through use of imagery (16).

Healthcare situational analysis

Healthcare infrastructure

A partnership of local organisations, called Tower Hamlets Together (THT) is responsible for healthcare infrastructure (17). Some of the key hospitals in Tower Hamlets include Royal London hospital, London, Independent Hospital, Mile End Hospital and St Leonard's hospital. In total, there are 36 GP practices in Tower Hamlets.

Even before the pandemic started, Royal London Hospital was overly occupied with an average bed occupancy from April to December 2014 of 95%. This impacted on the flow of patients throughout the hospital. Emergency department was consistently failing to comply with the national four-hour waiting time target for patients. Some patients were experiencing delays of more than 18 weeks from referral to treatment while operations were often cancelled due to a lack of available beds.

Health inequalities and discrimination

Tower Hamlets has some of the highest levels of health inequalities and deprivation in the city. In 2017 4.3% of babies born in Tower Hamlets were born with low birth weight (18). In 2016-18 the infant mortality rate in Tower Hamlets was 4.3 per 1,000 births. This was higher than the rate in London or England.

Tower Hamlets has the lowest life expectancy for both women (52.4 years) and men (54.0 years) in the country (7). This means that people in Tower Hamlets can expect to develop poor health ten years earlier than the average person in England.

Tower Hamlets has the fifth-highest disabled population in London and around 17% of the population are affected by a long-term illness or disability which prevents them from working. This is much higher than the national average (19).

Finally, in a survey conducted by Tower Hamlets Health and Wellbeing Board, over 50% of respondents in the survey said that wider social and environmental factors stop them from being healthy (20), indicating the impact of broader social determinants on the health of residents. In particular, respondents highlighted worries about jobs or finances

Impact of COVID-19

Health

During the first wave of the pandemic, Tower Hamlets faced one of the highest rates of age-standardised mortality per 100,000 people in England, of 123 people. This was much higher than the average of 86 deaths for local authority areas across London (21). Tower Hamlets council observed that greater proportions of residents with confirmed cases living in social housing (22), linking place-based deprivations with COVID-19 that underscores the inequalities associated with the virus.

The London Borough of Tower Hamlets (LBTH) Covid Resident Impact Survey found negative impacts of COVID-19 on loneliness, stress & anxiety, and mental health overall. Workshop participants also noted the mental health strain of repeated lockdowns, particularly for young people and children.

Employment

COVID-19 had an enormous impact on work patterns as well as the employment of Tower Hamlets residents, contributing to an increase in the Universal Credit claims. In April 2020 there was an 87% increase in claimants aged 25 to 49 in the previous month (20). This shows that apart from the economic shock of lockdown on businesses, employed individuals have also faced a major setback.

Vaccine hesitancy

Vaccine uptake is a significant problem in Tower Hamlets, being one of the lowest in London. Tower Hamlets' history of marginalisation and resistance is relevant to vaccine uptake. A sense of trust is key to addressing vaccine hesitancy. Amongst Tower Hamlets residents, feelings of trust towards the council deteriorated during the pandemic. According to the Annual Residents Survey, 64% people said they trusted the council, compared with 74% in 2018.

Hostile environment and longstanding disparities also emerged as a key cause of vaccine hesitancy in the literature (23). The Tower Hamlet Partnership, in 2021, reported that marginalised sections of the community will not come forward for COVID-19 vaccines if they believe by giving names and addresses make them more likely be deported from the country (24).

Other causes of vaccine hesitancy include language barriers. Tower Hamlets ranks second highest for pupils in school where English is not their first language. Digital literary was a factor in improving vaccine

uptake and in a survey conducted with 663 respondents in 2020, about half of the population in Tower Hamlets relied on the internet for Covid-related information (10).

Workshop findings

We held two workshops with members from community groups in Tower Hamlets. The first workshop had 8 participants, and the second had 7.

Some of the key themes from the workshop related to the response to COVID-19 in Tower Hamlets as well as the access to the healthcare system are shared in this section. It also touches upon the pre-covid structural inequalities that were exacerbated during the pandemic.

Community response

Many participants in our workshops were active members and leaders in community organisations. Speaking with them gave us a rich insight into how organisations in Tower Hamlets responded to and developed during the pandemic. Participants expressed the challenges of working to fulfil organisational objectives during the first lockdown that started in February 2020. Community groups were however instigated to move beyond their main organisational objectives, and more towards support services for the additional demands of the pandemic, such as supporting shielding residents, supporting the unemployed, and providing up-to-date information.

This early phase of the pandemic was described as extremely challenging and took around two months before settled support mechanisms were in place. Subsequent lockdowns that occurred later in the year, and into 2021 were easier to cope with.

The onset of the first lockdown in March 2020 was an impetus to action. The severity of the impact on Tower Hamlets encouraged civil society organisations to coordinate in order to cope with the overwhelming pressure of the pandemic. This can be viewed as a starting point for a new phase of growth for civil society groups, creating a different and more connected ecosystem of organisations. The severity of the pandemic was an impetus for various community groups to come together and deconstruct barriers between them:

"You know, it was a terrifying time I still, as I'm trying to remember it, I'm inside, I'm kind of shaking because of the uncertainty of what we were facing...But what came through really quickly was that good, well, actually, you know what, we're all in it together. So we need to come together, and actually lower those barriers that have."

The vaccine drive that started in the early 2021 and addressing vaccine hesitancy was another challenge that community organisations adjusted to. Participants reported that vaccine uptake were slowly improving around April 2021, though they noted that the process was a slow one.

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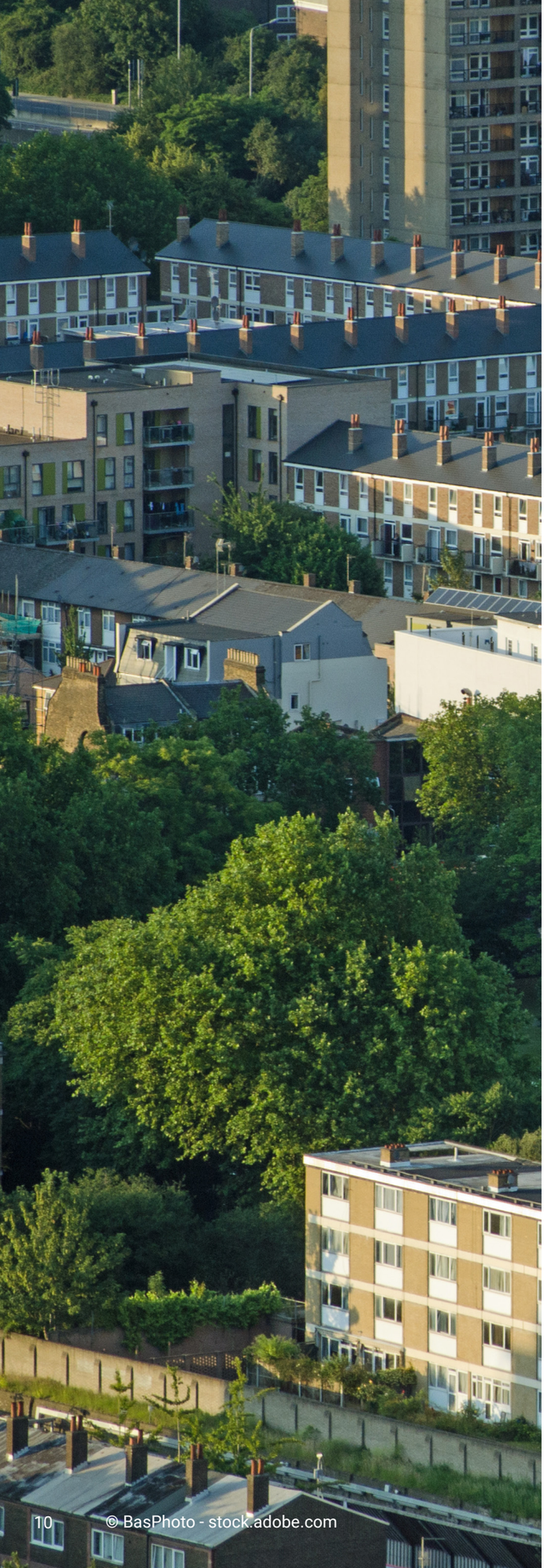

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Distrust of Government

Workshop participants told us that the relationships of trust that community groups developed with their beneficiaries juxtaposed the distrust of Government caused by mixed messaging and long-standing perceptions of neglect. They cited mixed and confusing messaging from the Government as a reason behind the community groups becoming seen as a more reliable source of advice and guidance than the Government.

National Government was regarded as a contributory agent to the structural inequalities faced by the borough through policies such as austerity, which led to a harsher experience of COVID-19 for some marginalised groups. Another issue that fed into this was the access problems to GPs and healthcare before the pandemic. Participants presented several anecdotes of negative experiences with GPs, and this was often construed as being related to poor vaccine uptake. Participants also mentioned health literacy as being an issue, which feeds into the several long-term health conditions that are prevalent among the ethnic minorities of Tower Hamlets. Long term health conditions are more likely to remain undiagnosed or mismanaged because of this disconnect with health services.

The picture that emerges is one in which officialdom is distrusted, whilst community groups are trusted both by residents and among themselves. This meant that community groups inadvertently becoming the first port-to-call for COVID-19 related advice and services. This shift, and the challenges this entailed, acted as an adhesive between various community groups. Participants spoke very warmly of the community spirit that manifested in the cooperation between community groups. There were no conflicts mentioned between community groups, but there were notes of tension between community groups and local and national Government.

Vaccine hesitancy

Distrust of Government alongside the perception of long-term neglect was a significant contributing factor in resistance to vaccines. The disproportionate impact of COVID-19 on ethnic minorities was seen as evidence of this neglect. Several other factors tied to officialdom that contributed to vaccine hesitancy was observed in the workshop including the digital divide preventing access to information, misinformation spread on social media and lack of access to GPs. In contrast, the trust the community organisations had built up amongst Tower Hamlets residents meant that community workers spreading vaccine awareness reported that people were reacting and engaging well to the efforts of community groups.

The workshop participants noted there was broadly positive response to vaccine uptake among communities in Tower Hamlets. Suspicion of vaccinations tended to be more isolated. Optimistically, participants noted that between January and July, there was a steady shift of opinion in favour of vaccinations. Nonetheless, participants expressed that encouraging vaccine uptake among sceptics was difficult and was a slow process. The turning point for the uptake improving in ethnic minority populations and in sceptic groups was when the vaccine delivery was refocused into community spaces - not GP surgeries, medical institutions, or formal health spaces.

Related to this, faith groups were frequently highlighted for the role that they played in encouraging vaccine uptake. The intervention of faith groups in encouraging their respective congregations was seen as contributing to the slow but steady shift in opinion in favour of vaccines since the start of the vaccination rollout in January 2021. One participant cited a video featuring various faith leaders encouraging vaccine uptake, which was viewed over 77,000 times. East London Mosque, one of Europe's largest mosques is currently functioning as a vaccine outlet (25). The mosque provides Friday sermons in three different languages (English, Arabic and Bangla), giving it unique inroads into the communities that are not native English speakers. Informal connections, such as inter-faith network, helped both people and organisations to connect with each other:

"It is a journey not a sprint to vaccine uptake. It was a trickle - now it is a steadier stream, but trust and dialogue on risk-benefit takes time. That's what the national authorities didn't recognise or give us. We could have started earlier if resources and information had been available."

(Vaccination Coordination Lead, Tower Hamlets, UK)

Discussion: the 3 C's

A 2014 report by the World Health Organization (WHO) on vaccine hesitancy proposed the now influential '3 Cs model': confidence, convenience, and complacency as key in determining vaccine hesitancy. This model provides a useful conceptual scaffolding for discussion of the workshop responses.

Confidence

Confidence, or lack of confidence in Government and health authorities, as driver of vaccine hesitancy is strongly supported by our findings. The experience of structural inequalities leading to distrust and criticisms of the Government was the most often cited theme in the workshop discussions. Slower vaccine uptake among ethnic minorities is connected with broader structural inequalities. Knowledge of this pre-pandemic socio-economic disparities which manifested in the disproportionate impact of COVID-19 on ethnic minorities, exacerbated feelings of neglect and underscored the lack of confidence in residents. One frequently highlighted way in which structural inequalities was discussed by workshop participants was poor access to GPs

and healthcare in the borough. This inequity led to feelings of alienation and distance from healthcare services. In particular, the Somali community was often mentioned as being particularly excluded from health services.

Feelings of being left with insufficient support by Government during various lockdowns led to feelings of distrust, manifesting in the lower vaccine uptake among ethnic minorities. Experiences of lockdown were the second most often cited theme across both workshops, strongly suggesting that vaccine uptake is affected by the broader experience of the pandemic. The impact of the pandemic is strongly conditioned by various structural inequalities and must be understood within the context of these broader considerations

During workshop discussions, distrust of Government was often contrasted with trusting community groups. Interestingly, the number of times participants criticised Government was the same as the number of times they praised community groups (both mentioned 11 times each across both workshops). We saw earlier that the distrust of the Government was in response to long-standing inequalities and neglect, as well perceived behaviour of the Government during the pandemic. The trust vested in community group largely mirrors this pattern, in that this trust in a product of long-standing service in Tower Hamlets and support provided specifically during the pandemic. During the pandemic, the contribution of community groups in providing services, support and information was keenly acknowledged. From this point of view, trust in community groups and distrust in Government are two sides of the same coin. This suggests that a sense of community, and the cohesiveness between it can encourage vaccine uptake. A notable sub-theme within community groups is the importance of faith groups; workshop participants cited the efficacy of sermons and public messaging by faith leaders in promoting vaccine uptake.

Convenience

Convenience emerged as a less prominent theme in our workshop discussions. Inequalities in access to healthcare, and the experience of marginalised communities, including those who are digitally excluded, are the emergent sub-themes that characterises how structural inequalities have been experienced in relation to COVID-19. These sub-themes mesh well with the Convenience of vaccines, though the Tower Hamlets experience is more to do with the access rather than availability.

Complacency

The final 'C' in this framework, complacency, has a much smaller presence in the results of the workshop sessions. There are a variety of sources of reluctance including vaccine-specific suspicions, conspiracy theories, alienated young people, and faith. Participants mentioned that social media created extremely fast information flows, which amplified incorrect messaging. These suspicions largely underscore the importance of Confidence. We see from the workshop discussions that complacency appears in the reluctance of young people and faith groups.

The fourth C - community

The mention of community alongside distrust in Government suggests that community is an important factor in determining vaccine hesitancy. The community here can be defined as networks of people connected through a number of sites of connection, including family, ethnicity, sexuality, geography, income bracket, faith, as well as meta-identity constructs, such as the broader culture of resistance in Tower Hamlets which agglomerates many of the identities of marginalisation. 'Community' also encompasses formalised networks, such as community groups and third sector organisations.

'Community' is salient to vaccine uptake for a few reasons. Firstly, as we noted earlier, findings from workshops suggested that efforts from community groups to encourage vaccine uptake was working. This itself was enmeshed in a complex culture of resistance which led to trust being siphoned towards community groups during the first lockdown. The gradual shifting of opinions, noted by workshop participants, demonstrates that community groups can play a unique role in areas which there is a demonstrable history of deprivation and alienation, as well as in areas with strong feelings of distrust. Where Government and officialdom struggled to encourage uptake, community groups were able to access enclaves of marginalised groups. Workshop participants spoke of the fruitfulness of a multi-sector approach, one which uses a variety of community groups to improve consideration for diverse needs, including language barriers, methods of communication, and access to disabled people. For example, we saw earlier that East London Mosque was able to access a variety of different language speakers. Whilst Tower Hamlets is unique because of the density and variety of marginalised groups, marginalised groups can potentially exist in any area. Indeed, marginalised groups are often not tied to a given location and can exist across disparate spaces. We can thus generalise the utility of community groups beyond Tower Hamlets in reaching and engaging with marginalised groups.

Secondly, community groups can provide faster flows of information. One workshop participant noted that the layers of bureaucracy in the NHS meant that messaging was often slow to release. This is especially important in the speed of information flows on social media. Community groups are able to respond at a faster pace than official information channels. For example, Mutual Aid groups in East London have set up WhatsApp groups for every ward in a given area, with another group set up for administrators. Healthwatch Tower Hamlets have documented 116 WhatsApp groups set up in Tower Hamlets, with 4372 members. A thematic analysis of 1563 messages showed

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that the three most common subject matter of messages was requests for practical help, organising food for vulnerable people, and reinforcing or discussing COVID-19 rules. Other social media platforms such as Facebook were also frequently used by Mutual Aid groups. Such large groups do however open up channels for misinformation to spread, but Healthwatch found that these messages were few in number and promptly challenged by admins (26). Faith groups were especially highlighted as being highly successful in combating misinformation and encouraging vaccine uptake, juxtaposing to a distrust of Government engendered by confusing messaging and perceptions of structural inequalities. The role of faith leaders - in particular working in cross-faith consortia and building multi-faith intervention points - was cited as one of the most critical elements in strengthening vaccine engagement.

A frequently cited theme throughout both workshops were the strength of community and third sector networks. The case of Tower Hamlets demonstrates a distinctive local ecosystem, and system of partnership, in operation that was not pre-existent but emerged in response to the vaccine programme rollout. This had with blurred boundaries between formal and informal institutions.

One participant mentioned a vivid example of this:

"So sometimes we end up working with very vulnerable people who have been victims of workplace exploitation and we'll have a lot of complex problems around the precarious working and living, so one of my clients was Romanian speaking, with very limited English and very limited literacy. She had grown up in the care system, she never had the chance to have an education. So this is why, you know, she was that kind of very naive, vulnerable person. And I helped her out with a lot of issues that had to do with her social welfare and with workplace exploitation. And then several months later, she just contacted me completely out of the blue because she felt that I was like one of the most trusted persons in her community. And she asked me, sister, look, I know I've heard all those conspiracy theories about the vaccine, some people on Facebook say that it can be harmful, that they might implant you with a microchip, that they might get sick from it. What do you think, should I take the vaccine or not? And that really highlighted for me the importance that community organisations can play in vaccine uptake and in combating misinformation."

Conclusions

The experience of the pandemic in Tower Hamlets is inextricably linked to a wider picture of health inequalities. COVID-19 has disproportionately affected the poor, ethnic minorities, and other socially disadvantaged groups by exacerbating health disparities faced by marginalised communities.

Workshop participants told us about their overall experiences during the pandemic and broader socio-economic disparities, which also echoes the existing literature. This suggests that vaccine uptake cannot be seen in isolation from the social determinants of health. Vaccine uptake is connected to experiences of healthcare and Government messaging during the pandemic, and the highlighting of racial disparities over the pandemic. Access to healthcare has been an issue both before and during the pandemic, as well as during the current vaccine drive. Negative experiences of healthcare services contribute towards feelings of neglect.

Further funded research is essential within this field to understand the fourth 'C' of community and the strengths and weaknesses of different, highly place-specific local systems and the multi-level factors of place and social relations. Given just 1.3 % of the peer-reviewed evidence focuses on place-based interventions or those with cross-community considerations - this is a significant gap and opportunity to identify and understand the coordination, partnership and delivery models that work.

References

(1) Radical Actions then and Now, https://www.towerhamlets.gov.uk/Documents/Leisure-and-culture/Events/Altab_Ali_The_Fight_for_Equality.pdf

(2) Mayhew and Harper (2019). The London Borough of Tower Hamlets Case studies in health inequalities and health care consumption. Available from: https://www.cass.city.ac.uk/__data/assets/pdf_file/0006/502269/LBTH-WSDP-report-final-03-10-2019-MHALtd.pdf

(2a) ONS 2011 Census accessed at https://www.ons.gov.uk/census/2011census

(3) Otu,A., Ahinkorah,BO., Ameyaw, EK., Seidu, AA and Yaya, S. (2020). One country, two crises: what Covid-19 reveals about health inequalities among BAME communities in the United Kingdom and the sustainability of its health system? International journal for equity in health 19 (1), 1-6. Available from: https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-020-01307-z.pdf

(4) Cameron, C; Hauari, H; Hollingworth, K; O'Brien, M; Whitaker, L; (2021) Interim Briefing Report. The First 500: The impact of Covid-19 on families, children aged 0-4 and pregnant women in Tower Hamlets. Thomas Coram Research Unit, UCL Social Research Institute: London, UK.,p.16 https://discovery.ucl.ac.uk/id/eprint/10119169/1/Interim%20briefing%20report%20final%209%20December%202020.pdf

(5) Keys, C.; Nanayakkara, G.; Onyejekwe, C.; Sah, R.K.; Wright, T. Health Inequalities and Ethnic Vulnerabilities During COVID-19 in the UK: A Reflection on the PHE Reports. 2021. Fem. Leg. Stud., 14, 1-12.

(6) Haque, Zubaida, Laia Becares, and Nick Treloar. 2020. Over-exposed and under-protected: the devastating impact of COVID-19 on black and minority ethnic communities in Great Britain. London: The Runnymede Trust.

(7) Tower Hamlets (2018). Borough Profile. https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Research-briefings/Population_2_BP2018.pdf

(8) Londonist (2018) London's Most Gentrified Boroughs. Accessed 13 August 2021. https://londonist.com/london/news/these-are-london-s-most-gentrified-boroughs-but-are-they-really

(9) Anon. (2016). Exploring East London (https://web.archive.org/web/20080328050646/http://exploringeastlondon.co.uk/Whitechapel/Whitechapel.htm#Altabarch)

(10) 'Save Bricklane'. Accessed 13 August 2021. https://battleforbricklane.com.

(11)'Your Councillors', 13 August 2021. Accessed 13 August 2021. https://democracy.towerhamlets.gov.uk/mgMemberIndex.aspx?bcr=1.

(12)'A Decade of Austerity | London Councils'. Accessed 13 August 2021. https://www.londoncouncils.gov.uk/our-key-themes/local-government-finance/london%E2%80%99s-local-services-investing-future/decade-austerity.

(13)'Public Services "at Breaking Point" Tower Hamlets Warns Government over £148m Spending Cuts | East London Advertiser'. Accessed 13 August 2021. https://www.eastlondonadvertiser.co.uk/news/local-council/public-services-at-risk-of-148m-cuts-tower-hamlets-warns-3622012.

(14)'Tower Hamlets: Eric Pickles Orders Takeover Squad to Run "rotten Borough" | London Evening Standard | Evening Standard'. Accessed 13 August 2021. https://www.standard.co.uk/news/politics/tower-hamlets-damning-government-report-hits-out-at-use-of-public-funds-lutfur-rahman-9837585.html.

(15)'Decision - Voluntary and Community Sector Strategy 2020-23', 25 November 2020. https://democracy.towerhamlets.gov.uk/ieDecisionDetails.aspx?AIId=114413.

(16) CfMM (2020). CfMM Submission to the APPG on British Muslims Report on COVID-19Accessed 13 August 2021. : https://cfmm.org.uk/resources/publication/cfmm-submission-to-the-appg-on-british-muslims-covid-report/

(17) What is Tower Hamlets Together? https://www.towerhamletstogether.com/about

(18) Freeman, Lance, Adele Cassola, and Tiancheng Cai. 'Displacement and Gentrification in England and Wales: A Quasi-Experimental Approach'. Urban Studies 53, no. 13 (1 October 2016): 2797-2814. https://doi.org/10.1177/0042098015598120.

(19) Office for National Statistics. (2011) Tower Hamlets. https://www.towerhamlets.gov.uk/Documents/Borough_statistics/Research-briefings/Population_2_BP2018.pdf

(20) Care Quality Commission. (2015). The Royal London Hospital. https://www.cqc.org.uk/sites/default/files/new_reports/AAAC0234.pdf

(21) Tower Hamlets (2017) Borough Statistics: Diversity. https://www.towerhamlets.gov.uk/lgnl/community_and_living/borough_statistics/diversity.aspx

(22) Tower Hamlets (2020). Understanding the impact of Covid-19 in Tower Hamlets. https://democracy.towerhamlets.gov.uk/mgConvert2PDF.aspx?ID=170313

(23) Ilbury, C. (2021). A tale of two cities: The discursive construction of 'place' in gentrifying East London. Language in Society, 1-24. doi:10.1017/S0047404521000130

(24) Black, Asian and Minority Ethnic Inequalities Commission. Report and Recommendations 2021 https://www.towerhamlets.gov.uk/Documents/BAME-Inequality-Commission/BAME-Inequalities-Commission-Report-and-Recommendations-2021.pdf

(25) East London Mosque. Accessed 13 August 2021. https://www.eastlondonmosque.org.uk/News/elm-vaccination-jul2021.

(26) HealthWatch Tower Hamlets.(2020). Community insights on Covid 19 Mutual Aid WhatsApp groups in TowerHamlets. Accessed 13 August 2021. https://cdn.whitebearplatform.com/hwtower/wp-content/uploads/2020/12/21172138/Mutual-Aid-WhatsApp-Groups-Dec-20.pdf

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The Institute for Community Research

Community Research Alliance

About the Institute for Community Studies

The Institute for Community Studies is a new kind of research institute, with people and communities at its heart. We give increasing weight to the stories, experience and evidence created in communities, supported through our national network of community researchers. We provoke direct engagement with policy-makers, business and those holding power to change the experience of communities today through working with those who care about taking action. The Institute for Community Studies is powered by The Young Foundation

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