



Scottish Government
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Coronavirus (COVID-19): Understanding inequalities in wellbeing during the pandemic



PEOPLE, COMMUNITIES AND PLACES



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1. Executive Summary

Purpose of the project

The research was commissioned to investigate why the wellbeing of five subgroups in the Scottish population has been disproportionately impacted by the COVID-19 pandemic. The five subgroups identified were women, young adults, those living in the lowest quintile SIMD areas (SIMD 1), disabled people, and those whose employment was threatened by the pandemic. From this, recommendations were sought on what can be done to mitigate against further negative impacts on wellbeing across these groups.

The research method

A qualitative methodology was used, comprising eight group discussions and eight one to one in-depth interviews. In total, 47 representatives of the five subgroups participated in the research. All interviews were undertaken online via ZOOM. The fieldwork was completed on 17-18 February 2021.

The main findings

The research revealed that there were five core practical issues which led to six core factors that impacted wellbeing.

FIVE CORE PRACTICAL ISSUES:

1. Home living situations, including enforced confinement
2. The inability to meet up with and connect with friends and family
3. Changes to, and challenges with, work and financial stability
4. Removal of freedoms and closure of the social infrastructure in communities
5. Living in a country which is battling through a pandemic, and with this, the need to learn new ways to be around others in society; and related changes to health service provision

Leading to

SIX IMPACTS ON WELLBEING AS A RESULT OF THE 5 PRACTICAL ISSUES:

1. A lack of sense of control over our lives as individuals
2. A sense that our national institutions have had no real control over the situation
3. A fear of risk from the virus
4. A fear of risk relating to other health issues as a knock on consequence of the COVID-19 pandemic
5. A general social deconditioning relating to reduced ability to live and interact with others in our homes and communities
6. Positive impacts on wellbeing as a result of the practical issues

The research indicated that there was more crossover than difference between the ways that the five subgroups experienced these impacts on their wellbeing.

To deal with these impacts on wellbeing, the research identified that a range of coping strategies were employed across all the subgroups. These fell into four main categories:

- Coping strategies that were seen by respondents as having a **positive** impact. For example, exercising, learning something new, undertaking home improvements, spending time with friends and family, supporting the community and taking support from the community, caring for others and staying mindful.
- Coping strategies seen as having either a **positive and/or a detrimental** impact on wellbeing. Specifically, choosing (beyond any need from the virus) to isolate, with this being beneficial as an escape or detrimental if it became a default way of living.
- Coping strategies that were regarded by respondents as being **detrimental** to wellbeing. For example, smoking and/or drinking more alcohol, eating more unhealthily, and living sedentary lives.
- Coping approaches initiated through support given by **external bodies** such as the government, NHS and schools, and regarded as having **positive and/or a detrimental** impact. For example, the furlough scheme, other financial aid or support from banks or mortgages, support from the NHS to deal with physical or mental health conditions and support from schools. With support in each of these areas being beneficial when available and relevant, but having a detrimental influence on wellbeing when individuals 'fell between the cracks of eligibility' or when support did not make a meaningful difference to wellbeing or sense of security.

Conclusions and recommendations for future policy development

In order to mitigate against further damage to wellbeing the research indicated that policy development could be considered in three areas:

Actions to support wellbeing in the immediate term, that is, while the COVID-19 pandemic continues:

- Support to build resilience while the pandemic continues. This includes communications from the government about the plan to get Scotland out of the pandemic, communications to ensure all those in need understand that there is support for wellbeing available, and initiatives to start the process of building confidence in advance of community reintegration.
- Financial support for those in need while restrictions are still in place.
- Support from schools for parents to mitigate against the impact of localized cases of the virus.

Actions needed for the medium term, that is, during the immediate recovery from the pandemic:

- Social reintegration strategies, including allowing the population to see that the pandemic is over, creation and promotion of connection points in communities, and encouragement of volunteering within communities.
- Provide ongoing support to build resilience particularly amongst those who have faced challenges with their mental health.
- Provide financial support for those in need through any future recessions.
- Support for those who are struggling to get back to work.
- Build on the positive value seen to the climate through the pandemic by encouraging a green recovery.
- Provide education catch up programmes for all who have missed out during the pandemic.

Actions needed for the long term. That is, looking forward as a society in the light of having lived through a pandemic and building on lessons learned:

- Strategies and plans to ensure the people of Scotland have ongoing support with building resilience.
- Strategies and plans that show that the Scottish Government has learned from the COVID-19 pandemic experience and is prepared for any future pandemics; particularly in relation to dealing with the health consequences, protecting the economy, and protecting the education system.

2. Introduction

2.1 Background

In January 2021 The JRS Research Consortium was commissioned, by the Scottish Government, to undertake research into how the wellbeing of key subgroups within the Scottish population has been affected by the COVID-19 pandemic. The Scottish Government commissioned the research to focus on five key population subgroups. These were:

- Women
- Young adults
- Disabled people
- Those whose job security had been threatened by COVID-19
- People living in Scotland's most deprived communities (defined as those living in the lowest quintile SIMD communities (Scottish Index of Multiple Deprivation - SIMD 1) ¹

These subgroups were identified by the Scottish Government team, through a series of quantitative research projects, as being those who had faced the greatest challenges to their wellbeing as a result of the COVID-19 pandemic. ²

JRS was commissioned to explore how the wellbeing, that is levels of relative comfort and contentment with life, of these subgroups had been affected by any contributory factors during the COVID-19 pandemic including attitudes to or reactions to:

- Actual or potential impact on physical health due directly to the COVID-19 virus
- The knock on effect on physical health as a result of actual or perceived inability to access health services due to COVID-19
- The impact of financial or economic changes, and
- The impact of isolation as a direct result of the restrictions imposed around the COVID-19 pandemic

Within this context, the research was commissioned to learn about the experiences of those in the five most affected population subgroups so that, ultimately, supportive policies can be developed that might mitigate the social harms of the virus now and moving forward.

2.2 Specific Research Objectives

The following list of key areas of investigation was agreed by JRS and the Scottish Government client team as the required focus for the project:

The research should determine, for all relevant subgroups and in terms of differences between subgroups:

1 Scottish Government (2020), The Scottish Index of Multiple Deprivation 2020, [online] Available at: www.gov.scot/publications/scottish-index-multiple-deprivation-2020

2 Scottish Government (2020), Covid-19: Scotland's Strategic Framework, [online] Available at: Coronavirus (COVID-19): impact on wellbeing - research - gov.scot (www.gov.scot) and Scottish Government

- In relation to historic experiences of COVID-19:
 - What life was like for our key subgroups.
 - What the impact of COVID-19 was during restrictions in relation to wellbeing.
 - What the positive experiences were.
 - What the challenging experiences were.
 - What coping strategies were employed to help deal with the challenges that were faced over the COVID-19 era, identifying both:
 - Coping strategies which influenced wellbeing that were regarded, by respondents, as being beneficial overall.
 - Coping strategies that were regarded as being detrimental to wellbeing.
 - What level of engagement there was with Scottish Government measures to help mitigate the challenges of COVID-19.
 - What level of engagement there was with measures provided by other organisations (public, private sector or third sector) to help mitigate the challenges of COVID-19.
 - Which measures were appreciated.
 - Which were not appreciated.
 - What measures our key segments would ideally like to have had offered to them to help reduce the impact of COVID-19 on their wellbeing.
- In relation to current experiences of COVID-19, during the Christmas 2020 and the early 2021 lockdown:
 - How the key subgroups are coping now.
 - What they are doing differently at this time.
 - What measures the key segments would like to have offered to them now, to help them cope with COVID-19.
 - How they would like these measures to be implemented and by whom.
- In relation to the future - both as COVID-19 continues and in the post COVID-19 recovery era:
 - What the main fears of our key subgroups are.
 - What lessons they would like the Scottish Government and our society in general to take from the COVID-19 era.
 - What support they anticipate would help them recover from the COVID-19 era at a personal level and from the societal perspective.



Based on these areas of investigation the project was required to generate recommendations for where potential problems or further inequalities could be prevented

2.3 Method

The research employed a qualitative design involving a mix of eight group discussions and eight in-depth interviews with representatives of the key subgroups. The group discussions allowed respondents to discuss and compare their experiences throughout COVID-19 while the one-to-one interviews provided a platform to explore issues relating to wellbeing in a more sensitive way. All interviews were undertaken on either the 17 or 18 February 2021. Each of the interviews lasted approximately 60 minutes and the groups lasted 90 minutes. All interview sessions were undertaken online through the ZOOM platform and were moderated by one of the core team of senior JRS executives.

Respondents were invited to participate in the research through a mix of different techniques, including: use of the recruiters' databases of individuals who had participated in historic research projects, rollout techniques (where individuals known to the recruiters are asked to give contact details of individuals they know), and some respondents were recruited face to face within community shopping areas (albeit the ability to find and engage with respondents in this way who were not previously known to the recruiters was limited due to COVID-19 restrictions). Potential respondents were asked to confirm relevant personal details in relation to the recruitment criteria of the project in advance of being invited to attend the research sessions through use of a structured profiling questionnaire (see Appendix 4.1).

The sample plan for the interviews and focus groups was based around three key criteria:

- The research focused on people with certain experiences and attitudes that suggested they had faced challenges with their wellbeing as a result of the COVID-19 pandemic. An understanding of whether potential respondents had faced 'challenges with their wellbeing' was achieved through the recruiters asking questions on perceived happiness, personal levels of anxiety and/or employment of coping techniques.
- The research and analysis focused on the five key subgroups - women, young adults, disabled people, those whose job security had been threatened by COVID-19, people living in Scotland's most deprived communities (that is the lowest quintile SIMD communities). Disabled respondents were recruited within each of the other four subgroups as opposed to in isolation. This approach was undertaken on the basis that the other four subgroups, collectively, represented the majority of the Scottish population.
- Within each subgroup respondents were recruited to ensure that other demographic characteristics of importance such as age, gender, socio economic group (SEG³), location, ethnicity and life stage (family including under 12 year old children, family with older children, empty nesters (i.e. a parent whose children have grown up and left home) were accounted for. This assured that the sample included a wide range of respondents in terms of demographic profiles. This approach also allowed the group discussions to be undertaken within relatively homogenous gatherings.

3 NRS (2016) www.nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade

All interviews were moderated with use of a topic guide of questions (see Appendix 4.2). This guide was written to reflect the core project objectives, as outlined above.

Interviews were recorded, with the respondents' permission, and then transcribed to aid analysis. Thematic analysis was undertaken whereby the data was interrogated to identify common themes of relevance to the project objectives. Quotes are presented throughout this paper alongside respondents' profile information.⁴

2.3.1 The Sample Plan

A total of 47 respondents participated in the research in total. 39 respondents took part in one of 8 online group discussions that included either 4 or 5 respondents per group. A further 8 respondents participated in individual interviews.

Group	Key Subgroup	Additional Recruitment Criteria
Group 1	Women	20-50 years, BC1C2D
Group 2	Women	50-75 years, BC1C2D
Group 3	Young people- 18-34 years	BC1, Male and Female
Group 4	Young people- 18-34 years	C2D, Male and Female
Group 5	Individuals who stated that their employment has been at risk as a result of the COVID-19 pandemic	20-50 years, BC1, Male and Female
Group 6	Individuals who stated that their employment has been at risk as a result of the COVID-19 pandemic	C2D, Male and Female
Group 7	Lived in communities defined as SIMD lowest quintile (SIMD 1)	20-50 years, C2DE, Male and Female
Group 8	Lived in communities defined as SIMD lowest quintile (SIMD 1)	50-70 years, C2DE, Male and Female

10 respondents across the groups were disabled: 2 with sensory disabilities (deafness), 3 with long term illnesses, 3 with mental health conditions and 2 with physical disabilities that affected mobility.

⁴ Each quotation is followed by an identifier to show the profile of the respondent. Identifiers include information to highlight the key subgroup the respondent is in - gender, age, if employment is at risk, if they are disabled and if they live in an SIMD1 area - alongside additional information which may be relevant or bring further context (e.g. socio-economic group (SEG), 'children at home').

Respondents for the one-to-one interviews were recruited to represent those who spanned more than one of the five key project subgroups.

Depth	Key Subgroup Criteria
Depth 1	A 20-50 year old woman who lived in a SIMD lowest quintile community (SIMD 1)
Depth 2	A disabled woman (50-70 years)
Depth 3	A disabled young (18-30 years) woman, whose employment was at risk as a result of the COVID-19 pandemic
Depth 4	A disabled young (18-30 years) male, who lived in a SIMD lowest quintile community (SIMD 1), whose employment was at risk
Depth 5	A young (18-30 years) male in the BC1 SEG, whose employment was at risk
Depth 6	A 20-50 year old male who lived in a SIMD lowest quintile community (SIMD 1), who was disabled
Depth 7	A 20-50 year old male who lived in a SIMD lowest quintile community (SIMD 1), whose employment was at risk
Depth 8	A 50-70 year old woman who lived in a SIMD lowest quintile (SIMD 1) community and was disabled

Beyond these criteria, across the whole sample, there were 6 respondents who represented the minority ethnic population of Scotland. With regards to location, respondents were recruited from urban and rural communities in Aberdeen, Aberdeenshire, Edinburgh, East Dunbartonshire, Falkirk, Fife, Glasgow, Midlothian, Renfrewshire and South Lanarkshire. A full breakdown of the sample plan is provided in Appendix 4.3.

2.3.2 Limitations of the Project

First, the research utilised online interviewing techniques only. While the JRS team employed a range of systems to ensure that people with low digital confidence were included in this project (e.g. through promotion of the JRS ZOOM helpdesk service), it is possible that some potential respondents with low digital literacy or limited access to the internet were excluded from the research.

Second, the research fieldwork was exclusively undertaken over a two day period in mid-February 2021. This meant that fieldwork was undertaken while the COVID-19 pandemic was still live and during a period of Scotland wide Level 4 restrictions. As such, it must be acknowledged that wellbeing issues may change for our key segments beyond the conclusion of the project.

3. Main Findings

This report is structured in five sections:

- Experiences relating to wellbeing across the sample as a whole - section 3.1
- An overview of the factors that impacted the wellbeing of the sample as a whole - section 3.2
- How five practical challenges and consequential impacts on wellbeing affected the five subgroups differently - section 3.3
- Coping strategies used to support wellbeing - section 3.4
- An overview of the implications of the findings in terms of potential areas of policy intervention moving forward – section 3.5

3.1 General Description of Experiences Relating to Wellbeing Across the Sample as a Whole

Following a brief warm-up respondents were asked, in very general terms, how they had felt during the COVID-19 pandemic and how they were feeling at the time of the research. Within interviews with all five of the subgroups, respondents described feeling everything from 'good' and 'excited' (at the beginning of the pandemic), to 'bored' and 'uneasy' as the pandemic stretched on. Across all subgroups in the sample, respondents also described feeling 'anxious', 'stressed', 'angry' and 'depressed' at times when wellbeing was being challenged. JRS observed five overlapping themes that go some way to bringing meaning to this wide range of emotions experienced by respondents across the subgroups.

First, respondents across all the subgroups appeared to take their time to open up about the emotions they experienced over the pandemic. This could simply reflect a level of discomfort with discussing personal issues within the research setting, which is inevitable. However, reticence to talk about the emotions experienced might relate to a discomfort with acknowledging the severity of the impact of the pandemic on wellbeing. Central to this, and repeated across the research sessions, was the belief held by many that they had not necessarily had as bad an experience during the COVID-19 era as others, and implicit in this, was a belief that they were not as entitled to be overly vocal about the emotional challenges they had faced.

I can only imagine how hard this must be for somebody who is genuinely on their own. They've got no contact with anyone really, except maybe the checkout at the supermarket. That is it. There must be people out there like that. I'm here with my wife and my very old daughter. (Male, 50-70 Years, C2DE, SIMD 1)

Second, there was clearly a wide variety of levels of severity of impact on wellbeing across the sample. Inevitably, due to the length of the pandemic, most respondents experienced a mix of emotions. The relative mix of positive and negative emotions ultimately led different respondents to consider their experiences in vastly different ways. This was the case even within subgroups. There were respondents who, while facing challenges, and while acknowledging that they had to deal with difficult experiences during the COVID-19 era, considered their overall experience during the

pandemic to be broadly okay or even positive (from a financial and or emotional perspective). These respondents appeared to be those with either strong levels of resilience and or less challenging experiences. Some reflected on their emotions as simply being a version of, or a continuation of, those they had typically experienced before the COVID-19 era. This group included those who had pre-existing mental health conditions and also those who broadly were more 'in-tune' with their wellbeing before the first lockdown. Finally, there were also those who, on balance, had experienced increased levels of negative emotions that at times had a significant impact on their wellbeing. This group, again as seen across all the subgroups, included those who stated they had not historically had any mental health condition and those who were living with a mental health condition.

I think your motivation is the first thing to go, and that's kind of linked to mental health, so you don't really think that you're doing badly, but the fact that you do become more lazy, if you like, or unmotivated, that's kind of aligned to, I suppose, your mental health declining a little bit and thinking well, I can't be bothered, what's the point? (Male, 18-34 Years, BC1)

The third theme that can bring meaning to the wide range of emotions experienced by respondents across the subgroups related to the way that respondents reported their sense of wellbeing fluctuating from positive to negative and back again on a regular and continual basis during the pandemic. Many respondents described themselves as being on an emotional rollercoaster, with ups and downs often being experienced within individual days. Respondents reported changes in their sense of wellbeing being influenced by a wide range of different influencing factors, including, for example, from experiencing challenges dealing with children's school work, to worrying about work situations, to spending positive time with friends and family within online 'get-togethers'.

It's been.... it's like a roller coaster, it [mood] can go up and down.
(Male, 20-50 Years, Employment at Risk, SIMD 1, Disabled)

Fourth, for many respondents, their sense of wellbeing also changed significantly over the time of the pandemic. On considering the stages of greatest significance there appeared to be four main parts, each of which brought different positive experiences and different challenges, and therefore in turn, different emotions:

- Lockdown 1 (from March 2020 to early June)
 - This period, for many, was marked by the newness of the experience. Within this, it appeared that respondents across the sample experienced wide ranging extremes of emotions. From those who were fearful of the virus as a health condition and of the impact of the virus on their work and incomes; to those who were genuinely positive about having more time to themselves and to spend with their families, and to having less or no work-related stress.

- Period of restriction easing (June/ July to October 2020)
 - During this time respondents were still able to enjoy the summer and were also optimistic about the easing of restrictions. For many there was still stress, primarily due to the uncertainty of the economic future of the country and the world, and the potential related impact on their jobs. But many perceived this period as being the likely beginning of the end of the pandemic.
- December and the Festive Season
 - This period was defined by amplified worry, disappointment and frustration for many respondents. This was caused by the initial promotion of the lightening of the restriction rules, and the related opportunity to see family or friends, and the almost immediate removal of this opportunity due to the required reintroduction of strict controls over freedoms of movement.
- Lockdown 2 (from January up to the time of the research)
 - This period is one where most respondents' experiences started to align more than at any other stage; that is, around the boredom and frustration of the COVID-19 pandemic. This sense of boredom and frustration appears to have left many with a significant sense of disillusionment based on cynicism and a lack of hope for and belief in a positive future. These negative emotions were strongly felt by respondents to be compounded by the winter weather and the darker nights.
 - It is clear that there is no unified picture of wellbeing experienced across all subgroups since March 2020. This relates to the fluctuation of emotions on a regular basis, and often many times in a day. That said, at least in the background, the wellbeing of the majority of respondents was undoubtedly impacted by the changes between the various stages of the pandemic as outlined above.

I think this time (most recent lockdown) has been harder because, I think, last year, when it was summer, you could get outside and it wasn't so bad, but I think, with the winter months, it definitely, for us as a family, has been a lot harder. The kids are just a nightmare.
(Female, C2, 20-50 Years, Young Children at Home)

- Finally, in addition to the four observations outlined above, it is clear that respondents, in their nature, were simply different people, with different levels of ability to be resilient.
 - This might seem like an obvious observation to be drawn from the research, but it should be acknowledged that each of the subgroups in this research is very wide and as such, inevitably, within each subgroup, there is a wide variety of personalities.
 - In contrast, there were respondents who appeared to be more pessimistic in nature and or less able to be resilient, or less willing or able to turn to resilience techniques to support their sense of wellbeing over the COVID-19 era.

3.2 An Overview of the Factors that Impacted the Wellbeing of the Sample as a Whole

This section details which factors influenced the emotions, both positive and negative, that impacted wellbeing for respondents. As was perhaps inevitable, the project revealed a complex picture that involved multiple influencing factors, that affected different people within the subgroups in different ways, and at different times. That said, the research revealed that there were five core practical issues which led to six core factors that impacted wellbeing.

FIVE CORE PRACTICAL ISSUES:

1. Home living situations- including enforced confinement
2. The inability to meet up with and connect with friends and family
3. Changes to and challenges with work and financial stability
4. Removal of freedoms and closure of the social infrastructure in communities
5. Living in a country which is battling through a pandemic- and with this, the need to learn new ways to be around others in society; and related changes to health service provision

Leading to

SIX IMPACTS ON WELLBEING AS A RESULT OF THE 5 PRACTICAL ISSUES:

1. A lack of sense of control over our lives as individuals
2. A sense that our national institutions have had no real control over the situation
3. A fear of risk from the virus
4. A fear of risk relating to other health issues- as a knock on consequence of the COVID-19 pandemic
5. A general social deconditioning- relating to reduced ability to live and interact with others in our homes and communities
6. Positive impacts on wellbeing as a result of the practical issues

Five Core Practical Issues

1. Home living situations- including enforced confinement

The first key issue, which was experienced by all respondents, albeit to different degrees, related to the enforced restrictions to our movements and the requirements imposed on the people of Scotland to stay at home. Clearly individuals across the sample experienced their home life situations in very different ways depending on a wide variety of factors:

- Who they shared their homes with:
 - Living alone, living with a partner or spouse, living with friends or flatmates, living with extended family, living with children in their teens and or living with younger children under 13 years of age, including infants.
- The quality of relationships

- Clearly, where relationships were strong and positive, the ability to adapt to enforced limitations on our ability to leave home was easier than when there may have been underlying tensions within relationships.
- Access to space in the home and outdoor space:
 - Whether homes allowed individuals to find their own space or not- both in general, and relating specifically to finding space to work and home-school where relevant.
 - Whether there was access to a garden or not.
 - Whether there was access to good quality outdoor space nearby, for example, green space, parks, or beaches.

2. The inability to meet up with and connect with friends and family

As a knock-on consequence of the requirement to stay at home and restricted movement, was the need to avoid mixing with other people. This in turn meant that it became impossible, for many, to get or give the emotional support that had been a fundamentally important part of their lives before COVID-19.

3. Changes to and challenges with work and financial stability

It is important to note the difference between the subgroup that included 'those whose job security had been threatened by COVID-19' and the others (women, young people, disabled people and people living in SIMD communities) which are all demographic in nature. In simple terms, this meant that risk to job security was something that happened to many in Scotland, across all demographics, as opposed to simply defining them.

The way that this practical issue impacted on different people in the research sample was very varied. Respondents across the sample were experiencing a range of furlough, working at home, working out of home (key worker or not), being newly unemployed, taking on different forms of work, having their employment threatened (either directly, or as part of the more macro threat based on the economic situation), or being longer term unemployed but with the growing prospect of not being able to find work during the pandemic.

Beyond this, while the main impact of the risk to employment for all was financial, the practical implications of changes to work situations for respondents were also very varied depending on lifestage and individual circumstances. They included:

- Not being able to pay bills.
- Needing to use savings.
- Needing to change living situation as a result of changes to financial positions (e.g. moving back with parents).
- Having to change plans due to limits to financial freedoms, for example, needing to use money that had been saved for plans such as major holidays or deposits to buy a home.
- Threats to, or loss of, businesses if self-employed.

As with other issues faced, it was clear that the scale of the threat to work and income levels grew significantly over the time of the pandemic. From the early stages when the novelty of not having to go to work was actually a positive for many

who were furloughed or newly working from home, to the latter phases of the pandemic where the risk to financial security was becoming very real for many.

Usually I'm going to different shops and the rest of it trying to promote the product, talking to their customers, talking face to face, but it's working from home. So video calling, Zoom, it's not quite the same!
(Male, Employment at Risk, 25-34 Years, BC1)

So I'm rattling about in a big house with me and my pugs....I work for social policy for the council, I've been in work, I've been out, been working from home, back in. Really difficult to work from home.
(Female, Employment at Risk, 45-54 years, BC1)

(Re changing job)....I thought it's now time to move on because it was very clear that my employment is at risk, we furloughed many employees, and that's pretty much the case, some of them didn't return after seven/nine months, so....
(Male, Employment at Risk, 35-44 Years, AB)

4. Removal of freedoms and the closure of the social infrastructure in communities

Overlapping with the first two practical issues being faced was the fact that respondents could not access the social infrastructure that had been central to their lives before the pandemic. This included, at different times, not being able to access, for example, shops, restaurants, leisure and entertainment facilities (e.g. cinemas, bingo, sports events), or sports and health facilities. Through the loss of social infrastructure there was a loss of valued services and also a reduction in the number of opportunities to make social connections.

5. Living in a country which is battling through a pandemic- and with this, the need to learn new ways to be around others in society; and related changes to health service provision

Respondents spoke of implications of living in a society where a virus was being faced. These included:

- Challenges interacting with others in a society where social distancing and other hygiene protocols had to be observed.
- Challenges with accessing health services for non COVID-19 conditions.
- The difficulties of coming to terms with the need to change many aspects of everyday life and routines, when for many, there was no clear or discernible consequence to their own life of the virus beyond that which was being reported in the media.

The relative impact of these five practical issues has been different for individuals, and between the five subgroups, and different over time. That said, as a result of these issues, there were observed to be six different consequences that impacted the wellbeing of respondents.

Six Impacts on Wellbeing as a Result of the Five Practical Issues:

1. Individuals having a reduced sense of control over their lives

The most fundamental impact on wellbeing created by the five practical issues listed above was a sense, for respondents, of loss of control over key aspects of their lives. This loss of control manifested itself in a wide range of ways across the core subgroups:

- **Forced isolation**

The vast majority of the Scottish population is used to living in a free country where, to all intents and purposes, they can do what they want, and our social infrastructure is designed to simply enhance quality of lives, not limit, restrict or place controls over lives. With the imposition of wide-reaching rules, most people in Scotland for the first time experienced being told what they can and cannot do in key aspects of their lives. This restriction on our freedom of movement affected most respondents significantly. At the most extreme level, those who were shielding, a subgroup that spreads across the project's subgroups, were simply told that they could not go anywhere. At the other end of the scale, there were those who were working out of home, and as such only experienced restrictions on movement in relation to their personal and social lives.

It's like getting locked in a prison with like five people, and you can't get out, you're not allowed out.
(Male, 20-50 Years, Employment at Risk, SIMD 1, Disabled)

Yes, I think such horrible things happen and there's not really anything I can do at the moment other than just completely isolate and look after myself, yes. (Female, 18-34 Years, Disabled)

As a consequence of the forced isolation, changes to working patterns and to the education system, many respondents across the sample experienced a complete removal of any discernible routine in their lives. For some respondents this meant that they had too much time. For others, this meant that they did not have enough time to juggle all the various responsibilities that had been imposed on them, including working from home, assisting children with home school, looking after their homes, and caring for others.

- **No respite for many**

For many, the removal of their routines, combined with forced isolation meant that there was no respite or escape from the pressures being faced on a continual basis. For some across the sample this meant that there was inevitable tension created within relationships, including relationships with partners and spouses, other family adults and with the children in households.

- **Repetition over time**

The novelty of lockdown and changes to working patterns wore off quite quickly for many respondents. Ultimately, the loss of variety in the daily lives of respondents meant that many simply found it difficult to look forward to anything. This was created, at least in part, by a perception that nothing was changing in terms of the restrictions imposed on their lives. The issue was compounded by the fact that the COVID-19 restrictions lasted far longer than had been expected and had been 'promised' by government and, as a consequence, there was a diminishing ability to plan experiences and events to look forward to.

Yes, it can go up and I'm fine, I'm happy, and then sometimes the news comes on, 'Oh, coronavirus, we're still in lockdown.' Thanks for depressing me. Go away.
(Male, 20-50 Years, Employment at Risk, SIMD 1, Disabled)

- **Not knowing what to expect**

The lack of sense of any discernible control in the lives of respondents was also compounded by the fact that, over time, as the pandemic stretched on, there was less and less ability to know what to expect. Respondents noted that there had been an expectation that the pandemic would last 'only a few months' and that there would be a limited number of deaths, but early predictions were quickly passed. This, in turn, led to a diminished sense of optimism for many. This lack of any ability to predict how the pandemic would pan out led to frustration, anxiety and fear for many.

- **Loss of control over work and income**

A central part of the sense of loss of control for many respondents related to not going to work as they previously had, and for some, the need to rely on financial support from others. For many respondents, especially those in the more affluent subgroups of the sample, their sense of place in the world was to at least a degree defined by the work they did, and a fundamental part of their sense of security came from being able to go to work and generate an income. These issues left many feeling vulnerable and for the first time, reliant on others. The consequence of this on wellbeing was significant.

For some respondents the issue of loss of control over work and income was very real, with furlough, redundancy or unemployment experienced. For others, wellbeing was affected by the threat of job loss either in the short term (particularly for those working in hospitality, tourism and other sectors badly affected) or in the long term as the pandemic risked leading to a significant recession. This was an issue that was again amplified over time from initial pleasure for many created by not having to go to work, to fear of the risk to employment status, and for many to actual loss of businesses and becoming unemployed.

- **A loss of ability to help and support relatives and friends**

Some respondents had clearly been profoundly impacted by not being able to provide support to the most vulnerable relatives in their lives. This was most

significant for those respondents with parents in care or in hospital but also for those with vulnerable loved ones living independently. Beyond providing support and care for vulnerable older relatives some respondents, particularly women, suggested that they felt they were letting their children down as they had not been able to provide the support they felt they needed with their home education. This frustration was based on the belief that they had limited time and or that they were not qualified to provide the support required.

For me, it would be probably personal well-being and mental health at times (that have been challenging). I would say the only other thing that would be prominent would be maybe concerns about your child's progress. Education will be a big thing, I think. Are they doing enough? When they return, are they going to be behind because they maybe haven't understood something as much as others?
(Female, C1C2, 20-50 Years, Children at Home)

I'd say mine's the concerns about the health of vulnerable people close to me. My grandad had a stroke, I want to say in November, and then just literally today that's him back in the hospital today, back to the stroke clinic in Manchester and obviously I've not been back - I'm originally from Bolton so I've not been back there since I think August, August Bank Holiday I was down there and then everything got locked down again.
(Male, Employment at Risk, 25-34 Years, BC1)

It's very hard to stay upbeat, especially when you're seeing other people suffering throughout this. In my case, my mother went into hospital on Easter Sunday last year, and we haven't seen her. She was in for 16 weeks, which we had no contact whatsoever with her. My mum's 86. She was then moved to a care home, where we still had no contact. Then we could shout through a window to her. She's now in permanent care home and we're getting two half-hour visits at a window. My mum has a hearing aid, a lot of medical problems. It's very difficult and she's very, very upset. Can see her deteriorating. My mum's life was her family and that's coming up for nearly a year where she has had no physical contact with any of us.
(Female, 50-70 Years, C2DE, SIMD 1)

- **A sense that many had that they were missing out**

As a further element of the fact that control was taken away from respondents, there was a clear sense that many had missed out on key milestones in their lives. This was something that was clearly evident within the younger subgroup. With this group feeling that they missed out on important opportunities for social interaction, such as meeting people, attending events, creating memories and progressing within their lives.

More widely and deeply felt, across all the subgroups, was the sense that key milestones had been missed, for example, by not being able to celebrate important birthdays, graduations, or to spend time with new-born family members.

Beyond this, a further aspect of the challenges to wellbeing created by the sense that many were 'missing out' related to the more challenging, support giving, parts of life. This included not being able to spend final hours with ill loved ones, and not being able to go to the funerals of friends and family members who had died during periods of restriction.

Overall it was clear from the research that missing out on key areas of life had a significant impact on the wellbeing of many, with respondents talking about the sense that they would never get these moments back again.

I find missing out on doing things, like I work through the summers in America at summer camp, and that'll be going on the second year now that I've missed that. I guess like everyone else, it's holidays or I know people have missed, had to postpone their wedding and all that kind of stuff. You feel a bit selfish complaining about your own holiday but it is, you work all year and there's zero reward for it.
(Female, 18-34 Years, C2D)

My twin brother, he's just had a newborn baby and I've not met her yet because I'm not able to because of rules. That's my niece. She'll be a couple months old soon and I still haven't met her.
(Male, 25-34, SIMD 1, Young Children at Home)

Some life events that are huge to people happening, like one of my best friends lost their dad, and for her not to have her full family and friends around her was heart-breaking for her. You'd think, and the impact that that has on me, because I can't be there to support my friend, whereas before, I'd be straight along there if something had happened, and just being. (Female, 18-34 Years, C2D)

2. A sense that our national institutions have had no real control over the situation

The second of the core impacts on wellbeing as a result of the five practical issues presented by the pandemic related to many having lowered faith in the robustness and effectiveness of society's institutions.

- **Government**

There was a general sense that the Scottish Government, UK Government and governments around the world were caught off-guard by the virus. This left many with a combination of feelings of frustration, anger and concern.

This issue was based on the belief, for many, that governments were not well prepared for a pandemic (which many felt had been known to be inevitable) and also that governments appeared to have no discernible plan to deal with a pandemic. This belief appears to have been amplified over time as the pandemic stretched over many months. Examples of where there was a sense that control had been lost related to the belief that governments did not appear to have known what to do in relation to important elements of the COVID-19 strategy, at different times over the pandemic, specifically in relation to:

- Restrictions on travel: It was widely felt that more should have been done in Scotland and the UK to control international travel. Not closing our borders early in the process was regarded, by many respondents, as a mistake. Many perceived the immediate closing of borders to be a central component of the strategies that helped the countries that have been least harmed by COVID-19, including New Zealand and Australia. It should be noted that the issue of border controls was a central part of news coverage at the time the fieldwork for this project was being undertaken.
- Personal Protective Equipment (PPE): There was a widely held belief that there was not enough PPE, there had been failures in attempts to generate enough PPE and that there was no real sense of international cooperation relating to PPE production and distribution.
- The testing programme: There was a sense that a wide-reaching testing programme should have been set up far more quickly in Scotland and across the UK, as was perceived to have happened in other countries.
- Test and Protect: There was a sense that the Test and Protect system took too long to set up, and when it was, it did not work properly. The context to this concern was both negative press around Scotland's Test and Protect programme, but clearly also around the Track and Trace programme in England.
- Vaccination programme: Attitudes to the funding and delivery of a vaccine also had an impact on wellbeing throughout the pandemic. At first, the vaccine was looked at, by many, to be the great hope for our release from the pandemic. In addition, there had appeared to be general delight for many respondents about the progress made in finding a vaccine. This delight, for many, appeared to be significantly diluted by the reality of how well they were being told that the vaccine could get society back to normal. It was hoped that there would be an instantaneous change in fortunes, but this was replaced by frustrations about the reported efficacy of the vaccines and the time it would take for the vaccine programme to get to all

key parts of the population. Beyond this, there were also clearly different views over the plan for vaccination roll out held by respondents, not least of all the belief, held by many, that teachers should have been within the first round, so that schools could reopen as early as possible.

I look back and I feel a bit angry just now that we have taken this long. I'm hoping that lessons will be learned because I think, the government, they put us in lockdown the first time.... and I think by common sense a lot of people knew.... why they're opening us up so quickly? I feel like they've created, by their mistakes, it's been prolonged because of all the opening and shutting and opening and shutting and the different phases, I just think it might have been handled different. (Female, Employment at Risk, 45-50 Years, BC1)

Well, they should have put us in lockdown sooner than they did for one. (Female, Employment at Risk, 25-34 Years, BC1)

People think that, people is going on about the, they've got to see the end date and they're getting the vaccine and all that. As far as I'm led to believe, the vaccine doesn't stop you getting it, it doesn't stop you transmitting it to somebody else when you've got it. Plus, the only thing it seems to actually do is what they're telling you, is it actually stops you, you've got a better chance of not actually dying with it. (Male, 50-70 Years, C2DE, SIMD 1)

The limited faith that many respondents had that our governments were in control was compounded by the perception that different governments, not only within the UK but across the world, were dealing with the pandemic in very different ways and having, as reported by the media, significantly different levels of success with dealing with the pandemic.

I think the UK government has made a disastrous mismanagement of this from start to finish. Right? Only now, a year in, are they saying people from abroad have to isolate... All during the first lockdown, to my mind, if they'd done it properly, really properly the first time, like other countries have - like New Zealand, Taiwan, they just blocked, stop the borders, that's it, and they're now back to normal. Even closer to home, Isle of Man - I've got family down there - they don't have the virus any more, they're all open as normal. (Male, 50-70 Years, C2DE, SIMD 1)

Further to this, and as the pandemic period rolled on over various phases of going into and coming out of lockdown, there was clearly a diminished sense of trust in the Westminster and Holyrood Governments. Many respondents felt that they had been misled or even lied to during the pandemic. Central to this were

the perceived promises that were not felt to have been delivered, in relation to there being a quick and efficient 'return to normal' if the rules were stuck to. Frustration and concern again, for many, was compounded by the apparent conflicts and contradictions from Westminster, Holyrood and the governments of Wales and Northern Ireland.

I think our government (Holyrood) mentioned closing borders before we even put the country on lockdown. We then just weren't allowed to....I don't mean closing borders between England and Scotland; I mean closing airports.... my sister had flights to Northern Italy. She wasn't allowed to move from Edinburgh and then she got an email from the flight company saying that there is a flight leaving from Manchester. I was like, wait, what?! So you're not allowed to fly from Edinburgh but if you drive down to Manchester, yes! I was like, 'Wow! (Female, 18-34 Years, Disabled, Employment at Risk)

It is worth noting that in general terms, the Scottish Government and specifically Nicola Sturgeon, was perceived by many to be doing a better job of staying in control over the pandemic than had been the case for Westminster. It was broadly felt that Scotland's First Minister took a better and more level headed approach to dealing with the pandemic and in communicating the plans of the Scottish Government than had been seen from Boris Johnson. That said, it was clear that overarching cynicism about whether the Scottish Government, alongside the UK and global governments, were in control remained for many respondents. One key area of criticism that appeared to concern some respondents was the belief that the Scottish Government was, at times, deliberately using the pandemic to create a division between Westminster and Holyrood as part of the independence agenda. This was felt to be happening during a time when it was believed there should have been more harmony and cooperation between the UK Governments rather than less.

As the COVID-19 pandemic unfolded respondents had a growing sense that they had been let down by government, both in terms of governments' preparedness and in terms of governments' ability to cope in the situation. Further to this, many respondents, as the pandemic rolled on, appeared to simply switch off from central government. For example, many respondents simply disconnected from the news in general and specifically from government announcements. For many, this was an act of self-preservation whereby it was felt that disconnecting from bad news would help protect mental health. This detachment from the news and messages from government also meant that many stopped listening to and or believing in any optimistic news being delivered by government.

I wouldn't listen to any of the politicians, I tell you, right. If you want to know what's going to happen, look at the people who know what they're talking about. (Male, 50-70 Years, C2DE, SIMD 1)

- **NHS**

Further to concerns about governments not having control over the pandemic were concerns that the NHS was not fully in control and ready and able to provide the services Scotland needed. This related to both perceptions about the NHS being able to cope with COVID-19 cases and also to the NHS not being able to support society with all other medical issues that still existed over the pandemic. Concerns were compounded by the ongoing requests within government communications and in the media to 'protect the NHS'. They were also amplified by media coverage that suggested to many that there were future problems being created because people across Scotland were not willing to access the NHS for potentially significant issues, such as signs of cancer, because there was either a risk of exposure to the COVID-19 virus or because there was a need to avoid putting a burden on the NHS. This coverage, in itself, left many feeling that the NHS was simply not able to cope. Overall it appears that the sense that the NHS was struggling or had the potential to struggle was a concern for many respondents and led to some being anxious and others being angry.

3. A fear of risk from the virus

It perhaps goes without saying that the virus itself, and its implications for the health of respondents, was a concern specifically. That said, the research revealed that there were different levels at which the virus caused concern:

- **Different levels by individual**

Levels of concerns about the health risks presented by the virus varied significantly by age. The majority of younger respondents (under 30 year olds) perceived there to be no or minimal risk to them at a personal level. The greater concern for this age group related to the belief that they were being impacted by the pandemic when it was not relevant to them at a personal level. In contrast older respondents (over 60 year olds) typically perceived the risk to be very real to them at a personal level. Concern was amplified for those older respondents who had underlying health conditions.

Perceptions of personal risk and related impacts on individuals' wellbeing was also amplified for respondents from minority ethnic communities in Scotland. Many of whom had been very conscious of reports in the media that suggested they were more likely to catch COVID-19 and were more likely to suffer serious consequences if they did catch it. For some, there was a sense that society did not take the extra risk to the minority ethnic community seriously.

Yes, I think actually a big one for me is that they said if you're in the BAME community you're more likely to catch it. However, when I went to my boss and told him this it wasn't taken seriously at all, so I think that if they're going to say that, that I'm more at risk of getting it, then it should be taken seriously. There should be some kind of, I don't know, law that suggests that you need to listen to this. It was more like kind of laughed off in a way.

(Female, Employment at Risk, BC1, Ethnic Minority)

- **Different levels of concern between regions in Scotland**

There was a further impact on wellbeing based on the understanding that risk levels varied significantly between regions in Scotland. The research indicated that many respondents in communities that were understood to be less at risk felt they were being unnecessarily forced to comply with restrictions. This in turn, created a sense of frustration and, for some, anger.

- **Amplified concern based on responsibilities to care for others**

For many respondents, especially those who did not perceive themselves to be personally vulnerable, the biggest concerns about the virus related to the perceived risk to vulnerable relations. This issue brought two levels of stress for many: the concern that loved ones were at risk, and the concern that they were unable to give the support they felt was needed. For some respondents, at the most extreme level, the concern for the safety of loved ones was significantly amplified by the sense that far too many people were not taking the restriction rules seriously, and in turn, putting their loved ones at greater risk.

- **Different levels of concern about the virus over time**

Relationships with the virus changed significantly over time for many respondents in the subgroups of importance to the research. At the early stages of the pandemic there were broad levels of concern. Later in the pandemic, and particularly from early 2021 there appeared to be more detachment and frustration. Further to this, many respondents ultimately perceived the virus and the risk to and impact on their health as the least harmful aspect of the pandemic. With the impact of restrictions on their personal wellbeing being a far more significant issue.

4. A fear of risk relating to other health issues- as a knock on consequence of the COVID-19 pandemic

There appeared to be two levels at which the wellbeing of respondents had been affected by concerns around health issues not connected to the COVID-19 virus:

- **Mental health and wellbeing**

For many respondents there was a sense that the impact of the virus was insignificant in comparison to the impact the pandemic and related restrictions had had on their mental health. Connected to this, 'self-preservation' and the desire to support family and friends with mental health issues during the COVID-19 era was identified as a key reason, for many, why they did not fully comply with the restriction rules at all times.

- **Accessing support services for new and ongoing conditions**

The fact that some respondents were not able to access health services that they felt they needed because of the pandemic was shown to have an impact on levels of wellbeing. Examples of this included:

- Not being able to go to the dentist
- Not being able to access cognitive therapies to support mental health issues
- The inability to access physiotherapy support as required
- The inability to get GP appointments within a reasonable time, even on the phone, resulting in health issues needing to be self-diagnosed and treated

It was noted within the research that most respondents claimed not to be reticent about making contact with the health services, if they felt they needed help. The main issue, for relevant respondents, was that health service support was felt to not be available when required.

5. A general social deconditioning- relating to a reduced ability to live and interact with others in homes and communities

As a direct consequence of lockdown, the forced restrictions to movement and the closing of community facilities, many respondents appeared to have become socially deconditioned. That is, they had become more wary of mixing with others in their communities, with (for many) this leading to detrimental impacts on their wellbeing. For some, there was a reported sense of unease with being around people and a connected discomfort with the idea of getting back to 'normal life' and, as part of this,

having to interact with people they don't know. For others, social deconditioning manifested itself more severely, with severe anxiety about the prospect of reintegrating to society. This was in part connected to the fear of the virus but, for most, it was more simply a reflection of loss of confidence and a connected loss of the sense of their place and role in society. Central to this issue was the loss of social infrastructure and community capital created by lockdown. This issue was observed within the research, to be most significant amongst the lowest quintile SIMD respondents.

I definitely was a totally different person last year. Like I said, we had different groups we went out to every day and I was involved in a lot of community stuff, but I don't think I have half the confidence to do any of that now. Even the kids going back to school on Monday, and I'm so grateful he's getting back, but I'm really nervous to go back through the school gates and I thrived on it before.
(Female, 20-50 Years, SIMD 1, Disabled)

For me I feel even going into the shops to get my shopping, like Asda, even if it's too crowded, I just keep thinking to myself there's too many people in here. (Female, 25-34 Years, SIMD 1)

6. Positive impacts on wellbeing as a result of the practical issues

Beyond the five issues outlined above, that to a significant degree were seen to create detrimental pressure on wellbeing, the research highlighted that the practical issues faced by respondents over the period of the pandemic at times produced positive impacts on wellbeing. These included:

- **The novelty factor**

In the early period of the pandemic (primarily in March and April 2020), and at the time when there had been limited personal costs created by the pandemic for many, the newness of the lockdown experience appeared to have been 'exciting' for some respondents. This excitement, it appeared, was created by the sense of living through a unique time in history. This for some was an uplifting experience that had, in some ways, a positive impact on wellbeing.

- **Family support and togetherness**

Respondents across the sample commented on how appreciative they had been that they were given time to spend with their family in their households. This being time that in normal situations would not have been available. Beyond this, many respondents were appreciative of the ability to use digital technology to bring extended families and friends together. This sense of togetherness, albeit via digital channels, was noted to have been influenced by the pandemic and the related need to maintain human connection.

- **Community camaraderie- and the general sense that 'we are all going through this together'**

For many respondents there was appreciation of the way that communities appeared to rally together during the pandemic. This sense of 'togetherness'

appeared to manifest itself through greater communication between neighbours, reports of increased levels of volunteering and through shared experiences such as the clap for the NHS.

- **More time being available**

The fact that many respondents had more time on their hands allowed some to attain a more positive work-life balance. Many respondents made an effort to take life more slowly and to enjoy having less pressure to deal with. This in turn allowed many to take time to perform tasks that were seen as solely important at a personal level, e.g. taking up new hobbies or tidying and decorating of homes.

Many respondents also stated that they had enjoyed taking advantage of the time they had to exercise and relax outdoors. The positive impact on wellbeing of these experiences was evidently amplified by the nice weather during first lockdown and summer 2020.

- **Impact on the environment**

Beyond this, some respondents recognised that the reported positive impact on the environment created by the reduction in traffic volumes left them feeling better. With respondents acknowledging the pleasure they found in seeing and hearing nature around them in a way they hadn't appreciated in recent times.

Positive for example from all this is the fact that we've actually gone down five per cent of our carbon footprint this year.
(Male, Employment at Risk, 35-44 Years, BC1)

For many respondents, these positive impacts on wellbeing were, to a large degree, the ways through which a balance in wellbeing was achieved despite the five issues listed above. This was particularly the case during the first lockdown. Beyond this, for many, there was also a general sense that 'things could be worse', primarily as a result of these positive influences on wellbeing.

However, it appeared to be likely that this perception that others were worse off was actually, for some, detrimental to wellbeing, as there was a sense amongst participants that they were not deserving of support with the challenges they were facing.

There's a lot of people obviously I know that have lost their jobs due to COVID so I'm one of the lucky ones in that sense so that's a positive for me the fact I've still got a job and I'm still bringing money into the house (Male, 25-34, SIMD 1, Young Children at Home)

Beyond this, a further negative impact of the fact that many in society could be seen to be experiencing COVID-19 in a positive way was that it amplified the personal challenges of some respondents. For example, some respondents in the 'work under threat subgroup' who were self-employed, were left angry by not being able to access financial support while others in society were enjoying time away from work while receiving the bulk of their incomes via the furlough schemes. In addition, for some young respondents there was a sense that they were unduly suffering because

of the needs of the more vulnerable people in society, while they were not perceived to be facing any risks.

3.3 How the Five Practical Challenges and Consequential Impacts on Wellbeing Affected the Five Subgroups Differently

While attempting to identify the unique ways in which the wellbeing of each of the five subgroups of relevance to this project were affected by the issues outlined above it should be remembered that there is clear overlap in the definition of the five segments. For example, it is very possible that one individual in the Scottish population could be part of each of the five subgroups. That is: a woman, under 30 years of age, living in the lowest quintile of SIMD, with a disability and with risk to her work as a result of COVID-19. In addition, it must be remembered that beyond the criteria that define each of the subgroups there will be additional criteria that will also have impacted on wellbeing, for example, whether an individual in any of the subgroups lives alone, with family or with friends.

Beyond this, it is important to recognize that the various issues that impacted respondents' wellbeing, as listed above, were seen to affect all of the subgroups. This research identified a range of themes that suggest why each of the subgroups have been more impacted by the issues listed above than other parts of the population. These core insights are presented in this section of the report.

Women

There was a wider range of issues raised by the women in the sample



Biggest
Challenges

- Women with children living at home, and specifically those with young children, was the subgroup of women who were most likely to have faced multiple challenges to their wellbeing
 - It is this subgroup of women who were likely to have had to juggle home education of their children, alongside keeping their children content and also other challenges- such as work
 - Women, it appeared, were the subgroup that were far more likely to struggle as a result of loss of childcare support
 - As a result, women were more likely to have lost a sense of their individual freedom because of enforced confinement with their families
 - Women with children were also likely to be the group who lost time for themselves over the pandemic. It also appeared, they spent less time thinking about themselves and their wellbeing, because of their children
 - At worst, some women were so worried about their children's development, education and mental health, that this impacted on their own wellbeing
 - While most parents were clearly appreciative of the time they could spend with their children, they were less able to take advantage of the positive influences on wellbeing as listed above. simply because they had less time
- Other subgroups within the women's subgroup were clearly impacted in different ways by the pandemic.
 - For example, women living alone, or with underlying health conditions
 - Or based on other subgroup defining criteria- if they were young, living in a lowest quintile SIMD community, disabled or have jobs at risk
 - But the research suggested that it is those women with multiple responsibilities, primarily around child care, that are likely to have faced the greatest challenges to their wellbeing.

Women

There was a wider range of issues raised by the women in the sample

At the moment, I feel like you're in survival mode, you've just got to do whatever you can do to get through the day. Like I used to be quite worried about mess, and it would be constantly like tidying up, and tidying up after them, and then towards the end of last year, I was just like, why the hell am I bothering? They're just making a mess all day, I might as well just leave it and come back to it later. Like, additional screen time, instead of forcing them off when they're not going to be happy, just leave them to it, if that's the only thing they've got.
(Female, 20-50 Years, Children at Home)

I've put on a lot of weight, and I think that's probably just to do with being at home with the kids, and when they grind at me, I maybe tend to eat. (Female, 20-50 Years, Children at Home)

I think, for us, obviously, it's been trying to get out at least at one point during the day, whether that just be playing out the front or, when we had the snow, sledging, or just anything at all with the kids. Just getting them out once a day. Then also a big thing for me is being - each evening, I've gone for a walk by myself. Sometimes you just cannot be bothered. It might be like eight o'clock by the time I'm going, and the kids are sorted, but that's been like a really, really huge thing, just going alone, or if I'm able to go with a friend then obviously meeting with a friend as well. That's probably been the one thing that has helped me cope. Sometimes you come back, you're absolutely drenched, but that's been huge.
(Female, 20-50 Years, Children at Home)

Young Adults

More likely to feel hard done by, victimized and stuck at the back of the queue over the pandemic



Biggest
Challenges

- The research suggested that young adults were more likely to have felt that they were both the least supported during the pandemic and the most likely to be making sacrifices
- This, in broad terms, is based on an accumulation of factors
 - They were most likely to have been blamed for rule breaking- despite them perceiving that all age groups were rule breaking
 - They felt they were more likely to have faced work challenges- because of the nature of the work they do and their relative lower experience- making them more dispensable, and less likely to be able to access government financial support
 - They felt they were more likely to be missing out on key milestones in life such as graduations, milestone birthdays, weddings
 - They were at the back of the queue for vaccinations- which it was feared, may result in them not being able to take overseas holidays, go to festivals or gigs
- Plus, the young demographic profile was more likely to overlap with other criteria that are likely to have put pressure on wellbeing, specifically, they are more likely to be parents of young children
- All of this, despite being the least likely to catch or suffer badly from the symptoms of COVID-19
- And, they felt they will be most likely to be carrying the burden of paying back the economic cost of the pandemic over future years

- The challenges list above left many young respondents clearly angry.
- But, beyond this, it appeared that young people were less likely to appreciate the value of the positive impacts on wellbeing, for example, having more time.

Young Adults

More likely to feel hard done by, victimized and stuck at the back of the queue over the pandemic

Been miserable.. Boring.. Can't wait to get my other life back.. there's nothing to really do.. like, it's basically illegal to go and meet one of your pals. Literally like being under house arrest.. you can't go and visit your family, you can't go and just do what you want to do. Holiday after holiday's been cancelled, and..it's like you don't want to make plans now, because it's like you can't really see an end out of it.
(Female, 18-34 Years, C2D)

I am a dental nurse but really, since COVID, they've totally reduced hours, so I'm just working at Amazon at the moment. Just trying to get some money (Female, 18-34 Years, C2D)

I'm a ski instructor. I've been, for the first lockdown, on furlough. I work up at the ski centre.... and in Japan over the winters. Then since the second lockdown there's been no furlough because the council stopped it, so unemployed and skint at the moment, unfortunately.
(Male, 18-34 Years, C2D)

My job, it's not contracted, never has been or anything, so it's, when there's no furlough I'm not getting paid. The hours that do come through is totally inconsistent. I've probably lost three-quarters of my wages that I'd normally get, in a year, so I think that's definitely the hardest part for me. Living! (Male, 18-34 Years, C2D)

Disabled People

The wellbeing of disabled respondents who could not access the support or therapies they needed for their disabilities appeared to be disproportionately challenged throughout the COVID-19 pandemic compared to other disabled respondents



Biggest
Challenges

- It was more difficult to identify unique challenges that faced disabled respondents than those in any of the other subgroups
 - This is perhaps, again, because of the diverse nature of this subgroup- which is part of all the other subgroups and also is diverse in itself (with people with physical disabilities, sensory disabilities and cognitive disabilities all being included in this subgroup and represented in the sample)
- Further to this, it was clear that many of the disabled respondents in the research sample did not face any discernible unique challenges throughout the COVID-19 pandemic as a result of their disabilities. The sample included:
 - Those who had received the support they required over the pandemic- e.g. required therapies
 - Those who did not require additional support due to their disabilities; and
 - Those who had other health issues (e.g. one respondent had a heart condition) that constituted a greater challenge in their lives
- The only subgroup that did appear to have a unique challenge to overcome included those who felt they needed support or therapies and who did not get them
 - In the research sample, this group primarily included those who had cognitive disability or a mental health disability

- Most disabled respondents appeared to primarily be facing the same challenges as those respondents who were not disabled- lack of control, lack of faith in national institutions, concerns about the virus and other health issues, and general social deconditioning.
- In addition, this subgroup appeared to benefit, as much as any subgroup, from the ways that the practical issues faced by respondents over the period of the pandemic at times produced positive impacts on wellbeing.

Disabled People

The wellbeing of disabled respondents who could not access the support or therapies they needed for their disabilities appeared to be disproportionately challenged throughout the COVID-19 pandemic compared to other disabled respondents

I felt I couldn't help, I suppose, so I felt a little bit helpless. I think that would've maybe been quite an overwhelming feeling if I hadn't had things like therapy. (Female, 18-34 Years, Disabled)

(I know)...I should speak to somebody about my feelings and what's been happening....a therapist.
(Male 20-50yrs, employment at risk, SIMD 1, Disabled)

Yes, I hear her (First Minister) announcing all these things. I've been fortunate that I've not needed any support for anything like that, but I know that support's there. (Female, 50-70 Years, SIMD 1, Disabled)

I feel tired and it's quite straining when you live with your husband 24/7 and you're not used to it, and then my daughter coming back. You feel trapped and you can't get away from each other because there's nowhere to go. That's the way I feel today.
(Female, 50-70 Years, SIMD 1, Disabled)

Those living in the lowest quintile SIMD communities

Required to become more reliant on others in society



Biggest
Challenges

- At the individual level, the population of the lowest quintile SIMD communities are more likely to be in the lower socio-economic groups than others in the population
 - As a consequence of this, the lowest SIMD subgroup appeared more likely to have suffered quickly from economic challenges as a result of any reduction of income due to furlough or unemployment
 - In addition, the lowest SIMD communities were less likely to have a positive outdoor environment in which to find personal space. In addition, they were more likely to have less space within their homes to allow respite from the pressures of 24-hour confinement

- As a result of these issues, the lowest SIMD community respondents were those who appeared to have less means to off-set the challenges to wellbeing created by the pandemic.

I think finance is the biggest one for me but also the struggle with the schooling. All of the sudden I'm supposed to be an expert on all subjects. It's tough. (Female, 25-34 Years, SIMD 1, Employment at Risk, Young Children at Home)

I'm finding myself not even wanting to get up let alone deal with everything I have to do every day. Everything's a chore and a worry or a stress. (Female, 25-34 Years, SIMD 1, Disabled, Long-Term Illness, Employment at Risk, Young Children at Home)

It's like a loss of community. I only live in a small place, but you can see that people are just keep themselves to themselves now. (Male, 25-34 Years, SIMD 1, Young Children at Home)

A friend of mine actually introduced me to a food bank where I can go and get some food and it has really helped me. (Female, 25-34 Years, SIMD 1, Employment at Risk, Disabled, Young Children at Home)

Those whose job security had been threatened during the pandemic

A diverse range of direct challenges caused by this subgroup's defining criteria



Biggest
Challenges

- As could be expected, the jobs of people across the whole of Scotland and within all socio economic groups felt threatened
 - For some, the threat was real- with significant losses to income and even redundancy; while for others the threat related to a concern about future economic stability
 - The nature of the risk to jobs was hugely diverse:
 - Some were facing the ruin of their businesses, including a taxi driver who had to keep repaying his business loans while accepting that it cost more to use his taxis than to park them in his driveway; and a couple living in rural Scotland whose whole business was in the tourism sector- whose income dropped to zero
 - For others, it was not possible to get the summer work that had been relied on to supplement income as students; or those on zero hours contracts in the hospitality sector whose hours were significantly cut and financial support was limited
- In addition, there were vastly different levels of support available to respondents in this segment
 - Some whose jobs were under threat continued to get their income as they were still working, while others were furloughed and received at least some of their income
 - Many, including the self-employed, felt that they had simply fallen between the cracks of financial support that had been offered by the government on the basis that they had too much income or had not been self-employed long enough
 - And others, on zero hour contracts did not qualify for support- this was a particular issue for those in the younger subgroup
- The common trait that linked this subgroup was that their livelihoods were at risk, and this, it was clear, resulted in severe challenges to wellbeing, due to concern about finances
- That said, some in this subgroup also suffered because their sense of self-worth and role in their communities had changed during the pandemic

- While many in this subgroup did find ways to stay resilient, the challenges to wellbeing, as a result of the very real difficulties faced with employment and income levels, were significant.

Those whose job security had been threatened during the pandemic

A diverse range of direct challenges caused by this subgroup's defining criteria

Basically, I was, until recently, a taxi driver, but there's no point in doing that any more, you lose more than you make. Right now, I'm not really doing anything.

(Male, 50-70 Years, C2DE, SIMD 1, Employment at Risk)

Yes, so I had a restaurant side job that I worked at part-time as a performer, but they go off a certain period of time, and in that period of time I hadn't worked as many hours as I had previously to that, so I was getting the bare minimum. I fell through the cracks with that, I wasn't given enough to - if I lived alone I don't know how I would have survived, thankfully I live with my partner.

(Female, Employment at Risk, 21-24 Years, BC1)

(Re the threat of redundancy from a new job) If the circumstances changed then I'd probably be the first to go...., so I'm struggling to see the light at the end of the tunnel. I don't know how I'm supposed to move on finding employment or better employment and making more money. (Female, 20-24 Years, Student (works part time))

Government loans, no, there's not much point in giving me a government loan, do you know what I mean? It's only getting you deeper and deeper into debt. At the end of the day, you've still got to pay that back. They're offering up to, you can get up to a £50,000 loan if you want. What's the point of taking that? That's another mortgage.

(Male, 50-70 Years, C2DE, SIMD 1, Employment at Risk)

3.4 Coping Strategies and Help Sought

A key component of the research involved investigating the coping strategies that were employed by individuals to help support their wellbeing. The definition of 'coping strategy' here includes any activity or assistance sought that helped or were perceived to help support wellbeing. The coping strategies employed across the sample broadly fell into two categories- those that were instigated by the respondents and those that involved engaging with an external agency.

Coping strategies further fell into those that we recognised as generally beneficial to wellbeing (that is, those that enhanced health and long term wellbeing), those that were not generally beneficial (that is, those that while feeling valuable in the short term were likely to have a more detrimental impact on longer term health and wellbeing), and those that could be seen as either beneficial or detrimental to wellbeing. It should be noted that the categorising of a coping strategy as beneficial or detrimental was broadly undertaken by the respondents themselves. The grid below provides an overview of the coping strategies employed across the sample.

	Coping Strategies Instigated by Respondents Without External Support	Coping strategies using external agencies
Coping strategies felt to be beneficial to wellbeing	<ul style="list-style-type: none"> • Exercising <ul style="list-style-type: none"> ▪ Finding ways to stay active and healthy e.g. online classes, walking, running or cycling • Learning something new <ul style="list-style-type: none"> ▪ e.g. piano, baking • Hobbies and interests- e.g. enjoying cooking, drawing / art • Maintaining and enhancing homes- with DIY, repairs, decoration and gardening • Routine- including relating to working from home; and supporting children <ul style="list-style-type: none"> ▪ Ensuring that there was a rigor to daily life to avoid drift • Family/ friend time <ul style="list-style-type: none"> ▪ Embracing technology to connect out-with the home; and even meeting up with others (within or out-with the rules) ▪ Making time to ensure there was a connection with household members- e.g. by walking together, by eating together, by playing games together • Connecting with neighbours/ support from the community <ul style="list-style-type: none"> ▪ Organizing and or participating in street activities- thanks to the NHS clap; street bingo, street exercise class, cutting communal grass • Caring for others <ul style="list-style-type: none"> ▪ Supporting more vulnerable family members 	

(continued)	<ul style="list-style-type: none"> • Volunteering <ul style="list-style-type: none"> ▪ In the community- identifying and lending support for vulnerable people and to support initiatives in communities, e.g. as part of the vaccination programme • Changing jobs <ul style="list-style-type: none"> ▪ Looking for additional or alternative incomes that did not relate to pre pandemic work- e.g. delivery roles • Staying mindful of mental health <ul style="list-style-type: none"> ▪ Supported by Scottish Government communications around 'Clear Your Head' 	
Coping strategies that were felt to be both beneficial and detrimental to wellbeing	<ul style="list-style-type: none"> • Isolation in bedrooms (not as a result of the virus) <ul style="list-style-type: none"> ▪ Beneficial- to allow personal 'escape' from the pressures of life ▪ Detrimental- when isolation became all consuming- and used as the default during the day 	<ul style="list-style-type: none"> • Furlough • Grants and other financial support from Government • Financial support provided by banks- mortgage holidays and loans • NHS support for physical and mental wellbeing • School support for children
Coping strategies which were not beneficial to wellbeing	<ul style="list-style-type: none"> • Alcohol consumption increases • Smoking more • Eating more unhealthy foods- including lots of carry outs • Sedentary lifestyle- watching too much TV • Irregular sleeping patterns • Emotional mood swings- getting angry with people • Obsessive watching of the news/ screen time 	

General observations in relation to the coping strategies utilised by subgroups:

The first and most obvious observation that can be made in relation to the grid above is that the coping supports that were provided by external agencies were not wholly regarded as positive:

- **Furlough**

In relation to the furlough scheme, it was noted that very few respondents actually cited the furlough scheme when asked what helped them to cope throughout the pandemic. The sense given by respondents was that this was because the scheme was regarded more as a necessary requirement from government to, in effect, allow for the population to go into lockdown, rather than as an unequivocally positive way to support them. Clearly there were those who appreciated the furlough scheme and benefited from it, but most of these respondents were inclined, especially as the pandemic rolled on, to view the furlough scheme as significantly less beneficial to their wellbeing than going to work. Beyond this, there were those not on the furlough scheme who viewed it as a very expensive way to allow large parts of the population to simply spend more time at home.

- **Government grants and other financial support**

Very few respondents had taken advantage of the COVID-19 specific financial support offered by the government. There appeared to be a variety of reasons for this including: lack of awareness, lack of perceived eligibility, and a lack of a sense of any real meaningful value being offered by the support.

I think the Self-isolation Support Grant wasn't advertised enough, because I think that's the one if your employer doesn't give you any pay, so if you've got to self-isolate you don't get sick pay. I think the government were giving money for people having to self-isolate, if I'm right. Lots of people didn't know about that. (Female, Employment at Risk, BC1)

Yes, see if you go off sick from your work a lot of employers could just give you the statutory sick pay which means you lose the first three days. So in one week you're only paid two days at sick pay rate, that's maybe about £30, so people obviously didn't want to go off sick if they had symptoms. There was money and a support grant for you to go off and isolate but it wasn't advertised, nobody seemed to know about it. (Female, Employment at Risk, BC1)

- **Financial schemes provided by banks, such as mortgage holidays and loans**

Support provided by banks was felt to be a double edged sword by many respondents. This was simply because it was perceived to defer the financial burden on respondents rather than alleviate it. On this basis, only three respondents in the sample stated that they had taken advantage of a mortgage payment holiday. This was done when jobs were under threat, with the payment holidays typically being taken at the early part of lockdown to provide a cushion for potential financial vulnerability.

The Bounce Back Loan Scheme, yes, I could go and get that if I wanted. I think I actually got a letter from my bank, actually talking about it, but it's not a grant.... it's money you can get.... government-backed, so the government are securing it....but it's just something that's got to get paid back in the long run.
(Male, Employment at Risk, 51-64 Years, C2)

A further reason why the financial support that could potentially have been accessed from government and banks was not felt to be widely or wholly positive was due to the belief that there were too many 'eligibility cracks' in the system. This meant many respondents could not receive any help. For example, some self-employed respondents were unable to access any financial support from the government schemes as their pre COVID income levels had been 'just too high', or because they had not been in business for long enough.

I was in a show in Newcastle, an afternoon show in March, and that was closed down because of COVID, so midway through rehearsals we had to stop and go home, and then the musical theatre industry is non-existent right now. Also there's been no financial help at all, because I live with my partner they say like, oh he earns money so you don't get anything.
(Female, Employment at Risk, 21-24 Years, BC1)

The problem is that they've got so many criteria. As much as that advert just says, 'Take a mortgage holiday', or take this, you need to be in your mortgage for a certain length of time, and you need to fit a certain criteria before you're eligible, which is a little bit misleading, and then when it actually comes to it and you think it's okay, it will be fine, I can get a mortgage holiday, actually you can't.
(Male, 18-34 Years, BC1)

- **Support from schools**

There were some parents who regarded the support they received from schools to be vital. That said, it was clear that over the course of the pandemic many respondents felt that the support given to them from schools to help with their children's home learning was inadequate. This was especially the case for parents who were juggling multiple responsibilities, e.g. if working from home and caring for pre-school aged children, or if there was more than one school-aged child at home. Frustration with the support given by schools was also amplified due to the inconsistency with which schools opened and closed. This, for many parents in the research sample, made planning for care of their children more difficult.

I've got a grandson of school age and there's nothing but fights in that household about his education, because he's refusing to do it, poor soul. At one point he was crying because he said he wanted to go back because he didn't understand, his parents were teaching him different from the teacher. With the best will in the world, I think they were all just shouting at each other....my son was asking me to intervene because he was refusing to do his work, he didn't understand how they were telling him to do it, he wouldn't come off the Xbox. They were losing the will and just shouting, everybody was shouting. I think that, sadly, I think a lot of the kids through my work as well, they didn't have the technology to get on and I don't think, from the feedback I've had, the schools weren't that great to start with putting it on right, parents were getting really confused. So I think there's a lot of children out there lost their education this year.
(Female, Employment at Risk, BC1)

My boys aren't actually going back to the middle of March. They're S5 and S4 and....they're only going back to do their prelims, but I'll tell you, see, the amount that my boys have fell behind... I've got two quite clever boys, I've done brilliant so far, but see, this home-schooling, they can't train, they can't teach themselves. They need teachers to teach them. It's actually ridiculous.
(Female, 50-70 Years, C2DE, SIMD 1)

- **NHS support for those dealing with physical and mental health challenges**
As noted in section 3.3, there were respondents who had received help from the NHS with their mental health. For example, this was given to a respondent with a pre-existing mental health condition and came in the form of cognitive therapies. This support was appreciated by the respondent in question. That said, there were more respondents, including some who had diagnosed cognitive disabilities or who felt they needed support with their mental health, who did not or could not access help. Some respondents had been told there was no support available while others, who did believe they could benefit from support for the challenges they were facing with their mental health, perceived that there would be others more in need of support, and as such, did not attempt to access help.

Similar challenges existed for those who needed access to the health service for physical health issues, where there was a sense that it was not possible to access the NHS due to the focus on COVID-19.

I've got arthritis in both knees, and I'm due to get an operation on one of them. Obviously, everything is on hold just now. I'm getting more and more pain,... but there's not any end to say, yes, you're going to get it this year or next year or whatever. You're just left, it's frustrating again. (Female, SIMD 1, 50-70 Years)

The coping strategies instigated by respondents that were regarded as beneficial employed across the sample broadly span the Five Ways to Wellbeing theory: connect, be active, take notice, keep learning and give⁵. It appeared clear within the research that those respondents who embraced a range of the personal coping strategies which were regarded as beneficial were those that managed to stay more positive for the longest time. That said, the longer the pandemic went on, and as the challenges to wellbeing became bigger, it became more difficult for some to maintain commitment to beneficial coping strategies. In addition, it was clear that for some respondents there was a perceived need to break the lockdown rules in order to employ the coping strategies that they felt were vital for their own wellbeing and for the wellbeing of people they cared about. This perceived 'need' to break the rules was evident throughout the pandemic.

Specifically, support from within communities, and via workplaces (where relevant) appeared to be important for supporting wellbeing for some respondents, especially the older age groups. This support came in a variety of forms as noted above, including- morale boosts from the 'clap for the NHS', and organised street activities, to volunteering (including providing help for vulnerable people, and, general support with community upkeep).

⁵ Mind (n.d.) Five Ways to Wellbeing [online] Available at: <https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing>

There's been amazing stories come out of communities. People raising money for charity, people checking on people that were shielding, this was all done via social media a lot of this. Maybe it's just me, but I feel that people's own communities have probably given their own community a lot more support than some of the government support. (Female, Employment at Risk, 45-50 Years, BC1)

I live in a bit of an estate where there are older people. Some have physical needs and a couple of them have lost people to COVID. When we did the clap for the NHS at the beginning, it was all coming together. That has worn off now. There is a Facebook type page for the local community and people have offered to help...I think that's nice. (Female, 50-70 Years, Disabled)

I think it's brought the best out in some people as well. You look at your local communities, people seem to be getting together, delivering messages to people who can't go out, and they're looking after people a lot more than what they would normally do. I think that's a good, positive sign, and I hope it continues after it's done. (Male, SIMD 1, 50-70 Years)

We've actually also got, with work, a support group. They've all been trained up on it, and if you feel that you want to speak to somebody, you can do it. (Female, Employment at Risk, BC1)

In our street, obviously, during the summer, they had the street bingo, and everybody sat out on the pavement, at their own gates, and the girl was calling the numbers with a megaphone. They also had a couple of days a week, they had an exercise day outside. It could be because it's the winter, so nothing's really happening now, but people were motivated. (Female, SIMD 1, 50-70 Years)

I live in a flat, so it's an eight-block flat...when the first lockdown started, last March, the council usually comes round and cuts the grass. It's a communal area; the council wouldn't be seen for love nor money. They used it as an excuse over not actually coming and doing it. What we did, and another block of flats, we chipped in and we bought a lawnmower. We decided to cut all our own grass round about it... which we did do until, I think it was actually late August, the council decided to come back and cut the grass. We basically, we'd rather they didn't because they don't make as good a job as you're actually doing it yourself, but that was, that's just another sign of people getting together and saying, right, they can't do this now, so we're going to do it. Although all it had been just cutting the grass, I think, picking up the papers and tidying the place up because the council decided they wouldn't do it anymore, and I still, I'm sure they used COVID as an excuse to save money.
(Male, SIMD 1, 50-70 Years)

Where I stay, we've got one of these Facebook things for the community and the place that I'm staying didn't have a food bank as such and through COVID that started. So I think communities in general for lots of things, communities have helped their own community get out of COVID
(Female, Employment at Risk, 45-55 Years, BC1)

The coping strategies instigated by respondents that were regarded as more detrimental to overall wellbeing, as listed in the grid above, appeared to actually act against the Five Ways to Wellbeing Theory, with less connection, activity, and positive engagement. Detrimental coping strategies played a part in the lives of respondents in different ways over the course of the pandemic. Some respondents utilised the detrimental strategies throughout the initial lockdown, some only at the beginning before they realised the impact on them, and some only started employing the more detrimental coping strategies as the pandemic rolled on, and as they lost any sense of optimism. For this last group, the difficulty with retaining commitment to the beneficial coping approaches increased as the pandemic went beyond the summer of 2020 and into the second lockdown, when, for example, many respondents simply ran out of things to do to improve their homes and got bored of many of the other coping strategies they had employed, e.g. taking walks as a form of exercise and escape. Employing beneficial coping strategies also, in turn, became more difficult as the weather became less conducive with spending time outside.

There's nothing stopping you from having a bottle of beer while you're having a couple of Zoom calls, I've done a lot more of that than I used to. (Male, Young, Employment at Risk, 25-34 Years, Living on Own, BC1)

The first lockdown, people, they weren't expecting it to be so long. It was like, okay, we'll get things, get this, this will get us over it. I think folk are losing any motivation because it's just going on for so long. I know any motivation I've got is just like at zero just now because you think, I just, what's the point? (Male, 50-70 Years, C2DE, SIMD 1)

Yes, physically I've been getting really lazy now for cooking. So I've been getting a lot of takeaways, usually from the same takeaway place, and now I just need to phone up and just say the first name then it gets delivered in half-an-hour kind of thing. (Male, Young, Employment at Risk, 25-34 Years, Living on Own, BC1)

I think for me to start with, I thought it was quite a novelty. I was getting to work from home and I was sitting out in the garden with my laptop enjoying the sunny weather and I never thought for one minute it would go on this long. So I started doing DIY, painting the fence, all these chores of DIY I think you always say you're going to do, so I decided to get some of them done. I ran out of those, or got bored half way through, and then we kind of fast forward to the winter now, because it's the winter I think it affects my mood anyway, I get quite lazy, down, want to hibernate. So along, I think, with hibernating and not able to go anywhere it's just kind of, I don't know, like everybody else I'm probably really, really fed up now. (Female, Employment at Risk, BC1)

Variations in coping strategies across the five subgroups:

The coping strategies employed across the five subgroups represented in the sample were actually very similar. That said, there are some points the authors feel should be raised in relation to the approaches taken by two different subgroups:

- **Women**

As noted in section 3.3, one of the challenges faced by many women in the sample was that lockdown had actually reduced the amount of time they had to themselves. This was primarily the case for women who were caring for children, and especially young children. As such, it appeared that women found it more difficult to find the time to take care of their own wellbeing through employing any of the beneficial self-motivated coping strategies.

- **Young people**

It was observed in the research that young people (who were not responsible for caring for any children) were more inclined to employ the detrimental coping strategy of self-isolation. This involved spending lots of time in their bedrooms, on their own, playing video games and watching TV. For some, this was a positive way of finding their own space away from other members of the household, however, for many it appeared to become a habit that was amplified by irregular sleeping patterns and sleeping too much.

Beyond these notes relating to coping strategies of two of the subgroups of relevance to this project, the research was not able to identify any unique features in the ways that the other core subgroups were coping with lockdown and attempting to manage their wellbeing.

3.5 The Implications for Potential Policies Moving forward

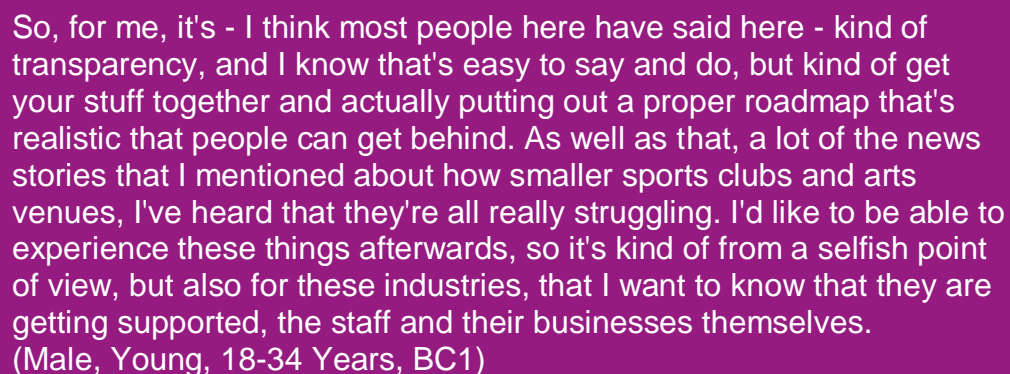
Respondents were asked what they felt should be done to support their wellbeing moving forward. Feedback is split in this section into three parts: immediate, medium and longer term support actions.

Actions to support wellbeing in the immediate term, while the COVID-19 pandemic continues:

The most important action that is required for the sample to ensure that wellbeing can be supported is for the country to get out of lockdown and for there to be a sense that the pandemic is over. This, it is accepted, will happen in due course, and respondents appreciated that there are many factors controlling the timings of the end of the pandemic. There was a general sense from the research that help is required in three key areas while the pandemic continues and while there are still restrictions in place that prevent the people of Scotland from taking control back of their lives:

- **Resilience support**

It was felt to be vital to establish and retain optimism through government communication of a clear plan leading to the long-term control of the pandemic and a return to a more normal way of living. A route map out of restrictions, a clear plan for the vaccination programme and a plan for economic recovery and support for the most vulnerable people in our society were considered vital. This combination of messages will give the sense that the journey out of the pandemic is under control. Central to this communications plan will be information on what the individual can do for individual/community/society/national good as the pandemic is being brought to an end- including in relation to restrictions and hygiene protocols (FACTS).



So, for me, it's - I think most people here have said here - kind of transparency, and I know that's easy to say and do, but kind of get your stuff together and actually putting out a proper roadmap that's realistic that people can get behind. As well as that, a lot of the news stories that I mentioned about how smaller sports clubs and arts venues, I've heard that they're all really struggling. I'd like to be able to experience these things afterwards, so it's kind of from a selfish point of view, but also for these industries, that I want to know that they are getting supported, the staff and their businesses themselves.
(Male, Young, 18-34 Years, BC1)

Communications are also felt to be required that shift perceptions of who wellbeing support is for. Making it clear that support for people who are struggling with their mental health is broadly available, not just for those at the extreme ends of the scale.

There is also felt to be a need for community based initiatives and communications to start the process of building confidence in advance of community reintegration. This, it was felt, is especially important for those who see themselves as more vulnerable to the impacts of the virus: those older, with underlying healthy condition and specifically people shielding. Communications and initiatives should focus on re-engaging these 'detached' subgroups within society by ensuring there is clear guidance in place on appropriate public safety measures, e.g. dissipating fears that Scotland is 'rushing' the opening up process.

We forget that about the older generation; sometimes they do need - not "more" guidance.... sometimes they do need the "yes" or "no". I'm looking for it and I'm 26. (Female, 18-34 Years, Disabled)

- **Financial support**

Respondents across the sample were clear that until the economy is back up and running and until they are able to have control over their lives, there needs to be ongoing financial support. This could come in any form, for example, Furlough being continued; and loans and support benefits being offered.

- Specifically, for those who are working, it was felt that a financial support programme should be in place that ensures sick pay is available for those required to self-isolate as a result of localized COVID-19 cases.
- In addition, it was felt that the role of foodbanks as accessible and open places for anyone who is in need of support, should be promoted.

Without ongoing financial support, the risk to wellbeing caused by loss of income will, it was felt, be significant.

I would definitely think the government should be doing more support for, actually, food banks... I see them in my local shop and that, and you donate a packet of pasta or tins or something, the trolleys are always there at the end of the aisles. I've heard - whether it's true or not - you actually have to get a certificate for, well, a letter, I don't know who from, the income support team, whoever it is... so that you can go and access a food bank. I don't know if that's true, but if that is true, that's ridiculous, that you actually have to get something to say that you're entitled to it... I think the government should actually be doing more for people for these places, for food banks and to contributing more to it. Plus I think they (government) should be supplying them as well, they shouldn't be leaving it down to the public to do it, to a charity. (Male, 50-70 Years, C2DE, SIMD 1)

- **Support from schools**

In the short term it was felt to be vital that schools are opened up as quickly as possible. It was felt to be important to ensure that, when necessary, there is support available to parents with home learning and childcare if children are sent home due to isolated positive COVID-19 cases.

I think I would probably like more help from the schools in terms of what support they're giving out when people are home-schooling and homeworking. I sound really quite cynical, but there's a couple of families in the street that one of the parents is a teacher, and they're always out playing in the street. They're always about, and I'm working from home and it's really quite difficult. We were given a work task to do for the week, and my youngest daughter could have it done in an hour - that's not going to keep her occupied for a week, and she's not learning as much as she should, so I think the schools need to do more.
(Male, Employment at Risk, 45-50 Years, Child at Home, Disabled)

Actions for the medium term, during the immediate recovery from the pandemic

Support during the period of recovery from the pandemic was also regarded as important. This would broadly include:

- **Social reintegration strategies**

There was a general sense from respondents that it would be positive to provide a marker that gives clarity in people's heads that the worst is over. This would be the delivery of some form of closure for those who have struggled during the pandemic. This could come in the form of an event where those who have provided extraordinary commitment to helping the country are recognized by leaders of Scotland: across the health service, the voluntary service and in other essential parts of our society.

Central to the social reintegration strategies will be initiatives to create and promote connection points in communities. That is by re-establishing social capital and community rebuilding- for community resilience. This, it was felt, should come with central government support for local community recovery and rebuilding plans. With this focusing around financial support given to surviving local associations and groups in social and education fields.

The community thing...like maybe just community events and stuff in your local area that's free that you can go along to, that doesn't have to be like a big flashy show or something, but just like stuff like gardening advice or whatever that people can go along to for free and just chat. It gives you something to do, and when it's like a sunny day you can go and spend an afternoon there, or something like that.
(Female. 18-34 Years. BC1)

In addition, it was felt there could be promotions to encourage support for local community economies. With encouragement to support local businesses, especially across the hardest hit sectors of travel, tourism, retail and hospitality.

It was also felt support should be given to encourage volunteering within communities. Building on the value seen by those volunteering throughout the pandemic, respondents suggested that the people of Scotland could be encouraged to volunteer to help rebuild local communities, after the pandemic, both in terms of providing ongoing support for vulnerable people and to rebuild the social capital of communities.

- **Ongoing mental health and resilience support**

There was a general sense that Scottish society should, beyond the pandemic, have learned about the impact that problems with mental health can have. As such, it was felt important to ensure that our society provides ongoing support in the medium and long terms for people dealing with mental health challenges. This would include access to therapy and individual support.

Even as simple as going forward, once we come out and we can meet up with people, this is a mental health situation or feeling a bit down and depressed, isn't going to go away overnight - I would like to think that, perhaps, ongoing, within your community, there are going to be drop-in groups that you can go to. You can chat to people, whether you need financial support or just general - just having people to chat to about any issues that you may have. I do believe that there would be something there that could be set up easily for, perhaps, different postcodes (Female, 50-75 Years, C1C2)

- **Support throughout the likely coming recession with financial aid**
It was felt to be essential for government to provide financial assistance for the transition period, that is, while income is reduced but outgoings remain static.
- **Support for those struggling to get back to work, either because they cannot find work or because of the emotional stresses of reintegration with work**
Support with accessing work, it was felt, could come in various forms. First, programmes should be made available to ensure training is available, accessible and known about to facilitate job changes. This should be specifically aimed at supporting industries that are known to have been worst hit by the pandemic e.g. travel, tourism, retail and hospitality.

There should also be 'flexibility at work' programmes promoted by the Scottish Government to employers. These would build on the experiences of working from home and encouraging flexible work patterns. Through this, it was felt, there would be inevitable improvements to inclusiveness and equality in Scottish society.

Big companies can now look at their staff and decide if this person possibly does have a disability, possibly has to work hours round their children, they can work from home two days out of five. I think that should be something that is encouraged by government full stop. I think that's something we now know is possible and we now know that... I think that's going to encourage people who feel like they're unable to work, who actually do have expertise, are going to be able to find a job and possibly if it's part-time, there is part-time work for this person, I think that's huge. That should be encouraged and that should be celebrated by the government. (Female, 18-34 Years, BC1, Employment at Risk, Disabled)

- **Build on the positive value seen to the climate through the pandemic by encouraging a green recovery**

It was felt that there could be promotion of ideas around re-engaging with society in a way that is more conducive with climate change recovery, for example, in terms of local travel, taking holidays, or work.

I think as well emphasis on the green side of it, what we can do i.e. renewable energy, getting some... Scotland had huge wind farms and that was a huge focus, I suppose, for Scotland for a while. Now I think at the moment it's more important than ever to look at ways we can do things renewably because there is more waste, disposable plastic, disposable gloves, disposable masks. There's things like that and I think a handful of things that we're doing completely renewably that are being encouraged by the government will help outweigh the damage that unfortunately sanitation and PPE has done already.
(Female, 18-34 Years, BC1, Employment at Risk, Disabled)

- **Education catch-up programmes**

As a priority for many there was felt to be a need for initiatives that will allow children, of all ages, who have missed out on opportunities for development and education, to catch up.

I think we need to start opening up, not just thinking about the hospitality sectors and the kids' schools. We need to start opening up social things for adults. For parents and toddlers especially, I feel like we've been left aside. Toddlers are hard work, and especially if you're stuck in the house with them. I suppose there would be a lot of stressed and tired, unhappy parents just stuck with toddlers. I think it's a group that's just been forgotten about because we're not shielding or at risk. We're just left, and I think the development of... The first three years of a child's life is supposed to be the most important and they've just been locked away for a whole year of it. I think the impact on that's probably going to be seen in a few years. I think they really need to start thinking about opening up stuff for parents with toddlers, support and places and help for them. (Female, 20-50 Years, SIMD 1)

Actions for the long term, that is looking forward as a society in the light of having lived through a pandemic

Throughout the research respondents indicated that a vital component for moving forward positively would be to be able to see that lessons had been learned from the pandemic. Central to this would be a recognition that it is likely we will need to deal with more coronavirus outbreaks and other pandemics in the future. Further to this, respondents suggested that it will be necessary, for their sense of wellbeing, to know that the government, and the NHS, is better prepared for these situations than they perceive them to have been for this pandemic.

• Mitigating against damage of future pandemics

It was felt that the Scottish Government needs to be clear that it is keen to learn from the COVID-19 pandemic experience and to prepare for any future pandemic based on the lessons learned. As part of this there needs to be:

- Readiness to protect Scottish society from the impacts of future pandemics- e.g. through a border closing strategy.
- A test and protect system ready off the shelf.
- A vaccination strategy ready that has built on the lessons of the 2021 programme. This, it was felt, should be designed to balance protection of the most vulnerable along with the need to keep the economy and education system moving.
- Plans ready for future pandemic restrictions system. With these being prepared in advance so that it will be clear, simple, fair and logical. Within this, there was a suggestion that future restriction programmes should focus as much on what can be done as what cannot be done, using positive framing. But broadly, it was hoped that lessons will be learned by the Scottish Government so that any future programme of restrictions is easier to understand and therefore follow than has been the case for COVID-19. In addition, central to any future restrictions programme would be a focus on ensuring that mental health is not sacrificed to ensure society is protected. Crucially, this would include the need to make sure the most vulnerable people of Scotland (e.g. those in care) are not further isolated.
- Strategies will also need to be in place to support the economy, with programmes being readied to allow society to adapt to remote working; and to support job/ skills transferal and volunteering. Part of this could include initiatives that spotlight what a good employer in the 'covid era' looks like:
 - Supporting mental health
 - Flexible working systems- hours and location
 - Financial support as necessary
- Importantly, there needs to be reassurance that policies will be in place to shield the most financially vulnerable from the worst economic impacts of any future pandemic.
- Strategies will also need to be in place to support the education system in Scotland. This will require an off the shelf system to be readied for continuity of early years development and education for young people during any future pandemic. This would include better and new lines of communication between schools and parents (including for parents who

do not live with their children full time), and consideration of how to deal with issues of digital accessibility.

- More broadly it was felt that society, in the long term, needs to continue to provide support to ensure that approaches to resilience are more integrated within society in advance of any future pandemic. This could include:
 - Setting up and supporting volunteering programmes to support social capital
 - Further promotion of adult learning programmes- for work or for personal enjoyment and growth
 - Support for physical health promotion initiatives
 - And ongoing support for mental health support initiatives- connected to the five ways to wellbeing, with a primary focus on the most in need groups

I think for the government, as well, I feel like they should maybe learn how to be... I'm not saying that there's going to be another pandemic any time soon, but I feel like maybe they should be prepared.
(Female, 18-34 Years, C2D)

4. Appendices

4.1 Recruitment Questionnaire

Respondent name:

Email address:

Phone number:

Recruiter name:

A5 **Methodology:**

- Group
 Depth

A6 **Group number**

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 5 |
| <input type="checkbox"/> | 2 | <input type="checkbox"/> | 6 |
| <input type="checkbox"/> | 3 | <input type="checkbox"/> | 7 |
| <input type="checkbox"/> | 4 | <input type="checkbox"/> | 8 |

A7 **Depth number**

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | 1 | <input type="checkbox"/> | 5 |
| <input type="checkbox"/> | 2 | <input type="checkbox"/> | 6 |
| <input type="checkbox"/> | 3 | <input type="checkbox"/> | 7 |
| <input type="checkbox"/> | 4 | <input type="checkbox"/> | 8 |

Date and time of depth (type in):

Q1 **Age:**

- | | | |
|--------------------------|------------------------|---------------|
| <input type="checkbox"/> | Check quotas, go to Q2 | 18 – 20 years |
| <input type="checkbox"/> | Check quotas, go to Q2 | 21 - 24 years |
| <input type="checkbox"/> | Check quotas, go to Q2 | 25 – 34 years |
| <input type="checkbox"/> | Check quotas, go to Q2 | 35 – 44 years |
| <input type="checkbox"/> | Check quotas, go to Q2 | 45 - 50 years |
| <input type="checkbox"/> | Check quotas, go to Q2 | 51 - 64 years |
| <input type="checkbox"/> | Check quotas, go to Q2 | 65 - 70 years |

Q2 **Gender:**

- | | | |
|--------------------------|------------------------|--------|
| <input type="checkbox"/> | Check quotas, go to Q3 | Male |
| <input type="checkbox"/> | Check quotas, go to Q3 | Female |

Q3 Which of the following groups does the chief income earner in the household belong to? - If retired and have an occupational pension, please select according to your previous occupation, If furloughed then please select "usual" occupation.

- | | | |
|-----------------------------|-----------------------------|--|
| <input type="checkbox"/> | Check quota | Semi or unskilled manual worker |
| <input type="checkbox"/> | Check quota | Skilled manual worker |
| <input type="checkbox"/> | Check quota | Supervisory or clerical / Junior |
| | managerial / Professional / | |
| | administrator | |
| <input type="checkbox"/> | Check quota | Intermediate managerial / Professional / |
| Administrative | | |
| <input type="checkbox"/> | Check quota | Higher managerial/ |
| Professional/Administrative | | |
| <input type="checkbox"/> | Check quota | Student |
| <input type="checkbox"/> | Check quota | Retired and living on state pension only |
| <input type="checkbox"/> | Check quota | Unemployed (for over 6 months) or not |
| working due to | | |
| long term sickness | | |
| <input type="checkbox"/> | Check quota | Unemployed (less than 6 months) |
| <input type="checkbox"/> | Check quota | Homemaker |
| <input type="checkbox"/> | Check quota | Other |

Q4 Do you or does any of your close family or friends work in any of the following industries?

- | | | |
|--------------------------|-----------------|-------------------|
| <input type="checkbox"/> | CLOSE | Advertising |
| <input type="checkbox"/> | CLOSE | Marketing |
| <input type="checkbox"/> | CLOSE | Public Relations |
| <input type="checkbox"/> | CLOSE | Market Research |
| <input type="checkbox"/> | Go to Q5 | None of the above |

Q5 On a scale of 1 to 10, how difficult a time have you had since the start of Covid-19 pandemic? This can be for any reason.

- | | | |
|--------------------------|--------------|--------------------------|
| <input type="checkbox"/> | CLOSE | 1 = not at all difficult |
| <input type="checkbox"/> | CLOSE | 2 |
| <input type="checkbox"/> | CLOSE | 3 |
| <input type="checkbox"/> | CLOSE | 4 |
| <input type="checkbox"/> | Go to Q6 | 5 |
| <input type="checkbox"/> | Go to Q6 | 6 |
| <input type="checkbox"/> | Go to Q6 | 7 |
| <input type="checkbox"/> | Go to Q6 | 8 |
| <input type="checkbox"/> | Go to Q6 | 9 |
| <input type="checkbox"/> | Go to Q6 | 10 = extremely difficult |

Q6 I am going to read out a few statements and would like you to tell me how much you agree / disagree with each.

	Strongly agree	Slightly agree	Neither / nor	Slightly disagree	Strongly disagree
I have generally been less happy than usual during Covid-19 pandemic (i.e. since March 2020)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been more anxious than usual during Covid-19 pandemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have adopting some negative coping mechanisms during Covid-19 pandemic (e.g. smoking more, drinking more, sleeping more, taking less exercise, being easier to anger, eating less well etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All respondents must agree with all of the above.

Q7 How concerned have you been / are you about your job being at risk due to Covid-19?

- Check quota - Q8** Very concerned
- Check quota - Q8** Quite concerned
- Check quota - Q8** Not very concerned
- Check quota - Q8** Not at all concerned
- Check quota - Q8** N/A - not working

Q8 Which of the following best describes your family situation?

- Check quotas, Go to Q9** Pre kids
- Check quotas, Go to Q9** Have children under 11 years at home
- Check quotas, Go to Q9** Have children over 11 years at home
- Check quotas, Go to Q9** Children have grown up and left home
- Check quotas, Go to Q9** Never had children

Q9 Do you consider yourself to have a disability?

- Check quota - Go to Q9a** Yes
- Check quota - Go to Q10** No Prefer not to say

Q9a Please state the type of disability which applies to you. Please select all that apply.

- Visual
- Hearing
- Learning disability
- Mobility/Other physical impairment
- Mental health condition
- Long term illness
- Social, emotional, behavioural difficulties e.g. autism
- Other
- Prefer not to say

Q10 Which of the following best describes your ethnicity?

- Check quotas - Q11** White (British, Irish, Gypsy or Irish traveller or Other White)
- Check quotas - Q11** Mixed/Multiple ethnic group
- Check quotas - Q11** Asian/Asian British
- Check quotas - Q11** Black/African/Caribbean/Black British
- Check quotas - Q11** Other ethnic group
- Check quotas - Q11** Prefer not to say

Q11 Which council area do you live in?

- | | |
|--|---|
| <input type="checkbox"/> Aberdeen City | <input type="checkbox"/> East Renfrewshire |
| <input type="checkbox"/> Orkney Islands | |
| <input type="checkbox"/> Aberdeenshire | <input type="checkbox"/> Falkirk |
| <input type="checkbox"/> Perth and Kinross | |
| <input type="checkbox"/> Angus | <input type="checkbox"/> Fife |
| <input type="checkbox"/> Renfrewshire | |
| <input type="checkbox"/> Argyll and Bute | <input type="checkbox"/> Glasgow |
| <input type="checkbox"/> Scottish Borders | |
| <input type="checkbox"/> City of Edinburgh | <input type="checkbox"/> Highland |
| <input type="checkbox"/> Shetland Islands | |
| <input type="checkbox"/> Clackmannanshire | <input type="checkbox"/> Inverclyde |
| <input type="checkbox"/> South Ayrshire | |
| <input type="checkbox"/> Dumfries and Galloway | <input type="checkbox"/> Midlothian |
| <input type="checkbox"/> South Lanarkshire | |
| <input type="checkbox"/> Dundee City | <input type="checkbox"/> Moray |
| <input type="checkbox"/> Stirling | |
| <input type="checkbox"/> East Ayrshire | <input type="checkbox"/> Na h-Eileanan Siar |
| <input type="checkbox"/> West Dunbartonshire | <input type="checkbox"/> West Lothian |
| <input type="checkbox"/> East Dunbartonshire | <input type="checkbox"/> North Ayrshire |
| | |
| <input type="checkbox"/> East Lothian | <input type="checkbox"/> North Lanarkshire |

Q12 Please type in the area where the respondent lives (Lower SIMD respondents only: groups 4&8, Depths 1,4,6,7,8)

Thanks for completing - please press submit.

4.2 Research Topic Guide

Scottish Government

Qualitative Research to Understand the Impacts of Covid-19 on Wellbeing for Key Groups in Scotland

Topic Guide FINAL (V2) 150221

MODERATOR NOTES:

- **Based on the areas of investigation....this project needs to generate recommendations for where potential problems or further inequality could be prevented**
- **At all times, it is important to stay mindful of similarities between sub groups in the sample AND differences in perspectives and particularly on ideas for future recommendations between the key inequalities sub groups of importance to this project- women, young people, disabled people, those whose jobs are at risk/have been made unemployed during C19, and those living in communities in the lowest quintile of the Scottish Index of Multiple Deprivation**

Introduction

- By moderator - highlight independence / impartiality
- Explanation of research
 - o No right or wrong answers
 - o Everyone's views are important
- Introduction to the subject and format of the discussion
 - o Around 90 mins chat (groups); about 60 mins in depths
 - o Open discussion about life and the challenges that have been experienced during the COVID era and concerns about the future- to help inform planning for the future
 - o HONESTY IS KEY....WE PROMISE YOU THAT EVERYTHING YOU SAY WILL REMAIN CONFIDENTIAL
 - o Reassurance over confidentiality, GDPR and MRS Code of Conduct. Our promise to you:
 - We will not disclose any of your details
 - We will anonymise all of our reports
 - We will only use the information you provide for the purpose of this research
- Explanation of recording
 - o audio / video.... ask for permission to pass to client
- Individual introductions
 - o First name, who is in your household, what you do for a living if anything....what is your current working situation?

PAST- Historic Experience of Life During the COVID era

- What has life been like for you over the time we have been living with COVID?
 - o Explore at spontaneous level
 - o How would you describe life last year to a friend you hadn't seen for a long time?

- Probe- positive experiences from last year?
 - Probe- the most challenging parts of life last year?
- Probe in relation to key areas of life
 - SHOWCARD 1- Personal wellbeing and mental health; Personal isolation; Your physical health; Family togetherness; Concerns about the health of vulnerable people close to you; Your ability to provide care for those who are closest to you- either friends or family; Concerns about your children's progress- education and general development; Your sense of being part of your community and the wider society you live in; Your sense of contributing to society; Your ability to study- as a student or as part of lifelong learning; Work and employment matters; Financial matters- personal, family and or household; Concerns about the economy in more a general sense; Other areas of life impacted by COVID
 - Which areas of your life have been impacted on by COVID....
 - Ask respondents to rank key impact areas for themselves- from most impacted- at a negative level....to the least impacted....to only positively impacted?
 - As you see it looking at society in general (around your community), which of these areas have been the hardest hit during COVID?
 - To confirm, have any of these areas been positively affected by COVID?
 - How was that?
- What have you done to help you get through these difficult times?
 - Spontaneous?
 - Probe- what have you done that you would say has had a positive impact on your life....that has been good for your health- both physically and mentally? (e.g. relaxing more, hobbies and interests, supporting others, getting closer to those you care about, exercise, eating better, stopping smoking, etc.)
 - Probe- what have you done that you would say has had, on balance, a more negative impact on your life....that has been bad for your health- both physically and mentally? (e.g. drinking more, smoking more, less exercise, eating more/ more unhealthily, sleeping more and irregularly, etc.)
- Where have you received support over the last year....for any part of your life- relating to any area you have been needing help....such as money issue, health issues, keeping mentally strong, work related issues, etc?
 - Have you been helped in any way by anything from the Scottish or UK governments? Spontaneous and then SHOWCARD 2 (initiatives list from the SG)
 - **SHOWCARD 2-** Furlough (Job Retention Scheme), Shielding support, Food/shopping support, National Assistance Helpline, Clear your head campaign, Parent Club campaign, Self-isolation Support Grant, Self-Employment Income Support Scheme, Coronavirus Business Interruption Support Scheme, Bounce Back Loans Scheme
 - Have you been helped in any way by any other organisation or group of people- either public sector, private company.... or a voluntary or community organisation?

- For you- what help that you have received has made the biggest difference in each area you have been affected by COVID? **SEE SHOWCARD 1 AGAIN**
 - For you- what help that you have received has not made any difference in key areas you have been affected by COVID? **SEE SHOWCARD 1 AGAIN**
- Thinking back over the last year, what support would you have liked to have been made available to help you in any way that you have been impacted by COVID?
 - Probe- anything that would have reduced the impact or just helped you get through better?

PRESENT- In relation to respondents' current experiences of COVID-19, during this latest lockdown:

- How are you now.... compared to last year- better or worse?
- Having been through a year of COVID- what lessons have you learned that you are going to take forward?
 - What are you doing differently during this lockdown compared to last year?
- What support, to help you in any way, would you ideally like to be made available to you now?
 - How would this support be given and by whom?

FUTURE- In relation to the future - both as COVID-19 continues and in the post COVID-19 recovery era:

- What are you most nervous about or concerned about looking forward....to the rest of COVID and to the COVID recovery period?
 - **SEE SHOWCARD 1 AGAIN**
- What lessons would you like the Scottish Government and our society in general to take from the COVID-19 era?
- What areas of support do you think would help recovery from the COVID-19 era at a personal level?
- What areas of support do you think would help recovery from the COVID-19 era from the societal perspective?
 - Spontaneous thoughts
 - **SHOWCARD 3 Attitudes to prompted areas of support for future interventions**
 - Probe- what ideas do you have in any of these areas....ideas to make the lives of people like you better?

Summary

- If there was one thing you would like me to take back to the Scottish Government- in relation to what you need now or feel you or our society needs in the future....as we come out of COVID 19.... what would it be?

Thank and Close

SHOWCARD 1

- Personal wellbeing and mental health
- Personal isolation
- Your physical health
- Family togetherness
- Concerns about the health of vulnerable people close to you
- Your ability to provide care for those who are closest to you- either friends or family
- Concerns about your children's progress- education and general development
- Your sense of being part of your community and the wider society you live in
- Your sense of contributing to society
- Your ability to study- as a student or as part of lifelong learning
- Work and employment matters
- Financial matters- personal, family and or household
- Concerns about the economy in more a general sense
- Other areas of life impacted by COVID

SHOWCARD 2

- Furlough (Job Retention Scheme)
- Shielding support
- Food/shopping support
- National Assistance Helpline
- Clear your head campaign
- Parent Club support campaign and website
- Self-isolation Support Grant
- Self-Employment Income Support Scheme
- Coronavirus Business Interruption Support Scheme
- Bounce Back Loans Scheme
- Support from schools, colleges, universities

SHOWCARD 3

- Our homes
 - o Ensuring we are secure in our homes
 - o Ensuring that our homes are what we need- safe, warm and comfortable
- Finances- help with money matters
 - o Making sure basic needs are guaranteed- including so that we all have access to nutritious and affordable foods
- Work- getting into and being able stay in work
 - o Ensuring everyone who wants to can get into work. Including....
 - Through child care and support for carers
 - Through work places being flexible
- Education
 - o Education and training for adult
 - o Support for children- getting back into school based education
 - o Support for college and university student
 - Getting back to college and university study
 - Getting into work after their education experience during COVID
- Health and care
 - o Mental health support
 - o Living with the risk of future pandemics
 - o Support relating to care for vulnerable or isolated people
- Community and inclusions
 - o Supporting each other
 - o Dealing with digital exclusion- making sure everyone has the hardware, skills and broadband necessary to use the internet as they want
 - o Giving important sectors in our society a voice so that needs can be understood e.g.
 - Disabled community
 - Ethnic minority groups

4.3 Sample Plan

8 Zoom Group Discussions

39 respondents participated in the group discussions in total

All respondents identified as having had a difficult or challenging time during COVID-19 at three levels:

- All stated that they had generally been less happy during the COVID-19 era than they were before March 2020
- All respondents stated that they had more consistently experienced increased anxiety during the COVID-19 era than they had before March 2020
- And, or, respondents stated that they were more likely to employ negative coping strategies during the COVID-19 period (such as sleeping ‘too much’; smoking more; drinking more alcohol; eating less well; being more angry; and/or taking less exercise)

Women 20-50 years old BC1C2D With children at home	Young People - aged 18-34yo BC1 Mix males and females	Employment has been/ and is at risk 20-50 years old BC1 Mix males and females- skew to males	Living in a SIMD lowest quintile area All C2DE 20-50 years old Mix males and females
Women 50-75 years old BC1C2D Without children at home	Young People - aged 18-34yo C2D Mix males and females	Employment has been/ and is at risk C2D Mix males and females- skew to males	Living in a SIMD lowest quintile area All C2DE 50-70 years old Mix males and females

Disabled People: across the group discussions 10 respondents were recruited with disabilities- 2 with sensory disabilities (deafness), 3 with long term illnesses, 3 with mental health conditions and 2 with physical disabilities that affected mobility.

8 Zoom One to One Depth Interviews

All respondents identified as having had a difficult or challenging time during COVID-19 at three levels:

- All stated that they had generally been less happy during the COVID-19 era than they were before March 2020
- All respondents stated that they had more consistently experienced increased anxiety during the COVID-19 era than they had before March 2020
- And, or, respondents stated that they were more likely to employ negative coping strategies during the COVID-19 period (such as sleeping ‘too much’; smoking more; drinking more alcohol; eating less well; being more angry; and/or taking less exercise)

<p>Women 20-50 years old DE With children at home</p> <p>AND- living in SIMD lowest quintile</p>	<p>Young People - aged 18-34yo BC1 Female</p> <p>AND- living with Mental Ill-health</p> <p>Stated that their employment has been/ and is at risk</p>	<p>Employment has been/ and is at risk Male 20-50 years old BC1 With children at home</p> <p>AND- at the YOUNGER END OF THE SCALE</p>	<p>Living in a SIMD lowest quintile area All C2DE 20-50 years old Male</p> <p>AND- employment has been and is at risk/ become unemployed during C19</p>
<p>Women 50-70 years old BC1C2D Without children at home</p> <p>AND- living with a physical disability</p>	<p>Young People - aged 18-34yo C2D Male</p> <p>AND- living in SIMD lowest quintile AND- employment has been and is at risk/ become unemployed during C19</p>	<p>Employment has been/ and is at risk Male 20-50 years old C2D</p> <p>AND- living in SIMD lowest quintile AND- living with a physical disability, mental health disability or sensory disability</p>	<p>Living in a SIMD lowest quintile area All C2DE 50-70 years old Female</p> <p>AND- living with a physical disability</p>

Supplementary Recruitment Criteria across the whole sample to ensure broad inclusion:

- 6 respondents were recruited across the whole sample to represent people in one of the Black and Minority Ethnicity groups
- The sample was recruited from across Scotland - including both those living in urban and rural communities

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**This document is also available from our website at www.gov.scot.
ISBN: 978-1-80004-988-8**

**The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG**

**Produced for
the Scottish Government
by APS Group Scotland
PPDAS878786 (06/21)
Published by
the Scottish Government,
June 2021**



ISBN 978-1-80004-988-8

Web Publication

PPDAS878786 (06/21)