

A co-production study examining COVID recovery from the community perspective

“The pandemic has highlighted, again, that socio-economic factors have a huge bearing on health inequalities within communities, across the board.”

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Executive Summary

Purpose of Project:

To examine the notion of COVID ‘recovery’ from the perspective of members of the local community in Middlesbrough.

Methods:

Two approaches were taken. The first of these was an analysis of existing relevant literature relating to COVID pandemic. The second was through purposive, semi-structured interviews with residents of the Middlesbrough area. These interviews were then recorded, transcribed verbatim and subjected to thematic analysis.

Recruitment:

In total, 52 individuals were interviewed and demographic information for each participant was collected, with explicit consent, at the start of each interview. Particular engagement was sought amongst those aged 18-30 ($n=15$), those aged 50+ ($n=20$) those identifying as members of a BAME community ($n=22$) or those residing in a TS1 or TS3 postcode area ($n=23$)

Analysis and Themes:

From analysis of interview transcripts, the following primary themes were identified:

<i>Authority</i>	<i>Autonomy</i>	<i>Community</i>	<i>Economy</i>
<i>Fairness</i>	<i>Framing</i>	<i>Future</i>	<i>Wellbeing</i>

Each theme included various sub-themes, and these are explored in greater detail in the report below.

Recommendations:

- The development of social capital is vital to the development of a COVID recovery strategy.
- Providing people with choices over their own lives is something that must be preserved wherever possible.
- Ensure the local element of information and support is emphasised.
- Close attention needs to be paid to the impact of inequality of access to sufficient educational tools upon educational attainment, and a corresponding strategy to ameliorate this should be developed.
- Mental health should be a priority as we move out of the isolation associated with lockdown and efforts to reconnect people socially need to be made. This is particularly important for young people.
- Communication needs to be carefully framed, avoiding imperatives where possible.
- There is a need to understand better the reasons for vaccine hesitancy and mistrust of ‘official’ information.

Purpose of Project:

On the 16th of March 2020, the Prime Minister of the UK announced that “now is the time for everyone to stop non-essential contact and travel” with the now familiar Lockdown measures coming into force legally 10 days later on the 26th of March.¹ Despite a short period of easing of restrictions over the summer and the introduction of a three-tier system on the 14th of October, by the 31st of the same month lockdown restrictions had returned confining many to working from home, navigating home-schooling and only being permitted to leave their homes for essential purposes for much of the year.

In Middlesbrough, the effect of the virus itself devastated many lives. On the 28th of March, 2021 there had been 12, 435 confirmed cases of COVID-19 in Middlesbrough (around 1 in 11 people) and 342 COVID-related deaths (1 in 411)². As of the 16th of April 2021, the Local government Association reports that:

“In total, 66,661 of Middlesbrough's 127,873 residents have received at least one dose of a COVID-19 vaccine. This equates to a first dose vaccination rate of 52,131 per 100,000 or 52.13 per cent of residents. This is less than the English rate of 53,385 per 100,000 (53.38 %) and ranks Middlesbrough 41 out of 59 for All English unitary authorities”³

That COVID-19 has had a great impact on the local community is clear. What this impact was and how this might be overcome in the future is less so and thus the aim of this project was to examine the notion of COVID ‘recovery’ from the perspective of members of the local community in Middlesbrough. In relation to this overarching question, the following questions were also addressed:

- 1. What does recovery mean to communities?**
- 2. From the communities’ perspective, what are the meaningful measures of recovery against which we should hold our selves accountable for success?**
- 3. To understand the nature and spread of COVID related harm and how has it manifested itself in our communities.**
- 4. What are the issues and barriers associated with isolation?**
- 5. To make recommendations to the Steering Group.**

Methods:

Secondary Analysis:

To understand the above, two approaches were taken. The first of these was an analysis of existing relevant literature relating to COVID pandemic, at both a national and local level. The purpose of this was to guide the empirical phase of research, outlined below, and to place Middlesbrough within the wider national context. From this secondary analysis, key issues on a national level were identified as:

¹ Institute for Government (2021): *Timeline of UK Coronavirus Lockdowns, March 2020 to March 2021* - <https://www.instituteforgovernment.org.uk/sites/default/files/timeline-lockdown-web.pdf> [accessed: 20/04/21]

² Statistics can be found at <https://coronavirus.data.gov.uk/>

³ Local Government Association (2021): *COVID-19 Cumulative Vaccinations Local Authority View* at: https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-covid-19-vaccinations-la-view?mod-area=E06000002&mod-group=AllUnitaryLainCountry_England&mod-type=NamedComparisonGroup [accessed 20/04/21]

- 1- **(Un)employment**
 - i) *Encompassing debt, furloughed workers and the dangers posed by face-to-face roles during the pandemic*
- 2- **Mental Health and Wellbeing**
 - i) *Including but not limited to increased depression, anxiety and low mood during lockdown and feelings of isolation*
- 3- **Education**
 - i) *Including childcare issues for parents, the further education sector and higher education*
- 4- **Widening Inequalities**
 - i) *These inequalities consist of inequalities within local communities and the exacerbation of these during COVID, as well as national inequalities between areas of affluence and of deprivation, and an increase in the 'North-South Divide'*
- 5- **Community Cohesion**
 - i) *Issues around different sections of the community and their interaction with one another are varied. On one hand, there are reports of greater community cohesion during the pandemic, but on the other there has been a significant amount of blame attributed to certain communities for their part in the pandemic.*

Interviews:

The primary method of data gathering for the study was through purposive, semi-structured interviews. In total, 52 individuals were interviewed (of a planned 40-60) and demographic information for each participant was collected, with explicit consent, at the start of each interview. The information that was collected for each participant was:

- i. **Age Group: (18-30, 31-40, 41-50, 51-64 or 65+)**
- ii. **Gender**
- iii. **Ethnicity⁴**
- iv. **Area of residence (via first 3 digits of postcode)**
- v. **Employment Status (Employed, Unemployed, Furloughed, Retired, Volunteering etc.)**
- vi. **Highest Educational Level (0-8)**

Participants were also asked:

- vii. *If they were currently, or had prior to COVID restrictions, been in contact with local services (Community or Local Authority services for which they received regular support)*

Interviews were conducted by members of the research team at Teesside University, or through staff members of local authority or allied groups⁵ after having taken part in a short qualitative research training module.

Recruitment:

Inclusion criteria for the study were broad, and participants needed only to be a resident of Middlesbrough and 18 years of age or older. With consultation from the project Steering Group, it was decided that particular focus should be turned to engaging members of groups relating to the demographic areas highlighted in bold above. These groups were namely those aged 18-30, those

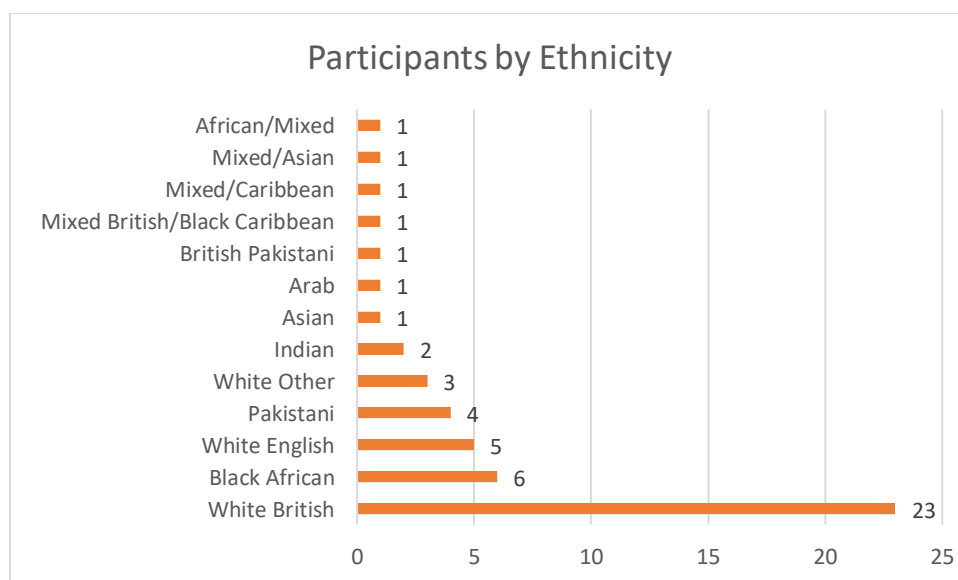
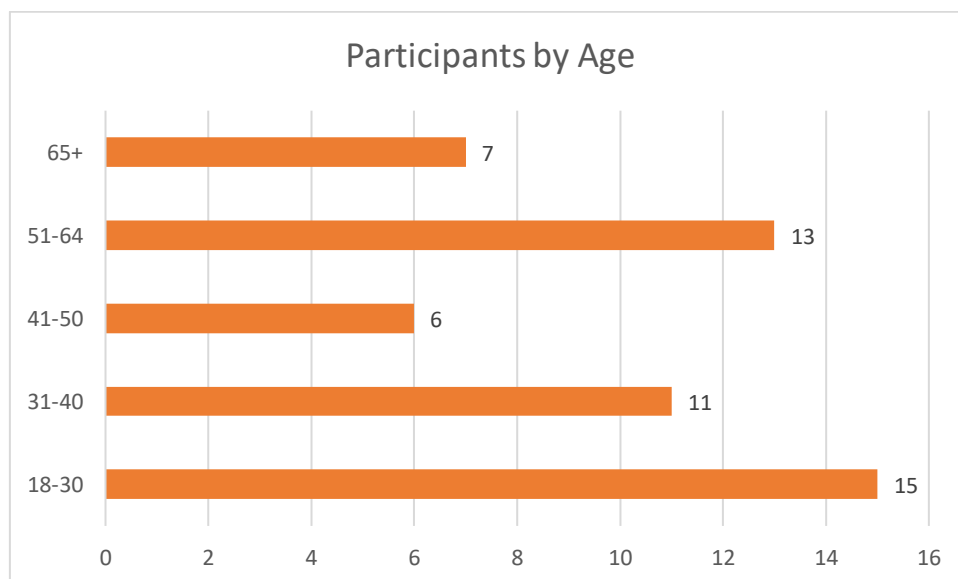
⁴ Participants' ethnicity and gender were self-identified, and no categories were provided to give a free choice to participants in this regard.

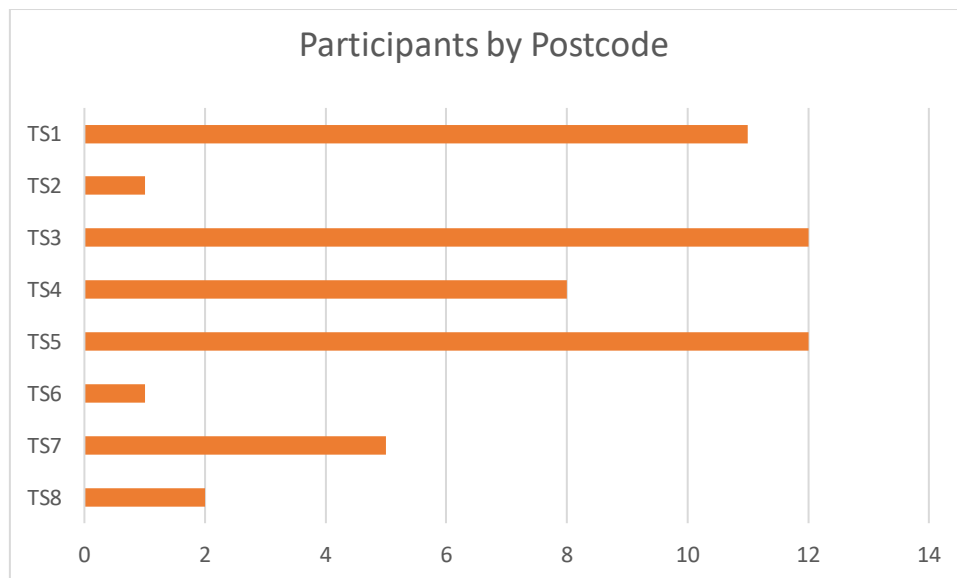
⁵ Groups such as *Middlesbrough Council, PHST [Public Health South Tees], Thirteen Group, Mind, Ageing Better and Together Middlesbrough and Cleveland* all took part in this training element.

aged 51+, those who self-identified as belonging to a BAME community, and those residing in a TS1 or TS3 postcode area ('Place-based'). For each of these groups, a target of 10-15 participants from each group was set to ensure a representative sample of individuals belonging to those groups.

The breakdown of participants belonging to each 'target' group are displayed in a variety of charts below and were as follows:

18-30 years old:	15
51+ years old:	20
Identifying as from a 'BAME' Community:	22
Residing in a TS1/TS3 Postcode:	23





Analysis and Themes:

The interview transcripts were transcribed verbatim and were subjected to thematic analysis by the research team at Teesside University. Interviews were blind-coded by multiple members of the team in order to eliminate bias, and from the process of thematic analysis, eight primary themes emerged. These themes were *Authority, Autonomy, Community, Economy, Fairness, Framing, Future and Wellbeing*. These eight key themes also form the basis for the recommendations at the end of this report and each theme has a corresponding recommendation attached to it.

Authority:

Many of those interviewed spoke of their experiences, and struggles, with authority during the pandemic. They also spoke of their perceptions of the different types of authority they felt were at play during various stages of the pandemic – be it pertaining to the enforcement of (and decision to implement) lockdown, those who claimed to have authority regarding the causes and solutions surrounding the pandemic, through to who should, and should not, be regarded as ‘an authority’. Within the broader theme of *authority*, several sub-themes and issues were contained.

Local vs. National Authority:

Much was made in the interviews about the tension that was felt between National and local Authority. Underpinning a great deal of the conversations that took place was the idea that although ultimately responsibility for managing the pandemic lay with the national government, that people still felt that they would prefer (and in many cases would feel safer) if there were a greater amount of power and authority being devolved to their local authority and for many this revolved around the thought that their local authority had a better understanding of not only the area but its people, and thus also understood the particular difficulties that people may be having at this time:

“In our area the council’s communication was good. I definitely felt that was okay, [but the] government should give more power to local council to decide certain things because they are in the local area. They know what the requirements are. But there seems to be some lack of coordination between central and local governments.” (Female, Asian, 18-30: TS4)

That there was some kind of disconnect from the local area to those in positions of national authority was a sentiment that was displayed by a number of interviewees, and a geographic distance at a time when people’s worlds had been drastically reduced had led in many cases, to a

perceived distance being maintained in terms of the trust and confidence that people were prepared to invest in national authority and figures who were identified as representing that:

“The government have just been lying. It looks like they've just been lying from day one and got 90% of the things wrong. And we're supposed to carry on listening to them? And they don't understand the day-to-day life of living in Middlesbrough, especially around this area.”
(Male, Black African, 51-64: TS1)

The Local Authority Itself:

Regarding the local authority itself, many people spoke of their appreciation for those efforts that had been made during a difficult time:

“And then getting like a little pack for Middlesbrough Council and it had like a mask and in and ads...or like information and stuff. And I was like, ‘that's just so good!’. Like, not every council's done that.” (Female, British Pakistani, 41-50: TS1)

What people reported most about actions such as the distribution of masks and other information was that it reminded them that they had not been forgotten, especially during the lockdown(s). This idea of feeling a part of processes and its importance in a whole host of areas of people's lives is something that features heavily in the next theme (*autonomy*), but it is worth noting that there were those whose view of the council's engagement was markedly different:

“I still feel that there could be a lot better communication strategies [from the council] within communities. Yeah, in terms of sort of much more enhanced depth of reach, especially within the BAME communities, about what are the steps that we are going to take as a local authority in terms of combating COVID-19.” (Female, Pakistani, 41-50: TS5)

For some, what that support or engagement would look like, or what it was that they were lacking wasn't clear, but the feeling that they were alone and that this was something that it was the duty of those in authority to address remained:

“I think we've been neglected in that sense. They could have given us advice, I don't know. Advice on what to do or where to go or who to speak to. We've had nothing.” (Male, White British, 51-64: TS3)

Epistemic Authority:

During what has been a period of great uncertainty, perhaps unsurprisingly the issue of who knew what and importantly, perceptions of who (if anyone) *knew best* was something that preoccupied a great deal of people's thoughts. Trust in who to follow the advice of, and who from the myriad of dissenting voices to listen to was a constant theme throughout interviews, and many people reported simply not knowing who to trust or how to verify the epistemic authority of others:

“[No one] really trusts he [Boris Johnson] knows what he's doing, which I understand he's got a difficult job, but I think he needs to decide what he's doing and stick with it really, in my opinion.” (Male, White British, 18-30: TS3)

“The government has misfed the communities with wrong information, you know, everything's, you know, turned in the opposite way.” (Female, Pakistani, 31-40: TS3)

This mistrust in those went beyond a mistrust of government and institutions that were viewed imposing order without a legitimate knowledge base, but also in some cases included those who generated that very knowledge in the first place:

“You've got too many people putting too much input in it, it must get hard for a prime minister or all the other people listening to the different things. So, he's saying things, one

doctor says this and one biologist is saying this and they're all contradicting each other."
(Male, White British, 51-64: TS3)

Autonomy:

Much of what people are talked about in terms of lockdown, mask-wearing, and the variety of measures to control COVID and people's reaction to them, even down to the information and advice given revolved around the inability to choose the trajectory of our own lives. The lack of autonomy that we have been able to exercise has never been as obvious as it has been during COVID, and this fact had far-reaching implications for almost everyone that took part in the project.

Control (and the lack of it):

Control over our own lives, and the feeling that we have some measure of control of the things that happen to us is incredibly important. However, the measures of freedom that have come to mark the lives of many were significantly and noticeably curtailed throughout the COVID pandemic and attempts to control it. Reactions to this were often negative, and many interviewees reported a significant decrease in their mental health because of this:

"I think that lack of control as well [is hard]. I mean, I know we can't control what Boris says or who's advising him, but I think just that lack of control being told this is what's happening on Thursday." (Female, White British, 51-64: TS5)

"Yeah, I feel like I'm in prison." (Male, Arab, 51-64: TS5)

"The only thing I can do at the minute is eat sleep and work and that's it. That's all I can do, that's my life now, that is my life for the next, well I don't know, until he [Boris Johnson] decides we are allowed out." (Male, White British, 18-30: TS6)

What We Should (and should not) be Given a Choice Over in the Pandemic:

Because of the issues surrounding whether or not people were given a choice in their everyday lives (and how they felt about this) much attention was paid in the interviews to those things that were seen as being legitimately denied as a result of lockdowns, social distancing etc., and those things which some felt should be a matter of personal choice:

"Just stop lockdown in my opinion. I don't think it's doing anyone any help, I think give people the option of what they want to do, if they want to self-isolate away from it like." (Male, White British, 18-30: TS3)

Others however, welcomed the fact that they were not expected to navigate what was and was not acceptable during the pandemic and that this choice was made for them:

"It's nice to give some people, like restrictions, so that you know what you can do and what you can't do." (Male, White British, 51-64: TS3)

There was also an acknowledgement that there may be certain aspects of the COVID response that may be important enough to trump considerations of personal choice:

"If it [testing] could be given mandatory to every person, and then we would identify those people who are asymptomatic, and then we kind of take the measures that would be great."
(Female, Indian, 31-40: TS5)

Extending from this notion of personal choice was also that of personal *responsibility (auto reus)*. Often, appeals against the implementation and enforcement of nation- or area-wide restrictions hinged on the idea that these only became necessary at the point where individuals were reneging on their personal obligations to themselves and to others:

"I think it's now up to individuals to manage their own risk appropriately, as we do as adults and parents every day for everything else." (Female, British Pakistani, 41-50: TS1)

"Too many people are doing what they want to do and they're not paying any, any notice to the rules. That's why we can't come out [of lockdown]. People are selfish." (Female, White British, 31-40: TS8)

Feelings of Powerlessness and their Impact

Being the subject of so many decisions without having any stake in those decisions left many people feeling totally powerless to choose the direction of their own lives. There was an obvious effect on people, not only on a superficial level on which they complained about their lack of decision-making ability about certain issues or frustration over their lack of control, but in a far more fundamental way that for some, led them to question their situation and themselves:

"[I'm] so scared to leave my house, but I kind of want to get on with my life. Like I get it's bad. People are dying. But I also get... People have gotten the flu and are dying... People getting cancer and dying. Like it's inevitable... We can't do things to try and stop it..." (Male, White British, 18-30: TS1)

Others' greatest frustration was that they were unable to help others, despite having a strong desire to:

"I mean, I'd have offered myself as a guinea pig, if I thought it would have helped you know, when they were trying to find a vaccine, I know it's each to his own, but I think it's again, lack of consideration to other people." (Female, White British, 65+: TS7)

For many however, the magnitude of the task at hand meant that there was little that *anyone* could do, let alone on a personal basis, and this resulted in a pervading feeling of apathy amongst a number of those interviewed:

"I'm on about scientists looking into things and seeing if we can really stop it. We won't because you can't beat nature." (Female, White British, 50-64: TS3)

Vaccination and Choice:

Given the lack of choice and control that people reported in many other aspects of their lives, it is perhaps less surprising than it may ordinarily be that many of those interviewed viewed the vaccine as one of the few choices that they *were* able to make at this time:

"I don't know [yet] if I'll get it. I guess it's something I have to think about and see." (Female, Undisclosed, 31-40: TS3)

A perceived lack of clear information surrounding the vaccines and the plethora of alternative explanations, theories, and misinformation surrounding vaccinations caused some to voice their concerns about the safety of the vaccines:

"So what's the point in giving someone a vaccine if it's going to be more deadly than actual virus itself? I mean it has been proven an old gentleman has had the vaccine and he's give [sic.] his daughter Covid." (Male, White British, 18-30: TS6)

For others, the concern about both the safety and efficacy of any potential vaccine or vaccination programme centred upon the questioning if these had been tested thoroughly enough, or on diverse communities:

"And what are the possible implications or effects that vaccine could bring on people, especially within diverse communities who already have maybe various underlying conditions?" (Male, Pakistani, 41-50: TS5)

It is also worth noting that, even amongst families, the decision of whether or not to accept vaccination against COVID often caused arguments as people approached the issue from radically opposed standpoints:

“My sister...she was quite happy to take it, but her son who lives in the heart of Middlesbrough called her an idiot, a fool, wake up woman they’re going to shoot you!”
(Male, White British, 65+: TS7)

Community:

Despite spending much of the previous year in varying states of lockdown and isolation (or perhaps because of it) the attention of many of the people who took part in the study was upon community. Opinions about community differed significantly, and covered a variety of topics, from the community pulling together (or indeed further apart) during the pandemic, to the support that was offered and even what was meant, and what could continue to be meant, by the very notion of ‘community’ itself.

Cohesion and Division:

At the beginning of the project, a large proportion of interviewees spoke about how they had noticed a great deal more cohesion within their communities, and of an increase in community ‘spirit’:

“I think at the beginning, there was a there was a really nice feeling when you were going out, you went, you know, you went out walking, really nice feeling that of a community spirit, we were all in this together.” (Female, White British, 51-64: TS5)

As time progressed however, and certainly in the weeks directly preceding and following Christmas, the mood had changed and more and more people were starting to talk about the division and polarisation in communities, as well as the reinforcement of existing prejudices during the pandemic:

“And so it created those divisions really, amongst...amongst different people, amongst different groups, and as I say some suspicion. So, whilst they always might have always been some people that were ageist or, you know, racist or whatever, it’s kind of heightened some of those things.” (Male, White British, 51-64: TS4)

Community Support:

Not everyone continued to speak of such division as time went on however, and a number of interviewees spoke of their appreciation for the support that had been offered to them on a community level – both formal and informal – as they spoke of community support offered by the local authority and charities, as well as that which simply came from the goodwill of those around them:

“[I’ve had great support] from the Council, from the community...Because even some people come to my house, they knock at the door to give me food.” (Female, Black African, 31-40: TS3)

In other areas, there seemed to be less cohesion of this kind, and considerably less of a feeling that everyone ‘was in this together’. As the pandemic stretched on, for many it sharply brought into focus the lack of facilities in their local area, particularly for young people:

“The area needs some, you know, kid’s things for kids to do on an evening because there’s, like 12, 15 young kids just walking around, nothing to do, getting into mischief. It’s not their fault because there’s nowhere for them to go, there’s no youth club...Just community

support. It's just like, we're just left to be on our own and just deal with everything yourself."
(Male, Black African, 51-64: TS1)

Conceptions of the Community:

What constituted community and 'a community' was another issue on which there was much variation. Some saw themselves as part of a national whole that owed obligations to that whole, where many others placed themselves first and foremost within a local community to which they had greater duty. In some areas (notably within TS1 and TS3 areas) the notion of community was even more localised than that of the Middlesbrough area, extending only to the very specific small communities in which they lived:

"I think they should have even gone down even to smaller than local government and local areas, like each estate maybe, get the estate together and talk about them and get them, you know, like the whole of TS1 or what area it is something like that, where it needs to be more localised." (Male, Black British, 51-64: TS1)

In other cases, the message over community and how this notion had shifted during the pandemic, had more to do with how the concept of community space meant less when so much human interaction and support had been taken online due to social distancing and lockdown restrictions. So too was it the case for some that this shift brought with it positives, as a greater sense of social support developed as a result of this:

"Then we got a site. I don't know if you've seen it on Facebook, another one called Help in Teesside, where you sign up to it, you know, I think three quarters of Teesside have signed up to it...if somebody could donate a washer, even a second hand one...Or if they feel down, you know, they could just say, is anybody available to talk to me? Because I'm feeling really down and...and you can guarantee there's always somebody there to talk to that person." (Female, White British, 51-64: TS1)

For some, the issue that was most prominent when speaking of community was to point out that there were many different cultures and communities in the area and that they sometimes felt that this was something that had largely been ignored on a local, but more so national, level in favour of highlighting a singularity of experience that simply didn't exist in reality:

"The main impact has been on my social life, particularly during the holy month of Ramadan. Of course. Yeah, you're not to need to, like gathering and celebration. Yes, this is something missing because of COVID." (Male, Arab, 51-64: TS5)

"I've got Romanian friends and their culture is different...they love a barbecue, and they love eating in groups...people see that as an issue when its not- its how they are from their country. Every culture is different..." (Male, White British, 41-50: TS3)

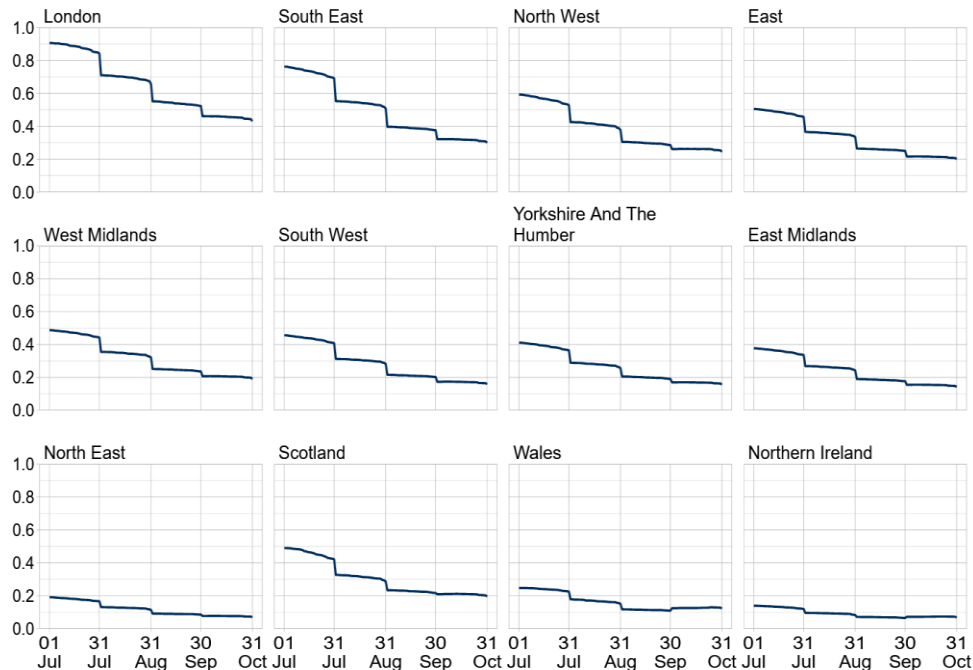
Economy:

Most people that took part in the interviews were concerned in some way about economic recovery in the wake of COVID. Many expressed their worries about their own employment, be it a fear that they would become unemployed due to the pandemic, that they had been made redundant during this time or that the pandemic made their search for work impossible. For others, the concern was not for their own situation, but for the local economy and its resilience throughout lockdowns. There were also positives in this regard as people also shared their appreciation for new ways of working in their roles that they felt should be maintained in the future.

(Un)Employment:

Unemployment, in all its forms, was the primary concern amongst people when asked about what worried them presently about the pandemic. It is also worth noting, that the North East of England

has the lowest number of furloughed employees in the UK (as of December '20)⁶ and many people spoke of simply losing their jobs as a result of the pandemic. Indeed, of the 52 people interviewed, 25 were unemployed (not including those who were volunteering or retired) and only one had a job in which they had been furloughed. The figure below illustrates the disparity in furloughed employees by region:



Source: gov.uk

"I lost my job and I can't go to work, the kids can't go to school and I [must] look for another job now." (Male, Black African, 31-40: TS1)

The difficulty in finding employment for others was not something that was seen as a new phenomenon as they pointed to the lack of employment pre-COVID:

"There were no jobs before now it's completely, like...you have to think twice, like, where would I get the money from to pay out my bills, or if all the changes with the benefit system how I'm gonna be able to live on that money?" (Male, Pakistani, 31-40: TS3)

In some cases, the situation which they had been placed in meant that they weren't entirely sure *what* their current status was regarding employment. One participant spoke about their confusion and worry around work at this time:

"I think I'm still unemployed. I was furloughed and then made redundant. I've been unemployed for a bit and now I've found something else." (Female, White British, 18-30: TS8)

⁶ Office for Statistics (2020): *Coronavirus Job Retention Scheme statistics: December 2020*. Taken from <https://www.gov.uk/government/statistics/coronavirus-job-retention-scheme-statistics-december-2020/coronavirus-job-retention-scheme-statistics-december-2020#employments-furloughed-over-time> [Accessed: 31/3/21]

The Economic Picture, Before and After COVID:

While most of the people who spoke to the research team were understandably concerned specifically about employment, others expressed their concern about the economy in more general terms and the importance of the local economy to the area itself:

“You know, in this country now, the amount of money that they’re gonna have to try and get from somewhere? You know, what’s, what’s gonna happen if they’ve got to keep paying furlough for these people that can’t work, what’s gonna happen to the small shop owners? They’re gonna go out of business. You know, the streets are gonna be deserted.” (Non-Binary, White English, 65+: TS4)

Again, as with employment, the lack of opportunities or causes for concern were present well before COVID, and although the pandemic was often seen as another issue, it was placed on top of pre-existing worries rather than something necessarily new:

“Middlesbrough was already broken before...The areas are so deprived that there’s no economics, you know, a generation so there’s not enough money to be made. There’s no jobs.” (Male, Pakistani, 31-40: TS3)

Ways of Working:

For those who were working during the pandemic, there were few whose roles continued unchanged during this time. Remote working and home working were the most common alterations to the usual working practices that were mentioned, and most of those who spoke about such changes did so in a positive light, with many suggesting it was this that they felt had been the one positive that emerged from the pandemic:

“I feel we can work differently as well. I mean, my job is predominantly face to face with young people, I’ve been doing that over the telephone or on Teams. And it has worked.” (Female, White British, 51-64: TS5)

“I think services will also change the way in which they work in the sense of, I know at my work, we’ve done a lot of remote working. And...and that seems to work quite well.” (Female, Mixed/Caribbean, 18-30: TS4)

Fairness:

The idea that there is a disparity between groups of people and how COVID has highlighted and exacerbated this is an issue that many had seen played out during the pandemic and was something many participants spoke of. This notion of fairness more widely also covers much about rules and regulations and whether or not people follow them since much of the discussion revolved around people’s perceptions of whether or not they think lockdowns etc., were justified. Thus, many appeals people made around the rules – be it masks, lockdown, social distancing, travel bans – were in essence arguments about whether or not they thought the rules were fair, and to whom that fairness was due.

Rules:

It is doubtless no surprise that one of the greatest topics of debate that elicited talk of fairness was that of the rules and restrictions that had been in place and those who did not follow them. Some people spoke of their suspicion of others who didn’t seem to be following the rules:

“See where I am...It’s, it’s pretty uncivil. There’s a lot of people don’t wear masks, and stuff like that. And then you sort of find yourself looking at people and thinking, ‘well, what’s your exemption?’” (Female, Undisclosed, 31-40: TS3)

Others preferred to frame the debate in terms of individual responsibility to others, and those imperfect obligations⁷ that we owed to those around us, even if we incurred some personal cost by doing so:

“When you hear about people dying and things and people getting ill you realise this is horrible. This is so serious, we’ve got to do our bit and be responsible, and you know, stay at home and be as altruistic as possible.” (Female, White Other, 18-30: TS7)

Equality vs. Equity:

A good deal of what people vocalised and explored in interviews dealt with *equity* rather than *equality*. What is particularly interesting from the interviews is that people talk very differently about *treating* people the same and that being fair, against allowing people to have fair *outcomes*.

One of the most common views amongst participants in terms of fairness and equality was that there was a stark difference to the quality of life one could be expected to enjoy which was inextricably linked to wealth and deprivation, and that the pandemic had simply exacerbated and brought such issues into focus:

“The pandemic has highlighted, again, that socio-economic factors have a huge bearing on health inequalities within communities, across the board.” (Male, Pakistani, 41-50: TS5)

“It’s a local deprivation issue, and this is the consequences of what happened. We were already disadvantaged.” (Male, British Pakistani, 41-50: TS1)

The consequences of this inequality touched people in different ways – and many felt that they had been left behind or forgotten, particularly amongst some parents who commented that home learning was simply not an option due to a lack of access to work space, technology, and data which was something they felt schools were not sensitive to:

“We’re actually trying to do work here but it’s hard to get her to go away and do things. I could give her my phone and get her to go on YouTube and that’s her settled but my data’s limited.” (Female, White British, 18-30: TS8)

Others characterised this inequality as pervading every single aspect of their lives, and commented on their distrust and distaste for the idea that ‘we were all in this together’:

“So, if you live in a nice place, and you’ve got access to your garden, and you can go for nice walks, it’s not very bad. But if you’re living in a deprived place, and it’s not very safe and even your house is not safe then it’s not very good. If you live in poverty, your life will be very, very different.” (Female, White Other, 18-30: TS7)

Conversely, some individuals were of the opinion that entirely too much assistance had been meted out during the pandemic, and it was *this* that was unfair:

“No certainly, as I say that there seems to be an awful lot of people who got more help than they needed.” (Male, White British, 65+: TS7)

Elsewhere, there were those who felt that there was nothing wrong with assistance *per se*, but that priorities for identifying those in need were skewed and that there needed to be help other than the assurance of basic needs for those in crisis:

⁷The distinction between *perfect* (owed to all) and *imperfect* (owed to specified others) obligations is made by Onora O’Neill in; O’Neill, O. (1988): *Children’s Rights and Children’s Lives* – Ethics. 98: 445-463

“The Council’s response has been absolutely nothing, they haven’t done nothing for anybody except given out food vouchers for the needy and vulnerable.” (Male, White English, 18-30: TS6)

The Hidden Costs of COVID:

A recurring sub-theme of fairness was the thought that one of the biggest affronts to fairness during the pandemic was not only that certain people’s lives were being unduly impacted by the events taking place, but that this was largely unrecognised in the wider narrative of the pandemic and its harms. One group that was often highlighted as being forgotten was young people and one example was given was of young people awaiting hearings in proceedings where they had suffered abuse:

“And a lot of my young people, some of them had up and coming court cases, which are now next year. And for a young person who is 12 or 13, it was expected to have a court trial in June this year. And it's not till August next year. That's a long time out of the child's life to be waiting for an outcome.” (Female, White British, 51-64: TS5)

Another source of unfair treatment was seen as stemming from the perception of young people as being reckless around the spread of the virus, or lazy if they were avoiding school settings – when the converse was often true, and young people were attempting to keep their families safe, especially in instances where those who took care of them were in high-risk groups:

“I'm doing a lot of, of one to ones over the phone. And with young people who are suffering with anxiety over COVID. And then it's basically they're worried about killing their parents or their grandparents.” (Male, Black British, 51-64: TS1)

That there were those for whom lockdown, isolation and the reduction of services brought additional, unseen, pressures were something that was echoed relating to those accessing alcohol and drug recovery services:

“I'm a volunteer for alcohol and drug services and they've had to like, shut down, like all of the services like face to face? We're all online because we haven't got any like space big enough to hold the groups face to face for the alcohol and drug services.” (Male, White British, 31-40: TS1)

The increase in intimate partner violence and abuse during the pandemic is rightly a cause for widespread concern⁸. One individual spoke candidly about their experience of fleeing intimate partner abuse during lockdown, from suffering the direct effects to the process of escaping their abuser and the difficulties accessing support. Here too, was the idea that there was a hidden element to their situation that was not acknowledged – in this case, the importance of others in their recovery from that abuse:

“I want to socialise. I want to interact with people...I split with my partner right in the middle of all this. I don't know if it would have happened if it wasn't for lockdown...So I'm not blaming lockdown, but I don't know if it would have happened a little bit later if it wasn't for lockdown...So I had to leave, like his house with two kids and I had to go into like a safe house in town. Five months whilst I was waiting for this. It's like, it's really, really important for me that I have my friends around me. And I can't.” (Female, White British, 18-30: TS8)

⁸ Usher K, Bhullar N, Durkin J, Gyamfi N, Jackson D. (2020): *Family violence and COVID-19: Increased vulnerability and reduced options for support*. International Journal of Mental Health Nursing 29(4): 549–552. <https://doi.org/10.1111/inm.12735>. [accessed: 24/03/21]

Framing:

During a period in which the notion of the expert has become eroded, even before the pandemic⁹, the tension between ‘experts’ and publics has never been so apparent. This coupled with an event for which, certainly at the beginning, there were few facts that were established with any great confidence, and because so much of the pandemic is complex, unknown, and also ultimately *unknowable*, the need has arisen to construct a framework or lens through which we interpret events, especially when the ‘truth’ today might not be tomorrow. Much talk in the interviews fits under this theme, from people’s (mis)trust of information, their polarisation over the issues – and even whether or not they think we are even in a pandemic at all.

Disinformation and Misinformation:

One prominent sub-theme within the above notion of framing was that of a perceived lack of information being disseminated to the public:

“The biggest noticeable effect has been this lack of information.” (Male, White British, 65+: TS5)

Another concern that was shared widely was that when information was shared or released, that all too often this was difficult to interpret or understand, and the information that *was* more accessible was of the wrong kind:

“Well, I’m confused to be honest. It’s something one week, the next week it’s completely different. It hurts my head to keep up with. I have to just work with whatever is on the news, because I have no idea what’s going on around here no more. I think I get a letter like once a month. But that’s to do with neighbouring and be nice to people.” (Male, White British, 18-30: TS1)

Faced with this lack of information, people began to find their own meaning in events, taking the evidence to form this meaning from hearsay, and reported observations:

“I know people who work in the hospitals and they say, yes, there is admissions, but they’re not overflowing. I don’t know where this hysteria. And all this sort of really strict guidelines. I don’t know where they come from, personally. That’s my opinion. I think this is hyped up. I really do. I think it’s hyped up into something that it really isn’t.” (Female, White British, 51-64: TS5)

“Mask wearing is really unhealthy for you for the amount of carbon dioxide that you’re breathing in. And there’s been different studies conducted on it. So that’s obviously something that everybody’s had to do. It’s mandatory. And so is that going to have a knock on effect of society” (Female, Mixed/Caribbean, 18-30: TS4)

Even for those who felt that information wasn’t lacking, there were still some who chose to reject any official account of what was happening:

“I certainly don’t believe the numbers that the government are coming out with” (Female, White British, 51-64: TS1)

Explaining the ‘Pandemic’:

Due to many of the phenomena introduced above – the feeling of being forgotten, of struggling to cope in lockdown, to access support or feeling powerless, uninformed, and unfairly treated – many people were trying to explain the pandemic and frame it in a way that *made sense to them*, and as a

⁹ Nichols, T. (2017): *The Death of Expertise: The Campaign Against Established Knowledge and Why it Matters* – OUP: NY

way to regain the control they felt they had lost. One such way of doing this was by minimising the risk posed by the virus itself:

“I think in my opinion I think less people are taking it serious. Like, you know, people are starting to see it as a bit of a joke” (Male, White British, 18-30: TS3)

Some were unsure of what they thought about the pandemic, and although they did not necessarily accept the official explanation(s) of COVID, they nevertheless were prepared to follow guidance ‘just in case’:

“So I advise my voice [sic.] my children anyway to be careful, and use the hygiene and wear a mask. But in my side, I'm not sure if this is true. There is disease, I think, humans created that disease. I'm not sure about it.” (Male, Arab, 50-64: TS5)

Amongst interviewees, there was a significant minority who rejected any mainstream explanation of how the virus originated, and who chose to align themselves with fringe theories on how the origins of the Coronavirus itself:

“So was it manmade which it seems as though it was so the ones that made it in a laboratory. Why the hell didn't they do one to counteract it, to stop it?” (Male, White British, 65+: TS4)

This was by no means the only dissenting voice from official explanations of the pandemic. At the most extreme end of seeking alternative narratives, was a complete denial of the existence of the virus itself, suggesting instead that it was a planned global erosion of liberties and not a health crisis that led to the imposition of lockdown measures:

“I don't want anything to do with this COVID lockdown. I don't believe in any of it. I believe that it's just the government, tying us down and manipulating us.” (Female, Undisclosed, 51-60: TS4)

Future:

Again, perhaps unsurprisingly in a time when many people had the overwhelming feeling that their lives were being put on hold, the future (and people's hopes and fears) preoccupied the thoughts and discussions that took place throughout the project. Many different ideas about the future came out during the interviews, and optimism and concern were voiced in equal measure.

Young People:

Young people, and the impact of the pandemic and lockdown during their formative years was at the forefront of many people's minds, and understandably many parents agonised over the damage that was potentially being done to their children:

Yeah. At the beginning, I was worried about education. Sometimes we can't be teachers, parents can't be their teachers. And especially kids that are just trying to move from classes to classes. I was worried at some point that I wasn't sure what I was doing the right thing for my child.” (Female, Black African, 31-40: TS3)

Beyond the possible damage in the present, people also worried about the long-term effects that may have to be borne by young people, particularly in regard to their education:

“And I think it just, it did kind of hinder her learning to be honest. And just in terms of the confidence, the slowly I could see sort of declining within them in terms of their effort. And you think, what's gonna be the long-term [impact] of this?” (Female, Pakistani, 41-50: TS5)

Some worried about something somewhat more ineffable, but no less important than education and spoke about how there was something about the worries that young people had and the sacrifices

they were being asked to make that somehow ran *contra* to the very thing that it meant to be young:

“And I'm not so worried so much bothered about me. But more about them and their future. The future what we had, I want them, to have them care-free years.” (Female, White British, 51-64: TS5)

(Will there ever be a) Post-COVID?

Of course, a great deal of talk about the future included the caveat that there would be an end to the current situation. Again, opinion greatly differed on if this was something that was a certainty, a possibility, or something it didn't even make sense to discuss. At one end of the spectrum, there were people who could not see any way in which the pandemic would end:

“I don't think it's going to ever end and I don't see a light at the end of the tunnel” (Female, White British, 31-40: TS8)

Yet for some, the fact that things may have changed forever was not necessarily something that was to be met with despondency:

“I don't know if it will ever return to how it was before. I don't know if that's necessarily a negative thing.” (Female, White British, 51-64: TS5)

Others were, however, more optimistic about a 'return to normal' and felt that it was a matter of time until they would be able to enjoy a far more familiar way of life:

“Yeah, I believe so. I believe it can, and it will. We'll manage it, sort of make it more back to as much normal as I can.” (Female, British Pakistani, 41-50: TS1)

Hopes for the Future:

Assuming that a way out of the current cycle of waves, lockdowns and restrictions were indeed possible, attention turned to those things that it was hoped the future would bring. This meant economic recovery being at the heart of any future recovery for some:

“Everything needs to be back open again, businesses need opening. Economy rising again. Realistically, I don't think we'll ever [go] fully back to normal.” (Female, Mixed/Caribbean, 31-40: TS5)

The potential need for widespread support was acknowledged by a number of those interviewed, and a hope for the future was that such support would be readily available for those that needed it in the coming months and beyond:

“I'd like to see support given to people, particularly when they come out of it to get them back on the right track again.” (Male, White British, 65+: TS5)

Others had more personal goals for the immediate future, which included giving back to their community, embarking on self-improvement or simply being able to reconnect with family members:

“Going to my meetings, going back to rehab and helping, and I've been thinking about doing a college course, you know.” (Female, White British, 31-40: TS8)

“I just want to get back to normal. Be with the family.” (Female, Asian, 18-30: TS1)

Wellbeing:

The final theme (and of course one of the largest) was health and wellbeing. While the fact that people have been preoccupied with their health during a pandemic is anything but a surprise, how

this manifested itself in some cases was. This final theme is represented in much of what has come before, and indeed there is much in the aforementioned themes that is directly linked to wellbeing. What separates this final theme however is that it includes those comments, conversations and areas in which individuals spoke *explicitly* about their health and wellbeing as separate to any of the themes already covered.

The Virus Itself:

Naturally conversations were dominated by COVID itself, and the experiences that people had relating to it. Amongst accounts of individuals who had contracted the virus, there was a great amount of variance in the severity they reported in their illness. The intriguing thing that came out of this though is that in many cases, this then contributed to markedly different explanations and interpretations of the pandemic *as a whole*.

There was those who were extremely cautious upon learning of a positive test, and one individual spoke of contracting the virus at the very beginning of the pandemic in the UK:

“I locked myself in my room and you know, just had my food left outside the door and she put gloves on to wash it.” (Male, White British, 18-30: TS3)

Some reported having suffered extreme symptoms upon contracting the virus:

“And I just didn't have the strength to actually have a shower there was a couple of days when I just felt like my legs were gonna give way. So I lost over a stone and a half in weight.” (Female, Pakistani, 41-50: TS5)

In some cases, however, those who had contracted the virus and then only suffered mild symptoms used this experience to conclude that the information that they had been given about the virus itself must have been wrong:

“I was always like a bit wary about catching it but once I caught it felt like it's all been blown out of proportion.” (Male, White British, 18-30: TS3)

Mental Health:

Almost as prominent as talk of the virus was the impact upon mental health of those measures that were being taken to combat the spread of the virus. In particular, for those who had been accessing all kinds of mental health support pre-lockdown, they reported the impact that this had on their mental wellbeing:

“Before lockdown we had the organisation MIND... Conducting workshops in the University for students for mental health... I was attending the workshops, and we missed our last couple of sessions because of lockdown. So that support was lost.” (Female, Indian, 18-30: TS4)

Indeed, some went further to suggest that negative mental health was a greater threat to their overall health than the contracting of COVID. This view was particularly shared among younger participants who felt that they would only experience milder symptoms in the event that they contracted COVID, but that they had 'more to lose' so to speak surrounding their mental health and wellbeing:

“Cos like I'm more concerned about obviously I mean, I'm still a teen? So I'm more worried about peoples mental health than Coronavirus at the moment” (Female, Pakistani, 18-30: TS1)

Access to Healthcare and Co-Morbidity:

The final area of note pertaining to health and wellbeing from the interviews (and to some extent mapping back to earlier conversations about equity and hidden costs of the pandemic), is that of access to healthcare for existing conditions and especially those with significant conditions in need of treatment at this time.

“But this pandemic has sort of heightened that even more, and resources need to be put in to overcome that [existing health issues]. And I think the recovery strategies of COVID-19 having a better awareness of how some people have suffered from the illness.” (Male, Pakistani, 41-50: TS5)

“My surgery [cancer treatment] was postponed. Honestly, I cried then because I thought I couldn’t have got this at a worst time. And but then they managed to, it was only cancelled for two weeks. So that wasn’t too bad.” (Female, White British, 51-64: TS3)

Alongside the worry that increased pressure on the NHS would lead to cancellation of treatments and the possibility of an exacerbation of existing conditions, was the worry that some people had around their pre-existing conditions making them more susceptible to the virus.

“It makes him sort of vulnerable to possible chest infections and things like that. So, the thought of my husband picking up anything like that does worry me extremely you know, and the fact that perhaps I could pick it up and give it to him.” (Female, White British, 65+: TS7)

Some reported that the lack of face-to-face contact with healthcare professionals meant that they were worried they could develop conditions that would go undetected due to the difficulties associated with trying to explain symptoms remotely:

“What I would like is for the doctors and the dentists to open properly through it all because they try to do it over the phone, certainly doctors and you can’t explain things... The doctors are paid for the number of patients that they’ve got, not the number that they’re actually seeing. And to say, we’ll do it over the phone or over the internet, it’s totally wrong.” (Female, White British, 65+: TS5)

Recommendations:

A key part of ensuring that COVID recovery is successful is to ensure that as many people as possible are committed to the notion of that recovery, and to the proposed measures to be implemented to affect that recovery. The impact of COVID has been felt by everyone, but for some it has been felt more deeply and has affected their lives more significantly than others. To ensure, moving forward, that true *community* recovery can be supported, the following recommendations are made:

The development of social capital is vital to the development of a COVID recovery strategy.

Providing people with choices over their own lives is something that must be preserved wherever possible.

Ensure the local element of information and support is emphasised.

Close attention needs to be paid to the impact of inequality of access to sufficient educational tools upon educational attainment, and a corresponding strategy to ameliorate this should be developed.

Mental health should be a priority as we move out of the isolation associated with lockdown and efforts to reconnect people socially need to be made. This is particularly important for young people.

Communication needs to be carefully framed, avoiding imperatives where possible.

There is a need to understand better the reasons for vaccine hesitancy and mistrust of 'official' information.