Community Change-scapes of COVID-19 Recovery

Cross-case Report for the Highlands and Islands

Rosalind Bryce and Vicky Johnson

with

Magnus Davidson, Donna Heddle and Steve Taylor

Academic Partners: University of the Highlands and Islands

Centre for Remote and Sustainable Communities, Inverness College UHI

Centre for Mountain Studies, Perth College UHI

Environmental Resources Institute, North Highland College UHI

Institute for Northern Studies, Orkney College UHI

Centre for Recreation and Tourism Research, West Highland College UHI

Community Partners

Merkinch Partnership

Kyle and Lochalsh Community Trust

Caithness Voluntary Group

Island Smart Ltd in Orkney

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Note: See case study reports for photo acknowledgements.
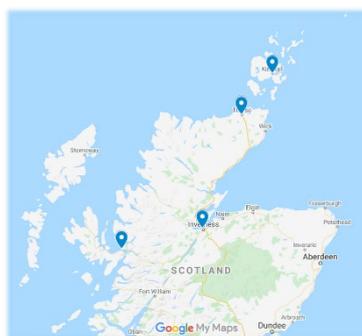
Case Study Reports

There are four accompanying reports to this cross-case summary.

These are all available on the following link from Sept 2021.

[Projects - Community-Determined Change-scapes of Recovery: Case studies across the Highlands and Islands of the impact and strategies for recovery from the COVID-19 pandemic (uhi.ac.uk)](#)

Experiences of the Hardest Hit in Merkinch and South Kessock

by Anne Sutherland, Matthew Curran and Vicky Johnson

Community Perspectives on the COVID-19 Pandemic in Lochalsh

by Annie Chalmers, Fiona Wellings, Steve Taylor and Rosalind Bryce

COVID Changescapes: Our Caithness Community

by Stephanie Remers and Magnus Davidson

Experiences of the Orkney Community During the COVID-19 Pandemic with particular reference to the tourism industry

 by Donna Heddle, Nic Thake, and Lynne Collinson

Summary

This community-driven research examined the impacts of COVID-19 for those members of deprived urban communities who are hardest to reach and for those living in remote rural settings. The rationale for this study was based on evidence that COVID-19 has had and continues to have disproportionate impacts on marginalised areas and communities (OECD 2020). It is imperative to listen to these voices in developing strategies for recovery.

The data collection for this project commenced during the winter lockdown of February until July 2021 and so started to examine impacts and experiences of the pandemic whilst the situation was very much live, during a time of great uncertainty about the future.

Four detailed case study reports accompany this cross-case analysis providing the evidence from these local research processes across the varying geographies of the Highlands and Islands: Merkinch and South Kessock in Inverness; Kyle and Lochalsh in Wester Ross; urban and remote locations across Caithness; and Orkney. Over 260 local residents were spoken to in detail across the sites from harder to reach deprived and/or remote communities and so the partnership with local organisations and networks was vital. The participants provided details on the complexities of their everyday lives and experiences during the pandemic and the associated restrictions.

There were differences in process and findings determined by geographies, including who was defined as the hardest hit and issues of context and community being important in the kind of support suggested by people of different genders, generations and situations.

Gathering evidence on local realities and everyday lives during the pandemic through in-depth, creative, qualitative research leads to a better understanding of what is required in order for local communities across the region to continue to cope with the aftermath of the pandemic and associated restrictions.

The following priorities emerged as important for future action at the regional level:

- Continuing research and support to the hardest hit living in remote and deprived areas including assistance with food and fuel poverty and attention to those having difficulty managing on universal credit.
- Future focus on young people including children and youth as well as groups and organisations that are supporting their education, employment and social activities.
- Support for those living by themselves including the long-term unemployed and the elderly.
- Community support for face-to-face mental health services for all age groups.
- Services that are based within communities to provide support on substance abuse, especially in the most deprived urban areas.
- Support for people with relatively insecure employment or low incomes and recovery plans for small and medium sized enterprises, particularly in hospitality and tourism and for people engaged in delivering basic services.
- Addressing digital poverty in terms of devices, skills and affordable data/ internet in deprived urban settings and poor connectivity in remote rural locations.

Ongoing support for local community organisations is essential for addressing these priorities. There is also a key role for community-driven research partnerships between academics and organisations embedded in communities across the Highlands and Islands to support recovery and renewal post-pandemic and contribute to future community development.

Introduction

The main aim of the project was to contribute new knowledge on community perspectives and attitudes towards the way the pandemic has influenced regions of Scotland with diverse characteristics and socio-economic conditions. The project supported systematic community-driven creative research between the UHI academic partnership and the communities of the Highlands and Islands in order to inform regional planning for a 'just recovery' from the crisis.

There were four case studies carried out across the Highlands and Islands to examine the experiences of local communities. The qualitative and participatory research was developed across the project so that the research could be co-constructed in each of the four sites, in Inverness, Wester Ross, Caithness and Orkney, with local partners embedded in the sites selected. These local partners have then worked with academic leads from UHI and voluntary teams.

The teams across the Highlands and Islands worked from February to July 2021 to achieve the following objectives:

- To implement community-driven research which seeks to understand landscapes of change and the actions taken in response to the global coronavirus pandemic.

- To understand the everyday experiences of the pandemic for the hardest hit including their strategies and suggestions for recovery and renewal.

- To capture this experience as a case study for that area.

- To influence policy and practice locally and regionally with evidence from community on landscapes of change and COVID recovery.

The case study reports for each site were intended for use locally and regionally. This cross-case report situates these four case studies in the wider project context and presents key themes that reflect patterns across the Highlands and Islands. This in-depth qualitative research with local residents and service providers can help us to understand the complexity of the negative and positive experiences, how these differ with geographies, inequalities and available support, and what actions are prioritised by local people who are hardest hit, local volunteers and service providers as we emerge from the pandemic.

This report provides a short rationale and overview of the context of COVID-19, the methodology across the project, the key emergent themes, and some key points in navigating recovery from the pandemic going forward.

Each of the accompanying four case studies provides contextual social and economic background, an overview of the COVID pandemic responses in that location, the purposive selection of participants and the methods developed, the thematic analysis and a summary of next steps and actions moving forwards.

The Rationale and Context

The rationale for this study was based on evidence that COVID-19 has and continues to have disproportionate impacts on marginalised areas and communities (OECD 2020). We report here on a programme of work to understand the impacts of the COVID-19 pandemic four communities in the Highlands and Islands of Scotland.

Since the pandemic unfolded in spring 2020, there have been several studies seeking to understand the economic and social impacts of the pandemic as well as the impacts on public health. Philipson et al (2020) recognised during the first year of the crisis the potential impacts on different sectors such as business and agriculture and how disruption to supply chains could have far reaching and long-lasting effects on rural economies. They also highlighted the intertwined nature of the economic and social effects of the crisis i.e. disruption to business and services directly affects the wellbeing and coping strategies the communities in which they are situated. While some more rural and peripheral areas may have experienced the health threat posed by the pandemic as a somewhat 'distant' problem, compared to more populated and physically inter-connected regions, the impacts of the lockdowns, imposed regulations and profound changes to daily life and work had far reaching implications for all parts of society.

Those members of society already vulnerable in terms of health or finances, and those facing poverty or are subject to other inequalities through disability or discrimination are at particular risk from multiple impacts from a crisis such as COVID-19. Inequalities among different societal groups have been shown to deepen disparities in health outcomes (Shah et al. 2020) but there are also risks that other social issues such as unemployment, drug and alcohol use and discrepancies in educational attainment may be heightened. A report from the Rural Lives project by Glass et al. (2021) showed the immediate shock caused by the pandemic to rural communities in Scotland through data captured from interviews and focus groups with community and support groups. For example, one impact that become quickly evident was the considerable disadvantage to those that lacked digital connectivity or the devices that would allow them to access essential support and services online. While access to services has been challenging for many people, support mechanisms were mobilised to support vulnerable suffering a great set of risks – in particular the elderly who are more at risk of severe illness and thus also facing greater isolation due to shielding or the fact they are more likely to be living alone. The report also captured various responses by different sectors to the pandemic including innovative responses by communities to promote local communication and support through volunteering and activities such as food sharing, prescription collections and be-friending. Greater community cohesion was reported in the study areas during the earlier stages of the pandemic and this is a theme that we pick up on in our research.

The data collection for our project commenced during the winter lockdown of February and so started to examine impacts and experiences of the pandemic whilst the situation was very much live, during a time of great uncertainty about the future. A year into the crisis, we asked participants to explain their experiences to date to look towards recovery strategies for the future. As we concluded the data collection in each area in July 2021, with the majority of adults fully vaccinated and the removal of most restrictions, aspects of normal life were returning. For example the tourism industry, which is a cornerstone of the economy in the Highlands and Islands of Scotland, was picking up (albeit mainly the domestic market), businesses were able to open with fewer restrictions and people are able to move around and socialise more freely. However, there remained a palpable sense of concern and uncertainty about the future and a clear recognition that the pandemic has changed communities and society in ways that will profoundly influence future community development.

Informing Policy and Practice

We conducted this work against a backdrop of efforts to plan for and implement strategies for recovery from the pandemic. Discourses on what is needed for recovery are ongoing across all sectors and in many cases include elements of how we might also capitalise on opportunities to recover in ways that are just, greener and more sustainable. For example the Scotland Food and Drink Recovery Plan considers how the industry can navigate the impacts of both the pandemic and Brexit towards an improved Scottish market (Scotland Food and Drink 2021). Similarly Visit Scotland is preparing plans for the recovery of international tourism: a key part of the Highlands and Islands economy (Alba/ Visit Scotland 2001). Funding support is available for communities and third sector organisations affected by COVID-19 which is disseminated directly to areas of need. There are also resources available to support creative industries that have also been particularly impacted by the pandemic. We believe that an in-depth exploration of the experiences and perspectives of communities and the organisations supporting them will provide important insights for longer term recovery planning. The breadth of the study will provide evidence related to a range of sectoral developments. As well as directly considering response to COVID-19, the research builds on our understanding of existing community development issues, that have been brought into sharper focus by the pandemic such as service provision, community spaces, transport, demographics and inequality.

In fragile, deprived and remote communities across the Highlands and Islands there is growing recognition that local people are experts in their own lives and solutions in the face of the pandemic. With government restrictions becoming less strict and with more reliance on people's judgement and active roles in recovery and renewal, there is a need to make sure that the most marginalised and hardest hit are heard and inform policy and practice.

The University of the Highlands and Islands has distinctive strengths as researchers across the colleges and research centres are embedded in the communities that we serve. This intergenerational research is fitting with the UHI focus on changing the mindsets of young people across the region and this has proved to be an emerging focus for further research. The evidence from this community-driven research has already informed community organisations that have engaged in the process and can further inform locality plans across sites and also developing post pandemic policies on recovery and renewal across the region, from Inverness to the Highlands and Islands.

Merkich and South Kessock, Inverness

Harray Loch, Orkney

Approach and Methods

The project contributes new knowledge on intergenerational community perspectives on responses and attitudes to, impact of and recovery from the effects of COVID-19 and lockdown.

The research was participatory and co-constructed with local partners, but also involved the systematic application of community-driven creative research across the academic partnerships and communities of the Highlands and Islands. Attached to academic partners was a local place-based process of creative research that was co-constructed with local partner organisations. The research involved young people, adults and local stakeholders. The methodology builds on Participatory Action Research (for example Reason and Bradbury 2006), Relaxed and Participatory Appraisal (for example Chambers 2002), and Community Assessment and Action (Johnson and Nurick 2006).

Communities of place, selected for their relationship with the different Centres/ Institutes, were also chosen for their relevance to provide regional variation. Following a process of co-construction and partnership, local organisations were invited to tender to facilitate access to some of the hardest to reach members of communities, working in partnership with UHI academic partners to deliver this research.

In each location the academics, local partners and volunteer researchers constituted a local team who participated in a process of purposive sampling to identify who were the hardest hit in that site and therefore which parts of the community would be accessed during the research. Issues of inequality were considered, and each team decided on the groups of people that they would access during the research, using a process of snowball sampling, to ask participants who else had been adversely impacted.

This sample is not meant to be a representative but is rather to ensure that community voices are heard that may not usually be included in community surveys or questionnaires. The sample was around 50-100 participants per case study, depending on the capacity of the team and the methods used. It was important to recognise that it was preferable to access fewer people and to carry out in-depth interaction with those from diverse backgrounds in order to understand the complexity of people's lives, rather than trying to secure higher numbers of participants.

In each case study site, a local research team was co-led by the local organisation and academic partner(s) from UHI. It was originally intended that teams of volunteers would carry out the research and this worked to varying extents depending on the interest in and capacity for the process locally. There was also engagement of key stakeholders including community leaders, local businesses including SMEs, key players from local government and civil society organisations, schools and colleges.

The academic leads worked together to ensure that there was a common overarching approach so that there could be systematic review of progress, focus and emerging findings. The core overarching research questions related to the following aspects of local people's everyday lives:

- How people had spent their time during the COVID-19 pandemic and associated restrictions.
- Challenges or difficulties experienced during the pandemic.
- Opportunities or positive developments that arose through this time.
- Support or coping strategies for people in response to COVID-19 and restrictions.
- Future strategies, actions and ideas for support post pandemic.

The research team ensured that informed consent (written and verbal) was gained using participant information sheets. A coding system was developed across the project that maintained confidentiality of the participant whilst also allowing analysis based on gender, age, ethnicity, disability and other issues defining inequality of access (Johnson and Nurick 2003).

Although at first, the teams planned creative online and face-to-face methods to engage local people, due to lock down restrictions and different approaches and skills in the partner organisations, traditional semi-structured interviews formed the core part of the methodology. Social media platforms were also tested although these generally facilitated sharing of information about the project rather than being effective as research platforms. Much of the research was therefore carried out using online forums developed for communication, by telephone or via distanced face-to-face interaction in sites with more digital poverty, or in remote areas with poor digital connectivity.

The methodology was continually reviewed and developed as the project progressed so that there was flexibility to accommodate changing contexts and capacities across the teams. There was also capacity building in the form of training and ongoing mentoring from the UHI partners.

In Phase 1, the Principal Investigators coordinating the project worked with lead academics in each case study area, who in turn worked with local partners to develop the local processes further. The overarching research questions and coding were developed across the project but flexibility was allowed so that appropriate methods could be developed depending on context, resources, skills and preference locally.

In Phase 2, there was initial training for each site that included: ethical protocols and procedures; identification of the hardest hit and how to access these people; the methods that would be piloted and then developed and compared for learning purposes; and how to write up and analyse emerging data. Community partners appreciated the research support, whilst academic partners had an interest in developing action research skills.

Phase 3 involved thematic analysis, local verification and action planning with community members and local service providers. This phase also included cross case learning and analysis in order to influence policy and practice at the regional scale.

Systematic interviews alongside creative participatory methods: competitions and community art projects in Orkney to going out on the Streets of Inverness

Vignettes of the case studies across the Highlands and Islands

Merkinch and South Kessock, Inverness

This is an urban community that is in the top 5-10 % for multiple indicators of deprivation. The team consisting of Merkinch Partnership and researchers from Inverness College UHI carried out in-depth interviews with 102 local residents and 9 service providers. The 'hardest hit' were identified through a process of analysis with the Community Panel locally, that will be involved in developing the locality plan for COVID-19 recovery with service providers. These marginalised people included reaching out to long-term unemployed and elderly people who were often living alone, young people in schools and seeking employment, and families and individuals who were living in poverty with some seeking secure housing and some using substances or recovering from addiction. Online communication was hard due to digital poverty, with a lack of devices, skills and affordable data in the community and for some of the volunteers. There was a concern that the food parcels, fuel vouchers and increased universal credit would be discontinued. Children, youth and adults identified a future focus on young people who were experiencing anxiety and disrupted education, especially when this intersected with digital poverty. Many in the community wanted face-to-face services in the community including for mental and physical health and for services to support recovery from addiction and substance misuse to be present in the community. The community-driven collaborative research is already informing the partner's plans in this community.

Kyle and Lochalsh

Kyle and Lochalsh is a dispersed community covering a large rural areas surrounding the village of Kyle of Lochalsh. Academics from Perth College UHI and West Highland College UHI worked with the Kyle and Lochalsh Community Trust to understand local perspectives on the pandemic. Efforts were made to engage the community in creative events such as outdoor chalk art and a creative writing competition, but levels of participation were low due to volunteer fatigue and a lack of capacity due to people focusing on personal and professional recovery. Data were mainly gathered through distanced face-to-face interviews with key contacts in the community which provided a rich data set from approximately 50 people. There was clear evidence that the pandemic had impacted most on younger generations (those under 30). Younger people working in lower paid jobs, often in the tourism industry felt less supported than older people and frequently discussed mental health issues that had been exacerbated by the pandemic. There also much discussion of negative issues faced by children and teenagers in the areas due to isolation. Many participants spoke of the struggle of families trying to balance work with childcare whilst in isolated situations. There was also a surprising degree of positivity associated with the pandemic experience. Participants greatly appreciated the surrounding natural environment and used the outdoors as key coping strategy. Many felt they were relatively isolated from the health risks posed by the virus and their worry and anxiety was frequently centred on family and communities elsewhere. Priorities for the future include improved support for mental health, better social spaces and activities for a more connected community during recovery – particularly for younger people and exploring options for economic diversification to lessen dependence on tourism industry.

Orkney

The Orkney team was led by the Institute for Northern Studies in partnership with Island Smart who work on local tourism, and a team of volunteers from the island communities across Orkney. The team ran a local competition with nearly 50 entries, they carried out 38 detailed qualitative interviews and then had a focus on tourism where 44 tourism operators were accessed on an online platform called Phonics. This tourism lens was important as a focus for the team in Orkney as it drives the local economy and many people in local communities are linked to the industry. In the competition, which had not been a successful method piloted in other areas, there was a great response, with follow up interviews conducted by the team with the winners to find out why people had entered different handicraft and creations. The winners included a telescope that represented looking beyond what was happening in the pandemic. Key themes that arose from analysis across qualitative interviews included: panic in the light of uncertainty, community disruption, trauma, identity theft, stoicism and financial difficulties. The tourism industry also emerged from the interviews as a key area of concern as participants reflected on the future of the industry post pandemic. During the period of research, coming out of lockdown, people linked to the industry felt fragile, and the team identified an online forum and worked to ensure that the project ethical protocols were adhered to. Responses from tourism operators reflected the feeling that they had been abandoned and that they had been struggling through the pandemic. The team was active in engaging with the island communities through, for example, Radio Orkney and is ensuring that evidence informs policy makers and networks such as Destination Orkney.

Caithness

The local team led by the Caithness Volunteer Group and an academic from the Environmental Resources Institute at North Highlands College worked across deprived urban and remote rural locations. Priorities were determined by volunteers involved in the research and included a focus on: bereavement, local use of the environment in the pandemic, the impact of working through the pandemic and how children and young people coped. The team spoke to 55 people to conduct online in-depth interviews and online surveys informed by team discussion and co-construction. There were challenges expressed by adults and children about concerns for young people's disrupted education and their anxiety about both not being at school or having any social interaction, and also how to come back into schools and colleges. In-depth work around the issue of bereavement was also challenging but rewarding, to understand how isolation in palliative care and experiences of grief have been so hard to cope with in communities. In this area digital poverty was also raised in urban areas because of affordability and in remote rural areas because of poor connectivity. The engagement of the volunteers in this community was sustained and they were mainly professionals in different NGOs and voluntary groups but as in other areas they lacked the time to achieve all of their plans and could continue with more resources in future. Interaction with statutory service providers by the team was also an important part of collaborating in community recovery locally and ensuring that research evidence informs ongoing planning.

Key findings

We will consider the themes and learning to emerge from our cross-case study work in two ways. Firstly, we will reflect on the implementation of our methodology and how it worked across the different contexts of the four case studies. Secondly, we will consider the commonalities and differences in how the case study communities experienced and navigated the COVID-19 pandemic up until the conclusion of the study in July 2021.

Learning about the process

The process of co-constructing the research, both among the primary research team at UHI and with the community partners and volunteer research teams, was a valuable learning experience which involved new ways of working and collaborating for many involved. Co-constructing the overall research aims and questions allowed the research teams to engage with the communities with a set of common key research questions aligned to a rigorous design that would allow a comparative approach across case studies, through the use of a common coding framework for example.

The approach that could be taken with communities was simultaneously flexible to allow academic team members to collaborate with their study communities in ways that would both address the wider project research questions but also allow communities to follow research trajectories of relevance and importance locally.

Employing a systematic approach that could be adapted locally was challenging due to the different interpretation of language and terminology used. It was necessary to overcome the more traditional perceptions of relationships inter-organisational research collaborations where research tends to be 'commissioned' and responsibility for its' design and implementation partially or wholly transferred from one organisation to another. The process of co-construction was a positive experience in each case study area, although it empowered the community partners and volunteer research teams in some cases more than others. Sufficient time is required to develop a team dynamic that is open and trusting and can lead to high quality research and participation, and this can be easier to do face-to-face than online.

Attempting to implement co-construction entirely online due to the 'work at home' regulations necessitated by COVID-19 presented additional challenges especially for teams who did not have working relationships prior to this project. However, despite the challenges that placed some limitation on the co-construction process, there was consensus across the partnerships that the process yielded valuable findings of practical value for each case study region but also contributed to a rich broad understanding of the COVID experience and future regional strategies across the Highlands and Islands.

The case studies contain details of the challenges of engaging with and mobilising community volunteer researchers and securing the participation of the wider community in each area. In each place there was evidence of volunteer 'burn-out' and fatigue due to the experiences and responses to the pandemic that had taken place thus far. As well as the increased pressure associated with professional roles, participants in the research, including many in positions of community leadership, were evidently in a state of greater fragility than during normal times due to the multiple impacts of the crisis. This inevitably had an impact on how the community could be mobilised to take on research roles and engage with creative and innovative methods.

We sought to reach the 'hardest hit' parts of the communities in our study areas. While this was done with high rates of success in some areas, for example South Kessock and Merkinch, this proved challenging in other areas where the community was more dispersed and could not be easily engaged using digital means. As such this aim was reached to different extents in different areas. For example, in Lochalsh we identified younger people as being some of the most impacted, gathered evidence on this phenomenon and made efforts to target younger participants. However, this group was harder to engage and we while secured the participation of some of the young demographic including children, some of the evidence came from older participants who described their perceptions on how the young had fared.

At the outset of the study, we proposed employing a range of creative methods in order to engage different groups effectively and to generate novel insights into the experiences of the pandemic. This had limited success due to the lack of opportunity for face-to-face engagement. However, in the Orkney case study, there was a great response to a call for creative responses to the pandemic. The communities of Orkney very much embraced the opportunities presented by digital communication, perhaps reflecting perhaps the greater familiarly and comfort with this mode of connecting people dispersed across the islands. In the other areas, the focus was mainly on discussing experiences using interviews – however this was done in many ways including peer to peer interviewing in schools in Lochalsh and talking to people on the streets in South Kessock and Merkinch. Interviews by phone also proved to be invaluable at a time when many felt uncomfortable going out to meet others or did not have the ability to connect online. The volunteer researchers in Caithness had specific areas and interest and expertise and were able to access participants for discussions about sensitive issues including bereavement. Working with volunteer researchers to access parts of the community who have had particular experiences or who are marginalised and otherwise inaccessible is a real strength of the methodology.

During the early stages in each case study area, volunteer research teams displayed promising access to groups that may be not normally be reached by conventional interview or survey methods. However, in the Lochalsh and South Kessock and Merkinch the volunteer teams did not have the capacity to complete the work under the conditions at the time. A longer project time-scale would have provided the space needed to develop stronger partnerships and support volunteer researchers more effectively. The process nonetheless provided valuable evidence regarding local issues of concern and guidance as to who had been the hardest hit. The methodology allowed us to understand the lived experience of diverse members of communities in response to COVID-19 in response to questions and approaches co-designed by the communities who have lived through the pandemic. This generated rich qualitative data from a large number of participants from backgrounds who would not usually response to traditional methods.

Themes on COVID impact and recovery

Case study reports show the different contexts of the communities in which we conducted this research. The co-designed process meant that issues were explored in each area according to local priorities, interests and capacities. There were also common themes that emerged from the case studies that can inform future action across the Highlands and Islands.

There was a striking concern about and experiences relating to mental health across all communities and a huge number of accounts of how the pandemic has exacerbated exiting mental health problems. This was particularly evident among younger generations, affecting people trying to balance livelihoods with child-care and those experiencing isolation; there was also much concern about both the immediate and longer-term impacts on children and teenagers. There was much recognition and support of the elderly during the pandemic due to the dual threats of major health implications of exposure to the virus and also the increased likelihood of isolation for those living alone who may be less able to benefit from digital communication and services. Our research showed that older people did indeed feel well supported during the crisis while younger people on the contrary felt less supported and, in some cases, uncertain about where to turn for information and help. On this basis, recommendations for improved mental health services that support diverse demographics were made.

The contrasts between the case study communities provide evidence that existing inequalities and levels of poverty was a key determinant of how communities were able to respond to and cope with adversity caused by the pandemic. A key inequality was related to digital poverty and those who had the devices, connectivity and skills to access services, support and communication lifelines online and those who did not. This has highlighted the need for fast and affordable broadband connectivity as well as essential training in the use of devices and navigating the online environment. This will form a key part of a recovery strategy to ensure that businesses and education providers take advantage of rapid developments in the online environment. Initiatives to provide devices to children in peripheral areas such as Lochalsh were highlighted as an important coping mechanism during the second lockdown.

The experiences of the pandemic for those already dealing with difficult financial circumstances and poverty were evidently very negative. This is directly linked to declining mental health and feelings of hopelessness and uncertainty. The Furlough and Universal Credit schemes were key mechanisms to support people during the crisis but there remains a great deal of worry and uncertainty as to what will happen to support schemes in the future and how people will cope if they are removed. It was clear that despite recent easing of restrictions, local businesses are still facing an extremely difficult road to recovery. Many are yet to open due to additional burdens of restrictions, for example losing staff who have moved because of the pandemic and Brexit, making profitable operation impossible.

Despite the adversity experienced across the regions, there were also many positive changes in the case study communities. Participants spoke of increased community cohesion across the board: neighbours got to know each other and helped one another out, there was a great enthusiasm to take on voluntary roles in the community and in general there was much communication at the community level as people tried to make sense of what was happening and what it meant for their local area. As the case studies show, this positivity was not experienced by all, but the pro-active and self-sufficient responses at the community level have generated a lot of positivity about the identity and capacity of communities to deal with adversity and respond in innovative ways.

Navigating the future

This research has shown the importance of listening to people of all ages in the community. It has reached marginalised people in urban areas and people living in remote areas who may not otherwise be consulted about COVID recovery. It has been imperative to understand everyday experiences of COVID-19 and associated restrictions for people in communities order to inform plans for recovery and renewal.

Our in-depth, largely qualitative and more participatory approach has reached people who may not have responded to more traditional questionnaires or consultations. There have been issues of digital poverty both because of a lack of access to devices, skills and affordable data/ internet connection, but also due to the poor connectivity in more remote rural locations. This approach has also reached those people in communities that are 'hardest to reach' through purposive and snowballing sampling and working in partnership with local organisations who can connect through their different networks.

The research can inform policy and practice in the following ways:

Support for Community Organisations

The learning across the case studies is that local community-based organisations can effectively reach the hardest to reach during a pandemic and can also be supported to participate in research to provide evidence to inform their ongoing support of communities. There is a requirement for funders and local authorities and services to listen to those people in communities who are hardest to reach and to be accountable for levelling up the inequalities that have been accentuated during the pandemic.

Community-based organisations are key to recovery in a post pandemic world and need ongoing support in order to identify the hardest hit and reach the appropriate people in communities who need the most support. There needs to be a longer-term commitment to funding so that organisations do not have to spend so much time bidding for funding, then building capacity and networks, only to then have to close down their services. There are many people in communities who are willing to volunteer their time and expertise, but this requires coordination and resources.

Continued support for the 'hardest hit'

The hardest people to reach and the priority themes for research have been determined through a process in each site with the local partners. In Merkinch and South Kessock, for example, poverty and unemployment were amongst the issues that the team identified as important in its purposive sampling. What was important in this and other fragile and deprived communities was that support to the poorest during the pandemic is still needed so that people are not suffering from food and fuel poverty and struggling to get by on universal credit.

Across all sites, community partners helped to identify the particular issues that had affected different people in their local communities. Several cross-cutting themes emerged from the research.

Isolation was determined to be a key issue during the pandemic, suggesting that continued supported is needed for those living by themselves. This includes those people who are long-term unemployed and the elderly.

Face-to-face mental health services, support on substance misuse in deprived urban areas

Across all areas there was concern about mental health across the community, and participants talked about their own experiences of isolation, anxiety and depression. This was particularly marked for those who were living on their own but was also noted by people with families finding child-care difficult for longer periods of lockdown. People with 'money matters' found it hard to cope without the support provided through community organisations and volunteers. Across all communities participants in the research mentioned help from families, neighbours and wider networks in the community being of great importance

An issue of concern was the decline in mental health, and in some cases, increased reliance on substances leading to addiction that was exacerbated when services were not available at the start of the pandemic during the initial lockdowns. Although certain services were available online, those who experienced digital poverty and lacked devices, skills or affordable data still found it very difficult. There was a call for face-to-face services and, particularly in deprived urban areas, substance misuse services within communities.

More research and support for young people

A focus on gaining more details on the experiences and support required by young people emerged across the sites. Perhaps unsurprisingly many of the older people in the research felt that they had received attention and support from many sources. There were certainly difficult experiences for older generations, particularly for those living on their own or those who suffered bereavement, but in general they were pleasantly surprised by the support they received by government and local organisations and within their communities. Many adult participants and the young people interviewed had concerns about mental health and disruption to education and/or employment for children and young people. There needs to be continued research and support in this area.

Recovery for local businesses

As key industries across the Highlands and Islands, there needs to be continued support to those working in tourism and hospitality. Workers often have insecure or low paid employment and have felt fragile during the pandemic, which had severe impacts for small and medium sized businesses in these sectors. In order to construct local and regional recovery plans post-pandemic, it is important to listen to those people who were hardest hit in communities. These will include people who are unemployed and those with relatively insecure employment or low incomes who experienced food and fuel poverty. Those engaged in delivering basic services and others who have continued to work through the pandemic also have issues, including exhaustion, declining mental health and difficulties related to child care. Despite welcome support for the elderly and adults who were considered vulnerable to COVID-19, it is now the young people who require attention, to re-engage with their disrupted education and to have any hope for secure employment in the future.

Small and medium sized enterprises, particularly in hospitality, tourism, need support to develop post-pandemic plans and to plan for renewal in a post pandemic world. This includes emerging businesses responding to new needs and interests in communities, for example local food products, providing social spaces and community activities. The pandemic illustrated the vulnerability of supply chains and dependence on a small number of retail outlets during a time of intense disruption. This has led a renewed interested in strengthening local supply chains, particularly in remote and rural areas.

Addressing Digital Poverty

Many of those that are hardest hit would not necessarily be reached through online communication and traditional consultation. There was digital poverty in terms of lack of devices, skills and affordable data/ internet, for example in Merkinch and South Kessock, and poor connectivity in the more remote rural communities, such as Kyle and Lochalsh and rural parts of Caithness. In Orkney there was greater connectivity amongst communities, so this was not such an issue in this research process or in the emerging findings. There has been attention paid to both connectivity and to online communication during the pandemic, so much of the research here was carried out using both interviewing and innovative trialling of digital online platforms for the research.

Further Research

The research capacity building has been well received across academic partners and in the community partners and networks, embedded in local communities. There is potential for continuation of these approaches in the future so that COVID-19 recovery is based on evidence about the everyday realities of the hardest hit and that support is relevant to local contexts and differences within communities. The partnership between academics, community-embedded organisations and volunteers has proved inspiring and important to all those involved in the research teams. The process is experiential and so others in local organisations who were not involved or in positions that influence policy and practice need to become engaged in order to understand the significance of these more participatory and inclusive processes. Representatives from community partners, even when not as convinced at the beginning of the process, welcomed the ethical and systematic ways of collecting research evidence and said they learnt so much more about the realities for the hardest hit during the pandemic. There is huge potential for learning at regional and national scales and to share with international partners.

Kyle and Lochalsh

Caithness

References

Chambers, R. (2012) *Provocations for Development*, Warwickshire: Practical Action Publishing

Glass, J., Shucksmith, M. D., Chapman, P., and Atterton, J. (2021) *Covid-19, lockdowns and financial hardship in rural areas: Insights from the Rural Lives project*. https://www.rurallives.co.uk/rural-lives-final-report.html

Johnson, V. and Nurick, R. (2003) 'Developing Coding Systems to Analyse Difference', *PLA Notes*, 47:19-24, IIED, London

Johnson, V. and Nurick, R. (2006) *Regeneration through Community Assessment and Action Overview of Methodology.* Brighton: Development Focus Trust. CAA methodology (developmentfocus.org.uk). accessed 27/7/21.

OECD (2020). *Policy implications of Coronavirus Crisis for Rural Development.*

Phillipson J, Gorton M, Turner R, Shucksmith M, Aitken-McDermott K, Areal F, Cowie P, Hubbard C, Maioli S, McAreavey R, Souza-Monteiro D, Newbery R, Panzone L, Rowe F, Shortall S. (2020) The COVID-19 Pandemic and its Implications for Rural Economies. *Sustainability*, 12(10):3973.

Reason, P. and Bradbury, H. (eds.) (2006) *Handbook of action research: Participative inquiry and practice*. London: Sage

Scotland Food and Drink Partnership (2021) *Recovering from Coronavirus and fuelling Brexit: A joint industry and Scottish Government programme for Scotland's farming, fishing, food and drink sector*.

Shah, G.H., Shankar, P., Schwind, J.S. and Sittaramane, V. (2020) The Detrimental Impact of the COVID-19 Crisis on Health Equity and Social Determinants of Health, *Journal of Public Health Management and Practice*, July/August 2020 - Volume 26 - Issue 4 - p 317-319

Websites

Alba/ Visit Scotland (accessed 28/7/21), *International recovery plan for Scottish tourism*, (https://www.visitscotland.org/about-us/what-we-do/marketing/COVID19/international-recovery

Development Focus Trust (archival, accessed 28/7/21), *Training in public participation and community engagement, Community Assessment and Action (CAA) methodology*, http://www.developmentfocus.org.uk/Development_Focus/Welcome.html