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Experiences of the Hardest Hit During the COVID-19 Pandemic

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Anne Sutherland is Manager of the local partner, Merkinch Partnership, and was leading the research across Merkinch and South Kessock with support from the UHI team. Anne will be taking the research evidence forward into planning and action in the locality.

Matt Curran is completing his doctorate at the University of the Highlands and Islands and acted as a research assistant on the Inverness site case study research. He is based at Inverness College, University of the Highlands and Islands.

CONTENTS

Acknowledgements	2
Introduction	5
Setting the scene	6
The Context: Merkinch and South Kessock	6
Maps to show areas of deprivation in Inverness	9
Setting the Scene: Merkinch and South Kessock during the Pandemic	10
METHODOLOGY: HOW WE DID IT	12
Introduction to the approach	12
Sampling	12
The Ethical and Safety Framework	13
The Methods for Interaction in the Research	14
Thematic analysis	15
Verification and filling the gaps	15
Analysis of full data set	16
WHO WE SPOKE TO	17
FINDINGS	18
Covid 19 and Merkinch/South Kessock - The story	18
Challenges	19
Details on Challenges/difficulties	21
Case studies: Intersecting challenges in people's lives during the pandemic	31
Case Study - participant 11	31
Case Study - participant 28	32
Case Study - participant 98	32
Case Study - participant 67	33
Positives/opportunities	34
Case studies: the Positives of COVID-19	35
Case Study - participant 10	35
Case study – participant 100	35
What helped?/coping strategies	36
SCHOOL CHILDREN IN THE PANDEMIC: The Voices of Young People in High School	38
Future strategies	39
Introduction	39

Case studies on the Way Forward: <i>Future Strategies</i>	40
Case Study - participant 4	40
Case Study - participant 15	41
NEXT STEPS AND ACTION PLANNING	43
APPENDIX 1: METHODS AND ETHICS	45
APPENDIX 2: ADDITIONAL ANALYSIS	50

INTRODUCTION

This is one of the four case studies carried out in qualitative research across the Highlands and Islands to examine the experiences for some of the hardest hit people in the region. The project is led by Vicky Johnson from Inverness College UHI and Rosalynd Bryce from Perth College UHI in collaboration with Donna Heddle from Orkney College UHI, Steve Taylor from West Highlands UHI and Magnus Davidson from North Highlands UHI. This work was funded by the Scottish Funding Council Uplift Fund.

The research has been 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 where possible. In South Kessock and Merkinch the local partner leading the research from the community worked initially to gain advice on who to sample from the Community Panel. The research was then carried out by the Manager of Merkinch Partnership with support from the team at Inverness College UHI.

The aim of the project is to understand the impacts of Covid-19 and influence strategies for recovery through systematic community driven research, including understanding individual/group support and actions raised in communities and providing evidence to change policy and practice regionally.

The team in Merkinch and South Kessock worked from March 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.
- Capture this experience as a case study for that area/site.
- Influence policy and practice locally and regionally with community perspectives/evidence about landscapes of change and covid recovery.

This report is intended for use locally and regionally to go alongside a cross-case report that will provide the analysis across the highlands and islands through the voices of local residents. This in-depth qualitative research can help to understand the complexity of the negative and positive experiences, how these differ with geographies, inequalities and support, and what actions are prioritised by local people who are hardest hit and local volunteers and service providers as we emerge from the pandemic.

This report sets the scene with some of the key indicators of deprivation and the context in which people in Merkinch and South Kessock are living. The research shows a strong sense of community in the area but that there are issues that can only be understood more fully through in-depth research that seeks to understand the everyday lived realities of the hardest hit during the pandemic.

SETTING THE SCENE

The Context: Merkinch and South Kessock

The community of Merkinch and South Kessock suffers from high levels of deprivation and disadvantage in comparison to other communities in the Highlands and the rest of Scotland.

There are high levels of unemployment, poverty and benefit dependency as well as in work poverty. Attainment levels in young people are lower than in other areas and very few local children go on to further education. There are high levels of drug misuse, alcohol addictions, anti-social behaviour, fear of crime and health inequalities - a male child born today in our community has a life expectancy of 12 years less than a child born in a community 4 miles away. People living in the locality experience poorer health compared to the rest of Highland with high numbers living with chronic, long term health conditions and higher than average admissions to hospital.

Reports published by NHS Scotland show that the South Kessock and Merkinch area suffers from high levels of health inequalities, that residents of the area experience poorer health than in other parts of Inverness and that health is significantly worse than the Scottish average, notably in life expectancy for males, early deaths from cerebrovascular disease, hospitalisations through alcohol, multiple hospitalisations, mothers smoking during pregnancy and psychiatric hospitalisations. (See information from the SIMD below).

Specific challenges include a high number of people on prescribed medication and a high rate of ill health linked to long term dependency issues. There are high levels of emergency admissions to hospital. People have low levels of literacy and numeracy as well as low digital skills leading to exclusion, isolation and discrimination. Many local children have additional support needs and live in chaotic households.

Scottish Index of Multiple Deprivation (SIMD)

The Scottish Index of Multiple Deprivation (SIMD) is a tool produced by the Scottish Government to help identify areas where people are experiencing disadvantage in different aspects of their lives. The SIMD splits Scotland into small areas known as “data zones”. These are then ranked using data relating to the following indicators or “domains”:

- Income
- Employment
- Health
- Education/skills
- Housing
- Crime
- Access – geographic and access to broadband

These domains help measure different aspects of deprivation. Rankings give us an understanding of where each area in Scotland sits in terms of deprivation.

In order to interpret the data, it is worth highlighting some points:

- “Deprived” does not just mean “poor” or “low income”. It means people have fewer resources and opportunities, for example in health and education.
- SIMD shows where Scotland's most deprived areas are, so organisations know where their work can have the biggest impact.
- SIMD is a relative measure of deprivation across small areas in Scotland.
- SIMD looks at multiple deprivation.
- Although SIMD identifies areas which are deprived, not everyone living in a deprived area is experiencing deprivation.

SIMD can be used to help organisations invest in those areas that need it most. It can also be used by communities to highlight the things that matter to them, and identify opportunities to improve the lives of local people. Residents and organisations may recognise that their neighbourhood is disadvantaged in some way, and find SIMD useful in building a case for support.

The most recent SIMD was published on 28 January 2020. Previous SIMDs were published in 2004, 2006, 2009, 2012 and 2016.

The above information was taken from the Scottish Government website.

Summary of SIMD 2020 for Merkinch and South Kessock

There are four data zones in the Merkinch and South Kessock area and in the SIMD 2020 all four data zones were ranked in the 10% most deprived and one data zone was ranked in the 5% most deprived.

The most deprived data zone in the community was ranked as the eighth most deprived in Scotland, down from ranked 35 in SIMD 2016 which means that levels of deprivation have worsened in that data zone.

The following points present some of the indicators for the relevant data zones.

Zone located in South Kessock:

- Population is 672.
- Income – 46% of the population of all ages are income deprived i.e. are in receipt of a DWP benefit, increased from 41% in SIMD 2016.
- Working age adult population is 453.
- Employment – 35% of the working age population are employment deprived i.e. in receipt of a DWP benefit, increased from 33% in SIMD 2016.
- Health – ranked in the lowest 10%.

Note: Health rankings are based on the following:

- Mortality ratio
- Hospitalisations for drugs and alcohol
- Emergency hospitalisations
- On prescribed medication for stress/anxiety/depression
- Low birth weight in babies

If we look at the next most deprived data zone in the area, located in South Kessock:

- Population is 741.
- Working age adult population is 462.
- Income – 38% of the population of all ages are income deprived i.e. are in receipt of a DWP benefit, increased from 36% in SIMD 2016.
- Working age adult population is 453.
- Employment – 23% of the working age population are employment deprived i.e. in receipt of a DWP benefit, no change from SIMD 2016.

The following are the zone indicators summarised on the SIMD website, where the left hand side is the most deprived and right hand side the least (also see maps over page):



All four data zones are in the lowest 10% for the crime indicator.

It is worth noting that comparing SIMD 2012 and 2016 there was an improvement in the rankings for the community of Merkinch and South Kessock, deprivation levels had decreased. However, in comparing the SIMD 2016 and 2020 deprivation levels have increased by 2% to 5% across the indicators/domains.

(See Maps over the page).

Maps to show areas of deprivation in Inverness



Figure 1 Map of Inverness highlighting the areas that fall within the most deprived 5% data zones across Scotland (Scottish Government, 2021)



Figure 2 Map of Inverness highlighting the areas that fall within the most deprived 10% data zones across Scotland (Scottish Government, 2021)

Source: Scottish Government. (2021, July 15). simd: Scottish Index of Multiple Deprivation 2020. Retrieved from <https://simd.scot/#/simd2020/BTTTTFTT/14/-4.2424/57.487>

Setting the Scene: Merkinch and South Kessock during the Pandemic

This section sets the scene and provides an overview of the services and voluntary activities that became active during the pandemic.

During 2020 and 2021 since the onset of the global COVID-19 pandemic, people in this community have experienced high levels of challenges, problems, inequalities and disadvantage. Many existing issues in the community have worsened and this is particularly true for mental health issues. Many people in the community experience mental health problems ranging from depression, anxiety, social phobia, loneliness to bipolar disorder, dual personality and schizophrenia. During the last year, due to Covid 19, many of the services supporting people with mental health issues were either closed or operating remotely. People could no longer access face to face support and found it extremely difficult to get in touch with their GP. Also, many people in our community live alone with very few support networks, they were confined in their homes on their own for long periods.

Priority issues for the local community March 2020 – March 2021:

- Lack of access to broadband and digital resources
- Lack of digital skills
- Mental health issues
- Social isolation
- Food poverty
- Lack of access to public health information and advice

The above issues have always been and continue to be the key priorities in the community. However, during the pandemic these issues were exacerbated for various reasons:

People were spending most of their time at home and accordingly their gas and electricity usage increased. For people on already tight budgets this was a major issue, it meant that were spending more on utilities which left them very little over for other basics such as food. We found that food poverty became a major issue during lockdown, which is why we accessed funding to deliver food parcels to those most in need in our community. The parcels contained a range of non-perishable food, cleaning materials, toiletries, nappies and menu cards with basic recipes. This was a lifeline for many local people.

Due to lockdown most of the support services used by the local community were closed to the public, some were working from home and others were closed completely. This meant that local people had reduced access to services just when their need was greatest. Many of these support services were helping people with digital and online skills on a one to one basis. Trying to provide the same level of support by phone whilst working remotely was very challenging.

Mental health issues are widespread in the community and people found that their pre-existing mental health conditions deteriorated markedly during lockdown. Again, they did not have access to their normal support services and their peer support was not available due to lockdown. Accessing support by phone is a challenge as many people have mobile contracts

with limited data usage which limits the amount and length of phone calls they are able to make.

There are a high number of single person households in the community and during the lockdown people experienced increased feelings of loneliness and social isolation, they found being in lockdown on their own very difficult, they had increased concerns about the future and increased levels of anxiety.

Access to public health advice – during lockdown a sizeable number of people had very little knowledge of the corona virus measures and did not know how to access advice. People needed clarification on a range of issues:

- What lockdown means and why it has happened
- Essential travel and leaving the house for essential trips only – what this means
- Importance of getting out once a day for exercise, shopping, etc, but limited to one hour
- The meaning of social distancing
- Not gathering with friends or family
- Importance of personal hygiene
- Corona virus symptoms and what steps to take if symptoms arise.



Merkinch and South Kessock from the air

(available from Merkinch Partnership)

METHODOLOGY: HOW WE DID IT

Introduction to the approach

The participatory action research was designed to systematically show the impact that different members of communities experienced during the COVID-19 pandemic, particularly those that were hardest hit. Learning was taken from a process called Community Assessment and Action (CAA) that uses a systems of qualitative creative methods alongside a coding system. This allows anonymity in the research whilst also allowing analysis of the in-depth qualitative research by issues of difference, such as by gender, age and participant circumstances. Johnson, with her colleague at an organisation called Development Focus Trust, had previously carried out 38 processes of this type of research across the UK on different themes in partnership and paid for by local authorities, primary care trusts and health boards, regeneration schemes and NGOs.

The Inverness team had planned creative visual methods that can be used to engage with people in communities that are hardest to reach. Due to the lock down and then restrictions coming out of the lock down, the team decided to use more conventional qualitative methods such as telephone interviews and then face-to-face interviews out on the street.

The processes are embedded in the local communities through partnership with local partners. In Inverness this organisation was identified as Merkinch Partnership. They have been working prior to and during the pandemic providing services to some of the people in the area who experience inequalities (see the sampling below for identification of the 'hardest hit' in the community). There was consultation and initial training with the community panel who had been engaged in previous volunteering and funded community projects in the area. The research was timely as the locality plan for the Merkinch and South Kessock community was due to be updated with a focus on COVID-19 recovery over the latter half of 2021.

Sampling

The sampling was purposive so taking into account the experiences of the local partner, Merkinch Partnership, and the Community Panel. There was a discussion about who to talk to in order to find the 'hardest hit' in the community. This was carried out across all of the sites and was different depending on geographies (urban/rural), inequalities, deprivation indicators and priorities identified by the voluntary and statutory workers during the pandemic. In Merkinch and South Kessock the purposive sampling included talking to the following:

- Long term unemployed and people who had lost their jobs
- People experiencing different aspects of inequality and poverty
- People who had addiction issues
- People living alone
- People who had suffered bereavement
- Older people
- Young people and children

The team used a snowballing technique (asking others whom we interviewed how to reach the hardest hit). Using this technique we included some people living with children who were experiencing difficulties and were in contact with local groups. Local volunteers, groups, charities and service providers (including statutory bodies) were also included so that their experiences of the area were understood, these different people are clearly coded for the analysis.

The Ethical and Safety Framework

The cross-case research applied for ethical approval from the Research Ethics Committee of the University of the Highlands and Islands. In accordance with this, the research team in Inverness developed local protocols so that the team and participants were safe and the evidence was produced according to the agreed data management for the project and the university. Participant information sheets were developed in order to make the purpose and use of the research clear and so that participants could then provide informed consent through signing a consent form or providing verbal informed consent to the partner organisation or one of the UHI team members. (See Appendix 1 for details of participant information sheets, informed consent forms and protocols developed with the team).

The context for the area was set through discussions and interviews with the local partner and community panel. This report does not include pictures of participants in the research.



The Methods for Interaction in the Research

Much of the participatory action research and community assessment and action on which this research is based uses creative and participatory methods to engage with some of the most marginalised in communities.

The reality of this research was that it was taking place in a time where much of the research was not possible face to face and in a place that experiences high digital poverty.

This meant that physical visual creative methods, such as mapping, diagramming and drawing on the streets and in groups, that have been developed to engage with the most marginal, could not be carried out. Even face to face interviews were not possible until a later stage. The team did try a competition (successful in the Orkney site) but as with the other sites on the mainland this was not successful with only two entries submitted. A plan to use facebook and private messaging was also piloted but was not successful, feedback suggested that facebook was used so much during the pandemic for discussion purposes that there was not the same level of interest once people were coming out of the pandemic.

Initially, the team had imagined more creative visual and digital tools and the application of competitions and research through facebook and online coded messaging. It was evident from very early in the process with the Community Panel that there was low access to digital devices and insufficient data on devices including phones, making online research difficult. Local volunteers and workers also lacked the skills to engage in this type of online research.

Considering the COVID-19 restrictions, it was not possible to conduct face-to-face research at the beginning of the project. There was also a lack of devices (e.g. laptops or tablets) and online skills in the community which made it impossible to use creative, interactive online methods to reach the most marginal. Therefore, the team decided that it was best to pick up the telephone and to record and transcribe the responses. The lead from UHI started by interviewing the Manager of Merkinch Partnership and the volunteers with the other researcher interviewing other service providers. The Manager from Merkinch Partnership then interviewed and coded the community participants that included 56 of the most vulnerable in the community and, with support from the team, a further 15 at school and 21 during streetwork. The latter two were conducted face to face and socially distanced in a school setting and on the street. A total of 19 service providers, local groups and volunteers were spoken to. (See section, Who we Spoke to).

The team considered this an effective way to gather data on experiences and before each interview, whether on the telephone or face to face, the team member described the summary, including the purpose of the research from the information sheet, and gained informed consent. At the beginning or end of the interview the coding questions were asked and filled in to ensure that the profile of the participant could be used alongside their qualitative interview for analysis across the case study of the Merkinch and South Kessock Community.

Thematic analysis

Thematic analysis was carried out (see Appendix 2 for details). At this point of the research (during June/July 2021) the area was under Covid regulations for Level 1. The team were able to socially distance whilst wearing masks and had sanitiser available in a well ventilated and large room for the thematic analysis. This was also the case for the street work that followed (see section on verification and filling gaps below).



Team carrying out thematic analysis once distanced meetings were permitted under covid regulations and guidance.

Verification and filling the gaps

Once the thematic analysis was completed, the themes that had arisen from the initial tranche of data collection were taken back out to the community to triangulate or verify the findings. During this stage the coding was also examined and it was noted that we should speak to more people from the younger age group and to more men. This demographic was reached during the fieldwork on the streets of Merkinch, by the bus stop and outside the local shop/post office.

Verification and reaching different people from the community on the streets



Analysis of full data set

Once the full data set was available at the end of the data collection, the transcriptions were analysed for the full 102 coded participants and additional 9 service providers. The team discussed each theme that had emerged from the thematic analysis and then any additional themes or details that emerged during the verification stage. In this analysis the team examined the transcripts, added the coded numbers for the participants next to the theme/sub-theme and identified appropriate quotes. Analyses were carried out looking at gender and age across all themes with other indicators of socio-economic and personal circumstances being analysed where possible. (See appendix 2 for example of how full thematic numbers and list of quotes are extracted for one of the themes).

In order to present the data, the team selected quotes and exemplary case studies that helped to show the reality of everyday lives relating to different themes and the complexity of people's everyday lives, experiences of the pandemic and ongoing needs for recovery.

The following photos provide some context for the research and show the contrast from entering Grant Street under the railway bridge to the nature reserve that has been developed in the area. Not so many of the people interviewed used the nature reserve, but it was discussed as important by service providers. Unlike other areas the hardest hit in Merkinch and South Kessock, especially those who were long term unemployed, facing different forms of food and fuel poverty and experiencing mental health issues and anxiety, did not tend to use the green spaces in the area and need encouragement and support to access these. (See findings below).



WHO WE SPOKE TO

The team working in Merkinch and South Kessock **reached 102 participants living in the community and an additional 9 service providers** who lived outside the area. The UHI team initially interviewed the Manager of the Merkinch Partnership and the voluntary team on the Community Panel (listed in the acknowledgements), then a selection of additional service providers. Volunteers and service providers included representatives from residents associations, the police, local schools, the nature reserve, local community groups, clubs and shops. It also included representatives of some of the voluntary organisations who had been working in the area providing food parcels, support for loneliness and help to access services.

The 102 residents were coded during the process of gaining informed consent and the following table shows the breakdown of the sample for this in-depth qualitative research.

It should be noted that in the purposive and snowballing sampling to find the hardest hit, there was initial analysis with the community panel to identify particular groups who were the hardest hit. The groups identified included the long term unemployed and those people out of work living on their own, many of whom were on Universal Credit, school children, single parents, and the elderly (see Appendix 1 for the full list of identified groups). The sample was then monitored to ensure that an equal number of women and men were accessed and that there were representatives from all age groups. We also interviewed long term residents and some newcomers to the area.

Coding analysis					
Total people coded	102	Employment		Association with area	
		Employed part time	13	Life in the area	22
Gender		Employed full time	5	In and out of the area	7
Male	50	Unemployed	51	Recently moved in	9
Female	51	Self-employed	1	Long term moved in	63
Prefer not to say	1	Retired	14	Want to move out	1
		Volunteer	3		
Age		Carer	1	Have you been tested Covid	
Under 16	10	In education	14	Yes	37
16-29	15			No	64
30-49	38	Have you been furloughed		Prefer not to say	1
50-64	23	Furloughed full time	4		
65+	16	Furloughed part time	4	Was it positive or negative	
		No	16	Positive	3
Ethnicity		Not applicable	78	Negative	34
White Scottish	81				
White British	15	Housing situation		Family member tested positive	
White Polish	3	Owned	7	Yes	12
White Croatian	1	Rented from Council	66	No	88
W Czech	1	Other social housing rented	15	Prefer not to say	2
W Latvian	1	Private rented	5		
		Living rent free	2	Have you had to self-isolate	
Disability		Homeless or in centres	3	Yes	22
Yes	24	Care home	0	No	79
No	78	Prefer not to say	4	Prefer not to say	1
				Have you been shielding	
				Yes	13
				No	88
				Prefer not to say	1

Thematic analysis was carried out with the coding to examine impact of gender, age and some aspects of socio-economic status and personal situation (see discussion of findings).

FINDINGS

Firstly the scene is set with a story from the local partner about the context during the pandemic which includes the voluntary activities and how different statutory and voluntary services developed and collaborated at the beginning of the pandemic.

The findings are then presented under the core areas of investigation across the different sites in the research including in Merkinch (see appendix 2 for coded analysis). The themes are presented under the following overarching areas of the research:

- Challenges/difficulties, what was hard in the pandemic?
- Opportunities/positives?
- Coping/what support helped?
- Future support and action needed?

Covid 19 and Merkinch/South Kessock - The story

When the first lockdown happened on 25 March 2020 the community of Merkinch and South Kessock were totally unprepared for such an unprecedented and unexpected event. All of the face-to-face support normally available to local people ceased, basically overnight, and people were plunged into a crisis which they were neither prepared for nor equipped to deal with. At a time when people desperately needed support and access to services they found themselves in a situation where support and advice could only be accessed by phone or by going online. This was a real challenge for a community which depends on face to face contact in all areas of their lives – housing support, engaging with health professionals, attending local community projects, looking for work, claiming benefits, taking part in education and organising community meetings and events. Many people in Merkinch and South Kessock do not have access to digital devices or do not have the skills to get online. Many people also have mobile phone contracts with very low data levels and minutes; hence their ability to make phone calls or to get online on their phones is restricted.

Shortly after the lockdown was implemented our organisation, Merkinch Partnership, started to get phone calls to our mobile number from people who were desperately in need of support and advice:

- How do I get in touch with my GP/CPN/psychiatrist
- Where do I go to get help with my benefits
- How do I get in touch with my housing officer/report repairs/deal with rent arrears
- What does lockdown mean – what do I need to do to follow the rules and regulations
- What do I do if I get Covid symptoms
- How do I still access all the help I get from the Work Club
- I have run out of food and money – where can I go for help
- I have used all my gas and electricity credit – who can help me
- My fridge/cooker has broken down and I can't afford to buy a replacement – where can I go for help

People were very scared, panicking, confused, stressed and felt that their lives had been turned upside down. It was evident that many people in the community did not possess the

skills, resources or resilience to deal with the crisis of the pandemic and that local community leaders would need to step up and provide services, advice and support without there being any sort of emergency planning in place.

And the community projects operating in the area did respond. Although our efforts were not always as well co-ordinated as they could have been and partnership working could have been more effective and collaborative, we did manage to provide much needed and much appreciated support, albeit remotely by phone for the majority of the time. Community organisations were able to access additional funding, set up new services and continue to deliver existing services:

- Merkinch Partnership – delivering food parcels, signposting to additional services, helping people to get online, welfare phone calls, advice on lockdown rules, collecting and delivering prescriptions, cash payments for gas and electric, information on fuel vouchers, claiming and maintaining benefits, job applications and form filling.
- For the Right Reasons – worked with Merkinch Partnership in the food delivery service, their volunteers did the deliveries and their Project Manager co-ordinated the delivery slots.
- The Bike Shed – pastoral care and mentoring by phone and socially distanced walks.
- Merkinch Free Church – pastoral care and mentoring by phone and socially distanced walks, hot food takeaway service.
- Clay Studio – delivered art packs for children to do at home.
- RokZkool – food deliveries, mentoring for parents of young children, cooking on a budget, families cooking together, welfare phone calls, socially distanced activities for parents and children (music, art).
- South Kessock Residents Association – checking on neighbours, giving out food treats to local people, reporting fly tipping.
- Merkinch Community Council – checking on neighbours, reporting any community issues to the relevant authorities e.g. Police Scotland, Highland Council.

The activities provided by the community organisations, the services put in place by statutory agencies, the increase in Universal Credit and the fact that the three local corner shops remained open throughout the lockdowns meant that local people were able to access a wide range of support, information and advice which was a lifeline for them in a crisis situation, this helped them to keep their heads above water and survive.

What we need now is a plan for the future, how do we help people to recover from the last sixteen months, how can we help people to not only get back on their feet but to move forward with their lives and thrive, not just survive. This is the next challenge for the Merkinch and South Kessock community and one which starts with this research project.

Challenges

Introduction to Key Challenges

The top priorities for the ‘hardest hit’ people in Merkinch were around money matters, particularly paying the rent and spending more money on food and fuel as they had to stay at

home for longer, needing face to face contact for mental health and also concerns about physical health.

Mental health issues related to lack of face-to-face contact with others in the community and with services, this was overwhelming in the analysis and was relevant across genders and age groups.

School children were very aware about their mental health and this was also confirmed by teachers' concerns about pupils, including cases of suicide attempts and anxieties about returning to school. Research was carried out in a local secondary school to provide more detailed information on this.

Adults consistently talked about stress, anxiety and fear of the pandemic. Isolation, feeling bored and depressed are particular issues with the terms anxiety and depression being used generally and as a self-diagnosis. There are situations of diagnosed existing mental health issues that have got worse.

The impacts on physical health raised in the research were around not being able to see a GP, people feeling that they had put on weight and that they had disrupted sleep patterns.

In a few cases recovering alcoholics or drug users felt they had gone backwards. Either they slipped back into substance use (some talked about more bad habits) or they had become bored and this led to addiction. 'The past year has not been so good' (previous alcoholic).

People in Merkinch and South Kessock are not sure how they can get out of the situation without help. Anything that has had to be done online has been incredibly hard as the community has an analogue, more traditional approach to accessing services and purchasing food, clothes and necessities. They only knew about services they had already accessed and didn't have the information, capacity or basic digital skills to engage effectively in the digital world. People expressed that they really wanted to go back to face to face interaction.

There are calls for new and increased face to face services and activities for children and adults. The hardest hit in Merkinch and South Kessock lacked the resilience or the capacity to cope with the changes that disrupted their normal pre-Covid routines. People found it difficult to process the speed and severity of the changes.

'It was like a ghost town, I found it scary like I was in a war but worse, everything was closed' (77, adult man, 50-64 years).

Details on Challenges/difficulties

Money Matters

Money matters affected many of the adults interviewed in the 30-64 years age range (brackets C and D in the coding), both male and female. This was confirmed by most of the service providers interviewed. There was an overarching theme that inequality and poverty were the main factors which negatively affected people in Merkinch and South Kessock during the pandemic and that people experiencing inequalities and poverty will need the most support in going forwards. Money matters included major concerns around being able to afford food and fuel and the concern of how to access or survive on Universal Credit. Everything relating to day to day living became more expensive as people had to be in their homes for longer.

"Spending more money on food, gas and electric, our money was not covering all of our living expenses." (11, adult man, aged 30-49)

"We were both used to being out of the house and found we went through more food and energy with being at home 24/7." (16, older woman, over 65).

Some people couldn't afford proper wifi to connect to other people or to access services, and many stated that it was hard to afford an internet connection or to have enough data to use their phones. A few people spoke about online shopping, not only in terms of expense and it being hard to get the right slots, but that it was hard to stay on the phone with limited credit/data.

A few people said that food and other necessities were more expensive, but with further clarification this was often linked to being at home more or having to shop locally where items were more expensive.

"We are on Universal Credit and got into rent arrears. We were dipping into the rent money, it was a decision between eating and paying rent, Universal Credit was not enough to live on." (78, adult man, 30-49 years).

The issues relating to money were most strongly raised in those people without large incomes, who could not get work and had been unemployed for some time. In this research those who were employed and worked at home or were furloughed felt that they were not as hard hit as those who experienced severe poverty and who were unemployed. There were also people from the Polish community who were self employed and therefore not furloughed who struggled during the pandemic.

"This is the longest I have been unemployed, it is driving me crazy. It was one thing after another, a snowball effect." (78, man, 30-49 years).

Sub-themes of Money Matters - Food poverty

People who had received food parcels supplied by community groups such as Merkinch Partnership and Rokzkool talked about their realities during the pandemic. Even when these participants, often unemployed, didn't at first identify food as an issue, they later talked about how food parcels had been so important to them during the pandemic with many suggesting that these should continue.

Some service providers suggested that in the past, projects which had an emphasis on health and nutrition and budgeting for food, were not of interest locally. Respondents in the research said that the food parcels were very welcome. They also discussed the increased rate of Universal Credit being important in order to cover basics and stated that they hoped that this could continue. (See priorities for food poverty solutions).

"Running out of food and spending more money on food – I have four young children and during lockdown they were constantly looking for something to eat, my food bills increased a lot." (10, adult woman, 30-49 years)

"Supermarkets running out of food, spending more food as people at home getting bored. This meant that people had to shop at the local shop." (20, adult woman, 50-64 years).

"Food prices have gone up, I am not very mobile and my local shop is now very expensive for food shopping." (20, adult woman, 50-64).

"Handing out food parcels on Saturday morning, many didn't have breakfast and one hadn't had anything since Friday lunchtime." (35, volunteer).

Sub-themes of Money Matters - Fuel poverty

This was an issue mainly raised by adult women and men, but also by a young adult man in his first permanent tenancy. All of these respondents said how helpful the fuel vouchers had been. They came in later in the pandemic, funding being provided by the Scottish Government through Highland Council in response to fuel poverty being identified during the first lockdown.

The following are examples of the many quotes about this issue which sum up the experiences of the hardest hit:

Using more gas and electric because I was spending all my time in my flat. This meant my gas and electric costs went up, sometimes I couldn't afford to top up my meter key card so I just did without heating and hot water. (0, adult woman, 50-64 years).

Using more gas and electric because I was spending all my time in my flat. This meant my gas and electric costs went up, sometimes I couldn't afford to top up my meter key card so I just did without heating and hot water. (17, adult man, 30-39 years).

Energy bills increasing – sometimes I had nothing in my meters which meant I couldn't cook or have heating. (15, young male adult, 18-29 years)

My fuel costs increased because I was indoors and kept my heating on, this was my main problem. My flat doesn't retain the heat and my electricity would run out before I got my next benefits payment. (20, adult woman, aged 50-64).

People ran out of gas and electric and were not sure how to cope with this, but with the help of local organisations they were able to access the fuel vouchers during the period February to April 2021. Some people have shown concern that these vouchers will not continue.

Lack of help/Information/access to services

The lack of services centred around the inability to access the services online. Many of these services are out of the area and people living in Merkinch and South Kessock felt that they were shut down without any face-to-face contact. Almost all of those interviewed did not have information about how to access services. Some were anxious about how to find services and one person gave an account of using up mobile phone credit and not being able to stay on the phone or phone back.

People didn't know where to turn once the face-to-face services were not there. They tried to access support through word of mouth via friends and family, from facebook pages or through local organisations once they were able to open remotely and contact people in the community who might need help.

"Not having face to face meetings with my support worker – I was used to regular meetings with my support worker who was trying to encourage me to go out more." (0, woman, 50-64 years).

Local people not knowing what is happening in the community, lack of access to information about services. People feeling less connected. (2, older man, 65+ years).

Services and places I would normally go to being closed. When the first lockdown happened I couldn't really find out much information about Covid as it all seemed to be online and that made my worry and anxiety worse. (4, adult woman, 30-49 years).

I wasn't able to get information about any help or support I could get. (12, adult woman, 30-49 years).

Many people interviewed didn't know what to do when they couldn't access their GPs and psychiatrists face-to-face. This included people who had already been diagnosed as requiring mental health services.

"It is hard to get an appointment with a GP, it's too much work to try to get an appointment, I feel that I am fighting all the time, there are too many hurdles." (22, adult woman, 30-49 years).

"I missed my face to face appointments with my psychiatrist and my GP, speaking to them over the phone wasn't the same." (6, woman, aged 30-49))

It was hard to get an appointment with my GP, one time I spent one and a half hours holding on the phone before I got through to make an appointment. (11, man, aged 30-49 years).

This wasn't limited to health services and included services that people in the area experiencing money issues were trying to access.

"There was no information about any help you could get, I didn't get any support from my Housing Officer, no phone calls to check if I was doing ok, no communication." (21, man, 30-49 years)

In a school situation teachers and children identified poor access to wifi. In one of the households there were no digital devices and children were doing their homework using their mobile phones.

"Problem with wifi at home, too many family using it at the same time." (Student, aged 16/17, in S5).

Stress/anxiety/depression

This was a major issue and almost all community participants raised feelings of stress, anxiety and depression in interviews.

Some talked about general anxiety about money and fear of the pandemic. Some were facing extreme trauma and sleep deprivation and were trying to access mental health services.

Participants in the research discussed how losing their routine led to not knowing what to do in the face of change. This indicates a lack of resilience amongst those that are hardest hit especially when analysing the responses from the long term unemployed, people living alone and people on low incomes. Some general feelings of stress are embodied in these quotes:

I have found it very difficult, depressing, lonely, and isolating, I was very worried about getting Covid and my day-to-day routine just suddenly stopped. (4, adult woman, 40-59 years).

"I lost interest in doing things and found myself staying in bed more or on the couch watching TV, I became very lazy, I feel I was depressed without really knowing it and I couldn't see much hope for the future." (5, adult man, 30-49 years).

Some revealed more distressing situations whilst in the process of being interviewed. The local partner talked to participants about whether they were accessing services, discussed how they could find help in the future and followed up with contact details in accordance with the ethical protocols for the project.

My mental health became very bad and sometimes in the last year I have felt like I was going to a dark place. (6, adult woman, 30-49 years).

I have depression, I have had it for many years but it has become a lot worse over the last year, my mood is generally very low now and I am struggling to stay positive about anything. (7, adult man, 50-64 years).

My mental health got worse due to being cooped up inside, one day I smashed my house up through frustration. The lockdown had a bad impact on people's mental health. (21, adult man, 30-49 years).

Adults who could not engage online also felt bad about this.

My mental health was really bad during the last year. I didn't have a stable Wi-Fi connection, this was debilitating, I couldn't get online properly, it was depressing. (68, adult man, 30-49 years).

In discussions in schools and with parents and students there were many mental health issues.

"And we've seen increasing mental health issues, we normally have a smattering of attempted suicides during the year, but more than usual this last year. Every one of them is a tragedy. I would say there are increased family issues at home for some of our parents who've had attempted suicide." (23, service provider).

"Teenagers are the hardest hit: they couldn't go out and were almost invisible, they missed getting out, laughing and felt like they were missing out" 35, volunteer).

"Children coming of age, they need somewhere to go. They don't get enough help." (32, volunteer).

Children from the local school also talked about feeling isolated, and about teachers needing to understand their frustration. In group discussions pupils discussed how they were feeling and expressed concerns they had relating to not seeing family and friends, lacking motivation, worries about returning to school and catching up with their education. Some of the children spoke about mental health in terms of interrupted sleep and trying to use video games as a coping strategy. They felt frustrated and anxious about going back to school and going straight into assessments without the learning that they needed. In conversation a group of S5 students said:

"Absolutely raging, anxiety, severe depression." (Boy, 17 years).

"Feel more isolated from people, not being in school, raging about assessments." (Girl, 17 years)

And a quote from the S2 group:

"There were a lot of sad times and it was hard to stay happy" (Boy, under 16)

Physical health impacts

Participants in the research generally talked about going downhill and not knowing how to come out of this period (the lockdown during the COVID-19 pandemic). Physical health impacts related to expressing concern about their weight and lack of sleep. People mentioned specific issues such as hernias, liver problems and weight gain resulting from the lockdown. Children talked about severe lack of and disturbed sleep. Some people experienced a deterioration in their existing health problems. There was also concern about not being able to get to appointments or to see a GP.

My health has got worse over the last year because I couldn't get any help from my GP or get hospital appointments" (70, adult woman, 50-64 years).

"My x-ray appointment was cancelled. I was in a lot of pain and that stopped me doing stuff" (64, young woman, 18-29 years).

"I have arthritis and it has got worse over the last year, sitting around a lot and putting on weight has made it worse" (67, woman, 50-64 years).

Turning to/back to substances/Increased drugs on the streets

People were using euphemisms, so even where they were known to the interviewer as a drug user/dealer, they chose to talk about 'bad habits'. It is important that the research is confidential and fits into the ethics framework agreed by the university ethics committee. The anonymity of the evidence made participants feel comfortable that they could be interviewed and they could share as much or as little of their experiences as they chose. Some more specifically talked about slipping back into their addictions and that they didn't know about, or how to access, support for their addictions. Some were open about their reliance on alcohol due to their difficulties during lockdown:

"Before the first lockdown I had been off alcohol for four and a half years, I was doing fine, the past year has not been so good." (95, adult man, 50-64 years).

"I split up with my partner at the beginning of the first lockdown and went back on the drink (alcohol). I was drinking more due to my relationship breakdown." (67, woman, 50-64 years).

Service providers were generally more direct on this and talked about what they had seen over lockdown. This related to the increased drug use on the streets, more reliance on alcohol and the lack of substance abuse services.

A few people from Merkinch said that they saw more drugs coming into the area and more drug dealing. This was backed up by the service providers (as stated above) and the police in the area. It surprised key members of the research team that there were not more respondents who openly talked about their use of substances as a coping strategy.

"My temporary accommodation is a very noisy block of flats. People are drinking and taking drugs. The police are here every day. I feel I am stuck here and it is not good for me." (28, man, 30-49 years).

The street work on Grant Street meant that different people could be interviewed, some of whom talked about how their recovery from addiction had gone backwards. Some had managed to keep going during the lockdowns but still felt they needed support to continue to recover. Some service providers suggested that the streets are 'awash with drugs'.

"Severe lack of mental health leading to homelessness and addiction" (S20, male, 16-29 years).

"There's a huge amount of drinking going on, I can tell that from litter in the nature reserve and on the streets. And in the condition of people that you encounter. I think that lockdown has kind of magnified some of the social issues" (41, service provider).

"People couldn't always get supplies of drugs and were gathering outside the local shop to drink. Some people recovering went back into their addictions. There were police on the streets almost every day." (30, local organisation).

"They are even selling [drugs] to school kids, I know kids who have been approached." (32, volunteer).

Domestic abuse/violence

Nobody from the community raised this but service providers said it was happening. This is an extremely hard issue to research and there would need to be more time to build trust and understand the kind of support that is needed in the community during the period of COVID-19 recovery and in the longer term.

"And that's been an issue throughout the country, about how domestic abuse has got worse during lockdown. For a lot of our pupils coming to school it's a break from family and home life and everything that is going on at home" (23, service provider).

"So domestic violence has risen. And if domestic violence has risen, the chances are that there was going to be more of that. And it's possibly going to be more violent, more escalated, because there are more addictions" (41, service provider).

Furloughed and loss of jobs/income

Only a few participants interviewed said they were on furlough, these people suggested that their situation was not as bad as others, they didn't have to worry so much about money. Other respondents said that they just wished that they could get a job. Several mentioned losing their jobs and being unsure how to find a job in the current environment. The long term unemployed didn't feel that employment was an option for them (see the hardest hit). One person stated that when they self-isolated they lost their income which was hard.

"Lack of jobs and support around finding work as well" (S4, man, 16-29 years).

"Frustration at not being able to look for work. In March 2020 I had been unemployed for two years due to ill health, but as my health had improved I was hoping to start applying for jobs but then lockdown happened" (1, man, 30-49 years).

"I gave my job as an office cleaner last year as my hours were reduced, everyone was working from home and I just felt it wasn't worth working. There were no jobs to apply for last year" (19, woman, 30-49 years).

"People who lost their jobs or who were unemployed were living at a high stress level. Some would just throw their post away, they were giving up... I just don't know how some of them were living on it [their universal credit]." (30, local organisation).

At home with children and child-care

More than half of those interviewed were unemployed and many lived on their own. Ten percent of the people interviewed had children at home, with some grandparents also contributing to childcare. Relatively few of these participants talked about working from home or child care problems and those that did were also working part-time. Those with children found homeschooling difficult. Some participants said that it was great to spend time with their children, some said that they spent too much time with them. People also mentioned that 'Kids were at home and eating a lot more'.

"Child care was a problem, I worked through the whole pandemic and childminders and child care centres were all closed" (S10, woman, 30-49 years).

"One of my children was at Nursery when the first lockdown happened, he found it very hard to go back, he cried each time I dropped him off and my partner found this very stressful" (11, man, 30-49 years).

"My kids were not doing their normal routines and activities-school, sports, seeing friends. This was quite hard, their behaviour got worse, they were fighting and arguing a lot and I found it difficult to handle." (62, woman, 30-49 years).

"Some parents struggled: not everyone has a granny at home." (33, volunteer)

Of those people with children who were interviewed there was a bigger issue around home schooling: the fear of getting it right and also going back to school.

There was a perception amongst the service providers that children/teenagers were 'running riot', but this wasn't reflected in the community responses. Most of the children stayed at home and were bored. People interviewed wanted extra curricular activities so that they could be entertained and many were concerned about disruption to education.

The young people from the secondary school commented on some of the challenges:

"Learning whole units by myself, overworking, hated schooling at home, feels like a completely wasted terrible year" (H5 girl).

“Studying on our own without face to face explanations from teachers was hard, it made me angry” (H5 group discussion).

Service providers and adults also felt concerned about the disruption to education.

“The engagement (with school) was pretty poor during the first period of lockdown, and it would run between 33 and 50% for specific classes” (23, service provider).

“I am very worried about my children missing out on their education, the two older boys really struggled with home schooling” (10, woman, 30-49 years).

“Home schooling was stressful, it was hard for the kids to concentrate. We didn’t have any Chrome books so we had to do homework on my mobile phone, it wasn’t easy” (64, young woman, 16 to 29 years).

The Context: Staying at home bored

There are two main issues here. Firstly, there is the issue of people being generally bored as they had to stay at home. Secondly is the lack of contact with others due to either shielding, being single without friends and family, being long term unemployed and living alone or not having access to outside space.

Boredom sets the scene and the context to the difficult challenges that people who were hardest hit in Merkinch and South Kessock were facing. There was not a lot that people could do about this but provides a background to how people in the community experienced the pandemic. It also shows how people did not necessarily turn to new hobbies but spent time watching television and eating. They felt trapped and stuck. This is a cross cutting issue across ages and genders.

“I spent more money on food, I was eating a lot more, I have put on weight, all of my clothes are getting tighter! I was eating through boredom and spent a lot of time sitting watching TV” (19, woman, 30-49 years).

“It was boring, just sitting in the house, I got fed up of watching TV” (69, older man, 65+ years).

“Very bored, very lonely and isolated. Mum was going out but not me, cooped up 24/7, nothing to do, looking at the same four walls, I think I was a bit depressed” (98, young female, 18-29 years).

“I have put a lot of weight on since the first lockdown, I was eating more due to boredom and I wasn’t being as active as I normally would be” (11, man, 30-49 years).

Isolated/no contact

Increased loneliness and feelings of isolation transverse across the ages. Those who are unemployed are the most isolated and have had the least contact with other people. They are also the people in the community with the least money, or who are isolated due to mental

health or substance abuse. Consequently they are experiencing the challenges detailed above such as food and fuel poverty.

“During the last year I have really missed this face-to-face contact, I have been feeling really lonely and isolated and cannot wait for things to start opening up again properly. As I live on my own I felt I had to go through last year on my own with not a lot of support, it has been very hard for me” (4, woman, 30-49 years).

“I found it very lonely, I live on my own. Having to stay in on my own was very hard, being on my own and lack of company really got me down” (8, man, 50-64 years).

“There was no human connection, communication was through a screen. You forget how to interact face-to-face and touch is so important” (71, woman, 30-49 years).

“Separation from people, isolation, I live on my own with my dog. I was used to seeing people so it was difficult being inside on my own.” (25, man, 30-49 years).

People with mental health issues could also become very isolated without their usual contact with services or networks of family and friends.

“There were increased feelings of isolation. Although people who are housebound are used to being constantly indoors they were badly affected by family and friends not being able to visit.” (9, health professional).

Other people became isolated because they were living on their own temporarily during the pandemic and were not able to connect with families, friends and networks.

“Loneliness was the hardest part, not seeing my grandchildren and great grandchildren. I had two new grandchildren during the pandemic, I have only seen them twice. It is horrible as I feel they don’t know me.” (73, older woman, 65+ years).

“People felt like prisoners in their own homes, some got severe depression. They used to get support from community project and activity groups. Instead of being integrated, recovering alcoholics and drug users alone lost their sense of self worth.” (38, volunteer).

Case studies: Intersecting challenges in people's lives during the pandemic

The following four case studies from the telephone interviews show how, for the 'hardest hit' the challenges of Covid 19 far outweighed any positive elements such as community or not having to carry out daily routines. These cases demonstrate how those who were unemployed, facing multiple inequalities and mental health challenges experienced the pandemic.

Case Study - participant 11

A man, aged between 30-49 years, unemployed, is a Highland Council tenant and has lived in the area for a long time.

The main challenge for participant 11 was deterioration in his mental health due to being "stuck at home and having to be inside most of the time". Both the participant and his partner found that their depression and anxiety got worse during the last year and that their stress levels increased. The participant also spoke about feelings of being trapped, only being allowed out once a day, being stuck in the house together, "during the lockdown I felt as if I was a child that had been grounded".

The participant also stated that he had experienced financial difficulties - due to spending more on food, gas and electric their income was not covering all of their living expenses, which contributed to his increased stress levels.

Accessing his GP was also an issue and this became more problematic when the participant developed health problems due to putting on weight during the pandemic. The participant spoke about lengthy waits on the phone when trying to make an appointment to speak to his GP.

Participant 11 stated that the only positive for him and his family during the pandemic was the fact that they have a garden which meant that they could go outdoors – "Apart from that there was nothing good about it".

Through contacting Merkinch Work Club during the first lockdown participant 11 was able to access a range of support:

- Food parcels, included toiletries, cleaning materials, nappies, baby wipes
- Fuel support vouchers from Highland Council
- Cash payments from the Scottish Welfare Fund to help with utilities

In going forward, participant 11 stated that the food parcels and fuel vouchers should continue, information on services needs to be more accessible and that there should be increased services delivered locally for people experiencing mental health difficulties – "More support for people having suicidal thoughts, more support for people coming off anti-depressants"

Case Study - participant 28

A man aged between 50-64 years, unemployed, is living in temporary homeless accommodation and has recently moved into the area.

Participant 28 stated that life had “gone upside down” for him during Covid – he lost his private rental property and had to move into temporary accommodation, he had two family bereavements, he lost his job just before the first lockdown happened, there were no opportunities to move back into employment and his current accommodation is in a very noisy block of flats with high levels of anti-social behaviour – “I just lie on the couch, I don’t want to speak to anyone”.

Due to these experiences and challenges the participant’s mental health has deteriorated to a significant extent – “Everything has changed, for the last three months I haven’t left the house, I have been in a dark place” and “Now I don’t think that I am fit to work because of my mental health problems. I can’t contemplate getting up and going to work just now, I am not up to it”.

Participant 28 stated that for him there were no positives or benefits to come out of the pandemic.

Through contacting Merkinch Work Club participant 28 was able to access:

- Food parcels
- Cash payment from the Scottish Welfare Fund to help with the cost of utilities
- Help to make an online claim to Universal Credit
- Information on how to contact his Housing Officer

In going forward, participant 28 stated that for him personally the priorities are to attain a permanent tenancy with Highland Council so he can move out of his temporary accommodation and to gain access to a GP in order to get help with his mental health issues.

Case Study - participant 98

A woman aged between 16-29 years, recently unemployed, furloughed during the first lockdown, lives in a property rented from Highland Council and has recently moved into the community.

For participant 98 the main challenge during the last year was having to stay inside and not being able to see friends. She stated that this sense of isolation engendered feelings of boredom and depression – “Very bored, very lonely and isolated. Mum was going out but not me, cooped up twenty four seven, nothing to do, looking at the same four walls” and “As it went along I was getting more fed up, waiting for restrictions to lift, meeting up with my friends, I don’t like spending much time in the house”.

She also stated that the uncertainty of the situation, not knowing what was going to happen next had a detrimental effect on her mental health.

Participant 98 found it hard not being able to see her friends face to face and not knowing when the restrictions would be lifted; she stated that “Facetime is not the same”.

Despite not being able to see friends face to face, she had in fact made new friends online and reconnected with other friends whom she had lost contact with which was a positive outcome for her, “closer bonds with people that I never thought I’d be friends with and I will stay friends with them”.

During the pandemic participant 98 received support from her mum and her friends.

For the future, she would like to take part in training, move into employment and look at options for future careers, doing something she enjoys.

Case Study - participant 67

A woman, aged between 50-64 years, employed part time, furloughed during the first lockdown, is a Highland Council tenant and has lived long term in the community.

Participant 67 stated that both her physical and mental health had deteriorated during Covid 19 – she developed a phobia about going out, “I am a wee bit agoraphobic, I prefer being in the house now, before Covid I was out a lot more” and “during lockdown I had to stay in and now I just do it”. She stated that she also felt depressed about being on her own in the house and that this depression was all part of not going out, not talking to people.

Participant 67 had existing physical health issues prior to Covid and she stated that these health conditions had got worse during the last year since the first lockdown, mainly due to the fact that she was much less active, had put on weight and her alcohol consumption had increased due to a relationship breakdown – “I have arthritis and it has got worse over the last year, sitting about a lot and putting on weight has made it worse. My fingers are swollen and I don’t know if I will be able to carry on working”.

A lack of access to her GP was also an issue and she stated that she was overspending on alcohol and food.

Participant 67 stated that there had been some positives to come out of the pandemic – her experience of Covid 19 has helped her to realise that she has resilience and an ability to cope and that she is in fact a strong person – “I am feeling better about myself, I know I am a strong person and that helps me, I am coping better with the depression, I am going to get through it”.

Through contacting Merkinch Work Club participant 67 was able to access:

- Food parcels
- Fuel support vouchers from Highland Council

In going forward, participant 67 stated that for her personally she would like to address her agoraphobia and accept the offer from her friends of helping her to get out more. For the wider community she stated that there needs to be more activities for local children and that this is something the local resident’s group should be looking at. She thought it would be a good idea to look at getting funding for these activities from local businesses.

Positives/opportunities

Only 17 people said nothing was positive! Over half of the people interviewed people felt that at least there was support from family, friends and community.

“For the first few months I enjoyed spending time with my daughter, we were talking more” (19, female, 30-49 years).

“My daughter has been amazing, how she coped. She has learnt how to cook and she is cooking dinner most nights, she would never have done that if she had been at school as normal” (29, female, 30-49 years).

Those that were more isolated were grateful for the help from the community and Highland Council in terms of food and fuel. People in Merkinch and South Kessock really value face to face contact with networks and services.

“Excellent neighbours, helping each other to stay safe, keeping the communal areas clean and tidy, looking out for each other” (S2, female, 50-64 years).

“When the lockdown happened in March 2020 I felt a bit relieved that I didn’t have to force myself to go out any more and I could just stay at home.....During lockdown I had more contact by phone with my family and friends than I normally would, we all kept in touch much more and I felt I had a lot of support in that way and meant that I didn’t feel as if I was going through it on my own.” (0, adult woman, 50-64 years).

“Increase in monthly Universal Credit payments, increased to £410 per month” (1, male, 30-49 years).

Enjoying the environment, gardens and outdoor exercise were mainly brought up by service providers and volunteers living or working in the area.

“Got better at going out walks and runs” (H2, girl, under 16 years).

“I walked everywhere, my health condition has improved in the last year” (69, male, 65+ years).

The community projects operating in the area were also commended although much of the funding received was running out.

“During lockdown I was still getting support from the Work Club with everything I was doing previously and through that I got a part time temporary job” (13, male, 16-29 years).

There is now general concern that the support provided in the area during the pandemic, including funding for food parcels and fuel vouchers, might come to an end. Individuals also worried that the welcome increase in Universal Credit will be discontinued as restrictions are lifted.

Case studies: the Positives of COVID-19

Case Study - participant 10

A female aged from 30-49 years, stay at home parent, is a Highland Council tenant and has lived in the area for a long time.

Participant 10 spoke at length about the challenges she had faced during the pandemic, focussing mainly on the issues arising from her primary school age children being at home and not in school. She voiced her concerns and anxieties about running out of food for her children, the difficulties in home schooling, not having access to digital devices for doing schoolwork, her children missing out on their education, the birth of a new baby during lockdown, her children being anxious about returning to school and her own mental health issues.

Despite struggling day to day with all of the above challenges participant 10 expressed that there had been some positives in the last year and she felt that for her and her family some good had come out of the pandemic.

Positives included spending more time with her children, being outside in nature, going out for family walks, having a new baby and the support of her partner. Participant 10 felt very proud of herself for dealing with all of the challenges and anxieties, she felt that she had coped quite well and that they had all just got on with it as a family unit.

Case study – participant 100

A male aged from 16-29 years, furloughed during the lockdowns, lives in social housing accommodation and has lived in the area all of his life.

Participant 100 stated that the main challenge for him during the pandemic was not getting out and about with his friends, he found staying inside very boring and spent a lot of time on social media and online gaming.

Participant 100 then went on to talk about the benefits of living through a pandemic and stated that in fact the experience was quite a transformative one for him, a time of self-reflection and making plans for the future. He spent some time thinking about his previous behaviour towards his work colleagues, how he interacted with other people and his attitude towards work. He also gave a lot of thought and consideration to his future, “what I want to in life”, exploring new hobbies and interests, managing his money more effectively and thinking about his future job options.

This extended period of self-reflection has resulted in some significant changes for participant 100. His behaviour towards his work colleagues has improved, he is approaching his current job role with a more positive attitude, he is a better team player and has developed a much stronger work ethic. He is getting very good feedback from his manager at work and said that “he gets praise each day “ at work.

Due to his experiences during the pandemic participant 100 is approaching life and his future with a very different focus, he stated that having lots of time to think over the past year has been a good thing.

What helped?/coping strategies

The diagram below is a summary of the places, community groups and people mentioned by participants as providing help and support during the pandemic. For each person on the diagram there is a code number, although for simplicity the diagram indicates gender of the participant (by shade). These can inform future action plans in the locality, especially when considering those that are hardest to reach and how to engage with them for recovery post pandemic.

"I'd usually spend time with my dog as a coping mechanism and my family really supported me during lockdown which was good" (H1, boy, under 16 years).

"The Police – they helped me when I had damp in my house and I was sleeping on a mattress outside at the front of my block of flats. The Police helped to get me back inside and arranged for the Council to fix the damp." (25, man, 30-49 years).

"Rokzkool – food shopping and cooked meals. If it wasn't for them I wouldn't have managed, they helped me through it, I don't have anyone else to rely on." (26, man, 50-64 years).

"Counsellor/therapist provided by my GP called me for two weeks, to see what support I needed and to see what actions are needed to put the support in place." (71, woman, 30-49 years).

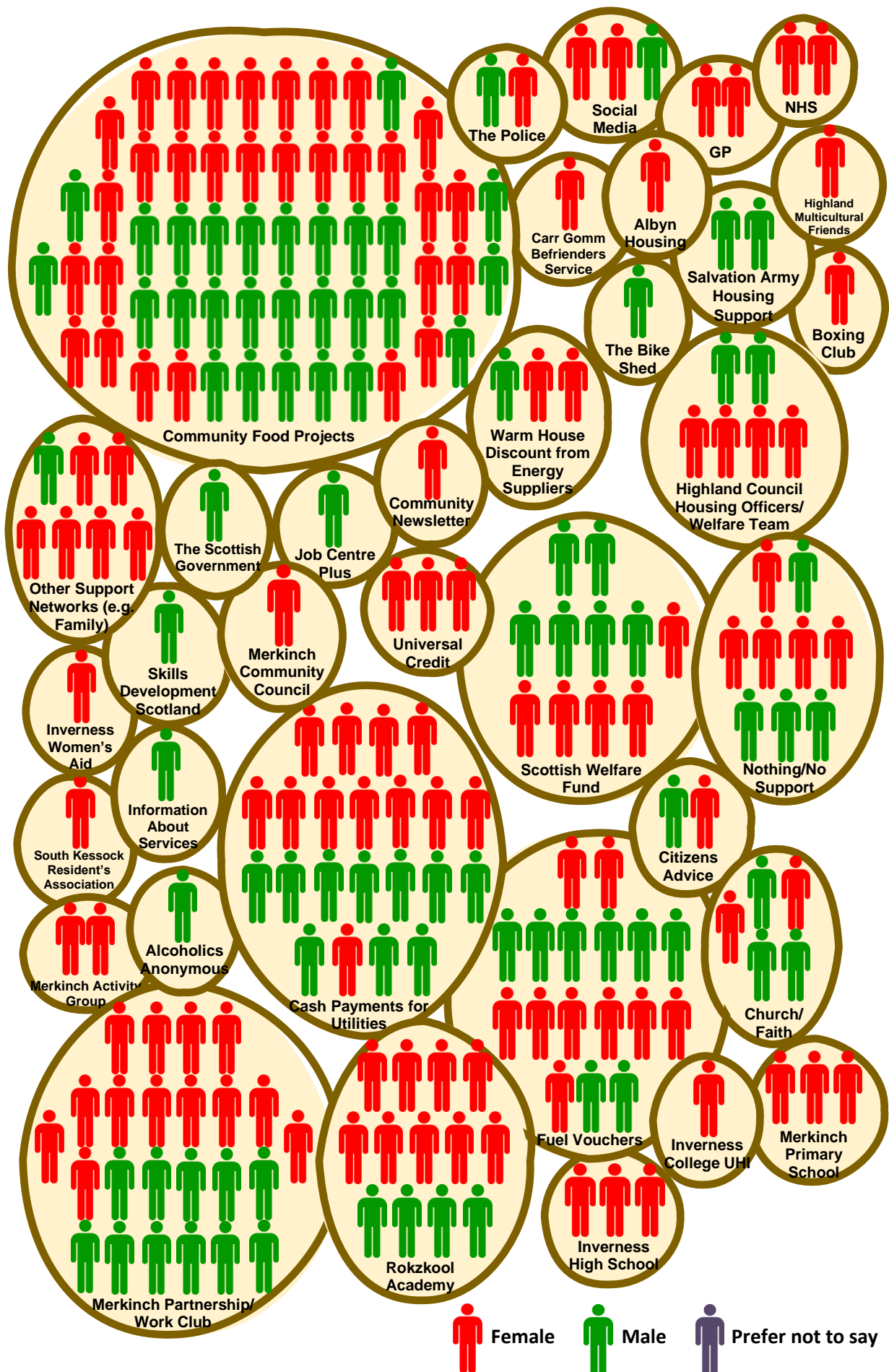
"Merkinch Partnership – that helped, it kept me focussed on employment, I had a plan." (96, man, 16-29 years).

"One of the great things about the first lockdown was that we had much more contact with our parents. And I think we came to understand a lot more about the difficulties that they were facing. But they also came to understand that school wasn't just a matter of pupils just getting the schoolwork done, that we are much more involved in pastoral care as well. Parents were very pleased with the support that they've been given from the school" (23, service provider).

"There is a wonderful sense of community, a mixture of locals, tourists and people who work in the area. We used to have coffee with a cop but all that stopped during covid. We socially distanced and walked to connect with people" (31, local organisation).

"I can only speak for where I am ... they've [the community] coped through family contacts, that's how they got through it. Through, utilising family contact, to support each other. It's not been really outwith their families that I've seen. I think that's been really important in the community." (42, service provider).

"My partner and I supported each other. Food from Rokzkool and Inverness Cathedral. Highland Council Housing – help with future accommodation. Citizens Advice – advice on rent arrears and eviction" (78, male, 30-49 years).



SCHOOL CHILDREN IN THE PANDEMIC: The Voices of Young People in High School

Although there was a lot of focus in the pandemic on supporting the vulnerable older people in communities, it was evident in this research that the children and youth felt anxious and will need support moving forward. The following profiles the focus group work done with S1, S2 and S5 pupils in a local secondary school in Inverness and shows the importance of including children in research in order to understand the realities of their everyday lives. The following challenges and what helped/support are seen from the perspectives of teenagers and adults.

	The voices of teenagers on their main difficulties during the pandemic	The voices of adults: delivering education during COVID-19
Challenges	<ul style="list-style-type: none"> - Staying in my bedroom, being bored, lots of screen time, watching TV, not doing my hobbies – “feels like a completely wasted terrible year” - Anxiety, depression, lack of motivation, bored, not sleeping– “there were a lot of sad times and it was very hard to stay happy”, “sleeping pattern went out the window” - Isolation, lost touch with friends and family, not being able to see my friends “I missed out on communicating with other people”. - Struggling with home schooling and school work, missing out on education, causing anger and stress – “studying on our own without face to face explanations from teachers was hard, it made me angry”, “during the second lockdown I couldn’t be bothered doing home schooling, it was a shock to the system”, “home schooling – it was difficult to get motivated, to open my Chrome book”. 	<ul style="list-style-type: none"> - High number of pupils with additional support needs - Pupils experiencing difficulties in accessing online school work, learning from home - The home situation for pupils not being conducive to learning - Parents lacking confidence in dealing with home schooling - Lack of access to the internet at home - Pupils losing socialisation skills - Increased behavioural problems in pupils - Pupils missing out on learning, big gaps in learning - Increased mental health issues for pupils: stress, anxiety, depression, suicidal thoughts
What helped?	<ul style="list-style-type: none"> - Communicating with my friends online: gaming, Snapchat, TikTok, YouTube, Discord, Facetime - Watching movies and box sets - My family – “I would usually spend time with my dog as a coping mechanism and my family really supported me during lockdown which was good” 	<ul style="list-style-type: none"> - Phone calls to parents - Food parcels - Wi-Fi dongles - Bringing pupils who were struggling into school even though they weren’t the children of key workers - Counselling sessions in school
Solutions	<p>Getting help with mental health issues – “mental health is important and matters, helping each other out”</p> <p>“Some teachers need to be more understanding, mental health is more important”</p>	<ul style="list-style-type: none"> - Funding for additional teaching staff - Funding for additional teaching resources - Addressing the hidden costs – buying clothes, equipment, food for pupils - Increased counselling sessions for pupils

Future strategies

Introduction

The main priorities raised by people who are the hardest hit in communities were the continuation of food parcels, fuel vouchers and increases in Universal Credit. What seems not to be a consideration for the most marginalised adults is the possibility that they could get employment – this is not a solution for most. However, young people and adults (18-29 and 40-49 years) have highlighted getting into employment as important, particularly when they were furloughed or recently lost their jobs.

People in the community suggested that they wanted access to services locally so that they didn't have to travel into town for housing or money advice and to access health and mental health services. Service providers also raised services for substance abuse as a priority in going forward. A few local people supported police intervention as there are visibly more drug users and dealers on the streets.

People from the community suggested that they really needed to get back to face-to-face activities and this was particularly the case for people who have no access to wifi. People wanted activities with and for children and young people and activities for all community members that are free. Children and young people particularly missed their hobbies. Older adults without children felt that they needed contact and face-to-face support because they felt isolated and wanted to connect with others. Funding community projects can support this.

The diagram over the page shows the suggestions from the coded participants and following the diagram are some of the quotes about these different aspects of action or support that are suggested by community members in order to recover from the pandemic.

These are suggestions from many of the hardest hit and the hardest to reach in one of the most deprived areas of Scotland and can therefore inform action plans for the locality.

"Someone based in Merkinch who people can go to see to get help with debt, managing your money and general advice on money issues. It is important that it is based in the community" (0, woman, 50-64 years).

"Access to counselling services to address the impact of Covid 19 on mental health, access needs to be made easier and more accessible" (2, older man, 65+ years).

"Lots of help for school pupils, primary and secondary, as they have been hit the worst by this, they have lost out on so much school time and have lots of mental health issues now as well" (7, man, 50-64 years).

"Someone has to do something about the problems in this community, the whole neighbourhood has gone downhill, there are drug dealers, aggressive begging, drug use, all of this has got worse during Covid" (25, man, 50-64 years).

“Places where mums can meet up and meet new people, would be good for people with mental health issues, like myself” (64, woman, 16-29 years)

“Communal spaces for people to come together”, “people coming together just to chat” (71, female, 30-49 years).

“Activities for people meeting and speaking to each other, face to face communication, meet up for a coffee and a chat” (74, woman, aged 65+).

“The Government to listen to young people who aren’t coping with Covid 19, mental health is important and matters, helping each other out” (H5, girl, 16 years).

“We need a community hub, a place where Housing Officers can engage with the community” (68, man, 30-49 years).

“Face to face appointments with health professionals, not having to wait for appointments” (95, man, 50-64 years).

Case studies on the Way Forward: Future Strategies

The following are two case studies from a woman and a young man which illustrate their experiences during the pandemic. These case studies highlight, for an individual, how the challenges discussed in the themes above influenced their suggestions for future support. These need to be taken into account in locality and organisational plans going forward. The diagram indicates what the residents of the area who were interviewed suggested as future strategies.

Case Study - participant 4

A female aged between 30-49 years, unemployed for more than 10 years, is a Highland Council tenant and has lived in the area for a long time.

The main challenge for participant 4 was the loss of face-to-face contact as the services she would normally access were all closed due to Covid 19. She lives alone and had a weekly routine of going to places such as Merkinch Work Club and the Job Centre. Attending these services also gave her the opportunity to meet and interact with other people. Consequently, during Covid 19 she experienced increased feelings of loneliness, isolation and depression – “During the last year I have really missed this face to face contact, I have been feeling really lonely and isolated and cannot wait for things to start opening up again properly”.

Another challenge was the increased cost of her gas and electric due to being inside most of the time, using more heating, lighting, cooking, etc. She found that the credit on her pre-paid meter was not lasting as long as it had done previously.

Participant 4 could see no positives or benefits from the pandemic – “I have found it very difficult, depressing, lonely and isolating, it has been very hard for me”.

Through contacting Merkinch Work Club during the first lockdown participant 4 was able to access a range of support:

- Food parcels, included toiletries, cleaning materials and dog food
- Welfare checks by phone
- Chatting with the volunteer delivering the food parcels/human contact
- Fuel support vouchers from Highland Council
- Warm Home Discount from her electricity supplier
- A grant from Universal Credit for a new washing machine

In going forward, participant 4 stated that the food parcels and fuel vouchers should continue, face to face contact should start up again as soon as possible, people who are unemployed should be offered opportunities to take part in training and build skills and that information on services needs to be more accessible – “I think we need to have more ways of finding out about help you can get. When the first lockdown happened I couldn’t really find out much information about Covid as it all seemed to be online and that made my worry and anxiety worse”

Case Study - participant 15

A young man aged between 16-29 years, unemployed, lives in temporary accommodation provided by Highland Council and has a long term association with the area. Participant 15 experienced a range of challenges and difficulties during the pandemic and consequently his life has been quite chaotic, he found that “most things were harder”. The fact that he has dyslexia means that he finds form filling and paperwork very challenging.

His difficulties included breaking up with his girlfriend not long after he found out she was pregnant, moving house into alternative temporary accommodation, having no access to the internet, and financial problems due to spending too much on mobile phone credit and energy bills – “sometimes I had nothing in my meters which meant I couldn’t cook or have heating”.

These difficulties had a very negative impact on participant 15, he stated that he became lazy, there was no structure to his day and that he had slipped back into bad habits (he did not give further details about what these bad habits were). He stated that he had tried to stay positive but being alone most of the time during the pandemic was a struggle.

Being in a bubble with his cousin during the pandemic was a positive experience for participant 15 – “We would go cycling together and stay over at each other’s houses sometimes, if one was struggling we would help each other out”.

Participant 15 was able to access a range of support from both statutory agencies and community groups:

- Food parcels
- Help with claiming Universal Credit
- Budgeting and money management
- Welfare checks by phone
- Cash payments for utilities from the Scottish Welfare Fund
- Fuel support vouchers from Highland Council

In response to future solutions participant he stated that the food parcels and fuel vouchers should continue, the Scottish Welfare Fund should continue to be a source for accessing household goods and cash payments and that Merkinch Work Club should continue to provide their services – assisting with housing issues, job applications, managing online accounts and completing forms and paperwork.



NEXT STEPS AND ACTION PLANNING

The following are steps which are being taken to feed the research evidence into policy and practice in order to achieve impact for the hardest hit in Merkinch and South Kessock:

- **Verification with the Community Panel** – the report will be presented to the Panel members at a face to face, Covid secure, socially distanced meeting in August 2021. It was agreed that a face to face meeting is the best option due to the previous difficulties experienced by the Panel members in accessing meetings taking place on virtual, online platforms such as Zoom and Microsoft Teams. The Panel members will gather in a local venue with enough space for social distancing where the community partner Anne Sutherland will go through the report and present the findings. This will be followed by a group discussion to approve and verify the findings and to identify future actions which will start to address the challenges and issues detailed in the report. The community partner will continue to work with and support the Community Panel to ensure that they remain engaged with and involved in future action planning and delivery of activities in the Merkinch and South Kessock community.
- **Presentation to the Merkinch Locality Plan Working Group** – this group was set up in 2017 and is responsible for co-ordinating and delivering the Locality Plan for the Merkinch and South Kessock community. Members include representatives from Police Scotland, NHS Highland, Highland Council, Highlife Highland, Highlands and Islands Enterprise, Skills Development Scotland, Highland Third Sector Interface, Local Ward Members, Merkinch Partnership and Merkinch School. The first Locality Plan was produced in 2017 and identified three priority areas for the local community – employment and training, care and maintenance and power and influence. A range of actions were drawn up and delivered during the period 2017 to 2020, the Locality Plan went into hiatus when the first lockdown was announced in March 2020. The Working Group meetings started up again in late 2020 and there was a consensus that a new Locality Plan was required for the community focussed on recovery from Covid 19. The approach from UHI regarding working on a community research project focussed on Covid 19 recovery dovetailed exactly with the plans of the Working Group for a new Locality Plan.
- **Formulating an Action Plan from this report** - the report will be presented to the Merkinch Locality Plan Working Group on 29 July 2021 and will act as the driving force for the next Merkinch Locality Plan to be produced in October 2021. The Locality Plan will include a range of actions, initiatives and solutions focussing on support for the community through the recovery phase and the development of skills, resources, assets and resilience for a more successful and healthy future for the Merkinch and South Kessock community.
- **Communication of the findings in the Community** – the findings will be disseminated to the local community primarily through the Merkinch What's On Facebook page. This is a well-used and valued resource for local people and the page has a high volume of traffic. The Community Panel will discuss further potential ideas for sharing the

findings with local people, e.g. a one off newsletter delivered to all households in the area, a community event to present the findings or displaying the information in local venues, shops and businesses, schools, GP surgery, churches and community projects. However, it shouldn't be taken for granted that everyone can read and write.

- **Feeding into Merkinch Partnership Board and future planning** – the report will be presented to the Board of Merkinch Partnership (4 Trustees and 3 advisory members) at their next meeting on 8 September 2021 and will inform the three year Action Plan to be produced by the Partnership in January 2022, which will identify future projects to be delivered and resources, staffing and funding to be accessed. Merkinch Partnership is the lead community partner on the Locality Plan group with a responsibility for coordinating and monitoring the delivery of the Locality Plan in the local community.
- **Feeding findings, evidence and learning into cross-case report and sending the site and cross cases reports to members of the Cross-Case Reference Group** – this reference group has met twice during the course of the SCF funded project. It includes organisations such as Highlands and Islands Enterprise, Historic Environment Scotland, and senior representatives from across the University of the Highlands and Islands. The aim of the this reference group is to initially feed into ideas for the overall methodology and site selection, and then to contribute to consideration of appropriate mechanisms to feed evidence into regional policy and practice. (See cross case report for details).
- **Methodology and findings informing ongoing research** – One example of this is that Merkinch Partnership is included in an international bid for post pandemic recovery to work in other areas of Inverness. This is a bid to the Trans-Atlantic Platform and is led by the University of the Highlands and Islands with partners in Canada and South Africa. Other research opportunities will also be identified in order to follow up on using this community driven research across the Highlands and Islands.
- **Meeting of community partners across four sites to share learning and findings** – The Principal Investigators (PIs) running the research will be initiating an online meeting across the four sites in Inverness, Wester Ross, Caithness and Orkney so that learning can be shared between community partners during autumn 2021.
- **Communication and influencing policy and practice locally and regionally in partnership between UHI and all community partners across sites** – The PIs for the project, Johnson and Bryce, will continue to work with Heddle, Taylor and Davidson to publish academic findings and follow up on impact activities with partners in order to influence policy and practice across the region.

APPENDIX 1: METHODS AND ETHICS

Participant no:

COVID 19 AND RECOVERY

Start with open questions:

How has your life changed during COVID?

How have you been spending your time?

CHALLENGES Problems/Issues/what was hard?	OPPORTUNITIES Anything positive in your life during COVID? Is anything better than before?
STRATEGIES How are people/you coping? What support have you had?	SOLUTIONS What needs to happen now? What would have made your life easier? What's your vision for the future?

Community COVID 19 Recovery

Words, Drawings, Photos with words, Songs, creative arts, poetry...

Informed consent/coding will be necessary to agree...

Organising – follow up with informed consent and coding, for example for competition

Ethics agreements – how to make it safe

There was a full application to the ethics committee of the University of the Highlands and Islands which included the information sheet and informed consent sheet so that participants could be briefed on what the research is about and how their information would be used and provide their informed consent. The coding described below also provides a mechanism for keeping the research confidential whilst also allowing the data to be traced and analysed by noting the difference in participant identities and situations. The following protocols were also agreed with the community panel to ensure that the community partner and any team partners would adhere to this guidance throughout the project.

- Make sure participants are aware of the process – Information sheet
- Informed consent – permission (verbal or signed)
- Anonymise – not using name/pseudonym or nick name
- Using the coding to show who we talked to
- Names by agreement e.g. for service providers
- No lone working, research to be carried out in pairs or or in public places
- Know where team members are – contact numbers for other team members
- Issues of concern – to be forwarded to Anne Sutherland
- Sheet for signposting participants to other services
- Debriefing for team members
- Making people feel respected, listening, being non judgemental, allowing people space to talk
- Documentation and storage of evidence
- Safe storage of informed consent forms, contact telephone numbers, names for coding, recorded interviews and photos
- No photos with identifiable faces

PURPOSIVE SAMPLING: IDENTIFICATION OF RESEARCH PARTICIPANTS.

From a process held on 20 April 2021 with the local community panel the following list of groups of people within the community were identified as the most marginalised and important to talk to. The purposive sampling of the project was informed by this list and regularly monitored to ensure that gaps were filled. NB Primary school age children were not consulted due to COVID-19 restrictions at the time of the research.

- | | |
|--|--|
| • Primary school groups | • People receiving food parcels |
| • High school children | • Single parents and parents with young children |
| • Youth | • People suffering bereavement |
| • People who are unemployed | • Homeless |
| • People who have issues with addiction | • Polish community |
| • People on low incomes or claiming benefits e.g. Universal Credit | • Elderly |

Participant Information Sheet



Community COVID 19 Recovery:

We would like to invite you to take part in this study.

What is the project about?

It's about working with the community to understand your experiences of COVID and ideas for recovery.

The results will inform strategies, services and funding proposals.

How you can help?

Take part by having a conversation with one of our volunteer team and/or submitting Words, Drawings, Photos with words, Songs... that describe your experiences with the COVID-19 pandemic.

If you'd like to take part in an interview just leave your contact details with one of our volunteers or contact Merkinch Partnership below.

Are there any risks in taking part?

Any concerns please be in touch with Anne Sutherland - see contact details below.

You are under no obligation to share any information or take part in any activities which you are not comfortable with. You are free to change your mind and drop out at any point.

We will be sticking to COVID-19 regulations, meeting online and social distancing.

Information about local support services will be available from the Merkinch Partnership and the team.

What is going to happen with the information you share?

We will write a local report and Highlands and Islands-wide report which will include your words and photos. These will be shown to community organisations and public agencies to help guide how they work to recover from the COVID-19 pandemic.

Any information you share will be kept anonymous and it will not be possible to identify you as an individual in anything created as part of the project, unless there is a particular situation where you agree with the project that names will be used.

What are benefits of participating?

You will help everyone to deepen our understanding of the impact of COVID-19 by providing voices from people who have direct experience and have felt the impact of the pandemic on their lives.

Please get in touch if there is anything else you want to ask or if you are interested in getting involved.

The research activities will be conducted in South Kessock and Merkinch between April and June 2021.

Contact details: Anne Sutherland, Merkinch Partnership, 07872 014520

If you want to know more about the broader project contact: Matt Curran or Vicky Johnson at the Centre for Remote and Sustainable Communities at Inverness College UHI
#covidchangescapes

This project is funded by a Research Uplift Grant from the Scottish Funding Council administered by the University of the Highlands and Islands

This project was granted ethical approval by the University of Highlands and Islands Research Ethics Committee in February 2021.

Participant Consent Form

Academic Partner
Logo



University of the
Highlands and Islands
Oilthigh na Gàidhealtachd
agus nan Eilean

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

1. I confirm that I have read the Participant Information Sheet dated..... for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw participation and the data and information gathered about be at any time without giving any reason until the results are being published on 1st August 2021 ☐
3. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers of UHI ☐
4. I agree to being voice/video recorded during interviews and focus groups for the purpose of data analysis ☐
5. I agree to being video recorded at outdoor meetings for the purpose of data analysis ☐
6. I consent to my data including textualized quotes and excerpts being used (in anonymized form) for the specific research outlined in the Participant Information Sheet and for further relevant and related research ☐
7. I consent to pictures being taken during focus groups/outdoor meetings and understand that I can either remove myself when such a situation occurs, or the researchers will make my face unidentifiable. ☐
8. I waive any rights to intellectual property over the data generated through my participation and understand that I will not benefit commercially or financially ☐

Name of Participant

Date

Signature

Name of Parent/Guardian
(for participants under 18)

Date

Signature

CODING:

Gender

M/F/+P += other genders P= prefer not to say

Age (bracket)

A = Under 16

B = 16-29

C = 30-49

D = 50-64

E = 65+

Ethnicity – asked participants to self identify and then coded using Highland Council categories

Disability

Yes

No

Description of disability

Employment

PT = employed PT

FT = employed FT

U = unemployed

S = self-employed

R = Retired

V = volunteer

C = carers and staying at home

E = education

O = other define

Have you been furloughed?

F = furloughed FT

P = furloughed PT

N = No

N/A = Not applicable

Housing situation

O = owned

R = rented from council

S = other social rented

P = private rented

F = living rent free

H = homeless or in temporary accommodation

C = care home

Association with the area

A = life in the area

I = in and out of the area

R = recently moved in

L = long term moved in

O = want to move out

COVID 19

Have you been tested for covid?

Yes

No

Was it positive or negative?

Have your family/household members been tested positive?

Yes

No

Have you had to self-isolate?

Yes

No

Have you been shielding?

Yes

No

APPENDIX 2: ADDITIONAL ANALYSIS

The following data is additional to the analysis presented in the body of the text in the report.

Note: the number indicated is the unique code for that participant and relates to their gender, age and circumstances (as in coding above).

This is an example of the analysis for **one of the themes**. Each theme lists the numbers for the participants which correspond to the coding. Quotes are also drawn out of the transcripts and recordings of the interviews. The team then compared their analysis and had a discussion about key messages, analysis by gender, age, other coded aspects of identity and circumstances, and agreed on exemplary quotes and case studies.

The full data set and analysis is held by the Manager of Merkinch Partnership and the lead at IC UHI.

Example of analysis:

Fear/worry/panic attacks/“mental health” ...

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, 17, 19, 20, 21, 22, 23, 24, 25, 28, 29, 60, 61, 62, 63, 64, 66, 67, 68, 70, 71, 73, 74 (I coped as I have anxiety and agoraphobia, so lockdown was good but I worried about my son who drank more), 75, 76, 41, 42, 43 (will this be the end of me – all I’ve done is train boxers and now I can’t what will I do?), 45, 46 (worry and panic), S5, S6, 95, 48, 49 ([2nd job at Mikeysline] “there was a higher rate of calls, I would say because of lockdown”, “a lot more young people and parents of young people because of their anxiety. A lot of them have anxiety now after lockdown and a lot of them aren’t going to school as much”),

Mental health has been severely affected, increase in depression and anxiety. 2

There are lots of things you can’t do, life has been very restricted, and I feel as if my freedom has been taken away. Life is now all about rules and regulations, I feel that I am shackled in a way, is how I would describe it. 8

Fear of the unknown was a big issue, levels of anxiety and stress were very high for a number of reasons. 9

I have depression and anxiety and this has got worse over the last year due to being stuck inside. 10

My mental health got worse, I have depression and my partner has anxiety which also became worse over the last year. 11

My mental health has gone downhill a lot, I cry every day and am finding it very hard. 12

I have really not coped well at all during lockdown, my mental health has been affected a lot. 17

I live on my own and spent lockdown on my own. I was really depressed not being able to see my daughter and four grandchildren, it was very hard. 20

I struggle with my mental health anyway and this got worse during Covid, 100% worse. 22

During this last year people are just giving up as life is too hard and they can’t see a way out. 22

The other thing that I think we've seen is an increase in anxiety. 23

My mental health did go downhill because of lockdown; I was stuck inside on my own. My depression got worse, I didn’t want to go out and face people. 24

It affected my mental health, I was very down and at one point I was suicidal. 25

Everything has changed, for the last three months I haven't left the house, I have been in a dark place. Now I don't think I am fit to work because of my mental health problems. I can't contemplate getting up and going to work just now, I am not up to it. 28

Everything feels broken. I feel I have been living in an apocalyptic world, as if it is the end of the world. 29

My mental health is a lot worse, my social anxiety has got worse, I have an excuse now not to go out. I feel I have to protect myself. 29

I have rarely left my house in the last year, I am still in the shielding group. I am too frightened to go out, I feel I am vulnerable, I don't want to be around other people. 29

I felt I was left to do everything on my own without any help. All I can say is that it's been hell, I am just exhausted. 61

The first two months of the first lockdown were ok but then it all started getting on my nerves. The winter lockdown was much harder, we couldn't get out much, it was a disaster, depressing. 62

Not getting out was very difficult. I needed help from my GP as I have depression. I had this before lockdown but it got worse during lockdown. 63

I have depression and I wasn't able to get help during lockdown, although I am getting help now. Day to day life was hard due to the pain. 64

I have anxiety problems and lockdown made this worse, it was stressful, when I went out I wore two face masks as I was so anxious about the virus. 66

I have depression and sometimes I would stay inside with the curtains closed and the door locked for two days. I used to do this before lockdown but it got worse, I felt isolated. 66

I have been traumatised by my neighbour's behaviour, it has been horrific, the sleep deprivation has added to the stress of lockdown. The loud music and shouting has been horrendous. 68

My mood dropped and went south, it got dark like the weather. I just didn't know how I was going to get through it, I didn't cope. 71

I had no company, I was financially worried, not sleeping, I had anxiety, my mood was low, I was exhausted through lack of sleep. I couldn't get out for walks, I couldn't sleep, I couldn't work out what the next step was. 71

In the first lockdown, having to stay in, my mental health plummeted, I found it hard. I was climbing the walls. My partner had to do everything, the days were long, my mental health went downhill, it was depressing. 76

In the first lockdown I couldn't get out, I was depressed. I get depressed anyway, I go up and down in my mood for years now, so in a way I am used to it. Sometimes during lockdown the depression got worse. 79

I am not feeling motivated, I think it will be another lockdown, I have no life, I feel as if I have gone downhill. 95