

Post-Covid 19

‘Fife Did Not let Me Down when I Really needed It.’

A Research Report
For
Fife Council



Professor Karen McArdle (Emerita) FRSA

University of Aberdeen
k.a.mcardle@abdn.ac.uk

Fife Council, January, 2021

Table of Contents

EXECUTIVE SUMMARY	3
RECOMMENDATIONS.....	3
1. INTRODUCTION	5
2. THE RESEARCHERS	6
3. BACKGROUND	6
4. FINDINGS - RESIDENTS.....	8
4.1 MOOD DURING COVID 19.....	9
4.2 RELATIONSHIPS.....	11
4.3 FINANCES	13
4.4. FOOD INSECURITY	15
4.5 FUTURE.....	16
4.6 FUTURE SERVICES.....	18
4.7 DIGNITY.....	19
5. FINDINGS - COMMUNITY GROUPS.....	20
5.1 CHALLENGES FACED BY THE LOCAL COMMUNITY	21
5.2 THE 'NEW NORMAL'	23
5.3. GOOD FUTURE	24
5.3 WAYS TO CONTRIBUTE TO THE 'GOOD FUTURE'	25
5.4. OTHER IDENTIFIED AREAS.....	27
6. FINDINGS – STAFF.....	28
6.1 LOCAL ISSUES DURING COVID 19.....	28
6.2 THE FUTURE DURING AND POST-COVID.....	28
7. DISCUSSION.....	29
7.1 COMMUNITY RESILIENCE	29
7.2 MENTAL HEALTH AND WELL BEING	31
7.3 FOOD INSECURITY	33
7.4 POVERTY	34
7.5. DIGNITY	35
7.6. THE FUTURE.....	37
7.7. SPECIAL POPULATIONS	38
8 CONCLUSION AND RECOMMENDATIONS.....	40
RECOMMENDATIONS.....	42
9 REFERENCES	44
APPENDIX A ; EXEMPLAR OF AREA RESIDENTS' RESEARCH INTERVIEW SCHEDULE: PAST, PRESENT AND FUTURE: COVID 19	46
APPENDIX B: QUESTIONS FOR COMMUNITY GROUPS	49
APPENDIX C: QUESTIONS FOR STAFF.....	50
APPENDIX D.....	51

Executive Summary

This report is the result of an inquiry into experiences of Covid-19 for residents, including, in particular, vulnerable and disadvantaged people in Fife, Scotland.

We interviewed 154 people with a good spread of age and circumstances, such as being alone, being a couple, a young person, elderly people, a single parent or a family with children and both men and women. This report is a summary, overview and synthesis of 6 completed studies undertaken in the seven areas of Fife.

We also interviewed a total of 35 third sector workers/volunteers a sample of community organisations in each area. These data provided the framework for interpretation of the residents' data, providing a professional, volunteering and local view of the impact of Covid 19 and also triangulated the data.

The research questions were:

- What has been the experience of residents of the area during the Covid 19 pandemic?
- What are the key issues these people face?
- What will the needs be of these residents, post Covid 19?
- What are the implications for Fife Council, in particular the Community Team, in the area?

The key findings concern problems with mental health and well-being; social isolation and loneliness; and the need for strong community resilience. Food insecurity and financial insecurity were also common problems for our sample. Positive findings included the gratitude people had for the services they had received from the Council, community staff and third sector during the pandemic, in particular for support with food.

RECOMMENDATIONS

1. Urgently audit - in association with the NHS, key stakeholders and people with lived experience, the resources available to promote well-being through befriending and peer support - to seek means of plugging gaps.
2. Source training for volunteers in how and where to 'signpost' people for support.
3. Seek further online means of linking people at the margins of communities (including, in particular, elderly people) with, for example, digital champions.
4. Prioritise safe adult learning and youth work programmes that promote resilience and target vulnerable populations. This will include programmes that enhance self-esteem, confidence, personal coping skills and target healthy living, through *inter alia* arts, culture and outdoor activities.
5. Organise at community level, partnership programmes that seek to reflect on the Covid 19 experience and put in place joint plans for short and long term, work to capitalise on growth in volunteering.
6. Use the third sector as much as is possible for food security. Facilitate discussion between providers, including established third sector organisations and local

community organisations; to ensure best use is made of available resources; to avoid duplication; and to facilitate local 'signposting.'

7. Encourage community pantries, that require some contribution, to promote dignity, implementing the Independent Working Group on Food Poverty's (2016) 4 dignity principles. Encourage volunteering with these services by users and train service providers to work WITH people not so much FOR them.
8. Seek to return CLD staff to their community development roles, as soon as possible, to promote community resilience in their own service and within the third sector. In addition, use their local knowledge in community emergency and recovery planning at both strategic and local levels.
9. Research the aspirations for the future of vulnerable and disadvantaged people to ensure that future plans meet the needs of the 'seldom heard' and most at risk .
10. Organise refresher training for all CLD staff in principles of community development, so that all service provision is embedded in a goal of community resilience.
11. Expand existing programmes of political literacy to all areas of Fife. Consistent with the terms of the Community Empowerment Act (2015), this will provide 'voice' for all 'seldom heard' residents of Fife.
12. Research the important question concerning, what contributes to one community being more resilient than another in Fife, looking *inter alia* at psychological, social, geographical and cultural factors.

1. Introduction

This report is the result of an inquiry into experiences of Covid 19 for residents, including, in particular, vulnerable and disadvantaged people, in Fife, Scotland. The phrase used in the title of the report, 'Fife did not let me down when I really needed it,' comes from one of the resident respondents, reflecting the importance of the need for the rallying of community at a troubling time but a sense of satisfaction with the pulling together that emerged. It reflects the potential and need for individual and community resilience in Fife, which was identified in this research. The research was implemented during a period that spanned the beginning of the so-called second wave of the pandemic, at a time when there was the introduction of a vaccine and the emergence of new variants of Covid 19.

The purpose of the research, commissioned by Community Team Managers, was to research need and provide guidance on future service provision at a very challenging time. Accordingly, the research needed to be implemented quickly in a compressed timescale. This report is a summary, overview and synthesis of 6 completed studies undertaken in the seven areas of Fife.

- Some People Struggle: Now more than Ever (NE Fife)
- Potential to be Better (Cowdenbeath)
- Going Above and Beyond (Levenmouth)
- A Shared Community Commitment (Dunfermline & South and West Fife)
- Pause, Take Stock and Reconsider (Kirkcaldy)
- Work together for a common end (Glenrothes)

Thanks are due to the staff who undertook these interviews and to the residents of Fife, who were so generous with their opinions and their time, discussing a troubling topic.

Fife is Scotland's third largest local authority area by population. It has a resident population of just under 367,000, over a third of whom live in the three principal towns of Dunfermline, Glenrothes and Kirkcaldy. The historic town of St Andrews is located on the Northeast coast of Fife. It is well known for the University of St Andrews, the most ancient university of Scotland and one of the oldest universities in the world, as well as being the 'home of golf.'

Fife Council is the local authority for the Kingdom of Fife and is the third largest Scottish council, with 75 elected council members. Fife Council has established seven area committees, based upon recognised groupings of the 22 wards. The Area Committee structure reinforces the Council's commitment to localised decision making, in addressing the differing needs of the communities.

Programmes for the communities, which are the subject of this report, are provided by the Council, often in partnership with the third sector. This research was commissioned to assist the existing partnership groups in Fife to plan delivery of community services across the area. Services discussed in this report span, however, a range of Council departments and teams, as well as other service providers. Issues that emerged in the findings, for example, concern poverty, food insecurity, social isolation and lack of mental health and well-being services. Other services were linked to this and include, in particular, housing and social work but these, in themselves, were not the subject of this set of studies.

Community work in Scotland provides the lens through which the research findings are viewed. Community work crosses disciplines of Social Work, Health, Community Planning

to name but a few. It has a strong tradition of community development. Principles that underpin community development work are:

- A commitment to facilitating change in communities.
- A concern for all members of a community, or a community population.
- A commitment to community empowerment, participation and democracy;
- A commitment to equality of opportunity;
- An awareness of intersubjectivity/interrelatedness of community influences.

(McArdle, 2020)

Community work is included in the profile of Community Empowerment Plans; plans which are required through Scottish Government legislation. Accordingly, community work has a strong policy and social presence in Scottish politics at local and national levels. It is closely linked to community development, adult learning and youth work services in particular.

The Scottish Government, in analysing responses to the consultation, “A Connected Scotland,”, has drafted a strategy to tackle social isolation and loneliness, “People, Communities and Places” (2018), which is relevant to this study. It refers to the need for empowering communities and that local authorities should take a leadership role in facilitating social connectedness. Missing is an indication of exactly how this empowerment process should be achieved. This empowerment process is part of the tradition of community development.

2. The Researchers

Professor (Emerita) Karen McArdle, University of Aberdeen, who has directed and implemented the study, which is the subject of this report, has more than 30 years’ experience of working in the community, conducting research in Scotland and Australia, and has taught research methods in community development contexts for more than 20 of these years. She is the author of text books on both the impact of community learning and development and research methods; most recently “*The impact of Community Work: How to Gather Evidence* (2020, Policy Press).” She has lived in Fife for three years, has worked there in the past and knows the Fife area quite well.

Dr Linda Walker (retired) contributed to 2 of the area studies and previously worked for over 20 years at the University of Dundee where her research led her to collaborate with colleagues throughout Scotland, the rest of the UK and the wider world. As a qualified social worker, she has over 40 years’ experience of working with individuals, families and communities, with a strong research focus on helping professionals collaborate more effectively with one another to benefit those they serve. She has lived in Fife most of her professional life.

3. Background

The studies which are the subject of this report, explored the experiences of residents of Fife, including in particular disadvantaged people, during Covid 19. We anticipated previous disadvantage would have been exacerbated by the pandemic and we sought to look to the future to identify needs that would require to be met post the second wave. We sought to speak to those residents, in particular, whose voices might be seldom heard.

The Covid 19 pandemic, it is argued, “*exposes and amplifies inequalities in society*” and “*health inequalities tell us about inequalities in society*,” (Marmot, 2020). This has become clearer to all of us, as the pandemic has developed and we see patterns concerning those

most likely to contract the virus, including those in dense living conditions and elderly and/or vulnerable people, as examples. Our research supports the argument that the pandemic has exacerbated existing inequalities.

This study sought to explore the particular impact of COVID 19, using Narrative Inquiry to consider people's experiences, focusing on the past (experiences prior to Covid 19); the present (experience of Covid 19); and the future (what will it be like post the virus?).

The following research questions were used with each of the area studies. Occasionally, an additional question was added to take account of local needs.

- What has been the experience of residents of the area during the Covid 19 pandemic?
- What are the key issues these people face?
- What will the needs be of these residents, post Covid 19?
- What are the implications for Fife Council, in particular the Community Team, in the area?

The research required the direct participation of the staff from the Community Teams to manage the particular demands of interviewing significantly vulnerable people. The community learning and development (CLD) staff were well able to manage the difficult conversations that emerged from the research. Staff were trained over 2 days in Narrative Inquiry and the ethical requirements of the research.

The sample, that was chosen, as the focus of the study, was a sample of residents of Fife, many of whom were experiencing some form of disadvantage and vulnerability because of Covid 19. In order to find these people, who are seldom heard, we chose to interview people, who had had food boxes from the Council; or who had accessed other forms of Council support, such as crisis payments, during Covid 19 lockdown. This was considered to be a good indicator of people who were experiencing need. In some cases, these people were already known to community learning and development staff.

We interviewed 154 people with a good spread of age and circumstances, such as being alone, being a couple, a young person, elderly people, a single parent or a family with children and both men and women. We could have interviewed many more people, but time and the urgency of the situation did not allow for this. The sample was biased in favour of women, which may have been because they were the ones who would traditionally seek food for the family, so had used food banks, a source for our sample.

We chose to use narrative inquiry as the best means of finding out about the complex and interrelated issues that affect people's lives. Narrative inquiry seeks rich, in-depth case studies, so does not require a large sample, as it does not seek to be representative of a population. Issues which emerge, however, may well be transferable to other people's contexts. A person in a case study is not comparable with another person. The total of 154 cases is substantial and is considered to be a strong representative sample. We wanted to get a broad view of the issues present in each area, so chose to have a larger sample than that usually required for Narrative Inquiry studies. Small samples of single digits are usually required for case study research of this kind. The total of 154 in-depth case studies is very strong for this kind of qualitative research.

We chose to use Narrative Inquiry, because of its accessibility and because it would allow respondents to frame the issues that were discussed in their own terms. It is truly 'starting from silence.' We do not predispose discussion of particular topics; rather the methodology allows the respondent to determine how the conversation is framed and its content. As we

also had themes we wished to discuss, the interviews were in two parts, with the opportunity for narrative in the first part; and closer questioning in the second part, for any topics not yet covered in the preliminary narrative inquiry.

Interviews were, in the main, recorded and were partially transcribed by Professor McArdle and Dr. Walker, who both analysed and interpreted the data using coding for thematic and discourse analysis. Interviewers provided reflections on the process to assist with analysis and Professor McArdle and Dr Walker interviewed a total of 35 third sector workers/volunteers, a sample of community organisations in each area.

These organisations included relatively large organisations such as Fife Voluntary Action, as well as small organisations, with a handful of volunteers, such as community councils. There were also organisation that were in the middle with both volunteers and a paid organiser, such as food banks. These data provided the framework for interpretation of the residents' data, providing a professional, volunteering and local view of the impact of Covid 19 and also triangulated the data.

Staff from the Community Teams in each area were also interviewed to assist with triangulation of the data and to provide another professional and local knowledge view of the area. This was rather patchy with some focus groups and some individual interviews. It was not done in Kirkcaldy, as staff had recently been consulted about their work and doing so would have duplicated this process.

Ethical training was provided for interviewers, who promised respondents confidentiality and that nobody other than the interviewer and Senior Researcher would hear the recordings. All recordings were password protected. Careful explanations of the research were provided to ensure informed consent. As the larger part of the population was vulnerable, Community Learning and Development (CLD) staff were well able, and did choose, when to stop interviews, if respondents became distressed and these staff were able to provide and did provide guidance and advice of sources of support for issues raised. The interviews were handled sensitively and interviewers sought actively to provide positive assistance to people where need was expressed.

Some of the interviews lasted longer than the half hour expected and were seemingly cathartic for the respondents, who appeared to welcome the opportunity to discuss troubling issues with a sympathetic listener. Accordingly, the research is considered to be both robust and authentic, as a product of the rich data secured by the community workers.

The sample was very strong for Narrative Inquiry and provided in-depth and rich case studies of the interrelated and multifaceted problems that the population face in their lives. The interviews were highly authentic and trustworthy and provide an overview of the character of complex issues individuals face in Fife, in the pandemic and an insight into its likely impact post-lockdown. Narrative Inquiry is particularly interesting, as the respondents themselves determine the topics discussed. The agenda is set by the interviewee and there is no chance of leading the conversation to a Fife Council agenda. The views expressed in this report were the veritable opinions of the residents of the areas.

Interview schedules are included at Appendices A, B and C.

4. Findings - Residents

It is characteristic of Narrative Inquiry to provide longer and more detailed quotations and this has been done here. It serves to show how themes are interrelated and to give a perspective on a whole life. The findings are presented in some detail to provide the reader with a flavour of the kinds of issues raised. A selection has been made from each area.

The quotations in this section, have been selected to show the range and frequency of ideas. We have indicated the sex, age and dwelling of the individuals quoted where these were available. Some people preferred not to say. Where necessary, details have been omitted to prevent identification of individuals. Where these details were not available, a designation such as single mother or older man is given to provide more demographic information.

4.1 Mood during Covid 19

During the Covid period, moods across residents in Fife fluctuated, generally starting with disbelief, fear and anxiety. This, for many residents, resulted in a range of feelings and behaviours as they struggled to cope with the initial wave and subsequent lockdown. Considerable social isolation and loneliness was apparent. Problems linked to mental health and well-being were mentioned frequently, unprompted.

"I panicked! You know how you hear about it attacks the lungs. I panicked. I'm not gonna lie, I panicked!" (52 year old woman, Lochgelly).

"It was horrible, really horrible. Since the start I was anxious. Really, really high". (21 year old Cardenden).

"The numbers got higher and higher and the deaths and it got closer and that's what put the fear of death in me. The most thing that stopped me going out was fear. Just going out and catching it. Wondering what would happen to the kids if something happened to me. I was trying to keep me all right for them, but anxieties were through the roof." (42 year old woman Cardenden)

To be honest I slept a lot, the only life I could see was out of the window. And obviously there wasn't a lot of people going around. Just looking at the houses opposite. And watching, I've got a bird feeder, I was watching the containers blowing in the wind. That was because I can't watch a lot of television because of my eyes (has medical problems with eyes). Then when April came, I was changing over from Virgin television to Sky, And my phone was a big part of my life because I could speak to my children in B. I always knew I could speak to M (sister) or I could speak to someone. So, it was really hard for me, the fact that I got cut off by Virgin and Sky would not connect me because of procedures. . . .I'd been shielding before lockdown because of the conversation I had with the doctor in the Royal Infirmary. But I should cut down on a lot of interactions." (Man, 58, Buckhaven)

"Nightmare. What can they (3 children under 7) do, they can't get to go oot. We've got a park right outside but it's not safe. I couldn't let them go in the park. I'd have to go there and sit with them. And that's not what they like the bairns, having Mum right behind them . . . My daughter, she thinks it's all right but I have to protect them when there's people, bad people around here. . . My anxiety it's been all right, it's been so so, went away and then it came back In January, this year, so it's come back a bit worse. I used to be really bad I used to have my bairns' bikes at the front door I used to have my Hoover and ironing board at the back door and I set my alarm for every hour to get up to make sure everything is still there and to wake up and check all the windaes. Check the bairns and make sure they're all right and then go back and sit in my bed. Everyday I've done that because it's a fire hazard; my son he's deaf. The fear in the hoos, 'cause there's nobody else. " (Woman, single parent, 30, Leven)

"I think I've coped no bad during lockdown, I've done the shielding, but I had to do eh? I was never in before the virus. But it's completely changed me because I dinnae go anywhere.

I'm very very, wary of where I go and who I see when I go. I dinnae have anybody at the hoose. I used to have a pal that came up." (Woman, Dunfermline)

"I got angry I made my room a bit messy. I miss my friends and I really miss school. I keep asking my mum to take me to school, I keep asking when we're going back but she doesn't . . . I'd really like to go out to play. The only thing is, I would have to take the dog out . . . That's really boring." (Girl, 11, Crosshills)

One day he cried, he said I, like, just miss my friends. It's so hard and he's an only child as well. He's not a child who plays on his own, he likes interaction; he's just like that. Sometimes it's terrible, like you feel trapped. There are some positives we even speak to the neighbours a lot more. People are coming together and like caring for each other 'cause before lockdown people were like too busy." (Woman, 27, Cellardyke)

"I've been going out for walks by myself. Not doing very much apart from that. Asleep all the time. I don't like studying or any of that kind of thing. There are some things I'm interested in, but I can't do them on my phone, that's all I've got (the phone). If I had access to the Internet, it probably wouldn't make anything better. I wouldn't get out of my bed. Online is very, very different. I wouldn't get out of my bed for it." (Woman, age not given, Pittenweem)

However, whilst many people had ongoing feelings of anxiety, even when lockdown finished, others, just a few, appeared to draw on their existing resilience, indicating that as time progressed, things eased a little. This was helped enormously by some of the existing, as well as newly instigated, services put in place due to Covid 19 within the community. Additionally, people developed new and existing coping strategies such as gardening, cooking and taking exercise outside. This was interestingly particularly the case in the Cowdenbeath area.

"I always told myself I'd do up my garden so I had a chance during lockdown to do it. I've now got flowers and a gazebo up...I had something to do, it kept me sane." (52 year old woman, Lochgelly)

"It was terrible, really terrible. The only good thing was I still got my grand-daughter at weekends. Apart from that it was murder, I've put on a stone and a half! It's been a lot easier (since end of lockdown), especially since shielding stopped. But I've nae gone anywhere far, like I've stayed in the village and like Kirkcaldy." (69 year old woman, Cardenden)

"Using the café was a great help, like picking up meals like, and getting fresh stuff. I filled one cupboard with food for my daughter as she's struggling, she's on Universal Credit so I keep that there so if the kids are hungry, they can come round and kinda get it." (Woman, Kelty)

"It makes a big difference to me (the community café) as if I can save on food, you know, I know it sounds daft, but I can buy my son a pair of shoes, you know. The café helped and it still helps me. It was awful initially, as I felt completely isolated because I was the only adult. Going to café, at least I had other adults to talk to, to interact with. Over time it got better, you got used to it. The weather was nice and we were lucky as we got to use next door's garden. A support worker from the school was a great help. Basically, she got some shopping for me as I was reluctant to go anywhere with the two of them. I think she picked up my stuff from the food bank once and I think she got me stuff from the café as sometimes I wouldn't be able to go down. Even for having an adult to talk to. She helped a lot of people." (46 year old woman, Cowdenbeath)

“For me it got easier as time went on. You have to relax you have to keep focusing...Life now is rubbish honestly, nothing to do, ken nothing, just nothing. I haven’t got a job to go to and things like that ken.” (Woman)

“I don’t speak to my family, I haven’t got a family. I’ve got a good friend down the road, so in sort of a bubble. We meet and we sat outside yesterday. We sat out every day and we just talked. Then I started drinking, I was never drunk Just like 10, 15 cans of beer...Totally just drinking. If I manage to stop drinking, hopefully it’ll get better.” (Man)

“In lockdown it was my mom and my dad and my little brother. . . No, I don’t get on with my wee brother I just hate him. . . I didn’t go out with my friends, it was quite boring. I played my Xbox all day long. . . I don’t really have any friends. I just really turn my mic off and play. . . It was kind of easy the whole thing ‘cause I just played my Xbox. ... it made me feel quite sad and quite lonely. . . Very much the same before the virus. I used to just sit and eat and play My Xbox.” (Teenager, Boy, Kirkcaldy)

It wasn’t easy for me. It was new, strange and scary at the beginning. I couldn’t get my head round what was going on and we had just moved in to our house. It got even harder as time went on. I was stuck in the house with just my partner and one year old baby and couldn’t meet or see my friends. My partner was stressed out too and was annoyed he couldn’t take our baby to the park. It didn’t help that our carpets were delayed. I felt I was cracking up. (Woman, 16, Auchmuty)

I heard about COVID 19 in April and have been self-isolating ever since. Lockdown became more difficult and frustrating as time went on particularly as I was socially isolated, had serious health difficulties and lived alone with no family support or contact. (Man, 74, Stenton)

4.2 Relationships

Negative feelings appeared to be experienced by all ages throughout the pandemic, with adults often really worried about their immediate families and older relatives, as well as themselves. Young people and elderly people were, however, prominent with the difficulties they faced, especially mental health issues.

“As the days went on, that was at least one day closer to being able to everybody being able to get together and what not. I think it was really...I think they (friends) were the same as me basically it got to them.

My son, M, was with me and that was quite hard. It was quite hard we were going up the wall. So quite a lot of fireworks going on...For him hellish, hellish quite hard.” (Woman, Dunfermline & S & W Fife)

“The kids found it really hard (social distancing), they missed their friends. My son found it really hard, he’s so social, yer, he found it really hard, really hard missing his school chums. He struggled mentally and now struggles if there are three or four people, yes. He doesn’t like crowded places. He didn’t come to the café. He sat in the car....and to be honest I wasn’t wanting him to come as I was trying to keep him safe.” (46 year old woman, Cowdenbeath)

“My dad got paid off at lockdown. He got paid off. It had quite an effect on him. On his mental health as he was in the house with nothing to do. Got quite depressed the café was really good. Like the pre-cooked meals were really good for us, as when mum goes out

to work, they're really good for dad's lunches as she's obviously out all day." (17 year old woman, Kelty)

"The first few weeks were fine but when you go deeper into lockdown it's kind of you cannae speak to any person you canna see any person. . . really just don't know how to describe it it's like it's like you are together you're all really cramped together . . . is claustrophobic 'cause you're all like together for so long . . My older sister stressed about it, I'm not sure but probably because she's really stressed about it, she's really stressed about money she was really stressed about that . So, he felt so closed off I think I see it I see it . . my dad, 'cause he felt like so closed off." (Man, 17, Methil)

"I've got my mum there. I don't like saying anything bad about my mum but she's got, she's no very supportive about things. I cannae always turn to my mum. And because I've got my own mental health issues sometimes it stops me asking for help because You just dinnae want to. it's hard to explain but you dinnae want to make other people upset because you are down. Dinnae want to make other people feel down. Sometimes I dinnae ask for help when I need it." (Woman, 54, Methil)

" . . . I used my phone but I've not got a big contract I've only got so many gigabytes. I didn't have a lot of that so that went doon quick, ken, because we're on FaceTime and things like that. . . . It would go away wi' it quite quickly. There were a couple of times when I had bought a little bit more, but you cannae afford to do that." (Woman, 56, Kinghorn)

"I'm always just a loner you know all the people I grew up with went different ways. You dinnae see them any mair and, when you do see them, when you're oot in the toon and that, they're in jail or half of them are smack heads . . . I'm like 'wow I'm glad I pulled away from all of them' . . . My family say to me, 'you push yoursel away.' but I just want to be in my own company and that, being alone and not being around people that's my choice. I've just been hurt too much in the past by my mum, eh. I never had a nice upbringing with her. My dad worked away from home and I put myself into care and that. I went through critical emotional abuse with my mum. I kept myself to myself for years and it all came out in . . . It's affected me but I'm not going to trust anyone. No, I just don't want to mix with anyone, eh. I'm just happy to be a loner." (Woman, 37, Burntisland)

"I'm not shielding my sister because if I've got complications. . . and the hospital told me not to (he has HIV). So, um Its quite a hard decision. There's more important things for me to do, as the risk to me is great. My younger sister, is in Angus; she's properly shielding. My elder sister is shielding so we're all displaced. We're helping as best we can. We phone but it's not the same. I've been to see my sister outdoors and my niece and been for a walk in the countryside. It makes you see what you miss. You don't really expect a virus to come along its frightening. Its mental." (Man, 37, Cupar)

"My son had his 18th birthday and that's normally a family gathering but we had to sit in cars in a car park. So, my parents could at least see him and take the birthday cake up and what not. It's very difficult for him 'cause he's ADHD and OCD and has anxiety and he wanted a hug. But we want him around for his 19th birthday." (Woman, 46, Cupar)

"My parents were shielding but I know lots of my friends were and still are struggling as they liked to go a lot and hate being stuck inside. I was worried about my mum as it had a massive impact on her.

Q. How was it at the beginning? Did it get easier/harder as time went on?

My daughter was stressed at first as she does not like change but after a while, she preferred it as she struggled in a school environment. I know it will always be challenging but I am trying hard.

I did miss my parents but spoke on my mobile a lot to my friends and family. I like going online on a Sunday night to a well-being cafe.” (Woman, 47, Collydean)

“On your own 24/7. Luckily, I've got Facebook so I can communicate with other people that way. by myself. There's no support you have to get by yourself. You're with them 24/7 (with daughter) there's no in between. That's what you sign up for but not physically; normally they're at school, they got friends, they . . . there's other options but right now there's no other options. You're basically with them 24/7.” (Woman, St Andrews, age not given)

It was significant that, although services were largely curtailed, particularly with regards to mixing indoors, the community fridge and community café both provided opportunities for social interaction. These opportunities were described often and appeared to counteract some of the isolation experienced by many throughout the pandemic.”

“Actually, getting out. Coming to the community fridge. Getting to see people that you actually ken. Makes you feel a lot better. Getting to see faces again. Just a chat. Better than sitting stuck in the house.” (42 year old woman, Cardenden)

“H, I never really spoke to her before, hey, but she'll then chap the door on a Tuesday to see if I'm coming (to the fridge) and that eh? Same with her son, hey. I'd say I've made new kind of friends out of it.” (Woman, Kelty)

“Coming up here (café) at 8 o'clock in the morning. I don't know if you've heard us out there having a laugh and a banter? Oh yer, we have so much laughter out there. We talk about anything. It's so much fun being in that queue...it's something from stopping me going insane.” (52 year old woman, Lochgelly)

4.3 Finances

There were diverse experiences regarding financial hardship with some people really struggling and others feeling they were slightly better off during lockdown, due to more limited opportunities to go out or shop. This, however, was against a backdrop of fairly widespread poverty in our sample. Financial issues were frequently mentioned unprompted.

“Well, ye ken, we're still working but we're not financially well off. When we came round here (to the café), for our wee bits and bobs, it was good, there's a nice atmosphere. It was even nice before Covid.” (63 year old woman, Kelty)

“We've struggled with it. As we've not been able to get our Asda order in, we've had to go out and find things. We've had to travel and so out twice a week on buses. Money was just going out quicker. Luxuries just went out the window.” (29 year old man, Cardenden)

“We're on Universal Credit and now we're down a wage. We're adjusting to half income. Trying to budget as much as possible. Trying to budget. Universal Credit only financial support I've had. Desperate to get back into any work.” (Woman, family, East Neuk)

“I got myself into a lot of financial difficulties. I went part time 'cause my son got into difficulties. I used credit cards and I had a debt of around £36,000. I've had to do part time hours to accommodate my son, so he can come home early. Still doing 32 hours. I've been paying off nearly a year and my biggest fear is, if anything goes wrong with the house, I don't have money. It's my own fault I'm not denying anything. I'm skint constantly. It's a struggle. I'm no going to ask for help. Because it's my mess. I feel I've let my kids down as

I can't go on holiday with them. (Crying). I've not told anyone before." (Woman, single parent, Newport)

In the main, financial insecurity was mentioned unprompted by people who were new to this challenge because of recent job loss. Universal Credit was generally seen as problematical; insufficient for need, and the means of getting it were seemingly not straightforward. Problems with paying for fuel were also part of this problem

"(During Covid) I'm spending more on gas and electricity than I've ever done. I've got to make sure the house is warm for him. I phoned up my electricity supplier and he put £30 on my electric and £20 on my gas but I've got to pay that back next month. It was degrading, I've never done that in my whole life. I was embarrassed with it, really embarrassed, ken." (Woman, Lochgelly)

"We're left with zero, time we've paid the bills. Take me off Universal Credit and put me back on severe disablement again. I could manage then." (Woman aged 52, Lochgelly)

It's been horrible for us moneywise. The kids were eating more. I have not coped. I've not received any extra financial support. I get more and more money taken off my benefits each month. Universal Credit is taking money off me to pay rent arrears, Crisis Loans, and Council Tax from years ago. This has been horrible. We are meant to be over the benefit cap by £30 and yet they take £235 a month off us and made us struggle even more. They should manage this better and the amounts they take off for arrears should be discussed with us first. (Woman, 30, Thornton)

Well, I'm really bad, I used to be really good with money but my mental health is going; I'm bipolar like I've got so much debt now. I go through Citizens' Advice. And that's one aspect of my life I'm getting away with 'cause of Covid. It's easier in some ways 'cause you don't go out so much. But then you tend to just spend it on an c**p 'cause it's there. (Woman, 28)

"Money wise it's hard cause they're (parents) not getting paid so much, than when they've gone into lockdown. As much as they would when they're working . . . It's impacted quite a lot 'cause they're struggling and that, struggling to go shopping and that." (Young Woman, 15, Methil)

"My cousin's son, he's had his own business for 13 years, and worked day and night for it. He worried really, really frantically 'cause he doesn't have a bricks and mortar premises. He works out of the van, he wasn't eligible for any financial help and he's lost that business after 13 years of successful business ...there was a huge amount, number of people who slipped through the support net, net." (Woman)

"If this were to happen again these people (who couldn't claim benefits from the government) couldn't be left to struggle. I know the chancellor Mr. Sunak said we aren't able to save everybody's business, but I don't think that's good enough to be able to say that. For example, just with my own family If my son's partner had been living on her own, she wouldn't have been able to pay her rent, her bills and food with the little bit she was able to get from the government. She is on social media chatting to people in the same predicament as her. The number she quoted was around 3 million that's far too many, to leave them with that level of stress and worry. So that couldn't be allowed to happen again." (Woman)

"My electric was just cut before Covid 19. I was paying so much; now it's getting paid from my bank account. I phoned my company to help me, but they didn't get back to me. He's (A, her son) switching lights on and on his desktop all night, so electric is all I can do. I'm just paying what I can. They wanted £150 but I couldn't afford that, so I cut it down to £100.

I got a call from Cosy Kingdom. They haven't got back to me. My heating is not on. But it has been cold so I have had to put immersion on, but I can't afford it. I no ken what it is at the moment 'cause I cannot work it out myself. You're using more and more 'cause you're watching telly, telly mair, Xboxes mair, and the phone. He (A) just puts everything on. I'm getting kind of down doing washing all the time and dish washing all the time. He just puts stuff in the washing. Everything's getting dearer in the shops. Pack of biscuits was £1 now £2. Everything getting dearer." (Woman, 62, Newburgh)

We struggled for money but even if we had any money it would have been hard to get food as everyone was buying loads at a time. The months ahead were hard. We struggled to get any benefits. We didn't know where to go for help. It was all new to me. I felt stressed to the max. I think more should be done to help young people like me know about benefits and where to go for help. (Woman, 16, Auchmuty)

4.4. Food Insecurity

Food insecurity was a strong feature highlighted by most people in the study, again often unprompted, whether they were working, wholly or partially receiving benefits. Nearly all our respondents used some form of food support. Getting to a food bank was problematic for some people, who were reluctant to take the bus or the bus was not running; whereas pride was mentioned by others. Being too proud to access services however was seen by some to be countered by volunteering and therefore engendering greater feelings of quid quo pro.

"Maybe we would go down the food bank? Maybe we would go down that road, I dunna ken? I went there maybe 3-4 year ago and it made you feel bad. It made you feel like it was your fault." (Woman aged 52, Lochgelly)

"I think some people were a bit proud to be seen using a food bank 'cos you dunna want to be seen to kinda be using a food bank, eh? Especially if you're in the habit of kinda working and you've not been on benefits before. It's the kind of mindset. People are a wee bit embarrassed. There's one thing coming here (community fridge) and getting a bag of food and another level when you go to someone and say I need help, will you refer me...it's another level. Here, there's no questions asked, they just get it." (Woman aged 36, Lochgelly)

"Me and my wife are quite proud, not wanting to ask for help unless our backs are against the wall. We've actually had things like the community fridge to help us get by and that's taken a bit of a burden off us trying to get by. I don't mind using it. Having the fridge has helped us a lot, especially in the first weeks of lockdown. I feel I've got more of a balance for the community because I'm putting something in by helping some people, I feel like I can take something out. Without volunteering (at the community fridge) maybe my pride might get in the way and I might not take as much. Because I'm able to volunteer at the community fridge I'm able to see a lot more people. Just for two or three minutes, just to get more human contact. It's actually been able to raise me up quite a bit." (Man aged 29, Cardenden)

"It has been very difficult food wise, feeding 5 mouths with the amount of money I've been getting was not enough. I am severely depressed and it's getting worse. I got food parcels from you and it was great getting that support. We got one box from the government for a family of 5 and we should have got 2 boxes per week. I wasn't getting any medical help, I couldn't walk or do anything for myself. I wasn't getting help with my benefits. You stopped us from starving, got me a wheelchair to move around my house and are getting me help with PIP form. I think it should all be managed better in the future if more organisations like yours can help and make themselves known to people like me. If I didn't know you from when kids went to SHAPE project last year, I wouldn't have known where to turn to for help.

Obviously I'm going to say both your work at the council and community people should provide help because you are the only people that really tried to help us." (Woman, 30, Thornton)

"[the Pantry] it went really well for me. Because I wasn't going out and I'm not saying I was frightened, but I was cautious and I was very aware of what the doctors had said to me. About my health and about my breathing so that was my main source of food but the deliveries, that kept me going . . . It wasn't so much the food and this might sound strange to you going to the Pantry I looked forward, it was my big thing in the week to go to the pantry. Go in have a coffee or a cup of tea and talk to people 'cause it got me out. . . Everybody I came into contact with, they were positive with regard to staff, a lot of people I spoke to who went to the Pantry were like me were grateful, really grateful; the Pantry is a God send. The Pantry was and still is a very positive thing in my life. I get on with the staff and the people in there I've never had a cross word. So that's good it makes you want to go." (Man, 58, Buckhaven)

"We get the foodbank every fortnight. We're getting more than we ever did, vegetables and things. Got a big bag of shallots and a wee turnip. Don't know if that's what it was, but a turnip thing, carrots and that. He's fussy, prefers plain stuff. At the minute, we're not too bad, there's been weeks when we've lived off toast. Took money from my pension pot, not a lot, just a little bit for food, but what can you do?" (Woman, Tayport, 57)

"The Hub's been delivering stuff, tablets and stuff. I can't fault them they've been really, really good. The prices have been extortionate a pint of milk, one, it used to be one pound. Yes, it's been a nightmare for about five or six weeks. My bills have been so expensive I can't keep it up and I've had to organise a home delivery. I just can't keep up. I couldn't afford to keep going with them delivering this stuff and all. Full stop, I'm on job seekers I'm not on Universal Credit I didn't ask for it (UC). Other people can, but I didn't. I've not been getting the extra £20 a week. I've been on job seekers, it was fine I had a lot in the freezer, but now! (Grandmother, Pittenweem)

"Food wise is kind of hard. I do sometimes cook, but other times I just grab a bag of crisps When you're on your own sometimes you want to eat and sometimes you don't. I just found out about food boxes because I'm not on benefits, but Jane (friend) told me I didn't need to be on benefits. Anyone can come down . . . the first time I went down with Jane, I didn't come in because I felt . . . but I was depriving somebody else from food. I am struggling some days you know. You get your wages you still got other bills to pay you know. You just take what you need you know." (Woman, 55 Cupar)

"When D (family member) called in sometimes 'cause they've got a food larder (Collydean) they said to me just . . . His brother and sister in law used to help me out . They used to ken that we were low on money. Food or money to help us. . . At first, I felt like, oh I cannot afford to have a family but then it's just one of those things you have to dae to day what you have to do. . . At least my bairns got something in their belly.

I'm hopeless when it comes to money. He (partner) does the money and he does all the shopping. The last time I went shopping they wouldn't let me do it because I didn't have a mask on. I hadn't forgotten the doctor said I didn't have to. So, I went on the disability site and got my exemption." (Woman, 49, Cadham)

4.5 Future

We asked about feelings for the future. Many were unable to see beyond the immediate, focusing on the pandemic. Others felt more resilient and had learned from the initial

lockdown period. This difference is very interesting and is discussed in Section 7 of this report.

“(If we get a second wave), well, coping with it I guess you know what to expect. I think there’s a lot of community where I am and I’m lucky to be in that environment ‘cos I’ve learnt a lot about how people can help.” (46 year old woman, Cowdenbeath)

“You adapt don’t you. Aye, I think I’m quite resilient...it’s hard, it’s hard for everyone but everyone has to do their bit, ye ken.” (36 year old woman, Lochgelly)

“I’d be fine, I’d be prepared, I wasn’t prepared before. I’d get things to keep me and (daughter’s) mind occupied. It’s coming to winter, you won’t be able to get into the garden. I’ve been getting wee games, you know, putting them away. DVDs, puzzle books. I’m prepared that we’re not gonna get bored.” (52 year old woman, Lochgelly)

Life won’t be much different for me if the virus continues. Although I do worry that the new rules mean I won’t get support when I need it. I employed a cleaner but wasn’t sure if she would turn up because of the new restrictions but she did. I also got help to find up to date Scottish Government Covid guidelines on the internet. (Man, 74, Stenton)

“I don’t think I can answer that about the future I don’t know what the situation is going to be. It’s never going to go back to what we’ve known. What we knew is normality. We’ve never had any holidays we’ve never, we’ve had holidays cancelled. We used to go away for weekends to visit family over, I’ve got two old aunts over in Edinburgh in their 90s and I’ve never seen them since Christmas. “ (Woman, 78, Leven)

“Depending on what happens really, just honestly, it depends. This pandemic could go on for ages nobody really knows when it’s going to end. If it goes on for longer it won’t just affect me for mental health It’ll affect others about this. I know my friends are dealing with mental health issues as well. If it goes on a lot longer, I think it’ll affect a lot of people my age or just about my age or below my age. I feel it will affect people a lot . . . “ (Man, 17, Methil)

“The future? If it went into a state of lockdown again, I’m not sure how I’d cope to be honest. Without seeing my parents, I think it will be very difficult, that’s why. There’s a lot of foolish people and I don’t think it’s over yet and I don’t think certain groups of people have learned. Trying to keep my son in the house has been awful. He says, I’m not your prisoner, you can’t tell me what to do. When you’re a teenager you think it won’t happen to you, but you could bring the virus back home.” (Woman, 46, Cupar)

“It’s stayed the same really. I’m a single parent anyway, so I’m used to doing things by myself . . . some days are good, some days are bad. Just like normal really.” (laughs). (Woman, 27, Tayport).

I don’t know how it will be, I just take each day as it comes like. Well, as my man says you can be here today and gone tomorrow. (Woman, 49, Cadham)

For the future, not get my children very soon (they are in care), which will be worse for my mental health. So that’d be tough I don’t think I’d be able to do the college. If it carries on obviously with being online. I’m not very good with computers and things. I’ll have to learn from scratch and I’ve got concentration of a goldfish as it is. I think I’d just get . . . well ye ken if the virus just wasn’t there, it was face to face and you could have a try again. But if it’s just yourself on line it’s easy to give up. (Woman, Glenrothes, 28)

Whilst resilience was generally high, there were still many anxieties, and in some cases a dread, about a second wave and what this might bring,

"I'm actually dreading it as I know what's going to happen and you've been through it before. What actually terrifies me is the schools. She says they should be going in, but it's in the schools already. I think it should be blended learning. I don't think they should be going in full time. There isn't staff or the money to get them cleaned either, like deep cleaned. I'm terrified for all children, but mine in particular." (Woman, Kelty)

4.6 Future Services

Coupled with many of these reservations and anxieties about the future, there was again a strong sense of what might help both individuals and groups within the community, post the pandemic. Key suggestions often centred around improved communication at all levels. Some people focused on communication from central and local government regarding specific advice, whilst others talked about more individual isolation and the need to talk. Others focused on financial support and mental health and well-being. Cash was preferred over vouchers as it is more flexible but cash was seen as problematical by some, particularly by people who did not seem to need to access this support.

"If they could keep us informed of what help there was available. Right the way through that there was no texts from the government telling us what was available, you could go here or you could go there to get help...all I got was texts from the government about shielding, I wouldn't ken how to switch a computer on." (69 year old woman, Cardenden)

"(In the future), somewhere you could go to get advice where you weren't looked down on like you was not needing the help. I may look normal to people but I do have an illness." (52 year old woman, Lochgelly)

"...things ought to be more open, better communicated. Information with the business grant we got at the beginning, you had to hunt for it...it's being more open with information with people. Fife Council, they need to highlight the guidelines for different industries." (36 year old woman, Lochgelly).

"What support for mental health? Need to get seen by psychiatrist anyways. NHS or Council should provide support for that (mental health). No other support needed." (Woman, 25, Cupar)

"I've had Fife Council support during lockdown. They should help other people not be able to manage their money and that. Just if they could give them a call and see. If there's a list or that they could put their names on. A lot of people without gardens and the elderly. A lot of old people worry about that more than young people that their garden is in a mess and that. Maybe just give an ear to listen to somebody. It is difficult you can't go in and chat to them." (Woman, 59, Anstruther)

"Well personally I'd probably be all right. I would not advise cash. I happen to know some people who have, who would not spend it on food. If they get cash they wouldn't spend it in the Co-op. I wouldn't trust them to spend it on food. I think it would go some very funny places." (Man, East Neuk, Older Man)

"I know about crisis grants and it would help not to use that again. I would prefer cash. I would like community fridge for food. I would volunteer again when things get better. I was volunteering for Terence Higgins Trust. On balance I've realised is, I really love Cupar and my garden. I've just applied for another job. It seems Fife did not let me down when I really needed it." (Man, 37, Cupar)

“For the mental health, I think there needs to be a lot more support. Even if you were speaking to someone over the phone.” (Woman, Lochgelly)

“We’ve all been chucked into this. There’s nothing else that anyone can do. Make people aware of resources out there. You can only do so much. No face to face meetings and all that. Everybody’s been chucked into this, without people knowing anything. I think the resources we do have, have been amazing.” (Woman, family, East Neuk)

“I totally missed seeing family and friends at such a terrible time. I have not coped well social distancing, to keep my family safe. I felt very alone which sounds daft when I had my baby and partner, but not doing things I was able to do before the virus left me feeling depressed. I couldn’t get help from the health visitors when I needed it. If I didn’t know you (CLD worker) and M (friend) from school I’d have been helpless and hungry. I’d like to see more support groups for young mums in the community.

Yes, I used you guys, Helping Hands and the Auchmuty Tenants’ group. I got food boxes, a stair gate, clothes for my son, curtains, nappies, toiletries and a cooker. The help I received with the cooker and food boxes let me cook proper dinners for my son. The stairgate made sure he was safe and the curtains gave us privacy. The kindness everyone has shown me is just amazing, it really is just so reassuring to know that there are people out there to help you when you need it and it was a quick service. I think you guys, Helping Hands and the tenants’ people should continue this service.

I would like supermarket vouchers so I can choose my own food for my family but still grateful for the food that I received. I think it was great how you guys supported me by getting help for me from an organisation from my community. I think it helps pull everyone together. I now know there is an organisation just up the road that can help me.” (Woman, 16, Auchmuty)

“Help after Covid 19 would involve regular food supply, connecting with the doctor regularly and getting help with her and her family’s needs medically. A bit more money would go a long way. Just knowing that the schools will be open. (Notes from Woman, 30, Leven)

4.7 Dignity

Dignity was an issue for many of the respondents, linked to financial insecurity. It was also an issue in using food support, as illustrated in 4.4.

“When I had a job, I had everything planned to buy things for the baby. And having everything right for the baby. I need resources just to provide for my children and for the baby; before that I could do that, but now, I feel useless.” (Woman, St Andrews, young family)

“The support that I think should be available is just someone to chat for, chat to for now and then. I don’t know anything else. I was born and brought up here, so I know all the people and if there was befriending, I’d know all the people. I’ll go to the doctor on Monday and see what he has to say. I, I don’t like talking to people I don’t know. I hear people are all just meeting up and that gets on my nerves that they’re not obeying the rules.” (Woman, Pittenweem, Grandmother)

“Community fridge. I felt very awkward I felt like a bit of a pauper. Oh God, you’re a nurse, you shouldn’t be down here. How embarrassing this is for people who are on benefits. That can’t work.” (Woman, 46, Cupar)

"I really think the council do a great job. They do give help when you need it if you need any help. Something happened in the house and you phoned up and said I've got blah blah blah. And then we make it really quick to come out and see to you. I don't think there's anything that council could do higher than what they're doing now. 'Cause they do the great job. I think just now I think that they're being pushed really hard. To do what they normally do and they're also going above and beyond as well. To help people out. Unless there is some mair. They may not help me but they might help the lady next door." (Woman, 64, Buckhaven)

"I tried to get around Glow but she (her daughter) wouldn't and I'm panicking and worried that she'll go back and she's the only one who hasn't done anything. But my worker and her workers say it's more important dealing with her mental health. I don't think they took into consideration people in my situation, who don't have Wi-Fi and don't have access to a printer. Also think it should be done with no shame attached to it. I can't even pay for it to be printed off. If it's something physically you got something to put down in front of the child. I think the schools done the best they could in the time they had". (Woman, 46, Cupar)

"It's been really hard home schooling he's been falling behind. He's visual but we don't have a printer. School's been amazing, but not having structure of classroom. At home he just mucks around, but school has been amazing with their support". (Woman, East Neuk, Primary School children).

I've used the food banks a few times and the staff there were dead sarcastic. Because like I went in one day and they said you've used all your vouchers for the year, so I'm like What are you meant to dae, are my bairns meant to starve. And someone said try the Salvation Army and they gave us a food parcel but it was like only once. . . any help, aye. I dinnae mind myself as long as the bairn gets his share. (Woman, 49, Cadham)

We tried to do home schooling with the kids. I think we coped with being parents and teachers pretty well considering. We did get help from Warout Primary School. It was good as they know us well and we felt supported by them. We had moved house from Warout to Thornton just before the virus hit us so it was great that Warout Primary School still helped us instead of my kids' new school in Thornton."

I hadn't initially missed seeing other people socially as I was not able to get out and about for quite some time before lockdown due to my health. My friend has kept in touch with me and I have had support from some organisations. There are some services that I do feel let down by. It's also frustrating not being able to get someone to talk to on the phone. I made attempts to enquire about the flu vaccine but couldn't get anyone to talk too. I ended up emailing which elicited a response that I was not entirely happy with. (Man, 74, Stenton)

I just hope it works out all right. I'm just worried about being a kid in this day and age. I just hope it's, I cannae see it sorting. A very bleak future. (Man, Auchmuty)

5. Findings - Community Groups

Representatives from groups from the third sector were interviewed by Professor McArdle and Doctor Walker and asked about their services and perspectives on the local situation in the climate of Covid 19. A decision was taken to keep their responses as confidential as possible, as the groups were asked to comment on the Council and may be reliant on contributions to funding. Also, it meant the representatives could be frank in their opinions.

5.1 Challenges faced by the local community

We asked respondents how Covid 19 had affected the local community. Community groups mentioned a wide range of issues that they saw as particularly challenging for individuals and groups during Covid 19. Those identified included social isolation and its subsequent impact on mental health; food poverty; financial strains; lack of employment opportunities; digital literacy, or lack thereof.

“(...there are) unexpected people coming in to use food provision which we wouldn't have predicted before Covid. We wouldn't have traditionally engaged with them within that type of project...that's why we're really glad we made things universal. Erm, I really do think that's the way to go with food provision...Much more dignity involved, much more open, there's less stigma. People's economic situations are bad and the signs are they are getting worse.” (Cowdenbeath)

“We just had to keep phoning people and keep talking to them...it was about reassuring people. I was on the phone all day, every day, just reassuring people...some of the people didn't have anyone to chat to ...they were just grateful to have someone chatting to them. It was getting people's life stories. It was a good experience as well. (Cowdenbeath)

“I think people's mental health. I know my mental health or the fact that my grandchildren are abroad in S., I've never seen my grandson for three year. Because he's 23, he's going to A. and he come to see me for a month but that never materialised . . . I feel like a lot of people that's, er, my sleep's been disturbed. And eating more like everybody is doing. I'm that used to come into the centre for physical exercise but that stopped. You've got more time on your hands so you're thinking more. Mental health issues is going to be a great thing. In the next six months to a year if not sooner.” (Levenmouth)

“Levenmouth, as you'll know, had underlying issues...I think these areas are hardest hit by Covid. I suppose if you unpick that, these places have had a greater impact of Covid. The majority of the calls I would have taken (during the pandemic) were from people with difficulty with access to food...paying utility bills would be another one. People were having difficulty with white goods for instance, with a washing machine having broken down...sometimes you'd get a call, I'd like to take my wee boy oot but I don't have a pram to do it....sometimes you'd have to be a bit innovative, creative.” (Levenmouth)

“Major challenges are people who are slipping through the net, the self-employed, people who haven't had their jobs for very long who aren't being given the same financial assistance as others. There are people like that who are having to rely on food banks and having meals delivered. The other challenges are self-isolation and being on their own. Money, paying for the rent, paying the bills, any of these are major challenges and will be in the future.” (Levenmouth)

“I think people in Blairhall feel they're left out a lot. It's just like a wee forgotten village. I think the majority of people would say they forget about Blairhall, because it's just a small village. The bus services is nae brilliant and we've got a lot of old people in the village. We need things for them, not just them, we've got the younger ones. The young ones go about destroying things we've not got nothing for the younger ones. And then you've got your middle teens who are just wandering about doing nothing. You know what they don't need row, rows; they need help I think we need a drop-in centre somewhere. (Dunfermline & S and W Fife)

"The impacts (of Covid 19) been massive, right from the very beginning, we were inundated with calls for help. And not just from individuals but obviously from organisations that we're usually supporting and working with..." (Dunfermline & S and W Fife)

"...We did a lot of work around food poverty and delivery of prescriptions and medications. We were absolutely overwhelmed...It was pretty much six weeks, seven days a week, seven days a week. 12-hour days and we weren't expected to do that, but I know that's how I worked. I know several of my colleagues did exactly the same." (Dunfermline & S and W Fife)

"Yes, absolutely people from all different backgrounds and walks of life use our services. We see ourselves as trying to have something for everybody and wanting to engage with the whole community. It's really important to us that we are not seen as an organisation that's just working with vulnerable and disadvantaged people. Even though we're very keen to bring those people into our work. We have projects for elderly people and we have activities for kids as well." (Kirkcaldy)

"Yes, we've been swamped in the period April to June. We saw significant increase. . . What we saw was a very significant increase In April to June. 60% compared to April a year ago. And up to 66% higher in June. Interestingly, a real tailing off from July to September. So, actually a change that more or less coincides with the strict lockdown having come to an end. I guess the concern we obviously have is what happens now? Furlough coming to an end, the improvements in Universal Credit that we're seeing, coming to an end as well. We're seeing a continuing lockdown and we wonder what will happen there. A particular aspect, just going behind the figures, was that the big increase we saw was in family parcels. We distribute or we record the different kinds of parcels we give out. We give out singleton, a couple and a family. . . The big jump was in family parcels and then quite a big jump particularly in April for couples. Interestingly parcels with single people remained steady or going down over that period." (Kirkcaldy)

"After first lockdown, after all these restrictions eased, there wasn't anything. Without anything in place there was nothing there. The pantry is a fantastic idea for people who need one or two items but If they need one or two items everyday that's not, that's a chronic need there. When that's taken away from somebody, they have nothing again.

From September we have seen quite a sharp rise in poverty and this lockdown has been much more, we've been busier, far busier. In a day we're looking at if I include people in families, we're looking at 49 people per day .We looked at it the other week and we were giving out in one day, we were giving out something like 1,400 meals. It just seems to be getting worse.

. . . People can't afford to heat their homes. We get a lot of questions about gas and electricity and can we help with those. If people are making those decisions on whether they have to buy food or heat their home, you know I wouldn't like to be in that position myself. We have had quite a lot of requests for clothing 'cause people can't afford coats. This year we've had a lot more with places like charity shops having to be closed. People can't afford them so we've had that challenge this year as well.

We've had a lot of elderly folk there just not seeing anybody I refer them to Age Concern or Social Work we've had a man crying as his wife had died. He was just so lonely. There are people out there but I don't think they are always well signposted in the community." (Glenrothes)

"A lot of poverty. More poverty now than we've had before. People needing food from the food bank and er people needing starter packs, Gardening, people needing help for furniture

moving. We've got a new minibus, what we've been able to offer as well is hospital runs. We've been able to take people for hospital runs they would not normally have got; we've been able to take people to Edinburgh for cancer treatment. Move houses as well, the council weren't doing anything like that. People stuck in houses that weren't suitable for their selves. I know the boys have helped one man out more than anybody they helped with decorating and getting a new ramp in, so he's still mobile for his self. He was stuck in an upstairs flat and if we weren't there, he would not have been able to do any of those things." (Glenrothes)

"There's a lot of child poverty, we have a lot of scattered flats and homes within the area, so we have a lot of people who are coming out of prison, finished a custodial sentence, sometimes because of Covid the support wasn't there, so the young person's released from prison, given a scatter flat but not support of course because the beginning of Covid, the support was withdrawn. So, if they don't have a kettle, they just go to (shop) and steal it and go back to prison again. Mental health, is a big thing you know. My provision was withdrawn. I had a staff member who talked somebody down off a bridge, I was horrified when I found out 'cause my staff are not trained in things like that, you know, so. . . I do want to start empowering people because we have to empower them, not keep on doing things for them." (Glenrothes)

5.2 The 'New Normal'

Community groups representatives were asked what they thought the 'new normal' would look like for their area and what this would mean for their organisation. There was some optimism about new learning from the first wave of Covid, which some felt had led to a greater understanding about services within the community. There was a sense that a shared experience (of the pandemic) had maybe brought the community closer together and the future could be more positive. Focusing on key aspects such as food poverty, isolation and mental health seemed to be key.

"I think people are fragile. They don't really know what's happening, especially in the older people. I do think isolation, loneliness and befriending are going to be a big thing. Despite the gadgets, it's the human contact. To know that there's someone there for them." (Cowdenbeath)

"I think the 'new normal' will show a lot more emphasis on mental health and I think there needs to be a lot more resource...that's definitely going to be one of the fallouts of this. When we asked, what is a reason why you're needing help, a huge amount of people said mental health, a huge amount." (Levenmouth)

"I think we don't take anything for granted now. We've benefited from Covid funding in the pantry project. I am concerned about keeping the project going and sustainable in the environment, when we have to pay for the goods we're currently getting free. But, myself and other volunteers are determined to find a way. It has made me more aware of what's happening around me. People's situations and trying to do more with less, actually." (Levenmouth)

"I don't know if there is a normal to be honest, for what's normal for me is not normal for everyone else. I would like people to be more aware that to make things better, you have to raise the vulnerable amongst us." (Dunfermline & S and W Fife)

"I think we'll run differently. I'm not sure how. I'm trying to champion us moving more towards getting involved social media wise, we do have a Facebook but we tend to use it for thank yous and then what we're short of, but I want to try and communicate more. Out there, there's a huge amount of people who can't leave the house, just staying in and I think it will

be normal for a lot of people now . . . Trying to make us more digitally conscious.”
(Glenrothes)

“I think there's going to be even more poverty than there is now. People are going to be struggling 'cause people are going to be out of jobs. People won't have the money for food and I think there will be more homelessness. There's helping now but when it's all over the help won't be there. It sort of stops, it doesn't continue. I think that's where it will hit homelessness and poverty. Basically, people losing their houses because help's there now but it won't be after the Covid is finished. A lot of people don't realise where they can get help and that's half the battle as well. (Glenrothes)

5.3. Good Future

Respondents were asked what would be a 'good future' for the area, to identify local aspirations for Fife. Whilst many could see opportunities arising from experiences of, and responses to, the pandemic; others raised some more cautious notes.

“The community I work in, community buy-in is the best I've ever seen. A lot of the confidence has gone (post Covid 19). The fear that things aren't safe. Quite a powerful thought that people don't feel safe to do the things they enjoy. A good outcome would be the removal of fear and a confidence to come back out and do things again.” (Cowdenbeath)

“The Council should be listing all services that need to be delivered and then asking, 'who's best to deliver this?' They need to start thinking differently because there are a great deal of community groups, social enterprises that could do as good a job, if not better.”
(Cowdenbeath)

“Getting out and about has proved to improve peoples' health and well-being, either cycling or walking and we're trying to provide safe, reliable routes with good access so that people can take part. It's actually physical and mental well-being we're doing there. We're looking to, because people have been self-isolating, we're looking to compile a book of local and easy walks. We're going to be giving directions of how people who have to self-isolate and want to remain healthy and can get outdoors, can do so.” (Levenmouth)

“I don't know just to continue to help with food and stuff. Stuff that people cannae afford. I don't know maybe a bit of financial help if it's possible. 'Cause there's a lot of people out there in the village they struggle. I'm lucky I've got my dad and stuff, but there's people with big families and they cannae support them. I don't know if they let us off the rent for the house would be good.” (Dunfermline & S and W Fife)

“For me it would be for people to have that pride again. In the town again what's here is heritage. What's here now. Most people, and young people included, do their very best and get on with their own lives and look after their own wee corners. For those that do look after their own wee corners, I'd like them to come out of their own wee corners just a little bit more.” (Dunfermline & S and W Fife)

“The organisation we're planning, we're keeping our ear to the ground. We're keeping our ear very much to the ground and if a lot of things start happening again, that database can reopen and we can start. Volunteers can be contacted so we're ready to go (snaps fingers) just like that. God forbid I hope we don't have to. It depends how the numbers go, doesn't it?

That is the unknown. We've seen, we've been talking with that caveat what's round the corner? As I said earlier, the end of furlough, the changes to Universal Credit as well, the end to the temporary increase in it um as well. Something that some volunteers said a

couple of weeks ago at one of our meetings was a big, the difference in income that the Universal Credit had made. In one sense it doesn't sound all that much but actually that (Increase in Universal Credit) had made a major, significant difference to people.

We're just concerned about what is around the corner. And reassured, I think, that we were able to cope with that massive spike. And so we could do that again, but concerned about . . . the other thing I didn't mention when we were talking about the three month period was that the other big, big challenge was the challenge in actually getting the food. We, we buy most of our food. So, we're not relying on donations. We have been very fortunate in the incredible support from the community in terms of financial donations, also grants. The money hasn't been a concern it's been being able to spend it. So, in that April to May particularly April and May on line shopping and so on we were having to cope with it on a massive scale . . . we coped with it and we would be in a position to do it, we don't as we always emphasise, we don't want to need to exist at all. We actually want to be saying we are not needed." (Kirkcaldy)

"Definitely more jobs. Help for people, because I don't think there's a lot of help for people who have depression and It's hitting majorly now even more than the second wave with the Covid. There's not a lot of people, you can't get hold of anybody, if they need somebody to talk to. Even talking to somebody on the phone, you can't get through to anybody. Doctors more available as well. People who can help with depression, getting people back out and about." (Glenrothes)

"A good future would be people in the communities coming together and taking ownership, empowerment. Maybe looking at where we can maybe have small social enterprises, because we really need to look at our youngsters who have not been able to sit exams because you know it's tough for a youngster coming from a difficult background to move forward for employment. It's even going to be more difficult for these youngsters you know to get support so I really think, that was really one of the things we had in our plan actually. Looking at small enterprises and looking at what we could do for the community to get involved and to bring the community forward. If you've got a community who believe in themselves and work hard then that in itself is a treasure." (Glenrothes)

5.3 Ways to contribute to the 'Good Future'

Community organisations were asked how they and the Council could contribute to a 'good future.' It was quite clear that some reflection had taken place on the future, for these groups. The theme of dependency on support was raised. There was a strong sense that community organisations want communities to own their own future and be involved in providing this support.

"As long as there's an issue in the community, we will step up and we will be counted and be seen to be helping people in our community. Our aim is to be as helpful as we can in the community and provide a service where there is a need. We are involved heavily with schools. We initiated a cooking group in a local Academy. We work closely with the school to support students to cook. It's not just for people who are on the breadline or in poverty, we're looking to identify groups such as Gingerbread and Home Start, supporting greatly just now. There's a whole lot of groups, both large and small that we're trying to assist just now. We found that many kids, rather than eat pre-cooked meals or processed food or what comes straight out of a packet, to show them the basics of cooking... how to make soup from scratch, how to make a basic meal for themselves; these are skills that they'll carry through life." (Levenmouth)

"From our point of view, we'd love to have a pathway out of food poverty. We feel we are at the very bottom of, when someone is really, they really need a need fulfilled and that's food,

we are there, that's our role. But sometimes seeing a path out of that for some people is difficult...there's almost not affordable collective type options to "Covid 19 is going against our ethos, we're wanting to stop loneliness and isolation but it's going against that...we're just wanting to keep in touch with them, saying we've not forgotten you, we're here for you." (Levenmouth)

The Pantry is full and has a waiting list. We would like to see a clear path for people who are in food poverty to move from our service to affordable food provision of some sort, whether that's the Pantry model or something similar, and then an opportunity to move on from the Pantry to something else that would be another step away from them needing us. (Levenmouth)

"Going forward, Community Pantries could be a lifeline for people who may have lost employment due to Covid 19. They would offer people a dignified access to affordable, nutritious food in line with the Good Food Nation Bill.

Local Authority Councils can support stand-alone Community Pantries by offering spaces to run from, assistance with developing partnerships with other 'welfare' services, so individuals can be referred to the Community Pantry. This will reduce the high usage of food banks and give people more control and maybe even help them budget better.

Community Pantries will also then be able to help signpost individuals to other services i.e. housing, benefit advice etc. "(Dunfermline & S and W Fife)

"Well, from personal experience we've had a lot of support from the Council so far and I think that support is worth its weight in gold. It's more than money actually. I think it's right that the community starts to do things for itself. Take ownership and responsibility for things. Because people need to understand that the council will never have the resources that they had in the 50s or 60s or 70s, to do things to people or for them. It's good that the community takes responsibility and ownership and, in that way, you can build pride. But I think the support and to provide a bit of a safety net for the community is really important and for people to know that's always going to be there." (Dunfermline & S and W Fife)

"I really think a good future would be this 15 minute future where everything is within 15 minutes, minutes walking distance or a short cycle distance so, so local shops, local post offices and local community libraries and so on, you don't need to travel so much. I think there's something really important about . . . I think there's something really important about vulnerable and disadvantaged people that um, can we bring forward the basic income pilot? Or at the very least keep up the momentum for that because that financial vulnerability is terrifying for people and lockdown has highlighted that vulnerability for people. And some kind of guaranteed income would really help with protection of that, that." (Kirkcaldy)

"Oh, definitely more joined up working. This has been an eye opener to me to me. There's been lots of places have been working in isolation, and now that we know that we can all kind of contact each other we know we need to be joined up We need to be 1 central place I don't know if that would work the bureaucracy gets in the way. Definitely a lot more communication between all the groups that are out there. If anything happens, we can just refer between people. So that folk don't jump, drop between the gaps." (Kirkcaldy)

I think the council and third sector should work in partnership. I think it's always really important to have a good relationship with the council. We've, we currently do and I think it's, if we work together, we can achieve more. Things need to be funded council wise but I think most frequently the third sector would run it. The council are quick with their response and they are taking up the challenge. Elderly people, community champions for the digital side of it would be a good way to go as well. Just for the social isolation side but food wise I can't

really grumble about the Council. They've done a really good job in Fife to be fair.“
(Glenrothes)

“They should be able to let people know what sort of help is available, because you don't know the half of what is there. People like say, if I was kind of needing help, I wouldn't know half the things I could get if it wasn't for D, S and E (names), Because the boys, they've kind of been down the road that I've been. My partner lost his job, so It's like you don't know where the help is and I wouldn't have known if It hadn't been for these guys. (Glenrothes)

5.4. Other Identified areas

Respondents were asked if there were any other topics they wished to raise and they frequently chose to summarise previous point or mention points about which they felt particularly strongly. The themes were:

“Covid 19 is going against our ethos, we're wanting to stop loneliness and isolation but it's going against that...we're just wanting to keep in touch with them, saying we've not forgotten you, we're here for you.” (Levenmouth)

“Groups like ours should be networked with other groups like ours. So, for example, there are some groups like ours but are more successful than us e.g. Rosyth or Tayport. There's one in Torrieburn, lots of small ones. They are all a great resource in terms of, they're all growing food and offering people a chance to get outside, be less isolated, have company or do something useful...The council could be a sort of catalyst. For collaboration. One of the things I'm sort of, I wanted to get the idea of sort of food sharing. All these pantries are all ordering your food from Fareshare, it's a good thing, it's proving to be a food bank without a stigma.

But you know a lot of the time it's not fresh food but there are community gardens in all these areas and, if we were working together, we could also encourage all those others to give food to the food pantries, community food projects and that will be a good thing as it would add more, with the community talking to one another, A lot of people thinking about what other people might need, you know more kids getting a bit more veg than they might have had; you know or even more kids getting involved in the gardening. It could be a bit more connected with schools, as all schools are doing, do the occasional growing project.”
(Dunfermline & S and W Fife)

There was a massive amount of volunteers, in fact, we had so many volunteers it's a lot of them didn't get utilised. On the website you could either ask for help or offer help. And there were five thousands of people in Fife and it was actually really hard and we could see how many people in Fife actually really wanted to help. Not right at the very beginning but as time went by. Many people I think, they were maybe on furlough from the work and didn't want to sit around doing nothing. Unfortunately, some people lost their jobs completely and they wanted to help as well. So, it was a massive, massive amount of people who came forward and we couldn't use them all.” (Kirkcaldy)

“I think it's already started. I think the pandemic has pushed it a little way down the road already. They are starting to look at volunteering and the voluntary sector. We've always had at some level good relationships with the council, but I think the true value of volunteering for individuals and for the community hasn't been ... it's now just starting to be seen. We've had 3,000 volunteers it's amazing isn't it? Come forward in the first six weeks of the pandemic. All wanting to volunteer and to help and the irony is we couldn't place them, find roles for them because we weren't prepared. And if we were working with the council and the NHS and, if we had a plan, and I know there is a resilience plan, but if the third sector were more involved in that I absolutely think you know an awful lot more of those

people could have been engaged in some activity, join the pandemic to help.”(Dunfermline & S and W Fife)

“I would say that, if one small thing, although I said at the start, we had a fantastic community response, which we do, it has made things slightly harder to have communities pop up and help people in lots of ways, without us sharing information. People do have the ability to use several different agencies for the same thing. Without us being able to address the actual crisis. So I think they're getting immediate help, yes, but they're not getting help out of their situation. We're blind to it in a way you know . . . I feel there should be more community sharing kind of thing.” (Glenrothes)

“I think it's just like being more aware of, or being more in contact with their tenants. The elderly in particular. More engaging. Letting them know what's there and what's happening and what's going on 'cause even like the bins over Christmas, A lot of the ones, the elderly, around my street didn't know what bins to put out because it's on social media. Old people have not got social media. So they've not got a clue. Young people they've no problem, the older generation they just dinnae have a clue what's going on.” (Glenrothes)

“There's a worry of Covid. They're absolutely terrified. Some mums are not putting their kids to nursery and school. Because then they're totally isolated. The wee family I'm thinking about, Is absolutely paranoid about it she's, she's a wee mum on her own. She just a really good job a bit, a bit chaotic but she does a really good job. She's a good woman but it's not good for her or for the child. We don't have access to get into the house 'cause we can't get in just now because of social distancing. That's the thing, some of them are really scared, not good for kids to be totally isolated in that way. And that's families that we know but how many are slipping through the net that we don't know? I know it's a situation that nobody can do anything about but it's just a worry anyway.” (Glenrothes)

6. Findings – Staff

6.1 Local Issues during Covid 19

40 staff, including managers, were interviewed and they had a clear understanding of the situation facing residents of each area, when compared to the opinions of residents and representatives of community groups. Some felt that local responses had not taken account of local knowledge in communities through the CLD (Community Learning and Development) team staff and perhaps greater involvement Community Teams at strategic and policy levels for emergency planning would be important for the future. There was a strong feeling that involvement in the pandemic response should become more strategic. Staff had been willing to deliver food and medication, as a first response, but now recognised it was time to return to operating to work WITH communities rather than providing FOR immediate needs.

Staff were well aware of the need for joined up working during the pandemic and had co-operated with the third sector, both large and small organisations at a local level to reportedly good effect. This was reported by both staff and community groups.

The data from staff was used to contextualise analysis, so only a limited excerpt is presented here.

6.2 The future during and post-Covid

Staff had a developed sense of the challenges the future might bring and also were aware of latent resilience, where this existed. Learning and reflection had clearly taken place. The

issue of the potential for dependency was raised often by staff and this is discussed later in this report.

“I think we will have a much more connected network of services that share that common theme of trying to support the community and coming back to always thinking about, what they’re doing about the people and the place. This will include services that are talking to one another more regularly and also in more depth and with common purpose. I hope this will make the community a better place to live and that services that come together improve the quality for people.”

“When we do get back to some normality, it might be a year, maybe two years down the line, I don’t know, I think it’s going to be difficult weaning some communities off the support.”

One person expressed the role of CLD staff to good effect as below.

“My role is to help people to help themselves. There’s a service on their doorstep (CLD), that most people don’t know about and it just needs to be promoted; it’s the glue that holds everything together.”

Another comment summarises the need that emerged strongly from the staff consultation, the need for refreshed and reinvigorated community development.

“We need to redefine what we mean by community development. We need to re-engage with this again....I think there’s still an opportunity to shape the work in the local teams...it’s important to be able to describe what that professional role (CLD) is and what it can do.”

7. Discussion

This report is part of a suite of reports for Fife Council, for each of its Community Teams and Area Committees. This discussion seeks to explore the meaning that has been made from the three samples of the study; residents, community group representatives, and staff. We also seek to explore the similarities and difference between the areas of Fife that emerged from the data, though it is important to note that this was not framed as a comparative study.

7.1 Community Resilience

The need for community resilience is seen as a priority for Fife Council. Many of the elements outlined in this section are in place in the Council but a co-ordinated effort from the Community Team, with skills and knowledge in community development, is important to ensure the process of building on existing resilience takes place. The term *community resilience* is used to describe the interconnected network of systems that directly impact human society at a grassroots community level, including the socioeconomic, ecological, and built environments.

A community is resilient when members of the population are connected to one another and work together, so that they are able to function and sustain critical systems, even under stress; adapt to changes in the physical, social or economic environment; be self-reliant if external resources are limited or cut off; and learn from experience to improve itself over time (Arbon et al., 2012). The diagram on the next page shows a common Community Disaster Resilience model. Community Connectedness is as important as the other quadrants of Available Resources; Planning and Procedures and Risk and Vulnerability.

Figure 1: Community Disaster Resilience Model.



Source: www.torrensresilience.org

Appendix D includes question for assessing the connectedness of a community. A community can both facilitate and constrain resilience, and it can be an agent for change in and of itself. Social capital, in its broadest sense, gets to the core of how a community functions; how people in a community get along with each other, including questions of trust and understanding; how people in the community collaborate and work together (involving questions of collective efficacy); what links exist between people, organisations and institutions within a community as well as links with people, organisations and institutions in wider society. Social capital is at the centre of any understanding of community process and change. It can bring together the other types of resource, such as individual human capital, it can coordinate groups, facilitating political mobilisation, it can network people into flows of political power and influence, and it can tap into financial resources that can be used for the development of further human capital. (The Young Foundation, 2012).

The Young Foundation suggest looking (inter alia) at 3 important dimensions of community, which will assist with the community development approaches that can be adopted to facilitate community resilience.

- Self, the way people feel about their own lives;
- Support, the quality of social supports and networks within the community; and
- Structure and systems, the strength of the infrastructure and environment to support people to achieve their aspirations and live a good life.

The second stage the Young Foundation proposes measures resilience, by creating a map of assets and vulnerabilities in the community. Accurately identifying the assets - for example social capital - and the vulnerabilities - for example social isolation - helps estimate the capacity of a community to withstand shock and pinpoint where support should be targeted.

The third stage is a benchmarking process, using national and local authority wide data to draw out local trends in life satisfaction. Applying a benchmark helps:

- Distinguish between community-level and wider trends. It is important to disentangle what is happening at the very local level from broader trends across a local authority area, a region, or even nationally
- Identify which members of the community are vulnerable and why, and those who are not vulnerable
- Make a realistic assessment of what local interventions can and cannot achieve.

This report has contributed to stage Three. The fourth and fifth stages are about planning and action, working with communities, elected members and partnerships to look at where interventions are needed and then creating or redesigning local services.

Despite the appeal of the metaphor of resilience, bouncing back, there is a risk that the focus on resilience will reproduce the same biases and stereotypes that occur with discussions of

risk and protection. In particular, talk of resilience may lead to blaming individuals or communities as being somehow at fault for their own difficulties because they lack resilience. This ignores the complex web of factors that contribute to health and well-being. Instead, the construct of resilience aims to draw attention to positive aspects of adaptation that can be mobilized to improve outcomes (Kirmayer et al, 2009)

It was clear, for example, to the researchers, that Cowdenbeath area had a greater sense of resilience than the other areas. It was not the purpose of this study to explore these differences but the individuals interviewed seemed to have at their disposal sources of individual coping strategies such as gardening, arts and crafts, peer support and group membership. Also people from less well-off and better off neighbourhoods seemed more disposed to mix. This warrants further exploration and study.

It suggests that the Community Team should be engaged in research and consultation to draw out the meanings of life satisfaction for residents, who are seldom heard, and this study has begun this process. Social resilience or Community Connectedness is the human dimension of community resilience and may be argued to consist itself of 3 dimensions:

- Coping capacities – the ability to cope with and overcome all kinds of adversities;
- Adaptive capacities – the ability to learn from past experience and adjust themselves to future challenges;
- Transformative capacities – ability to craft sets of institutions that foster welfare and sustainable societal robustness.

(Keck, 2013)

Social resilience lies firmly in the domain of the Community Team and the capacities cited above all fall within the ambit of youth/adult learning and community development, and this contribution to planning community resilience should be crucial in the development of plans for Fife recovery.

7.2 Mental Health and Well Being

Fundamentally, resilience refers to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity. Definitions have evolved as scientific knowledge has increased. Resilience is studied by researchers from diverse disciplines, including psychology, psychiatry, sociology, and more recently, biological disciplines.

Social support, including relationships with family and peers, is correlated with resilience. Social support can come from positive peers, supportive teachers, and other adults as well as immediate family. Community factors, such as community services, sports and artistic opportunities, cultural factors, spirituality and religion, contribute to resilience (Hermann, 2011). The mental cost of the pandemic is grim, but individual effort for resilience was apparent in some areas, notably Cowdenbeath and NE Fife. Some people were ready to say how they were coping and a picture emerged for the researchers of areas of Fife that had a joined up spirit prior to the pandemic and people hoped to return to this post the virus. The remaining areas had issues with mental health and the glimmer at the end of the tunnel for other areas for our respondents was largely missing.

The key issue to emerge from the residents' data and from all the third sector organisations, as has been found in other areas of Fife, is that the need for support with mental health and well-being post-lockdown will be very strong, both for those with pre-existing conditions and those affected by Covid 19. In the latter case, low mood was mentioned frequently, and this was often linked to loneliness and isolation. Loneliness and isolation were particularly prevalent in the outlying villages of the rural area, such as NE Fife and in Levenmouth. It is arguably less likely for this latter population to have a medical and NHS problem and it is more likely to be a social problem. This social isolation was also apparent in the data for the elderly and for the young respondents, in particular.

Loneliness is increasingly recognized as a public health issue, especially due to the detrimental effects on health and potential for premature mortality. Loneliness is associated with feelings of emptiness, sadness, and shame, alongside the subjective perception that one is disconnected from others. It not only can occur in the context of social isolation but can also persist beyond this and can be experienced even when others are physically present. Like social isolation, loneliness has been linked, *inter alia*, to depression (Pietrabissa, 2020)

The mental health impacts of any disaster are unevenly distributed. Those with lower social capital and those in vulnerable positions are most at risk. Early research efforts from the YoungMinds organisation in the UK highlights the predominance of concerns around the psychological and social consequences of the pandemic response, particularly on young people (YoungMinds, [2020](#)). In this recent UK survey, 83% of young people, with prior mental health needs, believed that COVID-19 had an adverse impact on their mental health, with specific concerns around loss of social contact and structured activities.

Older adults can be particularly affected by issues, including isolation, loneliness, end of life care, and bereavement, which may be exacerbated by the so-called digital divide, something which was particularly apparent for older people in the findings of this research. Practical issues such as how to get their shopping and medication also featured in the findings.

People with existing mental health issues, including those with severe mental illnesses, might be particularly affected by relapse, disruptions to services, isolation, the possible exacerbation of symptoms in response to pandemic-related information and behaviours. Digital interventions for anxiety, depression, self-harm, and suicide include information provision, connectivity and signposting, automated and blended therapeutic interventions (such as apps and online programmes) can be used for those who do have access to ICT. Chatlines and forums, and technologies can be used to monitor risk either passively or actively. Telephone calls and messages can be used to reach those with poorer digital resources (digital poverty).

To deal with the mental health issues linked to social isolation, there is a range of measures that can be used to deal in the short term with the issues. **Continuing positive relationships with NHS are crucial for meeting the needs of those with acute and chronic needs.** Peer support and befriending are also crucial for those affected by the pandemic and can be organised digitally in the short term. **Also, the Council could provide training with volunteers at food banks, pantries and other providers, which will assist with signposting and seek to network community groups to promote better awareness of each other's services.** It was apparent in the data that third sector groups did not always know what each other were doing.

In the longer term, the Council can design and source providers of bespoke approaches for different populations, such as young people, families, singleton dwellers and elderly people; approaches need to be developed, linked to boosting and resilience. This is discussed further later in this report but should include measures such as physical and social exercise; befriending; and arts and life skills interventions. **Adult learning interventions can focus on resilience and coping for these different populations.**

However, befriending and peer support activities are strongly recommended, and the Council should **audit, consult and source these activities with the third sector, both large and small organisations, designing these activities, if none exists, or they are insufficient for need.** Continuing an enhanced social prescribing is needed to assist individuals to access facilities provided by a wide range of providers. There was evidence that people were already accessing these facilities, but people had individual needs that require to be teased out. **Adult learning and youth work services should prioritise the most disadvantaged people at this time and provide access to activities that promote well-being and resilience.** All these services are difficult during the pandemic and need to take account of social distancing measures but are very important.

The complexity of issues facing the residents is such, that a central role needs to be in place from CLD staff in identifying residents' needs, as the problems are multiple and need to be teased out in a trust relationship. It may well be that a social worker or a psychiatrist or a community nurse is needed, but it also may be that all are needed, and the community worker can assist people to seek help in the right places and with established priorities. The Community Worker can empower the residents of Fife to seek the support they both want and need, amidst the complexities of people's experience. This can be done with relationships with individuals and with communities.

It is clear that support will be needed to assist people during the continuing pandemic and thereafter to maintain and rebuild their individual resilience. Digital inclusion, often absent in rural areas, is linked to mental health and well-being and telephone support (possibly landline or texting) for people who are isolated should contribute to this befriending and peer support for elderly people in particular.

7.3 Food Insecurity

Food insecurity refers to the inability to afford nutritionally adequate and safe foods. It was particularly concerning to the researchers that there was evidence of people going some days without food. It was also clear for our sample that food insecurity was both a fundamental concern and was widespread in all areas.

Food support had been very important to people and there is no reason to think that this need will not continue. In the Marmot report (2020) the link between poverty and food security is underscored. If those on benefits subscribe to the NHS Eatwell Guide, they will

need to spend 75% of their disposable income on food, which will leave nothing for rent, gas, electricity and other costs. The most deprived, he asserts, spend more than a third of their income on housing and in the Covid 19 period, food insecurity has doubled.

The need to provide for food is likely to be a long term requirement and the Council stepped up well to meet this need and was lauded for this by residents and community group representatives, but it is suggested that in the long term, supporting and continuing to support the third sector will be more cost effective and will allow council workers to return to other work concerning resilience. **This requires an audit of current provision which is very varied and co-ordination which could be managed by the Council, in partnership with representatives of the larger third sector organisations;** the council then may need to plug gaps in provision in the short term. Community group representatives were aware of a plethora of groups offering services, who did not know what each other were doing.

7.4 Poverty

Poverty affects millions of people in the UK. Poverty means not being able to heat your home, pay your rent, or buy the essentials for your children. It means waking up every day facing insecurity, uncertainty, and impossible decisions about money. It means facing marginalisation – and even discrimination – because of your financial circumstances. The constant stress it causes can lead to problems that deprive people of the chance to play a full part in society (Joseph Rowntree Foundation, 2021).

Joseph Rowntree asserts:

“Before coronavirus, an unacceptable 14.5 million people in the UK were caught up in poverty, equating to more than one in five people. Child poverty and in-work poverty had been on the rise for several years and some groups were disproportionately likely to be pulled into poverty. Many of those groups already struggling most to stay afloat have also borne the brunt of the economic and health impacts of COVID-19. These include: part-time workers, low-paid workers and sectors where there are much higher rates of in-work poverty, such as accommodation and food services, Black, Asian and minority ethnic households, lone parents – mostly women, many of whom work in hard-hit sectors – who are more reliant on local jobs, and are more likely to have struggled with childcare during lockdown, private renters, who have higher housing costs, and social renters, who tend to have lower incomes, both leading to higher poverty rates. Renters in work are also more likely to be in a sector more affected by coronavirus areas of the UK where there were already higher levels of unemployment, poverty and deprivation.

We cannot be sure what happened to overall poverty levels in the first phase of the coronavirus outbreak, when the furlough scheme and temporary benefit uplift were both in place. However, it is clear that poverty will increase if this government support is removed from April 2021, as we face much higher unemployment than pre-coronavirus, as well as the continuing uncertain impact of the end of the Brexit transition period.”

Food insecurity, already discussed, was a strong message emerging from the residents' data and from community groups in this research. Poverty was a term rarely discussed in relation to oneself, but underpins many other problems people faced. It was shocking, for example, to find that people were not eating, in some cases. Marmot (2020) asserts the most deprived spend more than a third of their income on housing and in the Covid 19 period, food insecurity has doubled. It was apparent in this study that some people were accessing food parcels for the first time, whilst for others it was a part of normal life prior to Covid 19.

Poverty is a result of global and UK national policies, as well as policy at more local levels, and many dimensions are beyond the remit of the Council. All areas showed evidence of poverty, manifest primarily in food insecurity, debt and fuel poverty. Poverty impacts on health and well-being directly and many of our respondents were living chaotic and unhappy lives.

The complexity of issues facing the residents is such that a central role needs to be in place in identifying residents' needs, as the problems are multiple and need to be teased out in a trust relationship. The community worker can assist people to seek help in the right places and with established priorities. The Council can work with the NHS to empower the residents of Fife to seek the support they both want and need, amidst the complexities of people's experience. This can be done with 'Signposting' relationships with individuals and with communities.

It is quite clear to the researchers that the Council staff need to be operating at 3 levels. The first level is working with and securing the individual. This means finding the voice of the individual, who is seldom heard; ensuring there is provision in place for signposting individuals with complex issues to sources of support; ensuring needs are being met through partners in the voluntary sector.

The second level is working at community level, to promote community resilience. A strong level of support from the third sector, both large and small organisations, was apparent. The Council should, in our opinion, be concentrating on supporting and developing this provision by seeking funding, providing training, and supporting networking of the groups.

Thirdly, and more contentiously, Council could be assisting at the political level. Many of the issues faced such as poverty are outwith the jurisdiction of Fife Council; the Council in many domains is responding to the outcomes of policy made elsewhere. However, the Council can assist the population, in particular, those least likely to vote, to be heard and to manage local issues. The Council staff do not need themselves to be political, but they can assist others in the community, particularly the seldom heard, to be active citizens. Political literacy can be facilitated through youth work and adult education and we are aware of work done in the third sector in Fife (e.g. WEA Scotland), which facilitates this outcome.

Cash was the preferred method of support for financial insecurity on the part of the vulnerable and disadvantaged residents. It was the most flexible to meet complex needs and did not restrict individuals to particular shops, with the need to travel by bus to shops for some people, as is the case with supermarket vouchers. It also provided people with dignity intact. There was a strong desire to continue the Covid 19 increase to income on Universal Credit, which was seen to be inadequate by those who received it and Universal Credit was considered difficult to access.

7.5. Dignity

Recipients of food from food banks, were largely 'grateful yet resigned' (Booth, 2018), appreciative of any food and resigned to the poor quality, monotony and their unmet individual food preferences. Dignity was eroded as a result of being fed without choice and queuing for food in public places, often in a highly visible environment. Food queues were spoken about extensively, and were seen as necessary but frustrating, although some valued the social contact. Newcomers to food banks were families in need and during the Covid 19 crisis there was an increase in the number of pensioners.

The term '*have and have nots*' was used twice specifically in the study and its sense alluded to, by other respondents. The term was directly applied to both St Andrews and to Tayport.

Residents throughout the study were aware of the needs of others who were more vulnerable. In other areas of NE Fife there was consciousness of hidden poverty. Individuals in this study were much more aware of the poverty, that was formerly hidden. NE Fife is particularly interesting. In a previous study of 2018, hidden poverty was much more obscure. In the previous study it was proposed that the narrative of NE Fife being a touristy and wealthy area should change to acknowledge its more rich diversity of residents from a range of backgrounds, who might not be wealthy. This research suggests a change in the narrative, that was proposed in the previous study, is beginning to take place and individuals are more aware of the diversity in their neighbourhoods. This is considered to be progress towards communities taking more responsibility for this diversity of needs.

Four Dignity Principles underpin good practice in providing food support, as below:

1. Involve in decision making people with direct experience. People who have faced food insecurity should be involved in the shaping and delivering of food security, from advising strategic working groups to everyday running of local food centres and including how our social security systems can be more effectively developed and delivered. To reduce and eradicate poverty effectively, we must ensure people with direct experience of it are seated at the decision making table. Only then can we properly understand the causes of poverty, the choices people make and develop effective solutions and strategies.
2. Recognise the social value of food. Projects which aim to build community around food often help to create the feeling of a place where people choose to go, rather than have to. A dignified system is one which recognises the social and transformative value of food in the community.
3. Provide opportunities to contribute. Part of the stigma people face is the feeling of being a 'scrounger' and a 'skiver'. A more dignified system tackling food insecurity would provide opportunities for individuals to volunteer in different roles, to share and learn new skills, to grow their own vegetables and to participate in local community life.
4. Leave people with the power to choose. Adults in our society typically exercise choice over the food they buy. This choice is sharply constrained for people on low income. Our response to food poverty should ensure that as far as possible people are able to choose what they eat: that the choice available should include fresh and healthy food; and that where people can pay something for their food so that they have the dignity of doing so. (Independent Working Group on Food Poverty, 2016)

The danger of dependency of residents on services was mentioned by both staff and community groups respondents. Volunteers came forward in the pandemic in numbers and this provides an opportunity to capitalise on this contribution to community development in general and community spirit in particular. There was enthusiasm to assist from volunteers and reported evidence of a joined up spirit both pre- and possibly post-Covid 19. Volunteers could be provided with training by the Community Team in befriending, peer support and the knowledge required for direction to 'social prescribing' opportunities.

Also, another dimension of volunteering is linked to the avoidance of dependency on 'hand outs.' Residents felt a need for a sense of fairness in welfare provision and accordingly could be asked to contribute time to volunteering to maintain dignity; to contribute to the community; and to secure support for themselves. The Council could be assisting the third sector, both large and small organisations, to expand its use of volunteers and be supporting volunteers in befriending and peer support. This approach to avoiding dependency would be supplemented by the joint working and sharing of information between providers.

7.6. The Future

It was quite clear to the researchers that this sample of residents, in most areas, was unable to look beyond the immediacy of the pandemic, in contrast to Cowdenbeath and other individual residents, where people were able to see a glimmer of light. When asked about the future, respondents saw it in terms of the presence of the virus. It was apparent to us that some residents were experiencing disempowerment, having been knocked down in so many ways linked to poverty, that they were unable to cope with anything more and the future could only be seen in terms of coping with the present, the now. Individuals were coping with self and were unable to look beyond to the community.

Youth work and adult learning have a strong role to play in rebuilding individual resilience. Physical and emotional health may be facilitated through provision directly or through the local third sector organisations, with outdoor activities, such as gardening and walking. They can facilitate safe face to face contact where and when this is permissible. Also, healthy cooking and support with food parcel recipes is helpful to well-being. Activities online that enhance self-esteem, sense of control over one's life and build confidence are also useful for assisting with wellbeing and rejoining the community.

Regeneration of the economy and physical, social and emotional well-being post Covid 19 are critical to the future of Fife and are germane to Fife's Recovery Plans. Community work needs to be stronger in its identity and influence on planning as it holds the social key to community development and accordingly to local recovery.

In the long term, community development is vital to resilient and well communities. In each of the reports for Fife Council, this has been emphasised. The United Nations defines community development as *"a process where community members come together to take collective action and generate solutions to common problems."* The community can work to explore empowerment to overcome negative barriers; and to tackle the problems of social isolation through a shared community commitment. This will not work if driven solely by the professionals. It requires the involvement of key community drivers and the buy in of the community itself. This requires that means of engaging individuals are sought which build on respect and trust in the community, which once again take time to deliver. There is no short cut to trust. It requires a presence in the community and the development of respect, which is itself a long-term process. Expertise in community development lies in the Community Teams and should contribute at strategic and operational levels to community planning, particularly for recovery.

Residents were asked what services there should be in the future and who should provide them. People's ideas were quite clear about what could be provided and to a lesser extent by whom, but there were no patterns emerging about services, other than a concern for mental health and well-being, food security, financial security, addressing rural isolation and addressing fuel poverty. There was a strong need felt by residents for more information about what was available and where. It was suggested that better communication could take place through social media and direct communication with tenants.

Community engagement is important to reach people who may be isolated for social and economic reasons, as well as reasons linked to rurality; such as transport issues, fuel poverty and physical isolation. Community engagement is important because it has been shown that 90% of health determinants, for example, are not health system related but social and economic (Kilpatrick, 2008). Studies suggest that the majority of 'engaged' individuals perceive that there are benefits for their physical health, psychological health, self-confidence, self-esteem, sense of personal empowerment and social relationships (Milton et al 2010). The social outcomes of community engagement may be particularly important for 'at risk' populations, such as residents in poor social and economic

circumstances, young people starting out on their life journey and older people who tend to be less well connected socially. Accordingly, the approach to adult learning needs to be founded on community engagement not solely the provision of classes and other formal learning opportunities.

Community engagement needs to be part of the responsibility of all relevant services to the rural communities in particular, and needs to be part of the profile of Fife Council partners in their provision.

7.7. Special Populations

The key issue to emerge from the residents' data, as has been found in all parts of Fife, but in particular in Kirkcaldy and Levenmouth areas, is that the need for support post-lockdown will be very strong, both for those with pre-existing conditions and those affected by Covid 19. In the latter case, low mood was mentioned frequently and this was often linked to loneliness and isolation, so is arguably less likely for this population to be a medical and NHS problem and is more likely to be a social problem. This social isolation was apparent in the data for the elderly and for the young, in particular. The issue of young people being 'phased' by Covid 19, as one resident puts it, warrants attention.

At an individual level, children and youth have suddenly lost many of the activities that provide structure, meaning, and a daily rhythm, such as school, extracurricular activities, social interactions, and physical activity, during the pandemic. Over a sustained period, these losses may worsen any depressive symptoms and may further entrench the social withdrawal or hopelessness that they may be experiencing prior to Covid 19. We would also expect a shift in anxious preoccupations from higher-order needs, such as self-esteem and expression, to basic needs, such as food and physical safety (Courtney et al, 2020)

Ensuring the material needs and physical health of communities is the immediate priority in any public health emergency, conflict situation or natural disaster. The mental health needs of young people can easily be overlooked in a public health crisis. There are worries for the effects of the virus in terms of the negative mental health and social consequences borne by young people who have little control over their environmental circumstances. There are many potential adverse consequences for young people who have lost access to structured school and college and work environments. There are broad physical and mental health implications for all young people. Negative physical health consequences such as poorer sleep, poorer diet, increased sedentary behaviour and loss of cardiometabolic fitness are more common and these are likely to relate to poorer mental health during Covid 19 (Power, 2020)

The World Health Organization (WHO) describes a close relationship between physical and mental functions and the level of self-governance and social participation in the community. Social participation has been defined as active participation in a religious, sports, cultural, recreational, political, and volunteer community organizations. Various studies have reported protective effects of social participation for the health of elderly people, being considered as a stimulus to increase the level of physical activity and cognitive functions.

Social participation has been associated with a better quality of life, more muscle mass, balance, cognition and lower comorbidities and disability in older people. Participating in social meetings and activities are stimuli that increase the level of physical activity as well as the interaction with other older adults, stimulating sensory systems, self-esteem, affectivity, emotional and psychological support. As a preventive measure during the COVID-19 pandemic, community organizations have closed. Old people are constrained from visits with family members, therefore the social participation has been restricted. The decreasing of

social interaction produced by social distancing could have a negative impact on mental and physical health in older people, since it has limited the social participation in community organisations and in family activities. (Sepulveda-Loyola, 2020)

Families were struggling with relationships, both from the perspective of being too 'cooped up' together and from the perspective of not seeing other households, particularly older relatives. Home schooling was a struggle for families because they did not have the IT they required; did not know how to use it; and young people's willingness to learn, or lack of willingness. Food insecurity placed considerable stress on families, with parents wondering how to 'feed the bairns.' There was a widespread experience of poverty, with adults worrying and feeling inadequate about whether to buy fuel or Christmas presents for a child.

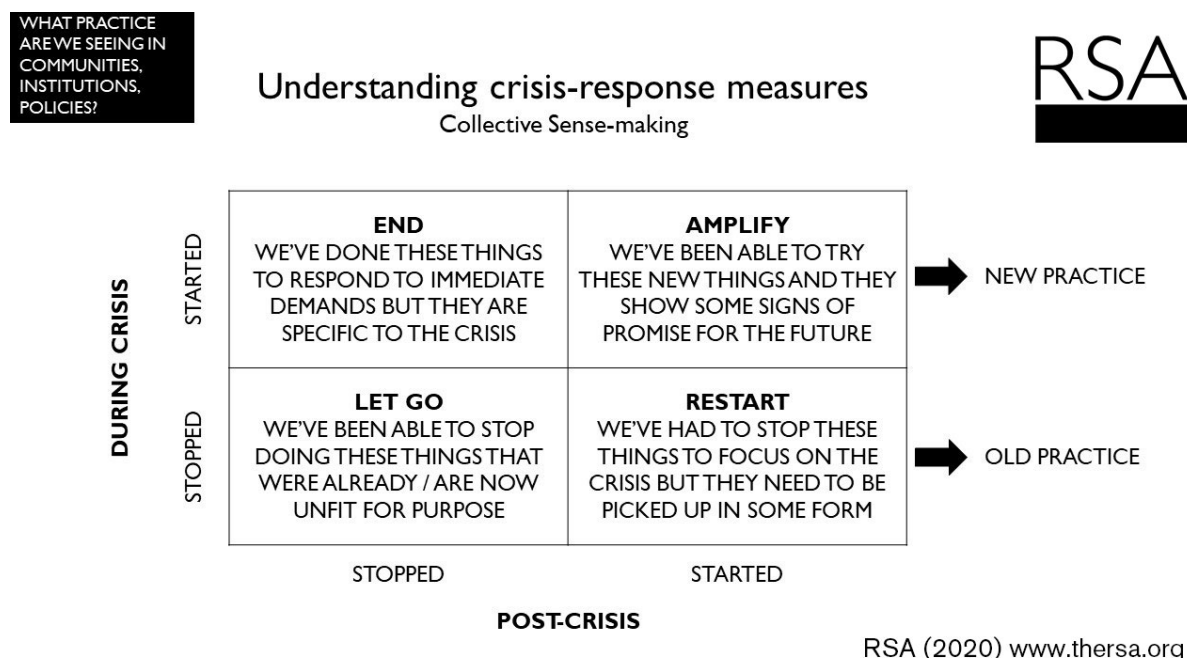
In the longer term, the Council can design and source providers of bespoke approaches for different populations, such as young people, families, singleton dwellers and elderly people; approaches need to be developed, linked to boosting and resilience. This will include measures such as physical and social exercise; befriending; and arts and life skills interventions. Adult learning interventions can focus on resilience and coping for these different populations.

7.8. Third Sector Partnership

Disasters often present communities with a unique opportunity to pause, take stock, and reconsider what it is they truly value. It is well documented that post disaster, many individuals who experience trauma also experience changes in self, interpersonal relationships, outlook on life, spirituality, and new possibilities. Similarly, a community may undergo positive transformational growth following a traumatic disaster event, leading to increased social and cultural capital among its people, higher level of community competence and political influence, and even improved economic development. What is necessary in order to ensure that this is achieved is: (a) community resilience, (b) the leadership capacity to recognize the opportunities for growth that disasters present, and (c) the political will to address the adaptive challenges which underlie ongoing issues faced by that community rather than just providing "Band-Aid" solutions to the symptoms caused by these issues. (Fitzpatrick, 2016). It is quite clear that now is the time for this community work discussed in previous points to be implemented. It needs to begin now.

There was strong evidence that partnership between the Council and the third sector, particularly larger groups, had been strong, but there was an identified need for a period of reflection with the third sector, particularly at local levels with both large and small organisations. People had dived in to meet urgent needs but now needed to analyse what could be done for the future. The model below is proposed for this process of reflection that can be implemented by the Council with the third sector at many different levels but particularly, as indicated in this research, at grass roots implementation levels.

Figure 2



8 Conclusion and Recommendations

As this study was primarily for Community Teams, the Conclusions and Recommendations focus largely on this aspect of the Councils' important work, with particular reference to the third sector, both large and small organisations.

1. Continue localised micro funds to seed voluntary sector activity.

Small amounts of investment can make a big difference and send important signals to communities of recognition and celebration of effort, as well as meeting practical needs. They can provide a bolster to fragile community organisations and can prove important in building up new organisations and community resilience, especially for those organisations tackling food insecurity.

2. Provide opportunities for reflection with the third sector at grass roots levels of both large and small organisations.

As cuts may impact, both public and voluntary sector services, it is more important than ever to forge new links and protect existing ones between the sectors. Strengthening community resilience can not be done in a traditional top-down way, but neither can communities 'go it alone.' Public and third sector organisations continue to have a vital role, particularly the very local, small organisations. An opportunity for reflection is timely and can be facilitated by the Community Teams in a virtual environment, if necessary. Connections are vital to

resilience and the Community Teams can play an important role in bringing people together in the third sector to consider the questions in the RSA model in this document.

3. Design a CLD Approach to Mental Health and Well-Being

A short term and longer term CLD leadership approach to individual and community mental health and wellbeing should be devised to embed resilience and coping in youth work, adult learning and community development approaches. This should embed youth work and adult learning in a community development framework which tackles the 3 levels of activity described in the Discussion of this report – individual, community and system/strategic. A plan should be devised for the short and longer term; which audits, provides, and sources support to promote resilience, in partnership with the third sector. This can be achieved holding virtual meetings with third sector providers both large and small, particularly at implementation levels; with the Council staff providing a leadership and facilitative role at these operational levels. Training can be provided by the Community Team to volunteers in the third sector, at very local levels, in befriending, peer support and 'signposting'. This will complement already strong links with the NHS.

4. Research and Consultation

The Community Team can provide a research and consultation presence in the community, answering questions crucial to aspirations and recovery, especially including those who are seldom heard, as well as active community leaders. This will assist with the development of plans to further Community Resilience.

5. Longitudinal Community Development.

The United Nations defines community development as *"a process where community members come together to take collective action and generate solutions to common problems."* The community can work to explore empowerment to overcome negative barriers; and to tackle the problems of social isolation through a shared community commitment. This will not work if driven solely by the professionals. It requires the involvement of key community drivers and the buy in of the community itself. This requires that means of engaging individuals are sought which build on respect and trust in the community, which once again take time to deliver. There is no short cut to trust. It requires a presence in the community and the development of respect. A long-term approach is necessary and the skill for this community development within the Council, lies largely within the CLD workforce.

The Community Empowerment Act (2015) sets out the Scottish Government's intention to help communities to do more for themselves and have more say in decisions that affect them. The Guidance to the Act says, public bodies should work with communities to make sure their services do what people need. It aims to meet the needs and ambitions of local people so the voices of local people are especially important. The focus on community resilience will be an important dimension of the response to this Act through Community Empowerment Plans.

6. Community Engagement

Community engagement is important to reach people who may be isolated for social and economic reasons, as well as reasons linked to rurality; such as transport issues, fuel poverty and physical isolation. Community engagement is important because it has been shown that 90% of health determinants, for example, are not health system related but social and economic (Kilpatrick, 2008). Studies suggest that the majority of 'engaged'

individuals perceive that there are benefits for their physical health, psychological health, self-confidence, self-esteem, sense of personal empowerment and social relationships (Milton et al 2010). The social outcomes of community engagement may be particularly important for 'at risk' populations, such as residents in poor social and economic circumstances, young people starting out on their life journey and older people who tend to be less well connected socially (ibid). Accordingly, the approach to adult learning needs to be founded on community engagement not solely the provision of classes and other formal learning opportunities.

Community engagement needs to be part of the responsibility of all relevant services to the rural communities, not just the CLD team and needs to be part of the profile of Fife Council partners in their provision.

RECOMMENDATIONS

1. Urgently audit - in association with the NHS, key stakeholders and people with lived experience, the resources available to promote well-being through befriending and peer support - to seek means of plugging gaps.
2. Source training for volunteers in how and where to 'signpost' people for support.
3. Seek further online means of linking people at the margins of communities (including, in particular, elderly people) with, for example, digital champions.
4. Prioritise safe adult learning and youth work programmes that promote resilience and target vulnerable populations. This will include youth work and adult learning programmes that enhance self-esteem, confidence, personal coping skills and target healthy living, through *inter alia* arts, culture and outdoor activities.
5. Organise at community level, partnership programmes that seek to reflect on the Covid 19 experience and put in place joint plans for short and long term, work to capitalise on growth in volunteering.
6. Use the third sector as much as is possible for food security. Facilitate discussion between providers, including established third sector organisations and local community organisations; to ensure best use is made of available resources; to avoid duplication; and to facilitate local 'signposting.'
7. Encourage community pantries, that require some contribution, to promote dignity, implementing the Independent Working Group on Food Poverty's (2016) 4 dignity principles. Encourage volunteering with these services by users and train service providers to work WITH people not so much FOR them.
8. Seek to return CLD staff to their community development roles, as soon as possible, to promote community resilience in their own service and within the third sector. In addition, use their local knowledge in community emergency and recovery planning at both strategic and local levels.
9. Research the aspirations for the future of vulnerable and disadvantaged people to ensure that future plans meet the needs of the 'seldom heard' and most at risk.
10. Organise refresher training for all CLD staff in principles of community development, so that all service provision is embedded in a goal of community resilience.

11. Expand existing programmes of political literacy to all areas of Fife. Consistent with the terms of the Community Empowerment Act (2015), this will provide 'voice' for all 'seldom heard' residents of Fife.
12. Research the important question concerning, what contributes to one community being more resilient than another in Fife, looking *inter alia* at psychological, social, geographical and cultural factors.

9 References

- Arbon, P. (2021) Developing a model and tool to measure community disaster resilience <https://knowledge.aidr.org.au/resources/ajem-oct-2014-developing-a-model-and-tool-to-measure-community-disaster-resilience/> Retrieved January, 2021
- Arbon, P., Gebbie, K., Cusack, L., Perera, S., Verdonk, S. (2012) ***Developing a Model and Tool to Measure Community Disaster Resilience: Final Report October 2012*** TORRENS Resilience Institute (2012) Retrieved January, 2021.
- Debanjan Banerje, D & and Rai, (2020) Social isolation in Covid-19: The impact of loneliness. **International Journal of Social Psychiatry**, 2020, Vol. 66(6) 525–527
- Booth, S., Begley, A., Mackintosh, B., Kerr, D., Jancey, J., Craher, M., Whelan, J., Pollard, C. (2018) Gratitude, resignation and the desire for dignity: lived experience of food charity recipients and their recommendations for improvement, Perth, Western Australia Published online by Cambridge University Press: 27 June 2018
Public Health Nutrition, Volume 21, Issue 15, October 2018, pp. 2831 - 2841
DOI: <https://doi.org/10.1017/S1368980018001428>
- Herrman, H; Stewart, D; Natalia Diaz-Granados, Berger, L., Beth Jackson, B.; Yuen, T. (2011) What is resilience? **Can J Psychiatry**. 2011;56(5):258–265.
- Independent Working Group on Food Poverty (2016) Dignity: Ending hunger together in Scotland. Scottish Government, Edinburgh.
- Keck, M., Sakdapolrak, P. (2013) What is Social Resilience? Lesson learned and Ways forward. **Erkund** Vol. 67, No. 1, 5 – 19
- Kilpatrick, S. (2009) Multi-level rural community engagement in health. **Australian Journal of rural Health** 17, 39 – 44.
- Kirmayer, L., Sehdev, M., Whitley, R., Dandeneau, S., Isaac, C., (2009) Community Resilience: Models, Metaphors and Measures
Journal of Aboriginal Health, November 2009 63 – 117
- Marmot, M. (2020). ***The Richard Scott Lecture. Health Equality in England***; The Marmot Review ten years on. Professor Sir Michael Marmot, FRCP. University of Edinburgh
Pietrabissa, G. & Simpson, S (2020) Psychological Consequences of Social Isolation During COVID-19 Outbreak *Front. Psychol.*, 09 September 2020
| <https://doi.org/10.3389/fpsyg.2020.02201> Retrieved, January 2021
- McArdle, Briggs, S., Forrester, K., Garrett, E., McKay, C. (2020) **The Impact of Community Work: How to gather evidence**. Policy Press, Bristol.
- Milton, B., Attree, P., French, B., Poval, S., Whitehead, M., Popay, J. (2011) The impact of community engagement on health and social outcomes: a systematic review. *Community Development Journal* Advance Access June 23, 2011.

The Joseph Rowntree Foundation (2021) UK Poverty 2020/2021. Annual Report
www.jrf.org.uk Accessed 25/01/2020

Sepulveda-Loyola, W., Rodriguez-Sanchez, I., Ganz, F., Torralba, R., Oliveira, D., Rodriguez-Manas (2020) Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations. The Journal of Nutrition, Health, and Aging, 2020

The Young Foundation (2012) ***Adapting to Change: The role of community resilience.***
The Young Foundation, 18 Victoria Park Square London E2 9PF

APPENDIX A ; Exemplar of Area Residents' Research Interview Schedule: Past, Present and Future: Covid 19

Hello, my name is XXXX. This research is being done by Fife Council to find out the impact of Covid 19, the virus, on residents of theXXXX area and what this means for the future. You have been chosen because XXXXX. (*I know you; you have used Fife Council service, or similar explanation*). The Council and partners want to shape services around your experience of using them. We are looking for your feedback in order to shape the future help we offer and how and when we get that support to you and others.

The research will be used to help decide what use is made of services now and in the future by the Council.

Please can I record the interview. It is so that I can easily manage the answers to the questions. No one will hear the recording except me and Karen McArdle, the Senior Researcher. (*If they say no, you have to take notes*).

A report will be written of the research and your name will not be used. No one will know it was you who was interviewed, except me.

The interview should last about half an hour, are you happy to start? You can stop at any time.

(The aim is to get the conversation going so you do not need to use all these questions. Just remember the aims of the research and themes we discussed)

1. Can you remember the first time you heard about Covid 19, the virus?
2. How long have you been in lockdown, can you remember?
3. Who was in lockdown with you?
4. Were you or anyone else shielding or self isolating?
5. What's it like for you?
6. What's it like for the people you live with (if applicable)?
7. What about family or friends. How are they coping?
8. How was it at the beginning? Did it get easier/harder as time went on?
9. How does it make you feel?
10. What was life like, before the virus?
11. How is life now?
12. How have you spent your time in lockdown?
13. How will life be for you, in the future if the virus continues?
14. If there was a second wave of Covid 19, how would you cope? What would you do differently, if anything?

Please make sure and cover the following, if they have not already been covered.

15. How has it been moneywise? How have you coped?
 - Have you received any financial support, benefits?
 - what was that like?
 - How did you feel?

- how should this be done in the future?

16. How has it been food-wise? How have you coped?

- Have you used food boxes or food banks or local food projects (e.g. community fridge, Pantry, food bank)?
- Have you used Supermarket vouchers?
- If you used food banks or projects, did you go in person or get a delivery?
- If so, how were these?
- If so, how did you feel?
- How should this be managed in the future? Who should provide it?

17. Have you missed seeing other people? How have you coped?

- Are you social distancing, if you do see other people?
- Have you ever felt down?
- What support could there be for mental wellbeing in the future?
- Who should provide it?

18. *(If applicable)* Have you been doing home schooling with your children/grandchildren? How have you coped?

- How was it having the kids at home?
- Did you have online access for schooling?
- Have you used any support for it?
 - How was it
 - How did you feel?

19. Have you used any other Fife Council or charity supports during the lockdown period?

- What did you use?
- Did you use any local groups?
- Have these services been helpful?
- How did you feel?
- Is there anything else you would like to see in the future, that was missing?
- Who would provide this?
- Did you use any online services?

20. If you need help after Covid 19, in the future, what help would you prefer?

- Cash?
- Food banks?
- Supermarket vouchers?
- other forms of support? Please specify. . . .

19. If you needed fuel (electric and gas) support, would you prefer cash, or if someone came to do the fuel for you?

20. Are there any issues about travel and transport in your area?

- If so, what are these issues?
- How could any problems be fixed?

21. Can you get online at home?

- If yes, how (phone or broadband at home)?
- If yes, are you able to do everything you need to do?
- If no, why do you not have access? (cost, lack of knowledge, not available)

22. Is there anything you would like to talk about that I haven't asked you about yet?

23. Can I finally ask you your age?
24. Where do you live? (name of town or village)

Thank the participant for their time and contribution to the research.
(The aim is to get people to say as much as possible in their own words. You can stimulate this with the following kind of follow-up questions below:

- What makes you say that?
- Can you give me an example?
- Can you tell me about a time when that happened?
- How did it make you feel?
- Why? Where? How? When?
- Explain a bit more about that.
- I'm not sure I understood/got that; can you say a bit more?
- What exactly did you/she/he/they say?)

Appendix B: Questions for Community Groups

1. What is the purpose of your community group/charity/organization?
2. Do you provide services to the community?
 - If yes, what are these?
 - Where do you provide them (location)?
 - Who are they for?
3. What has been the impact of Covid 19 on your group/charity/organisation?
4. How, if at all, will this impact on services in the future?
5. What do you think are the key challenges for people living in this this area of fife?
6. What do you think the 'new normal' will be like after Covid 19?
7. What do you think the new normal should be like?
8. What do you think a good future for the area would look like?
9. How can you and your group/charity/organisation contribute to this future?
10. What do you think the Council should do to contribute to this future?

Thanks

Appendix C: Questions for Staff

- Tell me about your work during Covid 19?
-
- How did this differ from your usual work?
-
- What are the key challenges facing residents in the area post-lockdown?
-
- How will your work contribute to remedying this?
-
- What do you think the new normal will be like?
-
- What should the new normal be like?
-
- What would be a good future for the area?
-
- How can you contribute to achieving this?
-
- What is the purpose of what you do professionally?
-
- How does this contribute to the good future?

Appendix D

These questions are selected and derived from Arbon (2021) and are designed to assist with thinking about Community Connectedness in a pandemic context.

- What proportion of your population is engaged with organisations (e.g. youth work, adult learning, clubs, service groups, sports teams, churches, library)?
- Do members of the community have access to a range of communication systems that allow information to flow during the emergency?
- What is the level of communication between local governing body and population?
- What is the relationship of your community with the larger region? What is the degree of connectedness across community groups? (e.g. ethnicities/sub-cultures/age groups/ new residents not in your community when last disaster happened)
- What is the rate of the resident population change in the last five years?
- What proportion of the resident population prefers communication in a language other than English?
- Has the transient population (e.g. tourists, transient workers) been included in planning for response and recovery?
- What is the risk that your community could be isolated during an emergency event?
- To what extent and level are households within the community engaged in planning for the pandemic and recovery?
- Are there planned activities to reach the entire community about resilience?
- What proportion of population with skills useful in emergency response/ recovery (e.g. first aid, safe food handling, volunteers) can be mobilised if needed?
- To what extent are all educational institutions (public/private schools, all levels including early child care) engaged in emergency preparedness education?
- How are available medical and public health services included in emergency planning?
- What is the level of food/fuel security in the community?