

‘Work Together for a Common End.’

Glenrothes

A Research Report
for
Fife Council



Professor Karen McArdle (Emerita) FRSA
University of Aberdeen
k.a.mcardle@abdn.ac.uk

Fife Council, January, 2021

1. Introduction

This report is an inquiry into experiences of Covid 19 for residents, including vulnerable and disadvantaged people, in Glenrothes, Fife, Scotland. The study was commissioned by the Team Leader (Community Development), JP Easton for the Communities Directorate in Fife Council, in order to assist with planning for the Community Team. The phrase used in the title of the report: **“Work together for a common end”** is a quotation from a member of the voluntary sector and refers to the success of, and identified need for, continuing partnership between this sector and Fife Council.

Fife Council has established seven area committees, based upon recognised groupings of the 22 wards. The Glenrothes Area Committee reinforces the Council’s commitment to localised decision making, in addressing the differing needs of the communities.

Glenrothes is a town situated in the heart of Fife, in East-central Scotland. It is about 30 miles North of Edinburgh and 30 miles South of Dundee. The town had a population of 39,277 in the 2011 census, making it the third largest settlement in Fife

The Glenrothes area has a good central location within Fife. Glenrothes is a new town established in 1948, with the wider Glenrothes area consisting of several historic towns and villages including Markinch and Leslie. The area is founded on former agricultural land and paper making towns and has grown to become the administrative centre of Fife. The Glenrothes Local Plan states that the new town has a great deal to offer including ample green space, a collection of town art and other major resources such as the Michael Woods Sports & Leisure Centre, an indoor artificial grass football pitch, the Rothies Halls Theatre, a large indoor Shopping Centre, Fife College Stenton Campus, an independent cinema and several industrial estates, the base for many light and medium industries. Glenrothes has been commended in a national competition for Enterprise and has an Enterprise Hub – encouraging and supporting entrepreneurial developments. With two major rail links and its location on the A92, there is easy access to other areas of Fife.

The Glenrothes Local Plan also states that the impact of Welfare Reform and Universal Credit have increased the levels of poverty experienced by people in the Glenrothes area, creating further challenges including: an educational attainment gap between children from the least and most affluent areas, an increase in rent arrears, people falling into debt, and the associated impact of poverty on people’s health and wellbeing. With the loss of two major employers, unemployment has become more of an issue. Growing numbers of older people and young people’s potential to disengage from mainstream education are further challenges. Additionally, mental health, alcohol and substance misuse levels in the area remain a concern states the Glenrothes Local Plan.

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 Community Team in Glenrothes to plan delivery of community services across the area. Community work in Scotland has a strong tradition of community development; youth work; adult education, including second chance education; literacy and numeracy; and recreational programmes, which include the arts, for example; employment programmes; life skills; and more recently ESOL. Principles that underpin community work of Community Learning and Development (CLD) professionals who work across these three areas 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)

At national level, the Scottish Government emphasises the significance of adult learning to its agenda for social justice, as outlined in its 'Statement of Ambition', which is currently being updated. Programmes of local government adult learning are regularly reviewed by Her Majesty's Inspectorate of Education (HMIE). Community work is also included in the profile of Community Empowerment Plans; plans which are required through Scottish Government legislation. Accordingly, CLD work has a strong policy and social presence in Scottish politics at local and national levels. 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. Empowerment is an underpinning principle of community development, adult learning and youth work services in particular.

2. The Researcher

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, and has worked there in the past and knows the Fife area quite well.

3. Background

The study, which is the subject of this report, sought to explore the experiences of residents of Glenrothes, including in particular disadvantaged people, during the first and second wave of Covid 19. The interviews came at a time just before a vaccine became available and just as there was the emergence of new variants of 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 in and 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 everyone, as the pandemic has developed and we now see patterns concerning those most likely to contract the virus, which includes those in dense living conditions and elderly and/or vulnerable people because of health conditions, as examples.

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?). This report is part of a suite of reports for Fife Council and followed on from 5 others, already completed, to look in addition to the experiences of Covid 19 at local attitudes and aspirations for the future.

The research questions were:

- **What has been the experience of residents of the Glenrothes 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 aspirations of residents for the future?**
- **What are the implications for Fife Council, in particular the Community Team, and partners in Glenrothes area?**

The research required the direct participation of the staff from the Community Team and third sector partners 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. Thanks are due to the staff who undertook these interviews and to the residents of the Glenrothes area, who were so generous with their opinions and their time.

The sample, that was chosen, as the focus of the study, was a sample of people, 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 during Covid 19 lockdown. This was considered to be a good indicator of experience of need and difficulty. In some cases, these people were already known to community learning and development staff.

We interviewed 18 people, with a good spread of age and circumstances, such as being alone, being a couple, a young person, 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.

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 is not comparable with another person but, just as stars are all different but shine with the same light, so narrative inquiry case studies may be viewed as a constellation, with similarities between people being the shining light.

We wanted to get a broad view of the issues present in the Glenrothes 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. It is a credit to the small staff team in Glenrothes that people with the characteristics required were located and interviewed in a compressed timescale and in the complicated environment of Covid19.

Additionally, 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 narrative inquiry.

Interviews were, in the main, recorded and were partially transcribed by Professor McArdle, who 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 interviewed a sample of 5 community organisations in the Glenrothes area. This 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.

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 a part of the population was vulnerable, Community Learning and Development (CLD) staff and community workers, 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 about 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, though small, 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 the Glenrothes area 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 within the frame of the Covid 19 context. The views expressed in this report were the veritable opinions of the residents of the areas. Certain themes were introduced following on from the narrative inquiry and these concerned aspirations of the residents and regeneration, as can be seen in the interview schedule at Appendix A.

Respondents from local community groups were interviewed to provide additional local knowledge and to assist with triangulation, providing the context for analysis of the data. Five respondents were included in this part of the research

Four staff from the Community Team including one partner staff member were interviewed in a focus group by Professor McArdle to again assist with triangulation of the data and to provide another professional and local knowledge view of the area.

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 and the complexity of people's lives during Covid.

The quotations in this section, have been selected to show the range and frequency of ideas. All interviews were analysed but not all are included in this report. We have indicated the sex, age and dwelling of the individuals quoted where these were available. Where necessary, some details have been omitted to prevent identification of individuals.

4.1 Mood during Covid 19

During the Covid period, moods across residents in the Glenrothes area were, not surprisingly, negative. They generally started with disbelief, fear and anxiety. People tried hard to cope but lives described had often been difficult prior to Covid 19 and issues had been exacerbated by the pandemic. There appeared to be a lack of individual coping strategies in our sample.

Was frustrating and sad at first but got used to it. Not really changed much, as me and my daughter spent a lot of time at home, but my daughter did an activity which she misses, so sometimes she does it online (Woman, 47, Collydean)

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)

Things are a bit bleak, the day passes then you go to sleep. Then it's the next day and this is been going on for months now. (Man, 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)

My kids told me in March about the virus. I've being isolating for the last 6/7 months with my husband and three children and to be honest, it's been hell. I'm living a nightmare and can't get out of it. Along with my health condition, the kids have been stressful, as well as my man. It's put pressure on my marriage. We are so close to calling it a day.

I don't have any friends. My husband cheated on me with someone I thought was my best friend during the lockdown on top of everything else. Right now my family life is not in a good place. We are always arguing but I'm stuck. I can't manage on my own.

Lockdown made things a lot harder for me. I'm seriously depressed. Never have I wanted to hurt myself more than I do now. The only things that stops me is my kids. (Woman, 30, Thornton)

Yeah I heard about it when it was in China and then Italy and we were three weeks behind it and then it was horrible. Yeah, I've been alone so it's been dragging on. Just me and the cat. Time stood still, nothing really happened. It's a bit weird. . . It's getting harder as time goes on. I thought it would be a pattern thing. It's, it's, my head's gone blank . . . I want everybody to be alright and if they're all right then I'm all right I want everybody to be . . . What's going to happen about all this what's gonnae sort itself' out. . . I feel quite shut off. (Man, Auchmuty)

I'm used to it (lockdown) anyway because I've been like that for 4 years anyway. Just turned 40 myself so I'm used to lockdown anyway. It's exactly it, what I experienced anyway. . . . No no one with me. It's horrible. . . .My mother disowned me four years ago because, when I was in an accident, she took my two dogs home knowing they were going to get put to sleep. She gave permission to put them to sleep 'cause she's

my next of kin even though, she was able to sell my dirt bike, do my banking, and sold my van and stuff but I'm still . . . It's not right, man. (Man, 40, Newcastle)

Been in lockdown about five, six, seven months. . . Forever . . . Boring because I've got respiratory problems. I wisnae able to go out but I didn't want to go out. In case I caught anything. I've got asthma. (Woman, 49, Cadham)

I was just on my own it was hard because I, that was tough. I was just staying in but I got through it. . .

With people dying and stuff like that and then worrying about your own family and that, I started taking it seriously. I think it got easier as time went on but I think it was, I think it's just anxious now because I think we're going into another lockdown, so just waiting to see if I see my bairns again.

. . . Well I pretty much got them (bairns) taken off me because of my mental health. Ehm, back in December, one's with um her dad and the youngest is with my mum. I'm trying to fight in court to get them back, through social work but they're off me now. Over this time, it's been more tough because I can't get Panels. The meetings are online and you have to, you know, and that's been really tough. But I'm hoping at some point we'll get through this. Hopefully I can get them back. (It makes me feel) like c**p! (Woman, 28)

I've been in lockdown since March, with my two children and my partner. It's been really hard. Mentally and emotionally. Um, I just had um, my daughter and um Down syndrome diagnosis and I had a two year old boy, um and just um not getting to do normal things. Having a new baby and like not getting the support that, That sort of I needed. The support started off then stopped. (Woman, 23, Collydean)

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. Some found the distance from relatives to be challenging, for others the unremitting proximity of other family members was stressful.

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

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)

It was a lot harder for my mum. She was working and it totally killed her not being able to see her grandson. It was just as hard when I couldn't see my dad. He lives in Essex and had to cancel his visits to me three times.

Before this happened, I had a normal life, going to shops, seeing family and friends. The virus left me feeling I'd lost my freedom and totally shut off from the world. Stuck

in the house was a nightmare. It's scary to think life won't be normal again for a long time. I'm really worried for my child, family, friends and everyone involved in my life.(Woman, 16, Auchmuty)

I missed seeing family but mainly my mum and sister. Its been hard social distancing and not seeing them especially when I needed help and when my husband cheated on me. I felt let down over and over again by NHS, Fife Council and the Welfare Fund. I'd been left with not enough money, isolated and to cope with the virus and my condition by myself. If I didn't have your work helping me (CLD), I don't know where my mental health would have been and what support is there for me in the future. I have trust issues with people I don't know. (Woman, 30, Thornton)

All right because my son, my brother they're all working from home. Um my son's come down to see me . I think they're all right but nobody seems very happy with the whole thing.

Well I've got my mom and older kids and I wasn't able to see them either. . . Upset that I couldnae see them as much as I liked. . . Just FaceTime all the time. . . I'm not really into all the technology side of things, video calls and that but, when I ken it's family, everything is not so bad.

My son he was just like, why cannae I see my big sister and I had to explain to him. (Woman, 49, Cadham)

I've just got Gran 'cause she was in (hopsital?) before that and she was just getting out back to our own house so I was glad of that. And she's got kind of a live-in carer, so I was more concerned about her than my mum. It was their welfare. (Woman, 28)

It was difficult for my little boy, because he was used to being with family, um, to soft plays and that and that just stopped. It was difficult for my little boy as well on me and my partner. . . . Family was sort of the same, they were missing seeing my children. The grandkids and stuff and um. My friend's got two wee boys and she is in the same situation; she was like finding it difficult as well.

. . I didn't cope very well, I just It was like depression because I didn't get support From family and just not seeing anyone. I was just really isolated. (Woman, 23, Collydean)

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 reported amongst respondents.

Yes, I am really happy with them (supporters). I have had my dog during Covid. Aye he's good company. I go to Glenrothes Town Centre on Tuesdays for 2/3 hours. I have a podiatrist every 2 weeks and I have to pay for her. I have a cleaner on a Monday, a nurse once a week and have to pay for that too. My money is going down, you know. (Woman, 84, Finlassie)

We received a shielding box but only for a month, as we got regular shopping slots and we felt that other people deserved this support more than me and A (husband) (Woman, 65, Balfarg)

Fortunately, yes, I have managed my money and not struggled to pay bills and buy food. I don't go out much, so don't spend lots of money. (Woman, 47, Collydean)

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)

I don't have any financial difficulties and have never received any financial support or benefits. I'm not sure how financial support should be managed or who should provide it but I do think that something more should be done for those who really need it. (Man, 74, Stenton)

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)

It's been all right, my money went up. My Universal Credit. I wondered why it was happening and I wondered where the government is getting all this money from. Do they just conjure the money up and is everyone going to be heavily taxed for the next 20 years to pay it back? Some people on furlough got two grand and some people have got twelve grand. My cousin got quite a lot, but another guy I know didn't. (Man, Auchmuty)

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)

Well to start with it was a bit easier 'cause I wasn't really spending as much, like I wasn't really going out. I thought it would have been a bit better because I just wasn't able to um buy stuff um. Financially, um, it's still been a struggle. Like apart from getting on Universal Credit and getting housing benefit and stuff um like at the end of stuff all my bills and that I'm struggling just worrying about how I'll be able to afford this and stuff. (Woman, 23, Collydean)

4.4. Food

Food insecurity was a strong feature highlighted by most people in the study. Gratitude for much-needed support was strong. People considered themselves to be okay, although they were using supports, suggesting this was possibly a normal state of being, to use this food support.

Yes, we have been fine for money but struggled to get shopping slots from Morrisons when lock down was first in March. I feel sorry for people who struggle to buy food and people in poverty. (Woman, 65, Balfarg)

I used Fife Voluntary Action for shopping and Collydean Community Centre (Woman, 65, Balfarg)

I have been ok, and my local community centre had a community larder. (Woman, 47, Collydean)

Well my grand daughter brought me food. I tried to use Ring a Ride to go to Morrisons but you only get a timed slot and it was too short for me to go round the store with my mobility scooter. So I asked Morrison's if they could help me in any way. I have always done that you know. I asked my MP to get a pavement fixed and he did. I have always been good at that. (Woman, 84, Finlassie)

We hadn't coped foodwise at all. We got food boxes but some of the stuff we didn't like. We were grateful for them but, at the same time, it was hard forcing yourself to eat something you didn't like. I think the government needs to step up and ask people what they want. I mean people are used to eating what they can afford to buy. Not everyone likes pasta, pasta, pasta!!! (Woman, 16, Auchmuty)

I got two boxes delivered from the government at the beginning of lockdown, but with a small appetite, and too much food in the boxes, plus poor quality in my opinion, it was too much for me. I resorted to ordering food online and getting it delivered which was much better for me. (Man, 74, Stenton)

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)

Just doing my shopping at Asda. When it's quiet, I dinnae like wearing a mask. I am convinced I cannae breathe with it properly on. Getting the bus is horrible because you have to wear a mask. I was going to Markies for my shopping and I had my mask on, earphones on, I kept bumping into people I didn't know what I was doing. . . From the lassie that gave me the Kindle . . . this big, huge food parcel came. It was a really good one and I was delighted. The Kindle's no working again because I cannae hotspot it. (Man, Auchmuty)

I got two food parcels with lots of food that lasted me a couple of weeks. And I've still got tins of stuff. That was good. I was so impressed actually because, before Covid 19, any food parcel would be just like one bag but this was like boxes of stuff. It wasn't just like one small parcel. It was like 5 or 6 full bags of stuff. . . . My link social worker was braw, because my mum got me charged for sending too many messages. . . The only reason I was charged was 'cause they were trying to get money from me. She, C (social worker) was there every week for me. Well if the COVID-19 hadn't happened, I'd of had to go down to the council to meet her every week. Cause of Covid 19 it was just conversations over the phone. . . Yes I felt a bit supported. (Man, 40, Newcastle)

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)

No (haven't had food boxes) I've been quite lucky that way but Gran she's had to use, to get her food delivered. But she had to pay for that. So it wasn't quite right considering her age, the services, I don't know if that was just 'cause of my mum. . . She's got dementia she has to live with her carer and she's got hersel too. So, I just think It was hard for my Gran for anything and her age now, with dementia and I think you have to get a bit back do you know what I mean. (Woman, 28)

4.5 Future

Whilst obviously, nobody wanted the virus to be prolonged, there were signs across the community that, within a second wave, people would struggle to cope. People's response to the question about the future was to focus almost exclusively on the short term and the virus. People were unable to see beyond to any kind of 'new normal.'

We will struggle, especially with the dark nights coming in. We will probably have problems accessing a delivery for shopping as we struggled in March to book slots. (Woman, 65, Balfarg)

I am ok at the moment but worried about the future . . . seems to be a second wave and am just waiting to hear the news.

How will life be for you in the future if the virus continues?

Probably just the same but I know life is much better because my daughter is better behaved. I hope I can get a delivery slot for shopping as I did struggle at the first lockdown.

I can't think but hope people will listen and do as the government says if there are new restrictions. (Woman, 47, Collydean)

I can't bear to think what life will be like for me in the future if the virus continues. It would be way off track and the life I used to have would be gone. (Woman, 30, Thornton)

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 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, 28)

It just makes me feel scared for the future and stuff. Like, not scared but just, just for the future like my wee boy's at nursery so I'm just worried about family and friends and . . (Life now) it's not easy but not just, it's just difficult at the moment. Things going on with the Covid as well. (Woman, 23, Collydean)

4.6 Future Services

When asked about future services they would like to see, many people focused on present problems, quite understandably, with food and finance being concerns expressed unprompted, alongside a strong need for support with mental health and well being, again unprompted. There was a preference for cash as a means of support.

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 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)

I would like my care for free. Not having to pay for nurses because my money is going down you know. See if you can get the Council to do that. Just because I own my house doesn't mean I am a millionaire.

Oh that would be good (Offer to look into care costs). I have a Council Befriender and she is really good. My late husband had a tablet. I have had two husbands and they have both died. It is such a pity but my last one left a tablet. So the befriender is going to come round and show me how to use it. (Woman, 84, Finlassie)

I think I would prefer cash. (Woman, 47, Collydean)

After all this with the virus I think I'd prefer cash to help us get out of arrears, supermarket vouchers to choose my own food and the welfare fund to help with gas

and electric as the money we have just now isn't covering us each month. (Woman, 30, Thornton)

Before lockdown, I had used NHS transport for hospital appointments which I found stressful leaving at 8.00 am and not returning home until 5.00 pm. My friend lives in Clackmannanshire and it wasn't reasonable to ask him to travel the distance involved. I had breathing problems and wasn't able to manage up and down the stairs to take my rubbish from the top of 2-storey flat to the communal bins outside. A request went in to Fife Voluntary Action Helping Hands project for help with hospital transport and uplifting my rubbish.

Between Community Learning & Development and Auchmuty & Dovecot Tenants' & Residents' Association, I got transported almost daily for 3 weeks to Western General Hospital in Edinburgh for radiotherapy. A staff member from Community Learning & Development lifted my rubbish to the communal bins. Because of my health difficulties and struggle to climb upstairs to my flat, Community Learning & Development contacted Fife Council Housing Services and supported me with my application to get more suitable ground floor accommodation. This was successful but my next problem was how was I going to manage to move homes.

Housing Services would only give me 2 days to move or charges would apply for 2 homes. I didn't find this decision very helpful or compassionate given my health difficulties. Community Learning & Development staff, Auchmuty & Dovecot Tenants and Residents Association volunteers and my friend stepped forward to help me move into my new home, decorated and built furniture.

They also supported me with Occupational Therapy trying to get a mobility scooter and ramp but I ended up having to purchase these myself. Auchmuty & Dovecot Tenants and Residents Association volunteers and my friend installed the ramp on one side of my house and built me a ramp on the other side. Independence was important to me and their help meant I could access the outdoors independently. Without their help I would still be stuck indoors in the top of a 2-storey flat, socially isolated. Their help showed me there were still caring, helpful and compassionate people in this world. It was certainly good for my mental health having cheerful staff helping me and giving me encouragement and support. Nothing was a problem to them. I can't help but think I wouldn't have had this help if it wasn't for coronavirus. Mind you, it raised my anxiety levels when some services wouldn't be flexible with their policies and procedures to help me during the lockdown. It certainly wasn't helpful in any way.

The help I'd benefit from in the future, is continued contact and support from Fife Council Community Learning & Development staff and Auchmuty & Dovecot Tenants and Residents Association volunteers. I have built up a good relationship with the staff and volunteers and don't really welcome the idea of going back to being socially isolated and unable to get support if and when I need it

I'd got help from the Occupational Therapist who put in the rails, a banister and a bath board when we moved into our new house but haven't had any help from them since the virus started. I'd been left with bare floors downstairs because we didn't have money to get floor covering but you helped me with welfare fund application and guess what, I've just been told I'm getting money to cover my floors. I feel less anxious because I know and trust you and know you will do your best for me and my kids. You are helping me with PIP application as well so that should help us with money if I get it. It would be great if more support was offered by medical people, Social Work and

Housing in the future rather than me having to get so frustrated hunting for support. .
(Man, 74, Stenton)

I don't really need this money because I don't smoke or drink I just use it for food it's just when I have nae got it. Then I start freaking out thinking why. So that didn't answer your question like. Cash. I didn't like the stuff from the food bank because I'm too fussy with what I eat, aye. (Man, Auchmuty)

Just the same delivery. Deliveries of food deliveries of food. For 4 years, because of COVID-19 they took away my slot, because I was paying £5 for a slot, as I was using Asda online but because of Covid my slot was knocked out of place. Since COVID-19 I've never had online shopping like before. The only shopping I've had is when somebody's collected it. (Man, 40, Newcastle)

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)

I think mental health is definitely going to need something. There isn't enough support out there for individual needs . . . They just give me pills and then I'm on edge and there's nothing . . . I think everyone should provide it. I don't think . . . the NHS does everything. But I don't know what other services are. I think if everyone did it that would be better.

Other forms of support. That would be like um support with mental health and my kids. Support just trying to get back into work and stuff. (Woman, 28)

(Mental health support in the future) should be you (CLD worker), my health visitor, family. There's other support, there's the paediatrician . . . I find it a little bit hard talking over the phone, not face to face but yeah I find it OK. . . I don't know like I don't know in the future I'd like just to see a fresh start like a new home and um sort of like a fresh start um. (Woman, 23, Collydean)

4.9. Other Issues

Respondents were asked if there were any other issues they would like to discuss and most raised issues that appeared to be close to their hearts. There was a range of individual needs that need to be addressed, rather than clustered needs. Home schooling had clearly been a challenge for parents.

I got upset when we were told that we had to have a mandatory check on my gas. I said to Fife Council that my husband was shielding, and I didn't want anyone in. (Woman, 65, Balfarg)

I said before my daughter struggled at school and I am now home schooling her. She is much better and not stressed as much. Sometimes her behaviour was rude and overwhelming. (Woman, 47, Collydean)

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)

Obviously the shops were donating food. C (social worker) bought me one (food parcel) on one night. . . Do you know what for four years if I died I'd be left in this house. For years no one knowing that I was dead. Since Covid the contact I've had, If I never answered they'd be worried. And that made me more happier. If something does happen to me say I fall into the corner of my fireplace and I could maybe die that way. But this way having people supporting me I wouldn't just be left here for years like having my mum she's not spoke to me in four years. I'd like that (level of support) to continue just the same . . (Man, 40, Newcastle)

I got like a wallet thing home frae school. To dae like maths and English. But I wasn't very keen . . . It was his dad who helped him with that. 'Cause he listens to his dad more than he listens to me . . . Now he's got that Microsoft Teams or something He gets his homework on that but they cannae get it to work because they've changed the password, and the teacher disnae listen to the pupil when they ask them a question or anything. He's at school with the teacher he's got kind of focuses on the younger pupils. In his class 'cause there's kind of like split like P4, P5 kind of. He's mair focused on the younger ones than he is the older ones. . . It's good he's back at school, get some peace (laughs). I was a bit wary at first but then 'mum like I'm missing all my friends.' (Woman, 49, Cadham)

5. Findings - Community Groups

Representatives from five groups from the third sector were interviewed by Professor McArdle 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. Quotations are quite long as respondents were articulate and had a strong contribution to make. So, this is represented here by longer quotations

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. Most people were clear that Covid 19 had largely impacted negatively.

“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."

"A lot of poverty. More property 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."

"There's a lot of child poverty, we have a lot of scattered flats and homes within C, 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."

"During Covid mental health has been enormous 68% of our referrals are for mental health. Which is just a sign of the times, it's actually, it's awful . . ."

"It's changed what we do massively. We're like not a threat to people unlike social workers . They let us in . . . so it's been hard not being able to get into the houses but we have done , we have been doing a lot of outside work. I've been in gazebos and things and it's been freezing but the families have actually came and I've been a bit shocked that despite the cold they have came. We got a wee bit of funding to buy the gazebo and things and But we also bought all in one suits for the kids and wellies. It's not that they don't want their children to play outside it's that, it's that they don't have the facilities to wash and dry. We get contact with the family so we can actually see what's going on.

We've done a few things online we've done things like shopping lists and that Technically and this sounds very very harsh but it's, but it's things like the school, computers and things it's been vital to get them; kids don't have the facilities to get on line. We've provided a few tablets and things so people can engage with us.

5.2 The 'New Normal'

Community group representatives were asked what they thought the 'new normal' would look like for the Glenrothes area and what this would mean for their organisation. There was a sense that a shared experience (of the pandemic) had maybe brought about greater collaboration across services and the future might be more positive but there was the expressed potential for more reflection.

"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."

"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.

"Before Covid child poverty was 38% . . . Out of Covid but there have been some positives forging new partnerships and developing existing ones. Plans for the future is getting involved with lots more organisations who submit applications for funding, for joined up working so I think there's not going to be the same sort of funding available to 3rd sector organisations, for the next one to two years and sadly I think some organisations will go. If we all work together and support each other if we do things it enhances things for the benefit of the user. That's my philosophy and how I'm trying to move forward "

They're struggling this time round. It's hard. Mental health and isolation. You go on social media and there's this mum that looks her hair is just so, her makeup just so, and has a beautiful baby. Blah blah blah and you're sitting there thinking my house is like, my kids are driving me nuts. But I keep saying to them Mum's probably cleared that one corner. None of us live like that. I remember when my kids were small, We didn't live like that. Social media is a terrible thing cause it's just competition of, people always look like they're coping and when you're not, you shouldn't buy into it but you do constantly. Isolation I would say, mental health or so the biggest issues. "

5.3. Good Future

Respondents were asked what would be a 'good future' for the area, to identify local aspirations for Glenrothes. Whilst many could see opportunities arising from experiences of, and responses to, the pandemic, others raised some cautious notes. Community organisations were additionally asked how they and the Council could contribute to a 'good future.'

"I think more investment in helping people with fuel poverty. Food poverty is a massive one but there's so many, it's so easy for others to help with. Those pantries and the work that Fife Council does they're fantastic. The work we do is fantastic but it doesn't help fuel poverty. There's not enough help for that in the area."

"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."

"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."

"Ooh that's a tricky question, very interesting. Probably being able to provide, more support. Better hours. For the simple reason that our job is to make these parents not need us. In an ideal world and I know I wear rose coloured specs, my idea is that when they go through my gates, they could leave us when the youngest is 5. I don't want them going to another agency . . . "

5.4 Fife Council Services

Respondents were asked what Fife Council should be doing. No time was put on this question and all chose to focus on the shorter term but the principles mentioned also apply, we suggest, to the longer term.

"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 have, 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."

"I think the council should be helping more people who are getting into situations well like their rent, their council tax, like that they're supporting them. Not just like handing out eviction notices, things like that because sometimes it's just a worry, do you pay the rent or buy food? I've actually had people in here sitting crying to me saying that there like there trying to, they don't know how to pay their rent. And they're getting letters and they're threatened with eviction letters but they've never, like they've four young kids, who should nae suffer from not having food in their mouths."

"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.

They've got social media, they could put newsletters out. They could put posters up. They could verbally tell people. Because with the tenants, they have all their email addresses, contact details. They could post a letter out contact them.

Actually just carrying on existing services, 'cause none of them are actually going on the now. Like in this area where trying to get a lot of projects about getting skips in the area. A massive cleanup to get things done because the council are not working 'n doing it. Fill grit bins and the like 'cause people are falling due to the ice. The grit bins are nae getting filled. Where will I find a grit bin? Because people don't know where to find their grit bin. And there's no grit in them."

"Fife council to be honest are very good with us. I think they recognise what we do in my area, we're talking 19,000 residents . . . At the beginning of lockdown a lot of these services were pulled . You've got a person who may be being bathed twice a week but that stopped for six weeks and, for an elderly person, that blows their dignity, pride and everything you know and people were lonely. These elderly people were lonely being stuck at home. So, yeah, Fife Council should, I know a lot of Council people are still working from home, and we were doing some of their kind of jobs when it came to mental health and so on. People coming through the Social Work department if they've been released from prison for example. At the end of the day we all have to work together, have to work together for a common end and have to move forward. Try to still carry on doing some of the good things and learn together."

"In an ideal world the funding would be the same that would be great as we know the council don't have the funding to keep going the way they're going but to have that security. When you have the same funding for three years that gives us the opportunity to apply. When they give it yearly you don't have the security for co funding from other sources. Other agencies will come in a match fund it but they won't when your funding is for a year because they don't think you're secure. It gives the staff a bit of security as well . . . Our aim is to empower these parents so that when they leave us, they're not going to another agency and are empowered to go forward. We're always going to be there they can always give us a wee phone now and then. That's fine."

5.5. Other Identified areas

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

"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."

"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."

"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 does 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."

6. Findings – Staff

Staff from the CommunityTeam in Glenrothes were interviewed by focus group.

It soon became apparent that Covid 19 had resulted in staff undertaking roles that were not part of the usual work, as was probably the case for many staff in the early stages of the pandemic. It was considered that although it could potentially continue, there was a need and desire to operate at a more strategic level. There had been a need for 'all hands on deck' but more recently with second lockdown, they could have been better prepared.

As in other reports in this suite of research studies, there was a sense that a lot of the work done by the Council during the pandemic had been top down, perhaps of necessity to act urgently, and had not made use of the local knowledge at community level, which resides in Community Team staff, at implementation levels.

There was a need expressed for collaborative working to continue to be developed. This collaboration has been in place between the Council and third sector but there is a need for the voice of the very small organisations and groups to be heard and effort to be co-ordinated; this can be done by Community Teams or a third sector organisation, in collaboration with the third sector.

There was a sense of a difficult time ahead and a need to focus on poverty, welfare reform and mental health and wellbeing. Learning had taken place during the response to the pandemic and increased multi-disciplinary working was one of the positive outcomes as well as the ability to deliver more using online facilities. A more strategic approach to the future planning for resilience of communities was considered to be important. *"It would be good to work towards a plan for resilience. CLD are the first people to be called when there are difficulties but we're not in the plans."* This could be accompanied by more consultation with local people, including the seldom heard to make community plans for the future post pandemic.

7. Discussion

7.1 Mental Health and Well Being

The key issue to emerge from the residents' data and from the third sector, 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. So 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 apparent in the data for the elderly and for the younger respondents, in particular.

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 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, which was 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. Peer support and befriending are crucial and can be organised digitally. Also, the Community Team 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 Community Team 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 resilience. This is discussed further later in this report but 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

However, befriending and peer support activities are recommended and the Community Team should audit, consult and source these activities with the third sector, designing these activities, if none exists, or they are insufficient for need. 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 complex lives and individual needs that require to be teased out. Adult learning and youth work 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.

7.2 Community Resilience - residents

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 and are welcomed by residents and community groups 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 limited existing resilience, as apparent from the findings, takes place. The absence of resilience for our sample population was apparent and troubling. In other areas of Fife, for example, people were talking about gardening and arts and crafts or walking the dog for health and well being. These forms of coping were not mentioned by the population in Glenrothes.

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)

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 adopted with communities by Community Teams.

- 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.

This means that the Community Team should be engaged in research and consultation to draw out the meanings of life satisfaction for the kind of residents in our sample; and this study has begun this process. Supporting networks at operational levels is part of the process that could be developed and contributing to the existing strength of systems and the environment will be important to the development of resilience.

Social resilience is the human dimension of community resilience. Social resilience lies firmly in the domain of the Community Team and the capacities that contribute to this, all fall within the ambit of youth/adult learning and community development and this contribution to planning community resilience is crucial in the development of plans for Fife and Genrothes recovery.

7.3 Food insecurity

Food insecurity was a strong message emerging from the residents' data and from community groups. Poverty, or financial insecurity, was considered a strong issue and was discussed in relation to oneself, but it also underpins many other problems people faced. Food support had been very important to people and there is no reason to think that this need will not continue. Professor Sir Michael Marmot (2020) has underscored the link between poverty and food security. 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 but in the long term, supporting 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.

7.4 Poverty

It is quite clear to me that the CLD workers need to be operating at 3 levels to tackle the issues associated with poverty. 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 was apparent. The Community Team should, in my opinion, be concentrating on supporting and developing this provision by seeking funding; providing training; and supporting networking of the groups.

Thirdly, and more contentiously, community teams should 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. The Council can assist the population, in particular, those least likely to vote, to be heard and to manage local issues. The Community Team 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 I am aware of work done in the third sector in Fife, which facilitates this outcome.

Community development work often focuses on community groups and organisations with a good foundation in philosophy and theory. There is, however, evidence from the UK of ways in which residents of 'deprived' neighbourhoods seek to support each other. Groups are widely seen to bolster community spirit, promote local democratic renewal and then deliver support to those who are in need (Williams, 2003). Yet, studies of community participation with deprived neighbourhoods found much higher participation rates in one to one aid than in community based groups. People were engaged in unpaid work supporting people beyond close kin. This was apparent in our data. Williams suggests asking these people to

be involved in community groups is 'parachuting in' an approach more common amongst affluent populations. Accordingly, one to one 'volunteering' needs to be recognised by the Community Team and Council and celebrated, supported and valued in these communities, as a complement to community groups and a means to initiating greater involvement, where there is a spectrum of methods of community engagement.

7.5 Community resilience – third sector

The third sector had responded with enthusiasm and energy to the pandemic and are to be congratulated for this. The Council too came in for praise in general for its efforts to support people; and individual Community Team members in particular came in for praise. There is however a role for the Community Team in supporting the third sector and the team itself to reflect on the experience, to plan for the future and to put in place even more joined up working. This can be facilitated by the Council Community Team at implementation levels through virtual reflective meetings. It was apparent to the researchers that, of necessity, heads had been down responding to the crisis, but now is the time to plan for resilience and recovery with the promise of a vaccine hopefully on the horizon, although variants of the virus suggest that there will be a continuing need for support with mental health and well being during prolonged lockdown.

7.6 Future

The Community Team were interested in the needs of residents for the future and how to meet these needs. It was quite clear to the researchers that this sample of residents was unable to look beyond the immediacy of the pandemic, in contrast to other areas of Fife where people were able to see a 'new normal'. 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.

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. The Community Team could be assisting the third sector to expand its use of volunteers and be providing training to volunteers in befriending and peer support.

7.7 Taking Stock – Residents, Families

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 third sector with outdoor activities, such as gardening and walking. The Community Team can facilitate safe face to face contact where and when this is permissible. So, the needs of young people as well as elderly people are discussed here. 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.

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.

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 'continuing waves' of 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 uninterrupted access to structured school and college and work environments. There are broad physical and mental health implications for all young people.

Child and youth mental health is clearly markedly influenced by the family system, and family interactions have been profoundly affected by the pandemic. With prolonged home confinement, the family environment may become a key risk factor for the mental health of some children and youth. Some parents are grappling with the new stresses of supervising the education and activities of their children, while simultaneously experiencing their own economic, emotional, and social losses. Youth work practised safely should be viewed as a priority and be embedded in a broader approach to CLD work that focuses on community life in general and resilience in particular.

In the longer term, the Community Team 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 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 Longitudinal community development

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 Team and should contribute at strategic and operational levels to community planning, particularly for recovery and social resilience.

The value and identity of CLD lies in:

- Working with individuals, groups and whole communities;
- Working on issues identified, interpreted and managed at local levels;
- Working at the local level on issues with national and global significance;
- Working sustainably with both a short term and a longitudinal effect;
- Working with people at all levels of society;
- Sustaining useful and worthwhile relationships with all those involved in the work in order to effect change that is in the interest of the target community and wider society.

(Derived from McArdle et al., 2020)

The demand for community resilience and community development will place a high demand on the Community Team. It is considered that refocusing on community development can be blended into the work of the team.

The issues linked to poverty do not all fall within the remit of local government and systems and structures that support people need to be reviewed to help overcome structural poverty. Now is not the time to implement this suggestion, but political literacy training for residents, so they can be active citizens and influence policy, is required. This can be done post Covid 19 by the Community Team who are not themselves political but support the community to be active about local or wider issues that affect residents.

8. Conclusion and Recommendations

It is fair to say that the researcher was delighted to find the level of gratitude residents had for the Councils' activities and the relationship with third sector providers during the pandemic. It is our considered opinion that community resilience, after a very challenging time needs to go hand in hand with future thinking. Social resilience, the people dimension of resilience in the community, is the domain of the CLD professionals, with their local knowledge, ability to generate trust and their educative expertise, particularly with those who are most disadvantaged in society. At this time, it is crucial to increase the strategic dimensions of the role of individual workers, to prioritise resilience and partnership with the third sector, for service provision. The Community Team can assist to facilitate the work of the third sector and capitalise on volunteering through strategic partnerships at local level.

For the foreseeable future, till we reach a new balance, whenever that may be, the priority should focus on community capacity building within the role of CLD and this can continue to be blended into the other domains of adult learning and youth work.

A. Develop 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. These should continue wherever possible.

B. 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 can dovetail with other Council initiatives at strategic levels. 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 systems/structures. 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; with the Council staff providing a leadership and facilitative role at operational levels. Training can be provided by the Community Team to volunteers in the third sector in befriending, peer support and social prescribing, as well as confidence building and empowerment.

C. Provide opportunities for Reflection with the third sector at grass roots levels.

As cuts may impact both public and voluntary sector services in the future, 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. An opportunity for reflection is timely and can be facilitated by the Community Team in a virtual environment if necessary. This reflection will also be important for staff of the Council. Connections are vital to resilience and the Community Team can play an important role in bringing people together in the third sector to reflect on activities and look towards future provision for resilience. A greater emphasis on strategic community development by the Community Team, rather than direct service delivery is required at this time.

D. Longitudinal Community Development.

Community development is vital for community resilience and it is proposed that the Community Team should review provision, to prioritise capacity building activity in adult learning and youth work, with refresher training in this approach for all staff.

As noted earlier in this report, 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. This is already present and growing but needs a longitudinal commitment to facilitate community resilience.

E. 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.

References

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 September 3, 2014.

Kilpatrick, S. (2009) Multi-level rural community engagement in health. ***Australian Journal of rural Health*** 17, 39 – 44.

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 (2/2/2020).

McArdle, K., Briggs, S., Forrester, K., Garrett, E., McKay, C. (2020) ***The Impact of Community Work: How to gather evidence***. Policy Press, Bristol.

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

Appendix A

Glenrothes Area Research Interview Schedule: Past, Present and Future: Covid 19

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

The research will be used to help decide what use is made of services by the partners and Fife Council at this difficult time and in the future.

Please can I record the interview. It is so I can easily manage the answers to the questions. No one will hear the recording except me and Karen the Senior Researcher and she will not know your name. (*If they say no, you have to take notes*). The recording will be deleted at the end of the research

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 is in lockdown with you?
4. What's it like for you?
5. What's it like for the people you live with (if applicable)?
6. What about family or friends. How are they coping?
7. How was it at the beginning? Did it get easier/harder as time went on?
8. How does it make you feel?
9. What was life like, before the virus?
10. How is life now?
11. How will life be for you, in the future if the virus continues?
12. How have you spent your time in lockdown?

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

13. 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?

14. How has it been food-wise? How have you coped?
 - Have you used food boxes or food banks? Supermarket vouchers?
 - If so, how were these?
 - How did you feel?
 - How should this be managed in the future? Who should provide it?

15. 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?

16. *(If applicable)* Have you been doing home schooling with your children/grandchildren? How have you coped?
 - Have you used any support for it?
 - How was it
 - How did you feel?
 - How should this be done in the future? By whom?

17. Have you used any other Fife Council or charity supports during the lockdown period?
 - What did you use?
 - Have they been helpful?
 - How did you feel?
 - Is there anything else you would like to see in the future?
 - Who would provide this?

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

20. Can I finally ask you your age?
21. Where do you live? (name of suburb, area or village)

Thank the participant for their time and contribution to the research.

Tell them that a report will be written and a webpage and a flier with the findings will be made available.

(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:

- *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/organisation?
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

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