

**Post-Covid 19**  
**'Going Above and Beyond'**

**Levenmouth**

A Research Report  
For  
Fife Council



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

Dr. Linda Walker

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## 1. Introduction

This report is an inquiry into experiences of Covid 19 for residents, including vulnerable and disadvantaged people, in Levenmouth in Fife, Scotland. The study was commissioned by the Team Leader (Community Development), Robert Graham for the Communities and Neighbourhood Directorate in Fife Council, Fife, Scotland, in order to assist with planning for the Community Team. The phrase used in the title of the report, "Going Above and Beyond" comes from one of the community group respondents and reflects the effort that was put into responding to the pandemic, by both the third sector and by Fife Council, for the future at a troubling time. It also reflects the potential for further development of individual and community resilience in Levenmouth, identified in this research

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

Levenmouth is an area which comprises a network of small settlements on the North side of the Firth of Forth, in Fife on the East coast of Scotland. It consists of three principal coastal towns; Buckhaven, Leven and Methil, and a number of smaller towns and villages, including Wemyss, Kennoway and Largo. The industrial towns of Buckhaven and Methil lie on the West bank of the River Leven, and the town of Leven is on the East bank. The "Bawbee Brig" links the two sides of the river. The area has an estimated population of 37,347. The population is expected to decrease by 2% by 2036.

The Local Plan for Levenmouth, 2019 – 2022, indicates that Levenmouth is a diverse area with good natural assets including parks, beaches, designated ancient woodland, an established path network and historic attractions. It is a mid-Fife coastal location which has been shaped by coal mining, heavy industry and agriculture and, more recently, economic adversity. Despite challenges, the Plan states that Levenmouth is an area with strong local identities evident in all of its settlements stretched between West Wemyss and Upper Largo.

Physical assets including community access buildings are in relatively good order and have been the focus for local investment to ensure they are fit for purpose. Leven town centre has benefitted from significant public realm improvement work. The Plan suggests a need to promote assets more effectively to ensure maximisation of potential income from tourism to help drive the local economy. Local people, the Plan suggests, have shown themselves to be a considerable asset, the area is experiencing higher levels of participation in terms of involvement in local voluntary organisations.

The Local Plan indicates that Levenmouth has a number of challenges which include, growing numbers of elderly people requiring appropriate services; Levenmouth is still behind the Fife average in terms of school attainment and achievement, and transport infrastructure does not meet local needs in terms of providing access to opportunities for local people. Health outcomes are relatively poor and in some areas, exacerbated by drug and alcohol misuse.

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 Levenmouth 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 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. It is closely linked to community development, adult learning and youth work services in particular.

The Scottish Government in analysing responses to the consultation, "A Connected Scotland," has drafted a strategy to tackle social isolation and loneliness, "People, Communities and Places" (2018). It refers to the need for empowering communities and that local authorities should take a leadership role in facilitating social connectedness.

## **2. The Researchers**

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

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

## **3. Background**

The study, which is the subject of this report, sought to explore the experiences of residents of Levenmouth, including in particular disadvantaged people, during the second wave 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 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 us as the pandemic has developed and we see patterns concerning those most likely to contract the virus, including those in dense living conditions and elderly and/or vulnerable people, as examples.

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 4 other already completed, to look in addition to the experiences of Covid 19 at local attitudes and aspirations for the future. In Levenmouth, a particular focus on regeneration and aspirations for the future was requested.

The research questions were:

- **What has been the experience of residents of the Levenmouth 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, in Levenmouth?**

The research required the direct participation of the staff from the Community Team 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 Levenmouth 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 17 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 reached saturation point with the data at this number and 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 Levenmouth 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 Levenmouth that so many 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 and Dr. Walker, who both analysed and interpreted the data using coding for thematic and discourse analysis. Interviewers provided reflections on the process to assist with analysis and Dr. Walker and Professor McArdle interviewed a sample of community organisations in the Levenmouth 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.

Staff from the Community Team 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.

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 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 Levenmouth 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.

#### **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 Levenmouth area fluctuated; generally starting with disbelief, fear and anxiety. This, for many residents, resulted in a range of feelings and behaviours as they struggled to cope with the initial wave and subsequent lockdown. Lives described were often difficult prior to Covid 19 and issues had been exacerbated by the pandemic.

“To begin with I thought it was going to be like one of these that we've had in the past, like Something or nothing eh? . . . We've had to wear masks and shield eh, it's like we've been in the war again . . .

. . . We were actually lucky we got a phone call from social work within a couple of weeks saying 'do you need any support?' And I thought well this is really good, 'cause I didn't know who the social work was.“ (Woman, 47)

“My initial thought was I dinnae want to be alone. Er, to put some perspective on it, I As you know lived in B (overseas) with SARS. . . I had my wife and I have my kids and we were basically er, in a safe area, although we still wore masks. On the idea of this going global, frightened me . . . It crossed my mind that it might go global 'cause, because of what it is. Seeing that it was easier to catch the flu and it was more . . .

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

“Devastating . . The reason it was devastating for my husband and I was because we have no family and they're all abroad. My sisters away in C and the only contact we had with them was through the phone. . . It got a lot harder as time went on, I had, it affected my physical health and my well being. . .Although I have no family in the area, I've got good neighbours. I have fortune enough that I have a garden. We're able to have people come in and sit and use social distancing. And the only person that was in my house during lockdown was an emergency plumber. Neighbours and friends phoned up if we needed anything, the People's Pantry volunteers would ask what we were needing, So we coped all right food wise.” (Woman, 78, Leven)

“Nightmare. What can they (3 children under 7) do, they can't get to go oot. We've got a park right outside but it's not safe. I couldn't let them go in the park. I'd have to go there and sit with them. And that's not what they like the bairns, having Mum right behind them . . . My daughter, she thinks it's all right but I have to protect them when there's people, bad people around here. . . My anxiety it's been all right, it's been so so, went away and then it came back In January, this year, so it's come back a bit worse. I used to be really bad I used to have my bairns' bikes at the front door I used

to have my Hoover and ironing board at the back door and I set my alarm for every hour to get up to make sure everything is still there and to wake up and check all the windaes. Check the bairns and make sure they're all right and then go back and sit in my bed. Everyday I've done that because it's a fire hazard; my son he's deaf. The fear in the hoos, 'cause there's nobody else. " (Woman, single parent, 30, Leven)

"The beginning was like fine; it didn't affect me too much at the beginning, the beginning . . . (inaudible) It didn't affect me too much . . . My mental health went down as we went into lockdown; It was hard to get back to reality after that lockdown, It's a different feeling it's like hard to describe . . . I used to like, love dancing, the dance I did, but then after lockdown I really lost, that's when I was losing interest like beforehand but I wasn't that bad. We're in lockdown, it it went from here just, I cannae describe it . . . now that we're hearing a second lockdown is happening that does scare me a bit. Because of lockdown my mental health and that happening again I don't want to be put in that position. . . overall it's been a rollercoaster I've been up down up down up down. I think I've been coping pretty decently I think." (Young Man, 17, Methil)

"It was hard cause I dinnae get to see my friends. Or my other family. I wasn't able to see my friends at youth club or school or that. (Young Woman, 15, Methil)

"The thing I was worrying about was my son . When I heard about how we're going into lockdown I tried to hide it from him. I was not putting the news on, I wasn't buying newspapers and that. He found out eventually through YouTube. I wasn't really worried about the actual disease, I was worrying how he would react . . . Because of his autism he gets obsessive with things . . . He's got no routine, he's got no routine now, he doesn't go anywhere. . . To start with I was trying to explain to my son that it was going to be a good thing. Unfortunately my neighbours moved in two years ago, It's been quite bad with noise, they're going out for hours on end leaving the dogs. They've got three dogs and one of them just barks at nothing. So I said to start with to him 'it's going to be a good thing because she's not going to be able to go out and leave the dog'. G (her son) son has hypersensitivity. Unfortunately they only kept the rules for three weeks and then she started having her family around . . . Because when he was upset, he started cutting himself, harming himself." (Woman, 54, Methil)

"I was on my own and my daughter stayed just down the road from me and she would come one day a week with my messages. For me it was not too bad but when it came to Thursday or Friday, that was the day when you went shopping and you went down the street and met your friends and that, blether with them and then my sister she used to come to me on a Thursday so really I had quite a, before that had a lot of contact with people. And then, all of a sudden, I had nothing really. Spoke to my daughter ten minutes out of the window and that was basically it . . . I felt really isolated, I could not go out at all." (Woman, 64, Buckhaven)

"Hellish. Absolutely hellish. It's still like that the now. My son's mum just went in for an operation again just Last Tuesday, so he's coming here and he's got that school stuff. He does the newspapers he's been to hundreds thousands of houses. He's coming here and E's (daughter) going to be coming here later on. So it's trying to work out who's been around whom and where they've been. They both got different mums and I have one a couple of days another a couple of days. I'm scared to have the two of them around each other . . . " (Man, 38, Methil)

#### 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.

“We were okay, ‘cause you went out a bit to go to the shops and get some milk and we went out in the car for a drive once a week went down to the front. He took the dog for a walk ,that was his way of getting out of the house for a wee bit, whereas I, I felt left out all the time ‘cause I felt, you know, I felt I had to go out. There were all sorts of emotions, but I felt It was a kind of depression. You think . . . I got like I didn't want to do anything wash, change, dressed anything. I was just getting washed and putting new jammies on. It was getting to the stage there was no end in sight.” (Woman, 47)

I've been watching like everybody else obviously, I've been watching on television several weeks. And it dawned on me that if we had a lockdown I would be basically alone. I was okay with SARS because I had my family about me, but thought of being alone puts me in a dark place, it really does. I thought about it and I thought about it but you have high points and low points and then you find you're having more low points than high points. I got my phone call on that from the hospital in Edinburgh, about my breathing, when actual lockdown came. Advising me that I should limit my interactions. And I spoke with my sister M. and agreed that she would be my support bubble, before they started talking about support bubbles. M. would be my contact with the outside world. And later on my nephew he would come down and once a month and, he will come down; he would do anything that had to be done that I couldn't do. . . M was my lifeline it was like July before I went out of the door . . . It was only then I felt brave enough to get up and go out in the morning. I'd go out about six o'clock and I would just do a couple of turns around the park. And I'd come straight back in before anybody was about . . . I'm still concerned about Covid but I'm concerned that I go out and catch it.” (Man, 58, Buckhaven)

“I was feart. . I didn't believe it, I still don't believe it. . . . With the masks they've left it too far they should have started and the masks and the social distance they should have done it, they should have started with it. They tell us to stay in and they tell us we can gan oot and a' that. They change their minds so. It makes me anxious, depressed, worried. What's going to happen next ‘cause they've cancelled so much stuff and it's not fair. They're not thinking about the people, they (government) just thinking about their selves. They're not thinking about the businesses they're not thinking about people who've got kids ‘n that.

I was in lockdown with my three kids, they were affected real bad, because my oldest he's got ADHD. He didnae cope very well. He kicks aff; he likes to be outside. He cannae sit down for two seconds he's got to be doing stuff, so It's been a nightmare with him because he's just, and I've not got his medication yet, because of this lockdown. I cannae see his doctor, because of this lockdown. So it's a nightmare. I cannae get to see my son's doctor because he's . . I know to go up to the place at Kennoway . . ‘cos he's, it's always a video-called thing because he's got, and I phoned and i phoned up and they still not got his paperwork. It's been sent through email, post, everything. And they're still trying to say they've no had anything since last year and its new medication. I'm still waiting for medication for my son. But there's nothing else I can dae because they're all the same, they say we'll get something sorted but I get the Covid19 thing thrown back at my face. . . He lashes out and it's me that's getting it and I can't get any help because of this Covid 19 thing.”



I've only got my mum coming, my dad, my sister; everybody else gets pushed to one side, I don't ask for help . I help everybody else. I've done it all my life it's just what I've been through (pushing people away). I don't mind helping I'm putting a brave face on. If anyone asks me I'm fine I'm fine but deep down I'm not. That's life. It's hard but I'll get there.“ (Woman, 30, Leven)

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

“It was hard because they all had jobs but were nae working at that time. Friends coped, not so much that they missed school 'n that . . . It was alright in the beginning but then it started to get a bit boring. Just being stuck in the house all the time and not being able to do anything . . . Overall I've coped okay, good eh?” (Woman, 15, Methil)

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

“We've no really had a family get together since last Christmas . . . Now I've been tested positive but I haven't been, I'm stuck in the house with the four kids. The kids are all fighting. I hate being stuck in the house like . . . (Man, 36, Methil)

“My elder sister she's in her 70s and she had to shield as well. She has diabetes. She gets a flu jab but as I say she's over 70 . . . My other sister she's 66 and she would go shopping for her and pass things through the window. She didn't realise and however much we told her she'd say 'I'm fine I'm fine.' Um and she has a daughter who could have done her shopping for her but no.” (Woman, 64, Buckhaven)

“My mum, she's harder work than the kids. She's hates being stuck in she likes tae, to even sit out the back and stuff. She's got a downstair house. but she's absolutely petrified of this, she's always worrying. She just took one of they Covid tests the other day, my sister done one online or something. It cam' back clear and stuff.” (Man, 38, Methil)

### 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.

“We got the carers premium, we get cos A's on carers'. £100 and that was all we really got eh? We got £50 from Motability. Nothing else. We were shopping online a lot. I'm quite frugal when I shop for the freezer and so on. Online you're trying to buy more in bulk and then it's set for the two weeks and it was hard thing financially

to do . . . . I would say financially it was more of a strain than usual, eh.” (Woman, 47)

“I have to being honest, without the pantry I'd be in a bad state of affairs. ‘Cause it helps me so much and it gives me something to do.” (Man, Buckhaven, 58)

“My benefits have been horrendous. One of my benefits got stopped. My benefits noo it's not even worth coming into my house. I feel my bairns are going to wake up on Christmas Day with nothing. I've got three kids but it's getting to the stage where it's got too much for me now (Cries). It gets to the stage where it's just getting too much for me noo. I dinnae like talking to people, I just get kind of . . . I never used to be like this I used to be the happy one.” (Woman, 30, Leven)

“For me money wise I'm still getting paid from (Name). Obviously I couldn't spend money going out but I could spend money on things I could order. I think with my parents they struggled a bit for money I don't think it was anything specific because obviously they're not going to tell me that but I think it was a bit of a struggle for them, And they were panicking about that a little bit because obviously with them not working obviously can affect your money. Their money's their business but I do know that they struggled with it.” (Young Man, 17, Methil)

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

“Well, we were all right to start with, but when G turned 21 last week I lost £162 in benefits. There was nothing to replace it. He's, he's a big lad. . . You kind of get used to not having that money, it made me realise how much I was spending on things I didnae need. I kindae cut back a bit. I got extra Carers' Allowance and I put that away then I'd get a wee holiday away from the neighbours once this is over, but then I ended up with over £500 debt bill so that's my savings gone and I never really picked up.” (Woman, 54, Methil)

“Well to be honest with you when my daughters gone for the shopping I was hardly spending any money 'cause I was just getting the essentials that I needed. On the other side of that, I was buying a lot of things from the computer. Because I started baking and you know for some special things but this that and the next thing so my bank balance wasn't very healthy. But I was doing things like she was going getting me jigsaws at the second hand shops. . . things like that. I started doing diamond painting.” (Woman, 64, Buckhaven)

I lost my wallet, then my daughter's fractured her collar bone. Things have just been really bad. No way of surviving there's nobody here to help. Cannae ask my mum to help. I had no money, no food to live on. I had nothing everything I had to live on was in that (wallet) . . .

“Food's ok, Electricity and gas is horrendous. I thought last night I'm putting on the heating to heat up the house But I'm just living, sitting in the living room. I put on the fire. It was on for five minutes and I looked at the meter and it was five pence and I couldnae believe it. Straight off and that and it's the fire the council gave us; it's on the wall and that. Terrible, absolutely terrible, with electricity and gas (they discuss Cosy Kingdom).” (Man, 38, Methil)

#### 4.4. Food

Food insecurity was a strong feature highlighted by most people in the study, whether they were working, wholly or partially receiving benefits. Gratitude for this much-needed support was strong.

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

"For food like, during lockdown we didn't buy much Because like we didn't have much money. Obviously because no one was working and so it was kinda hard for all of us to . . . supermarket vouchers, better." (Young Woman, 15, Methil)

"Basically when lockdown and that happened, I was there (Pantry) everyday Monday to Friday (she volunteers there). You were basically getting everything you needed and if you needed more you're getting bread you are getting butter. It's really hard to buy barely any shopping That's obviously helping you to be able to save up." (Woman, 54, Methil)

"I was getting food bank, yeah, yeah. Several weeks my daughter couldnae come so. She works at (name) she was nae well. she must have come into contact with somebody. She had to self isolate so, 'Oh my God what's going to happen now?' So then there was the food bank and that was a real help." (Woman, 64, Buckhaven)

"You (CLD worker) helped me with that (food) the very next day you were there with food and it was like Christmas. I couldnae appreciate it any more. I didnae think I would get help with that so quick. . . I've had that food support for a good few weeks I think you put me on a thing for five or six . . . It helped massively. I don't know what I done before that. My daughter broke her collar bone and had to go into hospital and back in taxis. And then had to buy extra clothes because the clothes she had were jammies so I had to buy a studded up jammies, so she could put her arms through and that put me back into another financial muddle. I didn't have any more money so you helped me out again." (Man, 38, Methil)

#### 4.5 Future

Whilst nobody wanted the virus to be prolonged, there were limited signs across the community that, within a second wave, people would cope. People's response to the question about the future was to focus almost exclusively on the short term and the virus.

"Now with this second wave I don't know how I'll... they say it might take up to a whole year so we have to last a whole year like this. I was saying to somebody just the other day where's this year gone? . . . Thinking of the positives, the heroes things like that. People have gone out even though things are still bad they've gone out . . You know things that have helped people and that." (Woman, 47)

"I'm feeling positive towards the future because I'm feeling the therapeutics and the possibility of a vaccine are quite close. And we definitely know more about it than what we did . . . (good future?) For me, it would be to go back how it was, to go back to the Pantry. And sit and have a cup of tea. I'm a chat with the people round about at the other tables. That is as much as I can hope for. Before Covid, I was starting to go out once a fortnight. Wednesday. And M would take me out . And we would go and we would have a coffee. I was just I'm not quite sure how to put it er, \*!%\* it , I was just finding somethings a bit traumatic. And er, I would like to get to the point where I can go out to the Pantry every Friday." (Man, 58, Buckhaven)

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

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

"Life will be better in the future probably if we don't get locked down life, will be better. It'll change 'cause quite a lot of people like cannae really cope . . . Like mental health situations 'n that. Like some people cannae cope, like because they've got, some people have got depression like. They cannae cope being locked in the same house all the time. And it just changes your life kind a.

I don't think it will change like always needing to wear masks like always going even to go into lock, some kind of lockdown. Very much not seen your friends 'n that .

"Vouchers? Yeah It'd be easier for them to buy food so they don't have to struggle. Some don't have enough food at all some don't have enough food 'n that. You're all in the house at once and you're all using the electric. If you had vouchers you wouldn't need to worry about food as much." (Young Woman, 15, Methil)

"I feel like now we're going back the way. . . It helped when the shop started opening again. He's (son) got a bus pass so we could get the bus free to places and that. It's good that we are able to do things like that again But obviously that's going to go back the way and it looks like the shops are going to Be closed up again. So I feel like we we're kind of getting somewhere but It's been such a weird situation, none of us have been through this before. . . It's really just a surreal kind of situation. It feels like it's never going to get back to normal you know it's just how it feels." (Woman, 54, Methil)

"I think it's going to be harder, harder because to be honest I thought I'd never catch it, eh. I'm now I've got it eh I'm definitely going to be triple cautious. I'm washing my hands all the time. So now I'm gonna have to be double or triple cautious the noo . Life isn't going to be the same it's going to be totally different for everybody isn't it?" (Man, 36, Methil)

"I think it's going to get worse to be honest with you, because I think people are nae sticking to the rules. They're doing things and having parties and things like that.

We're worse now than we were when we first started. It's been a hard time we will never go back to the way it was. Will never go back to pre-Covid, nothing like that. But hopefully people learn more now about it than did before." (Woman, 64, Buckhaven)

"I'm kinda hoping there's not another massive lockdown because I think I'm the only person in my street that doesn't take drugs. I lost it during lockdown they all smoke that grass and my house reeks of it. And I'm needing to chap doors and tell them to get the \*\*!! out of it. Because my house is reeking and my kids are ill . . . Oh no, hell, they had people in the house, they were making noise to all hours in the morning. And you don't want to go to the door I've got a two year old coming up for three year old in here, someone connected to them must have phoned the polis. The force went to the door and told them to turn it down. Then they bang on my wall thinking it's me. I had to wait till my daughter went away then see the guy out the back. . . I've never had to phone the polis for anyone ever in my life, I haven't. I had to tell the police to come out here. The smell of grass was horrendous.

"I want to be working I want to be working as soon as possible. I'd like to get out and do a bit of work myself. Outdoor work, some kind of construction. Stuff like that, I hate being stuck in." (Man, 38, Methil)

#### 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 the majority concerns expressed, alongside a need for support with mental health and well being.

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

"The money I get for Christmas, pays for the kids' Christmas. I can't afford a lot so I just get the kids what I can, but it's not always what they want, but what can I do? " (Woman, 30, Leven)

"I think the financial thing was a worry 'cause you always worried about whether it was going to last but obviously there's a lot of people out of work and things. So I've never really gone on about, it I've just got on with it, eh. I think this was a stress as well because D's (husband) gone to bed, I'm not being able to go to places and get the information we need . . . We got that (benefit check) through Citizens' Advice. I know you've got to keep safe but it's a lack of access to these things. Sometimes you're having to phone a new phone for an hour to get through to people and things. It just gets the stage we think what's the point eh. . . . ?" (Woman, 47)

"I felt I got lots of support through the Pantry even, even just sitting talking to someone. A staff member coming up and you get a smile. And that looks, it's going to be good, it's going to be fine and you get that at the Pantry. I needed that. . . I come down in the bus; if I'm in the bus I have to shut my eyes not look at people . . . I went through a trauma when I had the stroke and I've always had, and since then I've had, problems mixing with people . . . When I come down to the Pantry it's a relief because nobody prejudices me. Everybody is open to me and I find honesty in how genuine people are. (Man, 58, Buckhaven)

"I think Fife Council's been very good in helping and support. They advertised to people, especially the Helping Hands phone number. I actually had people I gave that phone number to. Because we've got neighbours who are old age pensioners and speaking to them to them through the fence sometimes they'd say; I'd give them that number so they can get help. An excellent service, and if that was available in the future ... It would be ideal for people in that situation because they don't have anybody either. (Woman, 78, Leven)

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

#### 4.7 Regeneration

Respondents were asked whether they had heard of, or were interested in, regeneration projects in Levenmouth and what they thought of these. People were generally in favour of these but our sample had little knowledge of them other than the new rail link.

"The people who are involved with the railway link have worked very very hard. It's my impression that to see the dream is alive. I've been up Silverburn and seen all the pots. I know the girl does the bakery the little cafe up there. She's worked very well up there. I'm also involved, I've seen the programme about the ponds and that on Facebook . It can only be good for the area, anything like that in Leven, in Buckhaven and Methil can only be good for the area. The River Levenmouth project is an excellent project. I only hope that Covid doesn't take it all backwards." (Woman, 78, Leven)

My sister M told me about this (Rail link) and it took me back. . . I would use them I'd certainly have a go at it (Rail link, Silverburn Park). I want to look on the bright side . . . I'm a glass half full sort of person my glass is not half empty . . . I would probably want to find out a bit more about it." (Man, 58, Buckhaven)

"Silverburn park, been up with the church to that, eh. The rail link took a long time to get to Leven. There are activities at the River Leven to get it cleaned up in the things . . . One thing that's come out of it is a lot of people supporting each other, see that continue eh? Getting together to do things I think that eh people are facing each other, helping each other, trusting each other and I want that to continue, eh." (Woman, 47)

"I've heard of them like (rail link etc), but I'm not totally aware of them." (Young Man, 17, Methil)

"Oh yes I've heard of it (rail link) Silverburn (No). I think it's good to help people get places they don't have to go to Kirkcaldy railway station just to get some places. Getting to Leven is much closer." (Young Woman, 15, Methil)

"Totally I would use them (Rail link). There's no way I'd walk down to the dam on my own at the minute. I think it would improve the area but then they done it before down at that area, but then it just got vandalised. If they do that area up when they do something nice, it'll just get vandalised. And all the motorbikes that run up and down

down there . . . The ideal future for me will be to live in a bungalow in the middle of nowhere. And get a job after to earn some money. Although I love volunteering.” (Woman, 54, Methil)

“In the future I think that’s a great idea (rail link). People can get out further afield. No I didn’t hear that (Silverburn park being developed). (Levenmouth Project) That would be braw for the dogs and that I like going down there with the dogs. . . There’s no much jobs here . I’m quite lucky I have a job with H (name of company).” (Man, 36, Methil)

“See how that River Leven, from the docks to (inaudible). I’ve walked it, I’ve walked. I used to walk a lot with my son. They need to put some sort of railing in here that’s what’s needs, that’s what needs to be done . . . I’ve walked it a lot I usually walk along there with my daughter and my son I’ve done it loads of times. I’ve been up the coastal path to Falkland Palace . . . (River Levenmouth project) Oh aye, that would be excellent.” (Man, 38, Methil)

#### 4.8 Volunteering

Respondents were asked if they have or currently volunteer. It was clear that this was considered a positive thing to do and most recognised the value for the community in doing this.

“That community thing people are a bit frightened of that at the moment eh? For me I think well if it’s for something that I have to do . . . I have to go out with the oxygen eh and people the way people look at you it’s terrible with think that you’re dirty or something . . . Is the lack of education, yes I can’t wear a mask.” (Woman 47)

“I’m involved in the, I’m a Rotarian. I do a lot of work for the Children’s Clothing Bank. Is a charity that’s close to my heart because you know away from Buckhaven there’s a, but those people in that area have needed a food bank for six years. So I had information to give people about how they get vouchers and how they get close to their children. Going to the school and giving them jackets and hats. Things like that, that I did at this time of year.” (Woman, 78, Leven)

I felt safe at this group because I could have a laugh with all the mums and that. Now I didnae get to go to any groups now because now I’m stuck. There’s nae groups to go to to go and see anybody. I want to go and see people but you’ve got to be two metres apart. I just missed this group . . . “ (Woman, 30, Leven)

“No I haven’t volunteered actually but I will consider doing it in the future. If it becomes more severe if it becomes like, then I would definitely consider volunteering. (Man, 17, Methil)

“Volunteering helped me 100% because myself I was at college and also I had (sports club), Without that I’d have had nothing in my life to do. So that definitely helped me a lot . I think get me oot the hoose. We’ve been stuck together like that and if I hadn’t had my volunteering job . . . I’ve just always loved helping people I’ve always been like that. And I’ve got my volunteer job with the (sports) club as well. I’ve been there for over 7 years. I just cannae help myself wanting to help people. But on the other side of it, to see the circumstances other folks were in that really, really shocked me.”

I have had mental support, in all some of the people are with me have been really helpful. There's only so much people can do, but it's always good to have somebody to talk to." (Woman, 54, Methil)

"I look after my mum. I get Carers' Allowance for that. She's really hard work you go in one day and she'll demand that you get out. You need to do what you're doing and she's just shouting. She says you've nae done nothing and then you're back. It puts you in a bad mood like before you're going to collect your kids." (Man, 38, Methil)

#### 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.

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

"I feel Fife council, I know I've been a volunteer for them, I don't know what situation is I don't know how they're going to deal with people over 70. You know we're not getting back to volunteering. Getting back to volunteering, it's as if I'm longing to get back to volunteering. . . I'd like some communication from Fife Council to tell me what's going on in the future . . . Surely they should be contacting people with a wee letter saying they're aware that you're waiting, the future to see when they can get you back to volunteering." (Woman, 78, Leven)

"In my area I feel like a good future would be dependent obviously on this whole pandemic issue. Everybody needs to stick to the circumstances like still use masks. Obviously it's still an issue. If it's not, then I feel we should still be taking the precautions and stuff. Not always wearing masks all the time but like, people in my area need to do things together like. So people would talk to me about masks. Because that would be a good future for everybody, young people, just does that makes sense? (Man, 17, Methil)

"So like youth clubs help quite a lot. Like people are surrounded by more friends like. Meet new people and like youth clubs help hard situations sometimes. You can go to youth club for help you can speak to them. Trust them all, like talking and stuff." (Young Woman, 15, Methil)

### 5. Findings - Community Groups

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

#### 5.1 Challenges faced by the local community



We asked respondents how Covid 19 had affected the local community. Community groups mentioned a wide range of issues that they saw as particularly challenging for individuals and groups during Covid 19. Most people were clear that Covid 19 had largely impacted negatively, although there were beacons of light within what was seen as a difficult situation. Some of the issues identified included social isolation and its subsequent impact on mental health; food poverty; financial strains; lack of employment opportunities; digital literacy, or lack thereof and drug use.

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

“There’s going to be a lot of people in the vulnerable category that would have to self isolate, people shielding etc. What we did at that time, we organised through one of the local pubs in Leven, to cook meals that we would deliver twice a week to the local community. We cooked over 100 meals twice a week. We also worked in partnership with (another project in the area) and delivered meals to their people. We also supported three local communities or groups if you like, by giving them direct funding. That was the Peoples’ Pantry in Leven, we gave them £400 a month over a three month period. We also provided assistance to the Largo Community Group, working with Covid, we gave them £200 a month and we also gave £1000 a month to the local foodbank.”

“Initially of course we weren’t able to see people. We moved to the Community Food Hub in April and provided emergency food from there, working in partnership with other agencies. As far as I’m aware the Pantry and the Foodbank worked together to make sure there was enough food for everybody.”

“One of the biggest (challenges) is definitely lack of access, being able to access the cheaper supermarkets such as Lidl and Aldi because transportation isn’t easy and people on low incomes can’t afford to take taxis. We find people are accessing local shops more and they’re not able to afford as much food as they are generally more expensive there.”

“Covid 19 has been quite bad for my members. The longer we’re closed, it’s affecting their mental health. We’ve got a wonderful lady who’s been baking for 29 weeks and she takes baking to everyone, chaps on their doors and has a blether with them. When she comes back we ask her how everyone is doing? She says well maybe one or two people are struggling this week so we’ll then phone people up.”

“Addictions are a huge issue in our area as well. Addictions services were our second top referrer over the last year. Addictions are a big issue and it’s really one we feel like we’re not helping them with because we can give food but what people probably need is a hot meal.”

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

“Loneliness and isolation. When you listen, such sad stories, that might be the only voice they hear all week apart from television.”

“This area is quite poor. There’s a lot of unemployed people in the area. Quite a few of them have mental health problems and we try to help them.”

## 5.2 The ‘New Normal’

Community group representatives were asked what they thought the ‘new normal’ would look like for the Levenmouth 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. Whilst people did focus on key aspects such as food poverty, isolation and mental health, they also thought quite strategically about future employment opportunities, better transportation links and regeneration of the area.

“Hopefully we’ll get back to where we were before Covid. See employment rise and employment picking up, meeting other people.”

“We’re struggling with our vision for that. Our hope is that we can get back to seeing people face to face.”

“The new normal might be picking up the fallout of the pandemic, unemployment, transport, peoples’ skills training...which has not been able to happen the best part of this year.”

“The focus has to be on the local community and towns such as Methil, Kennoway and Buckhaven, these are all run down areas. Even in Kennoway, they have the Kennoway Community Shed and the allotments and things like that, that people can take part in and take pride in the area they live.”

“I think the New Normal will show a lot more emphasis on mental health and I think there needs to be a lot more resource...that’s definitely going to be one of the fallouts of this. When we asked, what is a reason why you’re needing help, a huge amount of people said mental health, a huge amount.”

## 5.3. Good Future

Respondents were asked what would be a ‘good future’ for the area, to identify local aspirations for Levenmouth. 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.’ It was quite clear that some reflection had taken place on the future and many respondents had a strong commitment to helping shape the future.

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

“We might open a third day as we know there’s a need for it, for people’s mental health.”

“More investment in jobs and that, so we can get out of this rut we’re in.”

“I think we know from history that throwing money at something doesn’t always solve the problem. But the reality is...we’re getting to see less delivery, less services from the Council, you’re going to see less projects on the ground...projects disappearing as no funding. There are some positive things happening in the area. The rail link. That could help employability. That could allow people to travel and access employment opportunities. These are the challenges (for the future), training and people earning an income, a real income that’s not still in poverty, getting jobs...the whole thing about linking to tourism, I think is a good thing for the area. Silverburn, it sits on the Coastal Path, it will help people access Buckhaven, Methil, Leven much more...if Silverburn’s evolving, how many people will be trained to run the café, the flats, the museum, run the campsite etc etc? It’s about investing in the local area, not providing opportunities that other people outside the area benefit from.”

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

“From our point of view, we’d love to have a pathway out of food poverty. We feel we are at the very bottom of, when someone is really, they really need a need fulfilled and that’s food, we are there, that’s our role. But sometimes seeing a path out of that for some people is difficult...there’s almost not affordable collective type options to signpost people to. The Pantry is full and has a waiting list. We would like to see a clear path for people who are in food poverty to move from our service to affordable food provision of some sort, whether that’s the Pantry model or something similar, and then an opportunity to move on from the Pantry to something else that would be another step away from them needing us.

Relationships with the Council appeared to be largely positive within the area with respondents having a good knowledge of existing initiatives, as well as clear views about the Council’s role and responsibilities in the future.

“It is very easy to say they (the Council) should be putting more resources into the area. It is about them investing in training, education, employment schemes. Getting money is one thing, it’s what you do about it that counts. It’s about tying resources into the areas of greatest need. They need to show evidence, show that unemployment is going down...you can’t concentrate on ten different things at once, you probably have to focus on the three most important things. Best thing they can do in the Levenmouth area is prioritise funding. If you look at the last year, capacity building has probably been non-existent as we’ve been dealing with the pandemic...I’m aware of a number of capacity building projects that were there but just went on the back burner completely.”

“The Council could really just help the High St, just regenerate the High St. It doesn’t have a lot of shops in it.”

“In terms of the food Pantry model, I think there is a place for that, using the collective to provide cheaper, access to healthy food....I know when a lot of Pantries were set up, it was about food waste, rather than food poverty. I see them as having a huge role in helping with food poverty and they already do help with food poverty and help people on low incomes but obviously the provision is not enough, as it’s a lifetime membership. I hope the Council is using that model, learning from skills they’ve learnt in using that model, to set up some sort of system where people, using the Pantry model, say for six months or a year, depending on their means. So the people who are using the Pantry are the people who are needing that step up almost, rather than it is now where people are there for life and some people possibly can afford to buy food.”

“Yes, the Council’s been okay with us. We get funding from them. I never really seem to be blaming the Council. Everyone out there is doing a great job but we’re all chasing the same funding, Lottery, Robertson Trust and the like. You sometimes get a bit depressed when you don’t get the funding...I think we’re kinda blessed down the Leavenmouth area where the Council tries to help us.”

“I believe the Council already does a great deal and they’re limited, and funding is a great issue in many areas. I think for the community it would be best organised through local Councillors who know their local areas within the Council. To identify the needs and what’s needed within their community. Addressing poverty is essential and addressing the new poverty, people who are slipping through the cracks. The businesses that are trying to stay afloat. I think these are the areas the Council should be addressing right now. “

#### 5.4. Other Identified areas

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

- Mental Health and Wellbeing
- Capacity Building
- Volunteering
- Isolation and loneliness
- Funding

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

“I suffer from mental health myself, from depression, working at the volunteering thing has really helped my mental health, it’s given me a focus and I feel like I’m helping them with their financial....”

## 6. Findings – Staff

Staff from the Community Team in Levenmouth were interviewed by focus group. Individual interviews were offered to staff but they preferred to be heard together.

It soon became apparent that Covid 19 had challenged staff, with some staff shielding, and others undertaking stressful new roles. It was also apparent that staff communication with each other had not been ideal, as there were misunderstandings about what each other were doing during the pandemic and some staff felt socially isolated themselves. This had, however, improved as time went on and the focus group was used as a time to reconnect, review and reflect on the challenging work and to re-establish effective communication.

The Community Team in the Levenmouth area uses traditional CLD designation of roles, youth work, adult learning and community capacity building. It was clear to staff, who had been conducting interviews with residents of the Levenmouth area and to the researchers, that community capacity building or community development was going to be increasingly important in terms of community resilience and the future of Levenmouth with its regeneration plans. Only one member of staff is designated for capacity building and it is considered that this needs to be embedded in the roles of all staff and this is discussed further in the Discussion Section of this report.

Community regeneration was considered by staff to be crucial to well being in the Levenmouth area and that the staff have a role to play in ensuring the seldom heard can become engaged with these plans and contribute to the vision for a regenerated area that meets this population's needs and aspirations. It was considered that the staff needed to engage more directly with regeneration plans so they know better what is being done and can communicate this better to the populations with which they work and engage these populations in contributing to regeneration.

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.

## **7. Discussion**

This report is part of a suite of reports for Fife Council for each of its Community Teams and Area Committees. Because the study was conducted near the end of this set of research projects, an emphasis was placed on resilience, aspirations of residents and attitudes to the future regeneration of the Levenmouth area.

### **7.1 Mental Health and Well Being**

As in other areas of Fife, the mental cost of the pandemic is grim, and individual effort for resilience was beyond the spirit of some people who were experiencing a complex profile of issues before lockdown and these were exacerbated in lockdown. In other areas of Fife, individuals had expressed a greater stock of coping strategies. It is clear that support will be needed to assist people during the pandemic in Levenmouth, and thereafter to maintain and rebuild their individual resilience and to assist with mental health and well being and overcoming isolation. The need and desire for face to face support was apparent and is challenging at this time.

However, befriending and peer support activities are recommended and the Community Team should 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 the Council Community Team and the third

sector. 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 important.

Digital inclusion is linked to mental health and well being and telephone support (possibly landline or texting) for people who are isolated should contribute to this befriending and peer support with learning opportunities for elderly people in particular.

## 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 takes place. The absence of resilience for our sample population was apparent and troubling.

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 and may be argued to consist itself of 3 dimensions:

- Coping capacities – the ability to cope with and overcome all kinds of adversities;
- Adaptive capacities – the ability to learn from past experience and adjust themselves to future challenges;
- Transformative capacities – ability to craft sets of institutions that foster welfare and sustainable societal robustness. (Keck, 2013)

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

In another Fife study, Community Learning and Development (CLD) was described as the 'glue which holds the community together,' and this view is shared by the authors of this report. Only one member of staff in the Community Team has a designated responsibility for community capacity building and this is going to be crucial in the recovery and regeneration of Levenmouth. The focus of work in adult learning and youth work can contribute to this capacity building, if refocused from direct service delivery to more strategic community capacity building with the third sector, who are well able to provide services with support and training.

### 7.3 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.

There was an apparent need for training of the third sector, in the context of disempowerment, to assist them to work WITH rather than FOR people in terms of support, in a community resilience context. This can be managed as part of a virtual reflective process suggested in the Recommendations

### 7.4. Aspirations

The Community Team were interested in the aspirations of residents for the future and how to raise aspirations. 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.

Raising aspirations involves managing community capacity, for there to be support for each other amongst residents. 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, such as just helping their neighbour. This was apparent in our data. Williams suggests asking these people to be involved, for instance, volunteering 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 Volunteering

Volunteers came forward in the pandemic in numbers and this provides an opportunity to capitalise on this for contributing to community development in general and community spirit in particular. There was enthusiasm to assist from volunteers and reported evidence of a joined up spirit both pre and possibly post Covid 19. Volunteers could be provided with training by the Community Team in befriending, peer support and the knowledge required for direction to 'social prescribing' opportunities. 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. In the areas of high deprivation, the time is not right just now to think about avoiding dependency through volunteering. Our sample recognised the value of volunteering and this can be built into longer term plans for community resilience in Levenmouth

### 7.6 Regeneration : Consultation

Residents were aware of the Rail Link project, but less aware of Silverburn Park and the River Levenmouth projects. They were all, not surprisingly, considered to be of value to the majority of residents. Greater awareness amongst this population of regeneration projects would be desirable and engagement of them in the longer term in the growth and development of the area. The aspirations and desires for the future of these residents need to be researched further and consultation undertaken to ensure regeneration is going to meet the needs of this population of residents. This can be done by the Community Team consulting people in the Café or Community Pantry where these people seek support. Staff themselves need to reengage with these development projects so they can feed into the planning process with local knowledge from the 'seldom heard' residents. Consultation can also feed into the future development of services for the community in the short and longer term for plans for managing food insecurity.

### 7.7 Taking Stock – Residents, Young People

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. They can facilitate safe face to face contact where and when this is permissible. Also, healthy cooking and support with food parcel recipes is helpful to well being. Activities online that enhance self esteem, sense of control over one's life and build confidence are also useful for assisting with wellbeing and rejoining the community.



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.

The mental health impacts of any disaster are unevenly distributed. Those with lower social capital and those in vulnerable positions are most at risk (Power, 2020). 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.

The survey was carried out by Young Minds with 2,036 young people, who did have a history of mental health needs, between Friday 6<sup>th</sup> June and Monday 5<sup>th</sup> July, 2020,

The results revealed that:

- **80% of respondents agreed that the coronavirus pandemic had made their mental health worse.** 41% said it had made their mental health "much worse", up from 32% in the previous survey in March. This was often related to increased feelings of anxiety, isolation, a loss of coping mechanisms or a loss of motivation.
- **87% of respondents agreed that they had felt lonely or isolated during the lockdown period,** even though 71% had been able to stay in touch with friends.
- Among more than 1,000 respondents who were accessing mental health support in the three months leading up to the crisis (including from the NHS, school and university counsellors, private providers, charities and helplines), **31% said they were no longer able to access support but still needed it.**
- Of those who had not been accessing support immediately before the crisis, **40% said that they had not looked for support but were struggling with their mental health.**
- **11% of respondents said that their mental health had improved during the crisis,** an increase from 6% in the previous survey. This was often because they felt it was beneficial to be away from the pressures of their normal life (e.g. bullying or academic pressure at school)

A major adverse consequence of the COVID-19 pandemic for young people, whether or not they have pre-existing mental health conditions, is likely to be increased social isolation and

loneliness which are strongly associated with anxiety, depression, self-harm and, at its worst, suicide attempts. Tracking loneliness and intervening early are important priorities. Crucially, reducing sustained feelings of loneliness and promoting belongingness are mechanisms to protect against suicide, self-harm, and emotional issues. (Holmes et al, 2020). Youth work is part of the work of the Community Teams and will be increasingly important, especially using safe, social distancing methods of interacting with young people. Access to a supportive adult is a protective factor for a young person's mental health and some will have lost this protective factor during this crisis through loss of supports outside the family home (Power, 2020)

Many young people, it is reported, do not feel confident about talking to someone about their mental health, or that they have faced barriers to accessing support during the pandemic. Equally, there may also be young people who, as a result of the pandemic, are struggling with their mental health for the first time. Young people belonging to groups that are already marginalised, or disadvantaged may be particularly at risk. (Young Minds, 2020)

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 (ibid).

Although worries and uncertainties about a pandemic are common, for some they can cause undue distress and impairment to social and occupational functioning. Across society, a sense of loss can stem from losing direct social contacts, and also range from loss of loved ones, to loss of employment, educational opportunities, recreation, freedoms, and supports. Existing evidence suggests some measures taken to control the pandemic might have a disproportionate effect on those most vulnerable (ibid). 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.

#### 7.8 Taking Stock - Residents, Older Adults

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. These are to determine the best ways to signpost people to social and community support through existing measures linked to food banks and perhaps expand these. 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 and how these might form a continuum of support.

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.

### 7.9 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 small Community Team. It is considered that refocusing on community development can be blended into the work of the team, but the resource may be limited for the nature of deprivation we encountered in Levenmouth and, it is proposed, that the Council should review its levels of staffing in this regard with a view to urgently augmenting the community capacity building potential.

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 researchers were pleased with the level of gratitude residents had for the Councils' activities and the relationship with third sector providers during the pandemic. The emphasis on regeneration of the area is important to the well being of residents. 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.

#### **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 strategic. A plan should be devised for the short and longer term; which audits, provides, and sources support to promote resilience, in partnership with the third sector. This can be achieved holding virtual meetings with third sector providers; 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, working WITH residents rather than doing things TO or FOR them.

#### **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. 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. Capacity Building**

Capacity building 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. Secondly, the Council can consider enhancing staffing in the Levenmouth area to facilitate greater impact in community work in an area where there is substantial complexity of need.

### **E. Regeneration**

The Community Team can provide a research and consultation presence in the community, answering questions crucial to aspirations and recovery, especially including those who are seldom heard, as well as active community leaders. Consultation, for example about Silverburn Park would be useful. A number of threads were apparent in the data, linked to unemployment and the need for jobs and the concomitant link to education/training of local people. The Community Team can assist to bring these threads together for residents by assessing not only need, but also desire and willingness for change and the quality of the change that is required to engage local people. The Community Team could re-engage with regeneration to good effect.

### **F. Longitudinal Community Development.**

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.

## **6. Community Engagement**

Community engagement is important to reach people who may be isolated for social and economic reasons as well as reasons linked to rurality; such as transport issues, fuel poverty and physical isolation. Community engagement is important because it has been shown that 90% of health determinants, for example, are not health system related but social and economic (Kilpatrick, 2008). Studies suggest that the majority of 'engaged' individuals perceive that there are benefits for their physical health, psychological health, self-confidence, self-esteem, sense of personal empowerment and social relationships (Milton et al 2010). The social outcomes of community engagement may be particularly important for 'at risk' populations such as residents in poor social and economic circumstances, young people starting out on their life journey and older people who tend to be less well connected socially (ibid). Accordingly, the approach to adult learning needs to be founded on community engagement, not solely the provision of classes and other formal learning opportunities.

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

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## Appendix A

### Research Interview Schedule: Past, Present and Future: Post Covid 19

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

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

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

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

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

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

### **Past, Present and Future**

1. Can you remember the first time you heard about Covid 19, the virus?
2. Who was in lockdown with you?
3. What was it like for you?
4. What was it like for the people you live with (if applicable)?
5. What about family or friends. How did they cope?
6. How was it at the beginning? Did it get easier/harder as time went on?
7. How is life now?
8. How have you coped overall during Covid 19?
9. What was your life like, before the virus?
10. How will life be for you, in the future? Will it be better or worse?
11. What, if anything, will be different in the future because of Covid 19?

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

### **The Future and Resilience**

12. How has it been **moneywise** during Covid 19? How have you coped?
  - Have you received any financial support, benefits?
  - what was that like?
  - how should this be done in the future?

13. 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 should this be managed in the future? Who should provide it?
14. Have you used any **other Fife Council or charity supports** during the lockdown period?
- What did you use?
  - Have they been helpful?
  - do you know/Have you visited community centre?
15. If you need **help after Covid 19**, in the future, what help would you prefer?
- Who would provide this?
16. Do you **assist others** in the community?
- If yes, what do you do?
  - Have you ever volunteered?
  - Are you involved in any **community groups**?
  - If yes, which groups?
17. What would a **good future** look like in your area?
- Let them say what THEY think a good future will be.
  - Then ask about:
    - Jobs?
    - Money?
    - Environment?
  - Prompt to what they know/think of:
    - Railway Link
    - Silverburn Park
    - River Levenmouth Project
18. Is there anything you would like to talk about that I haven't asked you about yet?
19. Can I finally ask you your age?
20. Where do you live? (name of town or village)

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

*(The aim is to get people to say as much as possible in their own words. You can stimulate this with the following kind of follow-up questions below:*

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



## **Appendix B**

### **Questions for Community Groups**

1. What is the purpose of your community group/charity/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?