Scotland in Lockdown: Health and Social Impacts of Covid-19 Suppression for Vulnerable Groups in Scotland (COV/GLA/20/12)

AIMS

The project aimed to conduct rapid research (between June-December 2020) to understand the impacts of COVID-19 restriction measures ('lockdown') for four groups of people already exposed to high levels of isolation and exclusion prior to the pandemic, who may face particular challenges accessing information and complying with COVID-19 guidance. These groups were: refugees and people seeking asylum who are at risk of destitution; people in prison or under criminal justice supervision, and their loved ones; disabled people and those with long-term conditions; and, survivors of domestic abuse and sexual violence.

It focused on three lines of inquiry: <u>experiences</u> and impacts of lockdown; access to and organisation of <u>services</u>; and quality, impact and use of <u>information</u> about COVID-19 by the four study groups and service providers.

KEY FINDINGS

- For the most excluded people, COVID-19 is revealing and compounding rather than creating new lines of exclusion and inequality. Food, money and housing were key issues for the populations studied.

- Growing isolation was a common experience found across study groups, and was further found to be a deeper form than appears to be the case in the general population. There are significant health and wellbeing implications of this.

- Many statutory services have contracted or suspended in the pandemic, while the voluntary/third sector and communities have mobilised to fill gaps and respond to urgent

needs; smaller groups have played a large role in activating quickly in response to need.

- Digital exclusion and digital poverty issues exist or these populations but not this is not simply a matter of equipment/devices or skills, other barriers were: medical, capacity, locational, cultural and social issues that affected people's ability and willingness to use online/communication technology.

- There was differential access to, comprehension of, and control over information for the four groups and as a result varying levels of trust in information sources.

- People were both saturated with information as well as wanted more information, about COVID-19 risks as well as about how to support themselves and their communities.

- The research suggests the emergence of a social version of 'long covid', where the consequences for particularly marginalised people stored up now play out through longer-term forms of negative health and social markers. The data showed that there are some people in the study populations who have fallen off the radar of services and the state, and this is one indicator of a long social covid.

WHAT DID THE STUDY INVOLVE?

The project involved a mainly qualitative research design including interviews, online and postal surveys, and a social media analysis. Data comprise over 300 sources/participants informing the analysis: 136 interviews completed by the team; 6 interviews by a partner; 4 focus groups by a partner; 86 prisoner survey responses; 63 organisational service provider responses;10 letters from prisoners; and, separately, hundreds of social media posts (Twitter). The surveys provided both quantitative and qualitative information. The qualitative data set consists of hundreds of pages of original material detailing and reflecting on experiences through the pandemic. We analysed this using established thematic analysis techniques. We also analysed statistical data that allowed us to show breakdowns of who took part in the study and what their demographic characteristics were. The statistical data also showed that many people had overlapping issues, for example being *both* a refugee and having a disability or long-term health condition.

Conducting social research in a pandemic was challenging but also facilitated creative modes of working. The research team used Zoom, WhatsApp, Facebook, Twitter, phones and other means of interviewing participants. Developing trust with marginalised groups and without face-to-face contact was difficult but successful in most cases. We were able to reach digitally excluded people for interview through use of diverse means of recruitment and interview.

Research partners were essential to completion of this study. We had 20 partners from the voluntary sector in Scotland working in one or more of the four areas covered in the study. They were subcontracted to play a substantial role in the research, serving on a Steering Group to advise the researchers about ethical, methodological, practical and other issues of researching hard-to-reach communities. They further enhanced our ability to include digitally excluded participants in the research. Partners fed into design of interview and questionnaire instruments. They also acted as gatekeepers, assisting recruitment for interviews and survey completion (we achieved higher numbers than targeted numbers for both of these), as well as gathering material themselves through various kinds of community consultations.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

The research clarified the degree to which the pandemic exposes and intensifies pre-existing forms of inequality for the four groups involved in this study. Experiences varied but a shared theme was of both *continuity* of previous hardship, and *change* in terms of intensifying challenge through growing constraint of already circumscribed lives. Economic marginalisation was found to be widespread, often gendered (given the many women looking after children on their own and the financial challenges of this), and for a substantial group, extreme, placing people in or at risk of destitution. Many people in the study were multiply marginalised – economically; socially; due to disablement or chronic health condition; and/or due to language, culture, ethnicity. These factors were determinative of deeper forms of economic deprivation.

The research further documented multi-directional effects of the pandemic, for some concentrating isolation but for others reducing it. People in rural areas/islands, those who are housebound, and those with particular conditions and impairments benefitted by large scale transition to online forms of services and support. Some people felt a sense of respite and refuge, in the case of domestic abuse survivors, where the pandemic prevented contact with abusers. Most participants, however, reported significant negative impacts – in terms of deteriorating mental and physical health as well as economically – from the social distancing and loss of work as a result of COVID-19. Those in prison experienced especially stark forms of isolation being held in cells between 23-24 hours per day during the most stringent points of lockdown in the spring and summer of 2020. This combined with loss of family visits and reduced phone access for several months, led to some significant harms, including suicide attempts reported by research participants.

Statutory services have significantly contracted or been suspended, further depriving dependent communities of key support. Moreover such services for some groups, particularly those in the refugee and criminal justice population were experienced as becoming more punitive while also less supportive. Voluntary services and grassroots community groups were regularly reported by participants to have filled gaps in support, though accessing this not infrequently was contingent on having social capital or networks.

Information about COVID-19 prevention was a focus of the research, and we found there was differential access to information, often mediated by digital poverty. Much information about risk of infection and about restrictions was circulated online, and therefore inaccessible to some. Further issues of information accessibility related to language, quantity, complexity and lack of clarity or specification for particular populations. Participants felt overwhelmed by the amount of information being circulated and the extent to which it was changing messages about COVID-19 risk and guidance. At the same time, people wanted more information, not only about how to keep safe but also about how to cope and support themselves. The social media analysis of organisational use of Twitter showed the important role played by the third sector in circulating, interpreting, specifying and sometimes challenging policy and scientific information.

WHAT IMPACT COULD THE FINDINGS HAVE?

- People in the populations studied: the research allowed for those often excluded in social and policy debates to have a voice in sharing their experience, and by disseminating results directly to participants may support a sense of solidarity with others, potentially offering some small alleviation of isolation. The study included many BAME people, those experiencing deprivation and living in smaller or crowded housing, which have been identified as risk factors both for COVID-19 infection and mental health consequences. The inclusion of experiences from this group may aid their own understanding of preventive actions they might take to reduce risk and support wellbeing.

- Policy: The research may inform Scottish Government and statutory services to assist better and more nuanced understanding in addressing the situations of people experiencing multiple forms of inequality. It may help clarify the ways policy can worsen the situations of the already disadvantaged. As above, better knowledge about higher risk groups can inform more effective preventive and support efforts. Income and housing issues were predominant concerns, and providing evidence of the impact of these may support policy action.

- Practice: A finding of the research was about the personal impacts on those providing services in the current pandemic, as well as about the funding instability of many third sector services. These findings may inform addressing support needs of practitioners. It may also inform practice in delineating how particular adaptations to working during COVID-19 facilitate inclusion or exclusion, such as when and how to use telephone support and other means of supporting people at a distance.

HOW WILL THE OUTCOMES BE DISSEMINATED?

The research adopted a 'continuous dissemination' strategy in order to inform ongoing efforts of responding to COVID-19. This included setting up a website (https://scotlandinlockdown.co.uk) where early and emergent findings have been posted since July 2020. A range of outputs – short case studies, findings papers, methods reflections and working papers will continue to be published via this route. We prepared a comprehensive project report to document all aspects of the study and provide a first pass on communicating the main findings of the research (available on the study website and widely circulated through professional networks). The team engaged with the Scottish Government COVID-19 analytical team as well. We organised a webinar on 17 December 2020 featuring a range of speakers including academics, people with lived experience and voluntary sector organisations; nearly 300 people registered (who will be sent links to the report and webinar recording); and nearly 200 people from Government, statutory services, the third sector, academic and the public attended. Media interest has led to a number of interviews (BBC, STV). The study team is planning further working papers and academic articles.

CONCLUSION

The research was conducted under intense time pressures, when face-to-face research was not possible and university campuses largely closed, but managed to gather the views of hundreds of people who are facing disproportionately worse outcomes from COVID-19 and the social and economic disruption that comes with it. The large and rich data set produced by this study will be archived and made available to others, providing a valuable resource for further data analysis and an archive of key moment in time.

An illustration of a tenement block of flats used on the website and other materials to assist recruitment of participants.

Please see our website for many briefings and reports: https://scotlandinlockdown.co.uk
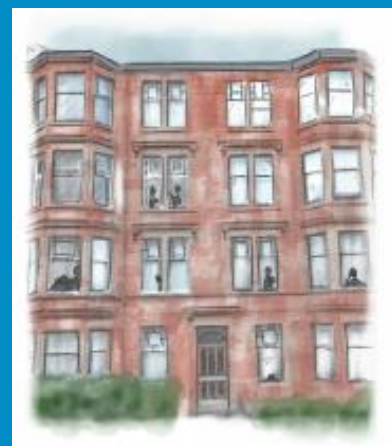
RESEARCH TEAM & CONTACT

PROF SARAH ARMSTRONG, Professor (Sociology) DR LUCY PICKERING, Senior Lecturer (Sociology) The project was directed by 16 further Co-investigators, all based at University of Glasgow	sarah.armstrong@glasgow.ac.uk; lucy.pickering@glasgow.ac.uk
University of Glasgow School of Social and Political Sciences Glasgow G12 8QQ	Working from home: Sarah Armstrong (07860472821)

ADDITIONAL INFORMATION

Study dates: July-December 2020, £186,869