

COVID-19 STORIES:
Investigating the impact of COVID-19 on local communities within East Sussex

EXECUTIVE SUMMARY
Report prepared for East Sussex County Council

29 April 2021

Authors:

Alexandra Sawyer
Nigel Sherriff
Lester Coleman
Laetitia Zeeman
Jane Thomas

EXECUTIVE SUMMARY

1.0 BACKGROUND AND AIMS

- 1.1 COVID-19 and the subsequent government restrictions have led to significant economic and psychosocial impacts on individuals nationally and within local communities. Understanding these impacts has been identified as a public health research priority. The aim of this study was to investigate the psychosocial impacts of COVID-19 and infection control measures on a range of individuals within East Sussex.

2.0 METHODS

- 2.1 The design was a **cross-sectional qualitative study** using semi-structured interviews. **Twenty-five people were interviewed** across East Sussex including single parents with young children, young people having just left college (18+), those shielding, those furloughed or unemployed during the pandemic, and people living in temporary accommodation. **Thematic analysis** was used to identify, describe, and analyse themes and patterns within the data. **Ten case studies** were developed to illustrate the psychosocial impacts of the COVID-19 pandemic across a range of individuals and circumstances.

3.0 KEY FINDINGS

- 3.1 Most participants reported being initially unable to foresee the spread, severity, and duration of the COVID-19 pandemic. People adopted the required measures to keep themselves safe in accordance with the government messaging. Some participants reported taking additional steps such as wearing face shields and washing food wrappings. Some started to relax their risk-reduction behaviours over time. The pandemic was described as a temporary but significant life-changing event, with people saying their plans had changed ‘overnight’ and that their life was ‘on hold’ or had lost its ‘infrastructure’. Immediate changes to social lives, education, future plans, work, and housing were evident. These changes were particularly felt by those shielding, and those who had been placed in emergency accommodation during the pandemic. Nevertheless, many participants spoke of the positive aspects of the restrictions with the time and flexibility to re-engage with their families. Significant **areas of impact** were reported as follows:
- 3.2 **Family** - Impacts on the immediate family included feelings of claustrophobia and children needing to be entertained. These **family disruptions, compounded by children being off school and parent(s) working at home, were mostly temporary**, with people adapting either their workspaces or taking particular steps to respect the needs of others. The familial disruption from the pandemic was more noticeable for family members who were not part of the household in question.
- 3.3 **Friends** - The impact on people’s friendship groups was a prominent feature of the conversations. For many people, **friendship groups had reduced**. Most friends seen in person were on a one-to-one basis, although wider groups connected through a range of social media apps. More positively, some people reported **becoming closer** to friends. People also **reconnected** with friends who they had not seen for some time.
- 3.4 **Leisure** - Several people had **increased their level of physical activity**, mostly in the first lockdown benefitting from the warmer spring weather. Several people spoke of **discontinuing** social activities

such as choirs, book-clubs, going to the pub, and other activities. For many, these were activities where people would usually connect with others.

- 3.5 **Employment** - People's jobs were impacted in several ways including more **working at home**, **reductions in income** (particularly for the self-employed), **changes in job role**, and increased **work pressures**. Some people had become **unemployed** as a direct result of the pandemic. For all those who were **furloughed**, the experience was considered as enjoyable. People were grateful for the opportunity to be paid while enjoying time at home, often using the time to pursue new activities or interests.
- 3.6 **Health-related behaviours** - With several people having more time and flexibility due to working at home or being furloughed, **positive shifts to health-related behaviours** during the pandemic were reported (such as new fitness regimes or home cooking). There were very few instances of physical ill-health behaviour. The exceptions were a few people reported that they drank more alcohol than usual on occasion. There were also occasional reports of increased food consumption and smoking more to relieve stress.
- 3.7 **Mental health** - Most people's mental health had been impacted by COVID-19. These impacts ranged from being **'cross'**, **'frustrated'**, **'unmotivated'**, through to **increased anxiety** that required pharmaceutical interventions. People were **fearful about being infected** and passing on the infection to vulnerable adults. Certain events contributed to worse mental health such as **entering a period of lockdown or knowing people or relatives who had been infected**. People shared a number of **coping and support mechanisms** to improve or stabilise their mental health. These included: exercising (which was the most popular way to cope); writing down problems or worries; investing in new online courses; dog walking and getting comfort from pets; intense research into nutrition and embarking on a new diet; and developing a daily routine of online calls, daily phone calls to a parent, and trying to leave the house at least once a day.
- 3.8 **Education** - The impacts on those who had either just completed or were part-way through full-time education were deleterious. Impacts included **not being able to complete a course** and hence a reduced qualification; an **anticlimactic leaving process**; **frustration over online teaching**, and **lack of social interaction** at university.
- 3.9 **Health and social care appointments** - Most people viewed **remote appointments** as a **suitable, more convenient** alternative to face-to-face appointments, although this was dependent on the nature of the condition - whether it was routine or potentially more serious. **Phone appointments were preferred over video**, although video was perceived as useful in some circumstances (assuming the technology worked effectively), suggesting a **choice of media** may be beneficial to patients.

4.0 CONCLUSIONS

- 4.1 The impact of the COVID-19 pandemic on the East Sussex residents has been considerable. Our findings show that residents have been impacted widely, differentially, and at different time points since the first lockdown in March 2020. Mental health issues crosscut many of the findings including withdrawal, feelings of social isolation, depression, anxiety, and sleeplessness (as examples). Although causality cannot be attributed, in many cases mental health issues appeared to a result of changes in education, employment, and family circumstances due to COVID-19 and the related local/national restrictions. The UK government's COVID-19 Mental Health and Wellbeing Recovery Action Plan (2021) acknowledges that the impact of the pandemic on mental health is likely to persist and may well increase as we move to a post-pandemic recovery phase. What is clear from our data is that the

residents we spoke to experienced both adverse *and* beneficial impacts of the pandemic with some developing strategies to mitigate and/or amplify these impacts as illustrated in the main narratives and in the case studies.

- 4.2 Whilst it is beyond the scope of this report to offer specific proposals or recommendations for public health due to the nature of the sample/study design, further exploration might be of benefit to ‘unpick’ impacts with a specific focus on some of the most affected populations (e.g. key workers, small business owners, youth, older people, those with complex health needs including pre-existing mental health conditions, and those advised to ‘shield’).

Specifically, attention is required to build on the gains and mitigate against the deficits of the last year. A systematic look at how public health action can empower diverse resident groups to support and take control over and improve their own mental, physical, social, and emotional health, taking into account learning from what helped in the pandemic, could be of value. This, in the longer-term, may contribute to attempts to build more equal, inclusive, and sustainable communities, that are more resilient in the face of future pandemics and other public health emergencies. Such an approach will require a long-term strategy for commissioning for COVID-19 post-pandemic recovery, avoiding understandable but possibly unhelpful ‘knee-jerk’ reactions which can contribute to widening inequalities particularly for most affected populations. Moreover, wider impacts of the pandemic from, *for example*, negative increases in dog-fowling, littering, and wealth inequality, through to positive reductions in carbon emissions and social appreciation of health and social care workers, would also need to be part of the overall balance sheet of COVID-19 impacts to be addressed and built on.

- 4.3 Finally, our data show that in many cases, residents have been resilient in their response to the impacts of the pandemic. However, it also shows residents have experienced impacts unequally and so the pandemic may increase inequalities in health. Thus, the findings reported in this current study, could potentially be used as a ‘sense check’ in an exercise to map wider post-pandemic impacts, benefits, disbenefits, opportunities, and threats. Such an activity could not only help to refresh, but also inform strategic priorities in a way that builds on the positives of the pandemic for some people’s sense of wellbeing.

Acknowledgements

This project was commissioned and funded by East Sussex County Council. The views expressed in this Executive Summary are those of the authors only. Our sincere thanks to all the people who have shared their experiences of the COVID-19 pandemic. For enquiries contact: Professor Nigel Sherriff, University of Brighton, E-mail: N.S.Sherriff@brighton.ac.uk

Suggested citation: Sawyer, A., Sherriff, N.S., Coleman, C., Zeeman, L., Thomas, J. (2021). COVID-19 STORIES: Investigating the impact of COVID-19 on local communities within East Sussex. Executive Summary prepared for East Sussex County Council. Brighton: University of Brighton.