

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

**FINAL REPORT**  
**Report prepared for East Sussex County Council**

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## 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 **copings 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.

## Contributors

Nigel Sherriff was principal grant holder and has overall responsibility for the report. Alexandra Sawyer was co-principal investigator and contributed to all phases of the project including the final report. Lester Coleman was in charge of the day-to-day delivery of all aspects of the data collection and drafted the case studies and final report. Laetitia Zeeman was involved in data collection and reviewed the final report. Jane Thomas acted as a critical friend for the project and reviewed the final report.

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# 1.0 INTRODUCTION

## 1.1 Background

The novel coronavirus disease (COVID-19) was first reported in December 2019 and has spread rapidly being characterised as a global pandemic by the World Health Organization (WHO) in March 2020. On the 31<sup>st</sup> January 2020 the first case of COVID-19 was confirmed in the UK and at the time of writing (28<sup>th</sup> April 2021) the UK reported 4.4 million positive COVID-19 cases, and 151,243 deaths mentioning COVID-19 on the death certificate<sup>1</sup>. This represents the highest number of COVID-19 deaths compared to other EU/EEA states. At the time of writing, in East Sussex, there have been 30,556 reported cases and 1750 deaths. There has been significant variation in the number of COVID-19 cases within District and Borough Councils in East Sussex. For example, throughout the pandemic Hastings had experienced the fewest cases in East Sussex, with one of the lowest rates of total confirmed cases in the country. However, mid-December 2021, Hastings had the highest rate of infection in East Sussex and one of the highest rates in the UK.

Throughout the pandemic public health policy has largely been reliant on non-pharmaceutical interventions. On the 23<sup>rd</sup> March 2020, a state of national lockdown was imposed by the UK government. Measures included enforced social distancing (e.g. working from home, prohibiting public gatherings, closing schools and other nonessential services, and keeping a distance of >2 metres apart from others) and social isolation (e.g. remaining indoors except for one brief, local outing per day for physical activity or 'essential supplies'). This was followed by an easing of restrictions and the subsequent onset of a second wave. Further restrictions in the form of Tiers were initially implemented, followed by a further period of national lockdown starting on the 5<sup>th</sup> November 2020. New variant(s) of the virus emerged in the South-East of England leading to East Sussex being placed in to Tier 4 (the highest level of social restrictions) on the 26<sup>th</sup> December 2020<sup>2</sup> and then on the 5<sup>th</sup> January 2021, a third national lockdown was imposed.

The UK government has recently implemented a COVID-19 vaccination strategy. As of the 28<sup>th</sup> April 2021 there are three regulation 174-licensed options for vaccination against COVID-19 in the UK: the Pfizer BioNTech mRNA Vaccine BNT162b2; the AstraZeneca COVID-19 vaccine, and most recently; the COVID-19 Vaccine Moderna. Access to vaccines is restricted in line with priority cohorts. As of the 28<sup>th</sup> April 2021, 33,959,076 people in the UK have received their first vaccination dose.<sup>3</sup>

COVID-19 and the subsequent government restrictions have led to dramatic economic, social and personal changes and significant psychosocial impacts on individuals. One study examined mental health problems among adults participating in the UK Household Longitudinal study, in which the same nationally representative sample completed a mental health screening instrument in 2017-2019 and after the introduction of the UK government social lockdown orders on the 23<sup>rd</sup> March 2020. Compared with pre-lockdown, the prevalence of mental health problems was significantly higher in late April 2020 (Pierce *et al.*, 2020). A recent review (Serafini *et al.*, 2020) showed that fears of infection; fears about infecting others; future uncertainty; boredom; frustration; social isolation; and hopelessness were the most profound psychological impacts of the pandemic. In terms of loneliness, another study (Groarke *et al.*, 2020) reported a 27% prevalence of loneliness during the pandemic (using an online survey of 1,963). Risk factors for loneliness were being younger, separated or divorced, meeting clinical criterion for depression, difficulties emotionally regulating, and poor-quality sleep due to COVID-19. Other studies have also shown that some groups may be more vulnerable than others to the psychosocial effects of pandemics. In particular, those at heightened risk

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1 <https://coronavirus.data.gov.uk/>

2 Hastings and Rother entered Tier 4 on the 19th December 2020.

3 <https://coronavirus.data.gov.uk/details/vaccinations>

for COVID-19 (e.g. older people, people with compromised immune system), socioeconomically disadvantaged, and those with existing medical conditions (Pfefferbaum & North, 2020). Nevertheless, research is current, so the longer-term picture may change.

Government measures to contain COVID-19 have also meant that businesses have been forced to close or scale-back activities, risking increased levels of unemployment. To mitigate against this, the government introduced the Coronavirus Job Retention Scheme (CJRS) that allowed for the furloughing of workers. However, statistics suggest that the number of people claiming benefits as unemployed has risen above two million for the first time since 1996<sup>4</sup>. Furthermore, many employees started working from home with the same number of hours, whilst others worked reduced hours (Wielgoszewska, Green, & Goodman, 2020). Many employees in certain occupations (e.g. 'key workers') increased their hours significantly. Therefore, the impacts of the COVID-19 pandemic on current and former employees is important to explore (Burchell *et al.*, 2020). In addition, the increased emergency pressures on health services have knock-on impacts in relation to planned care.

There is currently limited qualitative research on the impacts of COVID-19 and associated infection control measures on local communities. Qualitative research carried out during the COVID-19 pandemic can complement epidemiological data by providing insight into people's lived experiences of pandemics, social responses, and insight into unexpected consequences (Teti *et al.*, 2020). Understanding the psychosocial impacts of the COVID-19 pandemic and the associated restrictions has been identified as a public health research priority (Holmes *et al.*, 2020).

## 1.2 Aim

The overall aim of this project was to investigate the psychosocial impacts of COVID-19 and infection control measures on a range of individuals within East Sussex.

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<sup>4</sup> <https://www.theguardian.com/business/2020/may/19/uk-jobless-april-coronavirus-crisis-unemployment-benefits>



## 2.0 METHODS

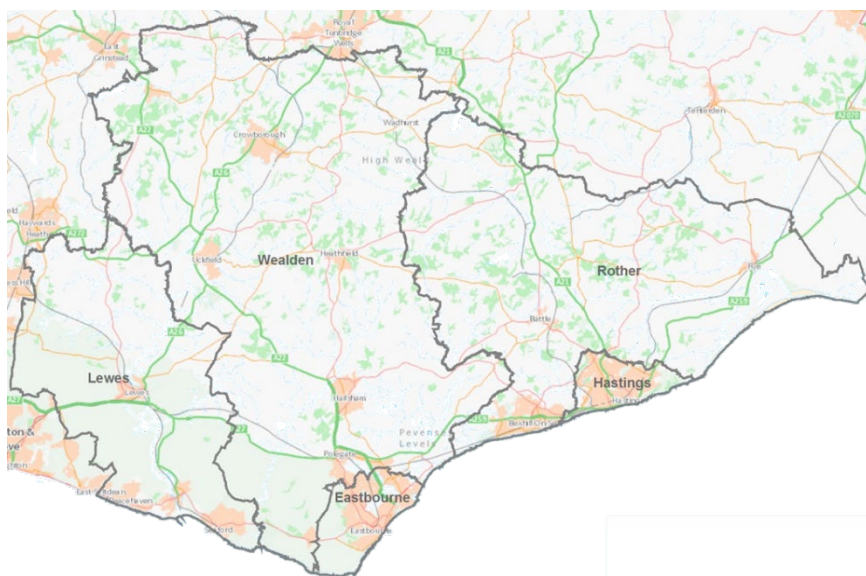
### 2.1 Design

The research design was a cross-sectional qualitative study using semi-structured interviews.

### 2.2 Participants

The participants in this study were people living in East Sussex (covering all five districts/boroughs of Lewes, Eastbourne, Hastings, Wealden and Rother; see Figure 1 for a map of districts and boroughs within East Sussex). To be eligible to participate, individuals needed to be aged 18 years and above, able to give informed consent, and be able to understand and speak English.

**Figure 1. Map of districts and boroughs within East Sussex**



### 2.3 Procedure

Data collection took place between December 2020 and March 2021. During the recruitment period, people were invited to take part in a semi-structured individual interview regarding the psychosocial impacts of the COVID-19 pandemic. The semi-structured format allowed participants to have flexibility in their answers and identify areas not covered by the interviewer. The topic guide (see Appendix A) was designed to explore the following areas:

- Life situation prior to COVID-19 and memories of when lockdown commenced;
- ‘A typical day in the life of.....’ during lockdown, as restrictions eased and now;
- Beliefs about COVID-19 – how it will end and when? Government role and restrictions?
- Experiences since the COVID-19 outbreak (positive, negative, unexpected);
- Impacts of COVID-19 on:
  - education and employment, including furlough;
  - family-life, including housing;
  - finances;
  - friendships and relationships;
  - social and leisure activities;
  - health behaviours (exercise, drugs, alcohol, diet and nutrition, etc.);
  - accessing professional support including health services;

- mental health;
- coping and support strategies.

As well as focussing on the entire COVID-19 experience, consideration to the different stages of the pandemic were explored in line with the study period i.e. lockdown 1, summer easing of restrictions, lockdown 2, move to Tier 4, and the current phase of lockdown 3. The topic guide (see Appendix A) was developed and agreed between the research team and was informed continuously by participant interviews. Therefore, the topic guide was used as more of an aide-memoir than a directive list of questions to be asked and was tailored to people's experiences and responses. In addition, a simple and short structured questionnaire was used to gather basic demographic characteristics (e.g. age, ethnicity, education). This questionnaire was also used to guide ongoing recruitment strategies to ensure a diverse sample in line with the indicative groupings (see Section 2.4). This questionnaire was administered at the end of the interview.

Remote interviews and a range of options were offered depending on a participant's preference (and technology available) e.g. telephone, mobile, Microsoft Teams. If using video conferencing software, participants were given the option of joining with or without visual functionality. 21 interviews were conducted over the telephone and four interviews using Microsoft Teams. All interviews were conducted in a quiet room where participants could not be overheard and where there was no risk of interruption.

At the end of the interview, participants were asked whether the information they provided in the interviews could be used to produce a short-written case study (see Section 2.4). Interviews lasted approximately one hour. All participants were offered at £10 'thank you' voucher for their time.

## 2.4 Recruitment

Purposive sampling was used to interview East Sussex residents (18yrs+) to provide a diverse sample. This included a range of ages, genders, race/ethnicities, identities (e.g. LGBTI), and social backgrounds to explore the impacts of COVID-19 including adverse, unexpected, and positive outcomes/impacts (e.g. personal, social, health, community). The recruitment strategy took place over two phases. Final selection of potential interviewees was based on variations according to a balance of the following *indicative* criteria:

- Furloughed worker (or had been furloughed and now ended) or unemployed due to COVID-19;
- Person who had been shielding during 'lockdown';
- Person who identifies as lesbian, gay, bisexual, trans or intersex (LGBTI);
- Older teenager/young adult in education;
- Single parent household;
- Family or single person living in temporary accommodation;
- A former rough sleeper now in temporary accommodation due to the 'everybody in' mandate;
- Office worker working from home;
- Women who have been pregnant/given birth during the pandemic.

### *Recruitment phase one – General recruitment approach*

This first recruitment phase involved professional/known contacts of the research team (not personally known by the interviewers). All prospective study participants were asked to contact a member of the research team if they were interested in participating/wanted to find out more information about the study. During this initial contact the researcher shared a participation information sheet (via email; see Appendix B) to provide more detail about the study, and arranged a date and time for the interview. Ten interviews were completed during this initial recruitment phase.

### *Recruitment phase two – Targeted recruitment approach*

Following phase one, additional purposive strategies were employed to ensure underrepresented groups were included. There was a need to recruit more men, more individuals from Hastings and Rother, more individuals who were shielding, on low-income, and living in temporary accommodation. These additional recruitment strategies included a purposive snowballing approach (at the end of the interview with the phase one participants, participants were asked whether they knew of anyone who would potentially be interested in a conversation who met the desired characteristics), social media (e.g. Facebook and Twitter), and study information circulated to local community and voluntary sector organisations and projects (e.g. Rough Sleeper Initiative). As per phase one, a member of the research team contacted participants who expressed an interest to discuss the study in more depth, provide an information sheet, and arrange a date and time for the interview. A further 15 participants were recruited during this targeted phase.

### *Case studies*

At the end of the interview, participants were asked if they would be interested in participating in a case study. These short, written case studies were based on the semi-structured interviews with the focus on the psychosocial impacts of the COVID-19 pandemic and associated infection control measures. If participants expressed interest, they were provided with a further case-study specific information sheet (see Appendix C). This additional step was necessary in order for participants to be aware what the case studies might be used for, and to ensure that they were aware that they may be identifiable. With consent, participants were informed that they would be contacted a few days later to discuss further. Ten case studies were selected (from all those participants that consented), according to varying impacts and sample characteristics (see Appendices D to M for case studies).

## 2.5 Research governance and ethical approval

The University of Brighton's Life, Health and Physical Sciences Cross-School Research Ethics Committee (CREC) reviewed and approved the project (Ref: 2020-7393-Sawyer). The study was also reviewed and approved by the East Sussex County Council Research Governance Panel (RGP).

## 2.6 Data storage and confidentiality

Primary research data generated was stored securely at the University of Brighton using a password protected network and in compliance with data protection legislation (GDPR). Only the research team and an approved University transcriber had access to this data. To mitigate against the unlikely loss of data, digital files are backed up daily to University external (secured) servers. All data will be retained for 10 years and then digital files will be destroyed/deleted and any physical data shredded (as per University of Brighton policy).

## 2.7 Data analysis

With participant's permission, all interviews were digitally audio recorded, quality checked, and transcribed fully by an external University approved supplier who is experienced in dealing with sensitive and confidential data. All transcripts were allocated a unique identifying number and then anonymised by the research team using pseudonyms. Any other information which could potentially reveal a participant's identity were either removed or edited. As a further measure to protect anonymity, in the quote identifiers, only geographic boroughs/districts are presented to describe participants' place of residence rather than specific towns (see Figure 1).

The analysis was based on notes during the interview, audio recordings, and transcripts. If consent to record the conversation was not given, fieldnotes were taken (this happened on one occasion). Qualitative thematic analysis was applied to the data. This allowed themes to be identified both inductively (unanticipated findings

arising from the interviews) and deductively (based on the project objectives). Braun and Clarke's (2006, 2019) method was used to identify, describe, and analyse themes and patterns within the data. The analysis focused upon the generation and emergence of common themes and explanations derived from the data. Findings are illustrated using quotes from the participant interviews.

## 3.0 RESULTS

### 3.1 Sample characteristics

In total, 25 people were interviewed. Table 1 (next page) displays the demographic characteristics of participants. The sample is diverse and includes participants from different areas within East Sussex and ethnic backgrounds. The sample included people who were furloughed or had been furloughed (n=5), people who were made unemployed during COVID-19 (n=4), people who experienced reduced hours/income (n=4), office workers working from home (n=11) people who had been shielding during lockdown (n=4), older teenagers/young adults in education (n=3), single parent households (n=4), individuals living in temporary accommodation (n=2), and a woman who was pregnant (n=1) – see next page:

**Table 1. Sample characteristics**

Mean Age (Range)	Gender	N (%)	Ethnicity	N (%)	Sexual Orientation	N (%)	Location	N (%)	Relationship status	N (%)	Highest education	N (%)	Employment	N (%)
45.3 (18-71)	Male	15 (60)	White British	19 (76)	Heterosexual	19 (76)	Lewes District	7 (28)	Married/Civil partnership	9 (36)	GCSEs or equivalent	1 (4)	Employed FT	7 (28)
	Female	10 (40)	White Other	2 (8)	Bisexual	3 (12)	Eastbourne District	5 (20)	Living with partner	1 (4)	A-Levels or equivalent	9 (36)	Employed PT	7 (28)
			Asian	2 (8)	Lesbian	1 (4)	Wealden District	6 (24)	In a relationship	1 (4)	Undergrad. Degree	10 (40)	Self-employed	4 (16)
			Asian British	1 (4)	Other	1 (4)	Hastings Borough	4 (16)	Single	11 (44)	Postgrad. Degree	5 (20)	Unemployed	7 (28)
			White & Black African	1 (4)	Prefer not to say	1 (4)	Rother District	3 (12)	Separated/divorced	3 (12)				
Totals N (%)		25 (100)		25 (100)		25 (100)		25 (100)		25 (100)		25 (100)		25 (100)

## 3.2 Findings

This section presents a **varied set of findings from a diverse sample that reflect people's individual circumstances**. In line with the project brief, it should be noted that the study was not designed to be able to draw comparisons both *within* and *across* the different participant groupings. This is partly due to necessarily small participant numbers, and that participant categories are not mutually exclusive (for example, those working at home may also have been furloughed at some point). The analysis presented here should be viewed in consideration of this point.

Most people spoke about the COVID-19 experience as a whole (or 'during the pandemic'), however some were able to reflect on the different phases of the pandemic. Of these, people generally recalled their first memories (pre-lockdown 1); lockdown 1 from the end of March 2020; easing of restrictions (recalled by some as 'during the Summer'); lockdown 2 (from November 2020 to early December 2020); becoming Tier 4; and lockdown 3 (remembered by some as 'as it got colder' or 'winter'). Most interviews were conducted during Tier 4 (before and after Christmas 2020) and during lockdown 3<sup>5</sup>.

In analysing across the whole sample, the main themes are summarised within the following thematic areas:

- First recollections of COVID-19;
- Initial impacts of COVID-19 on day-to-day life (describing the impacts of COVID-19 on day-to-day life and *how* people felt about the impacts of COVID-19 on day-to-day life);
- Specific impacts of COVID-19 on people's lives - family within the household, other family members, friendships, social and leisure activities, employment and finance, health-related behaviours, mental health, coping and support strategies, and education;
- Attitudes and use of remote access to health and social care services;
- The future and final comments.

Findings are illustrated using quotes from the interviews. As a reminder, all participants were assigned pseudonyms, and any other information which could potentially reveal a participant's identity has been removed or edited.

### 3.2.1 First recollections on COVID-19

This section outlines people's first awareness of COVID-19 and its severity; steps taken to reduce the risk of transmission; how patterns of risk-reduction have changed through time; and concerns about COVID-19 infection and transmission to others.

#### **First awareness of COVID-19 and its severity**

Most people recalled the time when the first cases of COVID-19 arrived in the UK with many people thinking that the disease was **unlikely to be serious**. People frequently compared it to previous virus outbreaks like severe acute respiratory syndrome (SARS) or Bird-Flu (H5N1 virus) and could never foresee the impacts that have arisen, despite the original government estimates.

*"I thought it was just going to blow over. It wasn't going to upset me, it wasn't going to come close to me, sort of quite naïve."* (Amelia, 22yrs, Lewes District, finished college, furloughed).

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<sup>5</sup> Lockdown 3 started on the 5th January 2021.

*"The Government said something like 'If we escape with twenty thousand deaths, we would be doing well'. We were entirely naïve about how bad it was going to be."* (Richard, 63yrs, Hastings Borough, working at home).

Another person described how she felt there was little point worrying about it as she felt the spread of the virus was out of her control:

*"I wasn't worried really, I just thought 'if it's not something I can do anything about then what's the point worrying?' So, it didn't worry me in the slightest...I did realise it was serious, but I just thought, 'I can't personally change anything about it, so what's the point', whether I'm scared about it or not, whether I'm worried or not worried, it's not going to change the situation, therefore, there's no point really worrying."* (Gemma, 41yrs, Wealden District, furloughed at start of pandemic).

However, some responses expressed specific events that **demonstrated the reality of the pandemic**. Some noted that the first recorded case in Brighton was 'close to home', as were other new cases in their local area:

*"I could never have imagined that we ended up here. I was like 'surely that's a bad thing, but it's really far away, it's not going to come' and then when I heard it was getting closer, I think it came to Brighton first. I was like, 'oh, that's really scary, that's really weird but it will be a brief really scary thing and then it will be over'."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed, see Appendix D for Case Study).

One person interviewed experienced the death of her grandmother from COVID-19 in May 2020 and another person's mother died (not linked to COVID-19). They both felt they were unable to grieve fully. The death of the participant's grandmother also changed the seriousness with which she viewed COVID-19:

*"My initial thoughts were it was a lot of fuss over nothing. I genuinely thought this is silly, why is this happening? Surely we can handle something like this, we should be able to cope. That changed very rapidly when my Nan caught and passed away from COVID... that completely flipped my view."* (Kath, 32yrs, Eastbourne District, left job voluntarily, see Appendix E for Case Study).

*"There were difficulties with the funeral [of mother] and people not being able to go...We brought my mother down [to Hastings] so we could see her more and then we couldn't see her, and then she died. We had to go to a funeral just the two of us. That was probably the worst period."* (Josh, 67yrs, Hastings District, reduced self-employment at start of pandemic).

The notable exceptions to the above were from a GP and a molecular biologist who were **more able to comprehend the potential severity of the virus** as it first developed:

*"At the very start of it, as soon as we were aware that things were going on, I probably was more aware of personal infection risk in places like supermarkets and public buildings and touching what you need to touch and not touching what you don't need to touch and so although I was probably fairly aware of those things to start off with before the pandemic - I probably became more aware of it as talk of it began to circulate. And obviously I was fairly professionally connected to this, so I knew which way it could go and was over aware perhaps quite early on about the potential for what could happen."* (Phil, 55yrs, Lewes District, employed).

While everyone understood the reasons for the first national lockdown, the **speed of its implementation** was a surprise for some:

*“Just before the lockdown at the end of March, literally on the Monday beforehand, so a week beforehand I led a school trip up to London and even at that stage we were still unsure about what we should be doing and what was allowed and obviously in retrospect it was a ridiculous thing to do, but at the time it was allowed.”* (Dave, 50yrs, Wealden District, working at home at start of pandemic).

### **Reducing the risk of transmission**

All participants reported that they had taken steps to **reduce their risk**, usually around the time of the first lockdown. Most said they had been following the rules of sanitising, keeping distance, and wearing masks. This also included passing safety messages to their children:

*“There’s been instances when you’re in a supermarket and places where it’s virtually impossible to maintain the distance. But we make sure we’ve got our masks and we’re very good in this household, we’re making sure we wash our hands as soon as we get in the house. And we’ve got hand sanitiser in the bucket load.”* (Kath, 32yrs, Eastbourne District, left job voluntarily).

*“We just always followed the guidelines of whatever stage of lockdown, or tiers or whatever we’ve been in. I don’t think we’ve done anything outside of that.”* (Mick, 38yrs, Eastbourne District, working at home, see Appendix F for Case Study).

*“...it was just doing a lot of repeating [to the children] of ‘make sure you’re keeping your distance, make sure you’re keeping your mask on’.”* (Becky, 47yrs, Wealden District, shielding, see Appendix G for Case Study).

The extent of this **risk-reduction varied immensely** from hand-washing and mandatory mask wearing, to washing packaged food produce and sanitisation at every possibility (especially when returning home), and generally staying housebound:

*“For example, washing my shopping, things that I wouldn’t have done before, making sure I have a mask, I’ve even got an FP2 mask because I know these things from my work...”* (Sue, 54yrs, Lewes district, working at home, see Appendix H for Case Study).

One person adopted the **German model of risk-reduction through mask wearing**, namely replacing masks after every 30 minutes. For one person, they had been used to sanitising equipment through their job so the adjustment to using more protective cleaning products was easy. For a further person, risks were reduced by not touching things, queuing, and **avoiding crowds** (including not going into ‘town’):

*“Even when I was out jogging I didn’t touch anything, not even a gate, or to go through a kissing gate we’d push it with our hips rather than touching it.”* (Becky, 47yrs, Wealden District, shielding).

Some participants described how they deliberately limited the number of people they saw. This is explored further in Section 3.2.3, which examines the impact of the pandemic on friendships:

*“I have been really sensible, limiting myself to who I see...Almost living in my own bubble...You know that makes it a lot safer...I’ve switched to ‘Click and Collect’ shopping or home delivery, avoid*



*supermarkets as much as possible and crowded places.” (Linda, 55yrs, Hastings District, office worker working at home, see Appendix I for Case Study).*

As a final example of risk-reduction, one person checked a map on the BBC website which displayed infection rates, prior to travelling outside her area:

*“In the summer I was checking out the BBC map about infection rates and you could see where the dark blue is, to avoid...But in the summer definitely in the southeast it seemed to be very low risk...before I did anything I would really think, ‘I’m not a researcher but I definitely need to do research before I do stuff.’” (Becky, 47yrs, Wealden District, shielding).*

### **Changing patterns of risk-reduction through time**

Most people had maintained some of the basic risk minimisation strategies throughout the pandemic, such as ‘space, hands, and face’. However, some of the earlier used behaviours such as washing food packaging and not visiting relatives had occasionally **become more relaxed or forgetful** through time, as had the frequency of washing hands:

*“At first I washed my hands really, really, all the time and I’m constantly trying to remind myself to wash my hands to that extent, but I’m not washing my hands as much as I did at the beginning.” (Sharon, 58yrs, Lewes District, unemployed).*

*“I do feel, as COVID goes on and the more lockdowns we go in, the more ridiculous it all feels. And sort of the more reluctant I feel to do things like that...I’m such a needy person, I love physical contact with people. But, you know, if I want to give them a hug, I’m going to give them a hug, if they’re okay, with their consent, of course.” (Amelia, 22yrs, Lewes District, finished college, furloughed)*

One person also recalled how **one event had become progressively less-socially distant**, showing how easily this can happen in such an environment:

*“I can’t think of the last time I was inside somebody else’s house having a meal. Actually, I can think of one time in the summer when we did it, but it felt uneasy and then when we’d all had a few drinks it didn’t feel uneasy anymore and I was just aware of how unravelled things like that can become and I didn’t feel comfortable with how easy we’d slipped into a completely non-socially distanced evening.” (Phil, 55yrs, Lewes District, employed).*

### **Concerns about COVID-19 infection and transmission to others**

Several people spoke about the concerns they had about being **infected with COVID-19**. This fear tended to express itself through the extremities of the risk-reduction behaviour. In the first example, this person rarely left the house and, when they did, they wore full face-shield protection and never removed it, even when drinking:

*“I was comfortable at first and that was fine but then as I’ve met up with people recently just a couple of people when obviously the weather changed and we were meeting indoors, and I didn’t want to go. I was thinking I don’t want to go; I’m really worried about meeting people indoors but I did meet up with them, it was actually great. So, I’m really glad I did but I didn’t take my mask off at all, I bought a drink but I didn’t drink it because of my anxiety...It’s the COVID situation and being inside and feeling uncomfortable about being inside a pub or a restaurant or a café, being inside just made me feel really*

*uncomfortable and I just didn't want to take my mask off."* (Sue, 54yrs, Lewes district, working at home).

*"When we went back in July [school], I was really worried and nervous about it, I was getting quite anxious, and panicking really, I don't want to get it, I don't want my children and my partner to get it."* (Darren, 30yrs, Rother District, furloughed).

Although most people recognised the risks to themselves, some people were not only concerned about their own risk but also about **passing it on to others**. One younger person was concerned about infecting vulnerable family members. She also saw more personal responsibility for controlling transmission compared to her younger school-aged siblings who had no choice but to attend their place of education:

*"My focus and reason for trying to not get it, my reasons for isolating and really taking lockdown seriously was always because of my grandparents... in my family, especially with my grandparents, I think I do feel more responsibility than other people. I have siblings that are younger so my sister will go to school, but that's not something she can decide or choose."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

As a final finding in this first Section, a mother reflected on the challenge she had when her son and his partner had COVID-19 while living in the same household (at the time of interview). This illustrated the extreme risk-reduction strategies that were taken within her household to reduce cross-contamination to others. Self-isolation, delivering meals to the bedroom, and deep cleaning the bathroom were the tasks to reduce her risks to herself and other family members. Although several participants had been tested, or thought that they may have had the virus prior to mass testing, this was one of only two instances of a confirmed positive case among interview participants or their family:

*"It's been really difficult trying to keep the rest of the family away and they are, poor things, locked in a not very large room, which is really grim for them, but trying to separate everybody and bleach everything in sight and that's quite tricky...the logistics of sending them up for showers and stuff, and then just completely bleaching the bathroom before anybody else goes in there, windows open, all that sort of thing and leaving food at the door, but we're all coping with it surprisingly well."* (Charlotte, 45yrs, Rother District, previously furloughed, see Appendix J for Case Study).

### 3.2.2 Initial impacts of COVID-19 on day-to-day life

The question to participants on initial impacts of COVID-19 was deliberately open-ended in order to try and capture people's most salient impact(s) of the pandemic. In responding to this question, people were asked to consider the way in which COVID-19 had affected their day-to-day life in general, often comparing responses to their life pre-COVID-19. To further support this approach, people were invited to think about the experience both as a 'whole' and among the different phases. This section is split into two parts: people describing the type of impacts (e.g. life-changing, impacts on housing) and how people felt about these impacts (e.g. which parts of the pandemic were easier or harder).

#### Describing the impacts of COVID-19 on day-to-day life

The overriding response to this initial question was that COVID-19 was a **temporary but significant life changing event**, with people saying their plans had changed (sometimes 'overnight') and that their life was 'on hold' or had lost its 'infrastructure':

*"It really affected the end of my college experience. It was really anti-climactic, a really weird way to end. I'm on a gap year now, working and I was meant to be travelling but I can't travel now. Everything feels a bit weird and off track. I was so set to do my exams, get through them and go travelling."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

*"I've kind of gone into shut down and I sort of forget that I can do some things that are actually allowed. It's all to do with the fact that my whole life infrastructure wasn't there anymore. I didn't have my job, I didn't have the friends, my partner, who lives abroad, and that's not proving very easy. So, all of my norms were taken away."* (Sharon, 58yrs, Lewes District, unemployed).

For the four people who were **shielding**, their responses tended to focus on their specific health conditions or restrictions. For these people, the effects of the pandemic were immediate, often being confined to their home for long periods of time. One person also had a daughter who was shielding, and her husband had rarely left the house for risk of bringing the virus home. Another person had only left the house five times since March 2020, apart from medical appointments. The other person, who was slightly younger, was determined to maintain as normal a life as possible by walking with her family and close friends:

*"During lockdown I don't see anybody. When we were free to see people it was just very occasionally and in the garden. Apart from my hospital appointments and stuff I've only been out five times."* (Meghan, 57yrs, Wealden District, shielding).

*"The first time [shielding guidance at lockdown 1] was you shouldn't leave the house... I went for a walk every day or a run. But making sure I was absolutely nowhere near anyone from outside our four people. But yes I sort of ignored the stay in [for someone shielding], but we're not in a city, we're not in the middle of a busy town. We're surrounded by countryside, even though we are in a town we're surrounded by countryside so I knew that I could distance from anyone that I might happen to meet."* (Becky, 47yrs, Wealden District, shielding).

For some people, the leading impacts were centred around their **housing** in various ways – from not being able to sell a house (partly due to a slow market during COVID-19), to being in rented accommodation, and being moved into emergency accommodation:

*"It's [impact] been huge for me, because I've had to come back from abroad...I've essentially lost my job. I had rented out my house, so I don't have my house, my whole life is completely different from how I was expecting it to be at this stage, and I'm not really sure what's going to happen next".* (Sharon, 58yrs, Lewes District, unemployed).

*"At the moment I'm currently in emergency accommodation. I've been unemployed the whole time that I've lived here, I actually lost my job a day after I moved in...So it's been almost like a spiral for me on a way down effectively."* (Kamal, 25yrs, Hastings District, living in emergency accommodation).

For one person, the pandemic had brought about a **change in housing circumstances**. Formerly a rough sleeper, this person had been moved to **temporary accommodation** at the start of the pandemic:

*"... funnily enough no [impacts]. Because there were three of us, we all had a bench each and we were quite away, we weren't in town or anything, we were way out of the way, we were right next to the toilets, so we would keep hygienic and that...the Police found me on the beach, they did a sweep up, so*

*they found me, they found me a hotel, which I think has happened to quite a lot of people.” (Des, 40yrs, from Eastbourne District, former rough sleeper now in temporary accommodation).*

### **How people felt about the impacts of COVID-19 on day-to-day life**

Some people described the **whole or parts of the pandemic experience as positive**. Many of the positive responses were due to the pausing of work and the free time that arose, enabling some people to re-assess their life priorities. For many people this was through being furloughed or stopping work and spending more time with the family, or on their own interests, and just generally having more flexibility. The warm weather in the first lock down particularly in March and April 2020, contributed to these positive reactions:

*“I think we were living in a 24/7 greedy world; it’s made us all slow down and appreciate. And you have got to look at the positives out of this, there has to be. You know, we hear a lot of negative stuff on the news. But it has made us all re-asses life.” (Anna, 51yrs, Lewes District, lost part-time job and working from home).*

*“The impact of the restrictions has been wonderful, really enjoyable, more time for walks with the kids, just really enjoyable. No timetables, more flexible, I loved it.” (Hazel, 51yrs, Lewes District, reduced self-employment at start of pandemic, see Appendix K for Case Study).*

The same former rough sleeper noted in the previous section reflects on the benefits of his new accommodation and how the pandemic, on the whole, had been positive for him:

*“In some ways I’ve enjoyed the lockdown, from not having a T.V., now I’ve got that, I’m quite happy to stay in and watch a bit of T.V. I’ve got somewhere to cook now, and, you know, so... I think because I’ve been through worse things, when there wasn’t lockdown, when there wasn’t a pandemic about, I hit rock bottom and I think since the pandemic has come about, well, things seem to have taken off a bit, because there’s been a lot of funding for, to get homeless people properly off the streets for good, not just for a little while. So, to be honest it’s actually been quite positive in some ways.” (Des, 40yrs, from Eastbourne District, former rough sleeper now in temporary accommodation).*

When asked how people felt about COVID-19, some gave further detail by reflecting on the **different phases of the pandemic**. There was inconsistency in the responses, which were subject to people’s individual circumstances, such as demands of childcare or concerns over job security. The majority of responses reflected it being difficult during March and April 2020, generally improving during the summer, with a worsening experience through the winter:

*“I think the first lockdown was just a really horrific experience in itself...it’s just me and my grandson, so for about three months, I didn’t see another human being pretty much, I didn’t have a conversation, I just didn’t have anyone.” (Gemma, 41yrs, Wealden District, furloughed at start of pandemic).*

*“I think winter has made it worse for me because I can’t go out into the garden and that would keep me busy. So I am struggling with winter a bit. And of course you know when friends can’t come and sit in the garden when it is raining or really cold.” (Meghan, 57yrs, Wealden District, shielding).*

More positively, however, others said they felt a bit **more prepared** in relation to the further lockdowns and had learnt from their earlier experiences of the pandemic:

*“During the first lockdown, you were kind of feeling a little bit on edge, with the way people were behaving, it’s almost like you’re negotiating a new way of behaving, whereas now it feels more understood and more ordinary I suppose.”* (Sharon, 58yrs, Lewes District, unemployed).

*“When we found out about this most recent lockdown [3], everyone really felt it, it was just like ‘how is this happening? This is meant to be New Year, new start, positives with the vaccine’. I think everyone had a bit of hope that we were coming to the end. So there was a lot of disappointment surrounding this one, but I also feel a bit more prepared for it because I know we’ve got through it before.”* (Kath, 32yrs, Eastbourne District, left job voluntarily).

However, people’s own individual experiences showed a different pattern of these impacts through time. For some people, their responses were **centred around their children**. One participant described the varying challenges of balancing childcare and work demands. He initially chose not to place his children in school (his wife was a key worker) during lockdown 1, however balancing work and childcare during March and April 2020 became increasingly challenging. Therefore, during lockdown 3 they decided to send their children to nursery/school. This example also shows how age of children can affect the impact of COVID-19. Younger nursery or primary school aged children needed more care whereas older children may place more pressure on parents/carers to let them socialise:

*“It was a nightmare the first-time round, just to say we’ve got three kids, three boys, they’re now two, four and seven, but at the time they were one, in the first lockdown, they were one, four and six, so you know, they’re pretty young... I have to say, I, we have taken advantage of the key worker situation and we sent the kids. If I genuinely thought it wasn’t the best thing to do, I wouldn’t do it. But there’s not been many kids at the school, and we do think it’s the right way, so we decided to send them, and yeah, it’s probably been a bit easier this second time round [not sent to school in lockdown 1].”* (Mick, 38yrs, Eastbourne District, working at home).

### 3.2.3 Specific impacts of COVID-19 on people’s lives

To explore the impacts further, each participant was asked to reflect on the effects of COVID-19 on specific areas - family within the household, other family members, friendships, social and leisure activities, employment and finance, health-related behaviours, mental health, coping and support strategies, and education. In these more specific impacts, people’s description about how COVID-19 had affected them was clearly dependent on their own personal experiences. People’s responses tended to vary according to a range of different characteristics, such as whether they lived alone, lived with children, were working or furloughed, had been in education, and their direct experiences of being infected<sup>6</sup> or knowing someone who had. These individual circumstances will be a consistent thread in the findings below in explaining the specific impacts of COVID-19.

#### Impact on immediate family in the household

Most people lived with family members in the household, although three people lived alone and four people lived alone apart from dependent children. The other members in the household were typically a spouse or partner and children of a variety of ages. This response drew the most positive aspects of the pandemic with people reflecting on the early stages of the pandemic where many were working at home enabling them to **re-connect and spend more time with their family** (with some partnerships becoming closer), and in some instances forging deeper relationships:

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<sup>6</sup> Although three people suspected they had been infected (before mass testing), no participants had tested positive for COVID-19.

*“Me and my mum went on walks a lot more. We went on really long hikes together and that was really nice. We got the chance to actually talk and looking back, if COVID hadn’t happened... there is a positive to it, that I got to appreciate more time just with my family at home”. (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).*

*“There’s some real positives in that I much prefer working at home, I love that freedom...I’m not traveling to work...our family when we were in lockdown, we were together, we had lunches every day together. There were real benefits in that it bought the family closer together than we would’ve been before.” (Sue, 54yrs, Lewes district, working at home).*

Some people also spoke about **improved relationships with their partner**:

*“It’s gone remarkably well. We’ve always got on well. If anything, it’s possibly strengthened the relationship [with wife]. We’ve not had any conflicts or pressures that have come out of it. Touch wood.” (Josh, 67yrs, Hastings District, reduced self-employment at start of pandemic).*

Although most people drew positive responses to the impacts on their family, some reflected on occasional **household arguments**, feelings of claustrophobia within the home, and differences of opinion towards perceived risk. Also, some said their children were unable to burn enough energy, sometimes meaning they had difficult sleep patterns.

*“The big impact I suppose has been on family, with four of us stuck in the house, not being able to get out very much... it can be really hard, we’re [family] getting on each other’s nerves basically, a lot, and there’s no release for it, there’s no outlet.” (Richard, 63yrs, Hastings District, working at home).*

*“My sixteen-year-old has been very resistant and has wanted to carry on going out, which has caused a huge amount of anxiety for me, because I don’t want him going out, but at the same time, I do appreciate that being sixteen during a pandemic and a very sociable sixteen-year-old as well, is really, really horrible. That’s created a lot of anxiety and some conflict with him.” (Charlotte, 45yrs, Rother District, previously furloughed).*

*“It has made me really grateful that my home has made me have a comfortable place to be. In some ways we’ve got closer but there’s also the side that it’s really frustrating and it feels too cramped sometimes and there’s not enough room or space.” (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).*

For one of the people shielding, she felt that while relationships were working well, she did feel it placed extra pressure on her husband:

*“It’s difficult because he [husband] does nearly everything. On top of the ileostomy, I had a stroke in 2005, which has restricted me...you have to pay for takeaways occasionally to give my husband a break, because he does all the cooking and everything, the washing and the lot.” (Debbie, 67yrs, Wealden District, shielding, see Appendix L for Case Study).*

For most, these family disruptions were **temporary with people adapting** either their workspaces or taking steps to respect the needs of others such as offering them space when needed:

*"I had to make the rules about how we use the house and the space and had to make space for the one [daughter] who needed space and quiet and for the one [other daughter] who needs constant company to have that as well. My older daughter likes having the house to herself and making an effort to give her a couple of hours everyday for this. This worked really. This was easier in the summer and less so now where we can't always go for long walks."* (Hazel, 51yrs, Lewes District, reduced self-employment at start of pandemic).

Although impacts on the family were described mostly in relation to the pandemic as a whole, some spoke about the **different phases of the pandemic**. In these examples, the influence of the children either being more social or going to school was associated with more concerns over risk:

*"The main difference between the March one and November time was about the children being at school and not at school and when I'm thinking about risk, I'm not the risk and my husband's not the risk, the risk is of children at school because they're the ones who have got the contact. However careful the school that's the biggest source of risk."* (Becky, 47yrs, Wealden District, shielding).

Similarly, as discussed previously (Section 3.2.2) having to care for children during periods of school closure was a challenge for some, especially when combined with home-schooling:

*"I suppose not as much [impact] as it would have been had the girls been at primary school but at secondary school they're quite self-sufficient with Chromebooks and real time working. So actually we've all gone off and done our thing and then come together in much the same way as we would have done anyway but without the commute."* (Becky, 47yrs, Wealden District, shielding).

One person also spoke about the breakdown of this relationship, which he attributed to the impacts of the pandemic:

*"I ended up staying with her [girlfriend] and it was a rollercoaster ride. To start with I wasn't working straight away as they were trying to get all the systems in place for us to be able to work from home for the company. And my partner had got herself in trouble with the police and then towards the end the relationship broke down and I woke up on a Sunday morning to her screaming at me telling me to leave... A lot of that [relationship] stress was down to the COVID situation and the fact that she wasn't able to go to work."* (Kamal, 25yrs, Hastings District, living in emergency accommodation).

### Impact on family beyond the household

In terms of other family members (those not living in the same household), most people were **unable to see or visit** their children (who have left home), parents, grandparents or other family members as much as they would normally do. People were frustrated that meeting their family, who they would normally see on regular occasions, was curtailed. These **impacts on the wider family were starker** than the effect on the closer family (within the same household) because people may live some distance away and would involve at least two households mixing. Also, lockdowns imposed staying local, which made meeting up outdoors impossible if parents did not live in the same town. Additional circumstances such as if a parent was shielding made contact almost impossible:

*"The hardest thing for me is not meeting up with my family, we're quite a big family, and we'd meet up in big groups ...I'm one of seven siblings, and there are twenty-one in the next generation, so there would very often be a small party, or we'd arrange to go and meet for a walk or go for a picnic, there's*

*been a wedding that we weren't invited to because the numbers were so restricted. We had been invited but then of course that got cancelled."* (Sharon, 58yrs, Lewes District, unemployed).

*"My father's very unwell, so he shielded right from the February before the lockdown. So yes, being frightened to go near your parents is grim."* (Charlotte, 45yrs, Rother District, previously furloughed).

Several people spoke specifically about **Christmas** and how plans for seeing others were at the forefront of people's minds and how these were disrupted. Likewise, several people spoke about the array of parties and family events that were cancelled during the lead up to Christmas:

*"I had to cancel Christmas being vulnerable because of all these new rules and stuff. That was really hard for me because I'd sort of built it up and then thinking 'oh good that'll take me through the winter'. And I felt, I just felt like the rug had been pulled from under my feet...I was in two minds about whether I should go or not [visit family] and then I convinced myself that actually probably for my mental health it would give me a boost. So yes I was very upset about not going."* (Meghan, 57yrs, Wealden District, shielding).

Indeed, such was the importance of seeing other family members and to help ease worries about risk of transmission to vulnerable family members, two participants reported having **taken a COVID-19 test** before visiting family:

*"I feel really anxious about it [visiting grandparents]. I also know that they would be really sad and it would make them really low if we didn't do it. I want to protect their health but that involves looking after their mental health and I know it's important for them to see us...I just don't think it's going to be a relaxing Christmas at all. We'll have a happy time but I'm going to be very conscious of, 'oh my God, we're all inside together, am I going to pass anything on'. That's what motivated me to get the test yesterday because I just want to 100% know...."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

There were a number of **distressing impacts on wider family** members. Most distressing was for a person who talked about the death of her grandmother to COVID-19. One person also commented that isolation appeared to have an effect on her mother, who was becoming more extreme in her views, which was completely out of character. The participant suggested this was an impact of not having people to challenge her views or to 'check some balance':

*"I've just thought of something that's actually pretty significant in my family that for some reason I forgot to say and that's with my mother, we've found her really quite difficult, because as she's been isolated, she sits and looks at the internet, and she reads her papers, which are mighty dubious and her views have become much more extreme. Now my children are black, and I am not very easy if I hear racist comments and she's made some and actually her relationship with her children has been difficult, over this time, yes."* (Sharon, 58yrs, Lewes District, unemployed).

Aside to these distressing and occasionally devastating impacts on the wider family, there were also some exceptions with one person saying they had **got to know their grandparents more** during the pandemic including regular conversations from the garden.

*"It's made me a lot more aware and grateful for having my grandparents still around. It's made me realise how important it is to spend time with them. I've got maybe even closer with them because I've*



*made an effort to see them.”* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

One participant who had been shielding spoke about the **importance of seeing her son and grandson** who were part of her bubble. Because her son was regularly tested, she felt secure about the potential risk of COVID-19 and enjoyed this frequent family connection.

### Impact on friendships

Participants spoke at length about how the pandemic had **affected their friendships**. Alongside mental health (described later in this section), this was the most extensive part of the conversations. The majority responded to this question by simply explaining that they just did not see their friends as often, particularly if this was tied to a social, work, or educational activity:

*“I lost contact with a lot of people. There were some people who just completely disappeared and then others who wanted to go on Zoom or FaceTime every evening. I wanted somewhere in the middle of that. It was so stressful and overwhelming that I just did distance myself for a little bit... it’s quite stressful to keep up a friendship over the phone. It’s so much easier in real life. Some people are better online but I’m better in person”.* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

*“Very, very little, [contact with friends] and the reason being is that I do have friends, but the friends I have, they were all still working, so they were either keyworkers or people working from home, so they were juggling home schooling their kids, still working full time, so they actually had double the workload than they did before. Because they had to educate their children and they had families and all this and I felt like they didn’t really have the time for me...it just felt I wasn’t part of anyone’s bubble.”* (Gemma, 41yrs, Wealden District, furloughed at start of pandemic).

For one person **shielding**, the pandemic has had a considerable **negative impact on her social activities** which were a lifeline for her seeing her friends:

*“I’ve got a group of friends through music, and one of them would pick me up and we’d go, at least once a week, to an open mic night at a local pub. And we’d all sing and listen and play. And I loved that...before COVID we were going out to a café once a month as well...and also we are on the committee for our local festival. We worked very hard to get the festival going last year, and then, of course, that was all cancelled...And there was a lovely organisation called ‘Ladies Who Lunch’, who I went out and had lunch with once a month. So, none of that has been happening and, of course, I never met anybody.”* (Debbie, 67yrs, Wealden District, shielding).

For another, being placed into **temporary accommodation** had a dramatic effect on **socialising**:

*“I used to be a really social person for years from sort of like 18 to 21/22 I was working in nightclubs, I was very outgoing, very social, I would happily be able to walk into a room of 20-30 people, announce who I am and crack a joke. And be absolutely fine. But I feel like over this year I feel I have started to turn into a bit of a recluse.”* (Kamal, 25yrs, Hastings District, living in emergency accommodation).

People also spoke about the **cancellation of planned visits with friends**. Some spoke about the cancelling of holidays or short trips where they would normally see their friends. For one person, they had two cancelled holidays and one cancelled visit from a friend overseas:

*"My really close friend is in Manchester so I see her maybe once a year normally and that's been tough because I haven't, I was just texting her this morning about stuff and that's been tough, just really missing her and really missing our annual get together."* (Becky, 47yrs, Wealden District, shielding).

Although most of the dwindling friendships were due to the restrictions in place, some people **deliberately reduced contact with friends** as a risk-reduction strategy, by generally seeing fewer friends, seeing them less frequently, and assessing their risks before meeting up. In comparison, some people also described **closer bonds** that were formed among those who stayed in contact:

*"Interestingly I found that my friendships have got ... there's less of them but they're much, much stronger. Much tighter relationships. So the mums and stuff that I have maintained contact with we're really close now."* (Kath, 32yrs, Eastbourne District, left job voluntarily).

Keeping contact with friends partly depended on a person's usual social network. For those with a **smaller set of select friends**, the impacts were less stark as they were generally able to meet (usually individually) during the various phases of the pandemic. This was typically in cafes or more recently outdoors, including socially distant walks:

*"I really like meeting people for coffee and things like that and that would almost be the norm of a social interaction for me, whereas now it's a flask and a walk, and not going to the theatre or the cinema or anything very much."* (Sharon, 58yrs, Lewes District, unemployed).

Those with **larger friendship groups** spoke about the social pressure to meet despite some friends having different attitudes to risk. For this person, although meeting friends was a means to 'keep-up', inevitably this became less frequent because she was aware that some people's behaviour may expose her to risk of infection:

*"Some friends have become closer because they're all happy to go out and they're not worried so they'll be out a lot more and then if you're uncomfortable to go out you get left behind. There's this unintentional social pressure to go out, but if it makes you anxious then you lose out on keeping up connections with people."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

In one instance, a vicar shared how his church community were less likely to meet given the restrictions. This was particularly hard as there was unlikely to be any technological substitute by Zoom or Teams:

*"I'm responsible for what happens in church. But the community just becomes more disparate, it's very, very hard to keep a community together when you can't meet, your core activities are impacted so hugely. We are generally a community made up of older people, so we've got an inbuilt fear of technology".* (Richard, 63yrs, Hastings District, working at home).

Some people spoke about the **times when maintaining friendships was easier or harder**. It was found easier to socialise during the summer with spending time in gardens and parks and becoming progressively harder in the winter. As the weather got colder people had visited friends at indoor venues (when permitted), but were frustrated by having to buy food alongside alcohol or having to leave earlier than usual:

*"In the summer, obviously you can meet people in your garden...now it's winter you can't really like sit or anything, or even meet anyone really."* (Lauren, 18yrs, Wealden District, lost her job).

There were also more isolated impacts on friendships such as not being able to celebrate an 18<sup>th</sup> birthday and not being able to see a friend's new baby. People's attitudes to connecting with friends or wider family via **social media, WhatsApp or Zoom** (or equivalent) varied. For the majority this had been a **lifeline**, both maintaining or increasing contact with people.

*"...Whether it is Zoom calls or Team calls, or whether it's just texting and WhatsApp regularly, it's not like you feel completely detached from people, they're a part of your life, even if you're not seeing them physically." (Mick, 38yrs, Eastbourne District, working at home).*

For some the use of social media had enabled them to develop **new friendships or reconnect** to people they had not seen for a while:

*"If anything I made more effort to connect with old friends and like we started a Zoom group with my old school friends, we're really old friends, and before we very sporadically, would say "We must catch up some time", and we never did, because we're dotted all over the world, and we actually now do it." (Charlotte, 45yrs, Rother District, previously furloughed).*

Others, in contrast, saw **deep frustration with Zoom or other social media** with it being perceived as a completely different environment to face-to-face. Not being able to see people's body language was a particular complaint as well as the initial novelty having 'worn-off':

*"Somebody in front of you, a real person, a 3D person is different and to be able to have a hug is the other missing link isn't it really, the emotional contact that you get face-to-face in the room is different to looking at the screen and having a chat, it's a substitute, but it's not a total substitute, that heart-beat is missing isn't it somehow?" (Milly, 71rs, Rother District, shielding).*

*"...Your life sort of got squashed together...with my sort of key friends, we used to do a Friday night Zoom call every couple of weeks. It was all fine but eventually I'd get to the point where I was like I'm on a Teams call all day, do I want to spend my Friday night now sitting on the computer again? So eventually I'd be like no, I'm going to skip tonight." (Mick, 38yrs, Eastbourne District, working at home).*

### Impact on social and leisure activities

Many social and leisure activities were impacted detrimentally by COVID-19. A typical response regarding leisure was the **cancellation of people's more formal regular exercise routines**, such as going to the gym or swimming. For some this was out of choice as a means of risk-reduction even when facilities were open:

*"I've stopped going to the gym, you know all the things that I was doing before COVID I've pretty much stopped...It sort of felt like going to the gym and mixing with people, it would be difficult to wear a mask if you were exercising and it just didn't feel safe to me to be going to the gym, so I haven't been." (Sue, 54yrs, Lewes district, working at home).*

*"It's impacted more on the kids, because one of my sons plays football. So, for him it's had a massive impact on not being able to train and have matches and things like that. And my other son does theatre school, it's had more of an impact on them." (Anna, 51yrs, Lewes District, lost part-time job and working from home).*

One person viewed **maintaining physical fitness** as important in building strength to fight possible COVID-19 infection and reported being frustrated that she was denied the opportunity to achieve this. 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 connect with others (as discussed earlier in this section).

*“The biggest thing is prior to all the lockdown measures, with my son we used to go to two or three toddler groups a week which was massive for his social development. And for me to socialise with other mums and to have that time away from the house. For that to suddenly stop was really tough and I hope it hasn’t impacted him in his development but I know friends who have said that they do feel like their little ones have been impacted by not being able to attend the groups.”* (Kath, 32yrs, Eastbourne District, left job voluntarily).

With more time available in the early stages of lockdown, and with the benefit of fine weather, **people engaged in outdoor leisure activities** that were permitted (such as walking, cycling, golf, jogging). This was not apparent for the whole sample as one person noted how he enjoyed spending more time at home doing activities with his children:

*“I have interests that can be done at home. I enjoy making small electronics and I quite enjoy programming and things like that so I’ve been able to do a bit of that and my son’s got model railways, we’ve done things like that to keep us occupied.”* (Sean, 37yrs, Eastbourne District, loss of income, see Appendix M for Case Study).

Several people also spoke about **social and leisure activities being moved online**. For some this worked well, for others they declined the opportunity because ‘*it was not the same*’. One person tried initially to join her book club online, but then chose to discontinue her participation:

*“Choir was twice a week, because I was part of two choirs, now obviously I wasn’t part of it when I was abroad, but when I came back, I would try and do it. I’m part of a book group, and that was nice, we managed to meet once, so there was just five of us in the group, so it was alright, but now that’s on Zoom, and to be honest, it’s a bit miserable, I don’t like Zoom book club.”* (Sharon, 58yrs, Lewes District, unemployed).

## Impact on jobs and finance

There are several ways in which jobs and finances were affected, including home working, drop or increase in income, unemployment, and being furloughed. These impacts are described below.

### Working at home

Eleven people interviewed had started or **increased their time working at home**. For some this had been solely during periods of the formal lockdown periods, often dependent on their type of job (such as a teacher). For others this had been throughout the pandemic and usually related to the type of work they were doing prior to lockdown. For some, this working at home had caused **initial arguments and conflicts** over space. Others spoke about the **blurring of the boundaries** between home and work and not having a set time that work officially ended:

*“I’ve found that quite difficult [working at home] actually. I need to shut out work. I think that’s the thing with working from home. I feel very much now that I sort of shut the door and that’s it when you’re working at home. I think when you’re in an office and you come home you have that time where you can finish work and you drive home and then you get in the front door and you’re done and then you can decide what you want to do and however you want to do it.”* (Sue, 54yrs, Lewes district, working at home).

One participant also commented on the increased number of headaches she was experiencing because of working at home and looking at a screen all day. Another person also shared how his son perceives him as constantly working on the computer:

*"It was Father's Day, and he [son] came home with one of these cards that they make...you know, 'my dad does this', 'my dad likes this', and it genuinely said, 'my dad likes working, my dad likes sitting at his computer, my dad does computer things like this'. And I was genuinely depressed, I was like that's really sad, I should be really happy that my kid's come home and brought me this card, but I was practically nearly in tears because that's the way he sees me...And I found that really sad...because you don't have that sort of division between work and your sort of home time, I was doing more hours."* (Mick, 38yrs, Eastbourne District, working at home).

As shown earlier (in Section 3.2.2), the vast majority of people enjoyed working at home, giving them flexibility and removing the pressure of commuting, with the added dividends of saving money. Nonetheless, some views were mixed with people missing interactions with colleagues and teams:

*"Both [enjoyed and not enjoyed working at home]. I am quite an introvert, so being at home for me is not a problem. But it's been a massive adjustment and not working with a team, and not being able to see them, even though everything is great, we all have that same burn out. Home working gives you the flexibility, because you cannot set the alarm. But it also gives you that loneliness and not having someone to bounce ideas off. And not feeling that you are part of that team."* (Anna, 51yrs, Lewes District, lost part-time job and working from home).

### **Change in income**

Financial stability was maintained for the majority of those employed. Although a few people reported a drop in income (particularly those self-employed), this was partly offset by government grants and less spending, even when the extra costs of running the home throughout the day were taken into account:

*"I am self-employed and got a small grant and am ok. We don't live hand to mouth, and my care work increased. This offset it a little bit and made it ok. But returning to work was slower, lost a few clients...but a lot of savings by no holidays, festivals, so may have had less impact."* (Hazel, 51yrs, Lewes District, reduced self-employment at start of pandemic).

Although no obvious reduction in income, one person was concerned that her job was becoming more precarious due to COVID-19 which meant a careful control over spending:

*"We are both very, very aware that our jobs could stop at any given time. We're both in a situation where the funding could stop, students could stop going to [name of University], the universities are struggling somewhat with trying to cope with it and therefore jobs definitely feel more precarious."* (Becky, 47yrs, Wealden District, shielding).

Some of those **self-employed detailed the scale of income reduced**. One person reported that her income dropped by one-half overnight due to losing her consultancy work at a leisure facility that closed. Another reported a 100% drop in overheads overnight due to the lack of demand for his events touring business. For this person, they had used their savings and were now using credit cards to manage their loss of income, although there have been slight areas of business repurposed which has generated some income. A further person who was self-employed also experienced a significant downturn in work early on in the pandemic as

her trade was largely face-to-face. Despite welcoming this opportunity to be more flexible and spend time with her children, this did have a negative impact on income. This was despite a government grant and the reduction in spending due to a cancelled holiday and not being able to attend festivals:

*“That was 100% reduction in turnover from that source of work [event touring] ...Literally overnight. We were in Liverpool Arena and then we were at home. We bypassed the last three weeks of that tour and just went home.”* (Sean, 37yrs, Eastbourne District, loss of income).

In view of these reductions for the self-employed, some had received government **self-employed payments and one person was offered a bounce-back loan**. This bounce back loan had helped him buy equipment for his business, but he was unaware that this loan affected his credit rating which made some purchases impossible:

*“We’ve lost any credit ratings we would have debt because the bounce back loans affect your personal credit rating, so actually borrowing money is becoming a problem. Not that we plan on borrowing any money obviously but we had to buy a van obviously in the middle of a lockdown, and we couldn’t get finance for it because we’d had the bounce back loan.”* (Sean, 37yrs, Eastbourne District, loss of income).

Although most people reported not experiencing financial hardship, there was an exception for this person in temporary accommodation who had lost his job meaning he was reliant on food parcels:

*“It’s a struggle, every month...how I am going to have enough electricity for the month. Every month I’ve been relying on food parcels which have been really helpful. They’ve really been keeping me going...I would say [the food parcels provide] probably 60-70% of my food.”* (Kamal, 25yrs, Hastings District, living in emergency accommodation).

### **Changes in job role**

Several people spoke about how whilst maintaining their jobs and income, their **roles had become increasingly complex** during the pandemic. This was typically in response to changing government policy about social distancing and sanitisation. For one person, their role had become more strategic, and another found they were having far more policy-based meetings:

*“There’s been none of the normal pressure releases and so it’s just that build-up of pressure and you’ve just got to get through it and then each time, every couple of weeks, ‘now you can’t do this’ and ‘now you’ve got to have masks’, ‘now we’re teaching with a mask on’, great.”* (Dave, 50yrs, Wealden District, working at home at start of pandemic).

*“In the first lockdown in the spring in March, we were teaching, and so that was just chaos continually, and it was just lurching from one crisis at work to another one.”* (Matt, 40yrs, Lewes District, working at home).

For some people, their **work pressures had increased considerably due to COVID-19**. Examples reported included demands on sales targets or just dealing with the complexities of the situation while colleagues were furloughed. This occasionally resulted in working longer hours to the extent of taking time off work to catch up on work:

*"It's just masses and masses of work. I work for an organisation; we've got around 300 people in any normal year and we needed to do a restructure. Got a new strategy, did a restructure and so we were short, there's a couple of senior staff were made redundant as part of that and therefore we had fewer people at senior level. And then suddenly it was just furlough, furlough, furlough and everything else and normal work plus all the furloughing and trying to keep up with the guidance and trying to keep up with HMRC and what they are saying, but also covering for colleagues who were made redundant, and their work had to go somewhere. So the main impact on me is work."* (Becky, 47yrs, Wealden District, shielding).

## Unemployment

Four participants had **lost their jobs at the start of the pandemic** due to downturn in demand. Others (as noted previously) who were self-employed experienced a **dramatic reduction in income** overnight. For one of the younger unemployed people, there was a detrimental impact on finance although, still living at home, this did not develop into a critical situation. Nonetheless, her priority was to find a new job although this was becoming increasingly unlikely given the closure of shops and restaurants during the pandemic:

*"I was working at a restaurant, but since COVID yeah, he doesn't really need me anymore...I have started looking at other jobs. But it [COVID and closing of shops] just makes it harder to go out, and work, and find the little jobs that I want."* (Lauren, 18yrs, Wealden District, lost her job).

## Furlough

Five people had been furloughed. For some this was temporary, for others it was more long-term. Most people saw this as opportunity to take time-out and re-engage with the family:

*"The summer was definitely easier, ... in some ways the summer was amazing, in that because I was furloughed, I had time with my daughter that I've not really ever had before. It simplified everything, people had to stop rushing around and life became about simple things. Just eating and exercising and existing. So, in some ways, bizarrely, aside from the anxiety about the pandemic, in some ways it was actually very good for my mental health ...I went back to work very soon after I had her [daughter], so I've never really had any extended amount of time, just to be with her, not to be rushing off to work, sending her to childminders. So, in a lot of ways, it was kind of a really golden time."* (Charlotte, 45yrs, Rother District, previously furloughed).

Another person had been furloughed twice and was extremely grateful for the opportunity to being paid while enjoying time at home. In the first instance, she was intending to leave the job imminently. She had also been recently furloughed again from her current job and, while being appreciative of this, she does feel she had lost her potential to earn more during the busy Christmas period:

*"I was loving furlough; I was loving all the time off. I kept myself busy. I rarely got bored because I thought, 'This is such an opportunity to have all this time off and to still be paid for it.' I felt like I'd won the lottery when I needed it. And to this day I'm still very grateful for that time...Well luckily, I have a big garden and because it was fairly warm, most of the lockdown I slept outside, I worked out, I read, I meditated. It felt like a retreat, like I'd turned it into a little yoga/meditation retreat for myself. It was great fun...and it's still, because I'm on furlough and I've got another job, so, I'm on furlough from that as well, which I'm very grateful for as well."* (Amelia, 22yrs, Lewes District, finished college, furloughed).

In one instance, a participant volunteered to be furloughed and saw this as an opportunity to have some time off, and thoroughly enjoyed the experience. For most of the people interviewed being furloughed was a straight-forward process, however one person had a unique experience which meant contacting her MP to receive her entitlement of furlough due to a potential loop-hole in the policy. For most, furlough was not associated with feelings of job insecurity, except in one instance. In this example, the participant returned to work after others had returned (who had also been furloughed). She felt that the employer had coped without her, which left her a bit insecure about her role:

*“It was really hard going back, in that I felt quite isolated, really cut off, because the school had opened again at the end of the summer, schools opened didn’t they for three or four weeks. So, a lot of staff did go back, but they kept me off, because they didn’t need me. So, when I did go back in September, I felt quite out of the loop, and almost as if I wasn’t needed, because they’d coped well without me. I did really struggle with that... I thought, okay they’ve now done without me, maybe they’ll do a second round of cuts, which is what had been rumoured, and now they’ve proved they can deal without me, I’ll be more likely to be out.”* (Charlotte, 45yrs, Rother District, previously furloughed).

In conjunction to these positive responses, one person reported some frustration about not being furloughed as she felt this might increase her risk of transferring the virus on to family members.

#### **Negative and positive changes in income, not employment-related**

Exclusively relating to finance rather than employment, there was one instance where a person was concerned about her **reduction in disability benefits** and possible loss of her Motability car. COVID-19 has meant the Personal Independence Payment (PIP) assessments are conducted over the phone, rather than in person. This was a worry as the assessors were not able to visualise her needs, which contributed to a reduction in payment (which she is currently appealing):

*“Worried sick because they have changed to this new PIP assessment. My doctor was talking to me about that yesterday, because of COVID they assessed you on the phone, and the people assessing you aren’t medical. My doctor said that some of them are people off YTS [Youth Training] schemes, and they’ve only had half a day’s training. And they’re not sympathetic to you in the slightest, and the report that was written didn’t even sound like me some of the time. And so, they’ve taken away some of my allowances.”* (Debbie, 67yrs, Wealden District, shielding).

For others, a reduction in income was a product of **less opportunity to earn money**. One person spoke about losing a regular contract worth about £3,000 per year, although this did not develop into a critical financial loss. A further person voluntarily left her retail job as, being pregnant, she was concerned about the risks:

*“Unfortunately because of the measures that were put in place, myself and my other half spoke about it at length and we just weren’t happy with me being pregnant with the new measures that they had put in place. There was a lot of lone working, the hours had just changed massively and I just didn’t have childcare available to do it anymore. So I actually left my job which was a big decision.”* (Kath, 32yrs, Eastbourne District, left job voluntarily)

In contrast, others spoke about more **positive financial gains**. One person, despite having travel plans disrupted was fortunate enough to stay in work (in a food store) and was slowly amassing savings whilst living at home. Another, during the first lockdown, was saving about £1,000 a month by looking after her child at home when furloughed, rather than paying for childcare:



*"It sounds quite crazy, but my finances have been better since COVID, much better, because in the first lockdown I was furloughed...I was paying over a thousand pounds a month in nursery fees, but because I didn't have to pay nursery fees, and because there was no space for him I wasn't charged any nursery fees, but I was still getting eighty percent of my wages."* (Gemma, 41yrs, Wealden District, furloughed at start of pandemic).

### Impact on health-related behaviours

With several people having more time and flexibility due to working at home or being furloughed, most people had made **positive shifts to health-related behaviours** during the pandemic. This was mostly temporary and particularly so in the initial lockdown and the summer. As examples, one person had his family follow a regime of fitness sessions in the garden, another had increased his cycling and running benefitting from less car traffic at the start of the pandemic, and another person had taken up yoga. Some had also reflected on the increase in home- and more healthier cooking:

*"Cycling along the roads during the first start of lockdown was just magical. Cycling through the East Sussex lanes with no traffic at all was terrific."* (Phil, 55yrs, Lewes District, employed).

*"In some ways it's been better because I've been having home cooked meals and that's always healthier. I'm not just eating out on the go, getting something in [supermarket], that's definitely been better."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

There were very few instances of **physical ill-health behaviour**. The exceptions were a few people saying they drank some more alcohol on occasions than they would normally during nice weather, although not to excessive levels and rarely on a long-term basis. There were also occasional instances of increased food consumption, weight gain, and smoking a bit more to relieve stress. One person said they exercised less and another shared that they occasionally ate too little due to anxiety issues.

*"We have all drunk too much and eaten rubbish food to be honest. I think especially when we were in the first period when the weather was so nice, you know it was easy just to pour a drink, it was almost like we were on holiday like at the beginning. And then the next couple of weeks it was like, you know I would say the alcohol intake has definitely increased."* (Anna, 51yrs, Lewes District, lost part-time job and working from home).

*"I mentioned that I used to go to the gym a lot and I haven't at all. I think my fitness has gone down sadly and again we've got a bike at home but I haven't really gone on that, so I think the motivation to exercise has diminished, which I'm conscious of."* (Sue, 54yrs, Lewes district, working at home).

### Impact on mental health

Alongside the impact of COVID-19 on friendships, mental health was an extensive part of the conversation. Participants were asked to reflect on their previous discussion and whether the pandemic had affected their mental health and sense of wellbeing. The responses were mostly that **COVID-19 had impacted detrimentally on participants' mental health** to different degrees. Conversations included people being stressed, having underlying anxiety, more serious mental health concerns, and frustration over how long the pandemic was lasting. This first section refers to those who had minimal mental health impacts.

#### Minimal impact on mental health

The only exceptions were five people who maintained **positivity throughout**, primarily because people believed that they had no control over its spread:

*"We [with wife] don't feel stressed out [by COVID-19]. We're not having arguments, you know. I don't think our stress levels are any different to what they would be normally."* (Josh, 67yrs, Hastings District, reduced self-employment at start of pandemic).

Although several people reported a **history of poor mental health**, COVID-19 had not always worsened the situation. People's prior experience of mental health had occasionally kept the anxiety at bay and had not worsened:

*"I do have a history of ill mental health but the last year I don't feel like it was any worse or any better than previous years. I don't really feel like it ... with the exception of the pregnancy but that's again all natural, just like the hormones and how you're meant to feel when you're going through it. I don't feel like COVID and this situation has impacted my mental health negatively, no."* (Kath, 32yrs, Eastbourne District, left job voluntarily).

This same person attributes her stability in mental health to having more time to protect her health as well as supporting others:

*"Maybe just having the opportunity to have a bit more time to reflect on things and to put things into place to have a better care for mental health really. I volunteer for a mental health support group in Eastbourne and that's been quite insightful over the last year. There's been a massive increase in parents with younger children that are needing support because they're isolated at home. And that, I think, has helped me actually just being able to talk to others that are in a similar situation and to help other people has helped me I think."* (Kath, 32yrs, Eastbourne District, left job voluntarily).

### **Specific stresses from the pandemic**

For those showing instances or periods of mental ill-health, the patterns were complex, usually reflecting people's individual circumstances. At the lesser end of the scale, some people reported periods of generally feeling down or **'stress'** and often not being able to switch off. This was usually due to home, childcare, education, or job-related issues, again reflecting how people's responses varied according to their individual circumstances:

*"Work, family, social life, kind of just all sort of runs into one, and I wouldn't say I felt depressed, just I definitely felt down, and it was sort of taking its toll on me...it's been tense at times, and I think that it did take its toll on me."* (Mick, 38yrs, Eastbourne District, working at home).

*"I haven't been getting as much fresh air and exercise as I would have liked to. My mood has dipped, my sleeping, I'm not sleeping very well, I'm tired all the time, and I'm trying to get more sleep."* (Matt, 40yrs, Lewes District, working at home).

One of the participants, a GP, also spoke about the unique challenges and stress associated with remote consultations:

*"It's [work] given me a whole load of stress. I've been very conscious that work can get out of hand and it can be very busy and you can feel as though you take on more worry when you're dealing with people over the phone...if you see the whites of their eyes and you know that you've made sense and that you've both gone away from the consultation knowing that everything's gone okay, that's very satisfying and you get closure with it. But over the phone you're thinking 'I don't think that's right', you just take home that little bit of anxiety because you're thinking 'well what if I wasn't quite*

*understanding what the person was saying, have I backed up that with a safety net and a plan', it's a different type of consulting which was unfamiliar...The benefit of having a telephone consult is also a problem because you don't know whether you've quite evaluated it in exactly the same way as you would have done face-to-face... Yeah, I've certainly been home later and not able to put my stresses to bed quite so easily."* (Phil, 55yrs, Lewes District, employed).

Interestingly, one person reported a degree of **stress** during her work in a food outlet. She found it difficult to ask customers to wear masks; she had witnessed fellow customers dispute sufficient social distance; and was frequently used as a sounding board by customers which she said was 'exhausting':

*"It's made everything much more stressful. I have to go to work in a shop, so that's stressful and with customers. We had a lady come in yesterday and she had a panic attack because it was really stressful to be in a shop. There's people who don't wear masks and we have to ask them to wear a mask and that can be a point of conflict. Just carrying out normal things like going to work has become more points of conflict with people, it's harder, quite exhausting."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

Other people described themselves as being '**cross**' with the pandemic with regards to specific issues such as the government handling of the pandemic. Some people described the management of the pandemic as awful and others talked about how the government had abandoned people in favour of the economic impacts:

*"It feels isolating because it doesn't feel like the government cares about people...just feel a bit abandoned by the government because they haven't dealt with it in a way that's effective and people focussed...I just think they've focussed on it from an economical point and I think they've rushed things, like the 'Eat Out to Help Out' thing, I don't think that should have happened. In comparison to New Zealand where they were people first."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

### **Underlying stress and lack of motivation**

A further common response was people reporting **underlying stress**, which occasionally had led to a **lack of energy, concentration, and motivation**. For example, one person became so anxious she felt devoid of energy and lacked motivation to continue an online course:

*"The prolonged anxiety has been exhausting, it's really draining, just constantly, you never relax. You used to just pop to the shop or pop to the pub or and you can't do any of those, even nipping down to the shop for a pint of milk, is something that you get anxious about, that you have to think about and putting masks on and keeping distances."* (Charlotte, 45yrs, Rother District, previously furloughed).

*"Just lack of motivation. You know you are going to wake up and you think, 'oh here we go again another day with nothing to look forward to'. And you are digging in deep to get that motivation going, and basically you just think I just can't be bothered...You have got nothing to look forward to, now that the weekend has come and it's the same old, same old isn't it?"* (Anna, 51yrs, Lewes District, lost part-time job and working from home).

### **Fear of infection**

For others, negative impacts on mental health stemmed from a range of different reasons: anxiety knowing if and how their **children** were minimising risks; fear of **infecting others**; and fear of being **infected themselves**:

*"My main anxiety was that my PPE [for a GP] was not going to fully protect me from getting the infection myself, but yeah you do feel responsible that if you're an asymptomatic spreader what if you then caught the infection, but passed it on without knowing it to colleagues or patients or family at home."* (Phil, 55yrs, Lewes District, employed).

### **More serious mental health impacts**

Some participants reported more **serious mental health concerns** that were unique to their own situation. One person had started taking antidepressants which he attributes to the pandemic. The pandemic and social distancing also meant that another person was unable to have face-to-face contact with their Community Psychiatric Nurse. In this person's instance, her mental health was compounded by delays in blood tests meaning she was unable to obtain her prescribed medication. Nonetheless, there was one positive experience for this person who experienced reduced 'sensory overload' as everything was less busy and quieter during lockdown periods:

*"I have recently started antidepressants. I've always had an issue with mental health but I've never really had any help. I've always been able to push through it myself, always been able to pick myself back up, make a plan and move forward...it's all to do with the COVID situation for sure, it's all been amplified by that. If it wasn't for the COVID situation I would have been going into the office for work, I would have carried on going to the gym and everything like that and my health would have maintained because I would have had a diet and stuff like that."* (Kamal, 25yrs, Hastings District, living in emergency accommodation).

*"It was hard, because up until about four months ago, I was under a CPN [Community Psychiatric Nurse], and obviously I couldn't see him and I'm quite used to seeing him once every three weeks, so that was quite tough. He was always the person, almost like an uncle figure or father figure, that I could talk to, so he would still be available on the phone, but it just wasn't quite the same...I've got a number of diagnoses and one of them is sensory overload, so obviously, I'm affected quite a lot by sounds, environmental issues, like lights, noises, quite a lot of stimulants, visual stimulants, so that obviously pretty much went away...that was amazing. I was driving round and I'm like 'Oh my God this is beautiful', I had no sensory overload of any shape or form."* (Gemma, 41yrs, Wealden District, furloughed at start of pandemic).

Serious mental health concerns were also raised for a person **shielding** and who had complex physical disabilities that contributed to worries, pain, and difficulties sleeping. Worrying about COVID-19 was increasing her depression as was a delayed operation which could have eased some of her symptoms:

*"Until about a month ago I was, every day, once or twice, I was bursting out crying and I didn't know why. And I never knew why, I was just crying and crying. And it got too much and my husband went to the doctors with me".* (Debbie, 67yrs, Wealden District, shielding).

Another person who was shielding reported some serious mental health concerns, using medication and an occasional Valium to cope:

*"I have bipolar, and I think it [COVID-19] has brought it more to the fore. I do have coping strategies which I have had to put into place more now because you know I've just felt depressed, I've felt lonely, overthinking things...I can take Valium when I am extremely anxious so you know if I wake up in the night having anxiety attacks...worried about catching it, going into the hospital and dying alone."* (Meghan, 57yrs, Wealden District, shielding).

In relation to the above, some people commented on the mental health of their **children**, and noted how these effects could be long-term:

*"I think the biggest impact for all of us has been on our mental emotional wellbeing... and finding a new way of living, which in a way has been good as well. The kids will feel the impact of this in years to come, and the impact on the generation I think that's one thing that has been completely ignored and not looked at, that 14 to 24 generation which is going to affect for years to come."* (Anna, 51yrs, Lewes District, lost part-time job and working from home).

### **Variations in mental health through time**

Most participants were unable to articulate or recall how **different phases of the pandemic had affected their mental health**. Three people, however, said they found the start of the pandemic harder on their mental health. People spoke about the isolation of working at home; having to manage childcare; and not knowing the severity of the virus in the lockdown. Others, by contrast, found it progressively more stressful through time:

*"It does drive you insane after a while [during lockdown 1]. It's really hard to explain, you just lose all sense of, just being. Because my grandson doesn't speak yet, he's too young to talk, so I only had myself to talk to for three months [chuckling]. I was starting to talk to objects and stuff. I gave the tea towel a name, and I gave the cushions a name and I just started talking to the hoover and all this stuff and I was like 'What is going on? What am I doing?'...[since working after lockdown 1] it keeps you busy and you get the chance to get out of the house and the little one can go to nursery and it just gives you a sense of, even if you can't see your friends, or do activities, but you can see other people, you can have a little, "Hello, how's your day?", and that makes such a difference, it makes a real difference."* (Gemma, 41yrs, Wealden District, furloughed at start of pandemic).

*"I think initially there was lots of anxiety and then as things progressed and a few people around me had the infection, were impacted in various ways it became easier to know the size of the enemy and the shape of the enemy and then you don't necessarily become less afraid because the threat is lower, but you're less afraid because the mystery of the threat is lower. If you can hear a big dog it's different if you can see and hear a big dog."* (Phil, 55yrs, Lewes District, employed).

For some people, there were **certain circumstances and events** which caused anxieties to vary across the pandemic, with the movements into lockdown and restrictions generally heightening mental health concerns. Friends or relatives known to be infected also brought issues to the surface. Others were less able to pin-point what made the difference:

*"When we weren't going into lockdown, I was really anxious and then we were in lockdown and I was anxious but I was much more... I felt my stamina for lockdown had just gone...The effects of isolating were really getting me down. My priority was to go out and see people, so I was less anxious. The same this time, after November, since the November lockdown ended at first, at the beginning of December I was a little bit less anxious again and then as we got closer to Christmas and the new tier four had been announced, I'd become more anxious again."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

## Being prepared

For some of those interviewed during or just before lockdown 3, there was a sense that their mental health would be less affected given their **prior experiences and knowing what to expect**. Despite describing it as a 'blow' after the New Year and vaccine news, some said they were prepared to cope with it better this time. One participant had made a conscious effort to be kinder to themselves. A further person felt she had greater control over her mental health by trying to protect herself from any long-term effects of COVID-19 should she become infected. She was taking Vitamin-D supplements and also had started using a toning device for her Vagus nerve:

*"I still have days where I feel more anxious, very anxious, but those days are much less now. I just feel better resourced."* (Linda, 55yrs, Hastings District, office worker working at home).

*"I have noted that all the findings on who's more likely to suffer from, long COVID and you know, what the, what the symptoms of that are...I stay abreast of the research and you know tweak my lifestyle accordingly."* (Linda, 55yrs, Hastings District, office worker working at home).

## Coping and support mechanisms to protect mental health

People shared a number of coping and support mechanisms to improve or stabilise their mental health. Despite minimising the risks of infection through sanitising and social distance (Section 3.2.1), further strategies were mentioned. These included **writing down problems** or worries; investing in **new online courses**; lots of dog **walking** and getting comfort from **pets**; **exercising**; 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 get out at least once a day:

*"I started keeping a diary during the first lockdown. I wrote in the diary once a day, and that helped very much, keeping a diary, because even if I just wanted to have a moan, because my son spilt a cup of tea, or something silly, it was then a way of me just getting everything off my chest, and as I say, sometimes it was hard not having any family or friends to be able to talk to other than my partner."* (Darren, 30yrs, Rother District, furloughed).

Interestingly, despite a minor drop in income, one person found that **spending more** on luxury food and on day-trips to nearby places was a useful means of 'boosting' the family.

## Impact on education

Six participants either completed their education during the pandemic or were still studying. For some (three people) this was in part-time education and online courses. There were mixed experiences with some online courses working out better than others. One person took on an array of courses whereas another was partway through her Open University course. As a result of COVID-19, her end of year assignment was cancelled. Her grade was affected negatively as an average grade was given based on her previous results which were not as good as she thought she would do in her assignment. She was also not sure why an online course had to be cancelled:

*"It's [course with the Open University] been quite interesting because I have managed to keep on top of it but there have been a lot of changes. Last year they cancelled our final assignment which I was quite surprised by because I thought well everything's remote so surely we can still submit something, even if there's a delay in marking. But it got cancelled and that messed up my overall grade, so that was really disappointing... the weighting was 40 percent of the overall grade for the year. And I had really high hopes for it, I'd put hours and hours and hours into it already, and I had sort of a lazy*

*assignment the one prior but I thought it's okay because I'll redeem myself with the last one. Then the last one didn't happen."* (Kath, 32yrs, Eastbourne District, left job voluntarily).

The impacts on the three people who had either just completed or were partway through full-time education were deleterious, although in different ways. For one person, lockdown 1 had meant they were unable to complete their beautician course and were not able to achieve the necessary qualification to progress. This was difficult given that much of her study necessitated face-to-face contact and, although online support was available, she was unable to use this effectively. This person is now looking for an alternative job but she is finding her prospects very limited. Another young person had left her final year of A-levels without exams due to the pandemic. Although satisfied with her Centre Assessment Grades, she found the whole experience as *'unclimactic'*. *'Results day'* was stifled and hurried, and there was no formal leaving event. As a dance student, her planned dance events at the end of the year were all cancelled. She was planning a year off to go travelling, but is now working in a local food store until she attends university later in 2021:

*"It felt really anticlimactic and a bit like before they announced that exams were cancelled it was really stressful. We didn't know which way it would go. People were like what do we do, do we carry on? When they were announced they were cancelled but not how they were going to mark it, that was even more stressful. I knew people who weren't doing work and people who still were. The amount of revision we would have been doing if we did have exams was quite intense to suddenly not do it. It was really hard to navigate and I felt quite abandoned I guess by my college. I don't blame them but it did just feel like suddenly a huge milestone had gone unacknowledged."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

A further young person is currently at university and feels frustrated about the online teaching and lack of opportunities to socialise. She was grateful to get her university place as she got the predicted grades for her Level 3 Access course, especially as she was struggling with the final assignment (which in the end was not required). Although she saw the COVID-19 experience as incredibly positive, the university experience was less so:

*"I don't feel like I'm at university, I'm not interacting with other students in my year... Me, personally, I'm the type of person who likes to have someone in person, sat next to me, you know, helping me. I rely on that physical support quite a lot. And then, not being face-to-face, only being online, I feel very lost, incredibly lost."* (Amelia, 22yrs, Lewes District, finished college).

Interestingly, one parents spoke at length how her child's education had been affected with GCSE's cancelled followed by A-levels which were now online:

*"GCSE's cancelled, and he was furious about that. I thought he might be quite relieved, but he wasn't, he felt like he hadn't had a chance, he's a bit of a last-minute boy. So, I think his exams, he'd stepped things up towards the end, and was cross that he couldn't have that chance to do it, and he's now really, really struggling with trying to do A Levels, remotely. We've had conversations the last few days, and he said he's just not in the right frame of mind sitting in his bedroom he doesn't feel in the zone."* (Charlotte, 45yrs, Rother District, previously furloughed).

#### 3.2.4 Remote medical and social care consultations

Only a few participants actually **had any medical or social care consultations** during the pandemic. Two people had been to see a dentist, with one person describing this as helpful and even more so because this person feared going to dentists generally. Other people had a phone-based midwife or hospital appointment which

they described as better and easier than going to the hospital, having to arrange childcare, and find parking. One participant describes being concerned with when she has to visit the hospital in the future:

*“Everything has been much the same as my first pregnancy, the only difference is that I had my first midwife appointment over the phone instead of in person but that was absolutely fine. If anything it was easier for me. My only real concerns with the pregnancy is in the coming weeks I've got to do a glucose test at the hospital, you have to wait around the hospital for two hours so I'm a little bit apprehensive about being in a hospital for two hours and I'd rather not be.”* (Kath, 32yrs, Eastbourne District, left job voluntarily).

Others were equally complementary about their experiences of remote appointments:

*“Normally you have to book an appointment and then go and see them, then get a prescription, take it to the pharmacy, then wait for the pharmacy, then you get the medication. But being able to do it when I'm at work, call them in the morning, get an appointment on the phone, they email the prescription to the pharmacy, which is pretty much opposite them, and then on my drive home, I drive past them, I stop at the pharmacy and pick up the medication and it's perfect.”* (Darren, 30yrs, Rother District, furloughed).

A further person commented in detail about the benefits of being able to upload a photo to their GP:

*“‘Look at this foot is it right?’ And actually I loved that in terms of the GP because you don't have to go anywhere, you don't have to mix with lots of people who are potentially ill. And they need to see it but of course they've set up a version where you can send in photos so it was brilliant.”* (Becky, 47yrs, Wealden District, shielding).

However, one person who had been shielding, and had several face-to-face appointments as well as some remote appointments, was not impressed when the technology failed:

*“No, I don't think video appointments are any good on the phone at all.. when I had a call with my doctor for an assessment for my daughter...it was dreadful. We had to stop it, it just kept going wrong, they had to stop it and then just phone, just the ordinary phone.”* (Debbie, 67yrs, Wealden District, shielding).

Given the pandemic, most saw remote appointments as a suitable alternative to face-to-face even if they have not used them. However, this was often dependent on the nature of the condition – whether it was routine or potentially more serious:

*“It's [remote appointments] actually quite a good idea for some people if it's not a proper dramatic need.”* (Lauren, 18yrs, Wealden District, lost her job).

*“It's [remote appointments] very sensible in this situation, and if it makes easier to access information, I think it's a good system and a good idea, so I wouldn't be put off in any way by it being that sort of format [phone or video].”* (Sharon, 58yrs, Lewes District, unemployed).

Some people were undecided about whether they **preferred phone or video**. Some had a clear preference for video while others were more positive about appointments over the phone. This shows that providing options to patients is important:



*"Definitely a phone call [for remote appointments]. I don't like speaking on the video personally. Because my anxiety starts like kicking in, and they can see my facial expression."* (Lauren, 18yrs, Wealden District, lost her job).

One person saw video appointments as more personal and thought they were more suitable with a person or team that they trusted, whereas phone calls would be preferred for those they may have not met before (such as with different GPs):

*"Normally I prefer phone calls, but because I've been under the Psychiatric Team since I was eighteen and I'm now forty one, so I feel very comfortable with the Psychiatric Team, I've known these people for decades, so I'm comfortable having video calls, because I trust them. I've got a real level of trust in these people and I find them quite reassuring and helpful. Whereas GP's, I don't find them necessarily that helpful, and also you could be speaking to a different GP every time you call."* (Gemma, 41yrs, Wealden District, furloughed at start of pandemic).

Interestingly, from the provider perspective, a practicing GP said remote appointments had worked well showing the benefits of phone, videos and uploading photos:

*"We've got the capacity to convert the phone call to a video consult and we've got the capacity to have high resolution photos sent, imported into the medical record list. 'I've got a funny spot on my leg, can you take a look at it' and I'll say 'I can take a look at a photo of it' and then if you've got all the information you need from your phone call, video call, photography or whatever you've needed then you could confidently deal with it over the phone and that's good for us, good for them. They don't have to fight for an appointment, they don't have to turn up and not know who's going to be safe to be around in the surgery and we can theoretically do more phone calls than you could possibly do appointments because a face-to-face appointment is ten minutes of thinking and doing and then another ten minutes of re-sterilising the room."* (Phil, 55yrs, Lewes District, employed).

Even though most people saw the benefits, there were some instances when the **lack of face-to-face support was felt by participants**. For example, one person had to self-manage his post-operative care another person had not been able to receive their regular psychiatric support. Furthermore, one person could not access his normal testosterone treatment (which would be administered face-to-face) and was placed on an alternative gel:

*"The testosterone that I take, to give my trans body the testosterone that it needs, when I moved to the U.K., I switched to a twelve-week injection, and during the first lockdown and over the summer, they didn't want me coming into the surgery to get that injection. I had to switch to using a gel, which was unpleasant, it lowered the testosterone levels a bit, and it was also just an unpleasant cold and alcohol smelling way to start the day."* (Matt, 40yrs, Lewes District, working at home).

Finally, of possible concern, two people expressed a view that it would be 'too much hassle' to contact health services during COVID-19, implying they may not contact a health professional even if they needed to:

*"Well I'm just sitting in this one chair, maybe it's because I'm not moving enough, so I ignored it [collapsed lung] for a while until it became too much, but I was reluctant to call the GP mainly because I knew they were not so accessible because of the COVID thing, you phone up, you get the message*

*don't come in, don't do this, don't do that and you think, so I was very reluctant to call."* (Milly, 71yrs, Rother District, shielding).

### 3.2.5 The future and final comments

Finally, the conversations closed by asking people what they were most looking forward to once the pandemic was over. The findings unsurprisingly reflected those aspects that had been impacted most by COVID-19, particularly with reference to **socialising with friends and family**:

*"See friends and family and have a hug."* (Meghan, 57yrs, Wealden District, shielding).

*"Definitely going to a restaurant with my family and not having to wear a mask or feeling anxious, just being able to go into a public place where there are other people and not think how far am I away from them, are they coming near me, go away. So, I think it's being free..."* (Sue, 54yrs, Lewes District, working at home).

*"It's getting together with family and properly being together and not having to fret about infecting each other, really see my kids and having a nice relaxing time about it and not having that horrible artificial feeling of being together, but being careful."* (Phil, 55yrs, Lewes District, employed).

Others talked about **recreational activities** such as events and travelling:

*"Travelling probably. I'm looking forward to things being normal. People talk about the new normal, things aren't ever going to go back to how they were. Part of me thinks they will but yes, it's really hard to think about. Probably being able to see my grandparents and being able to relax around people. I think that's what I'm looking forward to and physically not being on edge, I'm excited for that."* (Josie, 18yrs, Lewes District, finished A-levels during pandemic, employed).

Additional reasons were more specific but related to **individual** preferences such as looking for a job and having some time on their own:

*"I'm looking forward to being alone [chuckling]. For some people they've had too much being alone, they can't go out and meet other people, but for me I'm looking forward to being alone, I'm looking forward to everybody else going out to school and work and having some time on my own."* (Richard, 63yrs, Hastings District, working at home).

Interestingly, although people aspired to a range of different activities in the future, two people made reference towards what the 'new normal' beyond COVID would be:

*"I'd like to be able to get back to socialising with people, I'd like to be able to go and have some fun or even be in an office setting around people and I don't know, I just hope that things can get back go a state of normal. I am sure that it will be whatever that state of normal will be we'll have to see."* (Kamal, 25yrs, Hastings District, living in emergency accommodation).

## 4.0 CONCLUSIONS

This study provides an in-depth insight into the experiences of the COVID-19 pandemic as reported by a diverse sample of 25 individuals across East Sussex. As noted earlier in this report, this study was designed to capture qualitatively diverse experiences regarding the impacts of COVID-19 on East Sussex residents from across the County within a specific time-budget commissioning envelope. This means that within a relatively small sample, we have paid particular attention to recruiting a wide ranging yet specific sample of residents varying in socio-demographic characteristics as well as social and economic circumstances or situations. Consequentially, this means that the findings presented in this report need to be considered within this context. In other words, such a specific and highly varied sample limits the ability to draw comparisons *within* and *across* the relevant groupings. Moreover, it restricts the possibility of eliciting specific recommendations for public health based on the findings. Nevertheless, it is possible to raise a number of broader issues that may be useful to consider.

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 status and/or circumstances due to COVID-19 and the related local/national restrictions.

What is clear from our data, is that COVID-19 has impacted East Sussex residents differently with some being impacted more than others (e.g. small business owners, youth, older people, those with complex health needs including pre-existing mental health conditions, and those advised to 'shield') and in different ways; for instance, not all impacts have been negative with a number of participants reporting distinct benefits.

However, as acknowledged in the recent UK government's COVID-19 Mental Health and Wellbeing Recovery Action Plan (2021), some negative differential impacts particularly in relation to mental health outcomes, are likely to persist and may well increase as we gradually move to a post-pandemic recovery phase. There is reason to believe that the positive impacts of the pandemic may also persist and potentially increase post-pandemic. Indeed, our data suggest that in many cases, residents do not wish things to just go back as they were before the pandemic. Positive and negative changes to work and commute patterns, balance of work and family time, as well as housing/accommodation changes have led residents to develop strategies to mitigate and/or amplify these impacts as illustrated in the main narratives and in the case studies.

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' these 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 probably 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.

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. 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.

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6.0 APPENDICES

## Appendix A – Topic Guide

### INTERVIEW SCHEDULE – IMPACT OF COVID-19 ON LOCAL COMMUNITIES WITHIN EAST SUSSEX

*Note for interviewer: this is a generic interview schedule covering a range of impacts of the COVID-19 pandemic for a range of different participants. Therefore, some of these categories may not be applicable to the participant. This will need to be considered prior (and during) the interview.*

Interviewer	
Interviewee ID	
Date	
Location	

- ☐ Introductory statement.
- ☐ Received, read, understood PIS – Questions?
- ☐ Consent form?
- ☐ Recorder on?

#### **Introductory Statement (to be read only after recorder started)**

My name is (name of researcher) from the University of Brighton. I am calling you because you kindly agreed to take part in an interview about your experiences of the COVID-19 pandemic [briefly explain the project]. Are you still happy to do this?

We would like to explore your experiences since the COVID-19 outbreak, your beliefs about COVID-19, challenges you have faced since the COVID-19 outbreak, what has supported you since the COVID-19 outbreak and perhaps some of the positive things you may have done during the pandemic. The interview should last a maximum of 40 minutes. Everything you say will be confidential (unless you disclose information that could lead to harm for yourself or others) to the research team and will not be directly attributed to you. There are no right or wrong answers, we are just interested in hearing about your experiences.

#### **1) GENERAL PERCEPTIONS ABOUT COVID-19**

- Can you remember when you first heard about COVID-19?  
*Probe. Initial thoughts, thoughts/feelings when first cases of COVID-19 were reported in the UK?*
- How do you feel about COVID-19 now?  
*Probe. Has this changed from the start of the outbreak?*
- Are there things about COVID-19 that you would like to know more about?  
*Probe. causes, transmission, signs, symptoms, safety measures, support, furlough etc*
- What safety measures have you taken for yourself (and your family) during COVID-19?  
*Probe. Wearing a mask, social distancing, avoiding busy places, isolating/quarantining*
- Do you think you are at risk for COVID-19 infection?  
*Probe. For any special considerations (age, occupation, pre-existing health conditions)*
- Have you been tested for COVID-19/diagnosed with COVID-19?

#### **2) EXPERIENCES OF THE COVID-19 OUTBREAK**

- What are your main concerns about the COVID-19 situation currently?  
*Probe. Health of self/others, work, finances, education. How this has changed over the course of the pandemic/lockdowns?*
- Overall, how do you feel you are coping with the COVID-19 situation currently?  
*Probe. If anything in particular they are having difficulty coping with. How has this changed over the course of the pandemic/lockdowns?*
- What are you most looking forward to doing when the COVID-19 restrictions and social distancing come to an end?

*Probe. Working on site, visiting family, holidays*

### **3) IMPACTS OF THE COVID-19 PANDEMIC**

#### **General**

- Please can you tell me broadly about the impact of the COVID-19 pandemic on your life?  
*Probe. How this has changed over the course of the pandemic/lockdowns?*
- What has been the greatest impact of COVID-19 restrictions and social distancing been on your life?

**Specific impacts** *[depending on the interviewee's circumstances some of these impacts may not be explored]:*

#### **Impact on family life**

- Has the pandemic impacted your relationships with friends/family in your household?
- If yes, how have these relationships been impacted?  
*Probe. Biggest impact, positive and negative impacts, unexpected impacts*

#### **Impact on friendships and relationships**

- Has the pandemic impacted your closest relationships?
- If yes, how have these relationships been impacted?  
*Probe. Biggest impact, positive and negative impacts, unexpected impacts*  
*(if applicable), How has shielding affected keeping in touch? Have you been able to keep in touch using technology like Zoom etc?*

#### **Impact on education**

- Has your (or someone in your household) education been impacted by COVID-19?  
*Probe. Explore in what ways, perception of impacts (negative and positive)*
- How has COVID-19 changed the way you use the online learning environment and online resources?

#### **Impact on employment**

- Have you (someone in your household) lost your job/been furloughed since the COVID-19 pandemic?  
*If yes, explore how long they have been unemployed/furloughed. Explore if full/part-time furlough, explore impacts of losing job/being furloughed.*  
*If no, ask if they are concerned about losing their job.*
- Have your working practices been impacted by the COVID-19 situation?  
*Probe. Keyworker, working from home full-time/part-time, Office worker at home, working online*

#### **Impact on finances**

- Have you/your household experienced a reduction in income due to COVID-19 (either due to you/someone in your household being furloughed, not able to work enough)?
- If yes, what is the scale of this reduction? What impact has this had on you/your household?  
*Probe. Paying mortgage/rent/bills, buying essentials (food)*  
*If no, have the COVID-19 impacted on your finances in another way?*  
*Probe. Spending less money (going out less, no/fewer holidays)*

#### **Impact on social and leisure activities**

- Has the pandemic impacted on your social and leisure activities?
- If yes, which activities? Why have these been impacted? How have they been impacted?  
*Probe. Biggest impact, positive and negative impacts, unexpected impacts*
- If no, why do you think this is?

#### **Impact on health behaviours**

- Do you think the pandemic has impacted on daily health behaviours?  
*Probe. Smoking, alcohol, food (diet/nutrition), taking exercise*
- If yes, which behaviours? How have they been impacted?



*Probe. Biggest impact, positive and negative impacts, unexpected impacts*

- If no, why do you think this is?

### **Impacts on housing**

a) Impacts of the COVID-19 pandemic on individuals living in temporary accommodation as a result of the “everybody in” initiative:

- Can you tell me about your experiences of being placed in temporary accommodation?  
*Probe. What was happening before and what led up to it? What was that like? Explore knowledge of “everybody in” initiative; experiences of the services who provided the housing.*
- Can you tell me about your current housing situation?  
*Probes. What kind of accommodation is it, e.g. hostel, council, housing association, B and B. What is it like living in temporary accommodation? Explore if they have been in temporary accommodation throughout the pandemic/lockdowns. Explore how long they think they will be staying here.*
- Please can you tell me about how moving to temporary accommodation has impacted you?  
*Probe. Psychological, social, financial, positive, negative impacts, unexpected impacts; biggest impacts;*
- Do you have any concerns about your housing situation in the future?  
*Probe. Explore what these are, explore biggest concern.*

b) Impacts of the COVID-19 pandemic on individuals living in temporary accommodation (for those who are in temporary accommodation for reasons other than the “everybody in” initiative):

- Could you tell me about your current housing situation?  
*Probe. What kind of accommodation is it, e.g. hostel, council, housing association, B and B. What it is like living in temporary accommodation? Explore if they have been in temporary accommodation throughout the pandemic/lockdowns. Explore how long they think they will be staying here.*
- Has COVID-19 impacted your housing situation?  
*Probe. security (e.g. feel able to stay longer)*  
*If yes, explore impacts (positive, negative impacts, unexpected impacts), biggest impact*
- Do you have any concerns about your housing situation in the future?  
*Probe. Explore what these are, explore biggest concern.*

### **Impact on mental health and wellbeing**

- Have you had any concerns about your emotional wellbeing during the outbreak?  
*Probe. If yes, explore what these concerns are. And what do you think are the reasons for this, thinking about some of the previous things we’ve talked about?*
- If yes, have you sought help about these concerns?  
*Probe if yes. Type of help, experiences of seeking help (e.g. facilitators and challenges to seeking help)*  
*Probe if no. explore why help has not been sought.*
- Has the COVID-19 restrictions and social distancing led to any benefits or positive outcomes for you or members of your family?  
*Probe. More time with family, more time for interests/hobbies.*

### **Other impacts (if not covered in previous sections)**

- Has the COVID-19 situation impacted on how you travel?  
*Probe. Use of public transport, cycling, walking, driving.*

## **4) ACCESS TO HEALTHCARE OR PROFESSIONAL SUPPORT**

- Have you accessed/tried to access any healthcare services or professional support services since the outbreak?  
*Probe. If yes, explore which and experiences of these services. Have you wanted/needed to access healthcare services but for whatever reason have not?*
- Have you experienced any changes or disruption to these healthcare/professional support services due to the COVID-19 pandemic?

*Probe. cancelled outpatients or appointments, cancelled operations, access to GP, collection of medication at pharmacy, views on telemedicine.*

- How confident do you currently feel about accessing healthcare/professional support services for any advice/support/treatment that are not COVID-19 related?

#### **5) AVAILABLE SUPPORT**

- In an ideal world, what support would you have/be able to access to help you (and your family) cope with the COVID-19 situation?
- What sort of help or support actually *is* accessible to you (and your family) to cope with the COVID-19 situation?
- Have other people had things that would have helped you?

#### **6) CONCLUSIONS**

- Is there anything else that you would like to tell me about regarding the impact on COVID-19 on you and your household?

#### ***QUESTION RE. FUTURE RESEARCH***

Would you be potentially interested in being contacted as part of future research insights regarding COVID-19 on behalf of the East Sussex County Council (ESCC) Public Health team.

NB. Contact details would not be passed on. A member of the University of Research team would contact the participant regarding any future studies.

*Note to researcher. Please indicate response in spreadsheet*

## Appendix B – Participant Information Sheet - Interviews

### Information Sheet - Interviews Impact of COVID-19 on local communities within East Sussex

#### **Invitation**

We would like to invite you to take part in a study about the impact of COVID-19 on individuals and communities living in East Sussex. Before you decide whether to take part or not it is important for you to understand what we are trying to do and what it will involve. Please take time to read the following information carefully and ask any questions you may have about any part of the study.

#### **Why are we doing this project?**

Researchers at the University of Brighton have been asked by the East Sussex County Council Public Health team to explore the impacts (such as the psychological, social, and economic impacts) of the COVID-19 pandemic on individuals and local communities in East Sussex. Understanding these impacts is important so that appropriate support can be developed for individuals and communities.

#### **Do I have to take part?**

No. It is entirely up to you whether or not to take part. If you are not sure, please feel free to discuss it with someone else. If you want to find out more information our contact details are at the end of this form. Please remember that even if you say you would like to be involved, you can also **withdraw at any time** without stating a reason. If you decide to withdraw before or during the interview, or before your interview has been included in the analysis (up to two weeks after the interview has taken place) we will not keep any of the information you have given us. If you decide to withdraw after the interview has been included in the analysis, any anonymous data you have already given us will be kept, but we will not ask you for any further information.

#### **What will taking part in the research involve?**

This study involves being interviewed by a researcher for between 30-45 minutes. The interview can be conducted over the telephone or online and will be arranged at a time that is convenient for you. The interview will be an informal discussion and there are no right or wrong answers. We would like to explore your experiences since the COVID-19 outbreak (positive, negative, unexpected), your beliefs about COVID-19, challenges you have faced since the COVID-19 outbreak, and what has supported you since the COVID-19 outbreak.

At the end of the interview, you may be invited to take part in a case study about your experiences of the COVID-19 pandemic. We will provide you with more information about what this entails at the time.

#### **What are the benefits of taking part?**

Although there are no immediate benefits of taking part in this study, the findings will help us understand the impact of COVID-19 on individuals and communities within East Sussex. This information will be used to inform current and future support available for people in East Sussex.

At the end of the interview, you will be offered a £10 “One4All” shopping voucher to say ‘thank you’ for your contribution.

#### **What are the possible disadvantages of taking part?**

There are no foreseeable risks of taking part in this study. However, you may find speaking about some of your experiences difficult or upsetting. You can stop the interview at any time and we will give everyone details of organisations where they can get further information and support.

#### **How will you keep my personal details safe?**

Anything you say to the research team will remain strictly confidential. However, if we hear anything during our conversation which makes us worried that you or others may be at risk of harm, we might have to inform relevant agencies of this. This would usually be discussed with you first.

Nobody from outside of the research team will be able to identify you from any comments you make to us. All data will be stored securely using locked filing cabinets and password and network protected computers. If you have any further questions about your privacy, you can see the University of Brighton's Research Privacy Notice here. If you would like a printed copy of this information contact us on the details below: [https://staff.brighton.ac.uk/reg/legal/other/Research\\_Privacy\\_Notice.pdf](https://staff.brighton.ac.uk/reg/legal/other/Research_Privacy_Notice.pdf).

#### **How will the research be used?**

The research findings will be written up in a project report and submitted to East Sussex County Council. Results may also be presented at conferences and published in academic, peer-reviewed journals. Reports may include direct quotes from interviews. However, any names or other identifying information will be removed. A summary of the results can be sent to you if you wish to see them. You will not be personally identified in any reports or publications of the research.

#### **What if something goes wrong?**

We hope nothing will go wrong. If you have any complaint or concern about any part of the study, you can also contact **Lucy Redhead** (Chair of the University of Brighton's Life, Health and Physical Sciences Cross-School Research Ethics Committee) (Email: [L.Redhead@brighton.ac.uk](mailto:L.Redhead@brighton.ac.uk); Tel: 01273 643650).

#### **What will happen next?**

If you would like to take part in the interview please email ([l.coleman4@brighton.ac.uk](mailto:l.coleman4@brighton.ac.uk)) or call/text (07969 498866) the lead researcher, **Lester Coleman**. The researcher will be able to answer any questions you might have and then ask you if you would like to take part in the study at a time that suits you. You will be asked to give consent to show that it is your choice to join the study.

#### **Who has reviewed this research?**

The University of Brighton's Life, Health and Physical Sciences Cross-School Research Ethics Committee (CREC) has reviewed this study and given it their support.

#### **Who has funded the research?**

The study is funded by East Sussex County Council.

#### **Contacts for further information:**

##### **University of Brighton Research Team**

**Lead Researcher:** Dr Lester Coleman ([L.Coleman4@brighton.ac.uk](mailto:L.Coleman4@brighton.ac.uk))

**Researcher:** Dr Laetitia Zeeman ([L.Zeeman@brighton.ac.uk](mailto:L.Zeeman@brighton.ac.uk))

**Principal Investigator:** Professor Nigel Sherriff ([N.S.Sherriff@brighton.ac.uk](mailto:N.S.Sherriff@brighton.ac.uk))

**Co - Investigator:** Dr Alexandra Sawyer ([A.Sawyer@brighton.ac.uk](mailto:A.Sawyer@brighton.ac.uk))

**Co - Investigator:** Dr Jane Thomas ([J.L.thomas@brighton.ac.uk](mailto:J.L.thomas@brighton.ac.uk))

## Appendix C – Participant Information Sheet – Case Studies

### Information Sheet – Case Study Impact of COVID-19 on local communities within East Sussex

#### Invitation

We would like to invite you to take part in a case study about the impact of COVID-19 on individuals and communities living in East Sussex. The case study will be a short-written summary of your experiences of the COVID-19 pandemic and its impacts. Before you decide whether to take part or not it is important for you to understand what we are trying to do and what it will involve. Please take time to read the following information carefully and ask any questions you may have about any part of the study.

#### What will the case study be used for?

Case studies will be used to demonstrate the impact of the COVID-19 pandemic on people's lives and communities in East Sussex. A selection of case studies may be presented in the Director of Public Health's annual report 2021/2022. Case studies may also be made available to read on-line and used on social media as well as being used in written publications. The final decision on how they are used will be made by East Sussex County Council who have funded this research.

#### Do I have to take part?

No. It is entirely up to you whether or not to take part. If you are not sure, please feel free to discuss it with someone else. If you want to find out more information our contact details are at the end of this form. Please remember that even if you say you would like to be involved, you can also **withdraw at any time** without stating a reason. If you decide to withdraw before or during the interview, or before your interview has been included in the analysis (up to two weeks after the interview has taken place) we will not keep any of the information you have given us. If you decide to withdraw after the interview has been included in the analysis, any anonymous data you have already given us will be kept, but we will not ask you for any further information.

#### What will taking part in a case study involve?

Very little. We would like to use the information you gave us when we last spoke to you to produce a case study. We will also ask you if you would like to include an image of something meaningful that represents your experiences during COVID-19. However, you do not need to provide an image in order to take part in the case study. We can show you an example of a case study to see what yours might look like.

#### What are the benefits of taking part?

Although there are no immediate benefits of taking part in this study, the findings will help us understand the impact of COVID-19 on individuals and communities within East Sussex. This information will be used to inform current and future support available for people in East Sussex.

#### What are the possible disadvantages of taking part?

There are no foreseeable risks of taking part in the case study. However, it is important for you to understand that you may be personally identifiable from the written case study.

#### How will you keep my personal details safe?

All data will be stored securely using locked filing cabinets and password and network protected computers. If you have any further questions about your privacy, you can see the University of Brighton's Research Privacy Notice. If you would like a printed copy of this information contact us on the details below: [https://staff.brighton.ac.uk/reg/legal/other/Research\\_Privacy\\_Notice.pdf](https://staff.brighton.ac.uk/reg/legal/other/Research_Privacy_Notice.pdf).

#### What if something goes wrong?

We hope nothing will go wrong. If you have any complaint or concern about any part of the study, you can also contact **Lucy Redhead** (Chair of the University of Brighton's Life, Health and Physical Sciences Cross-School Research Ethics Committee) (Email: [L.Redhead@brighton.ac.uk](mailto:L.Redhead@brighton.ac.uk); Tel: 01273 643650).

**What will happen next?**

If you would like to take part in the case study please email ([l.coleman4@brighton.ac.uk](mailto:l.coleman4@brighton.ac.uk)) or call/text (07969 4988660) the lead researcher, **Lester Coleman**. The researcher will be able to answer any questions you might have and then ask you if you would like to take part in the study at a time that suits you. You will be asked to give consent to show that it is your choice to join the study.

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**Lead Researcher:** Dr Lester Coleman ([L.Coleman4@brighton.ac.uk](mailto:L.Coleman4@brighton.ac.uk))

**Researcher:** Dr Laetitia Zeeman ([L.Zeeman@brighton.ac.uk](mailto:L.Zeeman@brighton.ac.uk))

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**Co - Investigator:** Dr Alexandra Sawyer ([A.Sawyer@brighton.ac.uk](mailto:A.Sawyer@brighton.ac.uk))

**Co - Investigator:** Dr Jane Thomas ([J.L.thomas@brighton.ac.uk](mailto:J.L.thomas@brighton.ac.uk))

## Appendix D – Case Study #1: Josie from Lewes District

Josie is 18 and lives at home with her parents. She had her A-levels cancelled early in the pandemic and deferred her university place to go traveling. All travelling plans were cancelled, and she has since been working at a food store before planning to take up her university place later this year.

Josie talks about her stress over the short-notice cancellation of A-levels. Although her final grades were favourable, she found the whole process of leaving school disappointing and confusing, describing it as ***“really anti-climactic, a really weird way to end...like being abandoned and thrown in the deep end...and it’s like I don’t know what I’m doing.”***

Staying unexpectedly at home for longer than planned, Josie shared how her plans have completely changed due to the pandemic, saying ***“I’m working in my home-town, very differently. I’m saving up money and getting working experience but it’s very different. It feels really frustrating I really want to go and travel”***. She also finds her new job at the food store stressful at times, having to ask some customers to wear masks, seeing people argue about getting too close, and people offloading their worries to her.

Josie is worried about getting COVID-19, mainly because she is worried about passing it on to her grandparents. Josie describes how she has grown closer to her grandparents who live nearby and talks about the challenges of seeing them. Whether or not to see her grandparents over Christmas was a really difficult dilemma for her, saying ***“I want to protect their health but that involves looking after their mental health and I know it’s important for them to see us.”*** To limit the risk of infection, Josie took a COVID-19 test before she had planned to see them so that she could be confident that she would not pass on the infection to them.

Josie has a large group of friends and talks about the difficult ***“unintentional social pressure to go out.”*** However, she is also aware that some people have different attitudes to risk which contributed to her choosing to lose contact with a lot of people. Josie talks about the difficult balancing act of wanting to see people for the sake of her own wellbeing, alongside the worry that she may expose herself to risk of infection.

Josie has a history of anxiety which tends to get worse as new rules around COVID-19 are introduced, which make her feel that the pandemic is going to be around for a long time. She describes her recent experience as ***“since the November lockdown ended, at the beginning of December, I was a little bit less anxious again and then as we got closer to Christmas and the new tier four had been announced, I’d become more anxious again.”*** Josie feels anger and disappointment towards the government whom she believes have prioritised the economy over people's health and wellbeing. She tries to go out for walks and write down her concerns to help clear her head.

Josie is looking forward to university in September and does not want to have another year off. Unsurprisingly, she is really looking forward to going travelling when the pandemic is over and talks positively about being able to see people in a relaxed way and ***“not being on edge, I’m excited for that.”***

## Appendix E – Case Study #2: Kath from Eastbourne District

Kath is 32 years old and lives in Eastbourne with her husband and 2-year-old son. She is four months pregnant and her baby is due in May 2021. During the pandemic, Kath chose to leave her retail job voluntarily due to increased risks of infection. This was also possible because her husband's electrician business was going well. She feels this was the right decision despite finding it hard spending more time alone at home. Very sadly, Kath lost her Grandmother to COVID-19 during May.

Being a mum of a toddler, Kath has found the reduced opportunities to meet up with other mums particularly hard. Kath misses the soft play groups which would now be **'perfect'** for her son and describes how going to these groups was about **"making new friends and building up new relationships with other parents and having that social time with likeminded people and that just stopped so suddenly."** However, while losing some of her friends, Kath describes how she has **"much tighter relationships"** with those friends that she still has contact with, either by WhatsApp or in person.

Kath spoke about the different things she did to avoid feeling isolated. For example, she takes part in regular online exercise groups and generally plans ahead **"to have an idea of what we're going to do with the day, I can't just do nothing. So we will, even if the weather's grotty, we will still go out and go for a walk, that's so important."** Kath is also in the fourth year of a part-time Open University Psychology course. Her final assignment of the academic year, which she was working particularly hard towards, was cancelled due to COVID-19. She describes that the cancelling of that event really **"messed up my overall grade, if I'm honest"** but she is determined to keep with the course and work even harder next year.

Kath has experienced poor mental health in the past and she describes how keeping busy and engaging in different activities has helped her during the pandemic. For example, Kath describes that volunteering for a mental health support group has **"helped me actually just being able to talk to others that are in a similar situation and to help other people has helped me I think."**

Kath was positive about the care she had received so far during her pregnancy, including a telephone midwife appointment which was **"just easier, not having to sort childcare and just had my little one in the background doing his own thing...just all the basic things of parking up, keeping him entertained or arranging childcare, it was just easier on the phone."** In terms of the actual childbirth, she plans to have this at the hospital but intends to discuss this nearer the time as she might be transferred to another hospital or birthing centre. This may depend on her upcoming glucose test, for which she has **"wait around the hospital for two hours so I'm a little bit apprehensive about being in a hospital for two hours and I'd rather not be."**

Kath reflects on the whole pandemic and considers that she has experienced some downsides but also that she has been more fortunate than others. With the new baby due and her routines in place, Kath overcame her initial disappointment to lockdown 3 and shared some optimism, by saying she is **"a bit more prepared for it because I know we've got through it before."**



## Appendix F – Case Study #3: Mick from Eastbourne District

Mick is aged 37 and lives with his wife and primary school-aged boys. He has been working at home since the start of the pandemic in the sales sector.

Like many other people, Mick was unaware of the severity of the pandemic but noted how the first lockdown happened so quickly. His surprise was expressed by saying that ***“if somebody said to me, schools are going to shut, offices are going to shut, I would have said no way, they’ll never, people will find a way that that’s not going to happen, not in this country.”*** Mick and his family followed the safety guidance but he was honest in that hand washing had generally become more relaxed through time.

Mick found the first lockdown quite liberating allowing him to spend more time with his kids. However, balancing family time with working at home has got increasingly challenging and he found it very difficult to switch off at the end of a day. Working in sales, he thinks that although his employers say they ***“understand it’s tough”*** there remains the pressure to ***“hit targets”***. To deal with this pressure Mick had to take a week off to actually catch up on work.

Balancing this work intensity with childcare has been a major impact of COVID-19 for Mick. Mick’s wife is a Key Worker and they chose not to send their three children to school in the first Lockdown. Mick describes this as a ***“nightmare the first time round”*** and he recalled one event that really made him realise the pressure he was putting on himself: ***“It was Father’s day, and he [son] came home with one of these cards that they make. And you know, my dad does this, my dad likes this, and it genuinely said, my dad likes working, my dad likes sitting at his computer, my dad does computer things like this. And I was genuinely depressed, I was like that’s really sad.”*** Mick and his wife decided to send the kids to school in lockdown 3 and this has made this time easier compared to the first Lockdown.

Mick has used Zoom and WhatsApp to keep up with friends and describes the advantages of a ‘night-out’ over Zoom compared to ending up ***“standing at the train station, at 2 o’clock on the morning, and miss the train and then get the cab.”*** However, he also describes that when he has been on video calls all day for work, he tends to skip online social meetings due to the screen time. Mick misses his parents and his sister and her family who he would usually see once or twice a month, often spending the day together on Sundays, for roast dinners in the winter and BBQs with the kids playing in the garden in the summer. He finds it sad that his kids have seen their grandparents so little in the last year, particularly for the younger kids who will need to get to know them again. The impact of not seeing his parents in his day-to-day life is less, and he knows that their relationship is strong enough to get through the situation. His main concern is their health and hopes that it will not be long before they can spend some quality time with their grandchildren.

Mick has had a few periods of feeling ‘down’, rather than depressed, during the pandemic which he attributes mainly due to balancing his work with his family. He describes this as feeling ***“real torn times of feeling like I’m trying to do my work, and I’m trying to do my job and I’m trying to be a father...but I’m not doing either particularly well.”*** Nonetheless, with the Key Worker status and the children at school, he sees that these pressures are likely to reduce through time.

## Appendix G – Case Study #4: Becky from Wealden District

Becky lives at home with her husband and two secondary school-aged daughters. At times of home-schooling, Becky was relieved that her daughters were ***“quite self-sufficient with Chromebooks and real time working.”***

Due to a prior cancer diagnosis, Becky has been shielding throughout the pandemic and describes her ***“worst point was just getting the first shielding letter that said you shouldn't leave the house and...If I can't leave the house I am going to go crazy.”*** However, she has taken positive steps to still have a near to normal lifestyle by going out for walks and maintaining a high level of physical activity. Becky feels comfortable about this as long as she takes steps to reduce the risk such as not ***“touching anything, not even a gate, or to go through a kissing gate we'd push it with our hips rather than touching it.”***



Walking is described as Becky's ***“default”*** activity and has been a great way to keep in touch with friends and family, including her parents. As she used to do plenty of walking pre-pandemic, there has been no real adjustment and she is thankful for that. Becky describes the nice times of walking with her family during the pandemic which is ***“never usually greeted with a round of applause”*** by her teenage children. More recently, lockdown 3 and the local restrictions has not enabled her to meet her Mum for walks, which she misses. Also, Becky has not been able to see her best friend in Manchester for over a year which she describes as really frustrating.



Becky has been able to do many activities similar to those not shielding. When Becky described her main impact from COVID-19, this was not related to shielding but in terms of her ***“masses and masses of work”***, compounded by colleagues being furloughed. She has found that working at home has led to frequent headaches which has further increased her need for outdoors activity to remove her from the ***“four walls”*** surrounding her. She is concerned that although her and her husband's jobs are safe, she does feel they are precarious due to the pandemic's impact on funding and university places –

both of which affect their work.

Becky has a positive view to the pandemic noting how others are in a worse position. Such is her determination to make the best out of the situation, she describes her involvement with her daughter in a 'couch to 5k' challenge as a really effective way to help deal with the pandemic. This extended to her husband and other daughter getting involved too. Becky describes training for this challenge as horrendous at times, but a great way of fulfilling her ***“need to do something or I will go mad.”***

Becky has reflected on the activities she has been able to continue, but knows her shielding has restricted some of these. Becky gave a detailed account of what she would like to do after the pandemic including shopping, horse riding, seeing family and friends, and looking forward to day-trips out as a family.



## Appendix H – Case Study #5: Sue from Lewes District

Sue lives with her partner and two children. One of her children has just left college. Sue has been working at home since the start of the pandemic. Sue is worried about COVID-19 and uses a range of risk-reduction strategies to prevent infection.

Sue took the pandemic really seriously as soon as it emerged and is worried about her and her family getting the virus and takes a number of steps to reduce this ***“for example, washing my shopping, you know, making sure I have a mask.”*** She talks about one occasion when she met friends and having bought a drink, she did not drink anything as this would have meant removing her face protection.

Sue describes how her ***“day-to-day life has pretty much curtailed in that respect apart from going up to the allotment or just going for walks and that’s it.”*** One of the biggest benefits, however, has been her working at home which saves her time as well as spending money on petrol and lunches. However, she also recognises that this has been partly offset against food, lighting and heating the home all day. Working from home has also had challenges for Sue, such as making space for her partner who also works at home. She also talks about the blurred boundaries between home and work and not being ***“able to sort of put the time in at the end of my work, I need to shut out work. I think that’s the thing actually with working from home.”***

Sue has also enjoyed less ***“rushing around”*** taking her kids everywhere. Sue also describes how her family got closer during the first lockdown as ***“we were together, we had lunches every day together.”***

Sue has had mental health issues in the past. Although this has not intensified during the pandemic, she says there is an ***“underlying stress that is there, sort of a lot of the time...it’s not really high but it’s there...I’m quite stressed about what’s happening and where we’re going and what’s going on.”*** This is not helped by the worries of her child going back into school and the infection risk that poses. The anxiety also affects home schooling which she started before the pandemic but now ***“just haven’t had the motivation to do it.”***

Looking towards the future Sue talks positively about going to a restaurant with her family, not having to wear a mask or feel anxious, and just being able to go into a public place where there are other people and not worry about social distance. She describes this as ***“being free.”***

## Appendix I – Case Study #6: Linda from Hastings Borough

Linda is 55 and lives alone in Eastbourne. Linda has been working at home since the start of the pandemic due to the decline in her Events Manager work and was also temporarily furloughed part-way through. She is using the time to reenergise and take more care of herself.

Linda has taken all the necessary steps to reduce the risk of infection from COVID-19, which is helped by the fact she lives alone and reports ***“almost living in my own bubble.”*** Prior to lockdown she moved into her late mother’s house in Hastings with the intention to sell and move back to Eastbourne. Although Linda does not know how COVID-19 has affected the sale, she describes this as ***“quite distressing at times because I don’t particularly like living in Hastings and I feel quite isolated where I live, and I miss my more familiar surroundings.”*** This distance has affected her social life and she describes it as a bit of a ***“faff”*** to keep driving over to Eastbourne (when it was allowed).

Linda has enjoyed working at home although she also requested voluntary furlough from her employer just before the deadline. She describes how her boss was reluctant at first but did eventually agree. Linda described using this time wisely by getting better prepared for the ongoing pandemic through having more time to relax and getting herself healthier. For example, she describes staying ***“abreast of the research and you know tweaking my lifestyle accordingly”*** such as taking Vitamin D and using a Vagus nerve stimulator, which she has heard has been associated with better outcomes for people infected with COVID-19.

Linda describes that preparing in this way has helped her cope with any anxieties about COVID-19 and has made her feel ***“relaxed in a lot of ways”***. This has helped her have more phone and online communication with friends than perhaps she would normally have, which has been especially important as she does not have much family. Linda has also enrolled in several online courses to keep any anxieties at bay. However, she describes feeling unmotivated at times. The most positive coping mechanism for Linda is having a ***“dog so I get out every day and I always see people, I’ve sort of got like dog-walking mates, you always stop and talk to somebody, even if it’s just like a three-minute chat.”***

In the future, and despite the well-used video resources to keep in touch with others, she is really looking forward to ***“a bit more face-to-face activity, especially things like theatre and cinema.”***

## Appendix J – Case Study #7: Charlotte from Rother District

Charlotte lives with her three children, including two teenagers, and works in a school. Since the start of the pandemic, she has taken many steps to avoid infection from COVID-19, including wearing masks from the beginning.

Charlotte was furloughed at the start of the first lockdown, and she used this time to reconnect with her family and particularly her youngest child. She describes this as a very special opportunity as she went to back to work soon after her daughter was born. Charlotte refers to this as **“golden time”** which has made her life more simplified in **“just eating and exercising and existing.”** However, going back to work after furlough made her worry about job security as some of her colleagues had returned earlier leaving her feeling **“almost as if I wasn’t needed, because they’d coped well without me.”**

Within the household, Charlotte has struggled trying to find the balance between letting her older children go out, which she recognises is important for their wellbeing, but also not wanting them to be out for long because of the risk of infection. Indeed, Charlotte’s eldest son and his girlfriend have both just tested positive for COVID-19 (at the time of interview) and are self-isolating in their bedroom. She describes how they are **“locked in a not very large room, which is really grim for them, but I am trying to separate everybody and bleach everything in sight and that’s quite tricky.”**

Charlotte misses her parents and finds it difficult not being able to visit, especially her Dad who was shielding. Charlotte describes how **“being frightened to go near your parents is grim.”** Very sadly Charlotte’s dad died from COVID-19 related complications in February 2021. During the pandemic Charlotte has reconnected with some old friends noting how they would say **“We must catch up some time’, and we never did, because we’re dotted all over the world, and we actually now do it.”**

Charlotte also describes the impact of the pandemic on her children’s education, one of whom had their GCSE exams cancelled and were now finding online A-level study difficult. She said her son was **“furious about that [cancelled GCSEs], I thought he might be quite relieved, but he wasn’t, he felt like he hadn’t had a chance”** and for the current online learning he is **“not in the right frame of mind sitting in his bedroom.”**

Charlotte talked about the underlying anxiety of the pandemic, even when doing the basic things in life such as **“just pop to the shop or pop to the pub or and you can’t do any of those...that you have to think about and putting masks on and keeping distances.”** She copes well by doing plenty of running and swimming in the sea which she describes as **“lifesaving.”** She also says she is getting used to the restrictions while at the same time reflecting on the summer period as almost like a holiday.

Charlotte had an online GP appointment during the pandemic and was very positive about the remote nature of the call, saying it was more convenient and enabled her to get a quicker appointment than usual. She sees the benefits as **“you don’t really need to see a doctor face to face for everything.”**

Charlotte is coping well given the infection within the household and balancing work and childcare. She shared her thoughts on the restrictions being eased in the future and looks forward to going out for a meal with her family which she has not done **“for nearly a year”.**



## Appendix K – Case Study #8: Hazel from Lewes District

Hazel from Lewes District is aged 51 and lives with her two teenage daughters. Like many others, Hazel initially thought the COVID-19 virus would not develop into anything too serious and saw similarities to other viruses that were overcome quickly or did not affect the UK. When realising this was not the case, she took steps to minimise her risks through various ways such as ***“washing groceries, limiting visits to supermarkets, and hand washing”***.

Hazel is self-employed and lost much of her work during the early stages of the pandemic, reporting a reduction of ***“quarter or third of my income”***. However, this was partially offset by a government grant, some private work, and spending less money on other activities. Despite this slowing of work, Hazel described the start of the pandemic as ***“wonderful, really enjoyable, more time for walks with the kids...No timetables, more flexible, I loved it.”***

Hazel said that managing her children’s behaviours and different needs were the most challenging parts of the pandemic. For example, one daughter tended to need more space whereas her other child wanted more company. Efforts to provide space have become more difficult and ***“was easier in the summer and less so now where we can’t always go for long walks.”*** Hazel also found ***“managing kids when they’ve been going out has been a bit stressful”*** in terms of risk of infection to them and herself. Equally, when the children were at home during periods of lockdown, she found it difficult ***“not having the house to myself and not having time and space on my own.”***

Hazel has missed seeing other family members, especially her mother who lives in London and her father who lives in Brighton. The lack of contact was particularly hard on the children, one of whom has a very close relationship with her grandparent. Hazel also shared how her friendships had been affected over the last year, which was partly due to her choice to reduce the risk of infection by ***“seeing people less frequently, seeing less people, only seeing people outdoors and a little indoors in spacious environments, and much shorter visits, wearing masks in company.”*** Hazel also misses going swimming as well as going to festivals and on holiday.

Hazel’s feels positive about the future. Her self-employment has picked up and she continues to work at home. Hazel is especially looking forward the resuming her favourite activities and cannot wait ***“to go to a festival!”***



## Appendix L – Case Study #9: Debbie from Wealden District

Debbie is 67-years-old and lives with her husband and 15-year-old daughter. Debbie has been shielding since March 2020 as she has a number of health conditions such as ischemic colitis, severe arthritis and a very low immune system. She is also a full-time carer for her daughter who has Downs Syndrome and who is also shielding.

Due to her disabilities, Debbie receives a lot of support around the house from her husband who ***“hasn’t been out very much, and only occasionally to do a tiny bit of shopping when it’s quiet. Because, you know, being careful not to bring anything back.”*** She is appreciative of this support and they have the occasional takeaway to give her husband a break from all the cooking, washing, and cleaning.

During the summer Debbie was able to relax in her garden and go for short socially distant walks to get some fresh air. This contrasts sharply to the winter where she has been at home throughout and which she describes as ***“so awful”***. Shielding means Debbie has been unable to attend a number of social activities. Debbie had groups of people she met through interests in music where one of her friends ***“would pick me up and we’d go, at least once a week, to an open mic night at a local pub. And we’d all sing and listen and play, and everything. And I loved that.”*** She would also regularly go out for coffees and was helping to organise the annual fayre, all of which has been postponed.

Debbie has experienced a number of worries during the pandemic which she attributes to COVID-19. She has recently had her Personal independence Payments (PIP) reassessed, which has caused her a lot of worry about finances. Debbie describes how her PIP assessments were conducted over the phone, rather than in person. This ***“made her worried sick”*** as the assessors were not able to visualise her needs, which contributed to a reduction in payment (which she is currently appealing).

Debbie reports that this reduction in payments, along with her health needs, have led to times when she has been crying every day. Debbie went to see the doctor and has since been prescribed medicine by her doctor, which has helped her. She describes a period before the first lockdown when she spent three or four months cycling indoors to build up her strength to enable her to have an important operation to address some of her health issues. She was told on January 4<sup>th</sup> 2020 that she had built enough strength ***“and then obviously, March [2020], we went into lockdown and I knew that I wouldn’t get my operation this year... COVID has taken away the fact that I could have had an operation.”***

Despite these difficulties, Debbie has remained in close contact with her son and grandchild on a regular basis. She has created a support bubble with them and has regular video contact. With her arthritis, she finds video calls on an iPad are easy to use and talks joyfully how ***“when he’s [my son] got him [grandson] captured, they’ve got a hot tub, and he’s always running about, I can hardly ever see him. But when he’s got him captured in the hot tub, because then he can blow bubbles under the water.”***

## Appendix M – Case Study #10: Sean from Eastbourne District

Sean is aged 37 and lives with his wife and two primary school-aged children in Eastbourne. Sean is a co-Director (with his wife) for an entertainments business which experienced a serious decline in trade because of the pandemic. Sean and his wife have also been home-schooling their children.

Sean first became aware of the pandemic in January (2020) when touring with live events as part of his business. Countries began to close borders and cancelled venues which made him decide to return home. Even prior to the first lockdown, Sean self-isolated on his return having been potentially exposed to the virus when working abroad.

Because his business dealt with entertaining crowds, COVID-19 had a devastating effect on his events trade which had ***“completely stopped, and anything festively that’s completely stopped... That was 100% reduction in turnover from that source of work [event touring] ... literally overnight.”*** Although Matt and his family had savings, these began to run out and they had to rely more heavily on credit cards so his ***“personal finances have struggled quite a lot.”*** Sean described that his wife, who is also co-Director of the business, has taken a job at Tesco’s to help support the family.

Despite this significant decline in business, Sean maintains a positive outlook and has managed to run small parts of his business within COVID-19 regulations. This includes streaming church services and ***“in the summer we were doing things like bell tents because we had them for weddings and things like that.”*** Sean also recalled how during the first period of the pandemic, he was able to benefit from his ***“nice garden and we own marquees so we put one up in the garden, had camp fires, did a lot of stuff.”***

Sean also enjoyed spending more time with his children but saw the contrast between entertaining them at home when you ***“can play a game with them, it’s like holiday”***, to the need for home schooling. Sean describes himself as ***“not a teacher, it has been quite a strain, particularly from our perspective of having kids at home all the time... It’s amazing what trying to teach kids does to your wish for a beer at the end of the day.”***

Sean’s positive outlook was shown through his resilience about the threats of COVID-19 describing that he ***“tends to take it as it comes and then work with it... I don’t really think there’s much else you can do. You can’t change it.”***

