

ENGAGE DUNDEE

Findings of survey exploring the impact of the
Covid-19 pandemic on Dundee's citizens

February 2021

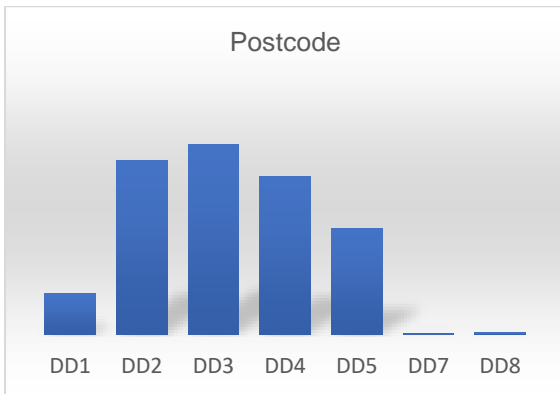


CHAPTER NO.	TITLE	PAGE NO.
1	BACKGROUND	3
2	WHO RESPONDED?	3
3	EXECUTIVE SUMMARY	5
4	THE SURVEY: DETAILED FINDINGS	6
4.1	SERVICE USE AND EXPERIENCE	6
4.2	DIFFICULTIES EXPERIENCED	10
4.3	IMPACTS ON MENTAL HEALTH AND WELLBEING	22
4.4	POSITIVE DEVELOPMENTS OVER LOCKDOWN	30
5.	SUMMARY AND CONCLUSIONS	37
6.	RECOMMENDATIONS AND NEXT STEPS	38
7.	ACKNOWLEDGEMENTS	38

1. ENGAGE DUNDEE SURVEY: BACKGROUND

The Engage Dundee survey took place online during September and October 2020. It was circulated widely across a number of digital platforms and limited paper copies were made available through some local teams and voluntary sector partners. The survey aimed to explore the impact of the Covid-19 pandemic on Dundee's citizens, particularly in determining whether individuals had accessed specific services during lockdown, their experiences both positive and negative, whether there had been impacts on mental health and wellbeing and in what ways, any positive developments over the lockdown period, and to help assess the priorities of individuals, families and communities going forward.

2. WHO RESPONDED?



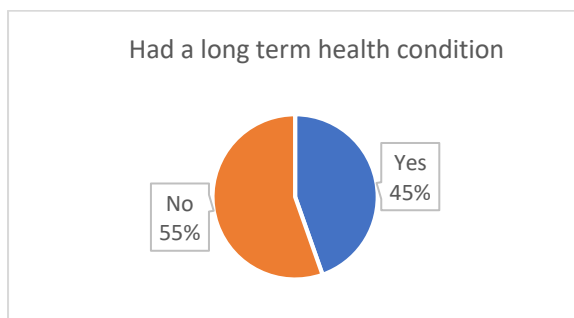
Age	No. of respondents	%
16 to 24	30	3.4
25 to 34	144	16.1
35 to 44	236	26.5
45 to 54	188	21.1
55 to 59	90	10.1
60 to 64	69	7.7
65 to 74	72	8.1
75 plus	25	2.8
Blanks	38	4.3

Employment Status	No	%
Carer	36	4.0
Employed full time	339	38.0
Employed part time	124	13.9
Furloughed	38	4.3
Homemaker	20	2.2
Long term sick/disabled	56	6.3
Other	49	5.5
Retired	115	12.9
Student	25	2.8
Unemployed	56	6.3
Blank	34	3.8

Gender	No.	%
Female	659	73.9
Male	176	19.7
Prefer not to say	19	2.1
Blanks	38	0.0

In receipt of benefits	No	%
Yes	244	27.4
No	609	68.3
Blanks	39	4.4

Household Composition	No.	%
Live alone	189	21.2
Live with family/others	644	72.2
Other	23	2.6
Blank	36	4.0



3. EXECUTIVE SUMMARY

INTRODUCTION

The onset of the Covid 19 pandemic and the national lockdown in March 2020 brought far reaching implications and unprecedented challenges to the population, planners and service providers in Dundee. The city responded quickly to ensure that its citizens including the more vulnerable were cared for. Many services moved online and a range of local helplines and websites were made available. Volunteers came to the fore to provide emotional and practical support and many staff continued to provide frontline services in difficult circumstances.

People in deprived areas already experienced inequalities in health and national data is showing that the pandemic is impacting disproportionately on rates of death and illness from Covid 19, the consequences of lockdown measures, and uncertainty about the future. A review by Glasgow Centre for Population Health highlighted risks for disadvantaged communities such as perpetuating poor mental and physical health, social isolation, job insecurity and unemployment, and reduced access to information, advice and health services. A Mental Health Foundation Survey reported anxiety related to financial and food insecurity and showed that the unemployed were more than twice as likely to report suicidal thoughts as those in employment.

Dundee has high levels of poverty and disadvantaged with associated effects on health and wellbeing and inequalities. There is the risk that the pandemic will make a bad situation worse for many and will impact others who were managing before and now find themselves in adverse circumstances with little resilience or experience to cope.

Community engagement and research

Three surveys were undertaken by a range of partners in Dundee during the early months of the pandemic to explore emerging issues and assess experiences of using specific services. The total sample size was 1535, which includes the Fairness Commission Survey (n=452), Food Insecurity Network (n=192), and Engage Dundee (n=892).

Other surveys have also taken place in recent months, for example via the Carers' Partnership, and the city is building up a comprehensive and detailed knowledge of the experiences and challenges faced by significant parts of its population. This report looks at the findings of the Engage Dundee survey; however themes have emerged across all surveys and findings should be looked at in tandem.

The survey results will help local decision makers, partnerships and service providers to understand more fully the impact of the pandemic, particularly on those who are most disenfranchised and find it hardest to be heard.

Engage Dundee survey

Dundee City Council Community Learning and Development service undertook the Engage Dundee survey in August 2020 as part of the city's Local Community Planning Process. The survey was developed in partnership with colleagues in Dundee Health and Social Care Partnership, the Public Health Directorate of NHS Tayside and the Council's Research and Information Team. A question was devised to explore the nature of mental health impacts of the pandemic specifically.

The survey received 892 responses which were analysed by Dundee City Council Research and Information Team and colleagues in Public Health. Almost three quarters of respondents were female, the majority were working age, almost one fifth lived alone, over one half were in some form of employment, 27.4% were in receipt of Benefits, and 45% had a long-term condition.

Findings show that the most commonly used services during lockdown were: GP services (61.5%); websites/self-help resources (46%); mental health advice/ support (32%); physical health advice/ support (30%); food parcels/ delivery (29.2%); and money/ benefits advice and support (23.5%).

There were varying degrees of satisfaction expressed for using services; highest was for websites/ self-help resources (78.9%), food parcels/ delivery (76.2%) and GP services (69%), and lowest for employment advice (40.2%) and substance use/alcohol support (16.3%).

The survey explored whether respondents were experiencing specific difficulties and the most common responses were for mental health (37%), healthy lifestyle (31%), family/ household relationships (18%), physical health (18%), and income/ money (20%).

The survey explored mental health in more detail. Of 867 responses, 63.9% reported experiencing fear/anxiety/stress, 56.4% low mood/depression, and 36.3% social isolation/ loneliness. Of the 553 respondents who stated they were experiencing fear/anxiety/stress, 411 were also experiencing low mood/depression and 269 social isolation/ loneliness.

Many respondents felt there had been positive developments due to lockdown/Covid restrictions. 57.7% reported less traffic, 41.5% reported spending more time with their family, 30.2% made more use of green space, and 28% exercised more.

Further analyses explored the variation in responses and experiences within the different categories of respondents; that is, age group, employment status, in receipt of welfare benefits or not, and living alone or with others.

Significant inequalities across a range of indicators became apparent in these analyses, most notably for specific age groups, carers, long-term sick or disabled, the unemployed, people on benefits and those who live alone.

KEY THEMES

Results from this and other surveys show emerging themes regarding the impact of the pandemic during and moving out of lockdown. The most common themes across the surveys related to reduced access to services, the day to day challenges of lockdown measures, uncertainty and concerns about the ongoing nature of the pandemic, social isolation, mental health impacts more broadly, and financial and job insecurity. For many, the issues were interconnected and for some the pandemic had exacerbated what were already difficult life circumstances.

NEXT STEPS

Results suggest that accelerated efforts should be considered by a wide range of partners to mitigate effects for those in most need whilst building resilience for individuals and communities to provide responses themselves. Suggested actions for partners moving forward are; disseminate the findings across the system, acknowledge the disproportionate effects of the pandemic on particular populations groups, use the data to influence recovery planning, involve local people in identifying solutions and setting priorities, and consider any rapid responses that can be implemented to alleviate difficulties.

4. THE SURVEY: DETAILED FINDINGS

A series of categorical questions were asked and free text responses allowed provision of further information. Responses were complex and multifactorial and answers have been categorised as much as possible in the analysis. Some responses did not necessarily relate to the question asked but have been taken into consideration in the narrative. Clearly people's individual circumstances including social support from family and friends, their financial or employment situation, physical and mental health, housing and the community in which they live all impact on life generally but can be added stressors in the pandemic situation the world has faced.

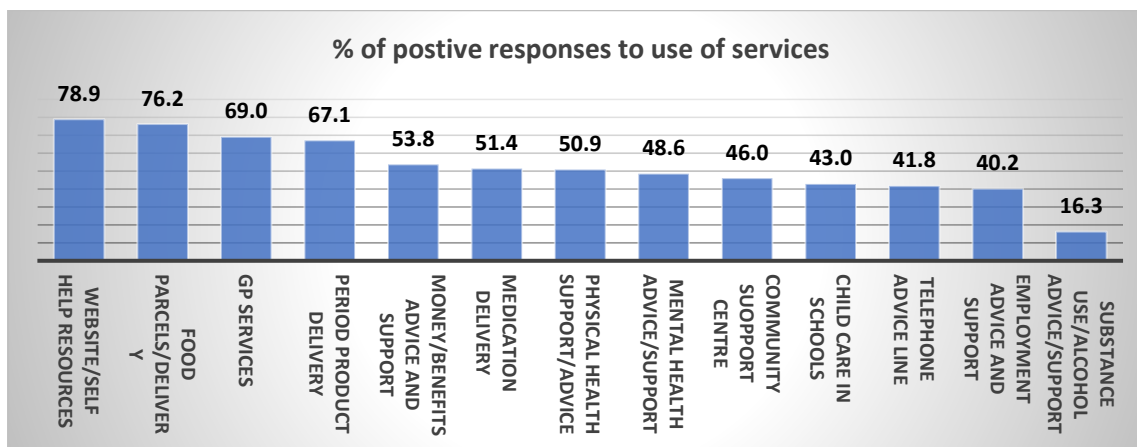
4.1 SERVICE USE AND EXPERIENCE

Did you use any of these services during lockdown? If so, how was the experience?

The table below outlines the responses of those who answered Q1. Respondents accessed services or resources only if required therefore the denominator for these varies greatly. The service which had the largest experience response was GP services and the lowest was substance use/alcohol advice/support.

Service	Positive	%	Negative	%	Total
Website/Self-help resources	330	78.9	88	21.1	418
Food parcels/delivery	199	76.2	62	23.8	261
GP Services	379	69.0	170	31.0	549
Period Product delivery	49	67.1	24	32.9	73
Money/benefits advice and support	113	53.8	97	46.2	210
Medication delivery	91	51.4	86	48.6	177
Physical health support/advice	137	50.9	132	49.1	269
Mental health advice/support	139	48.6	147	51.4	286
Community Support Centre	81	46.0	95	54.0	176
Child Care in schools	61	43.0	81	57.0	142
Telephone advice line	84	41.8	117	58.2	201
Employment advice and support	68	40.2	101	59.8	169
Substance use/alcohol advice/support	16	16.3	82	83.7	98

The majority of those using services had a positive experience except for mental health support, community support centres, childcare in schools, telephone advice lines, employment advice and support with substance use.



The information below summarises comments made on the service areas explored in the survey. Comments provided were diverse with both positive and negative experiences reflected for many services. The summary is intended to share respondents' views and experiences rather than signify consensus although some themes did emerge from the analysis. Importantly, it should be noted that the vast majority of responses to this survey were provided electronically indicating that respondents were able to get online, which may have affected their ability to access information and some services.

Food parcels

Comments showed that those who received food parcels found them very helpful. Some food project volunteers stated that they were able to offer social support and refer people to other services and community nurse presence at food banks was also highlighted as being useful. A suggestion was made that promoting the location of food banks would be helpful and to note that people who were working were not able to access them as they were only open during the day. Whilst appreciating food parcels, some respondents expressed difficulty in accessing healthier food like fruit and vegetables.

Medication Delivery

Whilst good experiences of were described some issues were raised around communication and difficulties in trying to make delivery arrangements.

Period products

There was only one comment around this service indicating that it worked well.

Telephone advice lines

A couple of comments were made around the volume of calls and accessibility adding to stress and anxiety.

Community Support Centres

All comments made about support from Community Support Centres were positive with many people finding them a helpful resource.

Child Care in Schools

Whilst there were positive comments some respondents indicated that their children were not engaged in study at schools or that childcare arrangements at the hubs were not child centred. Also highlighted was the lack of provision for children with special needs. Concerns were raised around cleanliness and safety measures with one member of staff expressing concern at not having PPE. There

were a couple of comments around eligibility and whether those parents using the hubs were indeed key workers.

Some additional comments were made around home schooling such as the lack of work set by schools, poor quality of home learning packs and lack of support for transition from P7 to S1.

Websites/self-help resource

The majority of comments were positive with the NHS, Government and Council websites seen as helpful. However, one respondent felt that the Council website was difficult to navigate and instead relied on a local Facebook Group for information. It was highlighted that not everyone has access to the internet where most information, help and support is found and suggestions were made that alternative formats should be available. Online access will have affected the response to this question.

Money/benefits advice/support

Many positive experiences were reported regarding processing benefits online. However, there were issues raised around the time taken to receive financial help following benefits claims or trying to arrange financial support when furloughed. One individual was unable to obtain advice from a helpline regarding financial support for people who were shielding.

Employment advice/support

Few comments were provided although one individual spoke about receiving a small business grant which enabled them to re-open their shop following lockdown. For business owners Covid restrictions were impacting on custom and ability to make money to cover costs, and those affected were very concerned about the future and lack of ongoing support.

Mental health advice/support

Some positive experiences were reported including Zoom calls with Healthy Minds Network, improved support from the Pause Project, regular calls and support from Dundee Carers Centre and outreach support for a person with dementia. There were a number of difficulties reported including increased waiting times for service assessments, being unexpectedly discharged from a third sector service without the option of virtual meetings, service restrictions and difficulties experienced in participating in telephone appointments. A few general comments were made that more mental health support should be offered to reflect that the pandemic has affected everyone one way or another.

Physical health advice/support

Good experiences of health services were highlighted including the Children's ward at Ninewells, proactive Shielding Services, and the Keep Well Nursing Team. However, a large number of respondents reported difficulties such as postponement of treatment resulting in need for emergency appointments/surgery; no physiotherapy following a broken leg; lack of follow up and monitoring after breast cancer treatment; a long wait to manage pain; no respite or help for people with significant disabilities; telephone appointments being less than satisfactory; difficulties receiving dental care and treatment.

Three mothers reported challenging experiences with postnatal care; a first-time mother felt abandoned whilst suffering from postnatal depression; another missed out on support from other new mums; and another felt there was limited support for breastfeeding.

Substance use/alcohol advice

No comments were received around substance use or alcohol advice.

GP Services

Many positives were reflected such as easy and efficient telephone appointment systems, photo diagnosis of particular conditions, and prescriptions going straight to the chemist for next-day pick up. Face to face appointments in surgeries, blood tests or referrals were also made if required. Some respondents felt that the system ran more smoothly than before as telephone appointments were easier to obtain and did not require time off work. Suggestions were made to retain the triage and telephone appointment models after the pandemic.

A number of more negative accounts were provided with some unable to contact their surgery or obtain an appointment or referral, difficulties with medication, repeat prescriptions and some clinic treatments. A few respondents had unhelpful experiences with surgery staff and disliked telephone consultations and/or the triage system finding it hard to communicate concerns by phone and fearing that these methods of consultation would become a feature post-pandemic. A couple of individuals reported that the lack of face to face consultations resulted in serious health issues being missed and emergency treatment being required. Others questioned photographic evidence being used to diagnose skin problems. There were concerns regarding lack of safety measures at GP practices including reception staff not wearing masks, inadequate wiping down surfaces and no hand sanitiser.

Additional responses

A number of additional responses were received which are described below. Other responses have been included in future questions where the issue fitted more appropriately.

As highlighted in the Fairness Commission survey, the importance of services for deaf people and users of British Sign Language was raised. Difficulties arose due to closure of support organisations, being unable to use telephone helplines and not having internet at home. One respondent appreciated support from Deaf Links who helped them access benefits, food parcels, prescriptions, and mental health and drug use support. It was emphasised that the Council needs to think about deaf people using BSL.

Praise was given to specific services including outreach support from the Oakland centre, online cafés, the Dementia Centre, the Carers Centre, Positive Steps, Keep Well nurses, Housing Officers and Registrar Services.

Some comments were made about food shopping or delivery services including the positives of using local outlets with an on-line presence. One respondent felt that allocating early morning shopping slots for older, disabled or vulnerable people were not appropriate due to the practical difficulties they might face. Another respondent waited 3 weeks to have groceries delivered and the only alternative was to shop in local more expensive shops.

Many aspects of Council Services were highlighted by respondents including the withdrawal of food waste collections, recycling facilities and upkeep of parks and green spaces. Comments were made about the Council lacking visibility, being slow in to react to the pandemic situation, and a lack of clarity and communication, with some feeling that the Voluntary Sector adapted better. Others felt that official channels took too long to set up and that community support and mutual aid were more productive. Although Council services were restricted some felt they received a positive response.

There were comments about the length of time taken to resolve anti-social behaviour complaints and the resultant impact on mental health. Difficulties around waste management and property insulation were highlighted including lack of communication and scaffolding and film left on windows. Closure of the Lettings office caused difficulties with house exchanges and inspections. There were issues with accessing assistance when people or tradesmen were working from home and staffing levels were reduced. An example given was repairs being carried out only if classed as an emergency even when the job involved working alone outside.

A suggestion was made to reduce parking charges to encourage use of city centre facilities whilst others felt the Council should pedestrianize areas and think more ambitiously about how to get cars out of the city. One respondent was critical of cyclists on Riverside and felt that they should have been banned to allow pedestrians to maintain social distancing. The reduction in traffic fumes was appreciated and is highlighted later in this report. The Council's role in protecting people from environmental risk and disease/ infection was seen as important.

There was appreciation of quick opening of local amenities such as museums, as well as gratitude that local authority parks remained open throughout lockdown. Green spaces were valued in general in facilitating engagement with nature and supporting health and wellbeing.

Some final points were raised about the pandemic particularly in relation to children and concern for their social development and comprehension of the situation. Some struggled with restrictions to care home visits and one respondent stated his wife no longer recognises him due to the PPE that had to be worn. Another commented on the challenges of trying to support elderly parents who did not live in Dundee. For some, the lack of community events and contact normally available at sheltered housing complexes led to isolation. Social isolation/ loneliness is discussed later in this report.

A final positive note about lockdown was made by a respondent who described working from home, chatting with neighbours, reduced traffic and cleaner air, spending more time with family, and appreciating nature in the park, all of which were described as being positive for their mental health. Some of these aspects are described further in later questions.

4.2 DIFFICULT EXPERIENCES

Are you experiencing difficulties in any aspect of your life as a result of lockdown?

There were 867 responses to this question and the most common areas that people cited as having difficulties were; **mental health, maintaining a healthy lifestyle, income and money, family/ household relationships and physical health**. Whilst the table below focuses on the main issues separately it is worth noting that many respondents experienced a combination of difficulties.

	Yes	%	No	Total
Mental Health	323	37	544	867
Healthy Lifestyle	265	31	602	867
Income/Money	170	20	697	867
Family/Household relationships	154	18	713	867
Physical Health	152	18	715	867

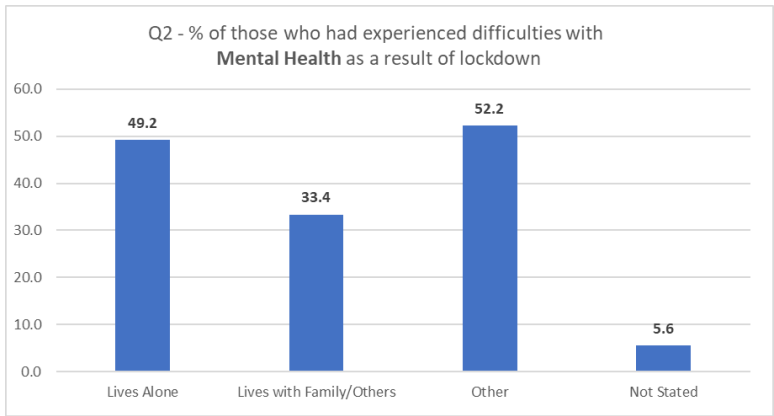
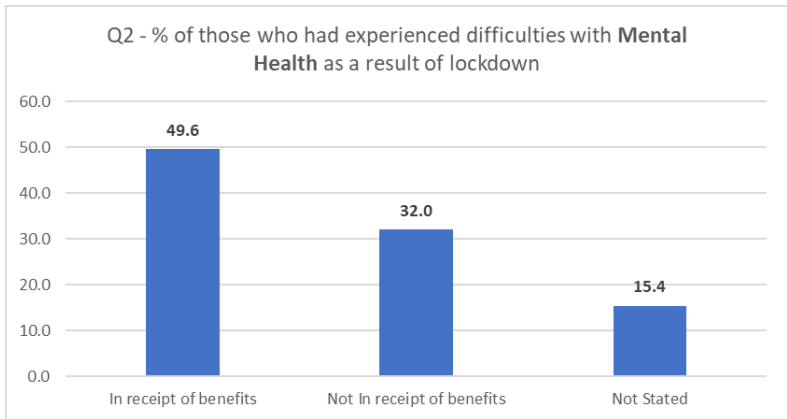
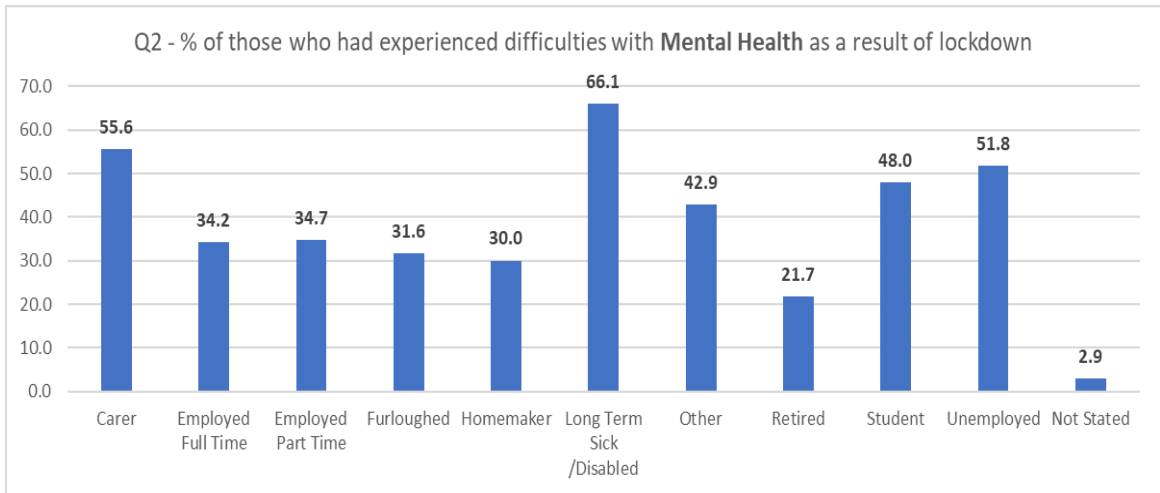
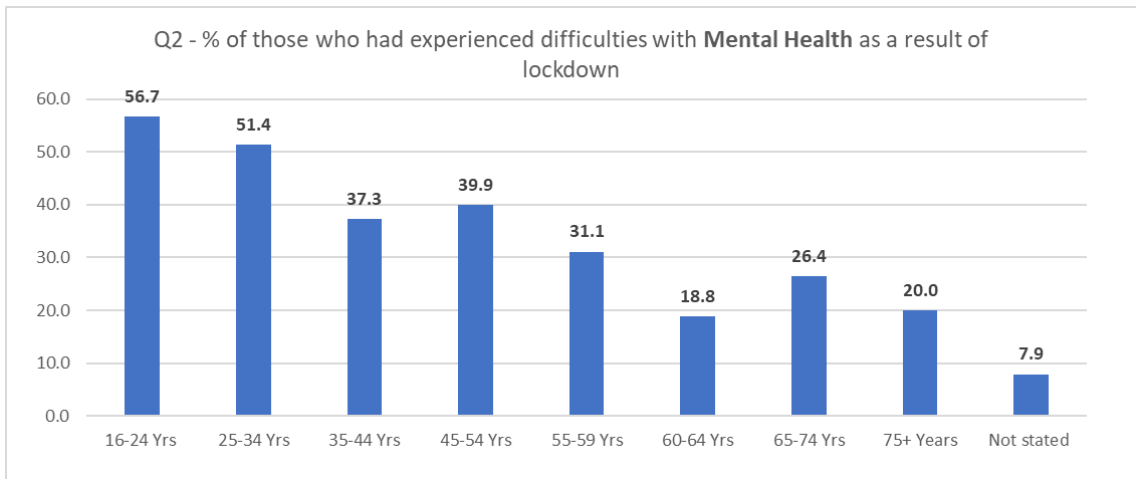
Education Schooling	105	12	762	867
Employment	102	12	765	867
Access to services	90	10	777	867
Access to food	47	5	820	867
Access to medication	37	4	830	867
Getting Online	27	3	840	867
Access to Period Products	7	1	860	867
Domestic Violence	2	0	865	867



The following section looks in more detail at the top 5 reported priorities of mental health, healthy lifestyle, income/money, family/household relationships and physical health. Sub analysis have been provided to show the variation in experience and to demonstrate the disproportionate effects of the pandemic on specific groups of people. It should be noted that the numbers within some of these sub groups were small.

1. Mental health

37% of those who answered this question reported difficulties with mental health (n=321); however, the sub groups with the biggest proportion of respondents experiencing difficulties were the 16-24yr and 25-34yr age groups (56.7% and 51.4% respectively), long term-sick and disabled (66.1%), the unemployed (51.8%), carers (55.6%), those in receipt of benefits (49.6%), and those that live alone (49.2%).



Some respondents reported worsening mental health conditions such as anxiety and depression whilst others without an existing condition reported a decline in mental health due to isolation, inability to socialise, unemployment, work stress/ home working, concern for family members including children, or uncertainty about the future. A couple of individuals reported that isolation contributed to unhealthy food choices and binge eating. Limited or inadequate access to mental health services was highlighted.

My mental health got really bad during the lockdown. I found myself alone in a tiny flat. I had very negative thoughts and for a while couldn't see the end of the tunnel.

Not enjoying working from home now. It's having a really negative impact on my health and wellbeing. Although my employer has been really good, I feel quite isolated and missing the day to day interaction with colleagues.

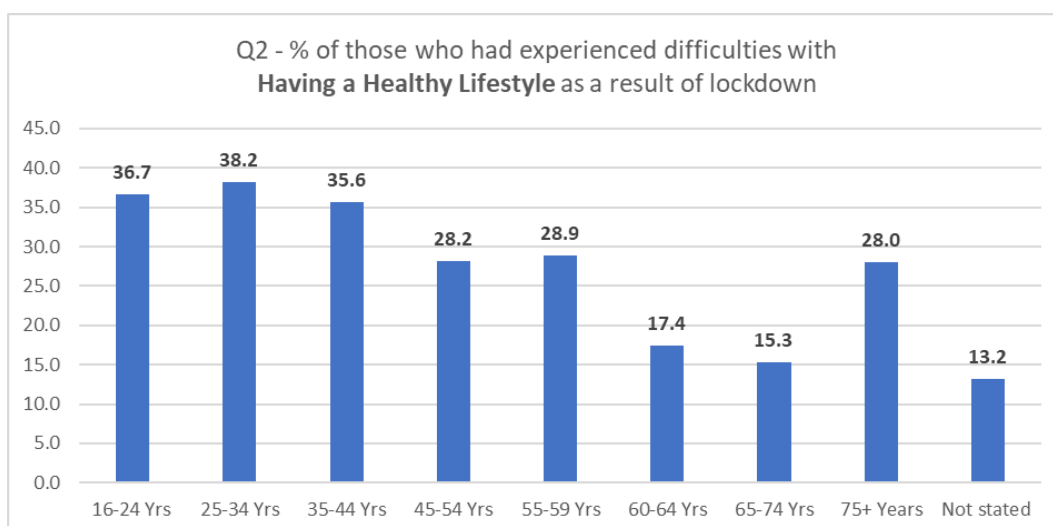
My job was ended as a result of COVID, my mental health has been extremely compromised, I find myself wanting to hyperventilate on a daily basis. I feel very anxious which stems from the fact that I am not sure when the restrictions will end life will return to "normal".

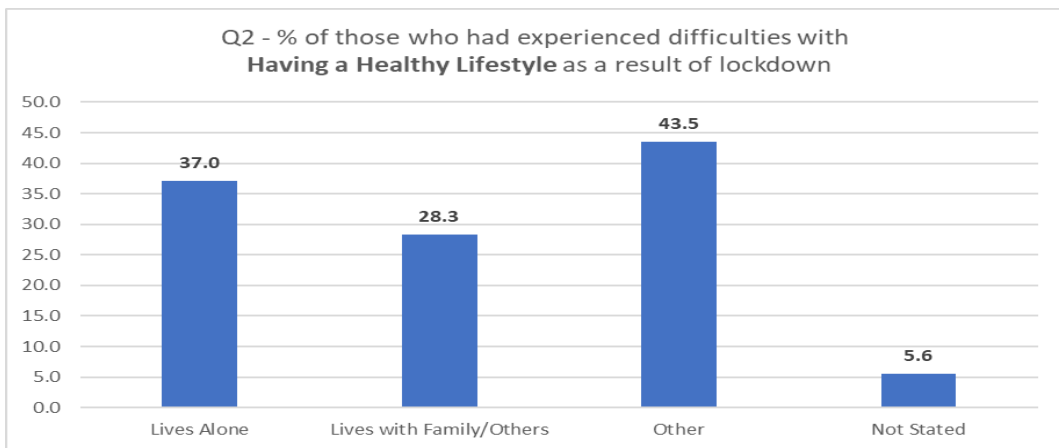
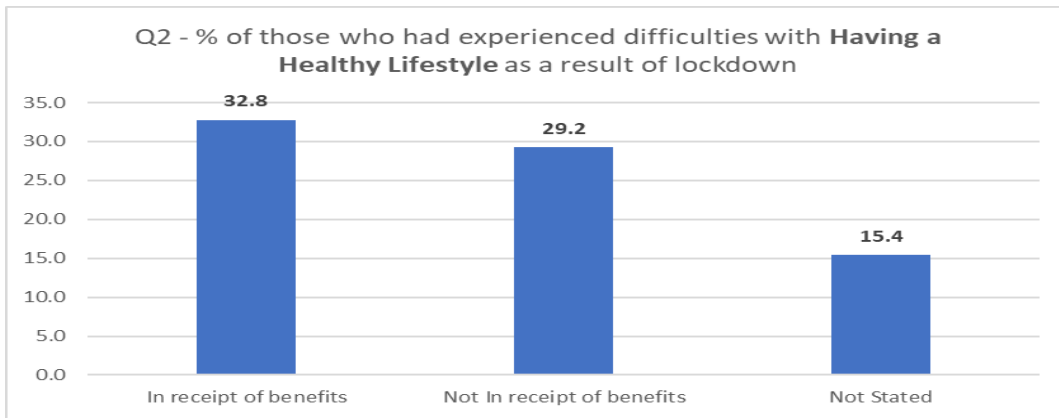
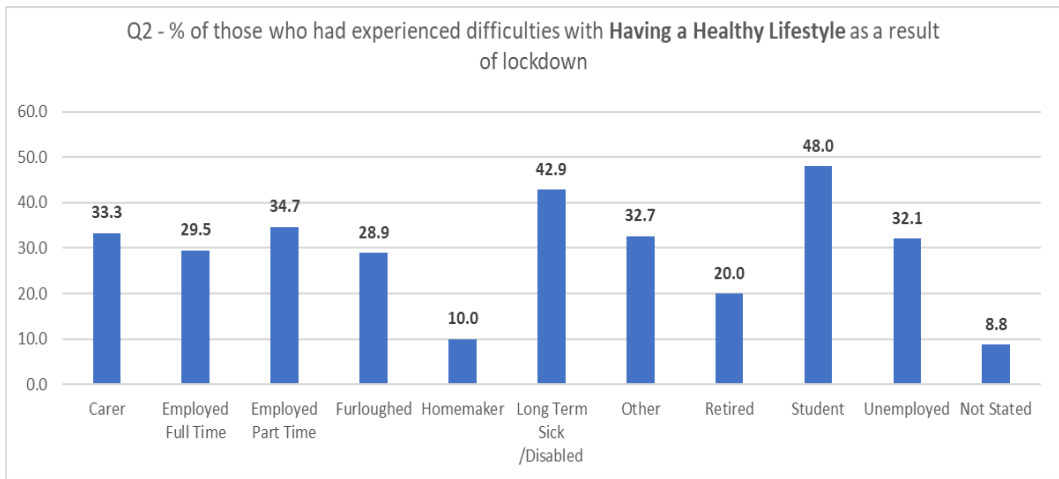
The burden felt by unpaid carers impacted negatively on mental health and those living with people with dementia found the situation particularly challenging. Others struggled to support elderly parents due to distance or work commitments.

Specific aspects of mental health are explored more fully later in this report.

2. Healthy Lifestyle

31% of respondents who answered this question reported struggling to have a healthy lifestyle during the lockdown period (n=269). Those in the three youngest age group categories had slightly higher than average proportions whilst the age groups with the lowest reported difficulties were 60-64yrs and 65-45yrs. Students and long term sick and disabled had notably higher proportions than average (48% and 42.9% respectively). There was no significant difference between those on benefits and not.





The most common challenges reported were the suspension of health and fitness classes or not being able to get out due to shielding. Some people felt their diet was affected due to increased food costs and having to use online delivery services.

Increased expenditure due to home delivery of food and items, no exercise for months has seriously affected my physical health.

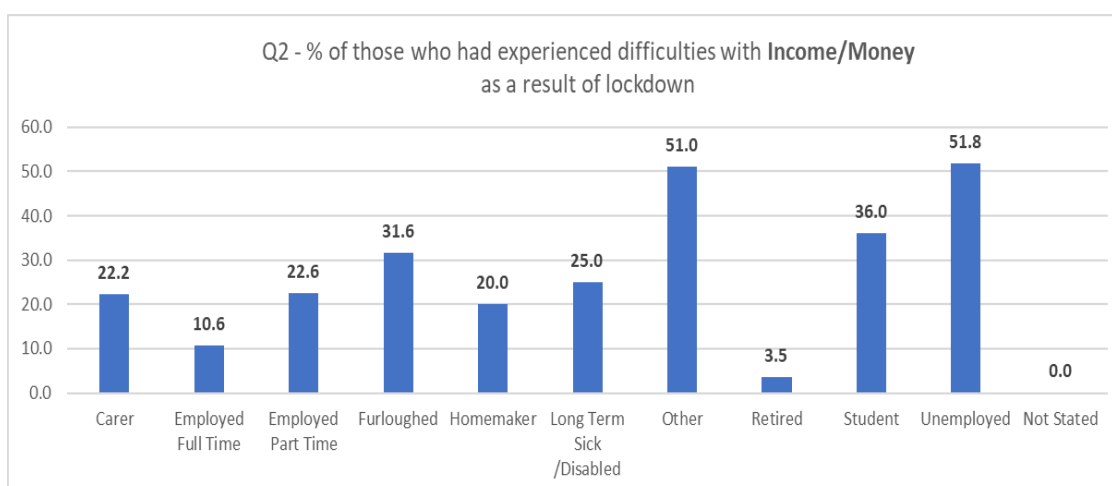
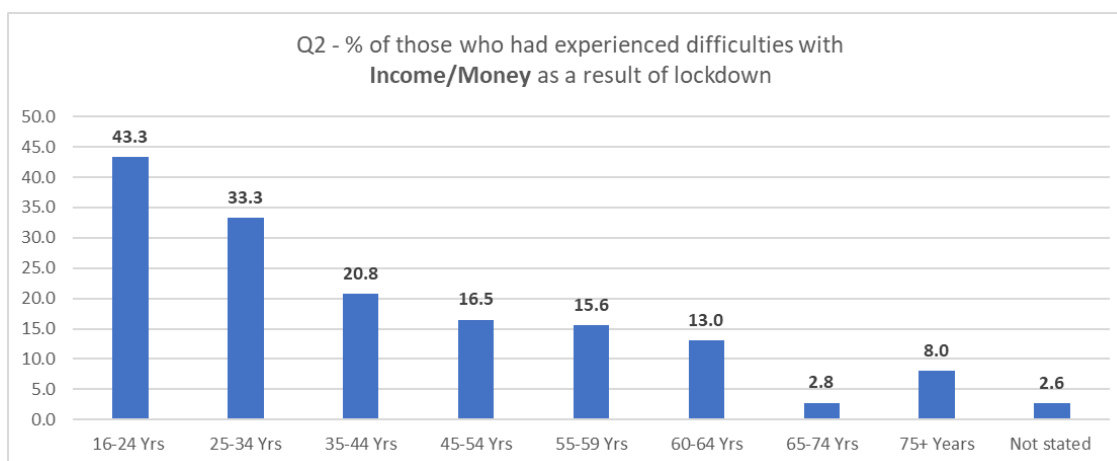
Examples provided by respondents shed further light on the challenges people faced. Active travel was reduced due to people working from home and one respondent did not want to walk or shop with a toddler when public toilets were not open. Several individuals spoke about the negative effects of closure of leisure facilities mentioning specifically gyms, swimming pools, Active for Life and Aqua Fit. Other comments were made around lack of motivation, gaining weight, and increased consumption of takeaways.

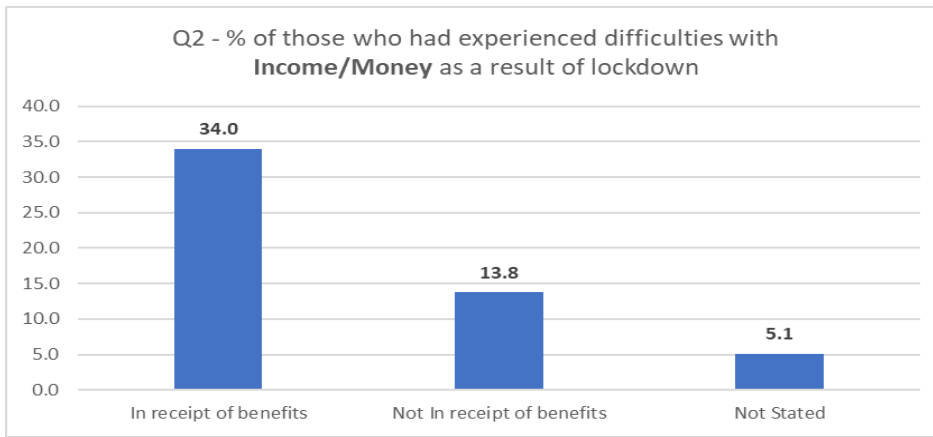
Because of my age, I have found it difficult to get out and about, shopping, socialising etc. The result of this is that my inactivity has stopped me from staying healthy, I'm not able to take long walks and there's only so many times you can go around the block.

Initially, because I was shielding, I was not allowed out at all. This really affected me... I was used to going to Aqua Fit twice a week and Line Dancing once a week. This also led to socialising after the events and going for a cuppa with friends. I really missed having structure and exercise in my life, as well as the social aspect.

3. Income/Money

20% of respondents felt that income/money was causing difficulties (n=173). Those within the two youngest age group categories were much more likely to be concerned about finances (43.3% and 33.3% respectively) along with the unemployed (51.8%) and those in the “other” category for employment status (51%). This category included the self-employed, those on maternity leave, bank workers and people on zero hours contracts. 34% of those in receipt of benefits reported being worried about money compared to 13.8% of those not on benefits. There were no notable differences reported by those who lived alone or with others.





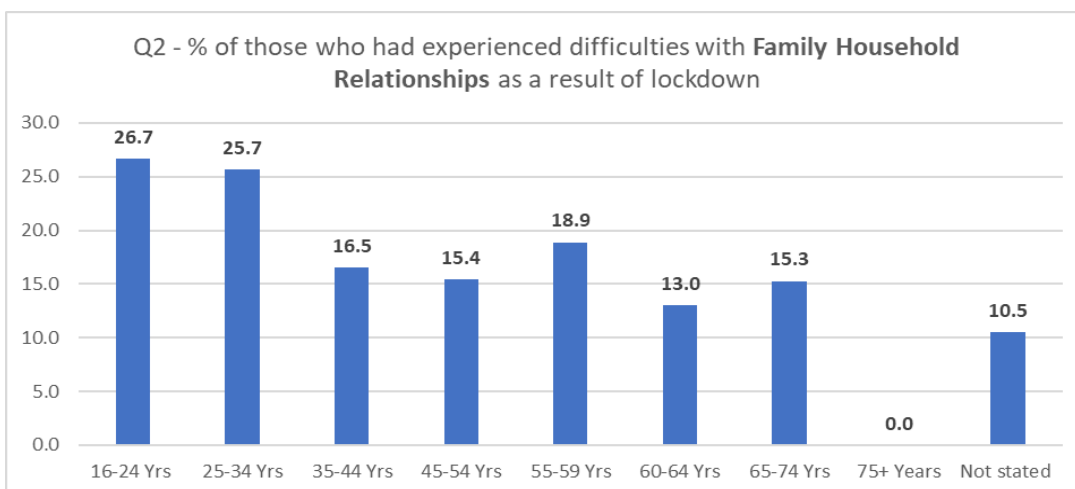
The main reasons provided were job insecurity, being furloughed and facing redundancy. One respondent reported benefiting from a welfare grant whilst others had reduced income and concerns about having enough money to buy food. Money worries for unpaid carers were highlighted and one respondent experienced difficulty accessing cash and visiting a bank.

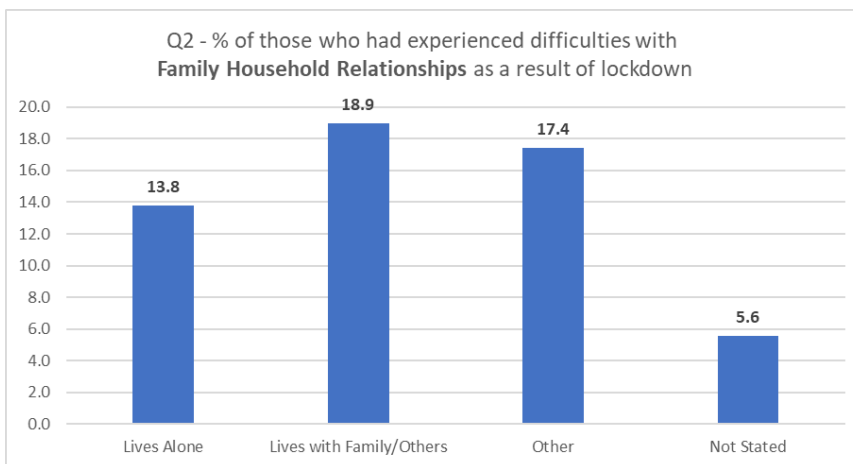
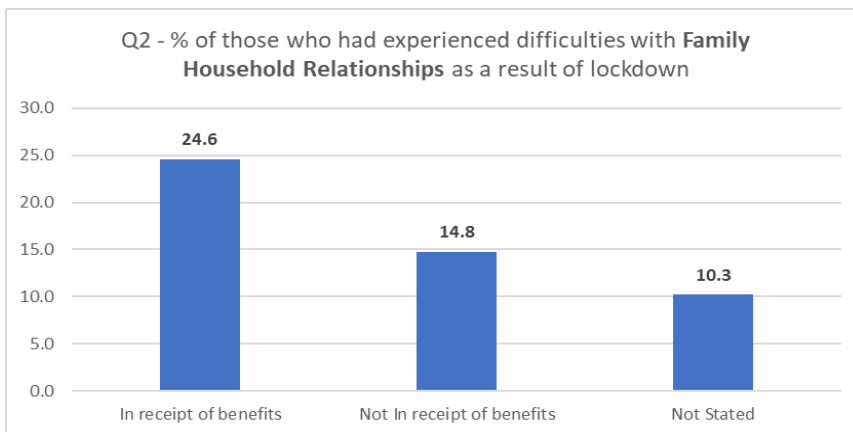
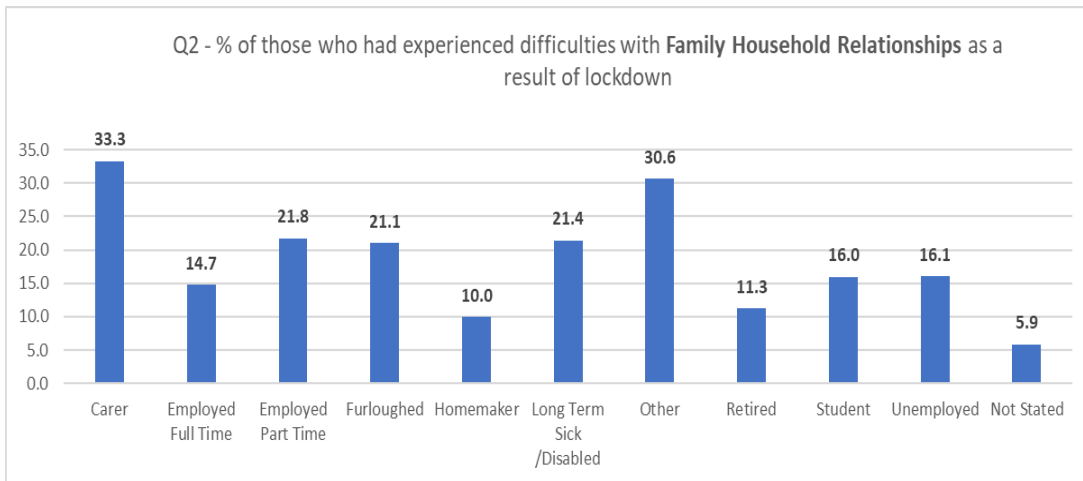
I was employed full time and was furloughed due to COVID. I was then contacted 6 weeks ago and was made redundant, I am however lucky enough to find employment but only on a part time basis. Still looking for full time permanent position.

I lost a part-time job, though I've still had no formal paperwork or communication from my ex-employer. He chose not to use the furlough scheme and instead just gave everyone zero hours, meaning those who were full time couldn't even claim universal credit.

4. Family or household relationships

18% of respondents stated they were experiencing difficulties with family and household relationships (n=156). Younger age groups reported most difficulties (26.7% and 25.7%) and all other age groups reported fewer than average difficulties. 33.3% of carers and 24.6% of those on benefits reported relationship problems. Perhaps unsurprisingly those who lived alone had fewer difficulties than those living with others.





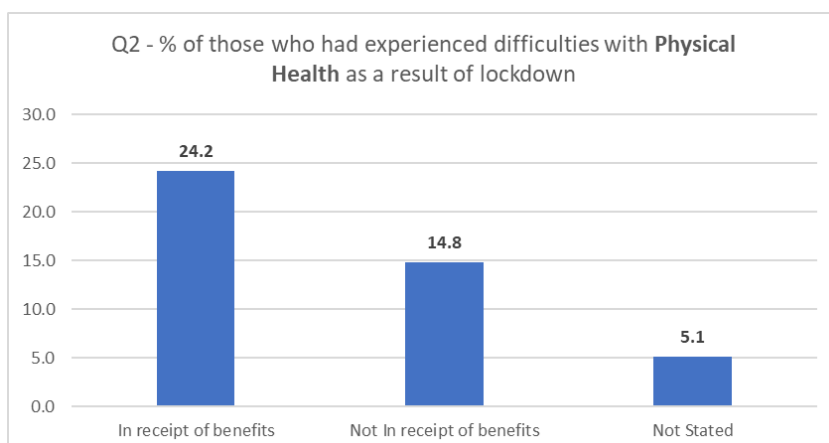
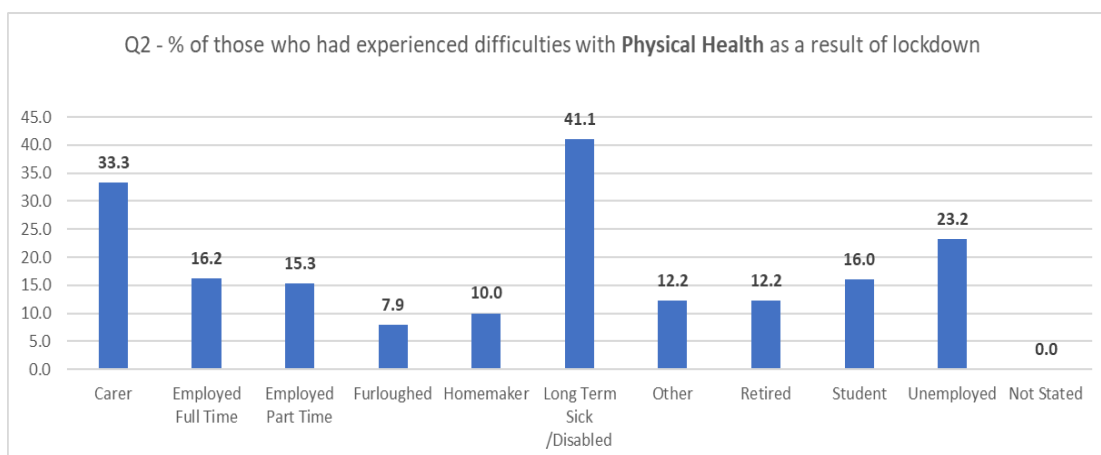
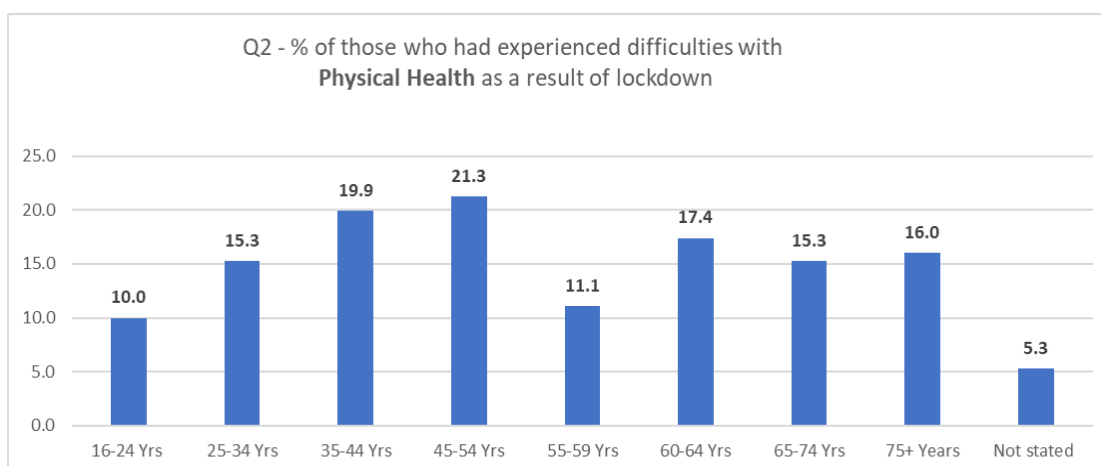
A small number of respondents reported positive impacts on family relationships over lockdown whilst many others expressed strained relationships exacerbated by working from home, home schooling and/or being unable to visit other members of the family who lived elsewhere. One respondent spoke of working from home whilst contending with a toddler, baby and a husband with autism which they found draining and overwhelming. Another mentioned having adult children at home in limited space with frustrations and friction as the norm. One respondent reported not seeing their child for over 4 months due to delayed custody decisions.

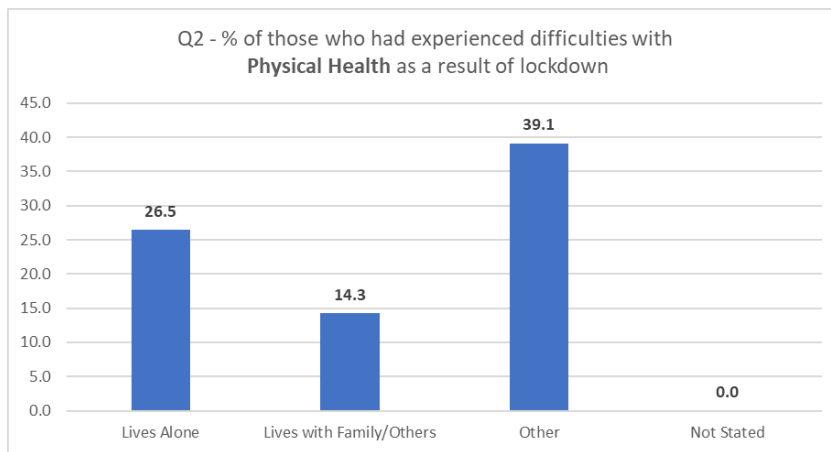
Relationships have suffered in my house as we have been cooped up and with working from home, home schooling and not going out. My anxiety levels have certainly increased and the pressure on myself to do even more for the family is taking its toll, my physical health has also deteriorated.

My greatest difficulty was being unable to visit elderly parents in Glasgow. My mum suffered emotionally and mentally throughout lockdown and I felt unable to support her sufficiently.

5. Physical health

18% of respondents indicated that their physical health had suffered during lockdown (n=156). Those in the 35-44 and 45-54 age groups were slightly more likely to report problems and all other age groups less likely. Long terms sick/ disabled (41.1%), carers (33.3%) and the unemployed (23.2%) were more likely to report difficulties. 24.2% of those in receipt of benefits reported challenges with their physical health compared to 14.8% of those who were not on benefits. 26.5% of those who lived alone experienced difficulties compared to 14.3% of those who lived with others. Respondents in the “other” category for living status had a high proportion experiencing challenges (39.1%).





Cancellation of health appointments and lack of exercise were common reasons for people reporting difficulties with their physical health. The closure of leisure facilities was again highlighted as well as only being allowed out once a day for exercise. For one respondent this was challenging due to fatigue following medical treatment and the preference was for shorter bursts of exercise.

Had a telephone appointment with consultant who stated I need another scan but don't know when I will get it. Have struggled with physical exercise as been in house for months.

Living with someone with advancing Dementia has been very challenging. I am waiting for a hip replacement which has prevented sufficient exercise.

Have had to miss twice weekly Hyperbaric sessions as it was closed so now having trouble walking.

Other issues

The above section reports on topics that had the highest proportion of positive responses from the total sample. However, there are issues that affect only part of the sample population, for example, education/ schooling or access to period products, making it important to highlight areas of concern for these particular groups of people. In doing so, it is important to bear in mind that numbers within these sub groups may be small. The following section draws out areas of interest from further analyses and numbers are provided:

Education/schooling

This was a concern for 12% of the total sample (n=104). However, 33.3% (n=10) of the youngest age group (16-24yrs) reported experiencing difficulties in addition to 20.8% of those aged 35-44yrs (n=49), which may be related to the challenges of home schooling. Many commented on being unable to prioritise a child's learning due to work commitments, detrimental impacts on children's wellbeing and confidence, and limited access to adequate IT equipment and internet. One respondent reported difficulties for their child with autism as their school was closed.

Some concern was expressed around the health and safety of hubs and the rising Covid outbreaks in schools. Challenges in resettling younger children into nursery and school after lockdown were reflected and some parents were concerned about future impact on their children's education.

Students reported difficulties related to lack of access to the university campus, having to use on-line resources, and meeting deadlines. This was an isolating experience for some.

Employment

12% of the total sample reported difficulties around employment (n=104). However, sub analyses show that those reporting difficulties most often were younger age groups (16-24 and 25-34yrs at 33.3% and 21.5% respectively, n=10 and 31), those on furlough (21.1%, n=8), and 32% of students, n=25). Unsurprisingly, the sub group with the highest proportion of respondents reporting difficulties was the unemployed (46.4%, n=26).

The narrative included reports of being made redundant during the pandemic with resultant loss of income, anxieties about facing redundancy and feeling in limbo, being furloughed, reduced number of shifts and income, and worries about paying bills. Uncertainty about the future was common whether people were in or out of work. Specific concerns were raised by the self-employed including difficulties in enforcing rules with customers, which added to stress.

Work conditions and sickness absence policies were mentioned by some as being unsympathetic particularly when employees were ill long term due to Covid or the mental health challenges they faced because of the pandemic. A few individuals felt strongly that they should be exempt from employers' absence monitoring procedures. Some made negative comments about working from home, which they found isolating due to lack of day to day interaction with colleagues. The issue of working from home whilst also having caring responsibilities was mentioned again.

Access to services and support

10% of the total sample reported difficulties in accessing services and support (n=87) and slightly higher than average were the middle age groups. Long term sick and disabled were most likely to report difficulties at 30.4% (n=17). Also higher than average were the unemployed, those on furlough and carers; however numbers here were very small. 13.8% of respondents living alone reported difficulties (n=26) as did 16% of people on benefits (n=39).

As highlighted in the Fairness Commission survey, respondents reported difficulties in getting appointments for health services including medical and dental care, optical and audiology, hyperbaric, physiotherapy and cancer services with some treatments being cancelled or postponed due to Covid restrictions. This led to some respondents living with extreme pain or reduced mobility. There were reported difficulties with online appointments whilst others felt that telephone appointments for some services such as physiotherapy were not appropriate.

Common issues mentioned here and also highlighted elsewhere in the survey included lack of services for children with additional needs, limited childcare options, no access to antenatal classes and services for the deaf. The closure of local libraries and their central role in providing study space and internet access were highlighted and several negative changes to council services were again raised.

Access to food, medication, period products, getting online and domestic violence

The remaining topics explored in the survey affected 5% or less of respondents. As stated previously, this does not mean that these issues were not very important for some individuals and the following gives an indication of the specific groups of people affected more significantly. The numbers related to the proportions below are small.

- 5% of the total sample reported difficulties in accessing food (n=47). The groups experiencing most difficulties were the unemployed (14.3%), long term sick/ disabled (10.7%), those aged 35-44yrs (8.9%), carers (8.8%), people on furlough (7.9%) and those in the "other" category

for employment status (10.2%). Positive comments were made about community larders, family support and local shops. Concerns were expressed around empty shelves and panic buying at the start of lockdown, which was particularly difficult for those working shifts

- 4% of the total sample reported difficulties in accessing medication (n=37) and the age group most affected was 55-59yrs (6.7%). 8.3% of carers and 8.6% of those on benefits expressed difficulties and those living alone were slightly more likely to experience difficulties (5.3%). The sub group most likely to be affected was the long term sick and disabled who were four times more likely than average to report difficulties at 16.1%. Only one comment was made in relation to chemists running out of medicine
- 7 respondents reported difficulties in accessing in period products. Those affected were in the 35-44 age group, furloughed, caring for others, on benefits or homemakers. No comments were made around access to period products
- 3% of the total sample reported difficulties getting online (n=27); however, it is important to bear in mind that the vast majority of responses to this survey were submitted electronically suggesting that respondents were able to access the internet. This could have skewed responses to this question considerably and responses within sub groups were very variable. Some categories had no respondents reporting difficulties in getting online including the youngest age group, students, part time employed, carers and home-makers. More likely to reports problems were the older age groups with 8% of those aged 75+yrs having difficulties. Also more likely were the unemployed (10.7%) and the long-term sick/ disabled (10.7%). Comments included the challenges of staying in touch with people who don't use IT, lack of access to the internet at home, and closure of libraries that provided internet access
- 2 respondents reported experiencing difficulties due to domestic violence and comments were provided

Additional comments

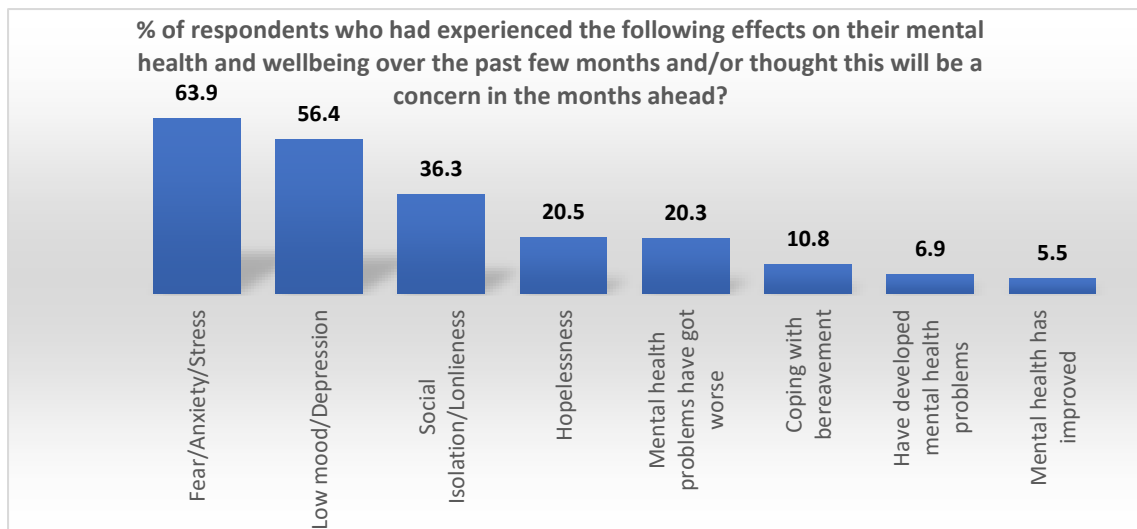
Additional comments were made about challenges respondents faced over lockdown which did not fit into any of the topic areas provided. These included confusion over Covid regulations, changing advice and restrictions, the differences between the four nations in the UK, and conflicting information in the media causing anxiety and uncertainty for some. Concern was also expressed over the possibility of further restrictions and lack of freedom and social interactions.

4.3 IMPACTS ON MENTAL HEALTH AND WELLBEING

Have you experienced any of the following effects on your mental health and wellbeing over the past few months and/or do you think this will be a concern in the months ahead?

The lockdown and living through the pandemic affected people's mental health as described in previous surveys and highlighted in an earlier question. Many respondents had multiple stressors and multifaceted reactions impacting them greatly. Q3 looked further at those who stated their mental health and wellbeing had been affected over recent months, in what ways, and whether they had continuing concern over the coming months.

	Yes	%	No	Total
Fear/Anxiety/Stress	554	63.9	313	867
Low mood/Depression	489	56.4	378	867
Social Isolation/Loneliness	315	36.3	552	867
Hopelessness	178	20.5	689	867
Mental health problems have got worse	176	20.3	691	867
Coping with bereavement	94	10.8	773	867
Have developed mental health problems	60	6.9	807	867



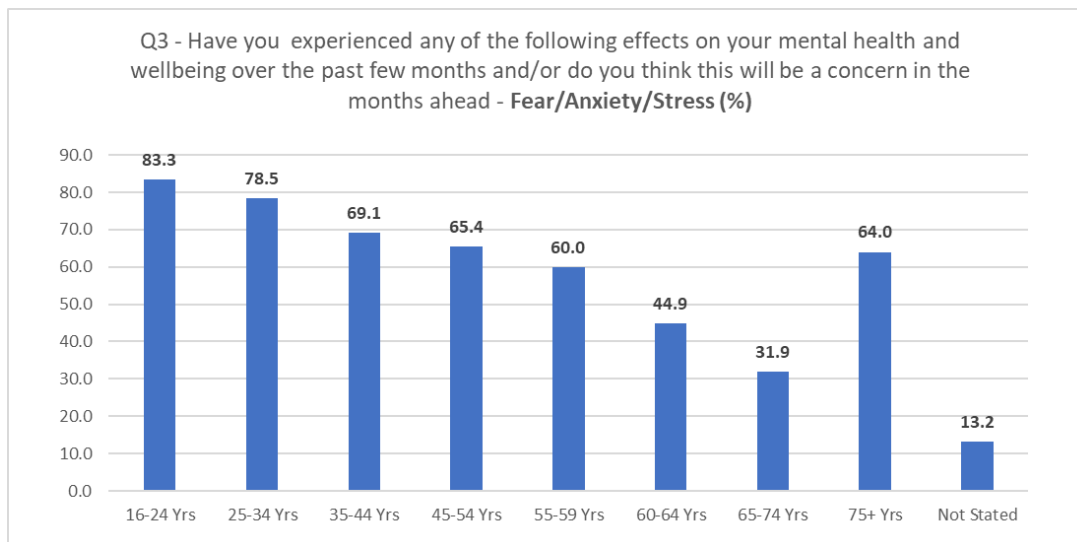
The most common effects experienced were fear/anxiety/stress (63.9% n=553), low mood/depression (56.4% n=485) and social isolation/loneliness (36.3% n=315). Those experiencing these effects were more likely to have a long-term health condition, live alone and be the recipient of benefits. They were also more likely to have reported that an existing mental health condition had worsened in recent months.

Of the 553 respondents stating they were experiencing fear/anxiety/stress, 411 were also experiencing low mood and depression and 269 social isolation. Of the 411 respondents with both fear/anxiety/stress and low mood depression, over half had a long-term health condition and over a third stated their existing mental health issues had got worse. More than one-third were in receipt of benefits and just under a third were experiencing difficulty with income and money. Almost one-third were experiencing difficulties with family/household relationships and a quarter lived alone.

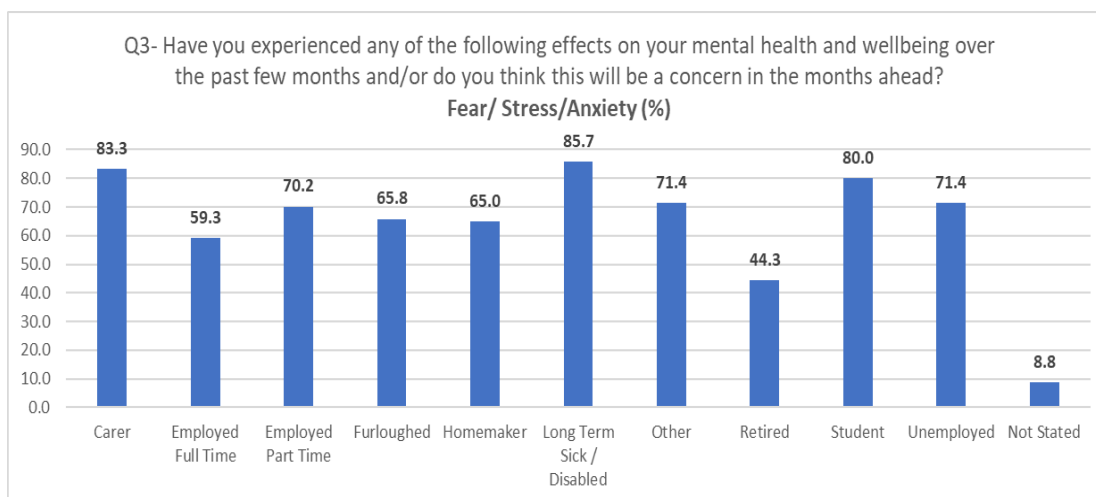
The next section looks separately at the different symptoms of poor mental health.

Fear/ anxiety/ stress/ worry

This was the most common reaction experience by respondents due to the pandemic and lockdown with 63.9% reporting the above symptoms (n=553). There was a relationship with age group whereby feelings of fear and anxiety decreased with age apart from in the 75+ age group.



In terms of employment status, the sub groups experiencing significantly higher than average levels of symptoms were the long term sick and disabled, carers, students and the unemployed.



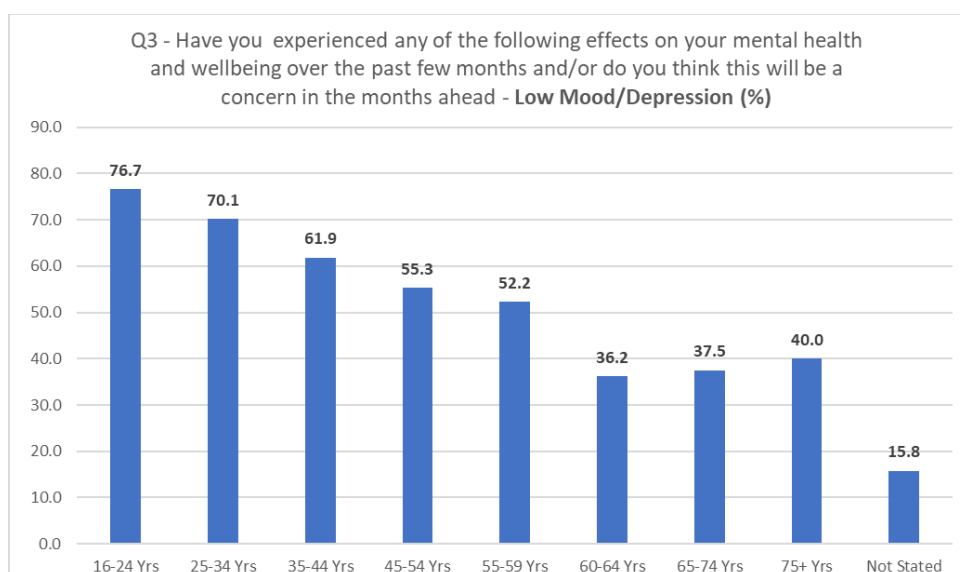
People in receipt of benefits had higher than average levels of fear and anxiety at 73.8% compared to 59.9% of those not on benefits. There were no significant differences between those who lived alone or with others (65.1% compared to 64%).

A wide range of causal issues were reported including safety concerns, fear of exposure to the virus in various settings, and whether others were adhering to public health guidance. Settings mentioned included schools, workplaces and the community. Fear of transfer of infection from school to home was of great concern for some whilst others worried about working in the community and the perceived disregard of management to their anxieties. Many respondents worried about the health of loved ones including older or vulnerable relatives, family who work in frontline jobs, or keeping their children safe during the pandemic. Fears were also expressed about personal health and not being able to care for others if illness struck. As stated previously juggling work, caring duties and home schooling caused enormous stress for some individuals. Other major stressors included money, job security or unemployment. Several expressed anxieties about the future and fear of the unknown.

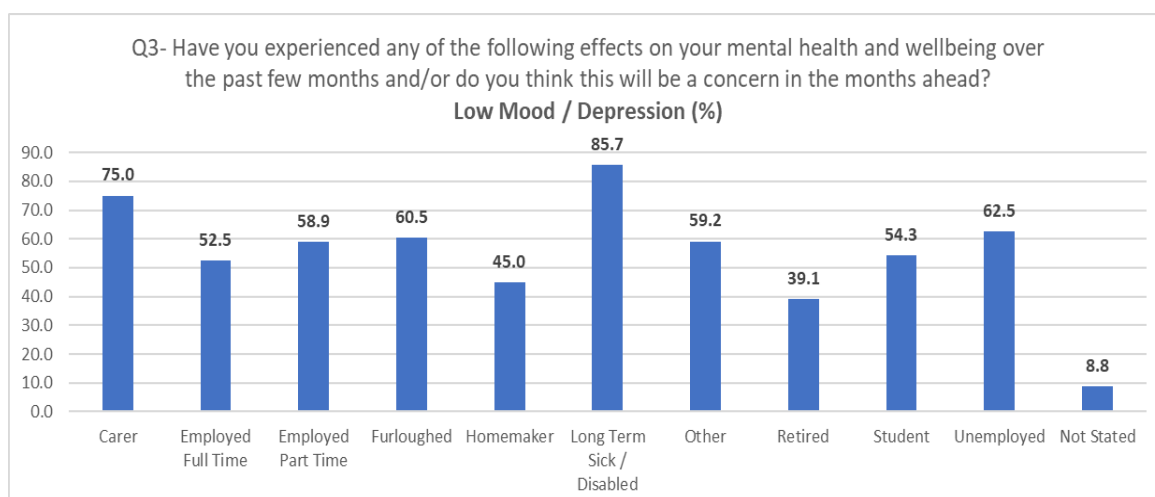
Low mood/ depression

This was reported by 56.4% of respondents (n=485). Again, there was a relationship with age group with symptoms generally decreasing with age, and respondents aged 45+ yrs reporting lower than

average levels of low mood and depression. As above, the younger age groups seemed to be suffering most.



There was significant variation in relation to employment status with long-term sick/disabled and carers scoring considerably higher than average and those in other categories. Homemakers and retired people scored lowest for symptoms of low mood and depression.

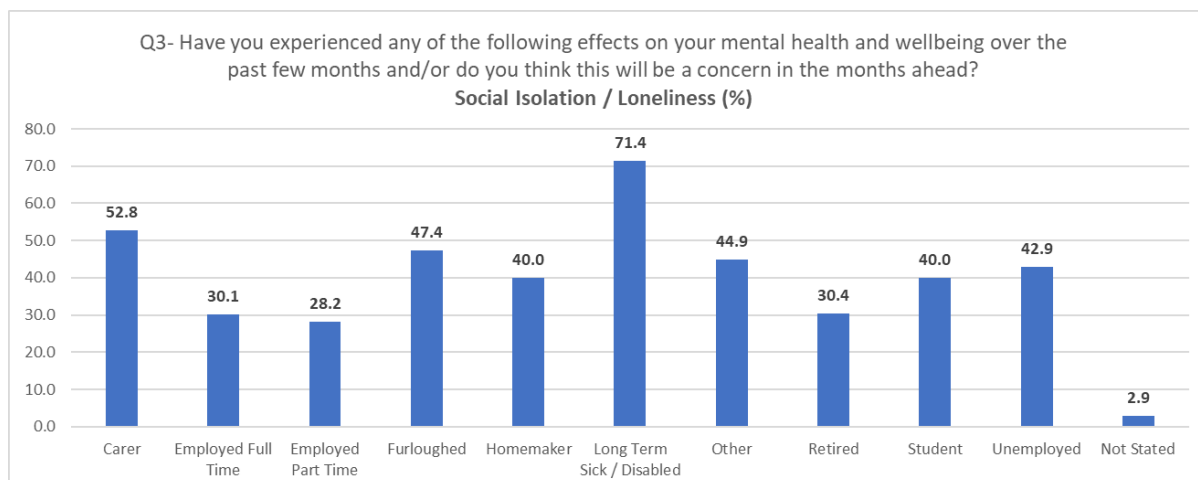


Those on benefits scored higher than average at 69.7% compared to 50.9% of those not on benefits. There were minimal differences between those who lived alone (65%) or with others (64%). Several respondents reported low mood and depression due to lockdown restrictions, boredom or lack of things to do. Some people’s mood improved once amenities opened and contact and support from family re-established. Working from home without the usual social activities to relieve workplace stress was highlighted as well as struggling to get motivated when days seemed to merge together. Living with ill health, recovering from injury or waiting for surgery also exacerbated depression.

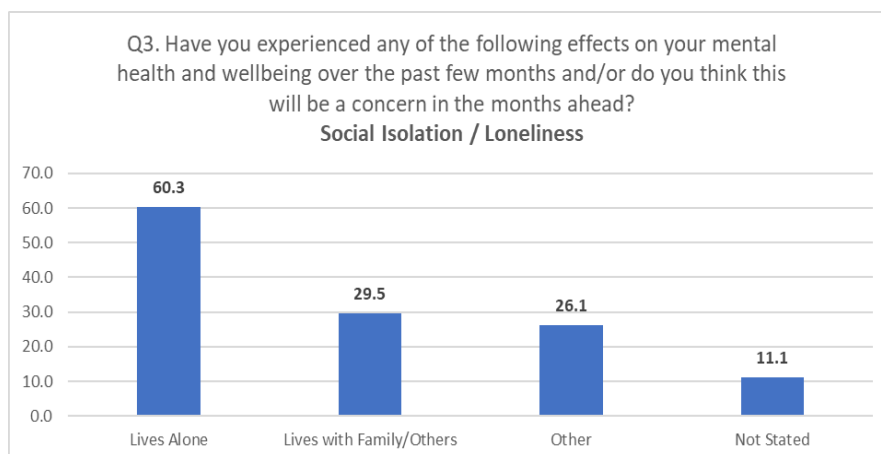
Social isolation/loneliness

Over one-third of respondents (36.3% n=315) reported feeling isolated and lonely during lockdown; however, there was considerable variation. Those aged 75+yrs were much more likely to feel this way (52%) whilst all other age groups scored lower than average apart from the two youngest age groups which were slightly higher (40% aged 16-24 and 46.5% aged 25-34yrs).

Certain employment status categories scored higher than average with the long-term sick and disabled almost twice as likely to report social isolation and loneliness. Carers, those on furlough and the unemployed commonly reported feeling isolated.



50.4% of those on benefits reported social isolation/ loneliness compared to 30.2% of those who were not on benefits. Perhaps unsurprisingly those who lived alone were much more likely to experience isolation at 60.3%.

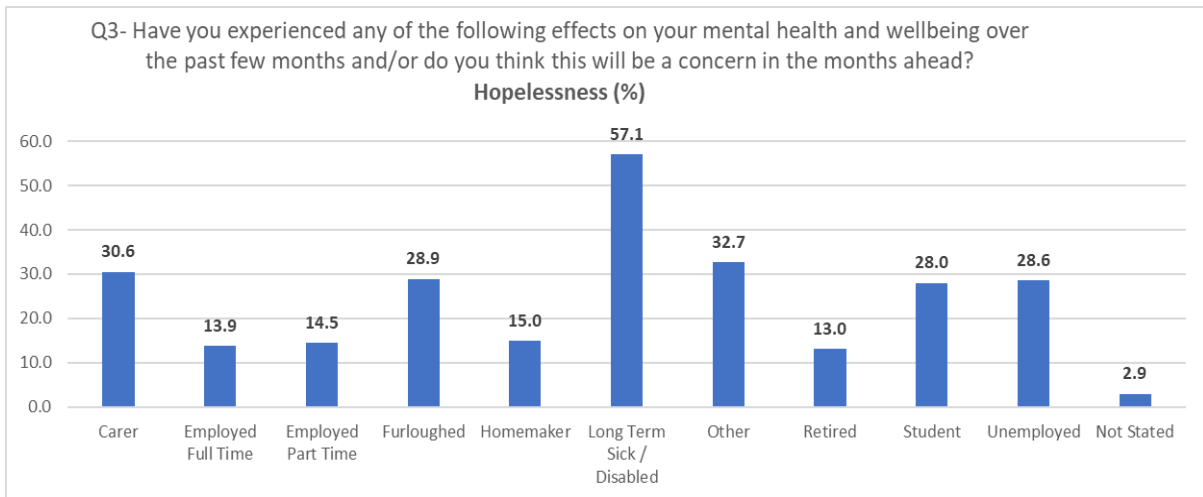


In describing their situation, many respondents felt deeply the lack of social connections and usual groups and activities due to restrictions or shielding. The lack of connecting with others, particularly in a meaningful way, was raised repeatedly as being very detrimental to people’s mental health, causing depression, anxiety and loneliness. Working from home also raised feelings of isolation and loneliness with some individuals who live alone indicating that they have spent every day of the pandemic with no direct contact with others.

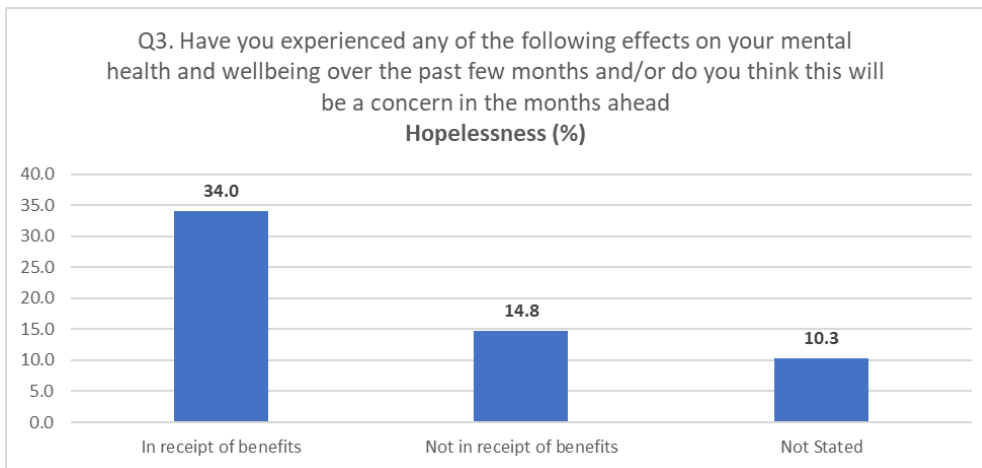
Hopelessness

1 in every 5 respondents (20.5% n=178) reported feelings of hopelessness due to the pandemic. However, over twice this proportion in the 16-24yr age group reported feeling this way (46.7%). The 25-34 age group and the over 75’s were also above average at 30.6% and 24% respectively. All other age groups had below average levels.

The long-term sick and disabled were 2.5 times as likely to report feeling hopeless. Other employment status categories were much lower although some were still higher than average (carers, furloughed, students, unemployed and “other”).



34% of people on benefits reported feelings of hopelessness, which is higher than average and considerably higher than those not on benefits (14.8%).

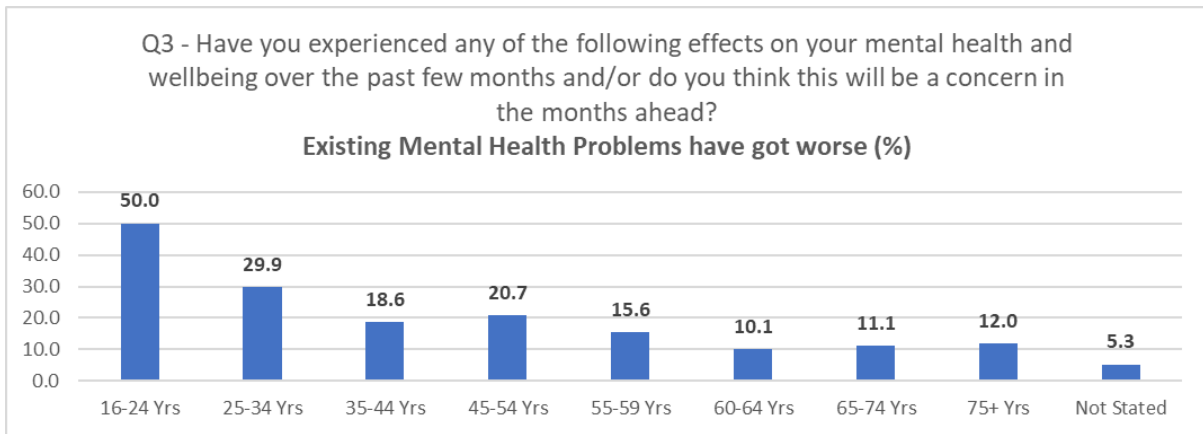


Similarly, those who lived alone scored higher than average at 32.3% and much higher than those who lived with other people (17.1%).

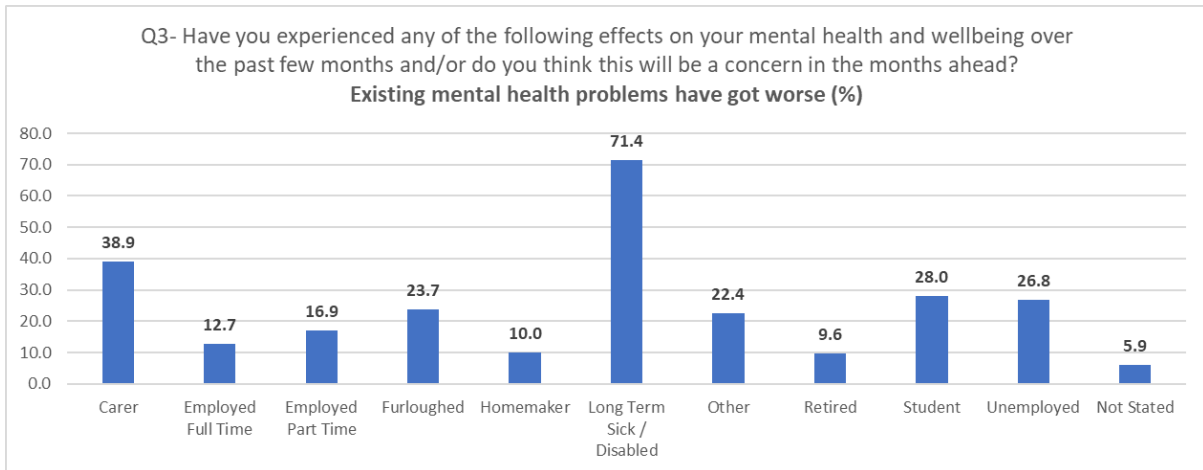
Media stories of unrelenting doom were exhausting for some respondents whilst others felt that positive stories made ordinary coping feel inadequate and induced feelings of guilt and worthlessness. A few respondents felt that isolation was damaging and that public buildings like schools, community centres and libraries should be opened in safe way to counteract this. One respondent with a challenging work situation was in despair made worse by the lack of available support groups and activities. Unable to process the stress of his situation he suffered in silence and turned to substance use to cope. The hopelessness of being denied quality time with loved ones in Care Homes was highlighted alongside providing emotional telephone support for family with no answers or solutions available.

Existing mental health problems have got worse

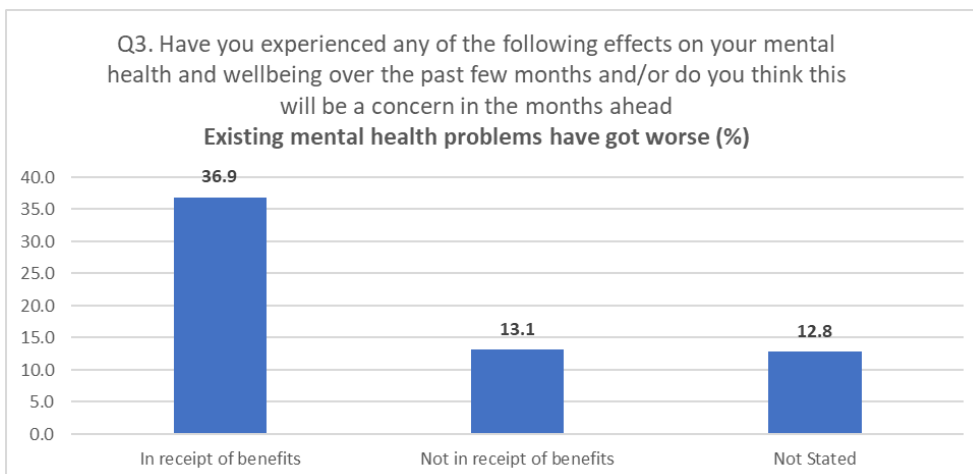
1 in 5 respondents reported a worsening of existing mental health conditions (20.3% n=176); however, sub analyse reveals significant variation. The youngest age group was 2.5 times more likely to report deterioration in mental health and those in the 25-34yrs were also above average (29.9%).



Looking at employment status, those who were long term sick or disabled were 3.5 times more likely to report a worsening of existing mental health condition; it may be that this category had the highest number of respondents diagnosed with an existing condition compared to respondents in other categories. Also higher than average were carers, furloughed, students, and the unemployed.



Again, those in receipt of benefits were more likely than average to report a deterioration in mental health conditions and considerably more likely than those not in receipt of benefits.



Respondents living alone scored higher than average (28.6%) and higher than those who lived with other people (17.2%).

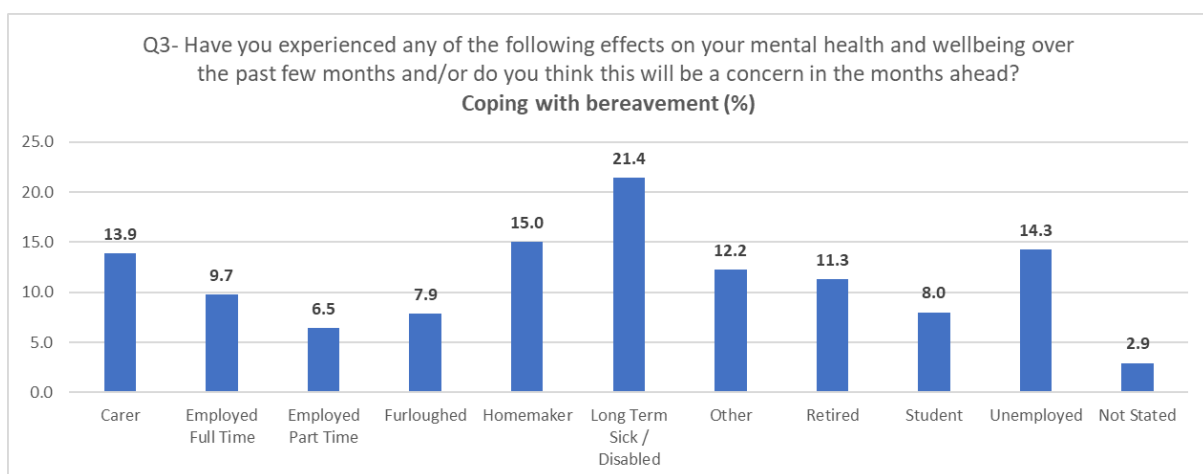
Worsening of mental health problems was compounded by limited access to help and support from mental health services. Lockdown and being unable to leave the house impacted mental health, and

in some cases physical health, for people with pre-existing conditions. Some respondents with anxiety reported being fearful of leaving the house and one person reported agoraphobic tendencies that did not exist previously. Another respondent with long term mental health problems who was shielding found the experience of taking exercise outside extremely challenging and not enjoyable.

Coping with bereavement

Sadly, some respondents suffered bereavement during the pandemic with one in 10 reporting having lost someone due to Covid or other conditions. In terms of age groups, the range was relatively small at between 8.1 and 13.3%. The two youngest age groups had the highest proportion reporting the loss of a loved one at 13.2% and 13.3%.

Looking at employment status, the long term sick or disabled were twice as likely to have suffered a bereavement during the pandemic compared to the average. Carers, homemakers and the unemployed also scored highly.



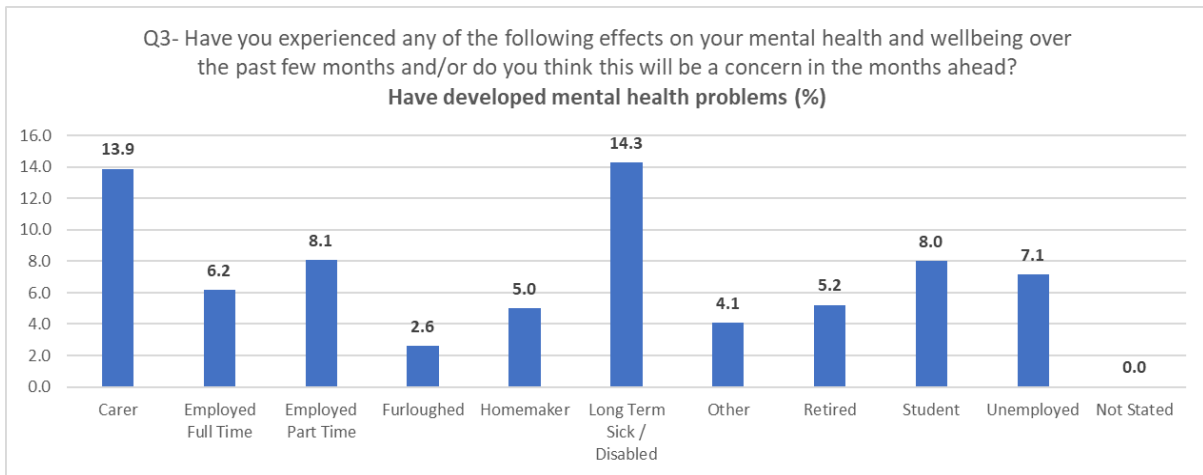
Of note were those on benefits with 13.5% of respondents reporting a bereavement alongside 14.8% of those who lived alone.

Bereavement was compounded by Covid restrictions and the grief and loss reported by respondents was immeasurable. One Locum Minister spoke of dealing with many more funerals than normal due to the pandemic. People struggled to organise funerals with restrictions in numbers of mourners, or by being unable to attend a funeral for this reason. Loved ones were prohibited from the norms of hugging and comforting each other.

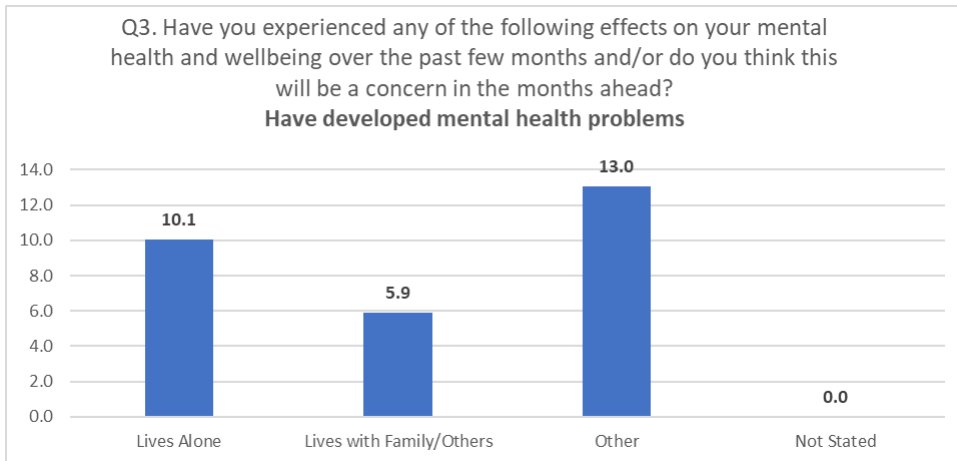
Have developed mental health problems

6.9% of the total sample reported the development of mental health problems during the pandemic; however, this increased to 1 in every 5 of those aged 16-24yrs (20%). Those aged 25-34 and 35-44 were also more likely than average to report problems at 9% and 7.2% respectively.

Also scoring highly were carers (13.9%) and long-term sick or disabled (14.3%). Part-time employed, students and the unemployed were slightly more likely to report having developed a problem.



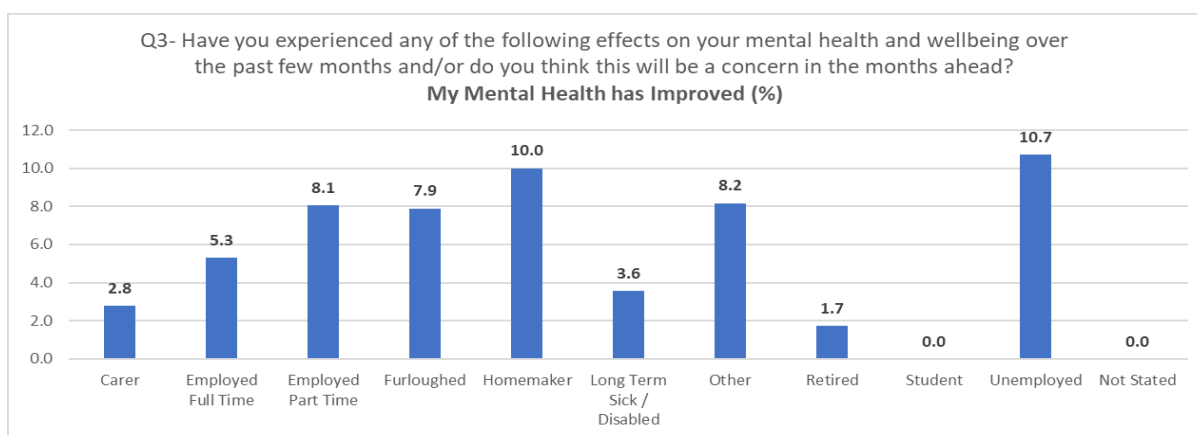
Those in receipt of benefits were more likely to report new mental health problems and almost twice as likely as those not on benefits (10.2% compared to 5.7%). People living alone were also more likely to report issues.



As highlighted earlier, one individual with a mental health condition developed agoraphobia whilst others without existing problems developed these or were concerned about this happening to family members. A parent spoke of their child sleepwalking and having nightmares which only improved with the return to school and seeing friends again. For some, unhealthy behaviours resulted in poor physical health which then impacted on mental health. As reported previously the lack of work/life balance when home working also impacted mental health. Two individuals spoke about developing postnatal depression and support being unavailable.

My mental health has improved

A relatively small proportion of respondents reported an improvement in mental health during lockdown (5.5%). The least likely to report an improvement was the 16-24yr age group and most likely were those aged 35-44yrs (7.6%). There was more variation in employment status; least likely to report improvements were carers, long term sick/ disabled and retired people (2.8%, 3.6% and 1.7% respectively) and most likely were homemakers, part-time employed and those on furlough. Interestingly, and in contrast to other analyses showing that the unemployed experienced negative impacts due to lockdown, in this instance they scored higher than average at 10.7%. This may be related to reduced expectations of job search and other commitments during the pandemic.



Reasons for improvements in mental health during the pandemic included spending time in green space, increased walking and exercise, improved diet and more time for hobbies. Others reported improved mental health whilst working from home due to saving money and commuting time, a better work/life balance, ability to take breaks when required, exercising more, and shared childcare due to the flexibility of employers. Some respondents appreciated the mental health benefits of a faster response from health services and getting assistance over the phone. For others, lockdown gave them peace and quiet and alleviated anxieties and pressures related to being around other people.

General comments

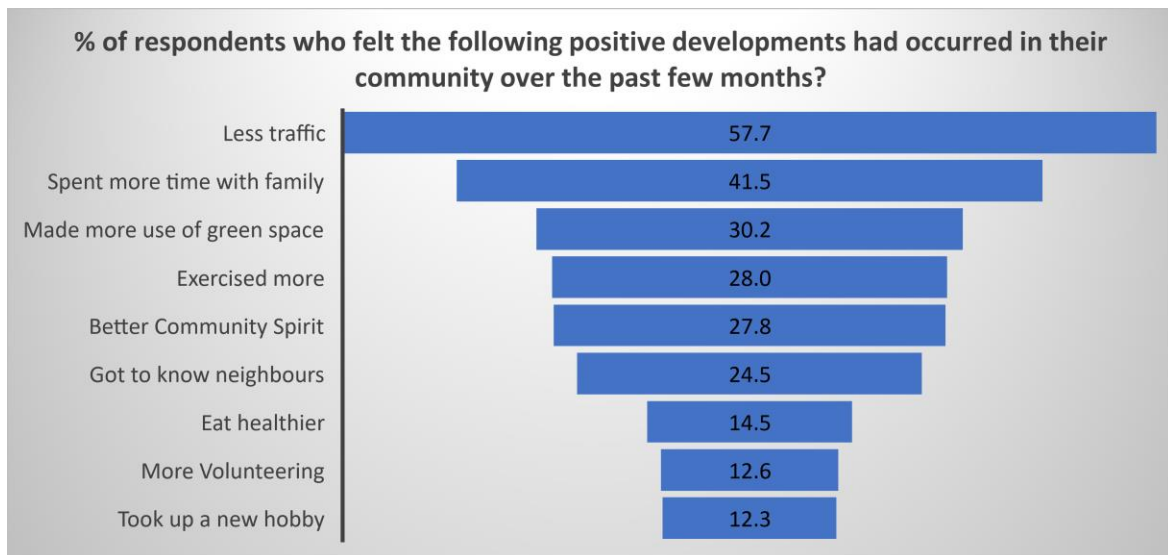
Some responses did not fit easily into the above categories such as adopting positive but ultimately ineffective coping strategies, not having a garden to spend time outdoors, and increased and secret alcohol use. Worries about the long-term effects of the pandemic, ongoing restrictions and an uncertain future were also raised. Changing rules and regulations caused anxiety and confusion particularly due to different advice across the country. Some people expressed very negative and sometimes controversial viewpoints about the pandemic situation, its handling by the government, or their own beliefs about the severity of the virus or the science behind measures taken.

4.4 POSITIVE DEVELOPMENTS OVER LOCKDOWN

Have there been any positive developments for you or your community over the past few months?

Many respondents spoke of positive developments over lockdown for themselves, their families or the community in which they live. Many of these experiences were interrelated.

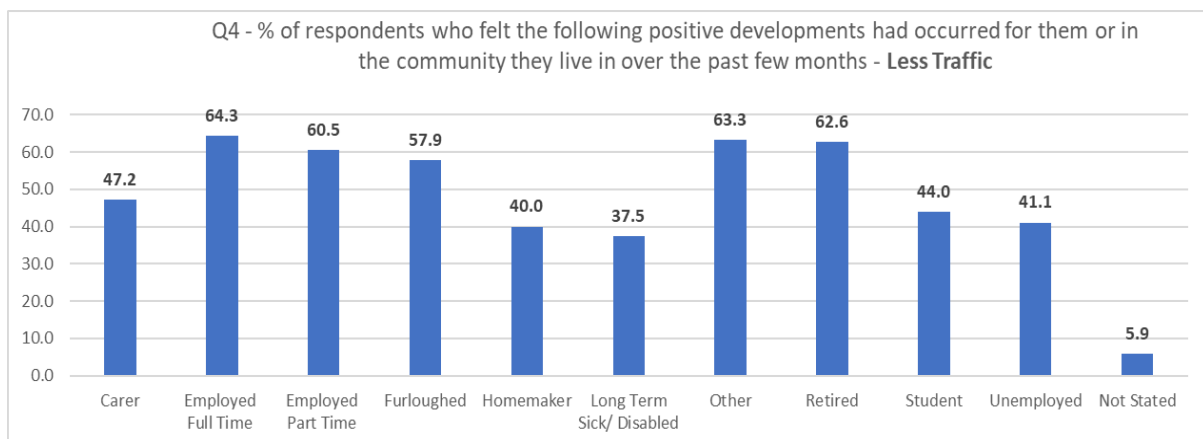
	Yes	%	No	Total
Less traffic	500	57.7	367	867
Spent more time with family	360	41.5	507	867
Made more use of green space	262	30.2	605	867
Exercised more	243	28.0	624	867
Better Community Spirit	241	27.8	626	867
Got to know neighbours	212	24.5	655	867
Eat healthier	126	14.5	741	867
More Volunteering	109	12.6	758	867
Took up a new hobby	107	12.3	760	867



867 responses were provided and the 5 developments most commonly perceived as positive were **less traffic** (57.7%) followed by **spending more time with family** (41.5%), **making more use of green space** (30.2%), **exercising more** (28%) and **better community spirit** (27.8%).

1. Less traffic

The majority of respondents in all age groups (57.7% n=500) thought that less traffic on the roads during lockdown was a positive development. Differences in viewpoints emerged in relation to employment status, with those employed, furloughed or retired being most appreciative and carers, long-term sick/disabled, homemakers, students and the unemployed being least. Those not on benefits were more appreciative of reduced traffic volume (62.6%) whilst those on benefits less so (47.5%). Those living alone or with others also scored higher than average.



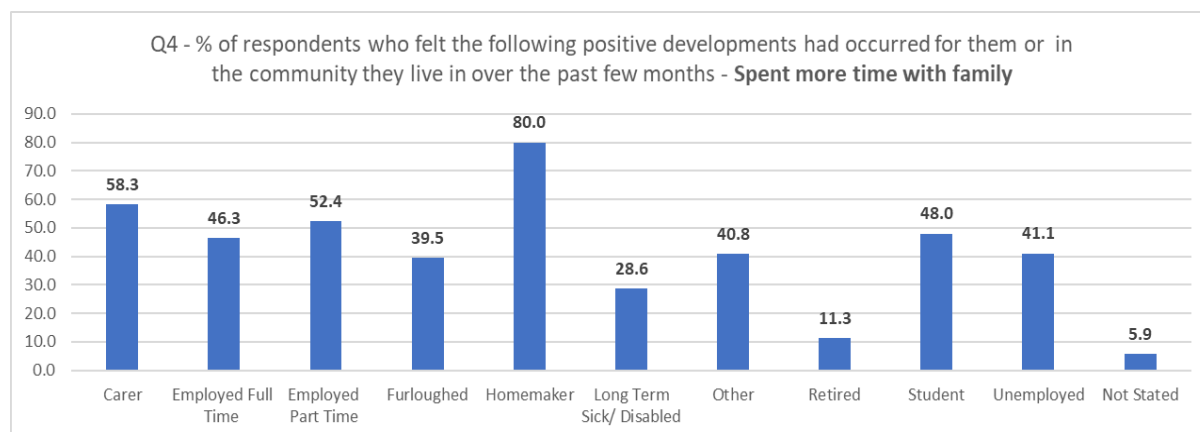
There was a positive narrative about reduced traffic and pollution particularly at the beginning of lockdown. For respondents, this made walking and cycling more pleasant or safer, and allowed nature to thrive. Reduced traffic and quieter streets resulted in improved sleeping patterns and mental wellbeing for some. This changed as lockdown was lifted and traffic returned to normal; some respondents stopped cycling as they no longer felt safe. One individual reported extra noise, litter and congestion in Broughty Ferry as more people from other communities chose to spend time there.

2. Spent more time with family

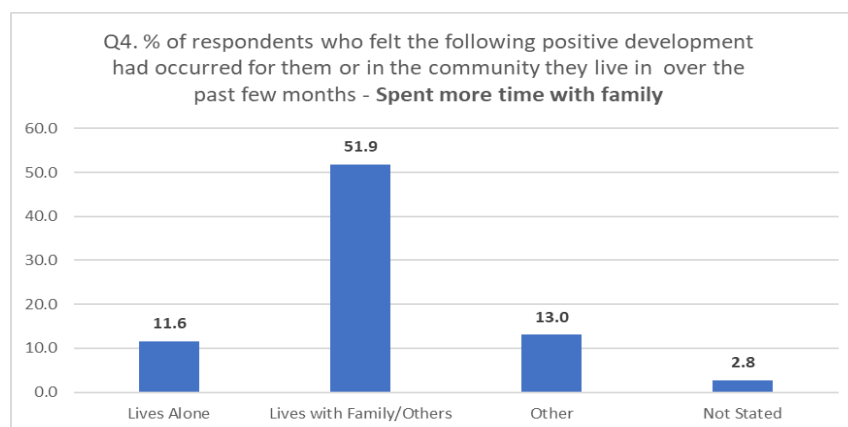
41.5% of respondents reported spending more time with family as a positive development (n=359); however, there was significant variation within the sample. Those aged 16-54yrs were more likely to

express this as positive and those aged 55yrs upwards less likely. It is unknown whether these respondents saw spending more time with family as negative or this was due to the fact they were not spending additional time with family members.

There was considerable variation related to employment status with only the retired, furloughed, long-term sick/ disabled and “other” categories scoring lower than average. Retired respondents were lowest at 11.3% whilst homemakers were by far most likely to report spending more time with family as a positive development at 80%.



Those on benefits were more likely to report positive family time at 47% compared to 39.9% of those not on benefits. Similarly, people living with others were much more likely to report this as positive than those who lived alone (51.9% compared to 11.6%).



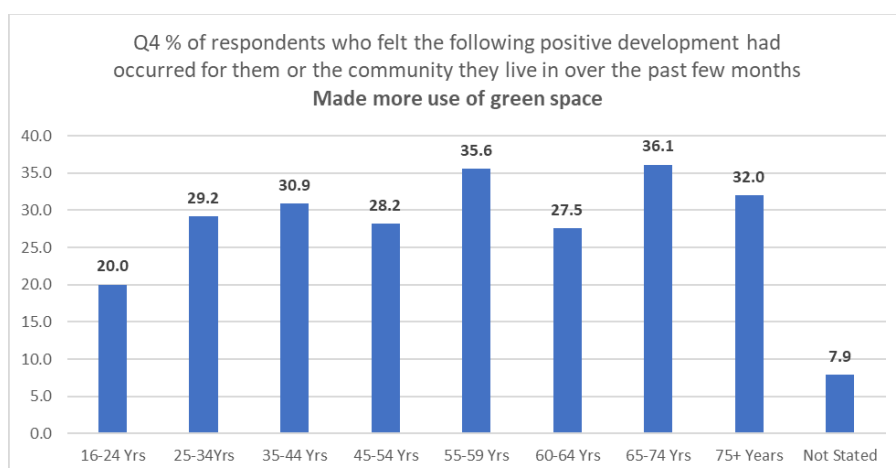
Several respondents mentioned additional time with family being quality time aided for some by working from home, reduced travel time and better work/life balance. Others were involved in caring for grandchildren or supporting older or ill relatives whilst others enjoyed family walks or getting closer to family members remotely. Other positives mentioned were improved relationship with partners and getting to know flatmates.

Reasons for negative responses included not being able to see family who lived elsewhere, finding self-isolation and being cooped up with family difficult, or caring for children with additional needs.

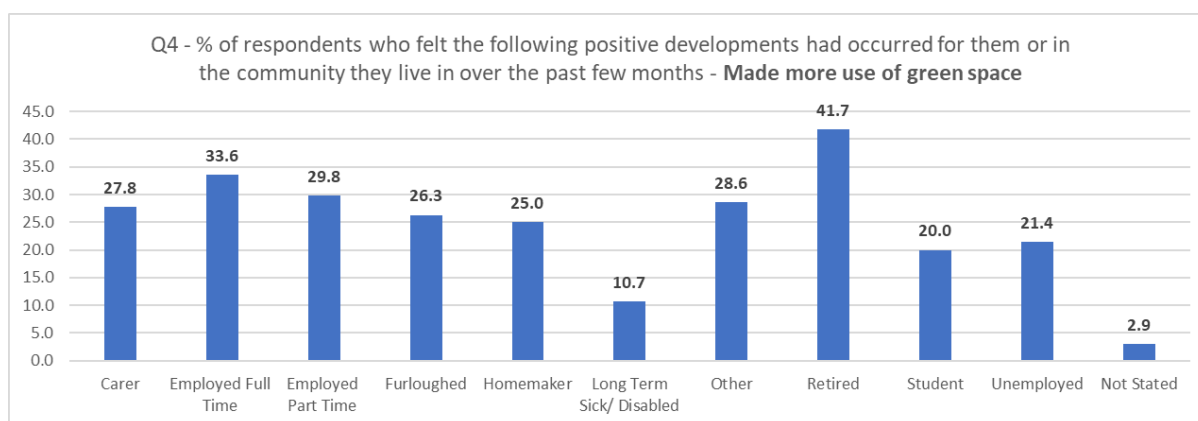
3. Made use of green space

Contact with nature, particularly if combined with physical activity, is well evidenced as improving mental wellbeing and almost one-third of respondents (30.2% n=262) reported making more use of green space during lockdown and finding this a positive experience. However, use of green space was

not evenly distributed across the sample population. All age groups clustered around the average with a range of 27.5 – 36.1% apart from the 16-24 age group which scored only 20%.



The range was much wider when looking at employment status with only 10.7% of long-term sick or disabled reporting increased use of green space compared to 41.7% of those who were retired.

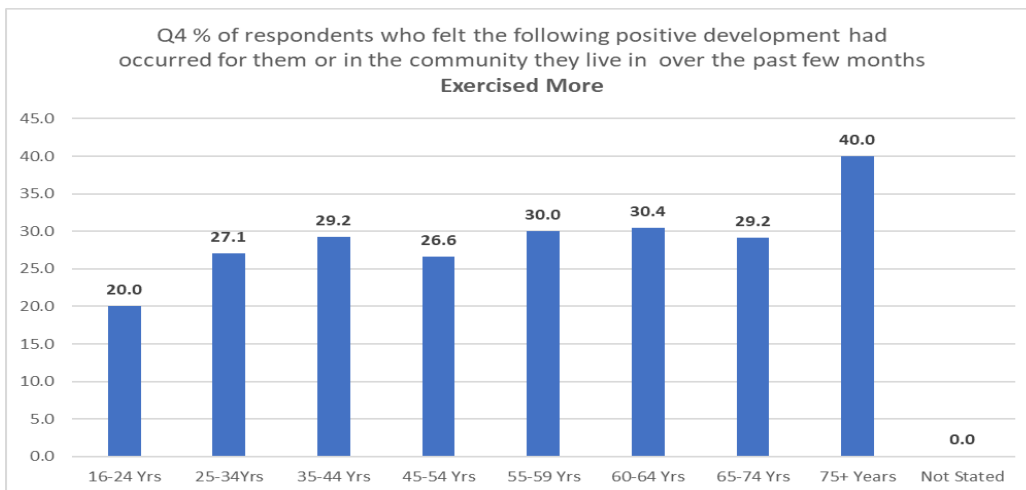


People on benefits were less likely to increase their use of green space compared to those not on benefits (21.7% and 34.2% respectively). Those who lived alone scored slightly lower than average and those living with others slightly higher.

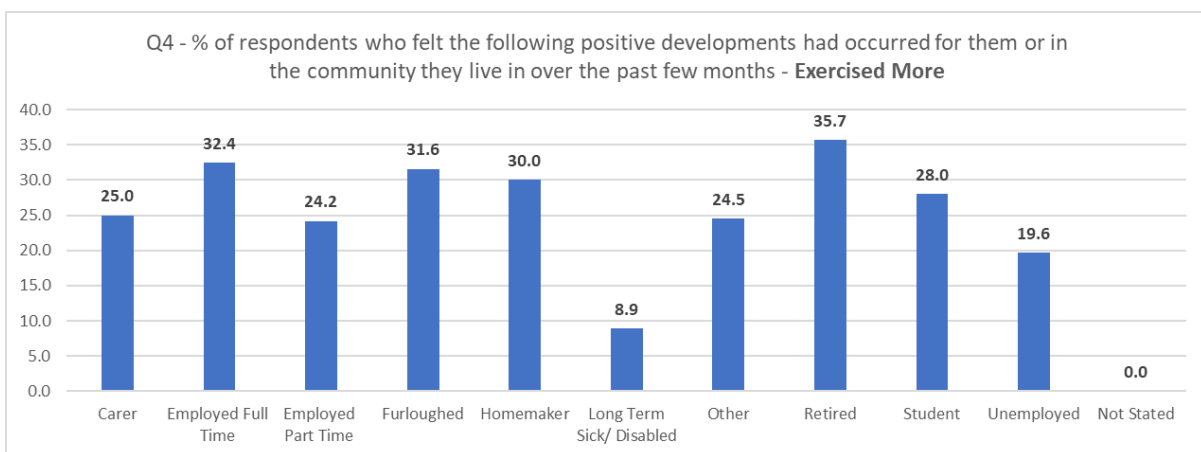
Comments provided included enjoying being outside, noticing nature more and visiting places such as the Botanic Gardens and Trottick ponds. However more respondents mentioned spending time in their garden partaking in activities such as planting flowers or vegetables, spending time at the allotment and enjoying flower displays. Several respondents made negative comments related to not enough green space and living in 'concrete jungles'. Some mentioned lack of maintenance of green spaces, presence of rubbish, too many dog walkers and discarded dog waste bags. Inability to dispose of garden waste was problematic and acts of vandalism were reported in relation to gardens and community spaces.

4. Exercised more

Linked in part to the above, 28% of respondents (n=243) reported feeling positive due to exercising more during lockdown. Again this was associated with age, with younger age groups less likely to report exercising more and older age groups more likely. Interestingly, the age group most likely by far to report exercising more and perceiving this as a positive development were the over 75yrs (40%). Conversely, the youngest age group (16-24yrs) was half as likely as this at 20% of respondents.



Again, there was lots of variation related to employment status with a range of 8.9% to 35.7%. Long-term sick or disabled were least likely to report exercising more which may be linked to their physical or mental conditions. As in use of green space, retired people were most likely.



Respondents in receipt of benefits were less likely to report exercising more (21.3%) than those not on benefits (31.2%). Similarly, those living alone were less likely than those living with others (20.6% compared to 30.3%).

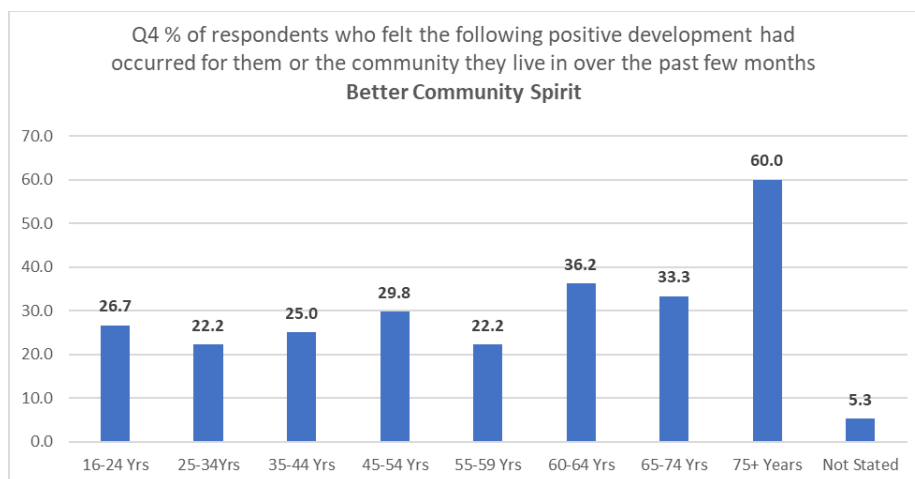
The narrative related to less traffic on the roads particularly in terms of safe cycling. Other comments indicated that regular walking and gardening had positive impacts on sleep, weight and wellbeing. Respondents enjoyed getting to know the area better due to daily walks or cycles and noted an increase in families exercising together. Several people reported exercising differently, for example, running to compensate for lack of access to indoor leisure facilities; however, some respondents missed their usual sports and pastimes. Other difficulties included busy parks, which made exercising/safe-distancing more difficult. Some respondents resorted to exercising at night to avoid crowds.

An additional comment was made about increased rubbish outdoors which was an eyesore and health hazard. There was appreciation of the five mile travel limit, which increased opportunities to walk elsewhere.

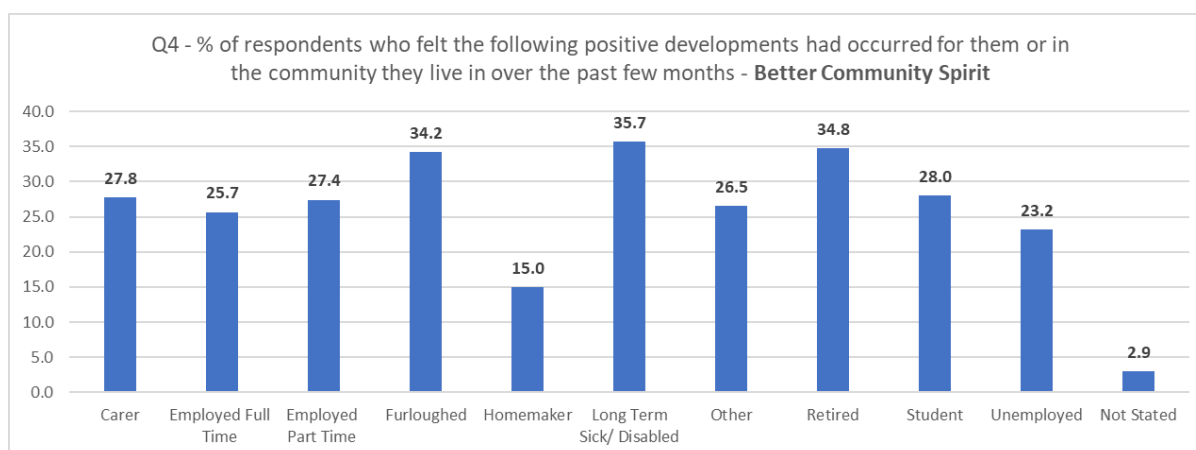
5. Better Community Spirit

27.8% of respondents (n=241) reported better community spirit during lockdown. Looking at the various age groups, there was little variation and most hovered around the average. However, this increased dramatically for the over 75yrs where 60% reported community spirit as a positive

development. It may be that this age group were more likely to be recipients of help from voluntary groups or neighbours.



There was also notable variation in the employment status category with a range of 15 – 35.7%, the lowest being homemakers and the highest long-term sick and disabled. Again, this latter group may have relied more on help from others as may the retired whom scored highly at 34.8%. Those on furlough score highly at 34.2%. One theory is that these people may have been providers as well as recipients of community action to help others.



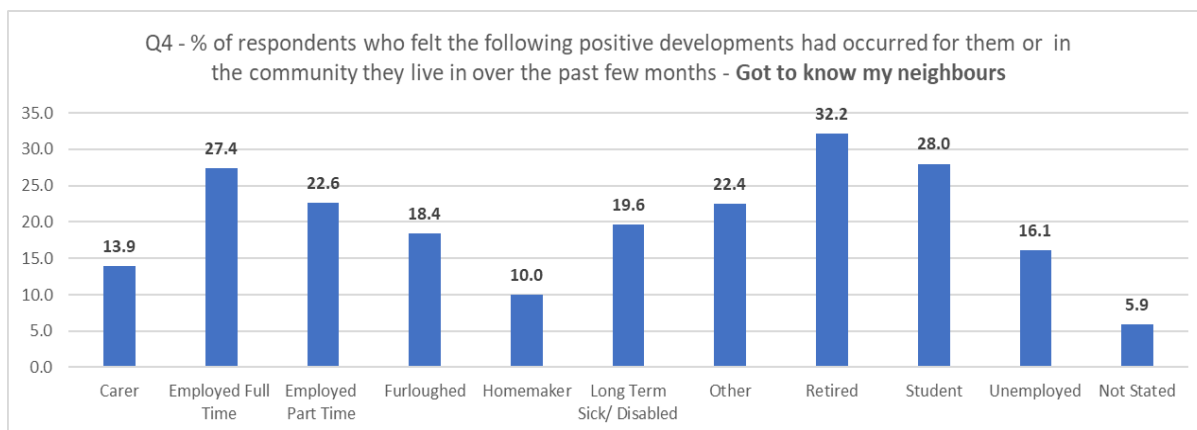
Those on benefits were more likely to report better community spirit than those who were not (32% compared to 26.4%). There were no notable differences in reporting from those who lived alone or with others (29.1% and 27.8% respectively).

Several respondents spoke about the community coming together in various ways to support each other and those in need. This included making time to talk to and help others, phoning friends, chatting to neighbours, getting to know people through community initiatives such as Food Larders, and activities for families at community centres after restrictions were eased. There were many reports of relationships being built or strengthened as well as concerns that these positive developments would vanish when the world got back to normal.

6. Getting to know neighbours

Getting to know neighbours during lockdown was reported by almost one-quarter of respondents (24.5% n=212) and is related to community spirit reported above. Age groups clustered around the average with a range of 23.3 - 29.2% except those aged 75+yrs where 40% reported getting to know

their neighbours better. There was more variation in the employment status category and those least likely to report getting to know neighbours were carers, homemakers and the unemployed; whether this was due to people in these categories already having good relationships with their neighbours prior to lockdown or other factors such as limited time to spend out-with the household is unknown.



There were minimal differences between those on benefits and not, and those who lived alone or with others, and these categories hovered around the average. Some respondents described acts of kindness such as offering to get groceries for disabled or elderly neighbours.

Other positive developments

The survey explored whether respondents experienced other positive developments such as **eating more healthily** (14.5%), **volunteering** (12.6%), or **taking up a new hobby** (12.3%). Here, the proportions and numbers within specific categories were much smaller and although there was variation in experience it is not appropriate to provide sub analysis. A number of comments were provided that give a sense of respondents' experiences in relation to these three topic areas.

No comments were made about eating healthier. In relation to volunteering, positive examples were provided such as making scrubs and masks, helping with food provision, volunteering for a Church wellbeing project, and involvement in setting up online courses to combat social isolation through Lifelong Learning Dundee. Others however, spoke about their voluntary work stopping or being unable to continue due to Covid restrictions.

There were many responses related to new hobbies, having more time to pursue existing hobbies, or finding ways to keep occupied during lockdown. People talked about reading and writing, participating in online groups and classes, studying for new qualifications, arts and crafts, and learning further skills online. Others spoke about watching TV box sets and films to occupy themselves. Cost was a factor for some in restricting the interests they could pursue exacerbated by the absence of libraries for borrowing books or other leisure facilities.

Miscellaneous

A large number of additional responses were given which did not fit into the categories above. Some respondents spoke about having more time for themselves or to do things around house or garden, decorating, cleaning and clearing out, and sorting out finances and affairs. Many felt there was more time and less pressure to do things. Having more disposable income was mentioned due to not using the car or going on holiday.

There were further responses which have already been highlighted in previous questions such as the benefits of working from home, complaints about Council Services such as lack of food waste collection, unkempt green spaces and, conversely, wild flowers being mowed. It was suggested that more needs to be done to keep Dundee clean as well as negative comments about Eurobins. Traffic, public transport and the need for pedestrianisation were mentioned again. A respondent raised concerns about hidden domestic abuse, poor mental health or children being neglected.

Some emphasised that lockdown offered the opportunity to appreciate the important things in life such as personal liberty and a world less focused on materialism.

5. SUMMARY AND CONCLUSIONS

Dundee has high levels of poverty and disadvantage with associated effects on health and wellbeing and health inequalities. As the pandemic scenario emerged in March 2020, there was awareness that lockdown and the ensuing effects on the economy and life circumstances could make a bad situation worse for many and impact others who were managing before and now found themselves in adverse situations with little resilience or experience to cope.

The Engage Dundee survey aimed to investigate citizens' experience of accessing and using services during and moving out of lockdown as well as exploring the effects of the pandemic more broadly. The survey was circulated widely in August 2020 via a number of online platforms and a limited number of paper copies was available. 892 responses were received from local people in every part of the city including those who could be classified as more vulnerable across a range of indicators such as age, employment status, whether in receipt of benefits or not, or living alone.

As with all such surveys, awareness of limitations and potential biases is required, and care needs to be taken in extrapolating the findings. In particular, specific groups of people may have been excluded from participating in the survey due to, for example, lack of internet access.

The responses to the survey were complex and multifactorial and it was clear that **individual circumstances** including social support from family and friends, financial or employment situation, physical and mental health, housing, and the community in which people live impact on life generally but can be added stressors in the pandemic situation the world has faced.

Results showed that many people **accessed services** during lockdown with high levels of satisfaction particularly for GPs, websites/ on-line resources, and food parcel deliveries. The survey also explored whether respondents were experiencing **specific difficulties** and this was most common in relation to mental health, healthy lifestyle, family/ household relationships, income/ money and physical health. Within and beyond these most commonly experienced difficulties emerged **a range of inequalities** with some population groups doing much worse than others. The groups that seemed to be most affected across a range of indicators were specific age groups, carers, long-term sick or disabled, the unemployed, people on benefits and those who live alone. Some population sub group sample sizes were small which should be taken into account when looking at sub analyses.

A deeper dive into how the **mental health impacts** of the pandemic were manifested in specific symptoms or scenarios highlighted that very many and in some cases the majority of respondents were experiencing reactions such as fear, anxiety, low mood, depression, social isolation or hopelessness and often a combination of all these things. Some respondents felt that their existing mental health condition had worsened and others reported the onset of a mental health condition. Again, impacts were not experienced equally with some sub groups doing worse than others. It was

very clear from the narrative that the reasons for this were in the main the economic, social, and emotional impacts of the pandemic exacerbated for some by limited access to support.

The survey asked whether there had been any *positive impacts of lockdown*. Many respondents appreciated developments such as less traffic on the roads, more time with family, increased use of green space, and better community spirit. Further analysis showed that these benefits were not experienced uniformly in all cases.

In general, and consistent with other surveys undertaken locally and nationally, findings show that the effects of the pandemic are not experienced equally and that many people already experiencing challenges have found these intensified and amplified during this time.

The themes that emerged, also consistent with other surveys, are:

- Reduced access to services and support
- Day to day challenges of being locked down including home schooling and home working
- Uncertainty and concerns about the ongoing nature of the pandemic including fear of infection and future restrictions
- Social isolation, not only in being separated from family and friends but also in the absence of the network of groups and activities that people rely on
- Impact on mental health and wellbeing more broadly
- Financial and job insecurity and the likely effects on life circumstances

6. RECOMMENDATIONS AND NEXT STEPS

The task now is to use these findings to ensure that recovery for Dundee reflects the needs that have emerged more broadly and from those who are struggling most in this pandemic. It is proposed that this process involves:

- Sharing the findings across the system
- Acknowledging the disproportionate effects on particular population groups
- Using this data to help with the development of recovery and remobilisation plans including targeted approaches where appropriate
- Involving local people and partners in further engagement to identify potential solutions
- Working alongside communities to build capacity and agree priorities
- Considering any rapid responses that can be undertaken at a city-wide and local level to alleviate difficulties, aid recovery and build community and service resilience

7. ACKNOWLEDGEMENTS

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