National Covid-19 Research
A Biopsychosocial Analysis
Determinants, Impacts, Support Needs and Learning from the Pandemic

Report Three 23/5/20

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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE EMERGENT THEORETICAL FRAMEWORK</td>
<td>5</td>
</tr>
<tr>
<td>NARRATIVE RESEARCH</td>
<td>6</td>
</tr>
<tr>
<td>CHARACTERISTICS OF PARTICIPANTS</td>
<td>7</td>
</tr>
<tr>
<td>Biological characteristics</td>
<td>7</td>
</tr>
<tr>
<td>Psychological characteristics</td>
<td>10</td>
</tr>
<tr>
<td>Social characteristics</td>
<td>11</td>
</tr>
<tr>
<td>THE IMPACT OF COVID-19</td>
<td>17</td>
</tr>
<tr>
<td>Biological impacts</td>
<td>17</td>
</tr>
<tr>
<td>Psychological impacts</td>
<td>18</td>
</tr>
<tr>
<td>Social impacts</td>
<td>23</td>
</tr>
<tr>
<td>SUPPORT NEEDS</td>
<td>30</td>
</tr>
<tr>
<td>LEARNING</td>
<td>31</td>
</tr>
<tr>
<td>RECOMMENDATIONS</td>
<td>34</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>35</td>
</tr>
</tbody>
</table>
The Emergent Theoretical Framework

This national research into Covid-19 is being undertaken with a biopsychosocial lens, that is to say, exploring how people’s biological, psychological and social factors influence them with regard to Covid-19 and how they respond to Covid-19 and its control measures biologically, psychologically and socially.

A range of biopsychosocial factors were structured into a two-dimensional analytical framework. One dimension identified pre-existing factors about individuals, whilst the second dimension identified the consequences of Covid-19. Correlating the two would enable an understanding of whether certain groups of people were experienced certain outcomes more than others.

Some factors were known prior to the research and formed a skeleton analytical framework. This was expanded iteratively as each narrative was explored with new factors recounted in narratives added to the framework.

The factors identified to date are listed below, and will continue to be added to as the research progresses.

To date 320 narratives have been collected and 170 analysed through our own call for research, and in addition, a 300 participant strong data set from partner Healthwatch and a 3600 strong data set from partner Edukit. As there is still much data to analyse these can still only be considered emergent findings as to the biopsychosocial determinants of Covid-19, however the support needs are valuable findings which need to be acted on with immediacy. For the moment, it is possible to show the frequency of categories for the 170 data sets analysed to date for each emergent category.
Narrative Research

As the participants were asked to share their stories, there was little to prompt particular information. The only questions posed were to; tell us something about life before the pandemic, to explain the impact it was having, what support needs they have, and what they thought we should learn from the situation.

The data was coded using the existing categories in the theoretical framework, and where a new code emerged, it was added to the framework. In this respect the coding was abductive and the framework continually emerging. A second step in the analysis was to count the frequency of references to each code. A note of caution is needed here; because questions did not prompt the elicitation of particular data, absence of a term does not necessarily mean it was not true for the individual, they may simply have not mentioned it. For this reason, the data in the graphs does not total the number of participants (170) and cannot be converted into percentiles. The third analytical process was to add the frequency of the occurrence of an impact, support need, or learning against the characteristics of the participants. In this endeavour we are seeking patterns where particular groups may be predisposed to particular outcomes. It is too early to know if this will be fruitful or not. This analytical process is mixed method in that the abductive analysis is inductively developing a qualitative framework of codes to enable us to understand people’s experience, and these experiences are then turned into quantitative data (or quantitised) in order to understand the prevalence of them.

The following charts show both these aspects of the data. The quantitising of the qualitative data has, however, ‘flattened’ the richness and nuance of the respondent’s stories, reducing the complexity and depth of the impacts. To address this some illustrative quotes are added to each chart, and future reports will be increasingly mixed method.
Characteristics of Participants

Biological Characteristics

The following personal characteristics were shared in narratives by participants.

The respondents were most frequently aged 46-65, perhaps as this group are well connected on social media, have time to engage in research, and are keen to make a contribution to recovery from the pandemic. The findings are therefore most representative of the views of this particular age range.

The majority of the respondents were female although males did respond and are represented.
Many of the respondents knew someone who had contracted Covid-19.

“I know someone who has had the virus” (P.6)
“I know someone who has had the virus” (P.59)
“I know someone who has had the virus” (P.176)

This included one participant who sadly knew someone who had died as a result of the virus:

“Two people (one family) we know have died from the virus” (P.5)

Only one respondent knew they had contracted it personally:

“I have been tested and know I have had the virus” (P.200)

A total of 26 respondents had showed symptoms:

“I have had symptoms of the virus” (P.2)
“I have had symptoms of the virus” (P.81)
“I have had symptoms of the virus” (P.186)

A total of 86 people mentioned they had health issues. Those disclosed are shown in the chart below.

“...kidney transplant ...diabetic”( P.47)
“I have myeloma & breast cancer” (P.195)
“High blood pressure and Glaucoma” (P.237)
Being ‘on medication’ was the most frequently mentioned indicator of health issues:

“Hypothyroid after thyroid cancer 2yrs ago…require lifelong medication” (P.90)
“Rheumatoid arthritis and asthmatic so shielding due to medication” (P.202)
“On regular medication for thyroid disease (once a day)” (P.205)

Respiratory issues were the most frequently cited issue for eight of the respondents:

“I have medication for asthma and high blood pressure” (P.15)
“I am obese, and have mild asthma…and as a 9yr old suffered with pneumonia which has limited my lung function” (P.88)
“Cystic fibrosis, double lung transplant, diabetic due to CF, immune comprised” (P.124)
“…my wife has an autoimmune respiratory disease” (P.182)

Given the nature of Covid-19’s attack on the respiratory system this is likely to have been significant for the individuals reporting them.
Psychological Characteristics

A total of 39 people identified having a range of psychological characteristics. The respondents were very open and many disclosed pre-existing mental health issues or disorders, for whom the incidence of this pandemic may be very challenging. The following quotes indicate a range of some of the issues:

“Anxiety and PTSD” (P.11)
“I have PTSD and can find social situations very difficult” (P.168)
“Being treated for depression/low mood after a self-harm relapse” (P.169)
“Depression; lonely” (P.188)
“Anxiety ... Depression ... Panic attacks” (P.242)

Two respondents had diagnosed learning disabilities, one with dyslexia and one who was on the autistic spectrum:

“Physical condition and dyslexia” (P.119)
“Lifelong autistic spectrum” (P.264)
Social Characteristics

The majority of the respondents were in relationships either with a spouse or a partner which may mitigate against some of the negative aspects of loneliness although provides potential for relationship tensions and difficulties in such intense times.

“I live with my husband” (P.8)
“Living with wife in rural village” (P.46)
“Live with a partner” (P.57)

“being at home with my wife and daughter all the time has been trying at times” (P.192)

A wide range of work status existed across the respondents, each with an accompanying difficulty. Employment may be fraught in home-working circumstances, key workers may feel at risk, those furloughed may experience a loss of purpose and worry about job security and so on. Different work status within the same household might also cause tension – one person working additionally hard and a partner furloughed for example illustrating the complexity of the current employment terrain. The complexities are brought to life with the following quotes:

“Normally have my boyfriend here with me part-time but he is living away from me as he is a key worker and he does not want to compromise my health” (P.2)
“...work part-time as I’m a key worker. Offered to work full time but have been redeployed so working in a totally new role” (P.170)
“Husband furloughed, I’m teaching from home” (P.209)
“Working from home and home schooling is a huge challenge” (P.219)
“I have a hugely increased workload through volunteering, work, schooling, living with a key worker” (P.219)
“I own a shop, 16 staff on furlough so I’m doing all the work now... it’s really hard & quite stressful” (P.271)
A range of 25 different jobs were indicated by those in employment. The most employment most frequently cited was that of teaching, followed by nursing – both key worker roles.

“I am a headteacher at a local primary school. We are open for the children of key workers and vulnerable children and I have been at work every day we are open” (P.8)

“Work partly in Dragons Heart Hosp as research nurse- redeployed” (P.187)

“...am a teacher and so am working in a childcare hub and linking with pupils/parents/staff online now” (P.245)

“I work as a Support Worker for Cumbria County Council and as a Bank Nurse at Eden Valley Hospice” (P.255)

A wide range of living spaces were inhabited by the respondents. They most frequently lived in detached or semi-detached housing with gardens, indicating they may also have a high socio-economic status:
“We live in a large 5 bedroomed semi detached house with large garden” (P.272)
“Detached bungalow, large garden” (P.274)
“Live in a large house with a large garden in a village” (P.282)

This suggests the findings for this research will have a good to high socio-economic bias and the support needs of people in more challenging economic status may be different and / or more acute.

The majority of respondents lived with a partner or spouse, many had children living at home, and 25 lived alone. These very different experiences of empty or bustling households would be likely to impact on them in different ways.

“I live with my wife and two daughters, aged 18 and 21” (P.6)
“Live with a partner” (P.57)
“Live with husband and 2 year old” (P.58)
“Live with husband and one teenage child” (P.87)
“I live alone in a small terraced house” (P.179)
It was striking that the majority of respondents lived in rural areas, perhaps reflecting the network of contacts reached in the Cumbria area, coupled with the high socio-economic status reflected in the nature of their housing:

“Live with my husband and 2 dogs in a 4 bed bungalow in a rural location” (P.11)
“Living with wife in rural village” (P.46)
“helped by our fortunate living conditions and rural location” (P.261)

Respondents had a range of 18 different hobbies of which reading and cooking were the most frequent. This might perhaps suggest there would be the least impact on them of having pandemic control measures put in place as these are largely both activities that can be undertaken at home.

“I enjoy reading” (P.8)
“a positive I am cooking more healthy food” (P.15)
“I am currently reading a lot” (P.48)
We like cooking” (P.178)

Walking and cycling were the most frequent sporting activities reflected by the respondents, and these two activities have been largely unaffected by the pandemic control measures, or even improved as roads are quieter for cycling.

“My hobbies include walking” (P.7)
“I like the quiet and the birdsong and lack of traffic when I'm cycling” (P.10)
“...cycling so easy to do from the door” (P.52)
“I like walking” (P.88)

Four people said they were of the Christian faith:

“three of us have a Christian faith and attend Church” (P.6)
The respondents indicated they came from 20 different places which are a mixture of areas and city names. These will be ratified into regions in the next version of the report. The chart illustrates the highest frequency of respondents living in the Carlisle region and a predominance of North West contacts. Despite this, reach has extended into Wales and down to the South West indicating good if not comprehensive reach.

“I live in Carlisle” (P.3)
“I live in Gwyddelwern, Denbighshire. North Wales” (P.59)
“Live on outskirts of Carlisle” (P.168)
“West Cumbria” (P.275)
“I live in Whitehaven, Cumbria” (P.277)
“I live in a seaside town, in the southwest” (P.51)
The Impact of Covid-19

Biological Impacts

A total of 40 people were experiencing worsened health conditions aside from coronavirus. Some of the quotes below illustrate how profound these can be:

“worried about my recovery from PTSD...that I will have regressed” (P.168)
“I’m generally feeling ok but I have a stress-related skin condition which is flaring up at present” (P.203)
“Acute anxiety. Unable to return to work through this so will take unpaid leave” (P.268)
“I live with depression and it is exacerbated” (P.282)

It was surprising to see how many other health conditions were exacerbated by the Covid-19 pandemic even if they do not contract it. This does not take into account the number of people who are not attending hospital or GP appointments and therefore may suffer secondary health issues, and the longer-term impact of increased food consumption and less exercise on mental and physical health. For example:

“blood sugar levels have become erratic” (P.6)
“I already take medication for anxiety, partly to help my IBS symptoms, and my tummy is telling me I’m more anxious than usual!” (P.8)
“I'm snacking more and exercising less than usual” (P.256)
Psychological Impacts

This was the most significant impact – respondents mentioned psychological impacts 471 times, an average of 2.8 impacts per person. This chart in particular does not do justice to the complexity and depth of worries. Anxiety, depression and stress were all prevalent and often co-existed. Notably some people also felt no change or an improvement in their mental health as life had become easier during the social control measures.

The following quotes give some insight into what people are experiencing:

“Increased stress, anxiety and depression. Huge feelings of uncertainty and some fear” (P.3)
“waves of anxiety & stress & worry for the future personally for self & family & for my business & employees” (P.271)
“...think the main effect is stress, anxiety and feeling helpless” (P.275)
“I am feeling despondent and wonder if I will die before the pandemic is over” (P.282)

“my mental health is better having my partner here” (P.7)
“enjoying being in my home more” (P.15)
“Less stress than normal as partner at home” (P.52)
“Not a huge impact as I am able to work from home and socialise with friends and family online” (P.88)
“I feel happier than when I was working. I feel out of place at work” (P.176)
“I am mostly enjoying it and have slowed down a lot” (P.220)

Correlating to the deterioration of mental health is the prevalence of negative emotions the respondents were experiencing. Worry was the emotive state most people experienced, along with another 14 emotional responses:
“I feel very stressed and low, also very worried about my family and friends” (P.2)
“I do worry about what would happen if my mum who is 87 and has a heart and lung weakness gets the virus” (P.10)
“worries about my family who have a history of COPD and those who are still working in the care industry” (P.88)
“I am worried about how our family will deal with schools reopening” (P.178)
“Stressed about money” (P.214)

The list of 19 worries below starts to illustrate how complex life has become. There is a range of practical worries, for example about finance. Many of the worries are for other people – parents, children, young people, the elderly, clients, those less fortunate than oneself, indicating a high degree of empathy and altruism in the respondents.
The quotes below bring these worries to life:

“I need new glasses and can’t afford it” (P.276)
“I’m also stressed about money, jobs and my kids potentially going back to school” (P.285)
“unable to see my elderly father who suffers with Parkinson’s disease and had been hospitalised for 7 weeks” (P.275)
“I still worry about others who are stuck in flats or houses with no garden, and for the young people who aren’t able to socialise” (P.217)
“I really miss seeing my grandchildren and my youngest daughter who is going through a marriage break up. I worry about them” (P.220)
“I am concerned about my Service Users as they are at risk of staff bring Covid-19 into their home” (P.255)

The respondents were not ‘victim’ to these mental health issues and emotive states, indeed, a range of 11 strategies were described that respondents were using to enable them to cope. In this respect there was also a good degree of resilience displayed in the data:

“We try to keep to a routine in which we do jobs and activity stuff in the morning, usually together, then have our own space in the afternoon” (P.94)
“I have taken up meditation and mindfulness training which helps a lot.” (P.97)
“My wife has taken up oil painting and our son has started to sew cloth masks for all of our neighbours” (P.182)
“Have removed myself from certain social media groups as finding social distancing bringing new out the worst in certain people” (P.261)
“keeping away from news updates” (P.263)
“I have adapted to these strange new circumstances” (P.86)
“As a family we are fairly accepting of the situation” (P.250)
These worries and stressors are also manifesting in sleep concerns with people not sleeping or having sleep disrupted with nightmares:

“...also horrendous nightmares” (P.97)
“I am generally not sleeping brilliantly” (P.202)

The range of mental health issues, emotive states, worries and lack of sleep all seem to be impacting in mental focus, and 15 respondents commented on how impaired they felt they were cognitively:

“Over this period the isolation has impacted on her mental capacity” (P.9)
“concentration is shot” (P.53)
“Found it hard to concentrate and settle to work at home” (P.283)
In contrast, one person had gained purpose:

“I feel I have a purpose” (P.84)
Social Impacts

Seeing friends and having social contacts were most frequently referred to as things people missed. A range of 11 different items were mentioned as being missed and significantly only one of these is an activity rather than a group of people – eating out – and that itself is a social activity. Social isolation would therefore seem to be deeply felt by the respondents.

“I miss my own mum” (P.5)
“Missing friends and family... my 2 year old daughter is definitely missing company” (P.58)
“I miss our son and daughter-in-law who are in Manchester and there are a couple of friends I miss seeing” (P.172)
“do miss our freedom, social contacts and usual routines” (P.250)
“Being isolated from friends, family and colleagues has been the hardest thing for me” (P.278)

“I really miss taking a bus or train into the countryside and then going for a 6-mile walk, followed by eating out somewhere” (P.179)

Most of the respondents lived with a partner or spouse. Many also had children living in the home. The wide range of living arrangements suggests there may be a wide variety in experiences of day to day life, and therefore also support needs.

“Live with a partner” (P.5)
“Live in a terraced house with husband of 18 years and our 13 year old son who has autism and learning difficulties” (P.20)
“...living with wife and daughter in total lockdown” (P.45)
“I live here with my husband and 2 teenage girls 13 and 15 years old” (P.54)
“I have two young children age 3 and 6” (P.202)
“I live with my husband and two cats” (P.203)
“a friend that lives locally moved in when lockdown was announced to keep each other company” (P. 259)
“I am carer to my husband” (P. 278)

The pandemic and associated control measures was affecting a range of aspects of life. Many people were finding life at home increasingly tense managing demands of home-working and home-schooling added a particularly high level of stress. Some changes were also positive, including an increased ability to work digitally and two people enjoying home educating their children. The quotes below show a wide range of experiences:

“Working from home. Schooling my children. Not easy!” (P.15)
“I am a university student in my second year of my degree...have 2 young children needing education...exhausted and struggling...submitting work I could have done a lot better” (P.90)
“...being at home with my wife and daughter all the time has been trying at times” (P.192)
“...shopping is hard.” (P.252)

“We like spending time together playing games, watching films, out on our bikes, walking and in the garden” (P.4)
“becoming more digitally literate” (P.15)
“Have learned to interact digitally” (P.182)
“We are getting out into the garden every day, we’ve done nature study, made more bird boxes, making a garden pond, built the kids a mud kitchen” (P.202)
A total of 42 of the respondents mentioned they were giving support to people in new ways. This could be a new form of support for a dependent, or new support for new people. It exemplifies the kindness and altruism the pandemic has elicited from families and community members.

“…also supporting my 94 year old grandmother who lives alone” (P.6)
“I support quite a few elderly people who live in their own” (P.84)
“I am also doing some shopping etc for a couple of friends who have health issues and trying to support someone who suffered a sudden bereavement just before the lockdown started” (P.203)

Despite social isolation there seems to also be a new found social cohesion:

“I hope neighbours stay this connected!” (P.210)
“We are all trying to support vulnerable neighbours” (P.216)
“Kicked into action though in the community and so have been helping neighbours” (P.245)
Support for others was often referred to in practical terms, particularly with reference to shopping. A number of respondents were either benefitting from food deliveries or were delivering it to others. In itself this is a significant social shift. We perhaps take for granted the simple ability to go to a shop to buy the types and brands of food we prefer, and this may not be possible with other people selecting for you.

“...my parents are shielding although I deliver food for them once a week” (P.15)
“I am unable to go out to do my own food shopping and so relying on where I can get food delivered from” (P.15)
“I’m doing a weekly shop for my daughter, who has asthma” (P.176)
“Reliant on friends for shopping & diesel for car” (P.281)
Employment is being increasingly impacted by the pandemic. At the outset many people were furloughed or had a partner who was furloughed. As time progresses the picture becomes more complex with some people returning to work full or part time and others losing employment altogether as businesses cannot pay them. These are illustrated as follows:

“...partner furloughed” (P.52)
“...at the moment I am unable to work as travel is not allowed” (P.172)
“Work has increased for both...partner works in pharma sales - respiratory products” (P.173)
“...working from home, which is helpful because of the time saved on the commute” (P.201)
“Work is much busier due to constant “meetings”” (P.261)
“been furloughed from work” (P.272)
“both very worried that our jobs may vanish” (P.276)

The chart below shows a mixture of employment situations, changes in the nature of work, and feelings about work.

![Employment Changes Chart]

Given people are receiving less pay and losing their jobs, some respondents commented on the financial impact of the pandemic, but only 16 of the 170 respondents referenced this, again reinforcing the sense that there is a socio-economic bias in the results.

“My partner has just been made redundant from his labouring job so we are trying to survive on my part-time wage” (P.5)
“...financial stress due to loss of one important income” (P.261)
“We have a mortgage holiday which is helping as my wife is on reduced wage (furlough) but when the mortgage holiday ends we both may still not have our previous income restored” (P.276)
“Our finances are not affected substantially. We are fine.” (P.52)
“We are very fortunate that so far, we have both retained our jobs” (P.201)
“...no immediate pressures (such as the need to home school or worry over how to pay the rent/mortgage” (P.203)

These changes are summarised in the chart below:

![Financial changes chart]

The respondents were drawing social support from a range of places, and technology was becoming instrumental in accessing this support:

“I am in daily FaceTime contact with my parents and my in laws as they are all elderly and are completely isolated at home” (P.7)
“...we meet socially via Zoom. Pilates session run via Zoom quite successfully and various committees via Zoom/Skype. Weekly family quiz via Zoom” (P.208)
“Have strong links with local church and with immediate family.” (P.251)
The hobbies and sports that were most impacted were those reliant on social contact (e.g. team activities) or those that happened in public places (e.g. gyms). As a high proportion of the respondents read or cooked, walked and cycled, there was a low incidence of changes to leisure activities.

“Main hobby is cycling and gym” (P.6)
“I like to walk, jog and attend exercise classes and I’m missing those” (P.14)
“Outdoor type, walking running mountain biking” (P.92)
“...massive fan of exercise & until the lockdown I had a very active life. My social life completely revolved around sports” (P.195)
“We enjoy walking, watching TV and films, cooking and reading” (P.212)
Support Needs

The participants stated they had a range of 15 different needs in order to recover from the pandemic and associated control measures. Financial support was the most frequent answer and yet has arisen little as a cause for concern or worry:

“Employment support Financial support” (P.59)
“Financial support for my partner would be good as I am currently supporting both of us on a part time salary” (P.97)
“...accessible online socialising (deaf and use of skype etc is problematic even with subtitles and live captioning)” (P.232)
“Support to feel less anxious about going out and mixing with people again” (P.270)
“I am hopeful that my employer will bring me back from Furlough but if that does not happen I will be made redundant so will need employment support” (P.272)

It is also worth noting that 25 of the respondents also stated they did not need any additional support, further reinforcing that many people are resilient enough or privileged enough to manage:

“At present I cannot see that I will need any support providing I remain on full pay” (P.48)
“As I have so much support I don’t need anything at the moment” (P.49)
“Nothing, except childcare and back to exercising” (P.224)
“None identified at present” (P.250)
Learning

The participants stated society should learn the following lessons from this experience. There were 14 messages aimed directly at the government.

“I think the country should have been more prepared and we should be testing and tracking” (P.9)

“The NHS needs to be funded and supported by whatever government is in power” (P.50)

“I have been very angry at our government’s handling of this” (P.59)

“I rage at the government’s slowness in putting measures in place” (P.90)

“The government lied” (P.94)

“They should definitely have been better prepared in sourcing PPE and providing consistent guidelines for healthcare workers” (P.101)

“The NHS and social care sectors have been neglected, underfunded and undervalued” (P.175)

“I think the government was far too slow to impose lockdown and quarantine” (P.268)

Aside from the things the government should or should not have done, many realisations arose about the ways in which future pandemics should be handled. Many reference the increased value and/or pay needed in the health and social care sectors and the need for improved benefit systems to insulate the disadvantaged from its impact. The most frequent single answer was that traditions around ‘work’ would change forever with more home-working and less office presence a new norm:

“I’m hopeful that people will value the NHS and schools more since they have seen the vital roles they play in society” (P.8)

“People being paid according to their worth to the country e.g. all front line services.” (P.55)

“We need to value everyone in society equally” (P.168)

“The NHS and social care organisations have done amazing work with the immense strain… should be funding review for the NHS and other support services” (P.175)
“It is obvious that the NHS needs more funding and that the current model isn’t working” (P.191)

“We badly need a Universal Basic Income” (P.203)

“I think we can learn from some of the use of online tech and maybe home working” (P.9)

“Home working is definitely possible and could be used to drastically cut pollution and rush-hour congestion” (P.256)

“I hope we don’t go back to normal.. I think there will be more home working” (P.261)

There was a lot of learning about other people, some positive and negative, and the sense that people are kind is the most frequent theme despite the other experiences of hostile or inconsiderate others.

“I think some people haven’t understood the seriousness of this virus” (P.57)

“many groups of society not 'getting it' about social distancing - particularly teenage boys and young men” (P.177)

“...variety of customers due to covid19: worried, stressed, depressed and angry. These customers tend to take their frustration out on the workers, passively or verbally” (P.227)

Over time these altruistic behaviours are far outweighing the selfish ones:

“Community kindness has been amazing” (P.11)

“We have a fantastic community of neighbours of various ages, and we are all looking out for each other. I have met new neighbours that I had never spoken to before, and feel more connected to them now” (P.201)

“We need to hang on to community spirit and value key worker positions” (P.207)
A wide range of other learning was recommended too encompassing the climate, animal change, social values and nature. This shows the pandemic may be stimulating a fundamental reappraisal of social values.

“Personally, I worry more about climate change than anything else,” (P.14)
“I would like value placed in nature, in a quieter more steady pace of life” (P.84)
“We need to start appreciating the environment more and stop abusing nature/animal” (P.205)
“The recovery from Covid must also incorporate preparations and plans to tackle the climate emergency, the potential impact of which would eclipse that we are experiencing at present” (P.218)
“...value clear air, environmental quality” (P.228)

“Focus on valuing happiness and fulfilment over targets and profits” (P.6)
“...need to celebrate the good things in life and be more forthcoming in expressing our feeling of love and valuing others” (P.15)
Recommendations

Whilst we are not able to suggest how we can nationally afford these measures, it would seem that the following professional supports are necessary:

- **Education.**
  During social control measures children need to be able to access education and should be provided with access to learning resources via post or online, and with access to learning support with telephone coaches or teachers. Parents need support too, with networks of local parents sharing ideas and resources, access to professional advice and guidance, and the right resources to enable learning (desk space, broadband, learning resources).
  Returning to school needs to happen in a measured manner weighing risk against benefits. The most vulnerable pupils such as those with learning difficulties, looked after status or pupil premium status, should be allowed back to school ahead of pupils who are not of this status to level the gap in attainment which is much documented. Schools should provide modules on ‘getting back to education’, giving children time to explore the emotional impact and to share ideas for returning to study.
  Additional mental health support should be provided in school through youth work, counselling, and CAMHS.

- **Physical Health.**
  People need to access health resources, whether this is electronically or face to face. People must be able to access support for existing and new health conditions to prevent a second or tertiary wave of coronavirus related health issues. For many this will mean providing reassurance that it is safe to attend medical appointments again. For some remote places or vulnerable populations this may mean ‘pop-up’ clinics or surgeries to enable access.
  There is a backlog of health issues to tackle and so resources need to continue to be funneled into health to enable these to be addressed.

- **Psychological Health.**
  A wide range of psychological support is needed. This includes everyday supports such as time with loved ones and time outside, through the range of holistic therapies such as mindfulness and therapeutic interventions such as IAPT CBT, CAMHS, psychological interventions and psychiatric support. A major investment will be needed in these areas which were already well below the level of demand even before the pandemic. Again digital solutions should be provided wherever possible but not as a replacement to face to face appointments, rather as a complement to them.

- **Social care**
  The social care sector needs investment both financially and morally. Workers in social care settings need to be given esteem, recipients of social care need to be valued members of society. The resources need to be in place for people to remain as independent and resilient as possible for as long as possible, and for the right support packages to be available when this is not possible. This should be a strong aspect of the economy and well recognised within society.

Politicians, local authorities, and individuals take on board the learning for future incidences of viral pandemics or other social isolation and control measures.
These recommendations are not to say that people need ‘rescuing’, and many have strategies in place and are resilient as highlighted earlier in this research. Rather the right support needs to be given in the right places to enable people to manage their own needs.

Conclusion

People are completing the research in whatever format they prefer. There are 304 survey entries, three interview transcripts and seven stories and poems collated to date. The data is enabling the development of a biopsychosocial framework for Covid-19 exploring different individual characteristics, the impact of the virus, the support needs people have and what they feel should be learned for the future. The addition of qualitative data will add richness to the quantitative data and trends.

It is still early in the life of this research project, but we continue to publish updates to enable timely actions in local authorities and national government. However, we will be collecting and analysing data until November 2020. As such the next steps for the research project are to:

- Continue to invite responses to the call for stories
- Seek stories from wider demographics, particular younger, male, socio-economically deprived demographics
- Develop a mixed method reporting adding qualitative data to the quantitative data to show the nuance hidden beneath the descriptive statistics
- Analyse 300 data sets on the health needs emerging from the pandemic from partner Healthwatch Cumbria
- Analyse the 3600 data sets on young people’s experiences of home education from national partner Edukit
- Develop a further detailed survey on the psychological impacts of Covid-19 as this is emerging as the most prevalent theme from this project.

We thank all respondents for their invaluable time and support.

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