

**Post-Covid 19
'Potential to be Better'**

Cowdenbeath
A Research Report
For
Fife Council



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1. Introduction

This report is an inquiry into experiences of Covid 19 for residents, including vulnerable and disadvantaged people, in Cowdenbeath in Fife, Scotland. The study was commissioned by the Temporary Team Manager (Community Development), Sharon Murphy for the Communities Directorate, Communities and Neighbourhoods Services in Fife Council, Fife, Scotland, in order to assist with planning for the Community Team. The phrase used in the title of the report, 'Potential to be Better,' comes from one of the community group respondents and reflects the glimmer of light that was seen by the community for the future at a troubling time and reflects the potential for individual and community resilience in Cowdenbeath, identified in this research

Fife Council has established seven area committees, based upon recognised groupings of the 22 wards. The Area Committee structure reinforces the Council's commitment to localised decision making, in addressing the differing needs of the communities. The Cowdenbeath area, which includes Lochgelly, Kelty, Cardenden, Benarty and Cluny, as well as Cowdenbeath, is served by Fife Council's Cowdenbeath Area Committee.

Cowdenbeath is both a town and burgh in West Fife, Scotland. It is 5 miles (8 km) North-East of Dunfermline and 18 miles (29 km) North of Edinburgh. The town grew up around the extensive coalfields of the area and became a police burgh in 1890. The town has an estimated population of 14,081. Cowdenbeath, the town, lies in South-Western Fife, near the larger town of Dunfermline. The town lies in a low, undulating, arable landscape to the South East of the Ochil Hills.

Lochgelly is a town in Fife, Scotland. It is located between Lochs Ore and Gelly to the North-West and South-East respectively. It is separated from Cowdenbeath by the village of Lumphinnans. According to the 2007 population estimate, the town had a population of 6,834. Kelty is located in Fife, Scotland. Kelty is a former coal mining village in the heart of the old mining heartlands of Fife. It is situated on the Fife/Kinross-shire boundary with a population of around 6,000 residents. Cardenden is a town located on the south bank of the River Ore in the parish of Auchterderran, Fife. It is approximately 4 miles (6.4 km) North-West of Kirkcaldy. Cardenden was named in 1848 by the Edinburgh and Northern Railway for its new railway station. A former mining town, Cardenden had a reported population of 448 in 1891 that had increased to 5,533 as of 2011. Benarty is the name which is informally and commonly used to refer to the ex- mining towns of Ballingry and Lochore and the villages of Crosshill, Lochcraig and Glencraig. The area is situated north of Lochgelly.

Programmes for the communities, which are the subject of this report, are provided by the Council, often in partnership with the third sector. This research was commissioned to assist the existing partnership groups in Cowdenbeath to plan delivery of community services across the area. Community work in Scotland has a strong tradition of community development; youth work; adult education, including second chance education; literacy and numeracy; and recreational programmes, which include the arts, for example; employment programmes; life skills; and more recently ESOL. Principles that underpin community development work are:

- A commitment to facilitating change in communities;
- A concern for all members of a community, or a community population;
- A commitment to community empowerment, participation and democracy;
- A commitment to equality of opportunity;

- An awareness of intersubjectivity/interrelatedness of community influences. (McArdle, 2020)

At national level, the Scottish Government emphasises the significance of adult learning to its agenda for social justice, as outlined in its 'Statement of Ambition', which is currently being updated. Programmes of local government adult learning are regularly reviewed by Her Majesty's Inspectorate of Education (HMIE). Community work is also included in the profile of Community Empowerment Plans; plans which are required through Scottish Government legislation. Accordingly, CLD work has a strong policy and social presence in Scottish politics at local and national levels. It is closely linked to community development, adult learning and youth work services in particular.

The Scottish Government in analysing responses to the consultation, "A Connected Scotland," has drafted a strategy to tackle social isolation and loneliness, "People, Communities and Places" (2018). It refers to the need for empowering communities and that local authorities should take a leadership role in facilitating social connectedness. Missing is an indication of exactly how this empowerment process should be achieved.

2. The Researchers

Professor (Emerita) Karen McArdle, University of Aberdeen, who has directed and implemented the study, which is the subject of this report, has more than 30 years' experience of working in the community conducting research, in Scotland and Australia, and has taught research methods in community development contexts for more than 20 of these years. She is the author of text books on both the impact of community learning and development and research methods; most recently "*The impact of Community Work: How to Gather Evidence* (2020, Policy Press)." She has lived in Fife for three years, and has worked there in the past and knows the Fife area quite well.

Dr Linda Walker (retired) previously worked for over 20 years at the University of Dundee where her research led her to collaborate with colleagues throughout Scotland, the rest of the UK and the wider world. As a qualified social worker, she has over 40 years experience of working with individuals, families and communities, with a strong research focus on helping professionals collaborate more effectively with one another to the benefit of those they serve. She has lived in Fife most of her professional life.

3. Background

The study, which is the subject of this report, sought to explore the experiences of residents of Cowdenbeath, including in particular disadvantaged people, during the second wave of Covid 19. We anticipated previous disadvantage would have been exacerbated by the pandemic and we sought to look to the future to identify needs that would require to be met post the second wave. We sought to speak to those residents in particular, whose voices might be seldom heard. The Covid 19 pandemic, it is argued, "*exposes and amplifies inequalities in society*" and "*health inequalities tell us about inequalities in society*," (Marmot, 2020). This has become clearer to us as the pandemic has developed and we see patterns concerning those most likely to contract the virus, including those in dense living conditions and elderly and/or vulnerable people, as examples.

This study sought to explore the particular impact of COVID 19, using Narrative Inquiry to consider people's experiences, focusing on the past (experiences prior to Covid 19); the present (experience of Covid 19); and the future (what will it be like post the virus?).

The research questions were:

- **What has been the experience of residents of the Cowdenbeath area during the Covid 19 pandemic?**
- **What are the key issues these people face?**
- **What will the needs be of these residents, post Covid 19?**
- **What are the implications for Fife Council, in particular the Community Team, in Cowdenbeath?**

The research required the direct participation of the staff from the Community Team to manage the particular demands of interviewing significantly vulnerable people. The community learning and development (CLD) staff were well able to manage the difficult conversations that emerged from the research. Staff were trained over 2 days in Narrative Inquiry and the ethical requirements of the research. Thanks are due to the staff who undertook these interviews and to the residents of the Cowdenbeath area, who were so generous with their opinions and their time.

The sample, that was chosen, as the focus of the study, was a sample of people, many of whom were experiencing some form of disadvantage and vulnerability, because of Covid 19. In order to find these people, who are seldom heard, we chose to interview people, who had had food boxes from the Council; or who had accessed other forms of Council support during Covid 19 lockdown. This was considered to be a good indicator of experience of need and difficulty. In some cases, these people were already known to community learning and development staff.

We interviewed 30 people with a good spread of age and circumstances, such as being alone, being a couple, a young person, a single parent or a family with children and both men and women. We reached saturation point with the data at this number and could have interviewed many more people, but time and the urgency of the situation did not allow for this. The sample was biased in favour of women, which may have been, because they were the ones who would traditionally seek food for the family, so had used food banks, a source for our sample.

We chose to use narrative inquiry, as the best means of finding out about the complex and interrelated issues that affect people's lives. Narrative inquiry seeks rich, in-depth case studies, so does not require a large sample, as it does not seek to be representative of a population. Issues which emerge, however, may well be transferable to other people's contexts. A person is not comparable with another person but, just as stars are all different but shine with the same light, so narrative inquiry case studies may be viewed as a constellation, with similarities between people being the shining light. We wanted to get a broad view of the issues present in the Cowdenbeath area, so chose to have a larger sample than that usually required for Narrative Inquiry studies. Small samples of single digits are usually required for case study research of this kind.

We chose to use Narrative Inquiry, because of its accessibility and because it would allow respondents to frame the issues that were discussed in their own terms. It is truly starting from silence. We do not predispose discussion of particular topics; rather the methodology allows the respondent to determine how the conversation is framed and its content. As we also had themes we wished to discuss, the interviews were in two parts, with the opportunity for narrative in the first part and closer questioning in the second part, for any topics not yet covered in the narrative inquiry.

Interviews were, in the main, recorded and were partially transcribed by Professor McArdle and Dr. Walker, who both analysed and interpreted the data using coding for thematic and discourse analysis. Interviewers provided reflections on the process to assist with analysis

and Professor McArdle interviewed a sample of community organisations in the Cowdenbeath area. This data provided the framework for interpretation of the residents' data, providing a professional, volunteering and local view of the impact of Covid 19 and also triangulated the data.

Staff from the Community Team were interviewed by both Professor McArdle and Dr. Walker to assist with triangulation of the data and to provide another professional and local knowledge view of the area.

Ethical training was provided for interviewers, who promised respondents confidentiality and that nobody other than the interviewer and Senior Researcher would hear the recordings. All recordings were password protected. Careful explanations of the research were provided to ensure informed consent. As a part of the population was vulnerable, Community Learning and Development (CLD) staff were well able, and did choose when, to stop interviews if respondents became distressed and these staff were able to provide and did provide guidance and advice of sources of support for issues raised. The interviews were handled sensitively, and interviewers sought actively to provide positive assistance to people where need was expressed.

Some of the interviews lasted longer than the half hour expected and were seemingly cathartic for the respondents, who appeared to welcome the opportunity to discuss troubling issues with a sympathetic listener. Accordingly, the research is considered to be both robust and authentic, as a product of the rich data secured by the community workers.

The sample, though small, was very strong for Narrative Inquiry and provided in-depth and rich case studies of the interrelated and multifaceted problems that the population face in their lives. The interviews were highly authentic and trustworthy and provide an overview of the character of complex issues individuals face in the Cowdenbeath area in the pandemic and an insight into its likely impact post-lockdown. Narrative Inquiry is particularly interesting, as the respondents themselves determine the topics discussed. The agenda is set by the interviewee and there is no chance of leading the conversation to a Fife Council agenda. The views expressed in this report were the veritable opinions of the residents of the areas.

4. Findings - Residents

It is characteristic of Narrative Inquiry to provide longer and more detailed quotations and this has been done here. It serves to show how themes are interrelated and to give a perspective on a whole life. The findings are presented in some detail to provide the reader with a flavour of the kinds of issues raised.

The quotations in this section, have been selected to show the range and frequency of ideas. We have indicated the sex, age and dwelling of the individuals quoted where these were available. Where necessary details have been omitted to prevent identification of individuals. Where these details were not available, a designation such as single mother or older man is given to provide more demographic information.

4.1 Mood during Covid 19

During the Covid period, moods across residents in the Cowdenbeath area fluctuated, generally starting with disbelief, fear and anxiety. This, for many residents, resulted in a range of feelings and behaviours as they struggled to cope with the initial wave and subsequent lockdown.

"I panicked! You know how you hear about it attacks the lungs. I panicked. I'm not gonna lie, I panicked!" (52 year old woman, Lochgelly).

"It looked kinda scary. What if it comes over here (from China)? It'd be scary." (17 year old woman, Kelty).

"It was horrible, really horrible. Since the start I was anxious. Really, really high". (21 year old Cardenden).

"The numbers got higher and higher and the deaths and it got closer and that's what put the fear of death in me. The most thing that stopped me going out was fear. Just going out and catching it. Wondering what would happen to the kids if something happened to me. I was trying to keep me all right for them but anxieties were through the roof." (42 year old woman Cardenden)

However, whilst many people had ongoing feelings of anxiety, even when lockdown finished, others appeared to draw on their existing resilience, indicating that as time progressed, things eased a little. This was helped enormously by some of the existing, as well as newly instigated, services put in place due to Covid within the community. Additionally, people developed new and existing coping strategies such as gardening, cooking and taking exercise outside.

"It got easier, like the social distancing, it got easier. You just have to be patient." (21 year old woman, Cardenden)

"We coped but it did get tedious. My youngest became very attached to us. She doesn't leave our side much....at that point we were allowed in the garden with other people so we encouraged people to decorate their garden and have a little party in the garden, we had about 6-8 households involved." (45 year old woman, Cowdenbeath)

"I always told myself I'd do up my garden so I had a chance during lockdown to do it. I've now got flowers and a gazebo up...I had something to do, it kept me sane." (52 year old woman, Lochgelly)

"It was terrible, really terrible. The only good thing was I still got my granddaughter at weekends. Apart from that it was murder, I've put on a stone and a half! It's been a lot easier(since end of lockdown), especially since shielding stopped. But I've nae gone anywhere far, like I've stayed in the village and like Kirkcaldy." (69 year old woman, Cardenden)

The fridge kept us right. I would've known what to do had the fridge not kept us right. Going to the fridge every week, that was my sort of sanctuary, kinda thing. The welfare boy, he's kinda helped me too, so I'm a wee bit better off than I was" (48 year old woman, Cardenden)

"I've been at the community fridge a few times...aye, it was fine. It actually got you out the house for a bit. You just feel lonely." (39 year old woman, Cardenden)

"My garden was all chips, but I raked them up, every last one of them and dug it for vegetables." (Woman, Lochgelly)

"Using the café was a great help, like picking up meals like, and getting fresh stuff. I filled one cupboard with food for my daughter as she's struggling, she's on Universal

Credit so I keep that there so if the kids are hungry, they can come round and kinda get it.” (Woman, Kelty)

“It makes a big difference to me (the community café) as if I can save on food, you know, I know it sounds daft, but I can buy my son a pair of shoes, you know. The café helped and it still helps me’ It was awful initially as I felt completely isolated because I was the only adult. Going to café, at least I had other adults to talk to, to interact with. Over time it got better, you got used to it. The weather was nice and we were lucky as we got to use next door’s garden. A support worker from the school was a great help. Basically she got some shopping for me as I was reluctant to go anywhere with the two of them. I think she picked up my stuff from the food bank once and I think she got me stuff from the café as sometimes I wouldn’t be able to go down. Even for having an adult to talk to. She helped a lot of people.” (46 year old woman, Cowdenbeath)

4.2 Relationships

Negative feelings appeared to be experienced by all ages throughout the pandemic, with adults often really worried about their immediate families and older relatives, as well as themselves. These anxieties were expressed in a variety of ways and again, people drew on their own strengths, as well as drawing on others for support within the community.

“The kids found it really hard(social distancing), they missed their friends. My son found it really hard, he’s so social, yer, he found it really hard, really hard missing his school chums. He struggled mentally and now struggles if there are three or four people, yes. He doesn’t like crowded places. He didn’t come to the café. He sat in the car....and to be honest I wasn’t wanting him to come as I was trying to keep him safe.” (46-year-old woman, Cowdenbeath)

“It was a struggle to stay indoors for two weeks but we had the back garden. My wife struggled with that and she spiralled into depression quite quickly. Struggled to get fresh air, to get out. I’ve tried to keep in touch with friends on messenger and Skype and that....it’s hard for my wife as all she wants to do is see her mum and hug her and tell her that she loves her but she can’t do that. She’s seen her twice since we went into lockdown. She’s lost her sense of normality.” (29 year old man, Cardenden)

“My dad got paid off at lockdown. He got paid off. It had quite an effect on him. On his mental health as he was in the house with nothing to do. Got quite depressed....the café was really good. Like the pre-cooked meals were really good for us as when mum goes out to work, they’re really good for dad’s lunches as she’s obviously out all day.” (17 year old woman, Kelty)

It was significant that although services were largely curtailed, particularly with regards to mixing indoors, the community fridge and community café both provided opportunities for social interaction. These opportunities were described frequently and appeared to counteract some of the isolation experienced by many throughout the pandemic.”

“Actually getting out. Coming to the community fridge. Getting to see people that you actually ken. Makes you feel a lot better. Getting to see faces again. Just a chat. Better than sitting stuck in the house.” (42 year old woman, Cardenden)

“H, I never really spoke to her before, hey, but she’ll then chap the door on a Tuesday to see if I’m coming (to the fridge) and that eh? Same with her son, hey. I’d say I’ve made new kind of friends out of it.” (Woman, Kelty)

“Coming up here (café) at 8 o’clock in the morning. I don’t know if you’ve heard us out there having a laugh and a banter? Oh yer, we have so much laughter out there. We talk about anything. It’s so much fun being in that queue...it’s something from stopping me going insane.” (52 year old woman, Lochgelly)

4.3 Finances

As has been identified earlier, there were diverse experiences regarding financial hardship with some people really struggling and others feeling they were slightly better off during lockdown due to more limited opportunities to go out or shop. This however was against a backdrop of widespread poverty in an area where food banks and other community food provision were already accessed widely.

“Some aspects were good. I saved money as we had nowhere to go, so I saved money on the car as I couldn’t take the kids as there was nowhere to go. Food wise was not so good. Gas and electricity not so good....I definitely had to use the food bank too, yes definitely. It was the school counsellor that helped me get that, yes.” (46 year old woman, Kelty)

“Well ye ken, we’re still working but we’re not financially well off. When we came round here (to the café), for our wee bits and bobs, it was good, there’s a nice atmosphere. It was even nice before Covid.” (63 year old woman, Kelty)

“We’ve struggled with it. As we’ve not been able to get our Asda order in, we’ve had to go out and find things. We’ve had to travel and so out twice a week on buses. Money was just going out quicker. Luxuries just went out the window.” (29 year old man, Cardenden)

“It’s been a struggle as you spend more. You weren’t able to go and do big shops and if you were, you were waiting ages.” (39 year old woman, Cardenden)

In the main, financial insecurity was mentioned unprompted by people who were new to this challenge. Universal Credit was generally seen as problematical, not enough and the means of getting it were seemingly not straightforward

“(During Covid) I’m spending more on gas and electricity than I’ve ever done. I’ve got to make sure the house is warm for him. I phoned up my electricity supplier and he put £30 on my electric and £20 on my gas but I’ve got to pay that back next month. It was degrading, I’ve never done that in my whole life. I was embarrassed with it, really embarrassed, ken.” (Woman, Lochgelly)

“We’re left with zero, time we’ve paid the bills. Take me off Universal Credit and put me back on severe disablement again. I could manage then.” (Woman aged 52, Lochgelly)

“You listen to them out there in the queue for lunch, it’ll break your heart. Their money’s been stopped. They’ve put a thing on their Universal Credit. You hear all the wee stories from the folk that’s got to know you. It’s not real. I’m glad I’ve got no kids in the house ‘cos it’s worse for the kids.” (Woman Lochgelly)

4.4. Food

Food insecurity was a strong feature highlighted by most people in the study, whether they were working, wholly or partially receiving benefits. There were some clear distinctions made about the universal availability of food, for example, at the community fridge and café as opposed to the referral system required to access the food bank. Getting to a food bank was problematic for some people, whereas pride was mentioned by others. Being too proud to access services however was seen by some to be countered by volunteering and therefore engendering greater feelings of quid quo pro.

“I couldn’t get to a food bank as the nearest one is Cowdenbeath. There is a bus, but I don’t do buses...I get panicked attacks.” (Woman, Kelty)

“Maybe we would go down the food bank? Maybe we would go down that road, I dunna ken? I went there maybe 3-4 year ago and it made you feel bad. It made you feel like it was your fault.” (Woman aged 52, Lochgelly)

“(Community fridge), I’ve been a couple of times in person and couple deliveries.” (Woman aged 21, Cardenden)

“I think some people were a bit proud to be seen using a food bank ‘cos you dunna want to be seen to kinda be using a food bank, eh? Especially if you’re in the habit of kinda working and you’ve not been on benefits before. It’s the kind of mindset. People are a wee bit embarrassed. There’s one thing coming here (community fridge) and getting a bag of food and another level when you go to someone and say I need help, will you refer me...it’s another level. Here, there’s no questions asked, they just get it.” (Woman aged 36, Lochgelly)

“I haven’t used a food bank during Covid. When I do use the food bank, I think they don’t care for me as I’ve got a kid with allergies...a lot of it I give back to the food bank as I can’t use it.” (Woman aged 46, Kelty)

“Me and my wife are quite proud, not wanting to ask for help unless our backs are against the wall. We’ve actually had things like the community fridge to help us get by and that’s taken a bit of a burden off us trying to get by. I don’t mind using it. Having the fridge has helped us a lot, especially in the first weeks of lockdown. I feel I’ve got more of a balance for the community because I’m putting something in by helping some people, I feel like I can take something out. Without volunteering (at the community fridge) maybe my pride might get in the way and I might not take as much. Because I’m able to volunteer at the community fridge I’m able to see a lot more people. Just for two or three minutes, just to get more human contact. It’s actually been able to raise me up quite a bit.” (Man aged 29, Cardenden)

4.5 Future

Whilst nobody wanted the virus to be prolonged, there were signs across the community that within a second wave people would cope; they would draw on previous experiences; and they would generally have a capacity to survive. This sense of optimism was heartening and was testament to this communities’ positive thinking, camaraderie and sheer resilience. A lot of support appears to have been in place prior to Covid, with residents and staff then having the capacity to pivot and refocus this support to address additional, or heightened, Covid requirements.

“(If we get a second wave), well, coping with it I guess you know what to expect. I think there’s a lot of community where I am and I’m lucky to be in that environment ‘cos I’ve learnt a lot about how people can help.” (46 year old woman, Cowdenbeath)

“You adapt don’t you. Aye, I think I’m quite resilient...it’s hard, it’s hard for everyone but everyone has to do their bit, ye ken.” (36 year old woman, Lochgelly)

“I’d be all right as I’ve experienced it now. I’ve never experienced anything like this before. It’s scary, going out, catching it.” (21 year old woman, Kelty)

“I’d be fine, I’d be prepared, I wasn’t prepared before. I’d get things to keep me and (daughter’s) mind occupied. It’s coming to winter, you won’t be able to get into the garden. I’ve been getting wee games, you know, putting them away. DVDs, puzzle books. I’m prepared that we’re not gonna get bored.” (52 year old woman, Lochgelly)

Whilst resilience was generally high, there were still many anxieties, and in some cases a resignation, about a second wave and what this might bring,

“I’m actually dreading it as I know what’s going to happen and you’ve been through it before. What actually terrifies me is the schools. She says they should be going in, but it’s in the schools already. I think it should be blended learning. I don’t think they should be going in full time. There isn’t staff or the money to get them cleaned either, like deep cleaned. I’m terrified for all children, but mine in particular.” (Woman, Kelty)

“Well, when it first started it was fine. I helped (son) with his homework but as it further went on, I felt like depressed...I suppose we’re in a second wave now. I’m not going back to that. I canna go back to that. I dunna want to feel like that. I dunna want to feel like I canna see to them (my kids).” (42 year old woman, Cardenden)

“Like everyone else I’m not happy about it (second wave). If everyone had done what they were supposed to we wouldn’t be here but there’s nothing we can do about it, we have to just get on with it.” (63 year old woman, Kelty)

4.6 Future Services

Coupled with many of these reservations and anxieties about the future, there was again a strong sense of what might help both individuals and groups within the community, post Covid. Key suggestions often centred around improved communication at all levels. Some people focussed on communication from central and local government regarding specific advice, whilst others talked about more individual isolation and the need to talk.

“If they could keep us informed of what help there was available. Right the way through that there was no texts from the government telling us what was available, you could go here or you could go there to get help...all I got was texts from the government about shielding, I wouldn’t ken how to switch a computer on.” (69 year old woman, Cardenden)

“(In the future), somewhere you could go to get advice where you weren’t looked down on like you was not needing the help. I may look normal to people but I do have an illness.” (52 year old woman, Lochgelly)

“...things ought to be more open, better communicated. Information with the business grant we got at the beginning, you had to hunt for it...it’s being more open

with information with people. Fife Council, they need to highlight the guidelines for different industries.” (36 year old woman, Lochgelly).

“There’s people who really need it (help and advice) but there’s others who don’t know how to get it. Maybe a hub that people could go to into where council workers could be sitting in to help people. Just advice. Maybe a business in the High St to help people fill in forms. Anything, just advice on many things...” (45 year old woman, Cowdenbeath)

“For the mental health, I think there needs to be a lot more support. Even if you were speaking to someone over the phone.” (Woman, Lochgelly)

“I think the schools should have phoned, to check on the kids here.” (42 year old woman, Cardenden)

“These lunch groups, I think they’re great. I think these are great. I think the fact that anyone can go to them is great. Vouchers can be sold. Soup kitchens, cafes, I think they are brilliant.” (45 year old woman, Cowdenbeath)

“Aye, wee groups where you could have a coffee and a chat – socially distanced of course (laughs!).” (42 year old woman, Cardenden)

Respondents were asked what services there should be in the future and who should provide them. People’s ideas were quite clear about what could be provided and to a lesser extent by whom, but there were no patterns emerging about services, other than a concern for mental health and well being.

5. Findings - Community Groups

Representatives from groups from the third sector were interviewed by Professor McArdle and Doctor Walker and asked about their services and perspectives on the local situation in the climate of Covid 19. A decision was taken to keep their responses as confidential as possible, as the groups were asked to comment on the Council and may be reliant on contributions to funding. Also, it meant the representatives could be frank in their opinions.

5.1 Challenges faced by the local community

We asked respondents how Covid 19 had affected the local community. Community groups mentioned a wide range of issues that they saw as particularly challenging for individuals and groups during Covid 19. Those identified included social isolation and its subsequent impact on mental health; food poverty; financial strains; lack of employment opportunities; digital literacy, or lack thereof.

“(...there are) unexpected people coming in to use food provision which we wouldn’t have predicted before Covid. We wouldn’t have traditionally engaged with them within that type of project...that’s why we’re really glad we made things universal. Erm, I really do think that’s the way to go with food provision...Much more dignity involved, much more open, there’s less stigma. People’s economic situations are bad and the signs are they are getting worse.”

“We just had to keep phoning people and keep talking to them...it was about reassuring people. I was on the phone all day, every day, just reassuring people...some of the people didn’t have anyone to chat to ...they were just grateful to have someone chatting to them. It was getting people’s life stories. It was a good experience as well.

“As well as people’s food insecurities, we also knew there was a big impact on people’s social lives as well. Just not having that contact with people. “

“I would say mental health was a key issue before lockdown and it’s just escalated in lockdown.”

5.2 The ‘New Normal’

Community groups representatives were asked what they thought the ‘new normal’ would look like for Cowdenbeath and what this would mean for their organisation. There was some optimism about new learning from the first wave of Covid, which some felt had led to a greater understanding about services within the community. There was a sense that a shared experience (of the pandemic) had maybe brought the community closer together and the future could be more positive. Focussing on key aspects such as food poverty, isolation and mental health seemed to be key.

“Who knows? For the foreseeable future, it’s never going to go back to the way it was. A new normal could offer...the potential to be better!”

“I think people are fragile. They don’t really know what’s happening, especially in the older people. I do think isolation, loneliness and befriending are going to be a big thing. Despite the gadgets, it’s the human contact. To know that there’s someone there for them.”

“Covid 19 has helped us connect with the community.”

5.3. Good Future

Respondents were asked what would be a ‘good future’ for the area, to identify local aspirations for Cowdenbeath. Whilst many could see opportunities arising from experiences of, and responses to, the pandemic, others raised some cautious notes.

“The community I work in, community buy in is the best I’ve ever seen. A lot of the confidence has gone (post Covid). The fear that things aren’t safe. Quite a powerful thought that people don’t feel safe to do the things they enjoy. A good outcome would be the removal of fear and a confidence to come back out and do things again.”

“I think it’s, I suppose, raising people’s’ aspirations.”

“It was really good to see the community spirit within the community. A lot of people were struggling but they were willing, members of the community were willing to offer that support...I wouldn’t want that ever to be lost.”

“The Council should be listing all services that need to be delivered and then asking, ‘who’s best to deliver this?’ They need to start thinking differently because there are a great deal of community groups, social enterprises that could do as good a job, if not better.”

5.3 Ways to contribute to the ‘Good Future’

Community organisations were asked how they and the Council could contribute to a ‘good future.’ It was quite clear that a lot of reflection had taken place on the future, for these

groups. The theme of dependency on support was raised again. However, there was a strong sense that community organisations want communities to own their own future.

“It’s about adapting my own perceptions of my role. Adapting to the needs we are in. If people feel more comfortable speaking on line, and not attending groups, then I need to roll with that.”

5.4. Other Identified areas

Respondents were asked if there were any other topics they wished to raise and they frequently chose to summarise previous points. The themes were:

Positive thinking, camaraderie and resilience
Community best, I’ve ever worked in
Community pulling together
High level of volunteers
Interdisciplinary team work
Local café/fridge change of use
Quick responses needed now
Making new friends is a positive
Gardening/cooking/decorating

6. Findings – Staff

6.1 Local Issues during Covid 19

Staff, including managers, were interviewed and they had a clear understanding of the situation facing residents of Cowdenbeath area. The one issue missing was one of the prime causes of mental health and well being issues, the pressure experienced by residents, of too close a proximity during lockdown.

“With this pandemic we have to think of people’s mental health. We still have people of 65 plus shielding, seeing little of other people. I intend building a programme based on mental health and well-being.”

“More difficult for people now as they can’t get to the job centre to sort things out and stuff.”

“Increase in poverty levels. Individuals that were just under the radar are now unfortunately experiencing poverty.”

“You only have to look at the food provision for the people of Kelty and we’re doing 60-70 people for food. That’s where I think the big issue is within Kelty.”

“Food’s been a big issue, it was beforehand and has continued to be a priority...there’s also the wider issues of travel and getting around...there’s issues of employmentand there were other issues coming up such as social isolation and mental health”

6.2 The future during and post-Covid

Staff has a developed sense of the challenges the future might bring and also were aware of the latent resilience in Cowdenbeath. Learning and reflection had clearly taken place. The

issue of the potential for dependency was raised again and this is discussed later in this report.

“I think it will be an area where people will have a greater understanding of who they can go to for support. They will have a greater understanding of resilience than there was in the past. There will be a willingness to share experiences and to talk about concerns before they become a crisis, if that makes sense?”

I think we will have a much more connected network of services that share that common theme of trying to support the community and coming back to always thinking about, what they’re doing about the people and the place. This will include services that are talking to one another more regularly and in more depth and with common purpose. I hope this will make the community a better place to live and that services that come together improve the quality for people.”

“When we do get back to some normality, it might be a year, maybe two years down the line, I don’t know, I think it’s going to be difficult weaning some communities off the support.”

“That’s not a good thing that 250 people are needing fed. That’s up in Kelty. The future for me up in Kelty would be, if we don’t have to run these provisions and that people are actually functioning by themselves in society....if you wake up in the morning and you’re not dependent on services...what we’re creating is dependency on services. We should be able to inspire people, to motivate people to move themselves on.”

“I’d like to see more opportunities for employment. Maybe new industries.”

“I think teams will flex and adapt to whatever is needed....whilst they have a set of principles to work with they are prepared to absolutely meet the needs of the community. They will rise to that challenge.”

“I help local communities access external funding. I think that’s the way forward.”

“My role is to help people to help themselves. There’s a service on their doorstep (CLD) that most people don’t know about and it just needs to be promoted. it’s the glue that holds everything together.”

“We need to redefine what we mean by community development. We need to re-engage with this again....I think there’s still an opportunity to shape the work in the local teams...it’s important to be able to describe what that professional role (CLD) is and what it can do.”

7. Discussion

This report is part of a suite of reports for Fife Council, for each of its Community Teams and Area Committees. Cowdenbeath stands apart from the other areas because of the strength of its community spirit and connections. Potential for resilience was apparent in other studies in Fife but not to the same extent as Cowdenbeath and the title of the report reflects this strength. Yes, residents felt downcast at the impact of Covid 19, but were aware of the ability to endure, for themselves and for the community and harked back to this in their comments as can be seen from the quotations in the previous section of this report. The

discussion is represented in sections but all of the discussion is interrelated and refers back to community resilience.

7.1 Community Resilience

The need for community resilience is seen as a priority for Fife Council. Many of the elements outlined in this section are in place in the Council but a co-ordinated effort from the Community Team, with skills and knowledge in community development, is important to ensure the process of building on existing resilience takes place. The term *community resilience* is used to describe the interconnected network of systems that directly impact human society at a grassroots community level, including the socioeconomic, ecological, and built environments. A community is resilient when members of the population are connected to one another and work together, so that they are able to function and sustain critical systems, even under stress; adapt to changes in the physical, social or economic environment; be self-reliant if external resources are limited or cut off; and learn from experience to improve itself over time (Arbon et al., 2012)

A community can both facilitate and constrain resilience, and it can be an agent for change in and of itself. Social capital, in its broadest sense, gets to the core of how a community functions; how people in a community get along with each other, including questions of trust and understanding; how people in the community collaborate and work together (involving questions of collective efficacy); what links exist between people, organisations and institutions within a community as well as links with people, organisations and institutions in wider society. Social capital is at the centre of any understanding of community process and change. It can bring together the other types of resource, such as individual human capital, it can coordinate groups, facilitating political mobilisation, it can network people into flows of political power and influence, and it can tap into financial resources that can be used for the development of further human capital. (The Young Foundation, 2012).

The Young Foundation suggest looking (inter alia) at 3 important dimensions of community, which will assist with the community development approaches adopted with communities by Community Teams.

- Self, the way people feel about their own lives;
- Support, the quality of social supports and networks within the community; and
- Structure and systems, the strength of the infrastructure and environment to support people to achieve their aspirations and live a good life.

The second stage the Young Foundation proposes measures resilience, by creating a map of assets and vulnerabilities in the community. Accurately identifying the assets - for example social capital - and the vulnerabilities - for example social isolation - helps estimate the capacity of a community to withstand shock and pinpoint where support should be targeted.

The third stage is a benchmarking process, using national and local authority wide data to draw out local trends in life satisfaction. Applying a benchmark helps:

- Distinguish between community-level and wider trends. It is important to disentangle what is happening at the very local level from broader trends across a local authority area, a region, or even nationally
- Identify which members of the community are vulnerable and why, and those who are not vulnerable
- Make a realistic assessment of what local interventions can and cannot achieve

The fourth and fifth stages are about planning and action, working with communities, elected members and partnerships to look at where interventions are needed and then creating or redesigning local services.

This means that the Community Team should be engaged in research and consultation to draw out the meanings of life satisfaction for residents and this study has begun this process. Supporting networks at operational levels is part of the process that could be developed and contributing to the existing strength of systems and the environment will be important to the development of resilience. Social resilience is the human dimension of community resilience and may be argued to consist itself of 3 dimensions:

- Coping capacities – the ability to cope with and overcome all kinds of adversities;
- Adaptive capacities – the ability to learn from past experience and adjust themselves to future challenges;
- Transformative capacities – ability to craft sets of institutions that foster welfare and sustainable societal robustness. (Keck, 2013)

Social resilience lies firmly in the domain of the Community Team and the capacities cited above all fall within the ambit of youth/adult learning and community development and this contribution to planning community resilience is crucial in the development of plans for Fife and Cowdenbeath recovery.

7.2 Mental Health and Well Being

As in other areas of Fife, the mental cost of the pandemic is grim, but individual effort for resilience was apparent. People were ready to say how they were coping and a picture emerged for the researches of an area of Fife that had a joined up spirit prior to the pandemic and people hoped to return to this post the virus. It is clear that support will be needed to assist people during the pandemic and thereafter to maintain and rebuild their individual resilience. Accordingly, befriending and peer support activities are recommended and the Community Team should consult and source these activities with the third sector, designing these activities if none exists or they are insufficient for need. Digital inclusion is linked to mental health and well being and telephone support (possibly landline or texting) for people who are isolated should contribute to this befriending and peer support with learning opportunities for elderly people in particular.

7.3 Volunteering

Volunteers came forward in the pandemic in numbers and this provides an opportunity to capitalise on this for contributing to community development in general and community spirit in particular. There was enthusiasm to assist from volunteers and reported evidence of a joined up spirit both pre and possibly post Covid 19. Volunteers could be provided with training by the Community Team in befriending, peer support and the knowledge required for direction to 'social prescribing' opportunities. Also another dimension of volunteering is linked to the avoidance of dependency on 'hand outs.' This was a recurring theme in this research. Residents felt a need for a sense of fairness in welfare provision and accordingly could be asked to contribute time to volunteering to maintain dignity; to contribute to the community; and to secure support for themselves. The Community Team could be assisting the third sector to expand its use of volunteers and be providing training to volunteers in befriending and peer support.

7.4 Taking Stock – The Third sector

The planning of community resilience suggests that the Community Team should be working at operational level to assist the third sector to take stock of its immense activity and to reflect with Council professional staff working at the grass roots level on preparedness for the future. This may be done through virtual meetings, facilitated by the Community Team to assist with future planning and reflection and recognition of work done with the pandemic to date. This work may be contributed to the wider Council recovery planning at strategic levels and will ensure congruence between strategy and operational, social recovery planning.

7.5 Taking Stock – Residents

Youth work and adult learning have a strong role to play in rebuilding individual resilience. Physical and emotional health may be facilitated through provision directly or through the third sector with outdoor activities, such as gardening and walking. They can facilitate safe face to face contact where and when this is permissible. Also, healthy cooking and support with food parcel recipes is helpful to well being. Activities online that enhance self esteem, sense of control over one's life and build confidence are also useful for assisting with wellbeing and rejoining the community.

7.6 Regeneration of the Community

Regeneration of the economy and physical, social and emotional well being are critical to the future of Cowdenbeath and are germane to Fife's Recovery Plans. As one staff member put it, Community Learning and Development (CLD) is 'the glue that holds communities together' and is crucial to the strategic and operational plans of recovery for the Cowdenbeath area. CLD needs to be stronger in its identity and influence on planning as it holds the social key to community development and accordingly to local recovery. The value and identity of CLD lies in:

- Working with individuals, groups and whole communities;
- Working on issues identified, interpreted and managed at local levels;
- Working at the local level on issues with national and global significance;
- Working sustainably with both a short term and a longitudinal effect;
- Working with people at all levels of society;
- Sustaining useful and worthwhile relationships with all those involved in the work in order to effect change that is in the interest of the target community and wider society. (Derived from McArdle et al., 2020)

7.7 Longitudinal community development

In the long term, community development is vital to resilient and well communities. In each of the reports for Fife Council, this has been emphasised. The United Nations defines community development as "*a process where community members come together to take collective action and generate solutions to common problems.*" The community can work to explore empowerment to overcome negative barriers; and to tackle the problems of social isolation through a shared community commitment. This will not work if driven solely by the professionals. It requires the involvement of key community drivers and the buy in of the community itself. This requires that means of engaging individuals are sought which build on respect and trust in the community, which once again take time to deliver. There is no short cut to trust. It requires a presence in the community and the development of respect, which is itself a long-term process. Expertise in community development lies in the

Community Team and should contribute at strategic and operational levels to community planning, particularly for recovery.

6. Conclusion and Recommendations

1. Develop localised micro funds to seed voluntary sector activity.

Small amounts of investment can make a big difference and send important signals to communities of recognition and celebration of effort, as well as meeting practical needs. They can provide a bolster to fragile community organisations and can prove important in building up new organisations and community resilience.

2. Provide opportunities for Reflection with the third sector at grass roots levels.

As cuts may impact both public and voluntary sector services, it is more important than ever to forge new links and protect existing ones between the sectors. Strengthening community resilience can not be done in a traditional top down way, but neither can communities 'go it alone.' Public and third sector organisations continue to have a vital role. An opportunity for reflection is timely and can be facilitated by the Community Team in a virtual environment if necessary. Connections are vital to resilience and the Community Team can play an important role in bringing people together in the third sector.

3. Design a CLD Approach to Mental Health and Well-Being

A short term and longer term CLD leadership approach to individual and community mental health and wellbeing should be devised to embed resilience and coping in youth work, adult learning and community development approaches. This should embed youth work and adult learning in a community development framework which tackles the 3 levels of activity described in the Discussion of this report – individual, community and strategic. A plan should be devised for the short and longer term; which audits, provides, and sources support to promote resilience, in partnership with the third sector. This can be achieved holding virtual meetings with third sector providers; with the Council staff providing a leadership and facilitative role at operational levels. Training can be provided by the Community Team to volunteers in the third sector in befriending, peer support and social prescribing.

4. Research and Consultation

The Community Team can provide a research and consultation presence in the community, answering questions crucial to aspirations and recovery, especially including those who are seldom heard, as well as active community leaders.

5. Longitudinal Community Development.

The United Nations defines community development as *"a process where community members come together to take collective action and generate solutions to common problems."* The community can work to explore empowerment to overcome negative barriers; and to tackle the problems of social isolation through a shared community commitment. This will not work if driven solely by the professionals. It requires the involvement of key community drivers and the buy in of the community itself. This requires that means of engaging individuals are sought which build on respect and trust in the community, which once again take time to deliver. There is no short cut to trust. It requires a presence in the community and the development of respect.

The Community spirit present in Cowdenbeath is very interesting and its contrast with other areas of Fife is even more interesting. This suggests two action points. The first is to redouble effort in resilience promoting activities that contribute to physical and emotional well being through enhanced adult learning and youth work around gardening, healthy eating and other activities, which serve to bring people together online or face to face in the future. The second point is that further exploration of the cultural and social differences in the Cowdenbeath area, in particular with the third sector, will shed light on positive activity that can be adopted in other areas of Fife

6.Community Engagement

Community engagement is important to reach people who may be isolated for social and economic reasons, as well as reasons linked to rurality; such as transport issues, fuel poverty and physical isolation. Community engagement is important because it has been shown that 90% of health determinants, for example, are not health system related but social and economic (Kilpatrick, 2008). Studies suggest that the majority of 'engaged' individuals perceive that there are benefits for their physical health, psychological health, self-confidence, self-esteem, sense of personal empowerment and social relationships (Milton et al 2010). The social outcomes of community engagement may be particularly important for 'at risk' populations, such as residents in poor social and economic circumstances, young people starting out on their life journey and older people who tend to be less well connected socially (ibid). Accordingly, the approach to adult learning needs to be founded on community engagement not solely the provision of classes and other formal learning opportunities.

Community engagement needs to be part of the responsibility of all relevant services to the rural communities, not just the CLD team and needs to be part of the profile of Fife Council partners in their provision.

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APPENDIX A

Cowdenbeath Area Residents' Research Interview Schedule: Past, Present and Future: Covid 19

Hello, my name is XXXX. This research is being done by Fife Council to find out the impact of Covid 19, the virus, on residents of the Cowdenbeath area and what this means for the future. You have been chosen because XXXXX. (*I know you; you have used Fife Council service, or similar explanation*). The Council and partners want to shape services around your experience of using them. We are looking for your feedback in order to shape the future help we offer and how and when we get that support to you and others.

The research will be used to help decide what use is made of services now and in the future by the Council.

Please can I record the interview. It is so that I can easily manage the answers to the questions. No one will hear the recording except me and Karen McArdle, the Senior Researcher. (*If they say no, you have to take notes*).

A report will be written of the research and your name will not be used. No one will know it was you who was interviewed, except me.

The interview should last about half an hour, are you happy to start? You can stop at any time.

(The aim is to get the conversation going so you do not need to use all these questions. Just remember the aims of the research and themes we discussed)

1. Can you remember the first time you heard about Covid 19, the virus?
2. How long have you been in lockdown, can you remember?
3. Who was in lockdown with you?
4. Were you or anyone else shielding or self isolating?
5. What's it like for you?
6. What's it like for the people you live with (if applicable)?
7. What about family or friends. How are they coping?
8. How was it at the beginning? Did it get easier/harder as time went on?
9. How does it make you feel?
10. What was life like, before the virus?
11. How is life now?
12. How have you spent your time in lockdown?
13. How will life be for you, in the future if the virus continues?
14. If there was a second wave of Covid 19, how would you cope? What would you do differently, if anything?

Please make sure and cover the following, if they have not already been covered.

15. How has it been moneywise? How have you coped?
 - Have you received any financial support, benefits?
 - what was that like?

- How did you feel?
- how should this be done in the future?

16. How has it been food-wise? How have you coped?

- Have you used food boxes or food banks or local food projects (e.g. Lo'gelly Lunches, community fridge, BRAG Pantry, Oor wee cafe? Max's Meals)?
- Have you used Supermarket vouchers?
- If you used food banks or projects, did you go in person or get a delivery?
- If so, how were these?
- If so, how did you feel?
- How should this be managed in the future? Who should provide it?
-

17. Have you missed seeing other people? How have you coped?

- Are you social distancing, if you do see other people?
- Have you ever felt down?
- What support could there be for mental wellbeing in the future?
- Who should provide it?

18. (If applicable) Have you been doing home schooling with your children/grandchildren? How have you coped?

- How was it having the at home?
- Did you have online access for schooling?
- Have you used any support for it?
- How was it
- How did you feel?

19. Have you used any other Fife Council or charity supports during the lockdown period?

- What did you use?
- Did you use any local groups? (e.g. Kelty Lets's Get Together, BERT, LochgellyBeat Corona Group, Crossgates Together)
- Have these services been helpful?
- How did you feel?
- Is there anything else you would like to see in the future, that was missing?
- Who would provide this?
- Did you use any online services?

20. If you need help after Covid 19, in the future, what help would you prefer?

- Cash?
- Food banks?
- Supermarket vouchers?
- other forms of support? Please specify. . . .

19. If you needed fuel (electric and gas) support, would you prefer cash, or if someone came to do the fuel for you?

20. Are there any issues about travel and transport in your area?

- If so, what are these issues?
- How could any problems be fixed?

21. Can you get online at home?

- If yes, how (phone or broadband at thome)?
- If yes, are you able to do everything you need to do?
- If no, why do you not have access? (cost, lack of knowledge, not available)

22. Is there anything you would like to talk about that I haven't asked you about yet?

23. Can I finally ask you your age?

24. Where do you live? (name of town or village)

Thank the participant for their time and contribution to the research.

(The aim is to get people to say as much as possible in their own words. You can stimulate this with the following kind of follow-up questions below:

- *What makes you say that?*
- *Can you give me an example?*
- *Can you tell me about a time when that happened?*
- *How did it make you feel?*
- *Why? Where? How? When?*
- *Explain a bit more about that.*
- *I'm not sure I understood/got that, can you say a bit more?*
- *What exactly did you/she/he/they say?)*

Appendix B

Questions for Community Groups

1. What is the purpose of your community group/charity/organisation?
2. Do you provide services to the community?
 - If yes what are these?
 - Where do you provide them (location)?
 - Who are they for?
3. What has been the impact of Covid 19 on your group/charity/organisation?
4. How, if at all, will this impact on services in the future?
5. What do you think are the key challenges for people living in this this area of fife?
6. What do you think the 'new normal' will be like after Covid 19?
7. What do you think the new normal should be like?
8. What do you think a good future for the area would look like?
9. How can you and your group/charity/organisation contribute to this future?
10. What do you think the Council should do to contribute to this future?

Thanks

Appendix C: Questions for Staff

1. Tell me about your work during Covid 19?
2. How did this differ from your usual work?
3. What are the key challenges facing residents in the area post-lockdown?
4. How will your work contribute to remedying this?
5. What do you think the new normal will be like?
6. What should the new normal be like?
7. What would be a good future for the area?
8. How can you contribute to achieving this?
9. What is the purpose of what you do professionally?
10. How does this contribute to the good future?