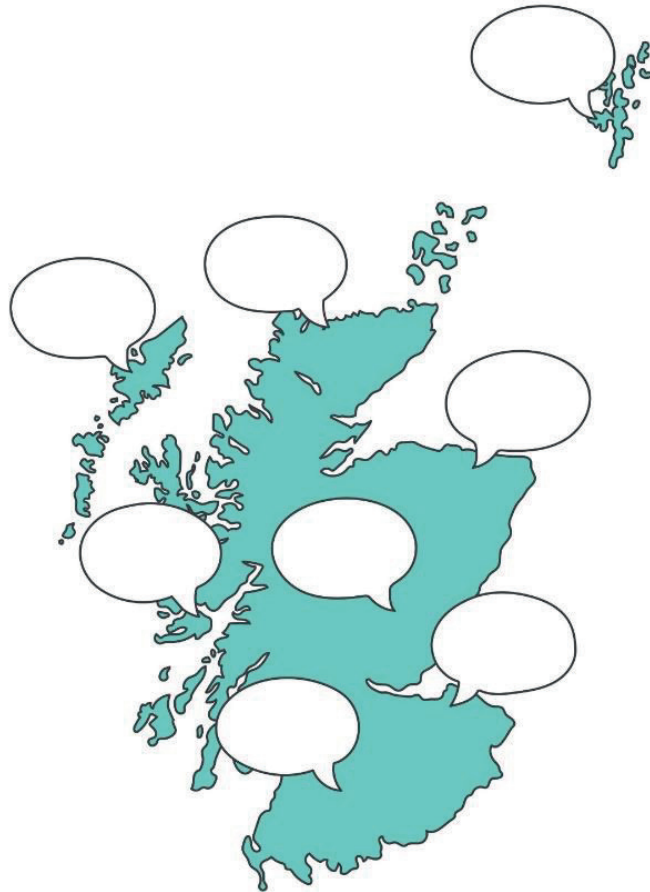


# COVID-19 and Society: What matters to people in Scotland?



Findings from qualitative research with individuals in Scotland  
from January to February 2022

Societal Impacts and Wellbeing Team  
**Scottish Government Central Analysis Division**

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## **Acknowledgments**

We would like to thank all the individuals who gave up their time to complete the survey. We also thank organisations and colleagues who assisted us by sharing the survey link amongst their networks.

## Key points

The aim of this research was to gather direct accounts from the public on their experiences of the pandemic, and on their concerns and thoughts about future support needs.

### Who took part?



#### **3,162 people completed this online, 'free-text' survey**

- most (70%) respondents were female
- there was a range of ages (under 24 to over 70 years)
- a quarter (26%) of respondents identified as having a long-standing physical or mental impairment, illness or disability
- 22% stated that they were in an unpaid carer role

### How do people feel?



#### **Some of the most prominent emotional attitudes included:**

- fed up
- angry/critical
- worried/cautious
- struggling
- accepting
- optimistic/positive

### What made it easier to stay safe?



#### **Factors that helped and encouraged people to stay safe included:**

- feeling motivated to protect others
- making new connections
- having the capability and the resources
- experiencing positive personal outcomes from new ways of working and studying

## What made it challenging to stay safe?



## Factors that made it more challenging to stay safe included:

- contradictory or disproportionate guidance
- worry about the harmful consequences of the rules and measures
- the behaviour of other people
- being at higher risk from COVID-19

## Issues that people want help with



## The main differences in the issues people wanted help with were:

- those directly related to COVID-19 (in terms of health implications)
- those related to the practical and social implications stemming from the pandemic
- wider concerns mostly to do with issues such as the cost of living crisis

## Specific support needs



## People were seeking very different types of support depending on their circumstances and what their hopes were for the future. Including:

- returning to the 'old normal'
- adapting to a 'new normal'
- protection from COVID-19
- financial security
- to recover from the harm and disruption caused by the pandemic
- improved access to health and social care
- support with Long-COVID

# Introduction

## Understanding people's experience of the pandemic

The COVID-19 pandemic disrupted day to day life in Scotland in the direct threat to our health from the virus, and through the effects of the public health measures that were designed to reduce its transmission. For extended periods of time there was limited access to public services, businesses, workplaces, travel and community settings.

Research has highlighted the negative impact the pandemic has had on people's mental health, finances, health, social connections, access to food, and living arrangements.<sup>1</sup> These effects were visible even when the direct threat from the virus was temporarily reduced. Much of this evidence is from numerical survey evidence, and there is less information on people's direct experiences.

To understand in greater detail how the pandemic has changed Scotland in the short and longer term, we ran an open, 'free text' survey. This offered members of the public the chance to share their concerns, emotions and thoughts about the future in their own words. This report presents the findings from the survey.

## Data collection

An online free-text survey was launched on 24 January, for three weeks and it closed on 13 February 2022.<sup>2</sup> Questions included, 'how do you currently feel at this point in the pandemic?', 'what measures have you found easier or harder to follow? (and why)', and 'what kind of help would enable you to feel safer and more supported?' (see [Annex A](#) for the full list of questions and [Annex B](#) for method).

The survey was publicly available on the Scottish Government website and it was promoted through the Scottish Government Facebook page. A link to the survey was also shared via a range of over 30 organisations in the third and public sector.

The main limitation to this type of research is that the sample is self-selecting and therefore not representative of the wider Scottish population. It was opt-in and so it is likely that there was greater representation from people who had a higher level of interest and concern in the questions.

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<sup>1</sup> [Barriers to adherence with COVID-19 restrictions - gov.scot \(www.gov.scot\)](#); [Public attitudes to coronavirus \(COVID-19\) - gov.scot \(www.gov.scot\)](#); [REPORTS | COVID Social Study](#)

<sup>2</sup> [Wellbeing and living with COVID protection measures - Scottish Government - Citizen Space \(consult.gov.scot\)](#)

## Who took part in the survey <sup>3</sup>

PROFILE	SURVEY RESPONDENTS
<b>GENDER</b>	<ul style="list-style-type: none"> <li>• 70% female</li> <li>• 24% male</li> <li>• 0.7% non-binary</li> </ul>
<b>AGE (YEARS)</b>	<ul style="list-style-type: none"> <li>• 29% 45-54</li> <li>• 25% 55-64</li> <li>• 22% 35-44</li> <li>• 8% 25-34</li> <li>• 8% 65-69</li> <li>• 5% 70 plus</li> <li>• 2% under 24</li> </ul>
<b>ETHNIC GROUP</b>	<ul style="list-style-type: none"> <li>• 93% white</li> <li>• 2% other ethnic group</li> </ul>
<b>LONG-STANDING PHYSICAL OR MENTAL IMPAIRMENTS, ILLNESS OR DISABILITY</b>	<ul style="list-style-type: none"> <li>• 67% no</li> <li>• 26% yes</li> </ul>
<b>UNPAID CARER</b>	<ul style="list-style-type: none"> <li>• 71% no</li> <li>• 22% yes</li> </ul>
<b>EMPLOYMENT STATUS</b>	<ul style="list-style-type: none"> <li>• 46% employed full-time</li> <li>• 14% employed part-time</li> <li>• 15% retired</li> <li>• 8.5% self-employed</li> <li>• 3% not working due to illness</li> <li>• 2% studying</li> <li>• 1% unemployed</li> </ul>
<b>FINANCIAL STATUS</b>	<ul style="list-style-type: none"> <li>• 40% managing very/quite well</li> <li>• 36% managing alright</li> <li>• 14% not managing very well/some financial difficulties</li> <li>• 2% deep financial trouble</li> </ul>

<sup>3</sup> Please note, not everyone completed each question. See [Annex B](#) for a more detailed breakdown of the sample and responses. For information on how this sample compares to Scotland's population see the census website [Population | Scotland's Census \(scotlandscensus.gov.uk\)](https://www.scotlandscensus.gov.uk)

## **A note on the analysis**

This report presents information from qualitative analysis of the survey responses. The survey was intended to consider the range of impacts of the pandemic and this report does not attempt to quantify the relative weight of any of the issues that were raised.

However, it is noted where impacts were particularly prominent and were shared across a large section of the sample. For example, in relation to the general disruption and practical and emotional costs of social distancing policies. Some issues were more specific to a smaller sub-section of survey respondents but these are no less important just because fewer people experienced them.

## **Structure of the Report**

This report is structured into three sections which are: **personal impact**, **staying safe** and **support needs**, in order to answer the following 3 questions:

1. How do the public feel two years into the pandemic and what are their concerns and hopes about the year ahead?
2. What has made it easier or more challenging for people to stay safe during the pandemic?
3. What kind of help would people like in the future to feel safer and more supported?



# 1. Personal Impact

The pandemic has had ongoing impacts on individual and community wellbeing and these impacts have been unevenly felt for different people and places.<sup>4 5</sup> This section describes how people were feeling at this point in the pandemic (January/February 2022) and their feelings about the year ahead. Respondents were given the opportunity to freely describe how they felt.

Figure 1 categorises some of the most prominent emotional attitudes alongside a brief description. However, whilst the emotions have been separated into categories, respondents commonly gave a mixture of emotions. For example, feeling fed up and worried, yet still hopeful that the worst of the pandemic may have passed.

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<sup>4</sup> [The Impact of COVID-19 on Wellbeing in Scotland: Wave 4 Fieldwork 26 Jan –11 Feb 2022 \(www.gov.scot\)](https://www.gov.scot)

<sup>5</sup> [Public Attitudes and Behaviours Around Coronavirus in 50+ Charts \(www.gov.scot\)](https://www.gov.scot)

Figure 1: Prominent emotions



### Fed up

- Fed up, tired, overwhelmed

### Angry/Critical

- Angry and/or critical of the handling of the pandemic



### Worried/Cautious

- Continued anxiety and worry about COVID-19

### Struggling

- Impacted by negative experiences during the pandemic

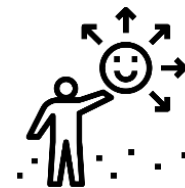


### Accepting

- Feeling more tolerant and willing to accept the situation

### Optimistic/Positive

- Feeling positive, with optimism that things would continue to improve



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## Fed up

Respondents described feeling fed up, exhausted and overwhelmed at this point in the pandemic.

**“I feel tired. It's been a long two years.”** (Male, 55-64)

For many, this was linked to the duration of the pandemic and feeling that life had been kept on hold for the past two years. Others described exhaustion but that was balanced with an understanding of the need for a continued response to COVID-19.

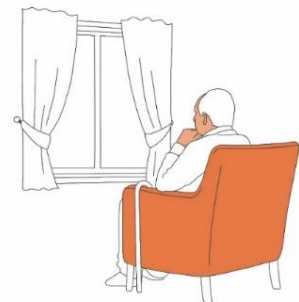
**“Life in a holding pattern. Having made routines with masks, hand washing, social distancing, not attending large events, barely any travel it is boring and isolating.”** (Female, 55-64)

Respondents referred to the uncertainty that the pandemic has created, impacting on the ability to plan ahead.

**“I see another year stretching out in front of me with rules and restrictions making life harder and more difficult. There is little to look forward to. Also making plans or booking things is unappealing due to restrictions and the possibility of restrictions being tightened or changed last minute or with little warning.”** (Female, 35-44)

There was an expressed need for clarity about what the future may entail.

**“Fed up with it all. I actually don't mind the restrictions but we need to know what the new normal looks like and soon. I have always stuck to every rule but I'm not sure I can continue to do so if they are to continue for another year.”** (Male, 35-44)



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## Angry/Critical

Feelings of anger and criticism were directed towards the Scottish Government's response to the pandemic. Respondents felt that measures had been unnecessary or ineffective and that restrictions such as lockdowns, or measures in schools, had caused greater societal harm than the threat posed by the virus.

“Angry that you are still putting restrictions on children. Still masking kids in school - and perpetuating a culture of fear and anxiety...” (Female, 45-54)

At the extreme, some were angry as they believed that the pandemic was a hoax. Others criticised what they perceived as politicised decision making and decision making that was not based on science or 'cherry picking' science.

“Appalled at the continued use of restrictions which are unsupported by any robust evidence. Appalled at the suggestion that the Scottish Government think it is appropriate to retain indefinitely what are emergency powers.” (Female, 65-69).

Anger towards the Scottish Government also came from those who felt that restrictions were being eased too soon. They raised concerns about changes to testing, removal of working from home advice, and a lack of risk mitigation strategies such as ventilation.

“I feel scared, angry, disappointed and unsure of the future. I feel worn down by the need for constant vigilance. I feel exhausted by the lack of response from the people in power to change things significantly for the better. Especially since I and many of my friends and family are higher risk. It feels like we have been forgotten about and sacrificed for the sake of normality for the rest of the population. We are stuck in constant isolation where those in the populace brag about going to football games or dining indoors. We don't have the luxury or the freedom to do these things. We may never be able to again unless things change.” (Female, 35-44)

On the other hand, it was suggested that the measures were kept in place as a way for the Scottish Government to exert control. There was a sense of mistrust that the pre-pandemic way of living would not return.

“Completely over it, I want to see an immediate end to all measures as they're not required anymore and are an overreach in terms of power and control.” (Male, 35-44)

Respondents were also angry with the approach taken by the UK Government and the implications it has for Scotland.

“I have felt an underlying sense of anxiety or unease, particularly when Scotland’s prudent measures have been undermined by the somewhat more cavalier attitude of the Westminster Government” (Male, 55-64)

A significant degree of anger was related to wider events occurring at the time of this consultation. This was a period of media coverage on the launch of a police investigation into potential breaches of lockdown measures at Downing Street.<sup>6</sup>

“I feel a bit jaded especially by the behaviour of those in government in Westminster who flouted the rules and treated the whole 2 year episode with contempt.” (Female, 70+)



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<sup>6</sup> [Findings of the Second Permanent Secretary's Investigation into alleged gatherings on government premises during Covid restrictions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/findings-of-the-second-permanent-secretarys-investigation-into-alleged-gatherings-on-government-premises-during-covid-restrictions)

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## Worried/Cautious

“I feel anxious because this isn't over and everyone is acting like it is. Everyone who is still very high risk or CEV<sup>7</sup> are still vulnerable.” (Female, 55-64)

Respondents were worried about catching COVID-19 themselves, or members of their family or friends contracting the virus. Anxiety was particularly high for those who fell into high risk/clinically vulnerable groups (or their family/carers).

“The risk of new variants is huge, yet we are rushing to strip away even the most basic of restrictions and push to 'live with Covid'. We won't all 'live with Covid' - many, many will die and it's awful.” (Male, 45-54)



Worry was compounded by perceptions of the behaviour of other people (as discussed again in [section two](#)).

“I feel even more anxious about the year ahead given all the talk that the pandemic is over when it clearly isn't. It annoys and upsets me when people say 'you just have to get on with things' because I really want my family and I to stay safe not just accept that I have to move on as other people can't be bothered taking precautions anymore.” (Female, 45-54)

There were worries around more dangerous variants, linked for some with concerns around low levels of global vaccination. The threat of Long COVID, and potential long term effects of recurrent infections was also a source of worry.

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<sup>7</sup> Clinically extremely vulnerable (CEV) [Who is at high risk from coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Whilst some felt more hopeful about the year ahead, they expressed a continued caution around attending settings that were previously considered 'high risk'.

**“I am anxious about all the rescheduled events taking place and being in crowded spaces again. I am anxious about going back to the work place on a more permanent basis. I'm anxious about mine and my family's health and well-being. Overall I would say I'm anxious!”** (Female, 45-54)

Respondents also expressed worries about non-COVID related issues. This included household finances and the rising cost of living.

**“Unclear, fearful of what will happen economically as we stagger out of this. Particularly about inflation and job security. Food, fuel and utilities are a particular worry coupled with tax increases are a major concern.”** (Male, 45-54)



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## Struggling

**“Physically and mentally exhausted by everything. Heartbroken for the loss and suffering over the last two years.”** (Female, 25-34)

The pandemic has had a significant impact on people's emotional wellbeing. Respondents reported feeling despondent, lonely, deflated and a belief that there was no longer anything to look forward to.

Some had lost loved ones during the pandemic and described the grief and guilt they were dealing with.

“My mother was diagnosed with terminal cancer at the start of the pandemic and died in 2021 and I couldn't be with her. The pandemic and restrictions robbed me of any precious last moments with her and of being able to care for her.” (Female, 35-44)

Some respondents were struggling as they described feeling abandoned now that society was opening back up. Whilst the rest of society was starting to return to a greater degree of normality, they would remain isolated and ‘invisible’.

“People living with chronic illness like me, have been abandoned by the Scottish government as vaccines do little to mitigate against the high risk environments we must be in to survive.” (Female, 25-34)



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## Accepting

“I feel stoical I think, really hoping the worst is behind us, but if it's not we'll get through it.” (Male, 65-69)

Some respondents described an acceptance of how things were at this point in the pandemic. This was not always a positive feeling but more a feeling of being resigned to this ‘new normal’ and that uncertainty would continue.

Respondents also highlighted that they had adapted to protective measures, and did not have any significant worries relating to COVID-19.



“I... recognise that I personally have to find a way of living through all of this. So I look for a safe balance and live my life.”  
(Male, 25-34)



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### Optimistic/Positive

“I feel good, optimistic about the future and grateful to be safe.” (Male, under 24)

There were respondents who, whilst still feeling cautious about COVID-19, or exhausted at this point in the pandemic, also believed that there was cause for positivity. They generally perceived and hoped that the worst had passed and were hopeful that things would further improve.

The vaccination and booster programmes were highlighted by many as having given them increased confidence of less chance of serious illness if they contracted the virus. They spoke of feeling safer.

“I feel safer and more confident of the future now my family are vaccinated.” (Female, 45-54)

After the uncertainty of the past two years, the possibility of being able to start making plans again was viewed positively.

“I feel ready to make plans for holidays and to socialise more often within the guidance.” (Female, 55-64)

There were also some who expressed positive emotions about the Scottish Government. For example, The First Minister’s televised briefings were praised for offering reassurance and clarity. The actions of other people were also a source of positivity.

“Encouraged that we might be past the worst, grateful for the cautious approach taken by the Scottish Government, and appreciative of their support for NHS Scotland.” (Male, 70+)

“Proud of the way we have helped each other, abided by good public health measures and have such good uptake of the vaccine.” (Female, 45-54)



## 2. What has made it easier or more challenging for people to stay safe during the pandemic?

During the coronavirus pandemic, various measures and regulations have been introduced to limit the spread of the virus. While the aim of these measures was to slow the spread of the virus and help people stay safe, they changed the way we connect, travel, work, shop and other important aspects of everyday life.

There is data on what people think of the different measures and policies<sup>8</sup> but less understanding on why. This section captures the diversity and complexity of people's experiences to consider what factors have helped and encouraged people to stay safe and what factors made it more challenging.

### 2.1 What helped and encouraged people to stay safe?

#### Feeling motivated to protect others

This was expressed at a general population level, ranging from statements about 'protecting the NHS', 'the vulnerable' and the local community, to more specific references to people's own families.

**“Limiting social contact was easy, because I did not want the guilt of my irresponsible actions to affect my own family or lives of others.”** (Female, 25-34)



**“Masks - I don't find it inconvenient and it's such a small thing to do to protect others... LFD testing - takes a few minutes and lets me know if I could cause problems for others.”** (Female, 45-54)

<sup>8</sup> [Public attitudes to coronavirus \(COVID-19\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/public-attitudes-to-coronavirus-covid-19)

## Gratitude

People expressed gratitude and appreciation, particularly for the availability of free LFD tests (at that time) and for vaccinations.

“Testing every time I’m shopping or meeting friends is straightforward. And how lucky we are to have ready, free availability of tests.” (Female, 70+)

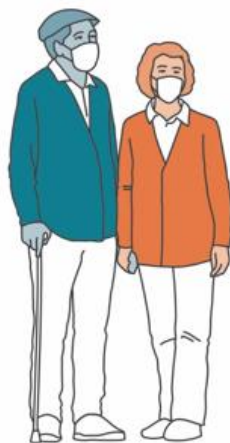
“I am particularly grateful for the vaccine programme. I feel in our privileged position in Scotland we must do all we can to assist global measures to contain Covid.” (Female, 45-54)

As noted in [section one](#), common emotional responses included feeling exhausted and fed-up. To help deal with these emotions, and the toll that the pandemic had taken, gratitude was used to help generate a positive and prosocial response to the pandemic.

“I feel tired, guilty and desperate for the world to be more normal. But at the same time incredibly grateful that measures were put in place to keep us safe.” (Female, 25-34)

However, for those who had higher health risks if they caught COVID-19, appreciation for the measures stemmed from a more critical need to stay alive.

“I have been extremely grateful to do all measures and nothing has been difficult as I value my life.” (Male, 45-54)



## Making new connections

Lack of social contact has been a major stressor in the pandemic. Therefore, the ability to make new connections with those in the local community helped to offset some of the negative impacts. It helped people to feel a sense of solidarity.

“Isolation- it’s been hellish. I’ve had to dig deep, it’s changed me. The hardest thing through the pandemic was feeling forgotten- that there’s no one to talk to where others had family. However, this time I got a different perspective. I got to know my neighbours and got involved in community project (something I didn’t have time for due to travelling to work)”  
(Female, 45-54)

“Social interaction increased during lockdown in our neighbourhood. A sense of compassion and solidarity was palpable.” (Age/gender not specified)



## Having the capability and the opportunity

A person's capability involves their knowledge, skills and physical ability. For example, measures that were perceived as being in someone's personal control were easier to follow.

“Social distancing, face masks and limiting social interactions. They are all reasonably easy to follow and are all within my control.” (Female 35-44).

Respondents recognised their capability and opportunity to follow the measures were influenced by factors such as, their geographical environment, their financial situation, profession, living situation and their understanding of the risk.

“Mask wearing, handwashing, distancing, and socialising outside are all easy, but I live in a rural town, where there is space, the pavements aren't crowded, and I don't live in a building with common stairs or entrances.” (Female, 55-64).

“We're very lucky where we live. Working from home has been fine. Reduced social contact is a challenge but you find ways virtually to catch up. Testing is ok and we understand why we have to do it.” (Female, 45-54).

## Flexibility and choices

People were supportive of measures and policies that gave them more flexibility and were associated with positive personal outcomes. For example, there was support for working and studying from home. The flexibility allowed people to balance work with responsibilities such as childcare or caring for a relative. Some school aged children (with access to devices and the internet) reported that the flexibility of online learning was a big positive.

“Working from home has been really great for myself and my partner, it has given us a lot of safety and flexibility with no detriment to the organisation we work for.” (Male, 35-44).

**“The flexibility that home working has given us as parents has been a huge gift and a silver lining of the pandemic”** (Female 35-44).

Accessing events online was described as a positive for people who may have found it challenging to attend an in-person event before the pandemic. Also, for those involved in the delivery of online events, including teaching, online delivery allowed them to reach new and wider audiences.

**“I have had to teach online for the first time - it has brought new audiences. It has also allowed me to access teachers who live far away.”** (Female, 65-69).



## 2.2 What has made it more challenging for people to stay safe?

### Contradictory and/or disproportionate guidance

Respondents expressed difficulty and frustration in following guidance that they found contradictory, confusing or disproportionate. Specific comments included those related to:

- the requirement to wear face coverings (from those who are exempt)
- contradictory guidance on wearing face coverings in different settings
- confusing guidance around testing and self-isolation
- a lack of accessible information for groups such as children and young people.

“I'm pregnant and antenatal classes aren't running, but you can go to night clubs and bars. What is that about?” (Female, 25-34).

“I found it quite difficult to carry out unpaid caring responsibilities early on due to the restrictions on contact that were imposed. Reduced social contact and interaction restrictions were contradictory and unworkable” (Male, 55-64).

There were challenges following guidance that differed between UK nations. Specifically, some found it challenging that Scotland had longer periods of restrictions in place than the other nations in the UK. Some also rejected the term 'protection measures' as they felt they were applied to control rather than to protect.

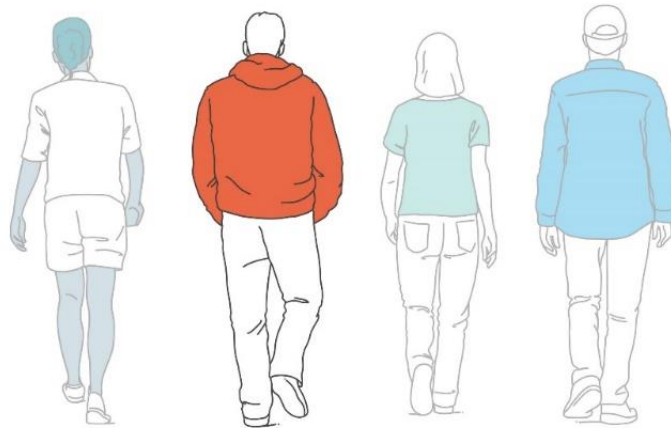
“I do not deny Covid, never have, have had all vaccinations. But it is now well proved lockdowns do not work and the length of time Scotland has been faced with a wrath of restrictions is deplorable. In Scotland this is now all about politics and control.” (45-54, gender not specified).



## Worry about the harmful consequences of the measures

People expressed worry about the societal and economic consequences of the measures on people and communities.

“Reduced social contact and social interaction has been dreadful for people living alone, people with mental health issues, people suffering domestic violence, the elderly and so on. I have personally found it has taken a huge toll on me, I've seen it taking a toll on friends and family. It has ground the life and soul out of people and it's totally unacceptable.” (Gender/age not stated)



There was a particularly strong feeling towards the negative impact of the restrictions on children and young people:

“Children have been treated appallingly throughout the pandemic and I worry about the mental toll on young people in the years to come.” (Female, 35-44).

Worrying about the harmful consequences of the measures made it harder for people to follow some of the measures. Given the duration of the pandemic and the associated toll it has had on wellbeing, there was a sense that people had reached a turning point.

“I used to be scared but I now have my own informed opinions. The impact on all round well-being and mental health outweighs any risk of Covid... No more. I'll make my own choice and assess the risk myself on a daily basis.” (Female, 35-44).

## The behaviour of other people

It was emphasised that it was the actions of other people which made it more challenging to feel safe. For some, this was exacerbated as they lived in an area with busier shops, hospitality, public transport and outdoor spaces.

“I avoid public transport wherever possible but there’s almost always someone on my train/subway without a mask. I understand staff want to avoid confrontation but I wish there was a harder line on this policy, masks only really work if everyone wears them.” (Female, 25-34).

Trust in other people also plays an important role. The threat of the pandemic can increase people’s sense of trust in others. We have noted examples of community cohesion and people acting with the motivation to protect others.

However, fear and uncertainty generated through the pandemic can also undermine levels of trust. This has created tensions and ruptures within families, friends and communities in terms of different views about how to interpret and navigate the different measures.

“We are entirely at the mercy of a society that does not care and does not enforce anything in an effective way, so until there are actual repercussions for people who risk others, we will be shut away.” (Non-binary, 25-34).

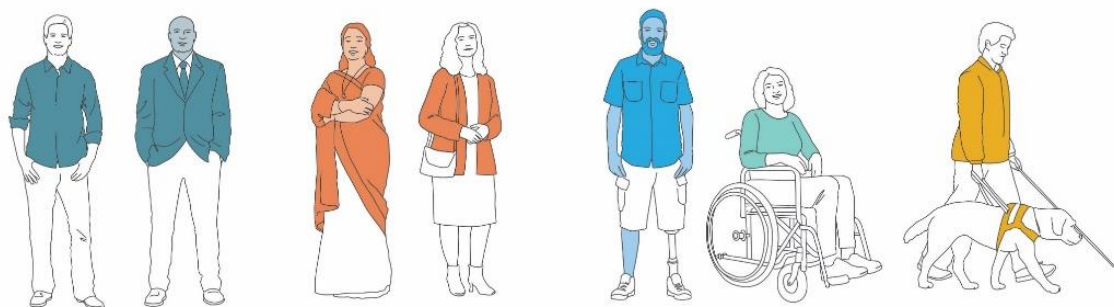
“At some point you begin to feel like your individual sacrifice is not worth the continual isolation. It got a lot worse when it became clear that those in power weren't following the rules. The Dominic Cummings story in particular affected me.” (Male, 25-34).

## Being at higher risk to COVID-19

There is evidence of ongoing negative impacts on the lives of people in the highest risk group.<sup>9</sup> Due to feeling unsafe or not being able to calculate the risk, respondents described avoiding places and situations and feeling isolated.

“None of it is particularly easy for someone who has been a prisoner for two years. I have been staying at home. Going for a walk in the countryside on my own or with the dogs. Avoiding going to anywhere indoors other than my own home or a medical appointment - even my 4th vaccination caused a panic attack because all and sundry were there chatting in groups and not distancing, no more separate appointments for us immuno-suppressed, just chucked in with everyone else because we don't matter...” (Female, 45-54)

“Most CEV (clinically extremely vulnerable) families barely go out, almost never see anyone. We take walks which are safe. We do online shops instead of going in stores...It's barely a life as it is. We don't see a future of holidays, cinema, meals out, all of those choices in life are gone for most CEV people.” (Male, 35-44).



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<sup>9</sup> In March 2020, 'shielding' was introduced to protect people at the highest risk of negative COVID-19 outcomes. The term shielding was then replaced by the 'highest risk list'. [COVID-19 shielding programme \(Scotland\) impact and experience survey – part two \(publichealthscotland.scot\)](https://publichealthscotland.scot/resources/publications/2020/20200901-covid-19-shielding-programme-scotland-impact-and-experience-survey-part-two/)

### 3. Support Needs

The survey asked respondents what kind of help, if any, would make them feel safer and more supported. People were seeking very different types of help depending on their circumstances and what their hopes and needs were for the future.

Figure 2 categorises some of the respondents main support needs. However, whilst the support needs have been separated into categories some people had a range of needs. For example, people expressed their desire for a return to 'normal' but said that risk to their own health/safety or that of their loved ones meant that their top priority had to be protection from the virus.

It is noted that some survey respondents did not think that the Scottish Government could provide them with any help at all. This was because it was either seen as being too late (and no amount of support could help), due to constitutional or financial constraints (belief that issues lie with UK Government), due to perceived political differences, or because they believe the best course of action from government is for no interventions at all.

Figure 2: Support Needs

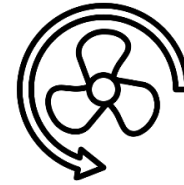


**Return to 'old' normal**

- Namely by removing all remaining restrictions and guidance

**Adapt to 'new' normal**

- Accept COVID-19 has changed how we live and make according changes



**Protection from COVID-19**

- Controlling the virus with sustainable and effective measures

**Financial security**

- Financial issues, such as the cost of living crisis, more urgent than COVID-19



**Recover from harm and disruption**

- Greater emotional / community / work-based support for those who have suffered most during the pandemic

**Access to health and social care**

- Being able to see clinicians and get treatment and support as needed; Long COVID



## Return to 'old' normal

Respondents expressed different views as to why they wanted a return to the 'old' normal / pre-pandemic life and the help required to achieve it. This included views on wanting to have more personal responsibility and perceptions of feeling safer due to vaccines.<sup>10</sup>

**Table 1: Summary views on what support people would like to 'return to old normal'**

### Support wanted to return to 'old normal'

**Remove all remaining restrictions** (some want gradually, some want immediately).

**Revoke** all emergency Coronavirus powers.

**Reassurance** that no further restrictions will be introduced, such as lockdowns.

**Publish a plan**, with timelines, for a full return to normal.

Help people **regain confidence** doing things they used to do.

### Support wanted to return to 'old normal'

#### Remove all remaining restrictions

“ Remove restrictions and offer guidance on how people can make their own safer choices. Stop dangling the threat of restrictions over us, which leads to anxiety that we could lose our livelihoods.”  
(Male, 25-34)

“ A very gradual lifting of protective measures as conditions allow.” (Male, 55-64)

<sup>10</sup> Note again that the survey was carried out in late January to mid-February 2022, with greater easing of restrictions taking place in April 2022. [Coronavirus in Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot)

“ Support needs to come from the community, families and friends. This isn't freely available due to fear and restrictions. The best way to provide support is to remove restrictions and allow normal social interaction.” (Female, 55-64)



#### **Revoke all emergency Coronavirus powers**

“ I'd feel safer if I thought that the Scottish government WANTED to get back to normal rather than trying to establish what looks like a tyranny (making the corona powers permanent for example).” (Female, 45-54)

#### **Reassurance that no further restrictions will be introduced**

“ I would like some reassurance that the virus is now under control and people can plan holidays and trips without worrying about cancelling their plans.” (Female, 65-69)

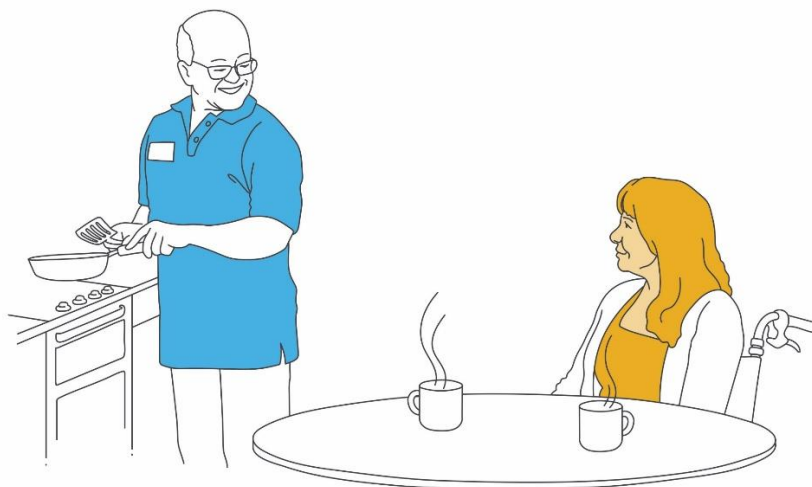
## Publish a plan

“ Show us a plan of how we are removing all restrictions to go back to normal living.”  
(Female, 25-34)

## Help people regain confidence doing things and going places

“ Thinking about the year, I hope and plan to keep reclaiming life and focus on rebuilding family links, making happy memories and re-establishing friendships disrupted by the pandemic. A key priority is to support my elderly parents who have been so damaged by horrendous medical neglect and loneliness; my teenage son, also damaged by lockdown; and my husband who lost his job as a result of the economic impact of lockdown. I have supported lockdown measures to date but would not going forward.” (Female, 45-54)

“ I feel my life has changed forever. Don't know if I'll get the confidence back in the future.” (Female, 65-69)





## Adapt to 'new' normal

While some respondents wanted a return to how they used to live and do things before the pandemic, other respondents were clear that the COVID-19 pandemic has made that impossible. Instead, they proposed that we need to adapt to the new, changing situation and create a 'new' normal.

Table 2: Summary views on what support people would like to adapt to 'new' normal

### Support wanted to adapt to 'new' normal

Focus on **making environments safer** rather than on individual behaviour. For example, install clean air infrastructure, particularly in settings like schools.

Allow **flexible working** and accommodate different work needs. Provide more **support to employees** to work from home (equipment, wellbeing and personal support).

**Do not simply default to old ways** of doing things without also providing digital and alternative ways to include people who were/remain excluded.

### Support wanted to adapt to 'new' normal

#### Making work and public environments safer

“ Actually address the source of issues, e.g. ventilation in schools (properly, not opening windows in winter and chopping up doors) and other public buildings rather than unjustly clobbering low-hanging fruit (i.e. punishing hospitality repeatedly). Tackle the hard problems not put sticking plasters on the apparent easy wins.” (Non-binary, 35-44)

### Keep positive changes, such as flexible and hybrid working

“ The government and universities should trust and allow us to run our classes in a safe and appropriate way, whether that's online or in person. The push to go "back to normal" makes no sense, as we will never be just as we were and we have invested in skill building and tech to support online and blended learning, which has worked really well in my classes. I hate the pretense that everything was better before and we all want to be constantly in public all the time.”  
(Female, 35-44)

“ I welcome a return to "normal" but at the same time I'd be disappointed if, as a society, we didn't learn from the pandemic and implement some much needed changes through lessons learned. For example work-life balance is something the pandemic has improved for many and it would be a real shame if we didn't implement some good, positive changes going forward. If we go back to the way we were then I'm afraid we will have missed a great opportunity to implement some much needed changes to how people live their lives.” (Female, 55-64)

### Do not always default to pre-pandemic norms

“ The ‘old normal’ didn’t work for everyone”  
(Gender not given, 45-54)

“ I think there needs to be a level of flexibility and individual choice / control for people to choose how and when they want to re-engage with society on a ‘normal’ and wider scale... I certainly don’t want to be pushed back into a way of life the same as pre-pandemic just because that’s because it’s how it’s always been.” (Female, 25-34)



## Protection from COVID-19

One of the most common issues raised in terms of support needs was about safety from COVID-19 itself and control of the virus. This section gives particular attention and voice to those who were/are in higher risk groups / more clinically vulnerable, as well as those supporting them.

**Table 3: Summary views on what support people would like for protection from COVID-19**

### Support wanted for protection from COVID-19

**Maintain (mandatory) protective measures** while high community transmission and infection. Gradual easing of restrictions and measures as situation allows.

Keep **'safe time'** – quieter times in shop and supermarkets - for vulnerable/cautious people to shop safely.

Maintain **free testing**.

Provide (adequate) **sick pay** so people can self-isolate and prevent further infections.

**Clearer communication** about nature of airborne virus spread and effective mitigations.

**Enforcement of protective measures** in certain settings, e.g. mask wearing on public transport.

Greater **awareness of the experiences** of those who are at higher risk to COVID-19.

**Show by example:** politicians and leaders continue wearing masks and practising protective and effective mitigations.

---

## Support wanted to feel protected from COVID-19

### Maintain protective measures

“ Really just maintaining masks, this really does give a feeling of confidence.”  
(Female, 55-64)

“ Testing gives you peace of mind when seeing friends and family.”  
(Female, 45-54)

### Guaranteed sick pay/leave when infected

“ When I was positive, I had to take 7 working days off and received no pay. Had I felt less ill, I might have been tempted to return to work. I’m very sure that many people do return or keep working when positive for financial reasons.” (Male, 55-64)

### Greater awareness around experiences of shielding

“ Public awareness of shielders’ experiences would be helpful. I find the general public have become more selfish and less considerate to the suffering of others. Some people have actually said that they shouldn’t have to curtail their lives in order to protect mine.”  
(Female, 45-54, was shielding)

“ Understanding from the Government that not all of us can move on, I wish for nothing more than to be able to say "lets live with this virus" but not at the expense of my daughters health or life.

For some of us testing, masks and keeping a distance might be our way of life from here on in.

To allow us to think about a future we will need understanding and support from NHS, councils etc that special requirements will need to continue in order to keep vulnerable people safe. i.e. a single room instead

of a large waiting room, vaccinations done at home, flexibility in care packages to support the needs of individuals as they arise, supporting this new way of life, more outside the box thinking is going to be needed if vulnerable people are to have any quality of life...”

(Female, 45-54, household continuing to shield)



## Financial security

For many people, concerns about COVID-19 were secondary to being able to afford to live.<sup>11</sup> Respondents frequently raised issues around the increasing cost of living, across energy, food, housing, fuel, taxes, and also around low wages. Many did not think that enough was being done to tackle the cost of living crisis.

**Table 4: Summary views on what support people would like for greater financial security**

### Support wanted for greater financial security

Wide-scale **financial support** to counter **cost of living crises** (fuel / energy / food / taxes costs increasing), through things like grants, subsidies and rent controls.

Greater **COVID-related financial support** such as help with working from home and compensation schemes for self-employed/small businesses who have suffered direct financial losses to COVID-19.

Provide more **employment opportunities** or job guarantees.  
Introduce a **national basic income**.

Reassurance about **COVID-19-acquired debt** - that taxpayers, particularly younger generations, will not be worse off in years ahead.

### Support wanted for greater financial security

#### Wide scale financial support

“ Money - HELP US! We have two adults working in education and a daughter 16 who is working and we can't make ends meet!!!” (Female, 35-44)

<sup>11</sup> Similarly, University College London's COVID-19 Social Study found that more people were worried about their finances (38%), than about catching COVID-19 (33%) when asked in March 2022. [Worries about finances outstrip concerns about catching Covid-19 | UCL News - UCL – University College London](#)

“ I feel like much of our lives have been on hold for 2 years and I would like to start living more again. We have missed many of the things that make our life richer, arts, culture, company, travel. But many people will now be in a dire cost of living situation rapidly rising bills, stagnant wages etc. So that will create additional pressures.” (Female, 55-64)

“ Help needs to be focused on people who are out of work or in poorly paid work with no sick pay.”  
(Female, 55-64)

**Reassurance that COVID-19 financial aid, such as the Job Retention “furlough” scheme, will not negatively impact future generations**

“ Knowing that my standard of living isn't going to be severely impacted because of COVID debt because there seems to be lots of money available for various organisation/supports and I fear lower rate taxpayers are going to be asked to shoulder the burden.”  
(Female, 45-54)





## Recovery from harm and disruption

People wish to recover and heal from the harm the pandemic has caused. However, this is harder for some people.<sup>12</sup> Here is a sample of some of the issues and help (time, resource and wider support) respondents said was needed to help them and society recover from the pandemic.

**Table 5: Summary views on what support people would like to recover from the harm and disruption**

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### Support wanted to help recover

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**Support for key workers** (especially in health, care and education) for their recovery and for overall staff retention/recruitment.

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**Prevent widening social inequalities** that the pandemic has exacerbated - do not leave people behind.

---

More support for those who have suffered **bereavement and trauma** due to/during the pandemic.

---

Greater **mental health support** (from employers and from health professionals).

---

Robust processes for **learning and reflection** to prevent making same mistakes again.

---

**Less social/political division.** Take seriously different concerns/opinions. Accept matters of personal choice.

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<sup>12</sup> Research found that disabled people, those on low incomes and women were more likely to report that they find it harder to 'bounce back' from hard times. [Coronavirus \(COVID-19\): impact on wellbeing - survey findings - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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## Support wanted for recovery

**Key workers feel overworked, understaffed, underpaid, underappreciated and are physically and emotionally burnt out**

“ As a nurse, I feel undervalued. The wage increase we have had has been instantly lost to inflation. Not to mention the coming increases to national insurance and pension contributions.” (Male, 35-44)

“ I work as a teacher in a large secondary school, and I’m very aware that I have never seen the full faces of approximately two-thirds of my pupils, and they are unlikely to have seen mine. Reminding them to wear masks properly lesson after lesson is miserable for both myself and them.” (Male, 25-34)



## Recognition of uneven impacts of pandemic and that some people will require additional support

“ Please remind people that we will all come out of this at our own speed, and to be patient with everyone. Please do something to help the teenagers - it's a difficult age at the best of times, but this is much worse with potential implications for the rest of their lives. Please look after the older people, or those living alone. Please invest in opportunities for people to come together, talk and heal.” (Female, 45-54)

“ For there to be open and transparent conversations about how disabled and immunocompromised members of society will be able to be active members of society - it feels like a lot of people within our communities have been forgotten and this weighs on me heavily” (Female, 25-34)

## Greater mental health support

“ I feel that I need help with my anxiety and my PTSD in order to try and get my life back again.

I haven't had any support with these issues apart from brief counselling provided through my employer.

I am aware that the NHS is in crisis at the moment but I feel that without the right help, mental health concerns, not just my own, will only get worse without the right support.” (Female, 25-34)

“ I do not need anything to make me feel safer. I need more support from the NHS. Ever since the first lockdown, NHS Mental Health services have been greatly reduced.” (Male, 25-34)

## Processes for learning and reflection

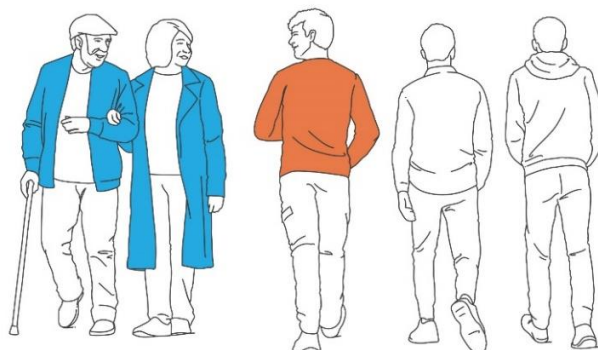
“ I’d like to know that lessons have been learned especially making schools safe or having watertight school plans for future lockdowns” (Male, 45-54)

“ Learn lessons from this pandemic to ensure the country is well prepared for the next time.”  
(Female, 45-54)

## Less division

“ The restrictions imposed by the Scottish Administration have caused the loss of many local businesses and reduced access to amenities and the basic social fabric of life. They have terrified people beyond reason to the extent that people think everyone else is a biohazard. They have torn the fabric of Scottish society apart and caused division and discrimination.” (Age/Gender not stated)

“ Ensure vaccines are personal choice and not penalised for your opinion.” (Female, 65-69)



## Health and social care

This theme captured people's views on how greater access and funding of services within health and social care would help them feel safer and more supported. This section also focuses on issues around Long COVID.<sup>13</sup>

**Table 6: Summary views on what support people need around health and social care**

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### Support wanted in health and social care

**Provide services with resources** (funding, staffing) to ensure that people can access the services they need and to catch up on the backlog.

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**People want to be able to see clinicians** when needed (Dentists, GPs, Consultants), including face-to-face appointments.

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**Continued research into Long COVID** and greater public awareness and education. Support for people with long COVID through specialised long COVID clinics.

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## Support wanted around health and social care

### Access to various health and care services

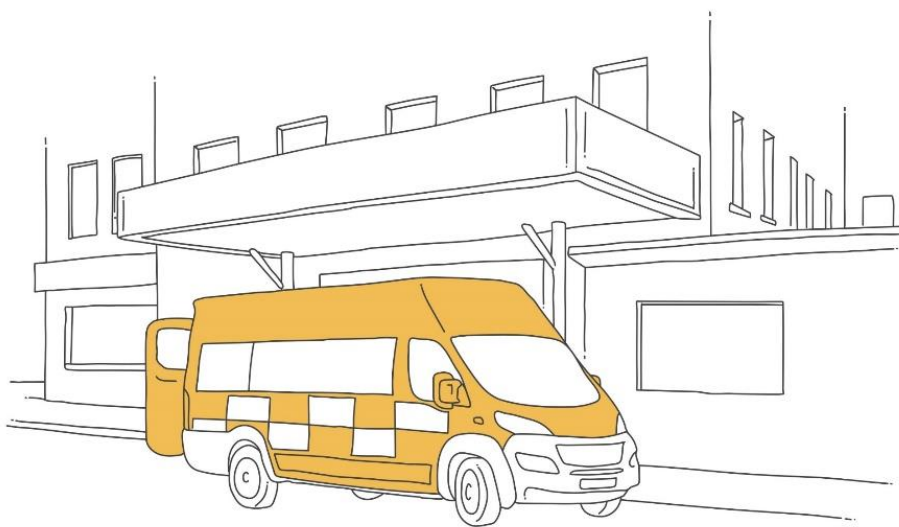
“ What is the point of protecting the NHS if you can't access it. It is a total s\*\*t show. There are health conditions other than Covid. And even if you have Covid and suffer long term consequences where is the support?” (Gender not stated, 35-44)

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<sup>13</sup> Long COVID or post-COVID-19 syndrome is when symptoms continue or new symptoms develop in the weeks or months after the COVID-19 infection has gone. [Long COVID | Your COVID Recovery \(nhs.uk\)](https://www.nhs.uk/long-conditions/long-covid/)

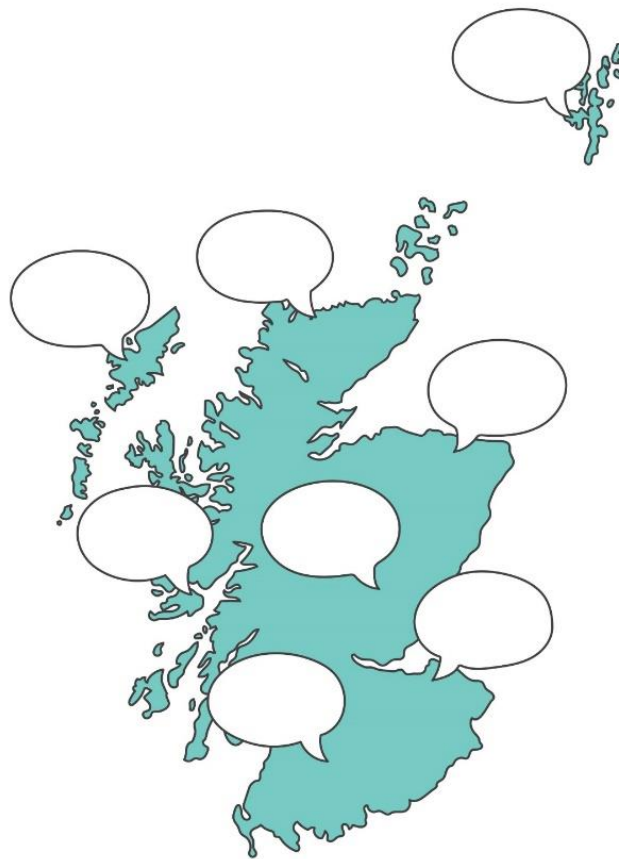
“ We are absolutely desperate for some social care support. It's been almost two years and we can't access anything at all. We've had to pay privately for a wheelchair. We've had to pay for private healthcare as the NHS is too busy to care for my daughter. She's been forgotten and left to fester on the sofa at home. Can't access education, can't access social care, can't even access a physio to come to the house. We are considering paying for that too. 70% of her healthcare has been private. We can't afford it. We are stuck. We don't know what to do.” (Female, 35-44)

“ Having NHS services resume such as face to face GP appointments, and dentist appointments. My daughter still has never seen a dentist despite me trying to get her seen, my little boy hasn't seen a dentist since he was 9 months and he's now 3 years old.” (Female, 25-34)



**Increased knowledge around long COVID and how difficult it can be to live with<sup>14</sup>**

“ A bigger impact of teaching the public about post covid/long covid issues. Covid isn't just about life and death even survival can have a life changing impact. And more support for looking at long covid symptoms as a whole, seeing individual specialists is not working.” (Female, 35-44)



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<sup>14</sup> The Scottish Government has since announced on 19 May 2022 a long COVID Support Fund across 2022 which includes care co-ordinator roles, extra resource to support a patient-centred assessment, including a multi-disciplinary assessment service, and additional capacity for community rehabilitation to support people with issues affecting their day-to-day quality of life. [£3 million awarded to long COVID projects - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/embedded/2022-05-19-long-covid-support-fund/)

## Conclusion

- This research has captured the diversity and complexity of people's experiences.
- People's experiences of the pandemic and their ability to stay safe has been impacted by a range of factors, including: their geographical environment, their financial situation, profession, their living situation and if they have any physical or mental health conditions.
- Even though the direct level of threat from COVID-19 has reduced (for some people), there is still concern about the longer term harm and disruption that COVID-19 has caused to people and communities, and worry about the threat of future waves of infection.
- This report captures a number of specific suggestions for support. For example, support for key workers, creating safer public environments, wide-scale financial support, greater awareness around the experiences of those who are at higher risk to COVID-19 and putting in place robust processes for learning and reflection on the impact of the pandemic.
- Public engagement in this open and unfiltered format is an essential part of making sense of people's attitudes and behaviours within the context of their life.



## Annex A – Survey Questions

1. How do you feel at this point in the COVID-19 pandemic?
2. How do you feel thinking about the year ahead?
3. Which [protective measures](#) do you find the easiest to follow and why?
4. Which [protective measures](#) do you find the hardest to follow and why?
5. What has made it difficult for you to follow [measures and guidance](#)?
6. In the last 3 months have you or your household self-isolated because of COVID-19?  
If yes, what factors made this easier or more difficult?
7. Please tell us about any of your experiences with the following (if they are relevant to you), and how it has impacted on you or your household:
  - your neighbourhood and amenities
  - unpaid caring responsibilities
  - working from home
  - reduced social contact and social interaction
  - regular testing
8. What kind of help would make you feel generally safer and more supported at the moment?

### About You

1. To which gender identity do you most identify?
2. How old are you?
3. Do you have any long-standing physical or mental impairments, illness or disability, expected to last 12 months or more? (please select one option only)
4. If you answered yes to the above question, does your condition limit your day-to-day activities in any way? (please select one option only)
5. What is your ethnic group?
6. Would you consider yourself to be a carer (someone who supports someone else)? For example, an unpaid person who looks after a family member, partner or friend because of their illness, frailty, disability, a mental health problem or an addiction who cannot cope without support
7. What is your employment status?
8. How well would you say you are managing financially these days?

## Annex B - Method

This study used an open free-text question format. It was opt-in and directed towards people who may have heightened concerns. An Easy Read version of the questionnaire was also provided.

Responses were downloaded and analysed thematically by Scottish Government researchers. This involved a team of 4 researchers, reading and rereading the responses to become familiar with the data and identify patterns and initial codes. Preliminary themes were then identified, reviewed and then finalised. Excerpts from different respondents were used to illustrate these themes.

The use of an open text format gave respondents the opportunity to freely describe their views at this point of the pandemic. The questions were not grounded in pre-determined research assumptions and so it gave an open space to respondents to give their thoughts and opinions. This use of open questions enabled respondents to provide information in as much depth as they wished; this had the benefit of providing rich, detailed accounts.

There are limitations to the use of an online survey. Firstly, it inherently excludes those who do not have internet access. The sample for this research was also self-selected, and is not representative of the wider Scottish population. The sampling resulted in a high representation of responses from females and individuals aged over 35 years. Also, it is likely that there was greater representation from people who held strong views on the subject area. This report nevertheless provides useful and timely information, as long as appropriate caveats are applied.

### Sample characteristics

Table 7 presents a more detailed breakdown of the sample including the number and percentage who identified with different demographic characteristics.

**Table 7: Participant characteristics**

<b>Demographic</b>	<b>Base</b>	<b>Response</b>	<b>Number</b>	<b>%</b>
<b>Gender</b>	3142	Male	755	24.0%
		Female	2215	70.0%
		Non-binary	21	0.7%
		Not listed	8	0.25%
		Prefer not to say	143	4.5%
<b>Age</b>	3130	1-24	72	2.3%
		25-34	264	8.4%
		35-44	703	22.2%
		45-54	924	29.2%
		55-64	776	24.6%

		65-69	241	7.6%		
		70+	150	4.8%		
		Not answered	31	1.0%		
<b>Long-standing illness</b>	3142	No	2142	67.2%		
		Yes	818	25.9%		
		Prefer not to say	200	6.3%		
		Not answered	19	0.6%		
<b>Does the illness limit your activities</b>	1520	Yes	475	15.0%		
		No	842	26.6%		
		Prefer not to say	203	6.4%		
<b>Ethnic group</b>	3147	White (Scottish, British, Irish)	2858	90.4%		
		White other	63	2.0%		
		White Minorities (polish/gypsy traveller )	10	0.3%		
		Mixed or multiple ethnic group	19	0.6%		
		Asian, Asian Scottish, Asian British	4	0.1%		
		Asian other	1	0.0%		
		Pakistani, Pakistani Scottish or Pakistani British	2	0.1%		
		Chinese, Chinese Scottish, Chinese British	2	0.1%		
		Caribbean Scottish or British	1	0.0%		
		Caribbean or Black	2	0.1%		
		Indian, Indian Scottish or Indian British	5	0.2%		
		African, African Scottish or African British	4	0.1%		
		Arab, Arab Scottish, Arab British	2	0.1%		
		Other ethnic group	7	0.2%		
		Prefer not to say	167	5.2%		
		Not answered	14	0.4%		
		<b>Carer</b>	3128	Yes	709	22.4%
				No	2241	70.9%
		<b>Employment</b>	3147	Full-time	1457	46.1%
				Part-time	447	14.1%
Self-employed	270			8.5%		

		Retired	481	15.2%
		Unemployed seeking work	18	0.6%
		Unemployed not seeking	20	0.6%
		Studying	74	2.3%
		Not working due to illness/disability	108	3.4%
		Other	45	1.4%
		Prefer not to say	145	4.6%
		Not answered	14	0.4%
<b>Financial situation</b>	3149	Managing very well	466	14.7%
		Managing quite well	793	25.1%
		Alright	1151	36.4%
		Not managing very well	222	7.0%
		Some financial difficulties	215	6.8%
		Deep financial trouble	66	2.1%
		Don't know	8	0.3%
		Prefer not to say	228	7.2%
		Not answered	12	0.4%



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