

The People's Panel: COVID-19

**Research findings from People's Panel
members on their experiences of the
pandemic from March 2022 to March 2023**

November 2023



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Key findings

The 'People's Panel for Wellbeing: 2022 and beyond' was established with the aim to empower a diverse group of the public to come together and share their views over time. They provided their opinions, experiences, and ideas on the wellbeing of people in Scotland, alongside topics that were pertinent to specific policy areas. This approach to evidence gathering ensures that the in-depth realities of people's experiences are captured alongside other data sources, such as survey data, to help improve decisions and policies. This provides enhanced understanding of the wellbeing challenges faced by people in Scotland during and after the COVID-19 pandemic.

Twenty four people, with diverse experiences of the COVID-19 pandemic, with representation across the protected characteristics, took part in the panel. Discussions about COVID-19, including sessions on ventilation measures and CO₂ monitors, were conducted across five panel events. The key findings are:

Diverse experiences and varied perspectives of the pandemic

- Panel members' experiences of the pandemic were, for the most part, profoundly distressing and centred around loss.
- There were polarised views on support for the COVID-19 protective measures. Discussions centred around the design, implementation and politics associated with the measures.
- Common emotions among panel members included overwhelming sadness and intense anger.
- Despite the predominantly negative tone, not all participants reported adverse experiences during the pandemic. Some individuals shared more positive experiences and viewpoints, such as, the ability to work from home, exploring new hobbies, and developing new connections with neighbours or through online groups.

Perceptions of safety and risk of COVID-19 transmission

- Most members perceived a high level of risk from COVID-19 and long COVID.
- The intensity of these feelings was particularly high among disabled individuals, those with underlying health conditions, and members from minority ethnic backgrounds.
- Over the time of the panel events, this fear escalated, coinciding with the reduction and removal of COVID-19 rules and restrictions.
- A minority of People's Panel members held a contrasting perspective, expressing a lack of concern about the long-term impact of COVID-19 on their future lives.

Members' attitudes and concerns towards COVID-19 in autumn and winter 2022/23

- Many People's Panel members were concerned because they did not consider the virus to be under control. These concerns were mainly fuelled by personal experiences of COVID-19 complications among panel members and/ or their families, or their identification as immunosuppressed or at increased risk from COVID-19.
- Some panel members advocated for heightened measures including the continued use of face coverings, free testing, physical distancing, and sanitisation protocols in public spaces. They believed it was crucial for the Scottish Government to play a role in promoting and reinforcing these measures.
- Reflecting on their main concerns, members perceived that COVID-19 and the cost of living crisis were intertwined, with each exacerbating the other.

The significance of ventilation as a protection against respiratory illnesses

- Members demonstrated a high level of awareness of the role of ventilation in helping to reduce the spread of respiratory infections.
- Negative perspectives on ventilation stemmed from the challenges posed by the cost of heating homes, cold weather conditions, and the need to open windows for adequate airflow.

Members' perspectives on the new (September 2022) Scottish Government ventilation guidelines

- Members provided suggestions to enhance the clarity of the guidance. These included: using simplified language, concise and clear messaging, and incorporating visuals alongside text.
- Many panel members emphasised that the priority should be on ventilating public spaces rather than solely focusing on homes. They called on the Scottish Government to take further action regarding ventilation in businesses, schools, GP surgeries, public transport and other public areas.

The role of CO₂ monitors in public spaces

- Some members saw the potential in a CO₂ monitoring scheme in the future.¹ However, they emphasised the importance of proper setup, ongoing monitoring, and comprehensive public awareness and education about the scheme.

¹ A CO₂ monitor is used to estimate airflow rate and they can help to assess if ventilation is poor. For example, [Assessing requirements - Coronavirus \(COVID-19\): ventilation in the workplace - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/09/Assessing-requirements-Coronavirus-COVID-19-ventilation-in-the-workplace-gov.scot)

Assessing the current state of the COVID-19 pandemic (2023)

- Some members felt that they, both individually and as a society, were in a worse situation in early 2023 compared to 2022.
- Members who continued to wear face coverings in public places shared experiences of feeling judged by others for taking precautionary measures.
- Many members voiced concerns regarding the long-term impact of COVID-19, such as the social consequences of lockdowns and disrupted education, as well as the negative effects on medical staff due to absences and disruptions in clinical services.
- A minority of members did not share these concerns. They viewed COVID-19 as an ‘overreaction’. Their views were underpinned by the idea that the protective measures, such as masks, protective screens, and vaccinations, were unhelpful as they continued to instil fear among the public.

Summary

- The insights gathered over the panel events have been extensive. They are relevant to a range of policy areas and priorities in the Scottish Government.
- For example, the members’ experiences and insights were considered in the ongoing development of the protective measures [Signage](#) scheme. Their feedback on ventilation guidance informed the development of refreshed guidance for individuals and workplaces.²
- Their insights on the role of ventilation and the use of CO₂ monitors, as a means of improving infection resilience, informed discussions in the [Covid-19 Adaptations Expert Advisory Group](#).
- The Scottish Government winter illnesses campaign – ‘Stay Well This Winter’ – was also informed by insights from the panel alongside Scottish opinion polling.³
- This research supports the findings from other studies which show how pandemic related stressors such as health risks, economic adversity, employment disruption, and social isolation exacerbated inequalities and continue to have substantial long-term effects.⁴ This research has also provided new perspectives on how pandemic related impacts, both positive and negative, emerged along different time courses and in different places for individuals and communities.
- One of the key strengths of the panel, was in the way it provided a bridge between policymakers and the public. Gathering these diverse perspectives provided valuable insights into the real-world challenges faced by Scottish communities.

² Refreshed ventilation guidance for [individuals](#), [workplaces](#) and on [air cleaning technologies](#)

³ Scottish opinion polling - [Public attitudes to coronavirus, cost of living and Ukraine: tracker - data tables - gov.scot \(www.gov.scot\)](#)

⁴ There are many reports on this topic. For example: [Coronavirus \(COVID-19\): impact on equality \(research\) - gov.scot \(www.gov.scot\)](#), [Scotland’s Wellbeing: The Impact of COVID-19](#), [Coronavirus \(COVID-19\) and society: what matters to people in Scotland? - gov.scot \(www.gov.scot\)](#)

- The principles of trust, respect and inclusivity were weaved throughout the panel setup and delivery (more details in the [Method](#) section). These foundational elements have allowed the panel to flourish as a platform for effective policy-making.

Introduction

The Scottish Government is committed to increased public participation in the policy making process. Inclusive approaches to participation are valuable. Hearing directly from the people of Scotland brings new, relevant insights in decision making and it creates a forum for people to question and challenge existing processes and assumptions. There can be positive benefits for those who contribute too, including learning new skills or knowledge, increased confidence and feeling valued.⁵

The ‘People’s Panel for Wellbeing: 2022 and beyond’ was set up with the aim to enable members of the public to provide up-to-date and relevant views, opinions, experiences, and ideas on the wellbeing of people in Scotland. This panel specifically focused on the COVID-19 recovery period, whilst also addressing other significant issues such as the cost of living crisis and community resilience.

Three reports have been published that detail the main findings from the People’s Panel events.⁶ This particular report focuses on discussions related to COVID-19 alongside details on the background and motivation for developing this People’s Panel, how it was delivered and what impact it has had. Additionally, an independent evaluation on the Panel’s work has been published.⁷

Background and Context

Since 2011, as set out in the [Christie Commission report](#)⁸ but also articulated through the Scottish Government’s [National Performance Framework](#), the Scottish Government has been exploring ways of working with members of the public, to enhance policy development and delivery, and improve the quality of life and outcomes for the people of Scotland. Additionally, as a member of the [Open Government Partnership](#), the Scottish Government is working alongside governments across the world and committing to the values of openness, transparency, accountability and citizen participation.

For example, the Scottish Government employs a variety of approaches to engage the public in decision-making, such as: [citizen assemblies](#), [consultations](#) and [participatory budgeting](#). The Scottish Government has also introduced a new human rights-based Social Security system for Scotland, which emphasizes dignity and respect through collaboration with individuals who have lived experience.⁹ Building upon this positive practice, and as part of an Open Government commitment, the ‘Participation Framework’

⁵ [Participation Framework - gov.scot \(www.gov.scot\)](#)

⁶ Two other reports which are: ‘[People’s Panel: Cost of Living](#)’ and ‘[People’s Panel: Community Resilience](#)’.

⁷ Evaluation report: <http://www.gov.scot/ISBN/9781835216613>

⁸ This report, published in 2011, set out a series of recommendations for the future delivery of public services that can improve the quality of life and outcomes for the people of Scotland.

⁹ In 2017, the Scottish Government set out that it will use the opportunities presented through devolution to develop a new Scottish system for Social Security based on the principles of dignity, respect and human rights: [Social security: policy position papers - gov.scot \(www.gov.scot\)](#)

was published in 2023.¹⁰ This sets out that people have the right to contribute to, and to influence, the decisions that affect their lives. Furthermore, it underscores that involving the people likely to be affected by these decisions will lead to improved decision-making. However, it was suggested that existing approaches to participation could be improved to be more inclusive, with a greater focus on diversity, accountability and evaluation.¹¹

During the COVID-19 pandemic, the Scottish Government gathered a range of evidence on the virus and the protective measures. As the country entered a period of recovery from COVID-19, decision makers needed access to timely, robust and appropriate evidence to enhance recovery efforts. It became evident that understanding the realities of COVID-19 recovery directly from people was crucial. This led to the establishment of the 'People's Panel for Wellbeing: 2022 and Beyond' with the aim of ensuring direct participation and contributions from the people of Scotland. As such, this sort of participation adds depth and nuance and it provides pointers for further exploration, alongside other forms of research and a wider triangulated evidence base.

Aims and Outcomes

The People's Panel was established with two broad aims. These are:

- **To empower people in Scotland** to actively participate in a research panel where the outputs are shared with government.¹²
- **To test a participatory research model.** Drawing inspiration from the successful development of the Social Security Scotland Charter by individuals with lived experience¹³, the participants would receive capacity-building information to enhance their knowledge. Unlike the Charter groups, which had predefined policy questions, the People's Panel intended to address pressing issues as they arose, fostering dynamic and responsive discussions.

In addition, the People's Panel aspired to achieve two specific outcomes:

- Evidence showcasing the benefits of a particular **model of participation**.
- That the Scottish Government would make **informed decisions** on relevant policies and actions, fuelled by an **enhanced understanding of the wellbeing challenges** faced by people in Scotland during and after the COVID-19 pandemic.

¹⁰ This framework provides a guide to good practice in participation work in Scottish Government [Participation Framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/participation-framework/pages/introduction.aspx)

¹¹ [Open Government action plan 2021 to 2025 - commitment 5: participation - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/open-government-action-plan-2021-to-2025/pages/commitment-5-participation.aspx)

¹² It's worth noting that the term 'people' is intentionally used instead of 'citizens' to ensure inclusivity, encompassing anyone living in Scotland and avoiding exclusion.

¹³ [Social Security Scotland - Our Charter](https://www.gov.scot/publications/social-security-scotland-our-charter/pages/introduction.aspx)

Method – What we did

Recruitment

The goal was to recruit 30 adults living in Scotland with diverse experiences of the COVID-19 pandemic, ensuring representation across the protected characteristics,¹⁴ who could offer unique perspectives on wellbeing issues. Consideration was also given to intersectionality.¹⁵ This means that individuals were selected based on the diversity of their experiences, which may have encompassed various social and personal identities. As such, this was not intended to be a representative sample of the Scottish population. The aim was to recruit people based on their breadth of experiences to provide rich, in-depth information. These lived experience perspectives can then be synthesised, alongside other evidence, to identify gaps or problem areas, formulate research questions and make better informed decisions.

Participants were identified in two ways:

1. **Recontact database.** Individuals who had taken part in two online surveys and had agreed to be contacted about further research.¹⁶

The Scottish Government research team emailed these individuals (around 2,500 people) a survey to gather their interest in joining the People's Panel. The survey included questions about their pandemic experiences, such as employment, housing, shielding, and compliance with guidance. Additionally, there were questions to identify the protected characteristics such as age, sex, ethnicity, and disability status. 834 surveys were returned and 793 individuals expressed their willingness to be considered for the panel. Potential members were then selected based on their experiences (e.g., shielding or job loss) and their response to protective measures (e.g., adherence to guidance). Random selection was conducted within these different categories.

2. **Through third sector organisations.** The Scottish Government research team also contacted a range of equality organisations to ensure representation of individuals with diverse protected characteristics. For example, this included individuals who might not have been able to complete an online survey due to not having access to digital devices.

29 members were invited to join the People's Panel, while an additional 31 individuals with closely matching experiences were placed on a reserve list. In cases where there was no response or a member withdrew, reserve members were invited to join the panel.

¹⁴ [Protected characteristics | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/protected-characteristics)

¹⁵ The concept of intersectionality refers to the lived reality of people who experience multiple and compounding inequalities. For example: [Using intersectionality to understand structural inequality in Scotland: evidence synthesis - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/04/Using-intersectionality-to-understand-structural-inequality-in-Scotland-evidence-synthesis-gov.scot.pdf)

¹⁶ The 2 surveys were: [Coronavirus \(COVID-19\) and society: what matters to people in Scotland? - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/04/Coronavirus-COVID-19-and-society-what-matters-to-people-in-Scotland-gov.scot.pdf) and [Coronavirus \(COVID-19\) impact on wellbeing: wave 3 - survey summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/04/Coronavirus-COVID-19-impact-on-wellbeing-wave-3-survey-summary-gov.scot.pdf)

One of the notable challenges was ensuring diverse representation within the panel. While efforts were made to include individuals from various backgrounds, there were segments of the population not included. For example, those who were under 16, or those who lived in a care home during the pandemic. However, for some groups of people the panel set up may not have been appropriate or it would have required facilitators with specific expertise.

A stakeholder advisory group was set up, including representation from colleagues working in the third sector across a range of equality organisations.¹⁷ Following two panel events, an information session was conducted for these stakeholders. During this session, initial findings were presented to them, and their opinions were sought on the panel's formation, including potential constraints and suggestions for improvements. There was also engagement with a 'critical friend' – this was an academic, with a background in public participation. Their role was to listen to our planned approach for the events and offer guidance and constructive critique.

Across the six People's Panel events, a total of 24 members participated, with attendee numbers ranging from 15 to 23 for each event. Following each event, panel members were presented with a shopping voucher worth £125 per session attended as compensation for their time.

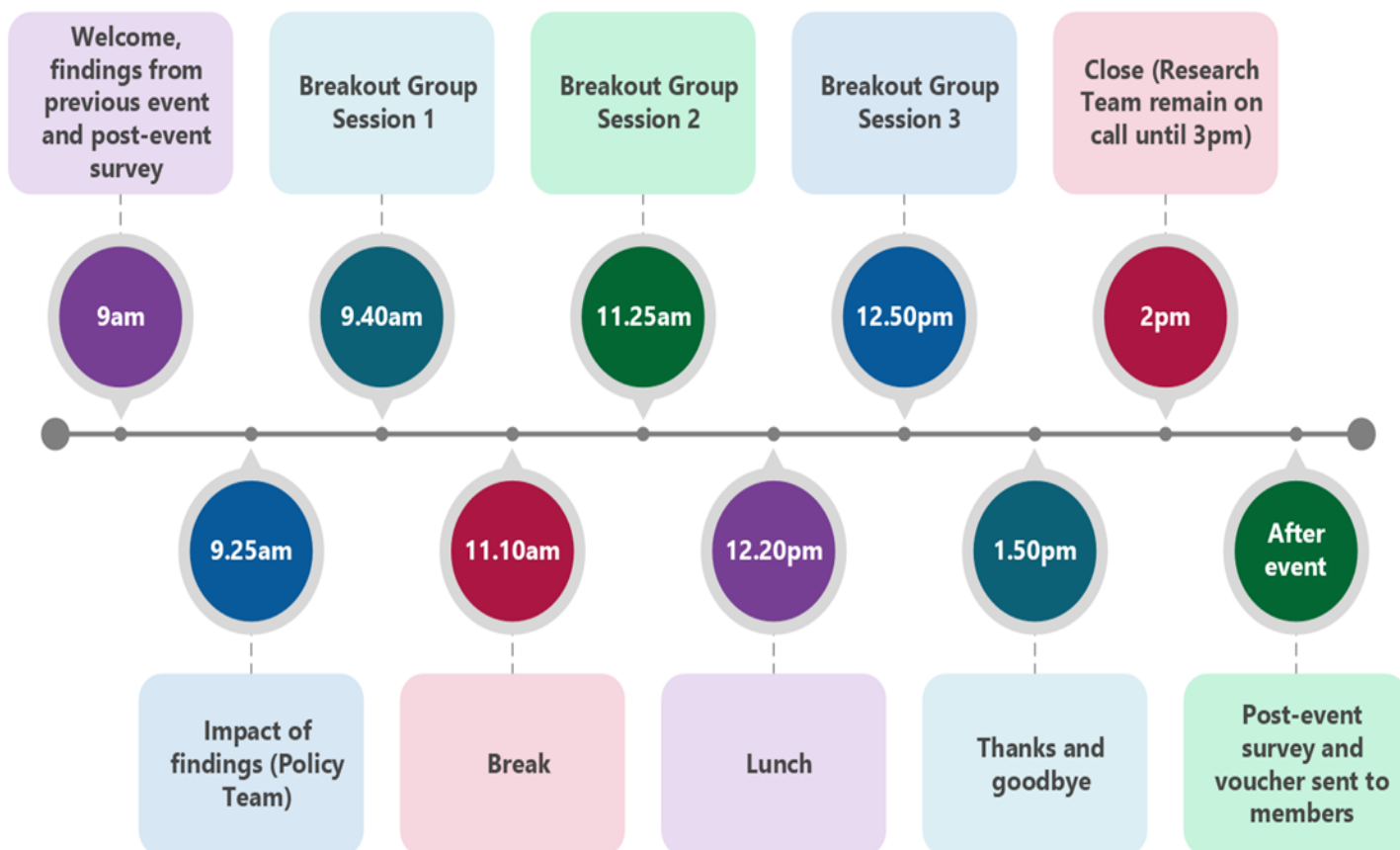
Panel Process

Two weeks before each online event, the research team initiated discussions with Scottish Government policy colleagues to identify pressing decision-making issues that would benefit from the input of lived experiences in order to impact policy outcomes. (See [appendix A](#) and [B](#) for the full list of People's Panel topics and timeline of how an event was organised).

Initially, a combination of whole panel sessions and breakout room sessions in smaller groups was planned. However, as the panel progressed, members expressed a strong preference for the smaller breakout room format. Consequently, the majority of discussions were conducted in this format. Figure 1 below details how each panel event was organised:

¹⁷ Stakeholders were approached, with the aim of trying to ensure representation across the equality groups. Knowledge of which stakeholders had an interest in pandemic related issues was built up from internal contacts and from stakeholders who responded to the consultation on the approach to establish the COVID-19 inquiry: [Scottish COVID-19 Inquiry: Analysis of the public and stakeholders views on the approach to establishing the public inquiry - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2020/06/Scottish_COVID-19_Inquiry_Analysis_of_the_public_and_stakeholders_views_on_the_approach_to_establishing_the_public_inquiry_-_gov.scot)

Figure 1: Panel event timings and activities



Experienced facilitators from the research team and staff members from the Scottish Government Social Research profession facilitated the breakout sessions and took notes. See [appendix C](#) and [appendix D](#) for the facilitator guides and research questions.

Analysis

The analysis was conducted in two stages. After each People’s Panel event, the aim was to promptly deliver the information to Ministers and policy colleagues within two weeks of each event. To achieve this, the research team performed interim thematic analysis to identify key themes and impressions. The findings were also reported back to the members at each subsequent event. Following this, the research team carried out systematic analysis to identify themes, ideas, or opinions that may have been overlooked in the interim analysis.

This report illustrates the findings using quotes from the panel members. The quotes reflect various viewpoints, and provide insight into the kinds of discussions that were had at the panel events. Some views were shared across most of the panel members and some issues were more specific to a smaller group of people. However, it is important to highlight that it was not the aim here to achieve consensus or resolve differences, as might be appropriate in a deliberative process.

Descriptive terminology is used to add clarity on the views. For example, ‘some’ members or ‘many’. It was not the intention to quantify the members’ views, but it should be noted that in general, ‘many’ or ‘most’ members refers to views that were shared across a large section of the sample. Use of the term ‘some’ is used to reflect an idea or viewpoint but without specifying the number. Certain issues were more specific to a smaller sub-section of panel respondents but these are no less important just because fewer people experienced them.

After each event, panel members were invited to complete a post-event survey to provide feedback on their experience with the panel. This provided the research team with instant feedback and data on topics such as trust and confidence, over time. See [appendix E](#) for a summary of these survey responses.

Participatory Approach

The goal was to facilitate and empower individuals with lived experience of the discussed topics to have their voices heard by policymakers in the Scottish Government.

Therefore, the research approach was designed not only to collect people’s opinions but also to help members further develop their ideas and opinions throughout each event and over the course of all six events. This involved capacity-building for the members and careful facilitation to encourage deep thinking about the issues at hand. As the panel progressed, members became increasingly knowledgeable, leading to more relevant and informed responses. Their growing confidence also expanded the breadth and depth of their contributions.

Unlike deliberative democracy approaches¹⁸, the intention was not to seek a consensus of opinion on the subjects. Instead, the aim was to uncover contrasting experiences and unearth distinct and possibly innovative perspectives. The objective was to present these voices to decision-makers, prompting them to reflect deeply on the realities of people’s experiences.

Importantly, the research team sought to convey diverse views, ideas, and opinions on the issues that may not have otherwise surfaced or been given attention.

Trust, Relationships and Ethical Considerations

Becoming familiar with panel members, their needs and culture and any barriers to participation, including communication, were vital considerations for planning and delivering this panel.

¹⁸ [Institutionalising Participatory and Deliberative Democracy Working Group: report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/institutionalising-participatory-and-deliberative-democracy-working-group-report/pages/13/index.aspx)

The subjects discussed during the People’s Panel events were challenging and emotionally charged. Given the sensitive nature of these conversations, it was crucial for the research team to establish positive relationships and trust with the members, prioritising their wellbeing throughout the process. See [appendix F](#) for a summary of the main ethical considerations.

Trust was fostered by maintaining transparency with the members. They were made aware of how the information gathered would be used to inform policy decisions alongside other forms of evidence. It was important to manage their expectations, ensuring that they understood that their input was one of many sources that policy teams might consider. Each event included a segment where the policy team from the previous event shared how the gathered information had been utilised, providing an opportunity to update members and further engage them in the policymaking process (See [appendix E](#) for post event survey scores covering trust).

Steps were taken to protect the wellbeing of everyone involved in the People’s Panel. Facilitators and notetakers were briefed before each event, and debriefing sessions were held afterward. Relevant support resources, such as mental health charities, cost of living assistance, or Citizens Advice, were provided during each session. It was identified in the first two sessions that it would be helpful to have a trained Mental Health First Aider¹⁹ on standby throughout the events. This was implemented from event 3 onwards. Moreover, facilitators of each breakout group created a safe space where members could feel supported during sensitive discussions.

Purpose of this report

This report was written in order to share with wider audiences how the panel was set up, and what was found out. It documents the panel approach and outcomes but it was not a underlying part of the panel process.

¹⁹ There are trained mental health first aiders (MHFAs) across Scottish Government directorates. They can provide on-site support and advice about where to find professional help. For example, [Scotland’s Mental Health First Aid \(smhfa.com\)](https://www.smhfa.com)

Research Findings

The discussions regarding COVID-19, ventilation measures and CO₂ monitors were conducted across five panel events (see [appendix C](#) for the discussion questions).

Diverse experiences and varied perspectives of the pandemic

The first panel event, in June 2022, began by exploring the panel members' experiences of the pandemic, asking them how these years had been for them.

This section presents the findings under the following themes:



Loss

Panel members shared stories of various losses during the pandemic. This included losing loved ones, experiencing a decline in physical and mental health, a loss of confidence, social connections, and income.

“I have three sons, two lost jobs, one went through all savings and now in debt. I'm working again but I'm in debt. My other son is not in debt but has suffered mentally.”

Particularly, older panel members expressed a deep sense of loss of time, missing out on moments with their families, especially new-born relatives.

“I'm not able to meet my grandchild who was born during the pandemic. I was not able to go and see them or support them during the time of the birth. This was a huge thing for me. I did spend some time earlier in the pandemic wondering if I would ever see them again.”

Relationships were affected and lost due to the pandemic.

“I lost a close family member during this time, and I didn't get to say goodbye to them. The last years on the planet were not worth what they should have been.”

Alongside hobbies, travel, and perceptions of freedom.

[Member of local folk club]: “That wasn’t happening either. Found singing alone to a screen of muted faces horrible and never did it again.”

Polarised views

There was a split in viewpoints among the panel members. There were those who felt that the pandemic was exaggerated, and they considered the protective measures unnecessary. It was felt that governments wanted to instil fear for the purpose of population control.

“How far could they [government] go to get people to follow rules? Mask-wearing rules. How far could they push people, because it was worldwide, somebody is pulling strings.”

Others believed that money was being made through the handling of the pandemic, including by ‘big pharma’²⁰.

Other members believed that the protective measures were crucial and were lifted too quickly.

“There is a general consensus that it’s over. It may be over for lots of people, but not everyone. Many are still worried, and this will increase going into winter.”

While acknowledging the necessity of protective measures, the harm associated with some measures was also discussed. For example, the negative impact of social isolation on children, elderly individuals, and care home residents, as well as the challenges in accessing healthcare.

Sadness and anger

Despite the polarised views on protective measures, panel members shared common emotions of overwhelming sadness and extreme anger in response to the effects of the pandemic. These feelings of sadness and anger were rooted in the personal experiences of panel members, and the perceived failures of those in power to adequately address the issues arising from the pandemic.

Some panel members felt frustrated and disappointed with the UK Government’s handling of the pandemic, holding them responsible for the negative impact it had on their lives.

²⁰ ‘Big Pharma’ is a term used to refer to the pharmaceutical industry.

“I think the UK government is an absolute disgrace. I feel very, very angry about how they function, the things they have done over the past few years.”

Panel members also expressed frustration with the National Health Service (NHS). They voiced concerns about the long waiting lists for medical care, the lack of funding for the healthcare system, and the difficulties they faced in accessing the necessary healthcare services.

“When I moved here a while ago, I spoke to a GP about my mood, and I was told the waiting list was 18 months. You need to see someone tomorrow. The NHS is lovely, and the people who work in it are doing their best, but the NHS is lacking in a lot of areas, probably all because of money.”

Positives

Despite the challenges and personal losses experienced during the pandemic, panel members also reported positive experiences.

The opportunity to work from home (for those who were able to) was considered a positive outcome and a “privilege”. Members appreciated the flexibility and convenience it provided, along with the benefits of saving time and money. Working remotely also contributed to a sense of safety and reduced exposure to potential health risks.

“Remote working has made life better for so many disabled people I know.”

Panel members reported increased interactions with neighbours, which helped strengthen community bonds and create a sense of belonging. Spending more quality time with their children and family members was another positive aspect that emerged.

These positive experiences, whether through remote work, strengthened social connections, newfound hobbies, or volunteering, served as sources of resilience, hope, and personal growth during a challenging period. They highlighted the ability of individuals to adapt, find joy in small moments, and discover inner strengths amidst adversity.

Perceptions of safety and risk of COVID-19 transmission

The panel members reflected on factors that made them feel unsafe or at risk of catching COVID-19 under the following themes:



Feeling unsafe

The event was held (24 June 2022) just as levels of COVID-19 cases were increasing in Scotland.²¹ As such, many panel members reported feeling unsafe and at risk from hospitalisation, long COVID, and death. The risk was felt more acutely by members with higher risk of complications from COVID-19, including disabled people, people with underlying health conditions and members from ethnic minority backgrounds.

“I feel vulnerable on public transport, a lot of anxiety to travel with new born and vulnerable partner.”

This fear was compounded by two main perceptions: that there is a lack of public understanding on the dangers of COVID-19 and long COVID, and there is complacency towards the health of the vulnerable.

“To me it’s the worry I’m going to stand next to someone who hasn’t taken precautions which will mitigate all the precautions I’ve taken over the last few years, and that makes me much less likely to go out because I don’t want to be around people who will make me sick.”

Members felt most unsafe in poorly ventilated, crowded indoor spaces (see the section on [ventilation](#)). The following settings were singled out:

²¹ Public Health Scotland record COVID-19 cases on a dashboard: [COVID-19 & Respiratory Surveillance \(shinyapps.io\)](#)

- Public transport - busy, poorly ventilated, lack of mask wearing, unable to physically distance.
- Clinical settings - hospitals, GP and dentist surgeries. Although members said these were the only public places where they feel safe, others pointed out they were still at risk if, for example, the areas were busy. Further, members pointed out that getting to the appointments presented issues if they rely on public transport. Some members said the lack of safety deterred them altogether from attending such places and therefore accessing healthcare.
- Hospitality / entertainment venues - Some noted there was a difference between central belt versus highland/island communities, with the latter being more cautious.

Fear of other people

Members expressed heightened mistrust and fear towards other people particularly when they saw people not wearing face masks or keeping a physical distance. This was perceived to indicate a lack of compassion for others, and those more vulnerable.

“Doesn’t feel like people care about the responsibility for keeping others safe.”

These feelings of judgment and mistrust were perceived to have longer-term damaging consequences:

“It shows a lack of compassion for others, which is a big thing these days, we thought pandemic would bring us together but it hasn’t. There are big divisions in society these days and with covid some people show a real lack of compassion for others and their choices.”

Feeling safe

In contrast, observing people taking precautions helped members to feel safer.

“I feel safer when you can see other people, like the public, are taking precautions and thinking about what they’re doing. That makes me feel safer when say the person looks at me and moves away a bit, whether they want to give me space or what not.”

For those who were at increased risk from COVID-19, they wore face coverings, they tested (using rapid lateral flow tests) before going into company, distanced themselves from other people in public places, limited their contact with others, ventilated spaces (and asked others to do so) and held events outside or online. They told us that they tried to avoid some environments altogether.

“Don’t go to supermarkets, but it’s tiring. Try to avoid them, and other places that are busy. Have not been to many events since the start of the pandemic.”

Members acknowledged that most of these precautions have cost implications and place a burden in different ways on those who feel most unsafe.

“Testing, unaffordable. No access to PCR tests.”

Information and feelings of safety

Although Scottish Government information was sometimes praised, in particular the First Minister’s televised briefings, the end of regular updates made some feel less safe. It was felt there was a gap in clear information sources, leading to a confusing picture and uncertainty about what to do. In particular, members commented that the changes to the testing regime, and how figures are reported, made it harder to understand the current COVID-19 landscape and assess their risk.

“People had to stay home when having symptoms before, but now when that’s gone, it feels less safe. When masking mandate ended, few people continued to wear them.”

Members have used various means to fill the gap in information, including news sources and friends.

“There was an imbalance of information which was very confusing. I had to rely on people to explain things to me so I did not take the wrong information on board.”

However, members were also worried about misinformation, and how it was spreading due to the perceived lack of official information.

“Something else makes me feel unsafe, if I see something on social media or I hear someone coming out with their opinion and presenting it as facts, but I’m not aware of it being science, those opinions make me worry.”

There was acknowledgement that engagement with less credible information sources can stem from an intention to be informed and ‘do the right thing,’ and can sometimes reflect difficulty in understanding technical, nuanced information against a changing landscape.

Trust in the Scottish Government guidance

At the start of the pandemic most members reflected that they had high levels of trust in the Scottish Government guidance. This had changed, for some, over time. A common

view amongst the members was that the Scottish Government had good intentions but it was difficult to keep up with guidance that was rapidly changing.

“I thought Scottish Government guidance was measured, and explained properly. I know people struggled with guidance constantly changing, and it was detailed so you had to dig into written versions to check on specific things you were doing. But at same time it was all there. You could go to someone and say ‘I’m confused can you please explain this’.”

It was suggested by some that this was not true of the UK Government.

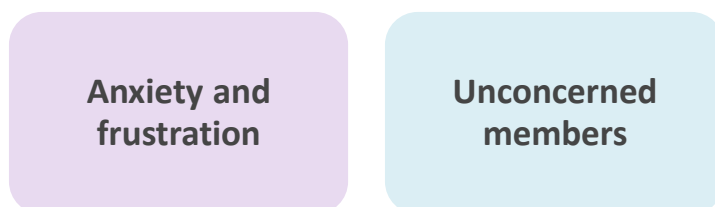
“Scottish Government was more consistent than UK government. More measured and thought out better, and explained better. Not always getting it right, but they try to explain why they’re asking you to do something. So you’re more likely to follow guidance if you know where it’s coming from.”

Notwithstanding the above, there was a view expressed by some members, that while Scottish Government COVID-19 actions and messaging was “gold-standard” at the start of the pandemic, this had declined. Trust in Scottish Government, particularly for those at higher risk to COVID, had waned. On this shift, some noted that the ‘almost silence [from the Scottish Government and First Minister on COVID-19] is disconcerting’, and for others this signalled a permanent erosion of trust in Scottish Government.

Members' attitudes and concerns towards COVID-19 and potential protective measures for autumn and winter 2022/23

At the first People's Panel event (June 2022), members shared their experiences of loss and suffering during the COVID-19 pandemic. Event 3, held in September 2022, aimed to explore their current feelings as we approached the autumn and winter months.

The panel members' responses were covered in the following themes:



Anxiety and frustration

Many People's Panel members were concerned because they did not consider the virus to be under control.

“There is no evidence that it [COVID] is under control at the moment.”

Members felt that other people (e.g. employers, the wider public) did not share their concern, and they perceived that the Scottish Government was not taking any action. They felt that neither the Scottish or UK Government would bring in any protective measures to help them stay safe.

“You would be a fool to believe that everything is hunky dory. But employers are not taking this seriously, retailers not taking it seriously, nothing is being imposed by the Scottish Government. The buck stops with Scottish Government, we must have some protocols in place until COVID is under control.”

As in the previous event in June 2022, we found that concerned members wanted to return to wearing face coverings in public places and accessing free LFTs (Lateral Flow Tests). Further, they also wanted sanitisation in public places (“trolleys in Tesco”) and physical distancing to become the norm, once more.

Members of the Panel who described themselves as immunosuppressed or at high-risk, or had family members who identified as higher risk were taking protective measures, such as staying at home where possible. They felt that they were having to stay at home because others were not taking precautions.

“We are currently locked up. What about the damage to disabled people who are still locked up. If numbers [of COVID infections] could

be cut in half it would be easier to manage that risk, you could get out again to do things that keep us sane.”

Members also stressed the importance to them of getting accurate up-to-date information - they saw this as a key protective measure in itself.

They were, however, aware of the difficulty of getting messages across to the general public, a phenomenon that some described as “COVID fatigue”. This manifested as the general public perceiving that COVID-19 was over that, and that messaging about the virus had become a backdrop that people were “not seeing” anymore. For example, not looking at posters or listening to any communications about COVID-19.

“Communication is not working anymore as people [are] numb to it – its background noise.”

Some members thought about how widespread behaviour change could help them.

“If only the reintroduction of masks. If everyone did that except those who are exempt, then it would instantly change the game, it wouldn't stop every infection but could stop some”

Unconcerned members

There was a minority of members in the panel who expressed being unconcerned about COVID-19. Their opinions stood in stark contrast to those of the panel members who had experienced significant impacts from the virus. It is important to note that the People's Panel does not aim to bring these opposing viewpoints together for resolution; rather, they are facilitated separately but asked the same questions. We present these opinions here to provide insight into this alternative perspective and foster better understanding.

This small group of People's Panel members reported that COVID-19 would not have any impact on their lives, both in the present and throughout the upcoming autumn and winter seasons.

“COVID is a non-event.”

When asked about the reasons behind their lack of concern, they expressed a belief that COVID-19 is a relatively harmless illness and that the reported death rates have been exaggerated.

“It has no impact on me. You would need to have a 50% death rate before I started to be terrified. It would have to be a virus so deadly that you wouldn't leave your house.”

These members did not fear COVID-19 and, in most cases, had not taken any protective measures throughout the entire pandemic period.

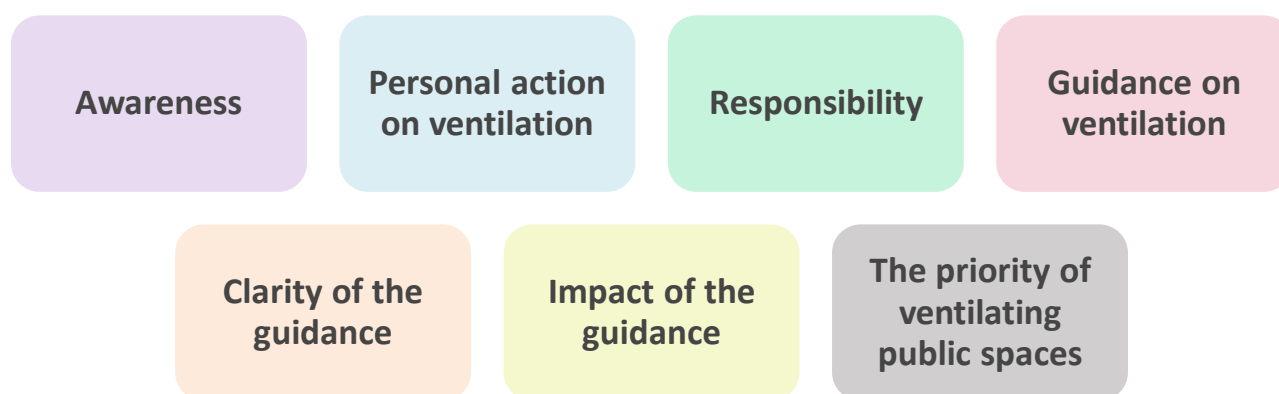
“I've never worn a mask or been vaccinated.”

It is important to acknowledge that these viewpoints differ significantly from the majority of panel members who have experienced losses and expressed concerns about the virus. By presenting these contrasting perspectives, the intention is to highlight the range of opinions and foster a better understanding of the diverse viewpoints within the People's Panel.

The significance of ventilation as a protection against respiratory illnesses

Events two and three were specifically designed around a Scottish Government ventilation action plan. In session two the objective was to enhance the members' understanding and awareness of ventilation and gather the opinions on ventilation as a means to reduce the risk of infections. Prior to session three, the research team sent all the members a copy of the online refreshed guidance for ventilation. The new ventilation guidance for domestic settings is part of the current [Ventilation - Coronavirus \(COVID-19\): staying well and protecting others - gov.scot \(www.gov.scot\)](https://www.gov.scot/Topics/healthandcare/coronavirus/covid-19/ventilation) guidance, hosted on the Scottish Government website.

The panel members' responses were analysed under the following themes:



Awareness

Members were highly aware that ventilation can help to reduce the spread of respiratory infections.

For some members, the idea of ventilation started with opening windows, vents and doors to let air through. Others went on to talk about air cleaning technologies including for example, HEPA (High Efficiency Particulate Air) filters and CO₂ monitors.

“Instead of just opening windows a CO₂ meter or something similar could be considered.”

However, the amount and type of information that is in the public domain was criticised.

“There needs to be more research about what works and what doesn't. Find out the costing of ventilation being put in place. More information rather than just opening windows, is there access to research that Scottish Government has done about ventilation outwith its own

research. I know risk increases when there's more people in a room, how does this risk change if you are close to window/far away etc?"

Members mentioned the negative effects of ventilation but this was largely related to opening windows and doors in the winter and being cold.

“Good ventilation should not equate to being cold.”

This was a particular concern for children in schools; some members felt it was better for children (and others) to dress warmly and open windows whereas others disagreed and thought that being cold was more dangerous than respiratory illness (including COVID-19).

“A grandkid in school having all the windows open all day during last winter, and the kids being very cold, which could lead to other issues.”

The cost of fuel was raised as a serious barrier to people opening windows to ventilate their homes, particularly in winter. They pointed out that businesses may also be less inclined to pay for heat that is escaping through the windows and doors.

Personal action on ventilation

Members talked about incidents where they actively opened windows in public places, and times they wanted to, but didn't feel able.

“I only travel with partner, and if on the bus and windows are closed, we open them. Before the pandemic, I got assaulted because I wanted to open a window!”

Members have avoided shops, sports centres, churches, polling stations, anywhere with children and even avoided having friends and family round to their homes because of a lack of (or perceived lack of) ventilation.

“[I've] not had anyone in [my] home for two years”

Others said that they had stopped going on public transport or into public places as they had no way of knowing how well-ventilated they were.

“I don't use public transport, don't trust other passengers to keep me safe. I have only been on a bus once since start of pandemic!”

For some, the weather (e.g. wind), noise, traffic pollution, insects and heating costs were a disincentive not to ventilate their home. Many expressed that they would not follow the advice to open windows and doors, even slightly, during the winter months, due to the financial implications through lost heat.

“I would like to have windows open, but don’t want to feel cold. And don’t want to let in midges! Some places that are windy and cold, and with heating costs going up. It needs to be accessible to more people.”

Responsibility

In general, there was a shared belief across the panel that clean air benefits everyone and is of high public value. Therefore, the responsibility must lie with central and local government to produce guidance for ventilating buildings.

Standards of ventilation should be explicit, recorded, enforced and inspected, as for example, food hygiene measures are in hospitality settings.

“I would like to see more robust guidelines on servicing air conditioning units, and more of a drive to actually do it.”

Others had a view that ventilation should be a legal requirement rather than just guidance and the government had a role in appointing a regulator to enforce the regulations. In addition, it was felt that the government has a role in helping building owners, most especially small businesses, by funding the installation of ventilation systems.

Some members did not think there is enough investment in ventilation, given it is a vital need. This viewpoint was underpinned by the belief that the requirement to have clean air is the same as having access to clean water.

“Right to clean water, so why is clean air not a priority also.”

Those who were generally unsupportive of the protective measures put in place during the pandemic, were particularly against ventilation measures, if they were ‘only’ to mitigate against COVID-19.

Guidance on ventilation

Members felt that there was a general lack of awareness among the population regarding the importance of ventilation.

“Messaging has been weak and confused on this.”

In line with the findings on responsibility, panel members suggested that the guidance should be translated into a practical ‘checklist’ format and prominently displayed in every building. Some panel members saw this as a crucial step in returning to a more ‘normal’ way of life, as they still had apprehensions about public gatherings due to inadequate ventilation.

Regarding the guidance itself, they emphasised the need for clear, consistent and concise guidance without being overly simplified, developed in collaboration with the target audiences.

“Not only audience but also location/type of building should be taken into account as not all measures work in all situations.”

Clarity of the guidance

There were mixed views regarding the clarity of the refreshed ventilation guidance, ranging from those who felt it was clear and easy to understand to those who found it difficult and in some cases, impossible, to read and follow. They suggested using less formal language and making the guidance more accessible. For example, simplifying the terminology used, such as using ‘breathing’ instead of ‘respiratory’ and using short, concise, and memorable messages.

The use of visuals, such as pictures, was proposed to accompany the text and help explain concepts like trickle vents or how to allow more fresh air to circulate.

Members, who held specific views about the pandemic and believed that the threat from COVID-19 had been over-exaggerated, objected to the guidance on ventilation in principle, perceiving it as a form of a ‘nanny state’. These members felt that any guidance on ventilation was unnecessary.

Additionally, some members recognised the challenges in wording the guidance appropriately since different people have different needs and perspectives.

“Honestly, I don’t think there is a good way of wording this. The problem is you’re trying to say something simple and obvious. People who are worried about COVID will do it anyway. People who aren’t will not.”

They also highlighted the difficulty of striking a balance between recommending that people open windows for ventilation and addressing concerns about the potential financial impact of doing so.

Impact of the guidance

There was concern that the guidance might not effectively reach the intended audience, particularly if it remains “buried” on the Scottish Government website. To broaden its reach, suggestions were made to utilise electronic advertisement boards, mainstream media platforms, or even distribute physical leaflets that can be displayed prominently.

“A leaflet to put on my fridge”

Additionally, discussions touched upon the need for a culture change to make ventilation practices more widespread and ingrained. Some panel members argued that ventilation should become second nature to individuals and emphasised that achieving this cultural shift would require a long-term process of education and awareness.

“Actually, we need a culture change to make this happen, it needs to become second nature, that’s a long term thing. Can’t be enforced!”

The priority of ventilating public spaces

It was raised that the emphasis should not solely be on ventilating homes, but rather on prioritising the ventilation of public places. Members described focusing on homes as a “*waste of time*” and suggested that resources should be allocated to educate the public on how to maintain safety outside their homes. There was a strong sentiment that the Scottish Government should take more robust action in promoting and enforcing ventilation practices in businesses, schools, GP surgeries, public transport (including buses), and other communal areas.

This would then encourage some members to use the service or business as they felt safer.

“If places have signs on ventilation and virus-killing devices, that would make me feel safer, but I would still wear a mask!”

The role of CO₂ monitors in public spaces

At the start of event 5 (27th January 2023) the members were given a 10-minute introduction to CO₂ monitors, including details of a pilot scheme that was running in schools and the proposals for widening the scheme to other publicly accessible places. The use of CO₂ monitors in spaces with public access was discussed in the group sessions.

This section presents the findings under the following themes:

Lack of trust

Evidence of effectiveness

Recognising the value of CO₂ monitors

Clear and accessible messaging

Lack of trust

There was some scepticism and a lack of trust towards a CO₂ monitor scheme. As such, the scheme would not make these individuals more inclined to visit places that implement them.

“I wouldn’t trust [name of a service provider] to monitor it because they didn’t enforce masks when people were supposed to be wearing them.”

The members who expressed this lack of trust generally demonstrated an overall lack of trust in the government’s handling of COVID-19 measures. This lack of trust appeared to be rooted in observing instances where there was poor compliance with guidance during the pandemic, alongside their personal experiences of extensive suffering from COVID-19, such as, ongoing health impacts, and profound fear of themselves or their families contracting the virus.

"This is about trust. How will I know who’s going to take action about it (if the levels get high)?"

Evidence of effectiveness

Members called for evidence demonstrating that CO₂ monitors can effectively reduce the transmission of COVID-19 and other infections.

“I want evidence that having monitors lowers rates of infection.”

It was suggested that this could be achieved by having monitors placed visibly in public areas, or by connecting the monitors to an app. The app would inform users if a place was

participating in the CO₂ monitoring scheme and provide real-time updates on the current levels in nearby locations or places they intended to visit.

Members not only wanted to know the plans for addressing high CO₂ levels but also how the implementation would be monitored, the level of training for those involved, and how they would be held accountable.

“Any interventions introduced by the government should be tied to accountability through measurement. It's up to the experts to decide how. Assuming individuals will adopt the correct behaviours won't work. Articulating accountability as part of policy and messaging that organisations have the responsibility to add additional steps to monitoring levels (such as training). Clarity on this would be useful.”

It was suggested that ongoing behavioural research should be conducted to gain a comprehensive understanding of the monitors' impact, both economically and socially.

A small number of members opposed the use of CO₂ monitors, considering the scheme to be an inefficient allocation of public funds. Their reasons for deeming the scheme 'wasteful' included the belief that all buildings already have adequate ventilation and that keeping the air clear is simply a matter of common sense.

“It's common sense. If the air is stale, open the windows.”

These members expressed the view that the investment in CO₂ monitors was unnecessary since they believed that proper ventilation practices should be instinctive and straightforward to implement.

Recognising the value of CO₂ monitors

On the other hand, some members were immediately reassured that such a scheme was being introduced. They felt it showed a seriousness towards the threat of COVID-19, flu and other viruses. It was described as an initiative that shows the Scottish Government 'cares for its people'. It was hoped such a scheme would be made mandatory and implemented in every public place, particularly in public services and public transport.

“I would be happy to go to places knowing there's extra precaution... It's about taking care of people.”

Members saw the scheme as an opportunity to bring science into public understanding of where and how people can keep safe from viruses.

“It could put to bed the arguments people have about opening the doors and windows.”

Members expressed their desire for businesses to adopt the scheme, but they also acknowledged that some businesses, especially those in poorly ventilated areas, might legitimately fear losing customers due to the scheme.

For those who were more uncertain, they saw value in the scheme but felt that conditions must be met for them to visit places with CO₂ monitors and feel more at ease in such settings.

“A place might say, ‘look, look, we have a CO₂ monitor, we're safe.’ But that might not be true. But, it also shows that the people running the place had thought about this stuff.”

Clear and accessible messaging

Similar to the discussions on the ventilation guidance, members emphasised the importance of clear and accessible information delivery. They emphasised the need for unambiguous statements that focus on tangible actions.

“For example, the advice could be: open the windows [when the CO₂ levels reach] a certain level.”

One suggestion was to simplify the messages in places with CO₂ monitors by using a ‘traffic light system’. This universally understood code would help the general public understand the information more quickly. Further, it could help to reduce fears.

“If there were signs saying 'clean air here' and indicating the presence of CO₂ monitors and filtration/ventilation systems, I would never enter a place that doesn't have these signs. If I knew the CO₂ levels, I would be less scared and nervous.”

However, it was raised that CO₂ monitors could potentially contribute to increased anxiety, especially if people find them difficult to understand or interpret. This reinforced the need for clear guidance and communications.

“If people don't understand them they might make them more anxious.”

Assessing the current state of COVID-19 pandemic

In March 2023, during the final session of the People’s Panel, the aim was to gain insight into the members perspectives on their present situation and their outlook for the future. The panel members’ responses were analysed under the following themes:



A worse situation

Compared to last year, some members felt no sense of improvement; COVID-19 was impacting on everything they think about. This was mainly attributed to concern around the lack of publicly available information (for example, official statistics on cases and hospitalisations), concerns with underreporting, the view that there are more people now with COVID-19 than at the height of the pandemic and feeling unsupported and unsafe in public places.

“Where we are with Covid? Now is the biggest nightmare that we could have imagined.”

Members expressed disappointment, sadness, a loss of hope and anger that there is a lack of recognition amongst the wider public, that for people who are clinically vulnerable or who are supporting family/friends who are vulnerable they cannot just “get back to normal”.

“Everyone has moved on and forgotten about it and there are so many of us who can’t forget about this, so many of us [vulnerable people] have had to go back to work or start going out again.”

Members spoke about a loss of freedom, having their choices taken away, experiencing high stress, feeling “time impoverished”, feeling afraid to return to work and having to make major lifestyle changes.

Feeling judged for taking precautions

When wearing face coverings in public places, members described feeling judged and stigmatised by other people, and that this has worsened over the year. They described receiving upsetting comments and “funny looks” and being questioned about why they are wearing a face mask.

“I’ve noticed a huge increase in odd looks and comments aimed at me because I’m still wearing a mask everywhere. There seems to be a backlash in general now - if you want to protect yourself you are considered as a pariah now. I think people see you as an attention seeker.”

When reflecting on why other people may behave like this, they suggested that there is a sense of apathy amongst some of the public, with people not perceiving or just being unaware of how serious the situation is, and people being confused due to mixed messaging.

“People are going to continue not taking it seriously and I am going to have to be the one that spends money on masks that cost a lot. That is exhausting. I hate the feeling of being singled out but I am a person of colour - I have been bullied all my life. There is minority stress – that it does make your life more difficult and wearing a mask is another type of minority stress.”

There was acknowledgment that the public are “mentally exhausted” and people just want to get on with enjoying their lives again.

“I can’t blame anyone for their behaviour, for going out to party or celebrate or enjoying their lives again, that is just so fundamental for their mental and physical health. But for those that can’t do that, my hope is that people will be educated as to what it still means for the people who have been medically left behind. Medically curtailed.”

Some members wished that the wider public could realise the effect that they have on people who are clinically vulnerable. It was suggested that for the public to understand and continue to adapt to COVID-19, there needs to be education, recognition and support from the government.

Long-term impact

Many members expressed concerns over the longer term impact of COVID-19. They were concerned with potential new variants, the social impact of lockdown and disrupted education, and the negative impact the pandemic has had on medical staff in terms of

absences and disrupted clinical services. Members talked about people they know who have become isolated due to long COVID and who are now unable to work and socialise.

“The NHS does not know what’s hit it yet, the long term effects of people who have experienced COVID won’t be showing yet but my god, in 10 years’ time, just wait.”

Members focused particularly on the experiences of younger and older people. Examples provided included concerns over young people missing out on key social, in-person interactions and feelings of loneliness increasing (amongst all groups of people) as there is a level of mistrust in others.

COVID-19 is a background issue

Some members said they had “too many other things to worry about”. This was not said to undermine the impact that COVID-19 has had on people and communities, or to “downplay it” but they thought that other issues such as the cost of living crisis were more central, at the moment, for some people.

For those who shared this view, they spoke about feeling safer having had their vaccination, or less concerned because they perceived the current variant as “mild”. Some believed that COVID-19 was approaching the level of flu and so their perception of the level of threat it posed had reduced. Others were accepting of the situation because as “long as we do keep taking precautions we will be ok”.

One member described trying to find a balance, as while they were concerned about the longer term impact of COVID-19, they acknowledged that they were not sure how much of a risk it actually posed to them. There was a feeling that some members would still act with caution if they tested positive for COVID-19 but they were not actively searching out information.

“I don’t keep an eye on it at all, I hear about it locally and would say that I heard last month there was quite a lot in my area but in my circle only one or two had it, if I get ill I still have testing kits and I still test and would self-isolate if I was positive.”

Hope

There was some hope and optimism expressed by the members in terms of the impact that COVID-19 has had on home and hybrid working. Hybrid working was described as being a helpful “new norm” that has allowed members to spend more time with their family and generate a better work-life balance.

There was also an appreciation for social connections – some members spoke positively about new online communities they had joined or about their revitalised outlook on socialising with other people.

“I never turn down plans to go out with friends now or go into people’s houses. I am definitely of the mindset that I want to get out and enjoy my 20s”.

An ‘overreaction’

For a minority of members, COVID-19 was described as an “overreaction” and a way to spread fear amongst the public.

“Never heard of someone dying of COVID. [There was a] push to say it was COVID, [that people died of] when it could have been a heart attack. It has just spread fear.”

This group felt that protective measures, such as masks, protective screens, and vaccinations continued to create fear among people.

For these members, the impact of COVID-19 was evident in the fear experienced in society, loss of trust in the government and loss of trust in other members of the public. Personal loss also appeared to refer to loss of time, and loss of a previous way of living.

“I think the biggest loss was wasted years. Nothing was happening. People got quite selfish and nasty about other people, I doubt there has really been a recovery back to how things were. Me-first thinking, which isn’t good.”

Summary

- The insights gathered over the panel events have been extensive. They are relevant to a range of policy areas and priorities in the Scottish Government.
- For example, the members' experiences and insights were considered in the ongoing development of the protective measures [Signage](#) scheme. Their feedback on ventilation guidance informed the development of refreshed guidance for individuals and workplaces.²²
- Their insights on the role of ventilation and the use of CO₂ monitors, as a means of improving infection resilience, informed discussions in the [Covid-19 Adaptations Expert Advisory Group](#).
- The Scottish Government winter illnesses campaign – 'Stay Well This Winter' – was also informed by insights from the panel alongside Scottish opinion polling.²³
- This research supports the findings from other studies which show how pandemic related stressors such as health risks, economic adversity, employment disruption, and social isolation exacerbated inequalities and continue to have substantial long-term effects.²⁴ This research has also provided new perspectives on how pandemic related impacts, both positive and negative, emerged along different time courses and in different places for individuals and communities.
- One of the key strengths of the panel, was in the way it provided a bridge between policymakers and the public. Gathering these diverse perspectives provided valuable insights into the real-world challenges faced by Scottish communities.
- The principles of trust, respect and inclusivity were weaved throughout the panel setup and delivery (more details in the [Method](#) section). These foundational elements have allowed the panel to flourish as a platform for effective policy-making.

²² Refreshed ventilation guidance for [individuals](#), [workplaces](#) and on [air cleaning technologies](#)

²³ Scottish opinion polling - [Public attitudes to coronavirus, cost of living and Ukraine: tracker - data tables - gov.scot \(www.gov.scot\)](#)

²⁴ There are many reports on this topic. For example: [Coronavirus \(COVID-19\): impact on equality \(research\) - gov.scot \(www.gov.scot\)](#), [Scotland's Wellbeing: The Impact of COVID-19](#), [Coronavirus \(COVID-19\) and society: what matters to people in Scotland? - gov.scot \(www.gov.scot\)](#)

Appendices

Appendix A: Timeline of events

Event 1: June 10 2022

- Introduction to the People's Panel (how it will work, who is asking the questions and how the findings will be used), ground rules and housekeeping
- Information session: Scottish Government's (SG) approach to addressing COVID-19 harms
- Group session 1: Members' experiences of the COVID-19 pandemic
- Group session 2: Motivations for joining the People's Panel and what members want to get out of taking part

Event 2: 24 June 2022

- Findings from Event 1 and the follow up survey
- Information session: Current SG protective behaviour guidelines and polling results
- Group session 1: What makes people feel safe and unsafe around COVID-19 and protective behaviours
- Information session: SG ventilation plans
- Group session 2: Cost of living crisis and what it means to members

Event 3: 23 September 2022

- Findings from Event 2 and the follow up survey
- Impact session: How the findings have been used so far
- Group session 1: The impact of the cost of living crisis on members' behaviour and health and wellbeing
- Group session 2: Attitudes towards COVID-19 and potential protective measures in the autumn and winter
- Group session 3: Members' views on the new ventilation guidelines

Event 4: 18 November 2022

- Findings from Event 3 and the follow up survey
- Impact session: How the findings have been used so far
- Information session: CO2 monitors
- Group session 1: CO2 monitors and the pressures on the NHS
- Information session: Resilience
- Group session 2: Resilience
- Group session 3: Accessing help in times of trouble

Event 5: 27 January 2023

- Findings from Event 4 and the follow up survey
- Impact session: How the findings have been used so far
- Information session: coping with emergencies
- Group session 1: What would help members cope with emergencies
- Group session 2: How should SG communicate about coping with emergencies

Event 6: 24 March 2023

- Impact session: How the findings have been used across all the events
- Thank you sessions from policy teams, volunteers and the research team
- Group session 1: How members feel about COVID-19 now and for the future
- Group session 2: Open session for members to talk about their priorities
- Group session 3: Highlights and lowlights of being members of the People's panel

Appendix B: Timeline of how an event runs



Appendix C: Small group discussion questions on COVID-19 topics

Event 1

Group session: Experience of the pandemic

Session questions

- What object or photo have you brought to show us and what does it tell us about your experience over the last few years?

For those without an object:

- How have the pandemic years been for you? Prompts: What was the best thing what was the worst thing about the pandemic for you for example, did you find a new place to walk, did someone help you out? Were you on your own?
- How is your wellbeing now in general? What would you say you are most worried about now?

Event 2

Group session: What makes you feel safe and unsafe

Session questions

- To start us off please can you tell me about things that makes you feel un-safe or at risk of catching COVID and things you do to keep yourself safe?

Follow up:

- What makes you feel unsafe/safe? Can you describe a situation where you felt safe/unsafe?
- What is it about [insert unsafe/ safe thing mentioned] that makes you feel unsafe/safe?

Follow up:

- How do you 'know' that is unsafe/safe? What motivates/ influences/ sways/ persuades/impels your behaviour and feelings? Where do you get information from about what is safe or unsafe?
- To what extent do you trust Scottish Government guidance?

Follow up:

- How do you feel about SG signs you might see? Have you felt the same all through the pandemic? When did you trust it and when did you not trust it? What makes you trust it/not trust it?

Group Session: Ventilation plans

Session questions

- How important do you think ventilation is as a protection against respiratory illness?
- What, if anything, do you do to increase ventilation at home or when you are in public buildings or transport? (by public buildings we mean cafes, shops and other businesses as well as public sector buildings like libraries and council offices)

Follow up:

- Do you open windows at home/ask for them to be opened in public buildings on public transport? Do you check on ventilation before you go into buildings or on transport?
- Who do you think is responsible for making sure public buildings are well ventilated?
- What, if any, guidance would you like to see the Scottish Government produce on ventilation?

Follow up:

- What form would that take? How much scientific detail would you like to be in it.

Event 3

Research Questions

Research Question 1: What is causing members the most anxiety currently and why?

Research Question 2: What are members' attitudes towards and concerns about COVID and potential protective measures this autumn and winter and why?

Research Question 3: To what extent, if at all, (and how) do members think the new ventilation guidelines will achieve (the desired) behaviour change?

Group Session: COVID-19 concerns autumn and winter

Session questions

- Firstly, would you say you are more anxious about the cost of living crisis or COVID-19 or anything else and why is that? (Prompts: What's your biggest worry over the next six months? Festive season? Flu? Family illness?)
- Next we are hoping to find out what your attitudes towards and concerns about COVID and potential protective measures this autumn and winter and why.
- To what extent, if at all, do you expect COVID-19 to be a part of your life this autumn/winter? (Prompts: case numbers, variants, severity)

- What, if any, protective measures do you expect will be put in place this autumn/winter? (Prompts: face coverings, free testing, physical distancing, more extreme lockdowns, protective measures in buildings?)
- What would it take for you to start (or continue) taking protective measures again? (Prompts: What would motivate you to take protective measures? case rates going up, new variant, death rates going up?)
- Which measures would you personally take, under what circumstances? (Prompts: vaccination, face coverings, testing, distancing, staying at home, meeting outdoor only, opening windows?)
- What, if anything, do you think we should do to protect people 'at highest risk'? (Prompts: How can we protect them? Face coverings, distancing, testing, and so on)

Group Session: Refreshed ventilation guidance

Session questions

- To what extent, if at all, is this guidance clear to you?
Follow up:
- Do you understand what it's asking you to do?
- How easy, or difficult would it be for you to follow this guidance?
Follow up:
- What would stop you doing it? What would help you do it?
- To what extent, if at all, do you think this guidance will make sure people know what the best ventilation behaviours are?
- What is the best way to get these messages out to the public?
- What other ways do you think the Scottish Government could support people to practice good ventilation behaviours?

Event 4

Research Questions

- Research Question 1: To what extent, if at all, could the use of CO₂ monitors in spaces with public access (non-clinical, for example, libraries, residential care homes) and signage to that effect provide reassurance to panel members and make them feel safe in such places.
- Research Question 2: What are this group willing to do to ease the pressure on the health service and how do they feel about taking action?

Group Session: CO₂ monitors and the pressures on the NHS

Session questions

- How would you feel about visiting places signed up to the CO₂ monitor scheme? (Prompts: Safer than places not signed up to the scheme, no different, if it depends than what does it depend on?)

Follow ups

- What impact would it have on your decision to visit the building/space?
- What impact would it have on your experience of visiting the building/space?
- What places would you like to see signing up for this scheme? And why?

Event 6

Research Questions

- Research Question 1: What are the views, opinions, concerns, feelings and ideas of members of the People's Panel now about COVID-19?
- Research Question 2: To what extent, if at all, have their feelings changed over the last year?
- Research Question 3: To what extent, if at all, do they expect their feelings to change over the next year?
- Research Question 4: Are we still the broken society riddled with anxieties as found in the event 3 in September 2022?

Group session: Feelings about COVID-19 now and for the future

Session questions:

- Where do you think we are with the COVID-19 pandemic right now?
- We've found in polling that some people are less concerned with COVID-19 now why do you think people feel this way? Do you feel differently, if so how and why?
- At the beginning of the People's Panel we recorded a lot of loss (of loved ones, livelihoods, health, confidence to name but a few) how is that loss affecting you now?
- What do you expect to happen with COVID-19 in the next year?
- How do you expect to feel about COVID-19 in a years' time?

Appendix D: General briefing for facilitators/notetakers – an example

This is an extract from the briefing that was sent to Scottish Government facilitators:

Please note: Use of preferred pronouns

Please note: We have told people that they can walk about and come and go.

Please note: There is a debrief appointment for next week but if you need to talk to the research team before then please get in touch.

If someone gets upset

We've had experience of some members becoming upset, some of the issues are sensitive and bring out strong emotions. [research member] has trained as a mental health first aider and is the first port of call if anyone is looking for emotional support.

So if it happens

1. Acknowledge their emotion and offer sympathy as appropriate
2. Ask them if they want to continue (they may want to be heard)
3. If they do want to continue, support them to say what they need to say
4. If they don't want to continue ask them if they want to have a break (acknowledge them when they come back and try to bring them back into the group). Or if they want to leave the event completely and in both cases also ask if they want to talk to [research team member].

Offensive remarks or behaviour

If someone makes a remark that is offensive please in the first instance interrupt them, and repeat the 'Safe space and inclusive' mantra (see below ...all people in Scotland are welcome and respected, whatever their background, current circumstances and opinions or words to that effect).

If it persists and you need to exclude them please click on the three dots by their name and you should be able to block them. Then let the research team know in our Teams chat and we will deal with them. If you feel able please apologise to the others in the group and move on.

At each session:

Welcome your guests, introduce yourself and ask them to introduce themselves one by one, telling them that using a false name is fine.

If you have a note-taker introduce them and tell members he/she/they will be writing down what they say. If not tell them you are recording and ask if they have any objections, if they do then I'm afraid you'll have to say that they can't take part as we need to record.

Make a promise to them to use plain English and tell them you won't use and government jargon. If you use jargon words, for example, 'inclusive' (see below) explain what it means. Go through ground rules (these will have been explained to them but just to remind them).

Cameras on if they are ok with it.

Mute when they are not talking.

Hands up if you want to talk.

Safe space and inclusive – what we mean by that is ...all people in Scotland are welcome and respected, whatever their background, current circumstances and opinions. Please respect each-others opinions, listen to other people, talk in turn don't tell anyone outside the event what anyone else has said and please don't say anything that might be disrespectful to other groups of people.

Please note: This being qualitative work the wording of the questions is not vital, they are just a guide; the most important thing is that you understand what we are trying to get evidence on and use your skills to get it.

Third-person technique

As some of the subjects are sensitive we want to give members the opportunity to tell their stories in the third-person. As such I will go over this with them but would encourage you to stress it in the sessions.

Appendix E: Post-event survey scores

The post event survey included scaling questions, with respondents asked to rate their views on a scale of 1-10. The mean score is reported. The higher the score the more positive the rating. Not all questions were included each time, and the survey additionally had some practical and open questions.²⁵

Question	Mean scores at each event ²⁶					
	Event 1	Event 2	Event 3	Event 4	Event 5	Event 6
[On a scale of 1 to 10 (where 1 means not at all and 10 means completely):]						
At the event how well do you think you understood the following:						
How the panel will work	8.5	9.3	9.5	9.6	9.8	-
How we will report what you say to Ministers and Policy makers	7.7	8.9	9.5	9.5	9.4	-
How the information collected from the Panel so far has been used	-	-	8.8	9.1	9.2	-
At the event did you feel able to raise issues that are important to you?	8.3	8.9	9.6	9.4	9.1	9.5
How confident do you feel that your personal information will be kept confidential?	9.4 ²⁷	9.3	9.3	9.8	9.6	9.8
At the event did you feel you were respected by:						
The research team	9.8	9.6	9.9	10.0	10.0	10.0
Other panel members	8.3	9.4	9.9	9.8	9.9	9.8
The speakers	-	-	-	9.6	9.7	10.0
Are you looking forward to the next event?	8.3	9.1	9.6	9.3	9.5	-

²⁵ The post event survey had additional questions around members' preferences around small groups, the number of discussion sessions, voucher preferences, length of the event and number of breaks, and ideas for new things to do in the events and for the final event. There was an open question for further clarification if members did not feel able to raise important issues. The surveys also included open questions on how members had found each event, what they would like to talk about next time, and a question in the 5th event survey on the concept of household resilience.

²⁶ Number of survey respondents – event 1 = 13, event 2 = 15, event 3 = 13, event 4 = 18, event 5 = 21, event 6 = 11

²⁷ Event 1 question 'How confident do you feel that your personal information will be kept confidential by the research team'. Events 2 – 5 the question was 'How confident do you feel that your personal information will be kept confidential'.

At the event how comfortable did you feel:						
Using Teams	7.3	8.7	8.8	9.5	9.6	9.4
Talking in the smaller group sessions	8.4	9.3	9.8	9.9	9.8	9.8
Talking in the whole panel sessions	6.8	7.1	7.4	7.6	7.1	7.6
Asking questions in the smaller group sessions	8.5	9.4	9.8	9.7	9.7	9.9
Asking questions in the whole panel sessions	6.8	7.3	7.3	7.1	6.5	7.6

To what extent do you feel you trust:						
The research team	9.1	9.6	9.9	9.8	9.9	10.0
Other panel members	6.9	9.3	9.5	9.7	9.8	9.8

At the event we had Scottish Government policy makers telling you what they have done with information produced at the last event. To what extent do you think the information produced by the panel has been used?						
	-	-	-	7.9	8.2	-

Additional one-off questions were asked following events 1,2 and 6. These were scaling questions with respondents asked to rate their views on a scale of 1-10. The mean score is reported.

Event	Question	Mean Score
	[On a scale of 1 to 10 (where 1 means not at all and 10 means completely):]	
1	At the event how well do you think you understood what the Scottish Government are doing for COVID recovery?	5.7
	At the event did you feel able to share your pandemic story?	8.9
	How confident do you feel that your personal information will be kept confidential by other panel members?	7.3
2	At the event how well do you think you understood the following things:	
	The presentation from The Scottish Government on their communications and marketing plans	8.6
	The presentation from The Scottish Government on ventilation	8.7
	COVID Recovery	8.0
	How we will report what you say	9.1
6	To what extent do you think the following:	
	The People's Panel has had an impact on decisions made in the Scottish Government	8.4
	The People's Panel's work will continue to have an impact on policy makers and Ministers in the Scottish Government	8.2

Appendix F: Ethics

Ethical considerations were carefully addressed. In summary:

1. **Scottish Government Social Research Ethical Sensitivity Checklist:** The ethical foundation of the study was established by addressing ethical considerations, which commenced with the comprehensive completion of the Scottish Government Social Research Ethical Sensitivity Checklist. This ensured that the study was conducted with the highest ethical standards and upheld the principles of responsible research conduct.
2. **Informed Consent:** Prior to their involvement in the People's Panel, all participating members were informed about the purpose and nature of the research. They were provided with a clear and thorough understanding of the study's objectives, methodologies, and potential outcomes. Informed consent was obtained from each member, indicating their voluntary willingness to participate in the study based on a well-informed decision.
3. **Right to Withdraw:** Members were not only informed about their participation but also explicitly made aware of their right to withdraw from the research at any point. This was granted without the requirement to provide a reason, and it was underscored that their decision to withdraw would have no negative repercussions whatsoever.
4. **Data Protection Compliance:** Recognising the importance of safeguarding personal information, the study adhered to the guidelines outlined by the UK General Data Protection Regulations. All personal data and information collected from the members were treated with the utmost care and stored securely to prevent unauthorised access or breaches.
5. **Ethical Principles Governing Social Research:** The research was conducted in alignment with the ethical principles that underpin social research. These principles encompassed respect for individual autonomy, ensuring beneficence, upholding non-maleficence, and promoting justice throughout the research process.
6. **Confidentiality and Anonymity:** To ensure the privacy and confidentiality of the participants, stringent measures were implemented. The only individuals who had access to the identities and personal characteristics of the members were the designated research team members.
7. **Anonymization of Data:** The study anonymized all members' information and data before incorporating it into subsequent reports.



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