The impact of COVID-related disruption on the moral economy of illicit drug distribution, by Angus Bancroft and Idil Galip

This project is funded by Chief Scientist Office of the Scottish Government

The Scottish Government estimates that there are between 55,800 to 58,900 people aged 15-64 years with problem drug use in Scotland, defined in terms of problematic opioid and/or benzodiazepine use. The figures are estimated through registration with drug treatment services, hospital admissions and criminal justice contact (Information Services Division, 2019). There is a much broader context of drug use with around 13.5% of the population using some illicit drugs in the past 12 months, most commonly cannabis, prescription painkillers not prescribed to the person taking them, cocaine and MDMA/ecstasy (National Statistics, 2021). Problem drug use is entangled with other modes of drug use such as recreational consumption, self-medication and self-care, and self-exploration. Illicit drugs are supplied through various pathways, such as diversion of pharmaceutical supply, or wholly illegal production and trafficking. They can be obtained through purely economic transactions or through mutual social supply (Coomber et al., 2016).

Like any other part of the economy, illicit drug distribution networks are susceptible to external shocks, labour shortages, reductions in income, changes in consumption patterns and other risks. Illicit supply networks have the additional problem of being disrupted by hostile entities: rival groups,

predatory gangs and law enforcement agencies. Researchers can monitor illicit drug markets using pricing and other data and assess the impact of different shocks. Typically when we do that we find that they are resilient to most kinds if disruption. The supply of illicit drugs and labour is sufficient to absorb most of them.

COVID-19 represents an unusual challenge. The global nature of the lockdowns represents an unprecedented potential disruption to trade given it affected multiple systems at the same time:transportation was heavily affected and common air, sea and land routes were restricted. At the start of lockdown several hypotheses were proposed: that drug users would stockpile in response to the risk of unreliable supply, risky behaviour would increase as people who use drugs (PWUD) turned to unreliable sources or unfamiliar drugs, and consumption patterns would change as the result of changes in lockdown lifestyles.

Our project **Understanding the health impacts of the COVID-19 response on people who use drugs in Scotland** investigated the health effects of the pandemic on PWUD in Scotland. Scotland has a large number of highly vulnerable people who use drugs in its population, and a very high rate of drug related death. The effect of the pandemic was a matter of grave concern to an already at-risk group. One aim of the project was to understand the effects of changes in the drug supply market and how this affected especially disadvantaged people.

At the start we took a moral economy perspective. That views the market as a set of social relationships that are not purely about monetary exchange. The monetary aspects of the market are embedded in a web of reciprocal obligations, affective relationships, financial and moral debts and other ties which bind buyers and sellers together. These relations distribute risk and opportunity, reward some and disadvantage others. That meant we could not view the disruption to the market purely in terms of its practical effects. Understanding

pragmatic decisions about what to do in response to short supply or rising prices was vital as these decisions affect peoples' health and the risks they are willing to take. Beyond that it was also significant for their own relationships and sense of who they were as social individuals. These knock-on effects could prove significant in the lives of drug users.

Methodology

The study used survey data supplied by the drug support charity Crew, qualitative interviews with PWUDs, monitoring data from Police Scotland, darknet cryptomarket transaction data and information on the contents of drug samples submitted to WEDINOS. Between July and October 2020, we interviewed 29 people who use drugs and/or are in recovery. Sixteen were recruited via a homeless hostel in Edinburgh, two from a recovery community in Clackmannanshire, eight from a stabilisation service in Glasgow, and three from a Dundee support service. We interviewed 16 men (aged 28–56 years) and 13 women (33–44 years).

As with many other studies, we found that the pandemic reinforced existing inequalities. PWUD who were more affluent could generally ensure their supply continued. Users at the bottom level faced greater competition and greater disruption. Some found themselves tempted in drug dealing to make up for disruption to their income, and those who were already dealing faced difficult choices about risk. Here digital inequality mattered. Dealers who worked out of a house or other space they controlled, who had access to stable internet connection or who had a car could operate relatively undistributed and set the terms of trade for themselves. Those engaging in the lowest level, least lucrative criminal activity had to be prepared to take much greater risks.

Data Findings

The picture in the market overall was of an initial supply chain shock followed by recovery. That followed the pattern of inequality overall. Some users found that drug quality and choice was reduced. In an attempt to keep their customer base some dealers generally preferred to cut their drugs, reducing quality, rather than increasing prices, or extended credit to keep customers buying. Users were affected by reduced income and having to wait longer or work harder to find dealers.

Changes in consumption were longer lasting. As many of the opportunities for socialising were reduced by the lockdown, so many people turned away from what are characterised as 'party drugs' such as MDMA/ecstasy. On the other hand, a more varied pattern emerges with alcohol. 29% of Scots increased their drinking, and about the same proportion decreased theirs. Responses to the lockdown then depended a lot on the individual. Some sought to move to what were perceived as less harmful drugs like cannabis or reduce their use. Some used a wider range of drugs and engaged in greater risk practices such as injecting cocaine.

For the most vulnerable people, the moral economy is closely tied into their support network. Loss of income and reduced access to the support networks are a double whammy for users. Some reported dealers behaving more aggressively as a result of greater competition and lowered demand. The close relationship with the moral economy means that less affluent users have reduced room for manoeuvre when experiencing disruptions like that and limited resources to fall back on.

Impact

The project website, The Impacts of COVID-19 on People Who Use Drugs, was created to present emerging themes and findings and to invite comments from people who use drugs across Scotland

on their experiences. The findings will also be shared with the Scottish Drugs Death Task Force https://drugdeathstaskforce.scot/ which has been established to form evidence based responses to support those at risk from drug related death in Scotland.

For more information on the project, please see: https://covid-drugs.stir.ac.uk

Team

Professor Catriona Matheson is a Professor in Substance Use at the University of Stirling and Chair of the Ministerial Drug Death Task Force for Scotland. She is also a Trustee of the Society for the Study of Addiction and Co-Convenor of the Drugs Research Network Scotland (DRNS), based at University of Stirling.

Josh Dumbrell is a Community Researcher in the Drugs Research Network for Scotland. His research interests include problem substance use, harm reduction, and Peer-delivered interventions for individuals with multiple and complex needs, unreached by more traditional approaches.

Professor Tessa Parkes is Director of the Salvation Army Centre for Addiction Services and Research at the University of Stirling. She holds a number of research grants related to prevention of substance use harms, is Deputy Convenor for the Drugs Research Network Scotland, and a member of Research England’s Research Excellence Framework Equality and Diversity Panel (EDAP).

Joe Schofield is a Research Fellow in the Faculty of Social Sciences at the University of Stirling. His research focuses on understanding and addressing drug-related deaths in Scotland with a focus on public health-informed approaches and quantitative methods. He is undertaking a PhD on the role of benzodiazepines in drug-related morbidity and mortality.

Idil Galip is a Research Assistant and Doctoral Student at the University of Edinburgh. She writes about memes, digital labour, markets and culture, and also runs the Meme Studies Research Network.

Angus Bancroft is a Senior Lecturer at the School of Social and Political Science at the University of Edinburgh. He is currently researching digital platforms in informal economies, AI for harm reduction, cyber-security, illicit markets and views of darknet users.

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How Can African Elections Take Place Safely During COVID-19? By Thomas Molony

This project is funded by UKRI Global Challenges Research Fund and the Newton Fund.

Elections involve increased risks of the spread of COVID-19, with the International Foundation for Electoral Systems (IFES) highlighting more than 40 stages where people assemble, or objects are transferred during the electoral cycle. Despite these risks, a number of elections have already taken place in Africa during the pandemic, and many more are scheduled. Reducing the risks of increased transmission during these elections is paramount, particularly as the World Health Organisation (WHO) has recently declared that the pandemic is accelerating on the continent.

The duration of the pandemic is of course impossible to predict, but it should be noted that a vaccine or treatment may not even change the situation in the medium-term: Africa has rarely been the priority of pharmaceutical companies, and financial access to drugs remains a crucial issue across the continent. As a result, there are likely to be many elections conducted in Africa during the outbreak; in 2021 alone, there are 18 elections scheduled to take place which could

potentially benefit from the project's recommendations. These include presidential elections in Cape Verde, Gambia, São Tomé & Príncipe, South Sudan, and Zambia.

By following three elections (in Tanzania, Ghana and the Central African Republic) from beginning to end (as well as a series of bi-elections in Kenya), the **African Elections during the COVID-19 Pandemic** project looks closely at each stage of the electoral process and how the risks of COVID-19 transmission have been mitigated (if at all). We also chart the extent to which holding elections has had a demonstrable effect on infection rates. Secondly, we aim to assess whether and how the pandemic affects political participation. We will evaluate whether the ability of any social (including gendered) groups or geographic populations to engage in the political process is reduced, either unintentionally or deliberately.

This project considers elections to be processes that extend far beyond polling day alone. As a result, we will investigate multiple stages of each election, including voter registration, campaigning, ballot casting, counting, and collation. When considering the full electoral cycle in this fashion, it becomes clear that patterns of participation in African political systems are highly gendered, with women and men often relying on different channels to collect and disseminate political information. For example, as Macdonald describes for the case of Tanzania, men are more likely to read newspapers, attend political rallies, and engage in debates in public spaces such as bars and coffee shops, while women tend to be more reliant on sharing information in private spaces, such as their homes. Therefore, any new restrictions or procedural changes that are introduced as a result of COVID-19 – for example, bans on political rallies or

restrictions on the number of house guests – certainly have the potential to impact women's and men's ability to fully participate in political processes, albeit in different ways.

Another area that is likely to be affected is turnout on election day. There is potential for men to become more reluctant to vote due to their disproportionately high mortality rate during the COVID-19 outbreak. Equally, women may be less likely to turnout due to the additional burden of caring for sick relatives (which falls disproportionately on women in African contexts). If the elections are considered unsafe, women voters – who tend to be more risk averse than men voters – may also be more reluctant to vote. In the context of the pandemic, several other factors have the potential to impact participation in these elections, including age (with the virus disproportionately impacting the elderly) and social class (that has the potential to introduce several dynamics, including access to personal protective equipment and healthcare).

The project therefore employs a gender-sensitive methodology that will help reveal the ways in which the above factors intersect with gender – at the same time as assessing the measures implemented to prevent the spread of COVID-19. We will track patterns of turnout and use surveys (with gender-balanced samples) to investigate attitudes towards voting, so that any emergent gender inequality is highlighted. During our interviews, civil society groups that target gender issues will also be included.

In Tanzania, organisations will be contacted through Dr Victoria Lihiru's connections and through the Tanzania Gender Networking Programme (an umbrella organisation that brings

together NGOs working on gender in Tanzania). In Ghana, the project partner, the Centre for Democratic Development, has a long track record of researching social inclusion and equity, including gender issues, meaning that they have significant expertise and contacts to draw upon. Some of the specific organisations that we intend to incorporate in the research include Women in Law and Development in Africa, and the Integrated Social Development Centre. In CAR, some of the major organisations that we will be targeting for inclusion are the Association des Femmes pour Entrepreneuriat (AFPE) and UN Women.

All our findings regarding gender equality will be specifically addressed in real time feedback to the relevant stakeholders in our case study countries during the elections, in the working papers that we produce immediately after each election, in the academic journal articles that are written in the period after the elections, and in post-election consultation with stakeholders (with those advising on upcoming elections being of particular interest). We will also take particular care to ensure that our findings are fed back to the gender experts that we consulted during the research. By doing so, the project can highlight any gender inequality that is emerging as a result of the new restrictions and procedures that are implemented during our case-study elections. Furthermore, by maintaining a gender-sensitive approach throughout the project, we can mitigate the risk that the evidence base and recommendations we provide to stakeholders regarding the safety of future elections might inadvertently exacerbate gender inequality. In order to gauge impact, the team will also monitor and record any instances in which our feedback and recommendations have resulted in changes being made, and we will share this information more widely.

Impact

The primary objective of this project is to create and disseminate recommendations that ensure that elections can be conducted relatively safely in the context of the COVID-19 pandemic. Elections, when viewed as broader processes, involve multiple stages at which people congregate and objects are transferred, creating a significant risk of viral transmission. By working to reduce these risks, the project is in line with Sustainable Development Goal (SDG) 3, to ensure healthy lives and promote well-being for all at all ages.

This project will benefit African countries, and low- and middle-income countries that will hold elections during the COVID-19 pandemic. Our recommendations will also be translatable to other regions with elections that are scheduled to take place during 2021, including several countries on the DAC list such as Kazakhstan, Peru, and Vietnam.

The project can also contribute to the promotion of democracy. There is an increasing body of literature that ties democratic elections in Africa to both positive human rights outcomes and better economic performance. However, the COVID-19 pandemic brings potential for democratic back-sliding in situations where the quality and legitimacy of elections are undermined, either as the unintentional result of safety measures or by incumbents seeking to instrumentalise the virus by introducing authoritarian measures designed to benefit themselves. The project’s recommendations will, therefore, also focus on the quality of the elections, including practical factors such as cost and replicability.

The research will provide a strong evidence base and detailed recommendations on how to conduct elections – which often are not possible (or advisable) to postpone – more safely. This, in turn, will reduce the extent to which the virus is transmitted during the electoral process, something which has clear welfare implications, and would be beneficial to any country's potential for economic and institutional development in the medium run.

For more information and to follow the project: https://aecp.sps.ed.ac.uk/

Dr Falisse's publication 'Can leaders' missteps guide Africa's COVID path?', draws on research conducted for the African Elections during the COVID-19 Pandemic project: https://www.sps.ed.ac.uk/news-events/news/can-leaders-missteps-guide-africas-covid-path

Team (in alphabetical order)

Dr Mychelle Balthazard (Co-I), is a Research Fellow in Peace and Human Rights Data Program and Visiting Scientist, Harvard T.H. Chan School of Public Health.

Dr Jean-Benoit Falisse (Co-I) is a Lecturer in African Studies and International Development and a fellow of the Edinburgh Futures Institute (EFI).

Dr Victoria Lihiru (Co-I) is a Lecturer of Law at the Open University of Tanzania and a member of the Tanganyika Law Society.

Dr Robert Macdonald is a Research Fellow in African Studies at the University of Edinburgh.

Alain Serge Magbe is a researcher at Echelle, Central African Republic.

Dr Thomas Molony (Principle Investigator) is a Senior Lecturer in African Studies at the University of Edinburgh.

Prof Paul Nugent (Co-I) Professor of Comparative African History at the University of Edinburgh and a Visiting Professor at the University of Johannesburg.

Dr Edem Selormey (Co-I), is Director of Research and Knowledge at the Ghana Center for Democratic Development.

Dr Patrick Vinck (Co-I) is Assistant Professor in the Department of Global Health and Population within the Harvard Humanitarian Initiative.

Exploring the use of Video Diaries for Family Members of Intensive Care Patients, by Sheila Rodgers

This project is funded by the British Academy

Due to COVID-19, intensive care (ICU) patients were not allowed visitors or had severely restricted visiting at the end of life. All visiting has been prohibited apart from exceptional but limited visiting by one or two family members at the end of life. This prohibition applies to all patients and is anticipated to continue for a significant period. Whilst many non-ICU patients are keeping in touch with family through phone/video calls, most ICU patients cannot

communicate this way as they are unconscious or extremely weak and cannot speak on the phone or video call their family. Before these visiting restrictions, family members of ICU patients were already known to suffer significant psychological distress and now face increased distress as they are unable to visit or have had their visiting severely limited.

Family members of ICU patients face significant psychological stress due to the patient's severity of illness and uncertainty of outcome. Prior to lockdown, the risk of family members of ICU members developing anxiety and depression was already identified as high. In the context of the COVID-19 and lockdown, it appears likely that there will be substantial increases in anxiety and psychological distress. Family members often become the main source of support for patients at home during their recovery, with thirty-five percent of these family members suffering from clinically relevant post-traumatic stress disorder symptoms.

In June 2020, NHS Scotland introduced video diaries as an emergency measure to try to support communication with families and reduce distress. Co-created paper ICU diaries by staff and family members are not possible during the COVID-19 outbreak therefore video diaries using secure remote communication software (vCreate) are being implemented as an emergency measure in ICUs in Scotland. Diaries used in some intensive care units are usually written by both staff and family members and contain information about events occurring in the ICU: what the patient's family were thinking and feeling, what was happening in the patient's family life at home, and more. Healthcare staff record and send videos and photos to family members to supplement telephone updates. Staff inform family members about general progress rather than detailed clinical information and discuss with family members what they want to see on the videos. Videos/photos may include the patient and their surroundings of staff only. Family

members can also upload photos and videos to be shared with the patient. These diaries help patients and family members make sense of their ICU experiences and benefit both patients and family members by reducing psychological distress. The diaries may have a positive impact but there is a risk they could also have negative effects.

This innovative approach has never been used in adult ICUs before and the impact on families as a social group is unknown. Whilst a positive impact is anticipated, there is a risk that this intervention could have negative impacts on the families as well. We urgently need to explore the use of video diaries to understand their potential impact on communication and psychological distress of family members, alongside testing feasibility and acceptability of measures for a larger subsequent study.

OBJECTIVES

The aim of this study is to explore the use of video diaries by adult family members and healthcare staff, and to test acceptability and feasibility of measures of psychological well-being and distress.

1. What are family members (of ICU patients) experiences of using video diaries ?
2. What are ICU healthcare staff experiences of using video diaries?
3. How acceptable and feasible is it to measure family members' psychological wellbeing?
4. How acceptable and feasible is it to measure family members' psychological distress?

We have completed our data collection and are now in the final stages of data analysis. Plummer (1995) developed a sociology of stories which for him was concerned with the 'social role' of stories rather than the 'formal structure', for example how

stories are produced and read or how they change and the role they have in different contexts. 'Stories as joint actions' provides a useful model to explore and understand the experiences of diaries from multiple perspectives by acknowledging joint actions occurring with and around the diary throughout different stages of the critical illness journey. Our analysis in this study is therefore informed by Plummer's approach.

Team

Dr Sheila Rodgers is an Honoray Fellow in Nursing Studies at the School of Health, University of Edinburgh, and an Honorary Nurse Consultant in Critical Care at NHS Lothian. She has a broad range of experience as a Senior Lecturer in Nursing and former Head of Nursing Studies at the University of Edinburgh. Her clinical experience is focused in Critical Care, Surgical Nursing and Care of Older People.

Dr. David Gillespie is Clinical Psychology consultant in the department for Clinical Neurosciences with NHS Lothian.

Dr. Susanne Kean is a Research Fellow in the Edinburgh Critical Care Research Group and Lecturer in Nursing Studies at the University of Edinburgh. She is also an associate researcher at the Centre for Research on Families and Relationships (CRFR), a European Academy of Nursing Science (EANS) Scholar and a member of the Scottish Critical Care Interdisciplinary Research and Liaison group (SCCIRL).

Dr. Corrienne McCulloch is Lead Research Nurse and NRS Clinician in the Edinburgh Critical Care Research Group with NHS Lothian and an Honorary Fellow in Nursing Studies at the University of Edinburgh.

Dr. Eddie Donaghy is a member of the research team for the vCreate study and a Research Fellow at the Centre for

Population Health Sciences, Usher Institute.

Dr Jenni Tocher is a Senior Lecturer in Nursing Studies at the University of Edinburgh and an Honorary Nurse Consultant with Critical Care NHS Lothian.

Dr Gearóid Brennan is a Clinical Fellow in Nursing Studies at the University of Edinburgh and a Mental Health Liaison Nurse with NHS Lothian.

Dr Rachel Happer is a Senior Clinical Fellow and Director of the University of Edinburgh Centre for Psychological Therapies.

Professor Jonathan Wyatt is Professor of Qualitative Inquiry and Director of the Centre for Creative-Relational Inquiry at the University of Edinburgh.

Professor Natalie Pattison holds a Florence Nightingale Foundation Clinical Professor of Nursing position funded jointly by the University of Hertfordshire and East and North Herts University NHS Trust. She is also Vice-Chair of the National Outreach Forum, sits on the UK Critical Care Nursing Alliance and was Associate Editor of European Journal of Cancer Care until 2019 (having worked at the Royal Marsden for 19 years).

Louise McQuillan is a Staff Counsellor for Critical Care with NHS Lothian.

Dr Elizabeth Wilson is a Consultant in Anaesthesia and Intensive Care Medicine at the Royal Infirmary of Edinburgh with NHS Lothian.

Dr Helen Jordan is a ST6 Intensive Care Medicine and Anaesthetic Registrar in South East Scotland.

Lisa MacKinnon is a Specialist Nurse in Organ Donation with Critical Care at NHS Lothian.

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How did Scotland police the pandemic? By Susan McVie, Kath Murray and Ben Matthews

Recipients of the UKRI Economic and Social Research Council COVID-19 Rapid Response Award to research enforcement of social compliance with the Coronavirus Regulations in

Scotland.

On 23 March 2020, in response to the rapid spread of the Coronavirus, the UK Prime Minister announced a national lockdown that placed extensive restrictions on movement and assembly. Two days later, the Coronavirus Act 2020 received Royal Assent and became law, providing the legal basis for the lockdown of citizens and businesses across the UK.

On 26 March each of the UK nations published its own set of Health Protection Regulations (the 'Regulations') which made provision for a number of emergency public health measures to reduce the health risks of the spread of the virus. In an unprecedented incursion into people's ordinary lives, the Regulations made it unlawful for a person to leave their home without a reasonable excuse, for more than two people to gather in a public place and required the closure of non-essential businesses. The Regulations also made it an offence to contravene the requirements set out in the legislation and provided the police with powers to issue a Fixed Penalty Notice (PFN) to any adult who was reasonably believed to have committed an offence under the Regulations.

Throughout the pandemic, the issue of compliance with the Regulations has been one of the most hotly debated topics, and yet there is a striking lack of robust evidence about how the powers were used and who was subject to them. Very little is known about the characteristics and circumstances of those who failed to comply with the Regulations, and information about people's reasons for their non-compliant behaviour is mostly based on anecdote and hearsay. Importantly, we also know nothing about the level of risk they posed to the public (in terms of the spread of the disease) or what impact police

enforcement had on these people's lives.

Focusing on Scotland, the Policing the Pandemic project will provide the first in-depth examination of the factors and vulnerabilities underlying people's inability or unwillingness to comply with the Coronavirus Regulations. It will also estimate the risk posed by these individuals in terms of the spread of the coronavirus, and investigate the experiences of people who were subject to enforcement as a result of their non-compliance as well as police officers who were involved in enforcing the law.

Using a mixed method approach, this research will provide insights from a unique database of Fixed Penalty Notices (FPNs) that were issued in Scotland, which will be linked at an individual level to an array of health, economic and social data within Scotland's COVID-19 Data for Research. It will also involve interviews with individuals who received for breaching the Regulations and with police offers involved in issuing FPNs during the course of the pandemic.

Research objectives (in order of importance):

1. To determine the extent to which the likelihood of non-compliance was increased as a result of underlying social inequalities such as economic hardship, mental ill health, drug or alcohol addictions, or other forms of social vulnerabilities
2. To explore the motivations and reasons for non-compliance given by those who breached the Regulations
3. To explore what factors or alternative strategies might have enabled or encouraged individuals to comply
4. To identify what level of risk posed by those who failed

to comply with the Regulations in terms of the likelihood of spreading COVID-19

5. To determine the effectiveness of enforcement as a mechanism for ensuring compliance with the Regulations and the impact it had on those who experienced it
6. To establish what lessons need to be learned in relation to the use of police enforcement in the context of a public health emergency, especially in terms of changes over time

Methodology

Working collaboratively with Police Scotland and Public Health Scotland, the researchers will develop a data linkage project that connects together police data on all FPNs issued during the pandemic with a range of health data measuring issues such as mental health conditions, alcohol and drug dependence, hospital admissions and ambulance call outs. In addition, the FPN data will be linked to information about COVID-19 testing and deaths. This part of the research will compare the characteristics of people who did not comply with the Regulations with those of a set of matched controls drawn from the wider population, and assess the level of risk of spreading COVID-19 posed by those who failed to comply with the Regulations.

With the support of Police Scotland, a sample of around 100 people who received a Fixed Penalty Notice (FPN) during lockdown will be selected for confidential interview. To ensure we capture views from people with different characteristics and from different areas, the sample will be stratified by age, sex, ethnicity, social background, and geography. These interviews will explore: the impact of the pandemic, attitudes to and understanding of Regulations and

guidelines; attitudes toward police; behaviour during lockdown and circumstances surrounding the FPN; attitudes towards and impact of the FPN; and factors that could have increased the likelihood of compliance with the Regulations.

Interviews will also be held with a sample of approximately 30 police officers who served on the frontline during the pandemic and issued at least one FPN. Again, the sample will be stratified to capture different views and experiences, for example by sex, location, length of service and rank. These interviews will explore: the impact of the pandemic on their policing activities; attitudes to and ease of applying the Regulations and guidelines; perceptions of public behaviour during lockdown; use of the 4Es (engage, explain, encourage, enforce) and circumstances in which FPNs were issued; views about the impact of issuing FPNs on people's behaviour; factors that would have assisted the police in enabling people to comply; reflections on the lockdown and how adherence to the Regulations changed over time. Police Scotland will provide access to suitable officers.

Timeline and Impact

This project began in March 2021 and is expected to run for 18 months. There will be several outputs from the research, including briefing papers designed specifically for policy makers and practitioners, academic papers to inform theoretical debate, and podcasts for a wider audience. The findings of this research will be of significant interest and value to police offers, policy makers, and politicians across the UK in considering how best to encourage, enable, support, or compel people to adhere to measures as we encounter future waves of the current pandemic, and in any future public health (or other) emergency requiring some form of mass public

compliance. It will also benefit a range of academics from across the UK and internationally, with an interest in the role of policing in the context of a global pandemic, such as:

1. Criminology, policing and legal scholars who are concerned about the creation and exercise of new policing powers in the context of a pandemic. Our work will explore the ethical, legal and human rights issues raised by using enforcement (or the threat of it) as a key government tactic to drive compliance with public health policies. We will explore the theoretical basis that underpins public responses to the legitimacy of this type of policing practice through the lens of procedural justice theory.
2. Sociology, social policy and economics scholars who are interested in the impact of the pandemic on existing social and economic inequalities and how this influenced patterns of compliance with the new regulations. There is significant evidence to show that the measures introduced during the UK lockdown exacerbated existing inequalities, rather than creating new ones. We will explore the extent to which those with underlying vulnerabilities and disadvantage were subject to enforcement as a result of breaching the Coronavirus Regulations, and whether there is evidence that existing inequalities were key drivers of non-compliance.
3. Public health scholars with an interest in citizen engagement with public health messaging and effective methods of achieving compliance with public health regulations. Our research will examine the effectiveness of policing powers in securing compliance, and seek to explore the advantages and disadvantages of enforcement as opposed to other methods of encouragement and enablement.

Team

Professor Susan McVie (PI) is Chair of Quantitative Criminology in the School of Law at the University of Edinburgh. She has extensive experience of researching issues relating to offending behaviour and the policing of the public. She is Co-Director of the longstanding Edinburgh Study of Youth Transitions and Crime (ESYTC), and Co-Director of the Scottish Centre for Administrative Data Research (SCADR). She is also an advisor to numerous Scottish and UK government committees and other public bodies, and was a member of the Independent Advisory Group on Police Use of the Temporary Powers under the Coronavirus Regulations in Scotland throughout the pandemic.

Dr Kath Murray (Co-I) is a Research Fellow in Criminology in the School of Law at the University of Edinburgh. She has worked extensively on the use of police stop and search powers in Scotland, undertaking both quantitative and qualitative analysis. In 2016, she received the Economic and Social Research Council (ESRC) Outstanding Early Career Impact prize for her doctoral research on stop and search, which led to major legislative and policy reform in Scotland.

Dr Ben Matthews (Co-I) is a Lecturer in Social Statistics & Demography at the University of Stirling. He an experienced quantitative social researcher and has worked on multiple projects using administrative data from the Scottish justice system. He was previously a Research Fellow in Criminology and a Postdoctoral Research Associate in Social Science Research (Data Analysis and Statistics) at the University of Edinburgh.

Mapping Edinburgh’s Festival Culture after COVID-19, by Morgan Currie

This project is funded by ESRC Impact Accelerator Grant and DDI BEACON Build Back Better Open Call

In the summer of 2019 the Culture & Communities Mapping Project coordinated three cultural mapping workshops with artists, creative freelancers and art institutions in town – this was part of a larger project to understand local cultural geographies outside of the city centre. One of the themes that emerged from the workshops was gentrification and how it impacted local artists. Edinburgh has branded itself as a tourist destination across the world, and the festivals have been a major part of that image. Many local artists and freelancers, on the other hand, experience the downsides of this – the rising rents because of Airbnb, or spaces taken away from art communities by the major commercial festival organisations who use them for storage eleven months out of the year. Another theme that emerged from discussions was the uneven distribution of cultural resources across the city – that entire neighbourhoods have very low festival attendance and little support for cultural infrastructure in their areas, aside from a few essential cultural hubs that service these communities.

When COVID-19 hit, we interviewed several of these community hubs – granton:hub, WHALE Arts, North Edinburgh Arts, LeithLate, along with Summerhall, the Council, the International Book Festival and Creative Edinburgh, to ask them how they were managing during lockdown. What came through

is that these local institutions are vital – in some cases they provided free food and even internet-connected devices to people without internet who would otherwise be entirely isolated. What also emerged from these discussions is that the pandemic was a time to reset things, to rethink how Edinburgh approaches its cultural policy. Should it be so outward facing? Is it environmentally sustainable to continue a growth model that asks people to get on airplanes and fly in from around the world to watch theatre?

This project, The Festivals and Communities Map, came out of this sense that the city has an opportunity to rethink its strategy and look more locally, particularly towards regional artists and communities that have traditionally not benefited, at least not directly, from Edinburgh's role as The Festival City.

Josh Ryan-Saha, the Director of Travel Tech for Scotland, introduced us to Lyndsey Jackson, director of the Edinburgh Festival Fringe. Lyndsey, along with Julia Amour, who heads Festivals Edinburgh, were both very sympathetic to these ideas and agreed to work with us on the bid for COVID-recovery funds, based on the concept of local cultural dispersal. The approach we landed on was an interactive map that would show where Edinburgh's paying ticket buyers lived, where the city's most deprived communities are according to the Scottish Index of Multiple Deprivation, and where Festivals already had ties with local community groups. From there, we could begin to see other spaces that Festivals could reach out to through their community programs going ahead. These are also areas where the city could offer more support generally for cultural infrastructure.

From the map we focused on four parts of town that fit this profile: Oxgangs, Lochend/Restalrig, Liberton and Granton. We organised cultural mapping workshops with community organisations in these areas to hear residents' ideas about the spaces they value in their area and the kind of events

they would like in their neighbourhood, and what role they could see Festivals playing for their community. We also held similar workshops with two other communities, Westerhailes, through WHALE Arts, and Muirhouse, through North Edinburgh Arts, which already have strong ties to several of the festivals. The workshops reached 70 people in total.

The map shows starkly that the most deprived areas do not purchase festival tickets – not much of a surprising finding. But the map also does more. We've also received data from The List showing where cultural events took place in 2018 – this gives you a sense of year-round footfall traffic in town, in pre-COVID times. Events concentrate in Old Town and Newington, with a satellite area of activity in Leith. Some neighbourhoods have no events listed at all, which, especially if these are more deprived areas, will have an impact on the ability of people in these areas to access cultural activities. We've also mapped 2021 data on Airbnb rentals, which, unsurprisingly, is saturated in the centre, but it also paints a clear picture of the role that Leith now plays in the short-term let industry, and explains, in part, the rising rents in this area.

The map is nearing completion, and we'll be sharing it with Festivals for their feedback this month, before releasing it to the public on our website. We're also designing local maps based on the cultural mapping workshops in the six communities we worked with, along with reports for each area, which will have recommendations for local cultural programming and festival ideas tailored to these communities.

For updates on this project, please check out our Instagram account: edinburghculturalmap or visit www.edinburghculturalmap.org

Team

Morgan Currie is Lecturer in Data and Society in Science, Technology and Innovation Studies. She is principal investigator of The Culture & Communities Mapping Project and co-lead the Digital Social Science Research Cluster at Centre for Data, Culture & Society.

Josh Ryan-Saha is the Director of Traveltech for Scotland, a business cluster organisation getting behind Scotland's Traveltech pioneers. He works at the University of Edinburgh, Edinburgh Futures Institute where he leads on the application of data-driven innovation for the tourism and festival sectors. He previously worked at The Data Lab where he led programmers to improve data science skills across Scotland. He joined from Nesta where he established the £10m Longitude Prize, that featured on BBC Horizon's 50th Anniversary Episode. Prior to joining Nesta in October 2013, Joshua worked in Bosnia and Herzegovina developing and delivering projects related to constitutional reform and reconciliation.

Melisa Miranda-Correa is a Chilean architect with an MPhil in Landscape Architecture (ESALA) at the University of Edinburgh and is currently a PhD candidate in the same program. Her research focuses on decolonised methodologies, action research as mapping experiences, and linguistic landscapes as a political economy of places.

Vikki Jones is a PhD Researcher at Edinburgh College of Art (ECA) and a Research Assistant for the Culture and Communities Mapping project. Her work examines the value of digital labour and practice in the arts and creative industries. She is currently investigating how cultural organisations and spaces are responding to the COVID-19 pandemic.

The impacts of COVID-19 on teaching practice and opportunities for virtual internships, by Yi-Shan Tsai, Nataša Pantić, Michael Phillips, Dragan Gašević, and Ana Hibert Santana

This project is funded by BA/Leverhulme Small Research Grants. This project is currently collecting data. For further information: https://sites.google.com/view/bacovid

At the time of writing, 153 countries have closed their schools and universities, affecting almost 70% of the world's student population. Although higher education institutions have made a rapid shift to teaching online and in hybrid modes, degree programmes where experiential learning forms a core element remain shrouded in uncertainty while physical placements in workplaces are not possible. The pandemic has required teachers to innovate in a multitude of different ways to adopt new methods to deliver teaching online, provide feedback and assessment. This is a particularly urgent issue for teachers in training as the possibility of school placement remains unclear over the upcoming academic years.

The socio-economic impacts of the pandemic have also posed difficult questions around supporting learners who have varying access to technological resources and the challenge of building caring relationships with these learners while the institutional boundaries of learning become more fluid. There

is an urgent need to examine these processes so as to ensure the quality of education and student well-being.

This project, based at teacher education programmes at the University of Edinburgh (UK) and Monash University (Australia), seeks to explore the impact of COVID-19 on teaching practice in pre-tertiary levels, identify challenges and good practices in supporting students during these difficult times, thereby informing the design of a virtual internship for trainee teachers who continue to face disruptions in experiential learning. By understanding teachers' relational work during the pandemic, how they deal with difficulties related to teaching and pastoral care, how they establish and maintain supportive relationships within and beyond school contexts to provide student support, we will be able to better respond to the changes introduced by the pandemic and be better provisioned to design virtual internships to enhance experiential learning for teachers. In this project, our first objective is to capture the challenges that teachers face during the time of COVID-19 and use the lessons learnt from the way teachers deal with the crisis situations through collaborative work with others to inform the design of a virtual internship.

Virtual Internships are computer-based professional practicum simulations where participants assume the role of a professional, working collaboratively on authentic tasks and engaging in complex professional thinking. A key part of experiential learning is the relational practice that teachers undertake: working collaboratively with various individuals, including students and their families, colleagues, and other professionals, to mobilise resources and expertise to support students. By understanding teachers' relational work during the pandemic – how they deal with difficulties related to teaching and pastoral care, how they establish and maintain supportive relationships within and beyond school contexts to

provide student support – we can better respond to the changes introduced by the pandemic and design virtual internships to enhance experiential learning for teachers.

Experiential learning is a core component of teacher training and it routinely involves placements in school contexts where trainee teachers learn essential skills from observing teachers in their day-to-day school lives. For trainee teachers such simulations can provide opportunities for experiential learning by engaging them in authentic school situations.

Project Aims

The project's short-term goal is to explore challenges and success stories about supporting students during the time of COVID-19, thereby identifying essential skills, resources, and support that can enable teachers to act as agents of change in difficult times.

The project's long-term goal is to inform the development of a future project in which a prototype virtual internship will be developed to scale the capacity of teacher education providers to enable and enhance experiential learning.

Project Questions:

1. **How do teachers work with others to support students in problematic situations during the time of COVID-19?** Feedback is an important teaching practice that can nurture a sense of trust and appreciation among students. As the online component of teaching becomes core practice, it is important to examine the extent to which teachers were able to build and maintain a supportive learning community through technology-

assisted feedback practice. At a cognitive level, feedback needs to help students reflect on their current progress and identify strategies to work towards desired goals. At an affective level, feedback should encourage positive motivation and self-esteem among learners in addition to continuous dialogue with teachers and peers. The lessons learnt will allow us to identify resources and training required for teachers, students and their families, in addition to informing the design of virtual internships.

2. **How do teachers build and maintain a supportive learning community through technology-assisted feedback practice?** It is expected that the virtual internship will allow students to work on problem-solving tasks with peers and interact with feedback from mentors. The data generated during the learning processes (e.g., chats, network data, and feedback) will enable further investigation into the development of key skills for teachers, such as relationship building, communication skills, inclusive learning design, and feedback provision.

Methodology

The proposed project will use an on-line log (TRAC) to collect data and provide visual feedback on teachers' social networks. The TRAC log was designed to track and facilitate teachers' professional reflections on their relational practices. The log contains questions that prompt teachers to describe 'what' changes or adjustments they made, 'who' they approached to drive the desired change, and 'why' their action led to (un)desired consequences. Based on their inputs, TRAC generates automatic feedback visualising and describing a teacher's interactions with individuals. In addition, guidance for teachers to improve their own and/or school level relational practices is provided alongside the visual feedback. Teachers will be invited to use TRAC to reflect on

situations in which they sought support from others to enable teaching practice and student support during the COVID-19 disruptions. They will also be invited to reflect on their own feedback practice as well as the usefulness of the automated feedback generated by TRAC.

Steps:

1. Courses that have placement elements from the teacher education programmes at the University of Edinburgh (UK) and Monash University (Australia) will be selected, and both the instructors and students of these courses will be invited to join the study. Participating instructors will incorporate TRAC into their course design. Trainee teachers will fill in the log based on their placement experience in the time of COVID-19 (during and after lockdown).
2. We will invite in-service teachers through local councils to use TRAC to reflect on their teaching experience in the time of COVID-19. Our sampling will include both primary and secondary school teachers.
3. Trainee and in-service teachers who have participated in the previous steps will be interviewed on their experience of reflective activities and feedback using the TRAC log.
4. Data analysis collected from TRAC and interviews to identify how teachers work with others to support students in problematic situations, and how they build a learning community through technology-assisted feedback. We will identify challenges and good practice of teaching during the time of COVID-19 and the strengths and weaknesses of technology-assisted feedback to inform institutional strategy and the design of a virtual internship.
5. With the goal to prototype ideas for a virtual internship for trainee teachers, we will run two co-

design workshops to identify effective ways to support experiential learning virtually. The outputs of activities in Step 4 will be presented to the participants to facilitate the co-design process.

Impact

Project evaluation report that outlines key stages and milestones in the project, successes, challenges and lessons learnt. This report will summarise project findings related to the two objectives of the project: how teachers work with others to support students in problematic situations during the time of COVID-19; and elements of feedback that can effectively support teachers' experiential learning of relational work.

A conceptual prototype of a virtual internship for teachers. Based on the research findings and consultations of the two co-design workshops, we will conceptualise a prototype virtual internship for teachers, focusing on crisis scenarios during the COVID-19 pandemic, i.e., situations where teachers need to exercise professional thinking and skills to solve problems. It is expected that the conceptualised prototype will inform a larger-scale study on understanding and supporting the development of teacher agency and collaborative skills using data generated through participating in virtual internship activities. We also expect the future project to scale the virtual internship to include training for in-service teachers.

Journal and peer-reviewed conference articles: we will produce two journal articles each addressing one research question: 1) Common challenges and good teaching practice in crisis

situations of the pandemic, and 2) effective ways to build and maintain a supportive learning community through technology-assisted feedback practice. In addition, we will produce a conference article presenting a conceptual prototype of a virtual internship for teachers.

Team

Dr Yi-Shan Tsai is the principal investigator of this project. She is an Honorary Fellow at the School of Informatics at the University of Edinburgh. She currently works on two large multinational research projects on learning analytics and blended learning in collaboration with 16 different institutional partners in Europe, Australia and Latin America. She is also a lecturer in the Centre for Learning Analytics at Monash (CoLAM) at the Faculty of Information Technology, Monash University. Her research aims to enhance learning, teaching, and educational environments with the adoption of digital and data technologies. She is particularly known for her achievements on an award-winning project, SHEILA (Supporting Higher Education to integrate Learning Analytics), which has informed policy development for learning analytics in over 200 higher education institutions around the world.

Dr Nataša Pantić is a co-investigator of this project and Senior Lecturer at the University of Edinburgh, School of Education. Her recent research has included studies of teacher agency for change and teacher communities using social and epistemic analysis. Her research interests include educational change and inclusion in contexts of diversity, and teacher development. She has published extensively in these areas in some of the field’s leading journals and other outlets.

Dr Michael Phillips is a co-investigator of this project and the Associate Professor of Digital Transformation in the Faculty of Education, Monash University. His work focuses on the knowledge expert teachers develop when integrating educational technologies into their practice. Additionally, Michael researches the ways in which expert teachers make active decisions about their classroom technology integration. He has received a Highly Commended Paper Award from the Australian Council for Computers in Education (ACCE) and the Best Paper Award at the Society for Information Technology and Teacher Education (SITE) conference in 2016 and 2019.

Professor Dragan Gašević is a co-investigator of this project. He is Professor of Learning Analytics in the Faculty of Information Technology and Director of the Centre for Learning Analytics at Monash University. As a world-leading researcher in learning analytics, Prof Gašević has received several awards for his outstanding work on shaping next-generation learning and software technologies and advancing our understanding of self-regulated and collaborative learning. Funded by granting agencies and industry in Australia, Europe, and North America, Dragan is a recipient of several best paper awards at the major international conferences in learning and software technology.

Ana Hibert is a research associate of this project. She is a PhD student at the Moray House School of Education at the University of Edinburgh. Her research focuses on automated feedback for second language learners.

CAHSS funds nine innovative COVID-19 knowledge-exchange projects

The College of Arts, Humanities, and Social Sciences (CAHSS) College Research Award has awarded nine COVID19-related projects with grants of up to £100,000. The projects were required to be deliverable in a 2.5 month timeframe. All projects are listed below, with comprehensive summaries of six projects.

Lothian Lockdown: The Lothian Video Diary Project

Lauren Hall-Lew, Catherine Lai and Claire Cowie (PPLS); Sarah Liu and Clare Llewellyn (SPS); Beatrice Alex (LLC); Nini Fang (HiSS)

The founder of *The Lothian Video Diary Project*, Dr Lauren Hall-Lew, is a sociolinguist and member of *Edinburgh Speaks,* a project interested in sociolinguistic variation across the Edinburgh and the Lothians. Her research interest is focused on how pronunciation, speech and language choices change correlating with the ways of living life in the city: whether this is by the typical sociological demographic categories or by more nuanced practices, identities, or other aspects of performativity. *Edinburgh Speaks* has to date operated by gathering focused pockets of data, with student projects collecting data within one neighborhood at a time. A larger sampling of the community has not yet been done.

In the COVID-19 lockdown Dr Hall-Lew recognised the opportunity to promote oral history and explore the methodology of linguistics. “Collecting oral histories is exactly what we should be doing now,” she says. Joining forces with Dr Claire Cowie, they grew the team and received both the CAHSS CRO college funding and a knowledge-exchange funding.

This has enabled research and project assistants to come on board to create data processing tools, process data, and engage in dissemination and community outreach. Ironically, funding for the project was confirmed in the last week of lockdown: “The very first day that we started recruiting in earnest was the very first day of Phase 1 of opening up,” Dr Hall-Lew smiles at the irony. However, participant recruitment has been improving over the months and it is the team’s hope to receive funding for another month and half, to maximise their research outputs.

Thanks to the Knowledge Exchange fund, Dr Hall-Lew has two outputs already in place: 1) a sample of the recordings, which the participants have given permission to be distributed publicly, will be sent to the oral history collections of Museums and Galleries Edinburgh, for a long-term repository and possibly future exhibitions; 2) the COVID-19 committee of the Scottish Parliament will receive a report of the findings in spring/summer 2021.

In this time of employment and financial insecurity, Dr Hall-Lew’s team aims to give back to the communities they are sampling from: money from the college research funds and from individual researchers’ own funds is currently going towards participant payment. “Every participant who contributes gets paid in by direct bank transfer.” Dr Hall-Lew explains, “They can also choose to make a contribution to a local charity or they can ask for a voucher for groceries.”

The Lothian Video Diary Project is currently seeking video contributions until the end of July 2020 and welcomes all contributions inclusive of a diversity of language, gender, background, etc. The project’s remit is to showcase that Edinburgh and the Lothians are not only multicultural but also multilingual, and to represent these voices the best they can. Videos in Gaelic can already be found on the website, and the team hopes to encourage recent immigrants and refugees to contribute in their native languages. All contributions can be

either audio-only, or video, and your anonymity is ensured (unless you'd rather it not be). Any contributor of any age is welcome.

Find out more: https://lothianlockdown.org/

Twitter: https://twitter.com/LothianLockdown

Facebook: https://www.facebook.com/lothiandiaryproject

Covid-19 and Young People: Perceptions around messaging and experiences of young people in Scotland aged 11-25 years old

Ruth Jepson (SCPHRP), Jillian Manner (SCPHRP), Divya Sivaramakrishnan (SCPHRP), Kathleen Morrison (SCPHRP) Audrey Buelo (HiSS), Tom Hughes (intern), Sorna Paramananthan (intern) & Marike Andreas (intern)

Overview

During the COVID-19 outbreak in the UK, there have been concerns that young people have shown greater reluctance towards following the government guidance associated with hand washing, social distancing and self-isolation.

This research project aimed to explore whether messaging related to the COVID-19 pandemic has influenced young peoples' beliefs and perceptions surrounding the transmission of the virus and prevention measures. The objectives explored:

1. How young people understand and respond to the coronavirus outbreak and restrictions such as social distancing and self-isolation
2. Whether and how messaging related to the COVID-19 pandemic has influenced young people's beliefs and perceptions surrounding the transmission of the virus and prevention measures.

Why is this research important?

Public behaviour plays a huge role in virus transmission, and the current coronavirus outbreak has seen countries across the globe respond with key messaging to protect the safety and wellbeing of members of the public.

Much of the key messaging around COVID-19 in the UK has featured risk communication and perception of risk. Young people may perceive risk differently than others which can have implications for compliance with advice within these messages. It is therefore important to understand how young people perceive messaging in the context of a public health emergency and how this can be tailored and designed to best communicate important information to this group so that they are better informed, more able to protect themselves and others and more compliant with advised measures.

This study is part of a wider collaborative effort with the University of Southampton, which shows that young people may have different understandings and perceptions of the current coronavirus pandemic compared with other age groups meaning that they may need to have different messaging and communication designed and delivered to them. To better understand this issue in a Scottish context, five online focus groups were conducted with young people aged between 11-25 years old in March and April 2020.

Findings will provide insight into young people's perception of government measures and advice, messaging and communication related to the COVID-19 pandemic alongside information on their mental and physical health, perceptions of the situation, their communities and social connections. The pandemic, and the messaging and advice associated with it has had a profound impact on the day to day lives of this population, and in differing ways to that of the rest of the public. It is important for individuals and organisations to consider this when developing and disseminate messaging and

advice around this and other public health events.

Follow the team on Twitter: @scphrp

Going Viral: The changing role of digital performance during COVID-19

Performance Research Network (Edinburgh College of Arts)

The Performance Research Network is a recently established cohort of staff from across CAHSS, including ECA, The School of Health and Social Science, Languages, Literature & Culture and the University Collections, as well as Science, Technology and Innovation Studies, with a shared broad collective interest and expertise in Performance. The group's interdisciplinary bridge building includes colleagues working on performance technologies and technical practitioners in performing arts within Science, Technology and Innovation Studies, covering an abundance of expertise in creative, social and political studies of information and communication technologies.

Going viral – the changing role of digital performance during COVID-19 will be the first project initiative of the Performance Research Network and will enable the cohort to take their research synergies into actuality.

The Network proposes to conduct a scoping study to collate qualitative and quantitative data about the role of performance during the COVID-19 pandemic. The study will attempt to capture a snapshot of who is getting to see digital performance, what are they watching and what are they making at this extraordinary time. How will the ways that we are making and watching performance now, affect our access to culture in the longer term, unknown future ahead? What new precedents are being set?

The study will involve hiring an RA to gather data on digital

platforms being used for performance, analytics, performance genres (user generated content, comedy, dance, theatre, performance art, music) and funding sources. For example the 'One World: Together at Home' eight hour concert organised by the World Health Organisation, was funded by large-scale corporations including pharmaceutical company GlaxoSmithKline. The significant investment the National Theatre had already put into its NT Live programme is enabling the company to replicate their programme online. Some performances are being broadcast as 'events', scheduled for specific times, in an attempt to create a collective audience experience, in some way bringing aspects of the shared, collective nature of live events. On the more grassroot level, social media platforms such as TikTok enable everyone to be a performer. From quickly captured, spontaneous moments, to the much rehearsed versions of the Blinding Lights and Stair Shuffle dance, social media is proving to be perhaps the most egalitarian of performance platforms. This scoping study will attempt to capture information about which audiences are accessing content, how democratic the digitisation of these materials is, and whether the same hierarchical structures are merely transferred, with the same dominances i.e. do the same people who go to the theatre watch digital theatre?

Grandparenting, Consumption Practices and the Circulation of Care within Socially Distancing Families

Stephanie O'Donohoe (Business School)

This pilot study aims to identify ways of mitigating the social impact of the Covid-19 crisis on family life, particularly for grandparents whose face-to-face contact with grandchildren has been disrupted for an extended but uncertain period of time. It seeks to explore Scottish consumption-related grandparenting practices and relationships in an era of social distancing, in order to identify practices that may

foster intergenerational resilience and wellbeing, Specifically, this qualitative study aims to explore:

- How grandparenting practices, especially those involving consumption, have changed in response to the Coronavirus crisis
- To what extent these changes are understood as helping or hindering intergenerational wellbeing and family relationships
- How their experiences during the Coronavirus crisis are shaping their hopes and plans for intergenerational family life after the crisis

The study will involve 12 in-depth semi-structured online interviews with grandparents, exploring the circulation of care across three generations of families when established patterns of face-to-face contact and usual consumption practices are disrupted. Interviews will explore their pre-crisis patterns and experiences of interaction, especially in relation to grandchildren, and consumption practices associated with these, such as personal communication technology; sharing, preparing and providing food; leisure time spent together; and gift-giving. Grandparents will be asked about the big and little ways that care typically circulates between the generations, and how social distancing has affected these. In particular we seek to explore what has surprised them; what they miss most and least; what practices if any have been invented or reinvented; and their hopes and plan for family life post-crisis.

Analysis of the Responses of Intergovernmental Organisations (IGOs) in the Global South to the COVID-19 Crisis

Kathryn Nash (Edinburgh Law School)

Dr Nash’s ongoing work investigates the role of Global South

intergovernmental organisations (IGOs) in peace and security. She has found that regional and sub-regional organisations in particular are often playing increasingly robust roles in responding to crises that have global ramifications. In the face of a pandemic, regional and sub-regional organisations have the capacity to play vital roles in coordinating and supporting responses in their regions through pooling resources and using their convening power. It is therefore vital to understand how organisations are responding and how responses to the current crisis may impact coordination going forward and responses to future challenges. An analysis of these findings will be targeted at policymakers initially and will be applicable to navigating ongoing responses to COVID-19 and shifting global governance trends as we move beyond this crisis.

Dr Nash's project will focus on IGOs below the international level in Africa, Latin America, and Asia. This project will collect electronic copies of responses by IGOS, including press releases, joint statements, declarations, resolutions, and other similar documents to track organisational responses and produce original research. Dr Nash's team for this project includes Hannah den Boer and Monalisa Adhikari.

Outcomes

The primary outcome will be knowledge of how Global South IGOs have responded to COVID-19 that can be applied to ongoing response efforts and future challenges. The pandemic will have profound impacts on global governance. For example, in Asia, responses by the Association of Southeast Asian Nations (ASEAN) and South Asian Association for Regional Cooperation (SAARC) have fostered possibilities for future coordination but have also underscored existing tensions between states in these regions that could be further exacerbated. Whereas in Africa, the

African Union (AU) and Africa Centres for Disease Control and

Prevention (Africa CDC) have been praised for robust responses to address not only the health crisis but COVID-19's broader ramifications in the wake of criticism of international response efforts. This may impact how African organisations are able to respond to other crises that transcend borders on both regional and international stages.

Outputs

The project will produce research on the responses of organisations in Latin America, Africa, and Asia. Initially, this will include blogs targeted at policy audiences that set out IGO responses and provide analysis on the wider ramifications of these response efforts. A second output will be two academic articles and a policy briefing on responses by IGOs in Africa and Asia. Furthermore, Dr. Nash is engaging policymakers through multiple forums including podcasts, webinars, and virtual roundtables to disseminate findings and feed into policy discussions on global governance in the post-pandemic world.

Impact of the UK's Coronavirus Job Retention Scheme ("CJRS") on UK employment law

David Cabrelli (Edinburgh Law School)

In response to the COVID-19 pandemic, the UK government introduced a job retention scheme, i.e., the 'furlough' scheme for workers across the UK. This idea was introduced by the government as an incentive for businesses to put their staff on furlough rather than make them redundant. The remit of Professor David Cabrelli's project is to examine how the legal system will analyse furlough in regards to common law employment rights. These common law rights can be contrasted with statutory employment rights. Statutory rights are passed by Parliament and written into legislation, and concern e.g., maternity/paternity leave, sick leave, annual leave, holidays

and holiday pay, etc. Common law rights, on the other hand, exist because the judiciary has recognised these rights in the courts, many over long periods of time. While the current government legislation on the job retention scheme explains how the concept of furlough interacts with statutory rights, it does not specify what the impact of furlough is on common law employment rights.

Professor Cabrelli's project is thus examining the common law rights that protect employees and workers during furlough from 'bad behaviour' by the employer, e.g., if the employee is harassed to do more work than they normally do; if the employer fails to tolerate childcare or other care obligations of the employee; or if employees are threatened into returning to work earlier than the lockdown is lifted, etc. To gather this data, Cabrelli conducted traditional legal research methods of analysing decisions by judges and identifying gaps in the legal cases, seeking to answer four questions:

1. If an individual is not an employee, i.e., if the individual is a gig-economy or a zero-hours contract worker, is he/she eligible for furlough? While the answer may be yes, this is likely to apply to only 10-20% of gig economy, zero-hours and other casual workers due to the rules in the job retention scheme.
2. What common law rights do employees have? This requires looking at common law contractual terms that give rights to workers and is where 'policing' bad behaviour on the part of employers comes in.
3. Are these rights available to workers as well as employees? Having undertaken doctrinal research of the existing case law, Professor Cabrelli noted that there is no clear answer to this question, but that the likelihood is that workers would be entitled to the benefit of these common law rights.
4. Is there any way in which these rights are modified by the fact that the furloughed worker is not actually

working? The answer is yes, and Professor Cabrelli's project discusses the ways in which these rights are diluted and what this may mean.

Professor Cabrelli is now expanding onto the next stages of the project: first, while workers are on furlough, they may not want to 'rock the boat' and create legal disputes based on the above questions. However, once workers are made redundant, which may come with the easing of lockdown, Professor Cabrelli predicts a tsunami of legal disputes. Secondly, some employers may discover, as the furlough scheme ends, that the workers they put on furlough were not in fact eligible for it under the rules of the CJRS, meaning the employer will therefore not be reimbursed by the government. In such circumstances, Professor Cabrelli identified two options available to the employer: 1) To make the employees redundant. The problem with this option is that they will not recover any wages they paid to the employees by mistake; 2) They may 'frustrate' the employment/worker contract, meaning that the contract would be seen as having terminated when the individual was first put on furlough. Employers still won't receive government reimbursement, but they may try to recover this money from the employee. Whether this would work legally or not is the upcoming research focus of Profesor Cabrelli's project.

To find out more about the project, see: https://uklabourlawblog.com/2020/06/08/furlough-and-common-law-rights-and-remedies-by-david-cabrelli-and-jessica-dalton/ and https://www.law.ed.ac.uk/research/covid-19

Follow David: @CabrelliDavid

Exploring family members of Intensive Care and end of life patients experiences of using a family authored diary.

Dr Sheila Rogers (School of Health in Social Science)

There is an urgent need to understand how best to support family members (FM) of people in hospital or care settings where visiting is not allowed, with only exceptional very limited visiting by one family member at the end of life, due to the high infection risk with COVID-19. Some patients communicate with their families using mobile devices however, those in the Intensive Care Unit (ICU) or receiving End of Life care (EoL) are unable to do so. Apart from a phone call with staff, there are no other means of providing support for FM or for FM to record communications for the patient.

We propose a small qualitative study to: **Explore FM (of ICU and EoL patients) experiences of using a family authored diary** at home to support their communication and emotional needs. The diary will be co-ordinated by a nominated FM and could be paper copy or electronic according to family wishes. FM will be encouraged to record events to help them keep track of what has happened, 'day to day' information (may include updates from hospital staff), what has been happening at home, thoughts and feelings, messages from other friends and family such as letters, cards, and drawings.

An understanding of how families experience the diary can inform whether this is likely to be a useful intervention, identify who might benefit most, use of paper versus electronic diaries, understand any potential risks and form the basis for a larger evaluation study. There is a high level of commitment in NHS Lothian (NHSL) who are keen to find ways to support family members and implement both healthcare staff (HCS) authored and family authored diaries. This project is a collaboration between NHSL and University of Edinburgh which builds on the Clinical Academic Research Careers Scheme (CARC) that initiated a research partnership between Nursing in NHSL and Nursing Studies in the School of Health in Social Science.

The research team has wide and varied expertise in diary interventions, critical care, end of life care, family interventions, psychological trauma, mental health and

wellbeing and counselling support putting us in a unique position to conduct this study. This exploratory study would provide a foundation from which larger intervention development and testing studies will be developed across wider population groups. There is also the possibility of developing an application which could enable the family authored diary to be part of a secure diary system for both staff and family to contribute to.

Further projects include:

"Mapping Unhealthy Commodity Industries Responses to COVID-19: Examples of Industry Conduct", Rob Ralston, Sarah Hill, Jeff Collin (HiSS)

"(Un)Employment Policies under the asymmetric COVID shock", Sevi Rodriguez-Mora and Ludo Visschers (School of Economics)

Covid-19 and the Black Asian Minority Ethnic Healthcare Workforce, by Radha Adhikari

Disease pandemics in history have regularly brought social inequalities and prejudice back to the surface.[1] Marginalised and vulnerable groups such as the elderly, the poor, migrants, and refugee populations are hit the hardest, both economically and socially, in such difficult times. The current COVID-19 crisis has, once again, exposed the fragility of human life and vulnerable groups are suffering the most.

In the UK, COVID-19 has disproportionately claimed the lives

of the Black Asian and Minority Ethnic (BAME) population.[2] The BAME health workforce, and the BAME population, has been found to be at a higher risk of Coronavirus attack than the white British population.[3] The reasons for this, as suggested by the professional experts and media, are that this population has a higher proportion of underlying health conditions and of long-standing social inequalities and deprivation.[4] Early study findings suggest that the BAME health and social care workforce, already a high-risk group, has been assigned to frontline care, with potential exposure to the virus, by spending more time caring for COVID-19 patients, than their white British counterparts. Additionally, study findings indicate that BAME nursing and care workforce is more likely to be left without adequate access to Personal Protective Equipment (PPE).[5] Other essential workers, such as NHS support staff, and those working in transport and delivery services, have also been exposed to higher risks of COVID-19 virus infection, are also from the BAME background.

Additionally, care for the elderly and long-term health care sector has also suffered heavy blows from COVID-19, as a result the total death in this sector has exceeded the number of deaths in hospitals in the UK.[6] This sector is reported regularly to be underfunded [7] and often as having inadequate PPE in place. This sector too relies heavily on BAME workforce. The patients and their care workers are left with a higher exposure to the risks of COVID-19 compared to the general population.

The media in the UK has brought the BAME health and social care workforce, and ongoing social inequality and exclusion they face, into the spotlight, alongside the elderly, people already ill, and those with underlying health conditions. Knowledge of this disparity is an additional stress for racialised healthcare and the essential service workforce. As such, the BAME population in particular is now simultaneously

fighting double crises: the COVID-19 crisis as well as ongoing social inequality and exclusion. This is a crucially important issue, requiring better understanding and public policy attention.

The BAME health and social care workforce and ongoing social inequality

The BAME nursing and care workforce has been a disadvantaged group throughout the history of the British healthcare system, with reports of discrimination, bullying and harassment at their work. At a professional level, there is evidence that the BAME healthcare workforce is more likely to experience workplace discrimination and be under-represented at senior management levels in the NHS.[8] For example, 43% of the NHS workforce in London is from a BAME background, yet only 14% of board-level positions were held by people from a BAME background in 2017. The BAME workforce is more likely to be in zero-hour contracts, and in low-paid and insecure jobs. On top of this, ongoing social marginalisation and inequality places this workforce in a further disadvantaged position. Even when BAME nurses and care workers fear catching COVID-19, especially given current statistics, they are assigned to frontline care and new recruits are more likely to say no to the frontline work.[3]

Time to address structural issues and put things right

NHS employers in Britain have acknowledged the fact that the BAME health workforce is at higher risk of contracting COVID-19 and of becoming seriously ill because of it, as evidenced by their being disproportionately affected by the Covid-19 crisis.[3] As the social and political pressure to protect the BAME population has escalated, NHS employers have started looking into management strategies to protect this workforce from attack by the virus. Current strategies include: the BAME workforce being recognised as a risk group; managers are to carry out risk assessments before BAME staff take up any work; and finally, the BAME group has been

prioritised for COVID-19 testing.[9] However, there is a need to extend these strategies to include those who work in the private care home sector. These should not just be in Government policy documents and exist as paper exercises for health service managers, but need to be implemented seriously and consistently across all health and social care sectors.

Addressing structural issues and social injustice is crucial while fighting against the virus. This is an important time for a sustained and collaborative effort towards making more equal and inclusive workplaces and societies. Also important is preparing to deal with future threats. The COVID-19 crisis has not only brought underlying social inequalities and prejudices to the surface again, but also an opportunity to put things right.

This article was originally published by Justice in Global Health Emergencies & Humanitarian Crises: https://www.ghe.law.ed.ac.uk/covid-19-and-the-black-asian-minority-ethnic-healthcare-workforce-by-radha-adhikari/

Radha Adhikari is a Research Fellow in SSPS, and currently working on a project examining the 'Documentation of Nepali migrants' death, injury and ill-treatment in transit and destinations'. Currently, the research fieldwork has been on hold due to Covid-19 outbreak.

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Edinburgh Law School creates animations to discuss structural injustice, denaturalized natural disasters, epistemic injustice, and the nature of emergencies

The following series is supported by the Wellcome Trust and led by Dr Agomoni Ganguli Mitra. All animations were created by Vanessa Randle from ***thinkingvisually****.*

structural injustice in global health emergencies

https://media.ed.ac.uk/media/1_9teexwrw

In this animation, we discuss the concept of 'Structural Injustice'. We look at what it is, how it's different from other kinds of injustices, and why it's important in the context of Global Health Emergencies.

The concept of structural injustice, as discussed in this animation is based on the work of philosopher Iris Marion Young.

For more see:

- Young (2011). *Responsibility for Justice.* Oxford; New York: Oxford University Press.
- Young (2006). Responsibility and Global Justice: A

Social Connection Model. *Social Philosophy and Policy, 23*(1).

For full transcripts click here: Structural Injustice Animation Transcript.

Denaturalizing Natural disasters

https://media.ed.ac.uk/media/Denaturalizing+Natural+Disasters/1_7jd6dic1

In our second animation, Professor Matthew Hunt talks about how natural disasters and their impacts are not as 'natural' as they may first appear and how this should influence how we plan for, and respond to, such disasters.

For more, see:

- Chung, R., & Hunt, M. (2012). Justice and Health Inequalities in Humanitarian Crises: Structured Health Vulnerabilities and Natural Disasters. In P. T. Lenard (Ed.), Health Inequalities and Global Justice (pp. 197–212). Edinburgh University Press.

Download the full trancript: Denaturalizing Natural Disasters – Transcripts (PDF)

epistemic injustice

https://media.ed.ac.uk/media/Epistemic+Injustice+/1_e6tucbwl

In our third animation, we discuss the concept of Epistemic Injustice and how this relates to Global Health Emergencies. In particular, we focus on the work of Miranda Fricker and discussion of Testimonial and Hermeneutical Injustice.

For more, see:

- Fricker, *Epistemic Injustice: Power and the Ethics of Knowing* (Oxford University Press, 2007)

- Kidd, Medina & Pohlhaus (eds), *The Routledge Handbook of Epistemic Injustice* (Taylor and Francis, 2017)
- Chung & Hunt (2019), 'Epistemic Injustice and Humanitarian Action: The case of language and translation.'
- Eckenweiler (2019), 'Seeking Asylum: Epistemic Injustice and Humanitarian Testimonies.'
- Scully (2019), 'Responding to disability in Global Health Emergencies.'

Download the full transcript: Epistemic Injustice – Transcripts

nature of emergencies

https://media.ed.ac.uk/media/Nature+Of+Emergencies/1_x340u9y3

We are currently living through a world wide global health emergency: the Covid-19 pandemic. Labelling a health event an emergency, disaster, or crisis imply an event that is confined to a certain time span and geographical focus. It is an extraordinary event that requires special measures. These terms in themselves are therefore worth questioning using the lenses of ethics and justice.

In our fourth animation, Agomoni Ganguli-Mitra discusses these terms and their ethical implications.

View the animation and full transcripts

For more, see:

- A. Green, '**The activists trying to 'decolonize' global health**', (*devex,* 21 May 2019).
- S. Walsh and O. Johnson, ***Getting to Zero: A Doctor and a Diplomat on the Ebola Frontline*** (Zed Books, 2018).
- A. Ahmad and others, ***Humanitarian Ethics Action and Ethics*** (Zed Books, 2018).
- S. Bradshaw, ***Gender, Development and Disasters*** (Edward Elgar Publishing, 2014).

Download the full transcript: Transcript – Nature of Emergencies Animation

This animation series was originally published by Justice in Global Health Emergencies & Humanitarian Crises: https://www.ghe.law.ed.ac.uk/animations/

The NHS is a health system not a charity. It should be funded accordingly, writes Rebecca Richards

He walked his way into the hearts of a nation – one lap of his garden at a time. In doing so, 100-year-old – soon to be *Sir* – Captain Tom Moore raised a staggering £29million for the NHS.[1] While perhaps the most publicised, he is not the only private citizen helping the NHS respond to the Covid-19 pandemic. The 'Run for Heroes' Challenge – whereby social media users run 5km, donate £5, and nominate five of their friends to do the same – has raised more than £5million in less than a month.[2] And all over the country, people are sewing Personal Protective Equipment (PPE) for frontline healthcare workers that are lacking adequate safety equipment.[3]

But the heart-warming response these extraordinary feats of solidarity and good-will elicit in us can also obscure the fact that the NHS should not *need* this level of support. As an anonymous NHS doctor recently pointed out, 'The NHS is not a

charity'.[4] The NHS is a healthcare system. It is therefore the government's responsibility to fund, staff, and supply it so that it can effectively respond to a pandemic that was not entirely unexpected.[5] [6] It is a responsibility the government has arguably failed to fulfill adequately. Though not alone in its enforcement of austerity measures over the past decades, [7] the government's economic policies left the NHS under pressure even before the pandemic broke out.[8] Between 2010 and 2014, for example, the real-term annual increase in NHS England funding was only 1.3%, down from historical annual growth rates of approximately 4%.[9] This has been associated with nearly 120,000 preventable deaths in England during this time period.[10] And though the government committed to increasing NHS funding in 2018,[11] this – and subsequent government funding increases – has not been enough to 'reverse years of health underfunding'.[12]

When the magnitude of the Covid-19 crisis became clear, the NHS was therefore not fully prepared. After missing the deadline to participate in a EU collective-buying scheme to source additional ventilators,[13]the government is making slow progress in procuring the necessary 18,000 ventilators – down from an original estimate of 30,000.[14] The government asked retired NHS staff to come out of retirement to support the relief effort [15]– a call that more than 20,000 people answered.[16] There is also an ongoing shortage of PPE in large parts of the country – despite the Health Secretary's request to health workers to not 'overuse' PPE.[17]

All of this is not to say that the UK is the only country struggling to buttress its health system against a worldwide pandemic. Pandemic responses are notoriously complex and difficult to 'get right' and the government has committed to a further £6 billion boost to the NHS.[18] Nor am I diminishing the incredible efforts of volunteers and donors that are providing invaluable support to the NHS and its staff and

their families. The point I am making is that this level of fundraising, volunteering, and coming out of retirement should not be necessary to prop up the health system of one of the richest countries in the world.

As the saying goes, tragedy can bring out the best in people. But, as Polly Palliser-Wilkins put it, it – tragedy – can also work 'to individualise events and mask the reasons or the responsibility for such incidents, fixing them in space and time and casting them adrift from their structural causes and politics'.[19] We need to be careful that the outpouring and mobilisation of support we have seen does not 'obscure the political failures that underpin the crisis itself'.[19, p.22] To truly learn from this pandemic and hold governments accountable for their responsibilities to protect us from it, we must not view acts of support as the isolated actions of individuals, totally separate from the context in which they are required. As Palliser-Wilkins argues, humanitarian assistance to times of crises is in itself political because of its 'relationship to the failure of politics'.[19, p.23] And this particular failure is one not worth repeating.

This article was originally published by Justice in Global Health Emergencies & Humanitarian Crises: https://www.ghe.law.ed.ac.uk/the-nhs-is-a-health-system-not-a-charity-it-should-be-funded-accordingly-by-rebecca-richards/

Rebecca Richards is the Postgraduate Research Assistant on Dr. Ganguli-Mitra's Wellcome Trust Seed Award Project entitled 'Justice and Vulnerability in Global Health Emergency Regulation: Developing Future ethical models' at the University of Edinburgh School of Law. Follow Rebecca: @reb_richards

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Kat Smith, Sudeepa Abeysinghe and Christina Boswell reflect on the impact of COVID-19 in SKAPE seminar, by Cleo Davies

This blogpost is a summary of the SKAPE Seminar on the 24 June 2020

Kat Smith (Strathclyde), **Sudeepa Abeysinghe** (Social Policy,

Edinburgh) and **Christina Boswell** (PIR, Edinburgh) presented three complementary perspectives on the on the impact of COVID-19 on the study of the relationship between science, knowledge and policy.

Christina Boswell noted the extent, and unprecedented level of granular coverage of science and the scientific debate around COVID-19 in the media and public debate. At the same time, there is a dependence on expert knowledge around the virus, in particular at the level of the UK government, that points to symbolic uses: government representatives are flanked by experts at daily press conferences and the mantra is that any decision is "led by the science". This goes beyond symbolic uses of science to bolster policy choices; **with COVID-19, science has become an insurance policy for the government.**

Two risks emerge from these observations. The first is that science will disappoint because of unrealistic expectations. In the medium to long term this could lead to an erosion of trust in science. This extends to individual scientists too. The second risk emerges from a paradox: science and scientists need to be independent to work as a resource and to ensure the credibility of science; **science needs to retain its fallibility and can't be responsible for prescribing courses of action.** But in the context of COVID-19, science has appeared closer to political decision-making, and in support of policy and decision-making, it undermines the resource. There is a high degree of dependence in science to resolve the COVID related issues but, in the action of deploying this resource, it undermines the resource. This is a paradox that can be observed in other policy and decision-making areas, such as migration for instance. This led Christina Boswell to raise a central question: how can we build trust in these models to make sure they are relevant as a resource and without undermining their credibility and legitimacy? For Christina Boswell, there is a need to explore further governance models of the interface between science and policy

and decision-making.

Kat Smith's thinking and discussions with Justin Parkhurst and colleagues around COVID-19, has centred a lot around **the role of legitimacy and the pressure on the evidence-advisory systems in the current times**. Legitimacy of the evidence-advisory systems takes on three aspects: technical legitimacy, political legitimacy, and process legitimacy. In terms of **technical legitimacy**, in pandemics, decision-makers appear to be naturally drawn towards epidemiologists and models that are future orientated, presenting quantified data, no doubt because it provides "something that they can hold onto". But these models are very difficult to scrutinise. Kat Smith is particularly concerned about the way in which the absence of knowledge is recognised and made clear in these models and the way the results are being communicated more broadly. This leads to the second aspect of legitimacy: in terms of **political legitimacy**, more delineating should be done between evidence led decisions and politically motivated ones. Decision-makers focus strongly on modelling and it isn't always clear that models are used as guidance only. This means that the assumptions about the environment intrinsic to these models, are not made explicit by decision-makers. This has serious implications, notably for broader socio-economic issues. And finally, in terms of **process legitimacy**, transparency is key to ensure that there is both scientific and public scrutiny around decision-making about pandemic responses (which tend to sit outside normal legitimacy processes, such as elections and party manifestos). Accountability systems in these pressured times of rapid and major policy developments cannot function without transparency. Both scientific and public scrutiny could be usefully strengthened in the UK and it was notable that the limitations of current arrangements were cited by Sir David King in explaining his decision to convene the Independent SAGE group.

Kat Smith provided a final reflection stemming from her conversations with colleagues working on COVID-19 responses in policy settings, which underlined once again her **major concern around how evidence, and particularly modelling, is being portrayed in the public debate.** Echoing Christina Boswell's points, she noted many of the policy colleagues she had spoken to were concerned about the long-term implications for public trust in science.

Sudeepa Abeysinghe first reflected on how **COVID-19 subverts expectations around how scientific uncertainty plays out in public health interventions.** The virus and its impacts were, and to some extent continue to be, underpinned by scientific uncertainty. Epidemiological modelling was – at least initially – based upon analogous, anecdotal, theoretical and speculative evidence. Under such circumstances, we tend to see the blurring of boundaries between politics and knowledge under post-normal forms of science. This, for instance, played out in the case of the WHO and H1N1: Epidemiological uncertainty was reframed as a politically motivated decision. However, instead of scientific uncertainty providing a means of contestation, we instead experienced a consolidation of the 'factiness' of the case. For many, the science-based nature of interventions, as asserted in political messaging, was taken-for-granted. This is despite the messiness of the data and modelling as recounted by the scientists themselves. This prompts the question: why is this the case?

And secondly, Sudeepa Abeysinghe also reflected on **the simplified packaging of scientific evidence in government guidance and publications.** Drawing on some initial empirical work in relation to COVID-19 in Indonesia, Sudeepa Abeysinghe suggests that instead of a knowledge deficit, the public may be engaging in complex decision-making weighing different and aspects against each other, notably bringing in socio-economic concerns too. Sudeepa Abeysinghe concludes by raising the question: why and how are issues of public health intervention

still framed and discussed as a deficit of knowledge of the public?

A number of points also arose from responses to questions during the seminar. A first question prompted **reflections on science coming from China**. Christina Boswell noted that there is a discourse that data coming from China is not trustworthy and suggested that there is a tendency to nationalisation of science advice in the public debate. National competitiveness of science is reemerging. In the UK, it also raises questions about funding research.

There was also a question on why there is such **reluctance to admit to uncertainty**. Kat Smith suggested that this is part an evidence-advisory systems issue, part an institutional issue. Do these systems look at broad types of knowledge, beyond epidemiology ? For instance, logistics were not taking into account in the delivery of PPE initially. Secondly, there is a fragmentation of governance; in Scotland for instance, there are many different groups of scientific advisers that have been set up and the entire civil services has been rearranged ass a resit of COVID-19. This creates a very fragmented decision-making landscape.

There was also a reflection on **the way in which the role of experts has changed** as a result of COVID-19. A much wider range of experts is now involved, with some having more influence and traction because of social media and salience. There may be an indirect effect on the institutionalisation of the use of science.

In relation to legitimacy, concerns were raised in view of the **shift of the responsibility for risk** onto the public and how this may feed into existing inequalities for instance. More broadly, it is important to note that we are only partially into this crisis.

This summary by Chloe Davies was originally published on the

SKAPE blog: https://blogs.sps.ed.ac.uk/skape/2020/06/26/kat-smith-sudeepa-abeysinghe-and-christina-boswell-reflections-on-the-impact-of-covid-19/

Sudeepa Abeysinghe is Lecturer in Global Health Policy at the University of Edinburgh.

Christina Boswell is Dean of Research, College of Arts, Humanities & Social Sciences at the University of Edinburgh. Follow Christina @Boswellpol

Kat Smith is Professor of Public Health Policy at the Strathclyde School of Social Work and Social Policy. Follow Kat @ProfKatSmith

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University staff and students help distribute food to those in need, writes Stuart Tooley

To mark Volunteers' Week, Kirsteen Shields speaks about her work to co-ordinate volunteers to help local charity, Cyrenians.

Shortages of food and other essentials on supermarket shelves was an early defining image of the Covid-19 crisis.
While for many of us, that meant queues at the shops and temporary changes to family meal plans, for Kirsteen Shields, Lecturer in International Law and Food Security at the Global Academy of Agriculture and Food Security at the University of Edinburgh, a different thought came to mind.

"Food security and food poverty is part of my research. Like

many others, I was concerned that panic buying in shops would create additional demand shocks on food banks. I contacted various food banks in Edinburgh and it soon became apparent the impending shortage wasn't in food, it was in volunteers."

Due to the lockdown rules, the traditional food bank volunteer base – many of whom are retired – are in the shielding group or otherwise advised to stay at home.

"I wanted to make sure that regular volunteers who may be required to reduce movements could do so with peace of mind. I was also aware that charities are not in a position to take on the additional work of coordinating a new stream of volunteers at a time of crisis."

Quickly, Kirsteen was organising emails to colleagues and students. Within half an hour, she had a list of 40 people willing to lend a hand. Now, there is a rota, with between two and four volunteers from the University attending the Cyrenians food depot each weekday.

One of these volunteers is Global Academy of Agriculture and Food Security student, Julian Mashingaidze: "With the whole situation of Covid-19, I suddenly found myself with a lot of free time. I had finished a lot of my university assignments or was on course to doing so. So I found myself wanting to do something that edified myself and actively made a difference to the university community.

"So when the opportunity to volunteer came I was more than happy to take part. It also had the added benefit of allowing me to get out of my room for a bit, which helps immensely with my mental health."

Julian has become a student team leader, and is also part of a student society looking at food security and sustainability.

With volunteer support, food is now heading out daily from the Cyrenians depot to foodbanks across the city, as well as local

community groups helping to distribute food to vulnerable people.

Cyrenians CEO Ewan Aitken said: “Covid-19 has impacted all our work across Cyrenians, but we have seen particular challenges at our FareShare Depot where the demand for our services has increased exponentially week on week.

“Volunteers from the University of Edinburgh have been an essential part of the team at our FareShare Depot. Without them it simply wouldn’t have been possible to achieve all that we have over the past few weeks.

“In a matter of weeks we’ve trebled the amount of food that we’re receiving and distributing across Central and South East Scotland, going from an average of 50 tonnes per month to 164 tonnes last month. This simply cannot happen without people at our depot to get the food moving.

“I’m incredibly grateful to all the team at our depot, volunteers and staff who are making a real difference to the lives of so many during such a difficult time.”

The University has also played its part, with Accommodation, Catering and Events donating much of its perishable food – which otherwise would have gone to waste – to the Cyrenians in March.

For Kirsteen, whose impressive volunteer recruitment and organisation have led to such a rewarding experience, she is keen to engage more people in community food networks. “It has been incredibly heartening to see community food projects spring to life during the coronavirus lockdown – in Edinburgh, Bridgend Farmhouse and Scran Academy are doing great things too. It is all about showing up and showing solidarity at a really tough time. Everyone has been so supportive of these projects, that give me a lot of hope for ‘community’ in the post-Covid future,” she said.

This article was originally published here: https://www.ed.ac.uk/covid-19-response/our-community/volunteers-week-university-staff-and-students-coor

Dr Kirsteen Shields is a human rights law expert with a PhD in international law and governance. She is a lecturer in international law and food security at the University of Edinburgh, at the Global Academy of Agriculture and Food Security. She was the recipient of the Royal Society of Edinburgh / Fulbright award for research on food and land reform at Berkeley, University of California 2017/18.

How physicians used contact tracing 500 years ago to control the bubonic plague, by Samuel Cohn and Mona O'Brien

Contact tracing has been remarkably successful at helping contain the COVID-19 pandemic in South Korea, Australia and Germany, as well as some smaller places. Using 21st-century systems of telecommunications and surveillance, healthcare workers in these places have led the way in identifying those who have been in contact with the infected, and then testing and isolating them.

Minus the modern technology, contact tracing goes back a long way. The American historian William Coleman's wonderful 1987 book, Yellow Fever in the North, associates "case tracing" with the origins of epidemiology in the mid-19th century. The

disease is spread via mosquitoes and not person to person, but that would only be discovered half a century later.

Read and listen more from the Recovery series here.

French physicians fighting yellow fever in the 1840s focused on finding the first case – what we would now call “patient zero”. Later in the 19th century, they began paying greater attention to connections between households, and people inside and outside of them.

The search for syphilis

The ideas behind contact tracing are much older, however. It was anticipated in the early 16th century in relation to the great pox, which would come to be known as syphilis thanks to a poem by the physician Girolamo Fracastoro from 1530. Physicians such as the celebrated anatomist Gabriele Falloppio, chair of medicine at the University of Padua, the citadel of 16th-century medical learning, sought to understand the origins of the disease using a different approach to the norm.

Gabriele Falloppio: good with tubes.
Wikimedia

Instead of just relying on what the ancient and early medieval Arabic medical authorities had to say about diseases,

Falloppio and other doctors sought to track the spread of this venereal disease by turning to contemporary histories, most prominently Christopher Columbus's journals.

Through these works, they could track the progression of the disease from the Americas to hospitals in Barcelona. It then spread via soldiers recruited by King Ferdinand II of Aragon, and most significantly with the invasion of Italy and the siege of Naples in the winter of 1495 by King Charles VIII of France.

The siege and the ensuing dispersal of Charles' mercenary soldiers to their homelands were the "superspreader events" that gave syphilis pandemic force. In the 1530s another physician, Bernardino Tomitano, also a chair of medicine at the University of Padua, followed the disease's continued spread into eastern Europe, pinning it to Venetian commerce.

The rapid spread of syphilis broadened physicians' notions about disease transmission and the role played by human carriers. But the earliest known example of doctors searching for specific contacts and disease networks relates not to the great pox but to a disease to which Europe had become grimly accustomed – the bubonic plague. And the physician involved is not nearly so famous as Falloppio or any chair of medicine at Padua, but a village doctor with a few publications to his name.

While treating patients on the shores of Lake Garda at Desenzano in northern Italy during the bubonic plague outbreak of 1576, Andrea Gratiolo used contact tracing in a manner we can recognise today. It was employed not to trace the spread of plague as such, but to disprove that it derived from a woman who was rumoured to have carried it to Desenzano from where she lived in Trento.

Desenzano today.
Tomislav Medak, CC BY

Gratiolo noted that the woman had “taken a small and tightly packed boat with 18 others … sleeping on top one another”. One woman had slept all night with her head in the accused woman’s lap. Gratiolo also investigated the household of the second woman and discovered that “she, her husband and their four small children all slept in the same bed”.

In a plague treatise published later that year, Gratiolo argued that the boat’s passengers and the entire household of the accused should have become infected, yet none had. In further evidence of contact tracing, he adds: “no other person [the accused] had associated or interacted with had caught the disease”.

Unrepentant rationalists

Gratiolo used the bulk of his treatise to blast universal theories that plague derived from certain configurations of the stars, corruption of air that was “thick, swampy, foggy and stunk”, bad food that corrupted the humours or “rumours that one individual was responsible for the transmission of plague into a large city”.

His notions didn’t spring from an ideological vacuum. During that peninsula-wide plague outbreak of 1574-78, other plague doctors were similarly going against the prevailing orthodoxies of the time.

Gratiolo even questioned the first principle of plague causation from the early Middle Ages that would to some extent endure until the 19th century – that it came from God to punish our sins. It may seem difficult to believe that at the pinnacle of the counter-Reformation, a village doctor argued that the influence of God was “irrelevant, not even a proper question for doctors to be asking”. To curb the spread of diseases, Gratiolo held that doctors should focus on natural causes and leave questions of God to the theologians.

The Triumph of Death, medieval Italian fresco.
Wikimedia

Contact tracing was probably more widespread in 16th-century Europe than historians have been able to show, and not only in Italy. For instance, an undated hospital duty book from Nuremberg in Germany, compiled between 1500 and 1700, lists questions to be asked of every patient wishing treatment at any of the city's facilities, regardless of the illness. These related to how, when, where and, if possible, from whom the patient had contracted it.

Both this evidence and Gratiolo's plague investigation are good examples of how the received wisdom about origin stories can be misleading – just as today we may often assume that pandemics originate from a single "patient zero". By 1576, our

country doctor had already questioned that one, too.

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Samuel Cohn is an Honorary Fellow with The Institute for Advanced Studies in the Humanities (IASH) at the University of Edinburgh and a Professor of Medieval History at the University of Glasgow.

Mona O'Brien is a Graduate Teaching Assistant in History at the University of Glasgow exploreing the emotional, social and medical history of syphilis in the period c.1495-1820.

South Africa's gig drivers left alone at the wheel, writes Mohammad Amir Anwar

Drivers who use ride-hailing apps like Uber are getting little help from their companies and fall through the cracks of government support.

After nine hours on the roads of Johannesburg, Dumele returns home tired and frustrated. Just two months ago, he would have ended the week with around R7,000 ($370) in his pocket from his job as an Uber driver. But since the coronavirus reached South Africa, business has ground to a halt.

From early March, his earnings halved. Since the imposition of a lockdown on 27 March, they have stopped altogether some

days. “Today, I earned nothing,” he says.

Dumele is one of thousands of drivers in South Africa who rely on ride-hailing apps such as Uber, Bolt and similar domestic versions for their livelihoods. Under the country’s lockdown measures, they are still allowed to work to help transport essential workers, but only between 5-10am and 4-8pm.

Several who spoke to African Arguments said they are struggling to get any fares. Those still working can barely break even and all have had to find new ways to survive.

Dumele has sold some of his livestock for R2,400 ($125) to tide him over. His landlord, from whom he also rents his car, has also offered him support by waiving the car rental fee and giving him one meal a day.

Thepza, a driver in Cape Town, has used his savings to buy food to last until the end of April. He has also borrowed R500 ($25) but does not know what he will do when these supplies run out. He has stopped driving because he does not want to risk catching coronavirus and spreading it to his pregnant wife.

Tsietsi has also stopped working as it is not economical. He says the costs of renting a car, paying for fuel and buying airtime and data to support the ride-hailing app – which can come to around R5,000 ($260) a week – now far outweigh the potential income from fares.

Many drivers had already been straining to make ends meet before the pandemic hit. Uber has regularly reduced fares since it launched in 2013, meaning that drivers in South Africa were earning less per trip in 2020 than when they started. COVID-19 has made matters much worse.

Appealing for support

In response to coronavirus, Uber said it will offer 10 million

free rides and deliveries to healthcare workers and those in need worldwide. It has done relatively little, however, to provide support to its drivers.

Many in South Africa are concerned about catching the disease through their passengers. “In the last 13 days, I found only one customer wearing a mask,” says Dumele. “What if I am infected? We are not getting any compensation for the risk we are taking.”

To address these concerns, Uber said it would send car disinfectants to drivers in areas most affected by the disease. South Africa is unlikely to be on this list. Many drivers there believe the company should either provide them with hand sanitiser and face masks or reimburse for buying these items themselves.

They also say that Uber should provide them basic financial support to survive. Some say that this would show the company cares for its drivers and repay their loyalty. “I am using the Uber app. We work for Uber. My source of income is Uber,” said one driver. Another suggestion was that the company should at least waive its 25% commission from fares in places facing lockdowns.

Uber has released a financial assistance policy to support drivers during the pandemic but with strict limitations. To be eligible, a person must have a confirmed case of COVID-19 or have been individually ordered by a doctor or public health official to self-quarantine. The thousands of drivers worldwide living under a local or national lockdown do not quality.

In the absence of support from Uber, some drivers say the government must step in. South Africa has announced various measures of social protection such as the Temporary Employee Relief Scheme (TERS), but this programme doesn’t apply to the 20% of the workforce that operates in the

informal sector or to gig economy drivers who are not officially recognised as “employees”.

Others have suggested that governments could offer cash transfers to those in need, with ride-hailing companies sharing the costs of a “wage replacement” scheme. Given that many African governments are cash-strapped, such programmes might require support from multilateral organisations. Several African ministers have called on their international partners for debt relief to free up essential funds.

“Trapped”

For ride-hailing drivers in South Africa, the notion the COVID-19 pandemic does not discriminate between the rich and poor is a complete farce. They fall into a large swathe of society – alongside informal workers and many others struggling to make ends meet – for whom lockdowns are extremely hard to bear.

This group cannot work from home and cannot survive for long without a daily source of income. They tend to live in densely populated urban areas with dysfunctional public services. And as their already poorly paid jobs are not sufficiently formalised, they are not covered by social welfare protections.

The pandemic has exposed the brutal everyday reality of worker exploitation in the global gig economy. Better regulatory systems are needed to hold platform companies accountable, while governments must do more to protect vulnerable workers.

In the absence of this support, Uber drivers like Thepza are doing their best to adapt, borrowing from friends and family, appealing for support where possible and strategising on possible ways to make ends meet. But under the conditions of lockdown and feeling abandoned by their ride-hailing companies and the government, the options are scarce.

“I am trapped and it is really painful,” he says.

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Dr Mohammad Amir Anwar is a lecturer in African Studies and International Development at the University of Edinburgh and a Research Associate at the Oxford Internet Institute, University of Oxford. He is also a Fellow of the World Economic Forum’s Global Future Council on Digital Economy and Society, and a Research Associate at the School of Tourism and Hospitality, University of Johannesburg. He holds a Ph.D in Geography from Trinity College Dublin. He has extensive experience of conducting research both in India and Africa. Follow his Twitter: @ibalilebali

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Local policing must adapt to cybercrime in the post-pandemic era, write Ben Collier, Shane Horgan, Richard Jones and Lynsay Shepherd

In a recent briefing paper on the implications of the COVID-19 pandemic for cybercrime policing in Scotland commissioned by the Scottish Institute for Policing, we identified a range of

ways in which cybercrime has been adapting in recent months. Online fraudsters are exploiting people's fear and uncertainty during the outbreak, often simply lending a virus 'flavour' to their existing scams, but in some cases through novel opportunities created by lockdown and tracing. The wider challenge for police forces, including in Scotland, lies in the possibility that the pandemic leads to profound and lasting changes to people's everyday activities. We outlined reasons why these changes could lead to an increase in cybercrime, and argued that whereas much cybercrime research has (rightly) emphasised its international or even global characteristics, certain forms of cybercrime, especially of the more rudimentary (but no less harmful) kind, often have a distinctively 'local quality'. We concluded by arguing that this presents both a challenge and an opportunity for regional police forces such as Police Scotland: if cybercrime becomes more prevalent over the coming years police forces will need to develop further their capacity to prevent and investigate such offences; yet the local nature of such crime will mean that local forces will be very well positioned to respond. Working *with*, rather than *on* communities will be key to the effectiveness of this response.

As the news media has correctly reported, the past few months have witnessed a number of cybercrime attacks that have sought to utilise the public's fear of the coronavirus, together with their uncertainty as to what is happening, by referring to COVID-19 in cybercrime attacks, for example in 'phishing' attacks that try to trick users into disclosing valuable information (such as passwords or bank account details). Moreover, there is evidence that cybercriminals have adapted the language of their attacks very rapidly in response to government initiatives. For example, the Department for Education published guidance on 19 March 2020 in relation to the provision of free school meals. Less than a week later, UK media reported instances of 'free school meals'/COVID-19 phishing attacks. Whereas these forms of cybercrime are

existing attacks dressed up in new terminology, and hence essentially ‘old wine in new bottles’, we have also witnessed somewhat more novel forms of attack, such as in spoofing ‘tracing apps’ or SMS notifications, which exploit the government’s attempts to control the spread of the virus.

Ongoing research by the researchers at the Cambridge Cybercrime Centre, utilising their collection of primary data from forums, chat channels, and marketplaces used by cybercrime communities, as well as from other sources, suggest that there has recently been an increase of activity in relation to various kinds of ‘high volume, low sophistication’ cybercrime, including phishing scams; Denial of Service attacks carried out through ‘booter’ services, which offer those with no technical skills the ability to knock others offline (often in online games) for small amounts of money; significant uplifts in some ancillary cybercrime markets, such as PayPal and Bitcoin exchanges on cybercrime forums; as well as some evidence of an increase in internet-facilitated bullying, harassment and hate crime. Although we do not yet know for sure, it appears possible that at least some of this increase is a result of many users (including adolescents and young adults) being confined to their homes during pandemic ‘lockdown’ curfews, with no school or work to occupy them for much of the day.

From the perspective of criminological theory, we might explain these processes in various ways. For example, ‘strain theory’ argues that some people will turn to crime in order to satisfy their desire for money if they lack an avenue to earn money legitimately. ‘Control theory’ posits that crime cannot occur when an individual is otherwise ‘involved’ in legitimate activities. Similarly, at the level of society as a whole, ‘routine activities theory’ contends that crime rate increases are explicable in terms of how broader societal changes may lead to changes in criminal opportunities.

As ‘lockdowns’ lift around the world (at least for now), and

people gradually return to work and study, we might therefore expect the volume of cybercrime seen to increase during the pandemic now to subside.

However, our argument is that there are various reasons to suppose that the pandemic will lead to deeper social transformation and more lasting changes—which will in turn mean that criminal opportunities may remain at an increased level for some time to come. It appears increasingly likely that there will be no complete immediate end to the pandemic, that a threat will remain for some time, and that we may well experience successive waves of infection. Moreover, it would appear, for example, that the COVID-19 pandemic has both led to rapid changes in the construction of a 'new normal' of everyday life, and has 'sped up' a range of wider social and economic transformations that were previously under way, including remote working, home shopping, and use of online streaming services. At the same time, we may expect a decline in volumes of holidays taken, tourism, airline travel, restaurants, bars/pubs/clubs, attendance at sporting events, and use of public transport. Additionally, even despite the vast economic support and stimulus offered by central banks, it seems likely that the medium- to long-term effects on economic output and employment rates will be grave: to put it bluntly, many of those who are currently 'furloughed' may shortly find themselves unemployed as consumer spending and public finances dry up. Lastly, increased use of 'Internet of Things' devices such as home security webcams, or Internet-connected baby monitors may provide increased opportunities for cybercrime, especially since many such devices currently ship with poor cyber security. For all of these reasons, we suggest that the consequences of the pandemic, and particularly the ways in which it has accelerated wider social transformations already underway, will be long-lasting.

What then are the implications of this for policing? Further research is required, but initial findings would indicate that

the low-sophistication yet high-volume cybercrime of the kinds we have discussed here may for various reasons often be targeted (whether wittingly or unwittingly) at victims who are geographically local to the offender. For example, in cases of cyber harassment the offender is often known to the victim; and users of 'booters' playing online games are often matched in servers with players from their own country (whom they then target). Given the 'local' dimension to these kinds of cybercrime, together with the fact that the powerful yet finite resources of law enforcement and intelligence agencies tasked with investigating serious crime are properly best used for that purpose, there would appear to be an argument for far greater involvement of local and regional police in cybercrime prevention and investigation over the coming years than there is at present. Moreover, since local policing often retains (or is in a position to develop) an emphasis on community connections, local relationships, and responsiveness to locally-defined problems, including those experienced by minority groups, we can expect such regional policing forces to be well-placed to develop further their capabilities for such a role. Lastly, as recent events have reminded us, it is vital that any expanded role for police in tackling cybercrime must be seen as just, fair and accountable if it is to remain legitimate in the eyes of the public.

Such an upskilling will not be easy, and will require a further move away from the 'traditional' self-understanding by the police as having a role primarily 'on the street', but since ultimately both cybercriminals and their victims reside in given localities (whether or not these are one and the same or are geographically remote from other another), the adaptations required of local policing may be smaller in kind than they might first appear.

This post draws from material originally contained in a Briefing Paper prepared by the authors for the Scottish

Institute for Policing Research entitled, 'The implications of the COVID-19 pandemic for cybercrime policing in Scotland: A rapid review of the evidence and future considerations', published online in May 2020: http://www.sipr.ac.uk/assets/files/REiP%20-%20Pandemic%20Cyber%20-%20Collier_Horgan_Jones_Shepherd.pdf

Dr Ben Collier is a Postdoctoral Researcher at the Cambridge Cybercrime Centre, University of Cambridge.

Dr Shane Horgan is a Lecturer in Criminology at Edinburgh Napier University.

Dr Richard Jones is a Senior Lecturer in Criminology at the School of Law, University of Edinburgh.

Dr Lynsay Shepherd is a Lecturer in Usable Security at Abertay University.

What the Spanish Flu can teach us about making face masks compulsory, writes Samuel Cohn

Should people be forced to wear face masks in public? That's the question facing governments as more countries unwind their lockdowns. Over 30 countries have made masks compulsory in public, including Germany, Austria and Poland. This is despite the science saying masks do little to protect wearers, and only might prevent them from infecting other people.

Nicola Sturgeon, the Scottish first minister, has nonetheless announced new guidelines advising Scots to wear masks for shopping or on public transport, while the UK government is expected to announce a new stance shortly. Meanwhile, US vice president Mike Pence has controversially refused to mask up.

This all has echoes of the great influenza pandemic, aka the Spanish flu, which killed some 50 million people in 1918-20. It’s a great case study in how people will put up with very tough restrictions, so long as they think they have merit.

The great shutdown

In the US, no disease in history led to such intrusive restrictions as the great influenza. These included closures of schools, churches, soda fountains, theatres, movie houses, department stores and barber shops, and regulations on how much space should be allocated to people in indoor public places.

There were fines against coughing, sneezing, spitting, kissing and even talking outdoors – those the Boston Globe called “big talkers”. Special influenza police were hired to round up children playing on street corners and occasionally even in their own backyards.

Restrictions were similarly tough in Canada, Australia and South Africa, though much less so in the UK and continental Europe. Where there were such restrictions, the public accepted it all with few objections. Unlike the long history of cholera, especially in Europe, or the plague in the Indian subcontinent from 1896 to around 1902, no mass violence erupted and blame was rare – even against Spaniards or minorities.

Face masks came closest to being the measure that people most objected to, even though masks were often popular at first. The Oklahoma City Times in October 1918 described an “army of young women war workers” appearing “on crowded street cars and

at their desks with their faces muffled in gauze shields”. From the same month, The Ogden Standard reported that “masks are the vogue”, while the Washington Times told of how they were becoming “general” in Detroit.

Shifting science

There was scientific debate from the beginning about whether the masks were effective, but the game began to change after French bacteriologist Charles Nicolle discovered in October 1918 that the influenza was much smaller than any other known bacterium.

The news spread rapidly, even in small-town American newspapers. Cartoons were published that read, “like using barbed wire fences to shut out flies”. Yet this was just at the point that mortality rates were ramping up in the western states of the US and Canada. Despite Nicolle’s discovery, various authorities began making masks compulsory. San Francisco was the first major US city to do so in October 1918, continuing on and off over a three-month period.

Alberta in Canada did likewise, and New South Wales, Australia, followed suit when the disease arrived in January 1919 (the state basing its decision on scientific evidence older than Charles Nicolle’s findings). The only American state to make masks mandatory was (briefly) California, while on the east coast and in other countries including the UK they were merely recommended for most people.

San Francisco gathering, 1918. Wikimedia

Numerous photographs, like the one above, survive of large crowds wearing masks in the months after Nicolle's discovery. But many had begun to distrust masks, and saw them as a violation of civil liberties. According to a November 1918 front page report from Utah's Garland City Globe:

> *The average man wore the mask slung to the back of his neck until he came in sight of a policeman, and most people had holes cut into them to stick their cigars and cigarettes through.*

Disobedience aplenty

San Francisco saw the creation of the anti-mask league, as well as protests and civil disobedience. People refused to wear masks in public or flaunted wearing them improperly. Some went to prison for not wearing them or refusing to pay fines.

In Tucson, Arizona, a banker insisted on going to jail instead of paying his fine for not masking up. In other western states, judges regularly refused to wear them in courtrooms. In Alberta, "scores" were fined in police courts for not

wearing masks. In New South Wales, reports of violations flooded newspapers immediately after masks were made compulsory. Not even stretcher bearers carrying influenza victims followed the rules.

England was different. Masks were only advised as a precautionary measure in large cities, and then only for certain groups, such as influenza nurses in Manchester and Liverpool. Serious questions about efficacy only arose in March 1919, and only within the scientific community. Most British scientists now united against them, with the Lancet calling masks a “dubious remedy”.

These arguments were steadily being bolstered by statistics from the US. The head of California’s state board of health had presented late 1918 findings from San Francisco’s best run hospital showing that 78% of nurses became infected despite their careful wearing of masks.

Physicians and health authorities also presented statistics comparing San Francisco’s mortality rates with nearby San Mateo, Los Angeles and Chicago, none of which had made masks compulsory. Their mortality rates were either “no worse” or less. By the end of the pandemic in 1919, most scientists and health commissions had come to a consensus not unlike ours about the benefits of wearing masks.

Clearly, many of these details are relevant today. It’s telling that a frivolous requirement became such an issue while more severe rules banned things like talking on street corners, kissing your fiancé or attending religious services – even in the heart of America’s Bible belt.

Perhaps there’s something about masks and human impulses that has yet to be studied properly. If mass resistance to the mask should arise in the months to come, it will be interesting to see if new research will produce any useful findings on phobias about covering the face.

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Professor Samuel Cohn is an Honorary Fellow with The Institute for Advanced Studies in the Humanities (IASH) at the University of Edinburgh and a Professor of Medieval History at the University of Glasgow.

Homeschooling children with Additional Support Needs reveals the digital divide in Inclusive Digital Technologies, writes Paul Nisbet

Children and young people with disabilities or Additional Support Needs (ASN) and their families face particular challenges as a result of school closure and other lockdown measures (1). In school, pupils with ASN benefit from teaching and support that is often simply not available at home and parents may or may not have the time or expertise to provide this level of support. We know that children and young people with additional support needs are at increased risk of social isolation, mental health and reduced attainment.

Inclusive Digital Technology

The aspiration of Scotland's Curriculum for Excellence is to "enable **all** children to develop their capacities as successful learners, confident individuals, responsible citizens and effective contributors to society". So how can you become a successful learner if you can't read books and learning materials? How can you develop your confidence if you depend on others to read to you or write for you? How can you exercise responsibility when you have difficulty understanding or expressing your views? How can you contribute effectively if you can't speak, write or communicate? Here are some ways in which inclusive digital technology can provide positive answers to these questions:

- Learners with dyslexia or visual impairment who have difficulty with printed materials can access digital learning resources by altering the appearance of the text or by using computer readers.
- Learners who have difficulty with handwriting or spelling can type or use computer dictation.
- Learners who have speech and language difficulty can use electronic aids to communicate.
- Learners who find things hard to understand can be helped by picture symbol materials.

Learning at home

My unit, CALL Scotland, is funded by Scottish Government to research, develop and support the application of digital technology for children with ASN in Scotland. One of the ways we do this is through partnerships with local authorities where we support individual learners. Yesterday I had a conversation with a parent of a learner in 4th year at a mainstream school. She has Cerebral Palsy that affects her fine motor control and she gets sore and tired when she writes or types. At school she uses an assistant to take notes in class and to scribe her work; time-limited exams and assessments are a particular challenge. At home, the assistant

is not available and it’s a challenge for her parents and to find time to scribe, so we agreed that we will evaluate computer dictation as an alternative. If this works out, there are many benefits: she will have a skill that she can use at home, at school, and beyond – she hopes to go to University; she will be able to work independently without needing to rely on others; and it should make life easier for the whole family.

Earlier this week a young man emailed to report that “*I have got used to the Apple Pencil and I feel like a pro! I don’t use the extended keyboard as I use the touch screen keyboard because I find it easier. I don’t have to push a key down, I just tap it. I bet a feather could type on a touch screen. All the teachers are now using Teams or Show My Homework which is really good for me and makes the iPad incredibly useful. I am getting quicker and enjoying online learning.*” At school, this learner’s physical disability meant that he too had relied on a scribe in class. Not long before school closure we loaned the technology for him to trial and it’s clear it’s helping him to develop his confidence and independence. Learning at home also suits him: he doesn’t need to leave early to wheel himself to the next class, and he can do his schoolwork when he has time and energy.

Digital Divide

However, we know that there is a digital divide (2)(3) and that the situation in other households is quite different. Even though digital technology has never been cheaper, more prevalent or more accessible (all the mainstream devices now have pretty good accessibility features), children need access to a device, they and their families need the skills to use it for learning, and teachers need to know how to create and use accessible digital learning resources. We know from calls, emails and social media that many families do not have access to the technologies or the skills to use them effectively.

Independence

Throughout my career I have worked on technology in many different forms, from the CALL Smart Wheelchair in 1988, to SQA Digital Question Papers in 2008, but the driver has always been a desire to help people with disabilities to be successful, happy and independent. For many of us, digital technology makes life easier and more convenient (although not always, as we gaze with despair at an incomprehensible online form, or struggle in vain to find the document we thought we had saved but apparently haven't). For some people with disabilities though, technology is absolutely vital – it is the ONLY way to read, write, communicate, research and access learning independently.

During and after Covid-19

In Scotland we do OK with Inclusive Digital Technology. I give us 6, maybe 7 out of 10. We have Glow, free access to Microsoft and Google products, and a relatively good pupil to device ratio. Where we could do better, according to a new OECD report (4), are in the provision of adequate broadband, professional development, and digital pedagogy and expertise. With regard to assistive technology, we have a small number of specialists working in some parts of the country, and CALL provides free accessibility tools, the free Books for All online database of digital textbooks, free Scottish computer voices, free symbolised materials, and free information and advice. But assistive technology isn't magic, it's a specialised field, and in too many areas of Scotland learners and families do not have appropriate assistive technology or to skilled practitioners who can help. We need to, must do, and can do better, to enable learners with ASN to reach their potential.

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the-most-of-inclusive-technology-during-cov

Paul Nisbet is a Senior Research Fellow at Moray House School of Education and Sport at the University of Edinburgh, and Director of CALL Scotland, a Knowledge Exchange and Transfer Centre within Moray House. CALL (Communication, Access, Literacy and Learning) Scotland is the Scottish centre of excellence in the application of technology to support pupils with additional support needs.

(1) Scottish Government (2020) Vulnerable children report: 15 May 2020

(2) Office for National Statistics (2019) Exploring the UK's digital divide

(3) Scottish Government (2020) Schools to re-open in August

(4) OECD (2020) A framework to guide an education response to the COVID-19 Pandemic of 2020

COVID-19 exposes the limits of debt-driven capitalism, writes Emilios Avgouleas

Economies based on high levels of leverage are inherently fragile and with no inbuilt resilience to withstand even mild shocks (let alone the ripple effects that the pandemic has caused. Even before the outbreak of COVID-19, the forecasts about global economic growth and the stability of financial markets were gradually getting darker. Both the International

Monetary Fund (IMF) and the World Bank had warned that systemic risk – the risk of serious disturbance to the financial system – might be about to make a potent comeback due to trade wars and the very high levels of private sector debt.

Financial instability has the potential to cause serious economic and social harm as it did in all earlier episodes of serious disturbance to the financial system like the 2008 banking crisis and the 2010-2015 sovereign debt crisis.1 Moreover, this century's earlier episodes of serious disturbance to the financial system and the ensuing austerity policies sparked social discontent – which morphed into today's populist movements and trade wars.

Since 2008 a host of new financial regulations have tried to augment the resilience of the financial systems of G20 countries and prevent a new systemic episode of existential proportions. These regulations have mostly focused on banks which were at the heart of the previous two crises making them both more resilient and more risk averse. But the biggest source of worry these days, in spite of the severity of the GDP falls across the western economies, is not the regulated sector or the threat of an imminent sovereign collapse. It is rather the build-up of hidden levels of private indebtedness in the system of parallel lending we call shadow banking which proved troublesome in 2008 as well. Specifically, fears concentrate on a new segment of shadow banking markets, what I call the shadows of the shadow credit system, namely, short-term corporate-to-corporate lending. This relatively new development has all the ingredients to turn into a mighty catastrophe when combined with a major macroeconomic event such as the loss of economic activity due COVID-19 and a deep global recession.

In the short-term an avalanche of central bank liquidity will make sure that we will not see a string of corporate bankruptcies as short-term debts will be rolled over. But

should economic operators and markets always operate on the knife-edge? Is it too audacious to explain the current economic collapse as not being just the result of the pause of economic activity during the lockdowns but also due to a combination of debt accumulation and overreliance on the gig economy during the past decade? Was that a combination that could create a viable framework for resilient economic growth when so much relied on share buybacks, interest rate arbitrage, and short-term and insecure employment adding scores of new working poor?

There is of course much to lament about the current lack of coordination among G20 countries in tackling the consequences of Covid-19. Still, it may not be impossible, however, for the IMF and the Financial Stability Board (IMF and the FSB), to ask them to act in a coordinated way to make sure that their economies become less short-termist and leveraged. To begin with widespread accumulation of bad debts (so-called debt overhang) would mean a slower rate of economic recovery when the worst phase of the pandemic is over.

There are two steps that the IMF and the FSB could recommend to G20 governments:

(a) extend the regulatory net to all forms of credit intermediation and maturity transformation, obliging such entities to some form of licensing and a duty to act prudently when facilitating new lending; and

(b) use macroprudential powers beyond the regulated sector to avoid the emergence of a new generation of too-big-to-fail entities.

In addition, unregulated big corporations (over a certain turnover threshold) engaging in short-term lending to recycle their cash surpluses in global markets should be required by G20 regulators to observe large exposure restrictions in their short-term borrowing and lending outside the banking sector.

They could also be made subject to a minimum of liquidity reserves to meet a portion of their short-term liabilities over a month. Given the lack of transparency in this sort of activity and the promise of yields in an environment of very low interest rates it may be absurd for authorities to merely rely on market discipline to restrain it.

Measures to restrict corporate short-term lending in shadow banking markets will prevent free-riding on the public safety net. They would also make the present economic crisis less devastating for individuals and households whose livelihoods depend on the solvency of these corporates. In the longer term, such restrictions would make corporate boards more determined to focus on productivity gains and innovation, moving away from the toxic mix of short-termism and debt-based capitalism of the last decade.

An earlier version of this opinion piece was published by the Centre for International Governance Innovation (CIGI): https://www.cigionline.org/articles/covid-19-lays-bare-limits-debt-capitalism

Emilios Avgouleas holds the chair of banking law and finance at the University of Edinburgh and he is a visiting professor in the LUISS school of European political economy.

(1) The authors of a recent collection published by CIGI: Arner, Avgouleas and Schwarcz (eds), Systemic Risk in the Financial Sector: 10 Years After the Crash *(2019), offer a thorough exposition of the different facets of systemic risk and of ways to counter it.*

India’s informal economy, gender-based violence, and mental health challenges demand crucial inspection, write Nandini Sen, Anusua Singh Roy, Jayanta Bhattacharya, and Subrata Shankar Bagchi

Blog series Part 1: Covid 19 – A Crucial Inspection by Nandini Sen and colleagues

The effects of Covid-19 have been considerable and far-reaching. In this four-part blog series, Nandini Sen, Anusua Singh Roy, Jayanta Bhattacharya, and Subrata Shankar Bagchi explore the impacts of Covid-19 within an Indian context. The first piece outlines the methodology of their research, the second focuses on Covid-19’s impact on India’s informal economy, the third examines the relationship between the pandemic and gender-based violence, and the final piece takes a closer look at the mental health challenges postgraduate students face in this current climate.

During 1867-69, quarantine in the Suez Canal was quite stringent. For its obvious trade and economic interests, England maneuvered quarantine laws for cholera – a pandemic of the period. More than hundred years back, in the years of 1918-1919, colonialised India was shaken by a similar complex pandemic called the Spanish Flu. Upon witnessing so many deaths, Gandhi said at the time that he had lost his desire to live [1]. Currently the mystery virus comes in 2020.

Coronavirus outbreaks surge worldwide; research teams are racing to understand a crucial epidemiological puzzle – what proportion of infected people have mild or no symptoms and might be passing the virus on to others. Some of the first detailed estimates of these covert cases suggest that they could represent some 60% of all infections [2].

In the following series of blogs, we will contribute toward three relevant and related topics, including economic impact, gender-based violence (GBV), and the sociocultural including mental health impact on a community of postgraduate students due to this pandemic, focusing on evidences from India. In this section we discuss the methodology adopted in our analysis.

We have conducted a comprehensive desk review using grey (such as reports and documents from humanitarian agencies and news media) and academic sources. The process includes an extensive search of information including literature on economic impact, gender-based violence and socio-cultural including mental health related to the lockdown under pandemic circumstances. The search strategy uses broad search terms to include any relevant sources with reference to the contextual economic factors, GBV and socio-cultural including mental health conditions.

Secondary research that involves a narrative review [3] informs the statistical content of this study. The flexibility and exhaustive nature of narrative reviews [4] allows for exploratory analysis of the aforementioned metrics, in the absence of complete data. Literature search focusing on quantitative studies and reports has been conducted in order to collate statistics relating to the economic situation, gender-based violence, and socio-cultural and mental health outcomes as consequences of the Covid-19. This is supplemented by illustrative summaries and interpretations, elucidating known information, and underlining potential gaps for further work.

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Blog Series part 2: Economic Impact of Covid 19: Migrant Labourers in India

In the context of the global pandemic of coronavirus, India’s migrant workers are facing the crisis of joblessness and homelessness within a dynamic influenced by population density, ‘policy-blindness’, ‘social nausea’,[1] and economic issues. This piece addresses the economic impact on migrant workers from the unorganised sectors in India after the Prime Minister giving only four hours’ notice in the first instance, imposed two phases of lockdowns in March 2020 and again in April 2020. The number of India’s internal migrants were estimated at a staggering 453.6 million [2] [3] as per the last census. This includes those who are employed in the informal sector, which constitute at least 80% of India’s workforce,[4] and those working as casual and cross-border labourers, accounting for one-third of all workers at the national level.[5] Such individuals represent a considerable volume of the workforce and it is imperative for the Government to ensure their safety and wellbeing.

The lockdown prompted a wave of mass migration across India,

unlike anything seen since the Partition in 1947, as people began walking for hundreds of miles.[6] It resulted in people fearing the hunger more than the disease itself. The New York Times [7] reports the story of Pappu (32), who sees himself as doubly misfortunate, being vulnerable both to the disease and to acute hunger. Most migrants, having limited access to money or assets, little awareness of health and welfare services, or a solid understanding of their rights, face a sharp loss of equilibrium in their lives.[8] This is further reflected in the data on Covid-19 deaths that are not directly associated with the virus infection, but with the draconian actions of the lockdown – such as 'suicide, due to lockdown, lathicharge, hunger, during migration etc.'.[9] A plot of non-virus deaths vs Covid-19 deaths [10] based on data collected from reliable news sources reveals a bleak testimony of the aftermath of the lockdown on vulnerable migrant workers. It shows a sharp rise in non-virus-related cumulative deaths from 27 March, with cumulative deaths not due to the virus remaining higher than that due to the virus for a span of about 2 weeks.

Uncertainty in the lives of workers, entrenched by hunger, and poverty set the scene for a rapid unfolding of the biggest migration 'in India's modern history'.[11] A stark illustration of how such workers are marginalised by government policy is provided. Although a financial aid package worth $22 billion was announced by the Government, it represents only 1% of India's GDP,[12] far less than European countries whose economic responses to alleviate the Covid-19 crisis amount to more than 20% of their GDP.[13] In the country's capital, New Delhi, the state government declared food relief measures for those who were 'registered as beneficiaries under the food security law', covering around 7.2 million (40%) of its population, and resulting in the potential exclusion of 'millions of vulnerable families who are not on the Public Distribution System' including a 'large number of urban poor and migrants'.[14]

Leading economists Jean Dreze [15]and Jayati Ghosh [16] describe the lockdown as a disaster, and argue that the Government must take better care of its people. Ghosh further says, 'We have never had a situation where the government has simultaneously shut down both supply and demand, with no planning, no safety net and not even allowing the people to prepare'. Massive logistical and imminent starvation challenges have been created for thousands of migrant workers in India whose lives were torn apart in response to the threat of the coronavirus pandemic UN report, 2 and 15 April 2020.[17] 'With the money we have with us we cannot sustain ourselves more than two days and there is no sign of relief from government', says Ram Singh, a ragpicker. Singh, along with others walking long distances testify they have lost their dignity in this crisis.[18]

The question remains, will food, wages, shelter, safety, medical empathy of migrant workers remain in limbo? Trade unions and social networks may need to collaborate in solidarity with migrant workers.

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Blog Series Part 3: Covid-19 and Gender-based Violence in India

Indian policy-makers appear to be more concerned by the lockdown’s impact on finances and the economy than on social effects such as gender-based violence against women.[1] At a time when women are already shouldering a higher proportion of the domestic burden during the lockdown, escalating tensions related to the crisis in resource and space are further aggravating gender-based violence behind closed doors. Denied access to traditional forms of support of family, friends, and doctors, the hanging threat of gender-based violence for these women remain inside their own homes. The National Commission for Women (NCW) have reported various offences against women, recording 587 complaints of domestic violence in the period 23 March -16 April – an almost 50% increase from the 396 complaints registered before the lockdown within the period 27 February-22 March.[2]

According to the National Family Health Survey (NFHS) carried out in 2015-2016, 33% of women admitted to having experienced domestic violence, but less than 1% sought police assistance,[2] which suggests that even in ordinary times women are much less inclined to seek help from the authorities. These are far from ordinary times and it is not unlikely that women are in an even worse position to knock on doors for help against their abusers. Women’s organisations and activists reflect that had these abused women ‘known (about the lockdown) they would have tried to get out earlier and be at

safer places’.[3]

The current crisis requires a gender lens, if we are to address the needs of those who are most affected by it. Across India, women are also shouldering the enormous burden of household chores.[4] The Organisation of Economic Cooperation and Development (OECD) reports that an average Indian woman spends almost 6 hours in unpaid chores per day, as opposed to their male counterparts who devote a meagre 51.8 minutes.[5]

Additionally, according to the WHO, ‘depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men’.[6] Research needs to be carried out on the short and long-term mental health repercussions, and more specifically, on the intensified impact of high-population density, poor water, sanitation, hygiene provision, and the inability to self-isolate on vulnerable working class women in the context of social and physical distancing. In India, vulnerable working-class women must fill in water at the crowded common tap, use public latrines, or sell vegetables in marketplaces making them more vulnerable to the disease. Frontline staff involved in India’s battle against the coronavirus comprise an astounding number of female community health workers – roughly 900,000. With a remuneration of only ₹30 (less than $1) per day however, ‘they are poorly paid, ill-prepared and vulnerable to attacks and social stigma’.[7]

Loss of wages, jobs, boredom and withdrawal from alcohol and drugs, lead men to direct their rage on women in the household.[4] Worse still, women are now bound within the four walls of their homes with their abusers. In response to the alarming incidence of gender-based violence during the pandemic, the UN chief has requested governments of different countries including India to treat legal and medical affairs related to gender-based violence as emergency services.[8]

Gender-based violence related to lockdown is entirely

dependent on access to social, economic, and political power.[9] In this regard, the situation is particularly severe for women in India. 81% are employed in the informal sector[10] which 'is the worst hit by the coronavirus imposed economic slowdown',[11] while only 29% of those with internet access are females[12], which acts as a deterrent against mental support and financial aid in these tough times.

Studies of past pandemics and current violence on women under lockdown should inform policy makers of different humanitarian bodies to develop mitigation measures (e.g. health, education, child-protection, security and justice, job creation, and humanitarian responses) to efficiently respond to violence against women and girls.[13]

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Blog Series Part 4: A Tale of Students in Higher Education in India and Abroad

The outbreak of COVID-19 has brought India to the brink of a catastrophic disaster which has far-reaching consequences on the Indian economy, well-being, and education. Students in higher education (HE) are shrouded within the cloud of uncertainty, frustration, dejection, and discouragement related to mental health conditions and a fear of financial bankruptcy after leaving their parental care. Higher education is not a priority of the Indian government, as is evident from the 2020-21 budget allotment towards it, a meagre 1.3% of the total expenditure.[1] Therefore, the apprehension of further neglect of students in HE is gaining more ground during this period of resource scarcity. The plot thickens as we see that in this pandemic the Reserve Bank of India has injected huge funds to revive the sick economy by giving incentives to the financial sector, industries, and businesses,[2] however

simply forgetting to respond to the crisis of the students in HE.

Following guidelines laid out by the University Grants Commission and other apex education bodies, Covid-19 has led to the temporary closure of approximately 1000 universities and 40,000 colleges, impacting 37.5 million enrolled candidates and 1.4 million employed faculty.[3] Classroom teaching, which is the backbone of teaching within Indian universities, is withheld indefinitely. Online teaching efforts initiated by a few teachers are creating a digital divide among students as high-speed internet connection may be a dream for several students in higher education. The sudden closure of colleges and universities has caused the academic calendar to become completely chaotic, resulting in cancellation of examinations and students' progress. The Central government has stopped research funds for basic research, a situation that is likely to be exacerbated in the aftermath of the pandemic. For instance, IIT Delhi is the first HE institute in India to obtain a mandate from the Indian Council for Medical Research for conducting polymerase chain reaction tests for Covid-19.[4]

The plight of female students is particularly severe in the current situation. This lockdown has resulted in cascading effects in the households of these students. Many are contemplating early exit from higher education in order to support their families. Female students are facing pressures to get married as soon as possible since their parents are no longer prepared to wait 'indefinitely'. Gender-based inequalities are further compounded by an increased pressure on female students to perform household chores and their increased vulnerability to domestic abuse.

Lack of clarity around future employment and the climate of uncertainty have aggravated mental health issues. If the Government ignores the well-being of HE students and fails to provide mitigating measures, the Indian social fabric,

economic development, research-based knowledge expansion, and gender-equality will be destroyed. It is unlikely that these students will be in a position to question state authority, let alone ask for what they might be entitled to. They face a lonely journey with little financial support, whereas their counterparts in Western countries such as the UK and Germany might receive financial and emotional support from their Universities or Governments.[5]

Equally worryingly, thousands of international Indian HE students, for example in the UK, are also facing the severe consequences of the current public health measures. They are unable to leave the UK due to the lockdown and are dependent on food charities due to financial hardship.[6] They have been made redundant from their part-time jobs and cannot meet basic living costs. [6] The Indian National Students' Association and National Indian Students Alumni Union (NISAU) are receiving persistent calls from a huge number of students (3000) who request for food and accommodation. [6] Both organisations are trying to provide solutions and distribute food to stranded students from India. Labour MP for Ealing Southall, wrote to the UK education secretary, calling for universities to arrange money and minimum services from hardship funds, which are often discriminatory, for international students. [6] A few UK Universities and NGOs like NISAU are reaching out to support and help international Indian students tackle their challenges of accommodation, mental health, and food. [6]

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Dr Nandini Sen received her PhD at University of Frankfurt. She is a visiting research scholar at School of Social Sciences, Heriot Watt University, and an Associate of the Centre for South Asian Studies (CSAS) at the University of Edinburgh. since 2014 Her academic article Women and Gender in Rabindranath Tagore’s Short Stories from Anthropological Perspectives Challenging Kinship and Marriage *was published in* Anthropological Journal of European Culture *in November 2016. Her book,* South Asian Urban Marginalisation: A Waste-Picker Community in Calcutta*, India., Routledge/Taylor and Francis (2018) has fetched both fame and critical reviews by academic colleagues and academics.*

Dr Anusua Singh Roy is a Postdoctoral research fellow, Statistician at the School of Health Sciences at Queen Margaret University. Research interests include the use of national data sets in longitudinal, cross-sectional and survival probabilistic modelling to address health related and participation outcomes in children with disabilities and individuals with severe mental illness.

Subrata Shankar Bagchi is the Chair Professor in Anthropology at University of Calcutta and researcher on various socio-cultural issues in India.

Jayanta Bhattacharya by training a physician, did his PhD on history of medicine. He has widely published in the field of alternative medicine. He is a medical activist from India. He is the reviewer of the Bulletin of the WHO, Graduate Journal of Social Science, Social History of Medicine, Indian Journal of History of Science, Indian Journal of Medical Ethics *and others.*

How do we care about care homes, asks Niamh Woodier

Lloyd Rees, when discussing Australian modern art, argued that 'the universal element in art, I feel, has often come from an intense localism' (Rees in Butler & Donaldson 2015, 142).

This quote has stayed with me since my Art History degree: Lloyd Rees was originally referring to the conflict between indigenous and Western symbolic vocabularies in the increasingly international trope of Australian modern art in 1930s Sydney. Although this quote is far from my life as a part-time GP receptionist, part-time Masters student in Global Health Policy in Scotland, the importance of 'the local' has been re-emphasised during the coronavirus pandemic. Working in the setting of community health has taught me that the universal element in healthcare often comes from intensely local care: care that is personalized, close to home and promotes both health and social well-being. The importance of local care has become central to the devastating impact of

coronavirus in elderly populations, is an ongoing topical issue of care homes (Observer Reporters, 2020) and is changing what care will become.

The UK population is ageing, and our health policy is adapting to suit the needs of this demographic. It is predicted that in 2066, 26% of the population will be 65 or older, compared to 18% in 2016 (ONS, 2018). Much of the integrated care that allows older people to be cared for at home was only established 20 years ago. In 2000 the NHS Reform Plan (Department of Health, 2000) introduced a new tier of services called 'intermediate care' to facilitate health and social care to older adults living in the community with the understanding that 'older people have better health outcomes when they receive treatment closer to home' (British Geriatrics Society 2019). The plan for care homes is arguably still being written. A key question being asked is; 'Could nursing homes (NHS) transform from settings in which many residents dwell to settings in which the NH residents and those living in neighboring communities benefit from staff expertise to enhance quality of life and maintain or slow functional decline?' (Laffon de Mazières 2017). Person-centred dementia care is an area of research that 'is no longer seen as the 'Cinderella' part of the health service, but a progressive, specialist field' (Baker 2015, 17).

In the first international study 'that reviewed international COVID-19 guidance for a highly vulnerable population' (Gilissen 2020, 10), the authors noted that in the guidance for nursing homes 'several key aspects of palliative care, practical guidance, and broader structural and coordination considerations are largely absent' (Gilissen 2020, 9). Aspects that were not addressed included: 'holistic symptom assessment and management at the end of life… staff training (in particular for care assistants who deliver the majority of hands-on care in these settings)… comprehensive ACP communication… support for family including bereavement care,

support for staff, and leadership and coordination related to palliative care' (Gilissen 2020, 9&10).

Caring for the elderly is a complex and fragmented task. In the current pandemic politicians and health professionals should continue to work on effective strategies to prevent coronavirus in care homes, such as barrier nursing, testing of hospital patients discharged to homes, and testing of staff (Department of Health and Social Care 2020). However the difficulty of the task has been translated into public uncertainty, particularly around palliative care. Palliative care doctor Rachel Clarke writes in *The Guardian*, 'the outrage over allegations that doctors have apparently been using the coronavirus pandemic to write off whole swathes of vulnerable patients has been painful to witness' (Clarke 2020). As the pandemic continues the growing percentage of elderly deaths (Observer Reporters 2020) is a worrying statistic. The difficult and often misunderstood subject of palliative care, particularly in care homes, is therefore a topical and important issue. Working on the GP reception desk I am aware of the difficulties our local care home faces, and in order to find out more I spoke to the lead GP.

'Care homes have more experience of death than the hospitals', the GP pragmatically stated. 'The majority of residents die within a few years of being admitted.' Care homes therefore have a medical role in providing adequate healthcare and nursing support to patients. However, as the GP explains, 'our interactions with the care home have been chaotic for years.' Many care homes are profit-run organisations which are sadly understaffed in nursing roles. In Scotland the 2018 GP Contract (Scottish Population Health Directorate 2018) introduced the new role of Care Home Liaison Nurse, which as the GP lauded, 'is one of the most significant additions to primary care'. This role has implemented a more organised system of communication as the nurses are now able to deal with the majority of calls from care homes and treat minor

problems without the GP. In recent weeks the GPs and nurses have been supporting the care homes in the difficulties of preparing for coronavirus in the homes.

‘For the care homes now we are prescribing to every resident JIC medication, in case they need palliative support,’ the GP explains. ‘Residents are unlikely to be admitted to hospital if they contract COVID-19, and so will need the support in care homes in case it is terminal.’ Palliative JIC medication eases pain and confusion in the dying process. Ensuring that residents are able to get this medication is not to say that they will die, but to provide the correct medical support if needed. ‘Patients are having more distressing deaths in homes. I heard about a patient who needed extra morphine and midazolam. That is unusual’, the GP continues.

‘Care homes can be depressing places. They don’t always have the right mental stimulation for patients,’ the GP laments. ‘It is like the Dylan Thomas poem *Do not go gentle into that good night*. Your last few years of life have to be enjoyable. If you don’t have a satisfactory life, it prolongs your pain in death and you will fight death. But if you have a good experience of life at the end, dying is a lot easier.’

Care homes are important places that look after a vulnerable population often in the last years of life. For relatives the cost is huge, financially given a private sector nursing home costs an average of £847 per week (Curtis 2018) and emotionally costly too. For the elderly themselves however, living in a care home can be an experience of a ‘social death’. A social death is described as ‘the ways in which someone is treated as if they were dead or non-existent’ (Borgstrom 2017, 5). In this difficult position the elderly are vulnerable, lacking independence and voice, and in society we feel unable to talk about our elderly because ‘we lack a script, in general, for our long dying’ (Banner 2016, 7). People are living longer than ever and ‘because degenerative, chronic conditions have replaced acute diseases as the major

cause of mortality' (Abel, 2017, 1), death is now a gradual rather than sudden progress. This new chapter of life can be a complicated conclusion, with a variety of new medical, financial and social needs. It is a chapter for which 'a script is sorely needed' (Banner 2016, 7).

As Rachel Clarke notes in *The Guardian*, 'pandemic medicine, we are learning, is far from ideal' (Clarke 2020); but the flaws it exposes are the problems we need to solve. In Gilissen's study of COVID guidance, the author noted that 'non-physical (psychological, social or spiritual) needs were hardly addressed' (Gilissen 2020, 10). Non-physical needs are important to our quality of life and 'communication about the patient's care values and preferences [are important] to develop a care plan for the future' (Sebern et al. 2018, 644). However our non-physical needs are also in part our non-medical needs, and discussions of how to care for the elderly go beyond the hospital and the care home. 'Ideally, the patient should be at the heart of these discussions. Failing that, then their family, loved ones or advocate should, if possible, be consulted' (Clarke 2020). The conversation about care for the elderly is a subject we all need to be part of.

'Epidemics are "mirrors held up to society", revealing differences of ideology and power as well as the special terrors that haunt different populations' (Briggs 2003, 8). The impact of coronavirus on care homes will haunt the UK public, particularly the relatives of residents which many of us are. But as the British Geriatrics Society reminds us, 'ageism remains widespread. Quality of care of elderly patients remains a core criticism in spite of numerous reports and commissions in the past 20 years' (BGS 2016). For the future, recognizing the vulnerability of the elderly, learning from the uncertainty and lack of guidance in COVID-19 and researching how to provide care for both physical and non-physical needs will be important to ensuring quality care for

the elderly. The script for care homes will not be easily written, but the final chapter of our lives needs a personal, local and socially integrated conclusion. As American care activist Ai-jen Poo argues ‘the universality of the caregiving experience is certainly the basis for the next great wave of change’ (Poo 2017).

Taken from interviews for https://www.rovingreceptionist.com/. Interview reproduced with permission.

Niamh Woodier is currently in the Masters in Science program in Global Health Policy at the University of Edinburgh and works as a part-time GP receptionist. Working as a receptionist has given her an insight into the struggles patients and relatives face in caring for elderly relatives in a complex care system, and the anxiety everyone is facing currently about the status of their health. In order to informally document this time of change, she set herself up as a ‘roving receptionist’ to give a local and personal voice in the global crisis. She says: “It has been a privilege to engage with wider policy issues during my degree at Edinburgh, and in the future I hope to be able to advocate for the ethics of care.”

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