#WolvesWellbeingandMe

Empowering Communities to understand the mental health needs in Wolverhampton

FINAL REPORT

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1. Introduction

The #WolvesWellbeingandMe programme of work has utilised Better Mental Health Funding to provide a unique opportunity to collate a population view of mental health and wellbeing, evidence of those likely to have been disproportionately impacted by the pandemic locally, and to co-create and evaluate projects supporting communities to tell their unique experience of the pandemic and its impact upon their mental health and wellbeing. Findings from these activities will support the future production of a much wider mental health needs assessment to support a refresh of the Joint Public Mental Health and Wellbeing strategy for the City of Wolverhampton.

Aims

Survey

- To understand current levels of wellbeing of people living, working or studying in Wolverhampton
- To gain insight into what aspects of the pandemic have impacted people living, working or studying in Wolverhampton

Evidence Review

- The primary aim of the review was to identify sub-populations or community groups within Wolverhampton, who would benefit from participating in these co-creation activities.

Co-creation Activities

- To gain insight into both the challenges to participants mental health as well as the protective factors they have drawn upon during challenging times to protect their mental health and wellbeing
- To provide participants with the skills, knowledge and tools to collate and represent their communities' unique experiences of the COVID-19 pandemic and its impact on their mental health and wellbeing
- To explore the impact of co-creation activities on the wellbeing of participants and use learning to make recommendations for future engagement approaches

2. Summary

The #WolvesWellbeingandMe programme of work has utilised Better Mental Health Funding to provide a unique opportunity to collate a population view of mental health and wellbeing, evidence of those likely to have been disproportionately impacted by the pandemic locally, and to co-create and evaluate projects supporting communities to tell their unique experience of the pandemic and its impact upon their mental health and wellbeing.

A city-wide survey of mental health and wellbeing was completed between 22 March 2022 and 20 May 2022. There were 996 completed **surveys** available for analysis. The findings indicate that the wellbeing of people in Wolverhampton is significantly lower than that of the general population in the UK (mean 42.86 vs 51.61, p<.001). Similarly, when comparing personal wellbeing data from this survey to national data collected by the Office for National Statistics, our sample reveals anxiety to be considerably higher, and current satisfaction levels, feeling that life is worthwhile and happiness were lower than national comparator data. COVID-19 and its associated restrictions and rules had negatively affected the health, lifestyles, education, finances, employment and relationships of a significant proportion (more than a third) of participants. Feeling more emotionally stable and resilient and having more time and opportunity to get out and do more things were examples of some of the wishes respondents expressed.

The **evidence review** helped identify population sub-groups who experienced mental health inequalities prior to COVID-19, alongside sub-groups for whom COVID-19 significantly increased their risk of poor mental health across the life course. The nine groups selected to be engaged in co-creation activities were:
1. Children
2. Children with Special Educational Needs and Disabilities (SEND) and their parents/carers
3. Young, unemployed people
4. Refugees and migrants
5. Ethnic minorities
6. Women
7. Critical workers
8. Older people with long-term physical health conditions or disabilities
9. Older people with a pre-existing mental health condition.

The **co-creation activities** engaged 141 beneficiaries across nine groups. Across all the groups, participants found the opportunity to share their experiences and listen to others was rewarding. Many had not taken the opportunity to reflect previously. Participants shared challenges that arose as a result of, or were exacerbated by, the pandemic, but also what had helped keep them well and offered suggestions to improving the mental health and wellbeing of people living in Wolverhampton. A selection of key themes that emerged across the groups are summarised below.

Places and Spaces
- Creating spaces that enable connection with other community members was of key importance. Within these spaces, those who experience isolation and loneliness can establish and build up friendships with those who they otherwise would not meet. Peer to peer connection enables problems to be shared, immediate compassion and understanding as well as being able to work together to find solutions and help.
- A need for accessible, inclusive spaces and activities, particularly for children and adults with additional needs or learning disabilities.
- More informal support (from friends, family and voluntary groups) to meet others were highly valued.

Services
- Reducing waiting times and increasing options for face-to-face appointments across health and care services was understood to be a key factor in improving mental health across Wolverhampton in the wake of the pandemic. Participants spoke of the difficulties they had experienced in accessing mental health support, and of long waiting lists which prevented concerns from being dealt with in a timely and efficient manner, leading to problems exacerbating over time.
- Many participants expressed experiences of existing between spaces. Unpicking this further, they outlined having to navigate access to services, meeting thresholds that simply will not flex. If they meet a threshold to receive secondary care for their mental health needs, there is a cut-off point to how many sessions they can access. Much of the care they detailed centred around prescribed medications and anxiety was expressed that if they discuss a desire to reduce their dose or discuss a plan to come off it at some point, this would signal that they are well enough to be discharged.
- Some participants shared experiences of being involved in projects and initiatives that have sought service user feedback over the years. Whilst this was welcomed, some distrust and lethargy with such an approach was expressed. This is because they have rarely received any feedback in relation to what has been done as a result of their feedback.

Intersectionality
- In many of the sessions, the complexities of people's lives were clearly apparent. Although participants were grouped in ostensibly homogenous groups for the purposes of the research, the intersectional nature of social identity was apparent in several of the groups. Many participants faced multiple barriers to wellbeing during the pandemic, and their stories revealed complex lives and causes of mental health problems which could not be easily reduced to one issue.
- Working with community members across the nine groups demonstrates to some extent the need for working in a way that acknowledges, listens to, and becomes cognisant of the groups' specific cultural norms to explore the wellbeing difficulties, needs and capital of our community members. Many members of the groups came from an international background, and shared differing constructs of wellbeing difficulty and solution.

3. Evidence Review

Methodology

There were several stages to the review process, as detailed in Figure 1. As a semi-structured literature review, the process involved the synthesis of methods associated with both systematic and traditional literature reviews. The process was non-linear and iterative, facilitating the emergence of relevant literature across a wide range of sources and academic disciplines, and included:

- Database searches
- Snowballing techniques
- 'Hand-searching' relevant web sources of grey literature
- Drawing on the knowledges of existing networks; local Call for Evidence
- Analysis of local demographics
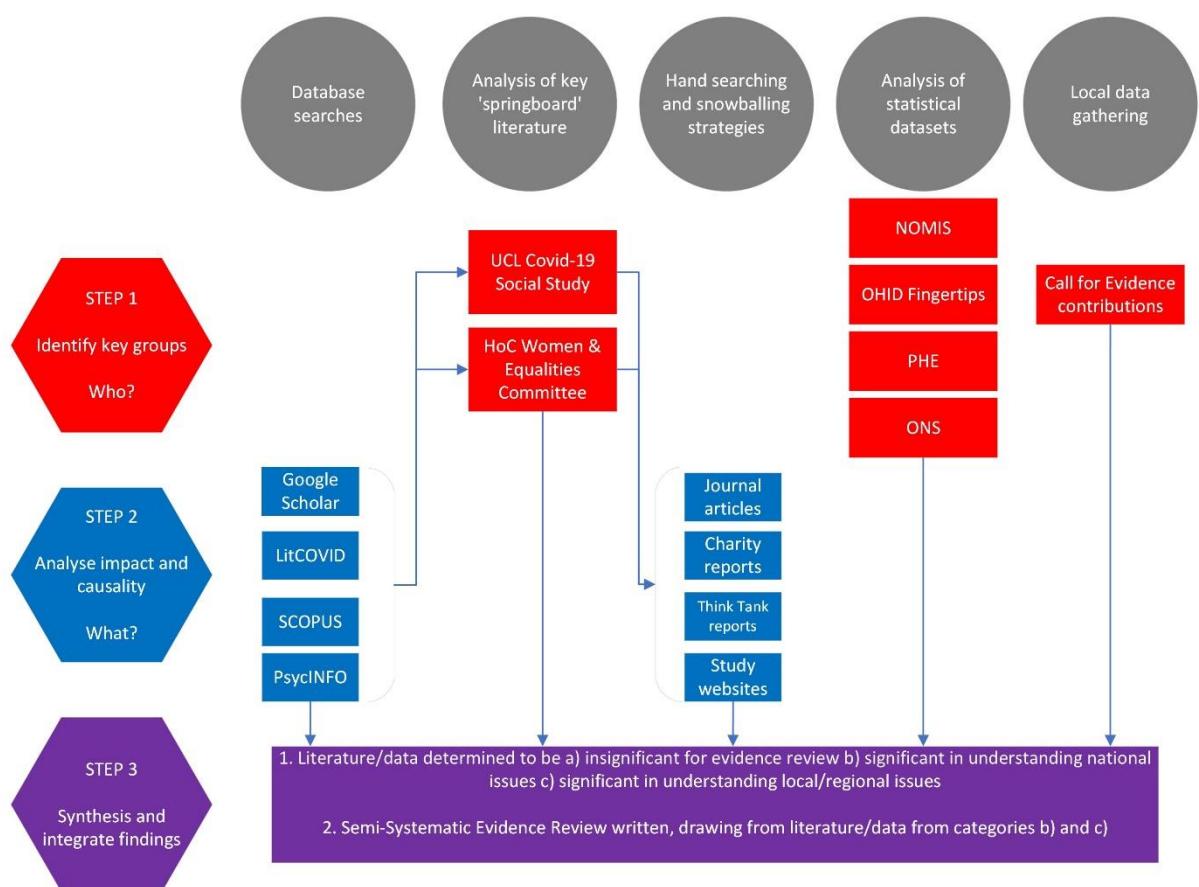
Figure 1: Search strategy employed for Empowering Communities Evidence Review

Summary of Evidence Review Findings

For further details please see the full evidence review (Spicksley et al., 2022).

The emergence of Sars-Cov-2 in Wuhan, China in December 2019 led to unprecedented epidemiological containment measures to be introduced across the globe. In the UK, the first national lockdown was announced on the 23rd March 2020. Citizens were legally obliged to 'stay at home' unless engaged in critical employment, taking daily exercise or obtaining essential supplies. It was clear that these extreme (albeit necessary) measures to contain the spread of COVID-19 would have a significant impact on the mental health and wellbeing of the population.

The literature review confirms that people who were experiencing disadvantage prior to the COVID-19 pandemic were subject to further challenges as a result of COVID-19, and this had a negative impact on the mental health of these population groups. These groups included but were not limited to: ethnic minorities; people living with disabilities; and refugees and migrants. Economic and social factors related to COVID-19 lockdowns placed additional pressure on these groups. Children and young people (0-25), those living in poverty, women, and critical workers also faced significant additional stressors as a result of the COVID-19 pandemic.

The review also provides key data specific to Wolverhampton and the West Midlands region, in order to make sense of the impact of COVID-19 in a local and regional context. After London, the West Midlands is the most ethnically diverse region in England and, after London, suffered the highest number of hospitalisations and deaths among ethnic minority people during the first wave of the COVID-19 pandemic. Wolverhampton is ranked the 24th most deprived Local Authority in England, and 21% of people living in Wolverhampton live in the top 10% most deprived areas of the country. Subjects of ethnicity, poverty, and their relationship to poor mental health during the COVID-19 crisis are therefore particularly relevant to the City of Wolverhampton.

The report ends with a recommendation to engage nine groups in co-creation activities, across three stages of the life-course. These groups are as follows:
1. Children
2. Children with Special Educational Needs and Disabilities (SEND) and their parents/carers
3. Young, unemployed people
4. Refugees and migrants
5. Ethnic minorities
6. Women
7. Critical workers
8. Older people with long-term physical health conditions or disabilities
9. Older people with a pre-existing mental health condition.

These nine groups cover population sub-groups who experienced mental health inequalities prior to COVID-19, alongside sub-groups for whom COVID-19 significantly increased their risk of poor mental health.

4. Survey

Methodology

Respondents

There were 1336 respondents to the survey. To be included in the analysis, respondents had to have completed more than 90% of the questions in the survey. Once these incomplete responses were removed, 996 full respondents remained in the dataset. The respondents' characteristics are summarised in Tables 1 and 2.

Design

A survey design was adopted, using opportunity and snowball sampling to generate the sample of respondents. The survey was open to everyone that lives, works and/or studies in Wolverhampton and who was over the age of 16. All participants who completed the survey were given the opportunity to be entered into a prize draw. The survey was open between 22 March 2022 and 20 May 2022.

The survey comprised standardised measures of wellbeing alongside tailored questions as outlined below:

Section 1. Standardised measures of wellbeing
- Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant et al., 2007)
- Office for National Statistics (ONS) Wellbeing measure (Hicks et al., 2013)

Section 2. How COVID-19 has affected wellbeing
- What does it mean to you to be mentally well in Wolverhampton?
- How has the COVID-19 pandemic affected your wellbeing?
- What could be provided or improved in Wolverhampton that would help enhance your wellbeing?

Section 3: Other aspects of the pandemic that have impacted on wellbeing
- social (e.g. housing and relationships)
- economic (e.g. employment and finances)
- and health/disability factors

Section 4. Demographics
- age, gender, sexuality, ethnicity, employment status, disability, postcode

Wellbeing measures
Wellbeing was measured using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), a 14 question self-completion measure of wellbeing (Tennant et al., 2007). Each question is scored on a 5-point scale ranging from 'none of the time' to 'all of the time'. The range of possible scores is 14 to 70, with higher scores meaning better subjective wellbeing. The WEMWBS is a widely used questionnaire and has demonstrated good validity and reliability (Clarke et al., 2010). An additional measure of wellbeing was the Office for National Statistics (ONS) Wellbeing measure (Hicks et al., 2013). The ONS measure contains five items (see Table 3), the final item was created by our survey team specifically to measure people's satisfaction with life prior to the COVID-19 pandemic. The ONS items are scored on an 11-

point scale from 'not at all' to 'completely'. These questions are also widely used in the research literature and also have good reliability and validity (Allin & Hand, 2017; Benson et al., 2019).

Recruitment

Utilising the knowledge and networks of all partners (City of Wolverhampton Council, public health specialists and researchers in the ICRD and Centre for Psychological Research), a mapping exercise was conducted to identify community leaders, wider stakeholders, forums and organisations who could support with distribution of the survey to a wide range of groups/demographics.

The survey was distributed via an online link, hosted by the survey platform Qualtrics. The survey link was circulated to the general population and various groups, communities and organisations, mainly through email and publicised through various media including via social media and radio. A QR code was also generated and displayed on posters around the University and city centre. Some of the organisations we targeted to circulate the survey were aimed at reaching the groups identified in the evidence review (Spicksley et al., 2022) and as such may have had a higher risk of experiencing mental health problems. As such findings should be interpreted on this basis.

To support with recruitment and informing the population of Wolverhampton of the purpose of the survey, a 2-minute Youtube video was developed. It was designed to have a local "feel" and aimed to increase the diversity of representation within the sample. This was supported by University of Wolverhampton Students Union diversity officers.

Analysis

The analyses included descriptive statistics: for standardised wellbeing questionnaires, means were compared to population data from previous UK studies. Group comparisons tested for statistically significant differences in measures of wellbeing between key demographic groups (e.g. gender, sexual orientation, ethnic group and employment status). Correlational analyses were conducted to establish whether key variables (e.g. current wellbeing and the effects of the COVID-19 pandemic on housing or finances) showed relationships with each other.

Multiple linear regression were applied to test for associations between variables. More specifically, the first regression tested which of the aspects of life were reportedly impacted by COVID (Employment, Education, Housing Finances Relationships Health Living by COVID rules, Lifestyle) and were most strongly associated with COVID-related wellbeing. The second regression tested whether multiple deprivation index, age, health in general and limitations to activities were associated with the WEMWBS measure of wellbeing.

In other words, regression analyses enabled us to test whether, firstly, COVID-related harm to things such as employment, relationships or lifestyle made their wellbeing worse as well. Secondly, whether people who live in deprived areas, have poorer health or are older, also tend to have poorer wellbeing.

Ethics

The survey was granted ethical approval by the Faculty of Business, Arts and Social Sciences Ethics Committee at the University of Wolverhampton. Research governance approval was also granted by the City of Wolverhampton Council. No data were collected prior to participants' providing fully informed consent.

Student engagement

Three undergraduate psychology students have been involved in supporting this phase of the project. Students participated in weekly project team meetings, facilitated with the distribution of, and recruitment to the survey, supported regular monitoring of survey responses, and contributed to the analysis and write up of the survey results.

Findings

Response rate & Respondent characteristics

Table 1 shows the percentages and frequencies of respondents as a function of gender, age group, ethnic group and sexuality.

Table 1. Demographic background characteristics of survey respondents

Group	Actual Wolverhampton Percentage #	Survey Percentage	Survey Quantity
Gender: Male	49.70%	23.60%	220
Gender: Female	50.30%	76.40%	744
Gender: Self-describe (Non-binary / gender fluid)	-	0.90	9
Gender: Prefer not to say	-	1.20	12
Age: 16-24	10.70%	17.57%	194
Age: 25-49	34.00%	52.54%	580
Age: 50-59	17.60%	18.03%	199
Age: 60+	16.60%	5.80%	118
Ethnicity: White	68.00%	80.50%	759
Ethnicity: Black	6.90%	5.8%	48
Ethnicity: Asian	18.00%	10.50%	101
Ethnicity: Mixed	5.10%	3.33%	32
Ethnicity: Other	1.90%	0.00%	0
Ethnicity: Prefer not to say	-	2.22%	22
Sexuality: Straight	-	86.90%	866
Sexuality: Gay/Lesbian	-	3.20%	32
Sexuality: Bisexual	-	4.70%	47
Sexuality: self-describe (asexual, pan sexual, queer, uninterested)	-	1.60%	16
Sexuality: Prefer not to say	-	3.4%	34
Disability: Physical		7.7%	77
Disability: Sensory		1.4%	14
Disability: Mental Health		17.3%	172
Disability: Intellectual / Learning	20.5%*	2.3%	23
Disability: Chronic &/or long term condition		7.9%	79
Disability: COVID-19 related	-	5.7%	57

Note: Percentage totals not equating to 100% are due to non-responses. # Active Black Country (2022). * Percentage of people in Wolverhampton reporting a limiting long-term illness or disability (Office for Health Improvement and Disparities, 2021).

Table 2. Demographic background characteristics of survey respondents continued (residential circumstances and employment)

Group	Survey Percentage	Survey Quantity
Residential circumstances		
Lives with family	80.92%	806
Lives with housemates, tenants or lodgers	3.61%	36
Lives alone	12.75%	127
Children living in home	46.15%	372
Adults only in home	51.61%	416
Employment		
Full-time work	45.7%	455
Part time work	22.8%	227
Self employed	4.2%	42
Unpaid voluntary work	4.3%	43
Unemployed	5.0%	50
Looking after family	5.0%	50
Family Carer	4.4%	44
Long term sick / disabled	4.0%	40
Retired	6.4%	64
Training scheme or Apprenticeship	0.7%	7
Full time education / student	20.7%	206

Note: Percentage totals not equating to 100% are due to non-responses.

Despite attempts made during the recruitment processes to ensure adequate representation from all groups, disproportionately fewer respondents were available for some groups and findings must be interpreted in light of this. Thus, the sample of responses analysed may not be representative of Wolverhampton population and some groups specifically known to be at higher risk of mental health problems were targeted for survey completion. As such findings should be interpreted on this basis.

Despite some specific targeting of these groups, lower representation of men, over 65s, and all ethnic groups (especially Asian populations) other than white was evident in the sample. This aligns with much prior survey-based research in the UK and in other countries (e.g. Tolonen et al., 2015).

Groups of different sexual orientation and disability status were represented, though how representative these are, is difficult to discern without normative data for Wolverhampton. Those who do not report as heterosexual are represented in the respondents at a proportion slightly higher than would be expected based on national figures (Office for National Statistics, 2022).

The majority of respondents lived with family with a significant subgroup living alone. Just under half of those living with family had children in the home. The number of children in respondent homes ranged between 0 and 6 with the majority of homes where children were present have 1 to 3 children (>90%). Those living in differing types of shared accommodation made up a small proportion of respondents.

Those in full or part time employment and education make up the largest proportions of participants. The proportion of unemployed people who participated, roughly equates to estimates of 5.1% for Wolverhampton (Black Country Consortium, 2022). Family carers, retired people, those doing voluntary work and those who identify as long-term sick / disabled were all represented in the survey respondents (Black Country Consortium, 2022).

1. Wellbeing in Wolverhampton
How does wellbeing in Wolverhampton compare with the rest of the UK?

Comparison with normative data on the WEMWBS (Mean = 49.9) indicates that the wellbeing of people in Wolverhampton is significantly lower (Mean = 42.86, SD = 10.25, N = 995) than that of the general population within the UK ($t_{(8013)}$=28.97, p<.001) as compared to data from the 'Health Survey for England 2016 Well-being and mental health' (Morris et al., 2017) (see Table 3). When compared to data from the ONS in the 'personal wellbeing in the UK survey' (ONS, 2022), our sample reveals that anxiety was considerably higher, and current satisfaction, feeling that life is worthwhile, happiness were all lower than comparator data. It should be noted of course, that the national surveys cited above have far larger sample sizes than the survey reported here.

Table 3. Mean scores for the wellbeing measures with normative comparisons.

Wellbeing Measure	Mean (SD)	Comparator mean
WEMWBS	42.86 (10.25)	49.9[#]
ONS Satisfied	6.41 (2.54)	7.39*
ONS Satisfied pre COVID	7.04 (2.22)	-
ONS Worthwhile	6.90 (2.58)	7.71*
ONS Happy	6.84 (2.97)	7.31*
ONS Anxious	6.77 (3.40)	3.31*

[#]Morris et al., 2017; *ONS, 2021.

2. What factors influence wellbeing in people in Wolverhampton?

We explored how the COVID-19 pandemic, deprivation and background demographics and characteristics were related to wellbeing.

How has COVID-19 affected wellbeing?

COVID-19 had substantially affected the lives of many people in Wolverhampton who responded to the survey (Table 4). COVID-19 and its associated restrictions and rules had negatively affected the health, lifestyles, education, finances, employment and relationships of a significant proportion, more than a third, of participants.

Table 4. The effects of the COVID-19 Pandemic on the lives of people in Wolverhampton

Effects on wellbeing during pandemic	Worse %	Same %	Better %	Correlation with WEMWBs	N
Employment affected by COVID	38.1	34.4	27.4	.33***	776
Education affected by COVID	47.4	33.4	19.1	.24***	607
Housing affected by COVID	28.5	50.4	21.1	.31***	778
Finances affected by COVID	45.6	40.0	14.4	.33***	838
Relationships affected by COVID	36.1	39.6	24.4	.42***	968
Health effects of COVID	56.5	36.3	7.3	.31***	855
Effects of COVID rules	45.3	39.6	15.1	.10***	956
Lifestyle effects$^{\Phi}$ of COVID	58.5	29.1	12.3	.23***	964

Note: ***$p<.001$; $^{\Phi}$ specifically 'Showing what in life is important to you uncertainty about the future, not being able to travel, postponing events, enjoying/disliking spending more time alone.'

Many, though, reported that these aspects of life were the same as before COVID-19. A minority reported aspects of life being better during COVID-19, in particular, their employment, relationships and housing.

When correlated with the WEMWBS measure of overall wellbeing, significant positive relationships were found between wellbeing and all of the effects of COVID-19 detailed in the survey. Relationships, employment and finances were most strongly associated with wellbeing; i.e. where relationships, employment and finances were worse due to COVID-19, overall wellbeing tended to be lower too. Similarly, with the exception of implementing COVID-19 related guidance, all the effects of COVID-19 correlated significantly with current subjective ratings of life satisfaction reported on the ONS Satisfied question. Meaning that where the effects of COVID made life worse, wellbeing was correspondingly lower.

We tested for associations between 'how COVID has affected your wellbeing' and factors which 'affected wellbeing during the pandemic' (see these factors listed in Table 5). The strongest associations between the question 'how COVID has affected your wellbeing' were with changes to employment, changes to relationships and lifestyle effects of COVID ($F_{(8, 392)}$

= 31.28, p < 0.001, Adj R^2 = 0.377) (see Table 5). Of the factors which 'affected wellbeing during the pandemic', it was 'changes to relationships' which significantly predicted wellbeing on the WEMWBS ($F_{(8, 393)}$ = 18.76, p < 0.001, Adj R^2 = 0.262). Again, this means that where employment, relationships or lifestyle changes made life worse, people tended to say that COVID had made their wellbeing worse as well.

Table 5. 'How COVID has affected your wellbeing' and the factors which predicted this.

Effects on wellbeing during pandemic	Std Beta	t	p	Partial correlation
Employment affected by COVID	.231	4.720	**<.001**	.232
Education affected by COVID	.057	1.281	.201	.065
Housing affected by COVID	.018	.400	.690	.020
Finances affected by COVID	.010	.225	.822	.011
Relationships affected by COVID	.188	4.160	**<.001**	.206
Health effects of COVID	.132	2.917	.004	.146
Effects of COVID rules	-.042	-.937	.349	-.047
Lifestyle effects of COVID	.305	6.492	**<.001**	.312

Deprivation in Wolverhampton & Wellbeing

Deprivation can act as a proxy *objective* measure of community wellbeing in contrast with the subjective wellbeing measurement (WEMWBS, ONS). Deprivation scores were gained using respondent postcodes and entering them into the English Indices of Deprivation Tool (MHCLG, 2019a). The Index of Multiple Deprivation ranks every small area from most to least deprived. Deprivation is based on seven deprivation domains: income; employment; education, skills and training; health and disability; crime; barriers to housing and services and living environment (MHCLG, 2019b). Deprivation decile scores range from 1 being the most deprived areas to 10 being the least.

Levels of deprivation

Deprivation scores of survey respondents were worked out using participant postcodes (as described above). Findings suggest that the sample is relatively deprived compared to UK norms (Mean deprivation index = 4.26, SD = 2.69; Median Deprivation = 3; Mode = 2) given that the mean falls within the bottom half of the UK's decile system (there are ten classifications ranging from most deprived to least deprived which can be gained for every postcode in the UK). Forty-five percent of respondents lived in postcode areas within deprivation indices of 1 to 3 (nationally 30% of the population would live in deciles 1 to 3). Over one third (34.2%) lived in postcode areas in deciles 1 and 2, indicating areas that are the most deprived.

Deprivation & COVID-19

Correlating deprivation with the effects on wellbeing during the pandemic revealed few significant relationships. Only negative effects on housing (r=.11, N=689, p<.01),

'relationships with friends and family' (r=.08, N=859, p<.05), and health related to COVID-19 (r=.11, N=761, p<.01) were significant.

Deprivation & Subjective Wellbeing

There was a significant weak positive correlation between wellbeing and deprivation (r=.136, N=882, p<.001) indicating lower levels of wellbeing amongst those who are more deprived.

However, deprivation did not significantly predict wellbeing when included with other background variables in a regression analysis. WEMWBS total was regressed onto deprivation, age, health in general and limitations to activities. These explained a lot of variance in wellbeing ($F_{(4, 877)}$ = 70.93, p < .001, R^2 = .241), but this was principally because of the relationship between health in general and wellbeing. Deprivation, age and limitations had only small relationships to wellbeing (see Table 6). Deprivation had at best, very weak correlations with all measures of wellbeing, health in general and limitations to activities, the strongest being with the WEMWBS (r = .128, N = 882, p < .001).

Table 6. Factors predicting the WEMWBS

Predictors	Std Beta	t	p	Partial correlation
Age	.167	5.484	<.001	.182
Health in general	-.382	-11.213	<.001	-.354
Limitations to activities	.112	3.280	.001	.110
Deprivation	.046	1.531	.126	.052

Background Characteristics & Wellbeing

Wellbeing variation between the different demographic groups was generally not high. Five demographic variables were simplified – smaller groups were collapsed into broader categories to make groups sufficiently large for statistical analysis (ethnic group, gender, sexual orientation and 'who you live with', and work status).

Ethnicity

Four ethnic groups were compared on the WEMWBS, the five ONS questions and the 'How has the COVID-19 pandemic affected your wellbeing?' question. On all but one of these wellbeing measures, there were no significant differences between the ethnic groups (p ≥ .128). The one exception was on the ONS question 'How anxious did you feel yesterday?' ($F_{(3, 958)}$ = 3.59, p = .013, $p\eta^2$ = .01). Here, the white ethnic group were significantly more anxious than both the Asian group (p = .22) and the black group (p = .037) respectively. See Table 6 for means.

Gender

To enable statistical analysis, gender was simplified to female vs male due to the low numbers of any other gender among the respondents. Men had significantly better wellbeing than women when measured on the WEMWBS (see Table 7; ($t_{(df = 972)}$ = 2.62; p = .009), there were no significant (p< .01) differences between men and women on any of the ONS measures of wellbeing (p ≥ .029).

Sexuality

Respondents who identified as gay, straight or bisexual were compared on the same measures of wellbeing. There were no significant differences between the three groups (p ≥ .026).

Living Situation

Those who lived with others were compared to those who live alone on the same measures of wellbeing. There were no significant differences between these two groups on any measure of wellbeing (p ≥ .016).

Occupation & Employment

When comparing wellbeing across different work statuses, there were few differences between these groups. However, on the ONS question 'how happy did you feel yesterday?', those who identified as unemployed ($F_{(8, 969)}$ = 2.74, p = .005, $p\eta^2$ = .02) showed the lowest mean response, significantly lower compared to those in full-time employment (p = .01), those in part-time work and education (p = .002), those looking after family or caring (p < .001) and the self-employed (p = .005). Those who were looking after family or caring reported the highest levels of happiness, significantly higher than those in full-time work (p = .006), part-time work (p = .004) and in education (p = .002).

Table 7. Mean wellbeing as a function of work status, sexual orientation, gender, co-habitation status and ethnic group.

	Groups	WEMWBS	ONS Satis. now	ONS Satis. Prior	ONS Worth-while	ONS Happy	ONS Anxiety	COVID Affected Wellbeing
Ethnic group	Mixed	44.19	6.50	7.94	7.03	6.91	5.75	-.40
	Asian	44.48	6.53	6.92	6.73	6.78	6.14	-.42
	Black	43.82	6.91	7.16	7.20	7.11	5.91	-.45
	White	42.59	6.36	7.03	6.87	6.81	6.93	-.45
Live with	Others	43.06	6.42	7.05	6.88	6.79	6.82	-.44
	Alone	42.30	6.32	6.94	7.32	7.47	6.90	-.44
Gender	Male	44.67	6.49	7.23	6.58	6.87	6.61	-.42
	Female	42.47	6.41	6.96	7.01	6.87	6.87	-.45
Orientation	Gay	41.25	6.41	6.38	6.69	5.69	6.22	-.28
	Straight	43.15	6.45	7.09	6.88	6.88	6.81	-.45
	Bisexual	39.57	5.81	6.57	7.32	7.51	7.28	-.47
Work status	FT	44.55	6.47	7.08	7.01	6.83	6.95	-.42
	PT	42.87	6.33	6.83	6.84	6.79	6.89	-.42
	PT & educ.	39.78	6.31	7.35	6.82	7.39	6.36	-.58
	Educ.	41.96	6.49	6.97	6.84	6.57	6.68	-.37
	Family/carer	40.72	6.05	6.56	7.28	8.26	7.03	-.44
	LT sick	34.34	6.76	7.29	6.71	6.66	6.51	-.56
	Retired	46.18	6.95	7.45	7.36	6.88	6.36	-.46
	Self. Empl.	44.32	6.32	6.61	7.00	7.64	6.96	-.46
	Unempl.	36.89	5.26	6.89	5.66	5.55	6.68	-.66

3. Conceptualising and Improving Wellbeing in Wolverhampton

*How do people in Wolverhampton conceptualise wellbeing?*
Below we show the number of respondents choosing responses to the question 'What does it mean to have good wellbeing?' (Figure 2). All of the components presented in the survey were conceptually linked to wellbeing by the participants, with some being more strongly linked. Emotional balance, being able to 'handle' emotions and resilience and being able to cope were the most frequent choices (see Figure 2 below), closely followed by feeling good and positive. Social connections, feeling optimistic, valued and confident were all viewed as important to wellbeing too, but to a slightly lesser degree. Being able to recognise emotions, though still linked to wellbeing, was less often selected.

Figure 2. Responses to question 'What does it mean to have good wellbeing?' The bars represent how many respondents chose each option.

What factors supported and improved wellbeing?
Figure 3 shows the number of respondents choosing responses to the question 'What could be provided or improved to support wellbeing?'. As can be seen from Figure 3, being able to get out and 'do more things' was the most frequent choice among respondents. Having time for oneself, money and someone to talk to were also factors highlighted as improving wellbeing. Better physical and mental healthcare support and better working environments also featured as positively impacting on wellbeing. Other factors were all selected by 100 to 200 participants, though a similar number of participants indicated that none of the listed factors would improve wellbeing.
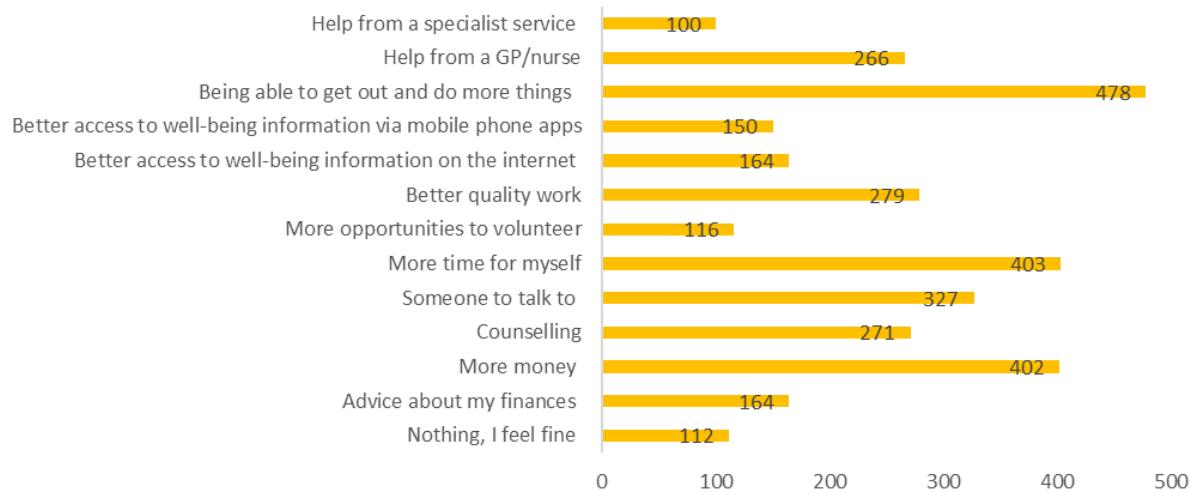
Figure 3. Responses to question 'What could be provided or improved to support wellbeing?' The bars represent how many respondents chose each option. NB. Total number of respondents = 996.

Survey Limitations

The survey employed a range of methods for recruiting respondents. The aim was to recruit a sample which was representative of the population of Wolverhampton according to the demographic characteristics of gender, age and ethnicity and socio-economic status. Our sample did include large numbers of females, but males were under-represented; younger people were over-represented and older people were under-represented; those of white ethnicity were over-represented, whereas other ethnic groups were under-represented. Indeed, some of the ethnic groups, gender groups and sexual orientation groups had very low numbers. Considerable effort was applied to recruit more respondents from these under-represented groups. Future work should endeavour to specifically target under-represented groups for inclusion, who, typically, are found to be less likely to participate in research work. This work would be contingent on having extended timeframes for projects to allow strategies, for example building stronger relationships and trust with community leaders, to occur which may help facilitate access and recruitment.

The survey respondents were self-selecting, meaning that those who are more interested in or motivated by mental health were more likely to respond. This is an issue with most surveys on wellbeing/mental health. One of the most effective ways to offset the self-selecting issue is to expose as many potential respondents to the survey invitation as possible and this is what the researchers attempted to do.

The survey was cross-sectional, meaning that it took responses at one point in time. It is well-known that wellbeing and mental health can fluctuate over time and hence a more powerful way of measuring wellbeing would be to assess it over time, measuring wellbeing on two or more occasions and thus accounting for variability.

Another issue with the survey methodology is that it used self-report questionnaires. This means that the integrity of the data depends on people's accuracy or honesty when

providing responses. However, the survey did employ widely-used questionnaires which have been rigorously tested for validity and reliability and hence this would have offset the problem of self-reported responses to some degree. Indeed, despite the concerns about self-report questionnaires, they do provide the researcher with a tried and tested measure which can be administered and completed quickly and simply both online and offline, allowing for the recruitment of large samples within short periods. Such questionnaires also enable anonymity, which alternative methods (e.g. interviews) often do not and this may be an important determinant in whether people engage with research on sensitive topics such as wellbeing and mental health.

Online surveys are biased against those with limited access to or experience with technology. This particularly affects those of older age groups, and those with cognitive, sensory and physical disabilities, which are all more prevalent in older adults, and perhaps provides one explanation for the relative underrepresentation of older residents.

There are numerous further analyses which could be conducted, in addition to those reported here. For example, additional predictors could have been added to the regression analyses and a wider range of group comparisons could have been computed. The decisions about the analyses were based upon considerations about power and avoidance, where possible, of elevating the chances of spurious statistical outcomes. A great deal of data exploration was conducted and thus it was felt that the analyses presented were those with the most relevance and interest.

5. Co-creation Activities

Methodology

The goal of these co-creation activities was to empower a community with the skills, knowledge and confidence to collect stories from its members of intra-pandemic traumas, joy, loss, celebrations, what hurt the most, what helped the most, survival strategies, how all of these have made people feel, concerns for the future, hopes for the future, what has/ will help people be well and how can they secure more of this.

Recruitment

The ICRD hosted an online information session for community organisation leads to attend to hear about the evidence review, how the groups were identified, the purpose of the co-creation activities, and what would be involved for them. Community organisations and groups were then invited to complete an expression of interest form to be involved in the co-creation activities. The form and information slides were also shared through the networks of the City Council Public Health Team and project team at the University of Wolverhampton.

Organisations interested in taking part completed an expression of interest form detailing their organisation, their reach, why they want to be involved and their capacity to deliver in the timescales. Selection was completed by a panel of researchers at the University of Wolverhampton (and a final sense check by City of Wolverhampton Council Public Health Team). Selection was based on meeting the inclusion criteria of one of the nine groups identified, demonstrating commitment to holding the four sessions within the timescales, and reach 10 to 15 individuals.

Activities

Each of the groups attended the equivalent of four sessions to complete the training, co-creation activities and evaluation. An overview of the sessions is provided in Figure 4, with summary detail below.

Figure 4: Co-creation session outline

1	2	3	4
Introduction	**Data Gathering**	**Output**	**Evaluation**
Session aims, What is research, Baseline data collection	Sharing stories of the pandemic	Co-creating an output to share their story	Reflecting on the co-creation process
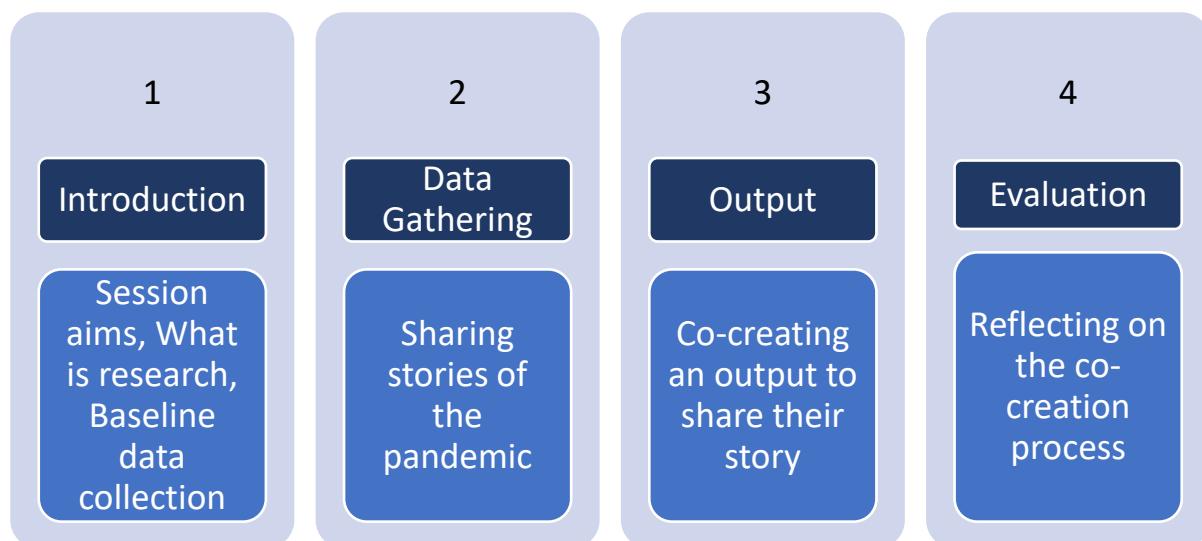
Session 1:

Each group received an introduction to community peer research training from the ICRD research team in order for them to document the impact of the pandemic on their own mental health and wellbeing. This session covered:

- an introduction to #WolvesWellbeingandMe project and the co-creation activities
- what is research and introduction to research methods
- ethics and safety
- completion of demographics (beneficiary metrics) and baseline wellbeing using a validated scale (WEMWBS) (NB. Short version of WEMWBS was used for the group with learning disabilities)
- activity to co-create how to share experiences

Members of the research team recorded observation notes about what was discussed, the level of engagement, key points raised about the impact on mental health. These have been used as a key data source when analysing the co-creation activities.

Session 2:

This session focussed on data gathering and sharing of experiences using the method/approach agreed in session 1. Whilst this was flexible and adaptable to meet the ideas of the participants, we provided guidance to ensure the focus remained on the protective factors to health and wellbeing during the pandemic and could be completed within the time frames of the project. The session was guided by the 5 Ways to Wellbeing and "What is? to What if?" framework. The two key areas explored were:

- Identifying the facilitators and factors which are protective of wellbeing and strengths the group have
- Identifying the barriers and things that negatively affect wellbeing.

Session 3:

This session involved developing an output to share their findings/experience and help the community group moving forward and to identify a self-determined and self-managed plan for moving forward. The outputs ranged from an information leaflet to be shared in local community spaces to help other women access support, visual minutes of the discussions, video, audio and written accounts of experiences, and drawings and images to reflect the pandemic.

Session 4:

The final session was an opportunity to evaluate the co-creation activities. All participants completed a post-project wellbeing measure (WEMWBS) and provided qualitative feedback to assess the impact of the project and thoughts about the final output. In-keeping with the nature of the project, the method for collecting the feedback was determined with the participants as part of the co-creation activity.

Analysis

A Wilcoxon signed ranks test (as the data was not normally distributed) was used to assess any changes in wellbeing for those involved in the co-creation activities. We conducted a qualitative thematic analysis of all data gathered during the co-creation activities – observation notes of the research team, notes of the community group discussions and final outputs. A deductive thematic analysis (applying the themes derived from the overall research objectives as well as initial observations of the team) was used to draw out key themes within and between the nine community groups. Additional themes were allowed to 'surface' from the data, and an iterative process was followed to further refine and narrow down key themes relating to overall wellbeing.

Ethics

A highly trained research team, with considerable experience of conducting research on topics related to mental health and working with vulnerable groups, led the co-creation activities. The project was granted ethical approval by the Faculty of Business, Arts and Social Sciences Ethics Committee at the University of Wolverhampton. Research governance approval was also granted by the City of Wolverhampton Council. No data were collected prior to participants' providing fully informed consent. The research team all possess current Enhanced DBS Certificates.

Student engagement

Three students (two undergraduate psychology students and one postgraduate student studying an MA in Education) were involved in supporting this phase of the project. Students participated in weekly project team meetings, facilitated the delivery of co-creation sessions, made reflective notes, and contributed to the analysis and write up of the co-creation activities. They were also involved in supporting the co-development of micro-credentials that align with the Public Health Skills and Knowledge Framework to recognise their achievements during the project. Students have methodically captured their reflections and learning throughout the project to evidence the skills they have developed through the process.

Project spend

For each group funding was available to support with costs of running the co-creation activities. The co-creation groups utilised the funds available in various ways. For all groups, participants were rewarded for their time participating in each of the sessions with a monetary voucher. The form of these vouchers varied to meet the needs of the groups but included Amazon vouchers, ASDA vouchers and Love2Shop vouchers. The funds were also used to cover participant travel expenses, venue hire, catering, external artists, design and printing of co-created outputs.

Summary of co-creation activity

Overview of the nine groups

When reviewing the expressions of interest received, the resounding intersectionality of the groups was apparent. As such, the research team made the decision that this was important to reflect when completing the selection process. The following nine groups were involved in the co-creation activities:

Table 8: Co-creation groups

Name of Organisation	Target Group	Description
Youth Council	Children and young people	
Voice4Parents	SEND Families	Parents and carers of young people with SEND
Access2Business	Young unemployed and unemployed with pre-existing health conditions	
Refugee & Migrant Centre	Refugee and Migrants	Refugees and migrants from ESOL classes
Aspiring Futures	Ethnic Minorities Women	Women who have English as their second language
Women of Wolverhampton	Ethnic Minorities Women	
Wolves Foundation Head 4 Health	Women	Women who have sought support to improve their mental health and completed an 8-week course since December 2021 and are now attending the Extra Time classes for informal meetings
The Crafty Gardener	Older adults with learning disabilities	Adults with learning disabilities, their carers and staff (critical workers during the pandemic)
TLC College	Older unemployed adults Ethnic minorities	

Within the timeframes we were unable to work with a group of critical workers. However, the overall sample did include the views of critical workers through the groups selected – and accounted for 10% f the sample (see Table 9).

Staff members/leads from each of the organisations were involved in discussing the practical delivery arrangements to ensure it was appropriate for the groups. As a result, the format of the co-creation activities differed slightly between the groups to accommodate their needs and preferences. For instance, the sessions for older adults with learning disabilities were run over two 4-hour sessions rather than four 2-hour sessions.

Participant Demographics and Wellbeing

The total number of beneficiaries across the nine projects was n = 141. In addition to these direct beneficiaries, nine researchers and three students were involved in the delivery of sessions. The researchers and students have written reflective notes of their experiences which will be analysed. Table 9 provides a summary of the participant demographics. The mean age was 39 years, ranging between 14 and 68 years.

Table 9: Participant Demographics

Demographic		**N**	**%**
Gender	Female	106	75%
	Male	29	21%
	Neutral	<5	1%
	Missing Data	*4*	*3%*
Age	24 and under	29	21%
	25-49	63	45%
	50-64	34	24%
	65+	6	4%
	Missing Data	*9*	*6%*
Ethnicity	White	55	39%
	Asian	25	18%
	Black	25	18%
	Mixed	6	4%
	Other	23	16%
	Missing Data	*7*	*5%*
Disability*	No	81	57%
	A little	39	28%
	A lot	12	9%
	Missing Data	*9*	*6%*
IMD Rank	1 to 3	91	65%
	4 to 10	32	23%
	Missing Data	*18*	*13%*
Employment	Frontline workers	14	10%
	Unemployed**	24	17%

* Disability: are your day-to-day activities limited at all?

** Those who classified themselves as unemployed and/or seeking work. Does not include long term sick/disabled or those looking after family.

Table 10 and Figure 5 show participant wellbeing levels as measured by the WEMWBS scale at the start and end of the co-creation activities. The scores are based on a weighted average to account for any missing responses. Baseline scores were available for 116 out of the 141 participants, and post project data for 88 out of 141 participants. The Crafty Gardner Group completed the shorter version of WEMWBS due to this being more appropriate with their learning disabilities and this data is not included in Table 10. As noted in Table 11 half of the reduced sample size from pre to post was a result of one group not completing post project wellbeing questionnaires. The positive change in wellbeing is significant (Z = 2.07, p < 0.05) and Figure 5 highlights the considerable shift from low to moderate wellbeing over the duration of the co-creation projects.

Table 10: Wellbeing Scores

WEMWBS Score*	N	Mean (SD)	Range
Pre	100	48.6 (11.4)	22 to 70
Post	72	50.0 (10.6)	28 to 70

Max WEMWBS Score = 70

Figure 5: Percentage of wellbeing scores classified as low, moderate or high pre (n = 116) and post co-creation activities (n = 88)
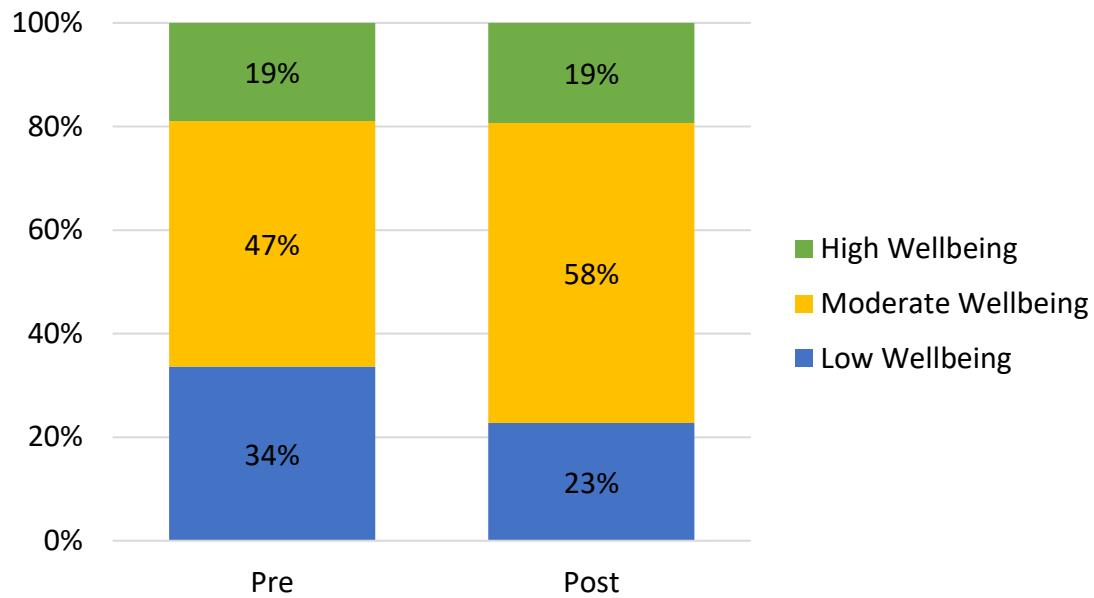
The mean score is similar to the UK population mean (49.9) from the 'Health Survey for England 2016 Wellbeing and mental health' (Morris et al., 2017). However, there is considerable variation between the groups we worked with as highlighted below in Table 11.

Table 11: WEMWBS scores for each co-creation group

Group	WEMWBS Score Pre		WEMWBS Score Post	
	N	Mean (SD)	N	Mean (SD)
Voice4Parents	15	39.3 (6.2)	13	41.5 (6.5)
Access2Business	13	44.5 (13.2)	7	44.9 (13.1)
Refugee & Migrant Centre	4	46.5 (7.5)	3	48.0 (8.2)
Aspiring Futures	22	58.7 (6.3)	21	57.2 (8.1)
Women of Wolverhampton	18	45.3 (11.1)	18	52.3 (8.5)
Wolves Foundation Head 4 Health	12	43.6 (10.2)	10	47.6 (9.8)
The Crafty Gardener	16	26.8 (3.9) *	16	27.0 (4.1) *
TLC**	16	54.5 (7.0)	-	-

SWEMWBS completed by the Crafty Gardener Group

** Post data was not available for The TLC group as all sessions were conducted within one week and there should be a minimum time period of two weeks between pre and post data collection.

Note: Wellbeing data was not collected with the Youth Council group due to the session being held on only one face to face occasion.

Overview of key themes across all groups

Reflecting on the opportunity to be involved in this co-creation activity – participants enjoyed the experience of sharing their stories, hearing from others, and many commented on how they found it to be a cathartic experience and provided them time to reflect which to this point they had not currently done so.

In many situations the conversational nature of the groups naturally led people to discuss challenges and strengths, from as early as initial introductions.

There were many challenges raised about accessing current mental health support and support for housing – before, during and since the pandemic. Long waiting lists and the meeting very specific thresholds to access services.

How people have stayed well
- Activity in green space, for example going for short walks, 'walking the dog' etc.
- Informal and consistent support networks key (neighbours, friends, groups)
- Using technology like phones/tablets to keep in touch with family and friends at the height of the pandemic/during the lockdown periods
- Finding solace in looking after pets
- Focusing on children and close family, for example spending time with them in the garden or house, 'learning to appreciate' people close by

- Craft activities, eg knitting, embroidery
- Playing games, eg board games, online gaming
- Keeping occupied, eg gardening or DIY

In many of the sessions, the complexities of people's lives were clearly apparent. Although participants were grouped in homogenous groups for the purposes of the research, the intersectional nature of social identity was apparent in many of the groups. Many participants faced multiple barriers to wellbeing during the pandemic, and their stories revealed complex lives and causes of mental health problems which could not be easily reduced to one issue.

One implication of this is that in future research it is important to remember that it isn't straightforward (or even necessarily desirable) to put people into simple categories. For example, an unemployed group may include people with a range of ages, health status, ethnicity – and therefore face different barriers to work and different influences on their mental health and wellbeing. This likely applies to most groups of people.

All participants valued being listened to but wanted to make sure action follows due to previous experiences of providing input into community listening exercises without tangible outcomes being observed. Resources were specifically allocated to all co-creation projects to encourage participation and recognise the value of individuals' input during these activities. Future opportunities to share learning from all co-creation activities planned for later in the year will go some way to providing a platform for groups' inputs to be recognised.

Women of Wolverhampton

The group

Women of Wolverhampton (WOW) was set up in 2010 and aims to combat inequality experienced by women. Participants attending the Thursday Group include women from white working-class communities, differing Asian communities, the Black African community, the Refugee/Migrant community, also older women with physical and learning disabilities and women with existing mental health conditions.

The group was incredibly diverse with much intersectional nuance. Some women had lived in Wolverhampton all their life, some had lived in other parts of the UK and then either returned to or moved to Wolverhampton later in their life. Some women had moved to the UK in the last decade – 30 years from countries such as Iraq and Zimbabwe.

Session structure

The group participated in 4 sessions on a weekly basis from 10th May to 31st May at Newhampton Arts Centre. The women were offered tea and toast on arrival which helped to create an informal environment. And a lunch was provided at the end of the sessions which the researchers were also invited to stay for.

In week 1 there were some initial barriers, mainly concerning technology, which had to be rethought through and paper copies of any materials provided. The sessions consisted of group discussions of key questions about wellbeing, the impact of COVID, and how they stayed well.

Key themes

The women described challenges with current mental health support available. The thresholds that are created to both access and then continue to access support were felt to seldom flex to meet the needs of the individual. A one size fits all approach to the number of appointments available and the length of time offered for a treatment journey were compounded by the fact there is nothing in the way of a step-down support offer.

Some women expressed their desperation navigating the different roles they must perform and live up to. Some have had to retire from their careers and vocations due to ill health, and many cannot find employment that will work around their caring responsibilities. Many felt trapped and unable to escape their current situation.

The WoW group offers them a sense of normality, a place to come every week and be "normal" where their bad days are tolerated, and their good days are celebrated. The social capital of each group member can act as a resource to all. For example, if one woman is

struggling to find a solution to a problem they are navigating, another peer will have most likely navigated something similar in the past. This space also offers the women somewhere to try new things, including culinary skills, creative activities, and gaining knowledge and skills.

Continuity is key – this is one of the most important parts of the WoW group – that it is there each week and doesn't have a threshold to either meet or exhaust.

What mired many of the women's stories of the pandemic was trauma and loss. For the women from ethnic minority backgrounds, they described a perpetual trauma that was spreading across their community which fuelled the fear of becoming unwell with the virus and having to attend hospital was debilitating, many women experienced bereavement and loss, and were unable to cement their grief in attending funerals and ceremonies due to the restrictions, this has profound spiritual complexity as many of these rites of passage are grounded in beliefs that shape how the view the world.

The overall sense from this group was that their differences as well as what connected them, is what offered a glue to unify them and is what made this co creation group so incredibly rich. Many expressed the value in simply being heard, having a time space and place to simply be themselves and express their sense making as they were navigating it. Within this space, distress was tolerated, tears were comforted, and laughter was shared.

Outputs

The women chose to produce a variety of outputs in order to share their experiences – including the challenges and what supported them to stay well. These included: drawings, poems, photos and bookmarks that could be shared in local libraries that raise awareness of the WoW group to other women. Photos of the outputs (and poem in full) are shown in Appendix 1.

Today is as good a day as any day

Today is as good a day as any day
This minute is as good a minute as any minute
This place is as good a place as any place and
This age is as good an age as any age
To be, to do, to try, to change, to transform
and to embrace life so as to live it as best as you can.

Figure 6. Example outputs from the Women of Wolverhampton

<u>Reflections</u>

There were many emotional stories shared in each of the sessions, but the group attributed great value to coming together with other women to meet, share their experiences and have enjoyed the opportunity to hear from others. Participating in the co-creation activities and sharing their experiences of COVID-19 has helped women realise they are not alone and also in some instances put their struggles in perspective. *"I thought I was the only one impacted badly by COVID but discovered I was not the only one. I valued opening up to others you trust and see this as part of the grieving process after loss of my mother."*

It provided some women with time to reflect on their experiences: *"I learnt that not everything was negative around COVID, as from having respite from a demanding full-time job, I was at home, not travelling and got to spend time with my children"* and *"Sharing stories about COVID made me see that spending time with my children was important."*

Some participants commented on personal benefits from participating in the group including improved mood from meeting other women, gaining confidence to share feelings and experiences, and realising there is support through this women's group where talking and action is possible.

"I have cherished the opportunity since COVID-19 to be with women meeting together to share their experiences and it has affirmed that this type of sharing amounts to increasing women's confidence in re-building their lives whatever their experiences. It has brought much joy to my heart."

Wolves Foundation – Head 4 Health

The group

The Head 4 Health project aims to improve the mental well-being of local adults (18+) through educational workshops and physical activity sessions. It is an 8-week project with a 2-hour session each week. After the 8 weeks participants can continue to engage in sustained extra time sessions and physical activity sessions. The co-creation activities were run in the extra time sessions with a group of 12 women (9 of whom had completed the Head 4 Health Course and 3 staff members). Seven of the women knew each other well and two were new to the group.
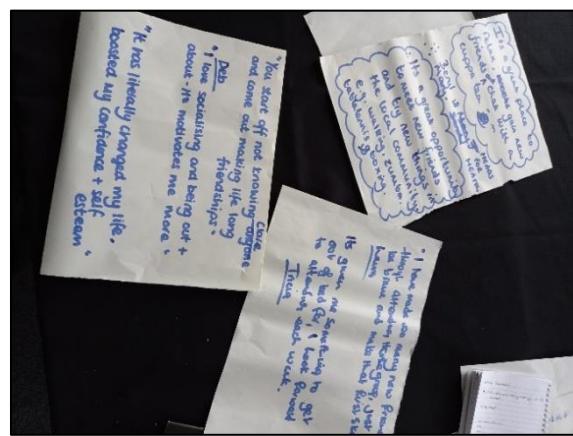
Session structure

The co-creative part of the project was divided into four sessions, each 2 hours long, held over a four-week period. In session 1, the group were actively engaged in learning about research and discussing what makes a good interviewer. Some of the group described previous experiences of being involved in research. Session 2 focussed on the good, bad and ugly experiences of the pandemic, before they pulled together a co-produced leaflet in session 3 to share with other women who have experienced similar levels of low wellbeing and in need of support. The group largely chose to discuss their experiences as a group and make notes on flipchart paper.

What does wellbeing mean to you?

- Can identify with other people
- Socialising and mixing with people
- Having confidence to go out
- Feeling happy
- Feeling positive for the future
- Understanding each other
- Coping
- Being able to deal with life stressors
- Cooking nice meals
- Being supportive to others

The good, the bad, the ugly of the pandemic

The themes emerging at various stages of the project were evolving around the following themes:

Positive implications of the lockdown experience on mental health:

The women spoke of lockdown offering them a chance to stop, have needed quiet time and the time for proper self-care. It provided them an opportunity to appreciate life around them. A strong theme emerging was the time that was now available to spend with family, children, completing jobs around the house and doing activities that they previously did not have time for. Many women also described that wider society now had a better understanding of what is like to be isolated, a feeling they had already experienced much of prior to the pandemic. Technology and the ability to work from home meant they were able to stay connected with others. And they found strength in this.

Negative implications of the lockdown experience on mental health:
The women spoke of the loss of support networks and lack of interaction and familiar activities and the negative impact this had on their mental health – increasing levels of anxiety and loneliness. The media and changing rules further evoked feelings of confusion, anxiety and fear of the unknown. They were concerned for family members, many of whom were key workers. Whilst being at home for some was seen as positive, other found they had no escape or privacy from family members.

Coping strategies:
These included: green spaces, art, communication, technology, hobbies, and physical activity.

Output
The group chose to produce a leaflet for other women to explore coping strategies and support their mental wellbeing (see Appendix 2). They discussed coping strategies they each used to stay well, why they enjoy attending groups and a list of support that is available that they would recommend based on their own experiences. This was designed in house by the Wolves Foundation and the group have discussed where they would like to distribute the printed leaflets (including libraries, schools and local cafes).

Reflections
Participants enjoyed being together, having a chat and supporting each other - that alone was therapeutic for them. The experience was empowering, especially in relation to having an opportunity to improve other women's lives through the co-creative output. They appreciated the learning experience, but it was not the most important aspect of the project for them. They valued being in the same room, having a chance to socialise and make new friendships.

Participants described having acquired new skills, increased confidence, and ability to express their opinions in a group. Improved confidence was also observed by one of the researchers who noted in the first session one participant in particular requested just to listen and not share but was actively involved in discussions by the end of the project.

The Crafty Gardener

The group

The Crafty Gardener is a Community Interest Company which provides day opportunities, skills development, therapeutic, health and employment related support through horticultural, crafts, enterprise and other activities to people with intellectual/learning disabilities (LD) and/or autism. Activities include cookery and life skills, arts and crafts, music, news teams and local project work linked to the wider community.

During the sessions 17 people participated in and supported the activities. The participants included people with learning disabilities and/or autism (n=8), family carers (n=4), paid staff (n=4) and a volunteer (n=1).

Session structure

The co-creation sessions took place concurrently over two days, Wednesday 18th May and Thursday 19th May with a follow-up session during the afternoon on Tuesday 7 June. There were delineations between staff, carers and students with LD but these blurred throughout the day due to the obvious sense of community amongst the group. The staff at The Crafty Gardener had arranged structured activities in advance of the sessions to gather information from the research participants and created reflective booklets for participants to write about their COVID-19 experiences. In addition to the planned activities, during both days, participants were invited to participate in a 1:1, unstructured interview with one of the research team via Zoom/Teams. Nine people, 1 carer and 8 people with learning disabilities availed of this opportunity.

Experiences of COVID

This activity encouraged participants to reflect on what the experience of the COVID-19 pandemic was like. Participants were given green and red stickers and asked to place them on activities to give a visual indicator of the type of activities undertaken by people with LD. Participants talked about many different activities they engaged in to stay occupied during the COVID-19 pandemic (Figure 7), the most commonly reported were using zoom and the phone to keep in touch with people, watching films and TV, baking, walking and gardening.

Figure 7. Activities people from the Crafty Gardner engaged in during lockdowns

Whereas the first day had focused on past experiences of lockdown and the COVID-19 pandemic, the second day was more focused on the future – how the group hoped Wolverhampton would improve, and what the group were looking forward to changing after COVID-19.

Planning Alternative Tomorrows with Hope (PATH)
This first activity was completed as a group. Two key themes emerging from this activity were inclusion and safety.
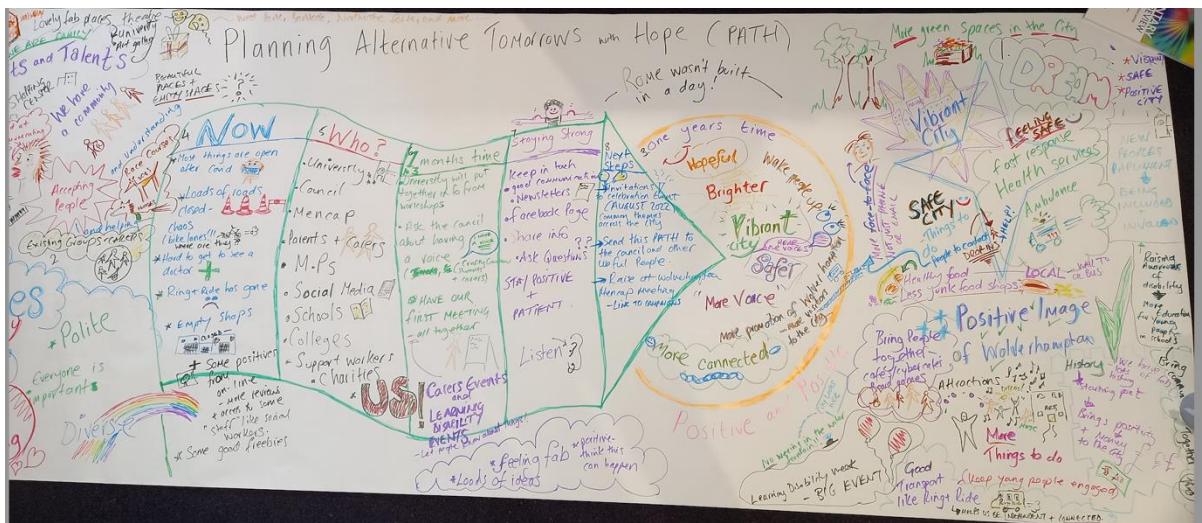
Figure 8. The Crafty Gardener PATH Activity

Participants had clear ideas about ways to make Wolverhampton a happier city. Participants wanted access to activities and spaces where people with learning disabilities would feel included and welcomed, and for more effort to be expended on raising awareness of learning disabilities amongst the general population. Service users had some innovative ideas on how to bring this about, for example, developing a programme to be delivered in local secondary schools about people with disabilities.

A related theme was that of safety. Many of the adults who benefitted from the provision available at the Crafty Gardener shared their anxieties about safety in the city, either directly or indirectly. This included concerns about aggressive begging in the city centre and violent crime. Indirectly, this issue was at the root of many of the proposed solutions to make Wolverhampton a happier city, such as increasing police presence, having bells on buses to contact the police directly, having safe spaces for people with learning disabilities to socialise. The desire for safer transport options was a prominent issue here. The unreliability of local bus services was a significant issue for this group. Many carers mourned the loss of the Ring and Ride service during the pandemic, as this service had enabled safe travel for adults with learning disabilities, and requested its return.

Health services were also a focus of attention. Participants were confused as to why many appointments were still taking place over the phone or online, when many pandemic restrictions elsewhere had eased. Service users wanted reduced waiting times and easier access to health services.

The Tree of Hope

During the second activity, participants were asked to reflect individually on what they were looking forward to post-COVID (the good), and also what experiences they wanted to come to an end from the COVID-19 pandemic (the bad). They wrote these on green leaves and brown leaves respectively, and together created a tree mural which visually displayed the group's future hopes and past experiences related to the COVID-19 pandemic. The tree can be seen in Appendix 3.

In terms of what participants were looking forward to, many comments were associated with increased opportunities for interaction and socialising, such as 'seeing friends' 'going to the pub' 'BBQs' and 'going to class'. Physical interaction, usually expressed through the hope for 'hugs', also occurred frequently on the Tree. One participant stated that he was looking forward to 'Freedom', reflecting his feelings of restriction during the pandemic.

Experiences that participants wanted to come to an end included COVID deaths; the Crafty Gardener had experienced a high number in their wider community, with many participants losing friends and family members. Aspects of epidemiological control measures, such as 'facemasks' and 'Elbow bumps' also featured, facemasks very prominently indicating how difficult this particular community found the requirement to wear masks in public spaces.

<u>**Reflections**</u>

Nine of the original participants attended to chat about the two days and to talk about the next steps. During the reflection people talked about a weight being lifted from them from having the opportunity to talk through the challenges they had faced during the COVID-19 pandemic, and in particular lockdown restrictions. They had enjoyed the activities, especially the tree where they could let go of things they found that no longer served them or made their lives any better. People also enjoyed having someone to talk to confidentially one-to-one. Finally, the activities were complimented by carers as they allowed everyone to be more involved in the activities and not solely the most vocal within the group.

The reflection reiterated a lot of the key issues and themes that came out of the prior two days and the associated activities and one-to one discussion, including community safety, transport, being bullied on the bus by school children, being approached by homeless people, and the devolving of Wolverhampton into a city with a smaller heart where people no longer felt safe in the city centre and did not feel there were as many activities and safe community spaces for them to visit in the city. They felt a great sense of support and

community within the organisation and support and friendships outside of the time spent at the Crafty Gardeners was evident.

Moving Forward

The group are planning a number of activities to move the work forward and to lobby for what they think should happen as a result of the co-creation activities. These included:

1. Forming a working group to make improvements to the city/increase the voice of adults with LD in Wolverhampton
2. Writing letters to the council to move some of the issues raised forward
3. To do activities as a group to lobby for safe community spaces and a more vibrant Wolverhampton with places for people with learning disabilities and autism to go
4. Taking the findings from the co-creation activity work to a group of carers to share it with them and gather their thoughts about wellbeing and challenges during COVID-19
5. Discussed writing a summary of the key findings as an easy-to-read report
6. Presenting the findings at the University of Wolverhampton Annual Conference on 20th June 2022
7. Sharing the work as a group during learning disability week (June 2022).

Aspiring Futures

The group

Aspiring Futures is a user-led social enterprise; with the vision that 'women have the confidence, skills and support to follow their aspirations.' They engage and support women from diverse communities through the development and delivery of bespoke and holistic services in a safe and supportive environment.

This group included 20 women who were participating in a weekly ESOL group, based at the Newhampton Arts Centre, plus some others who joined outside of that class. The sessions took place directly after the ESOL class.

Session structure

The group participated in 4 sessions on a weekly basis from 9th May to 6th June (with a week off to fit around half term). Some women had young children with them so the session was quite noisy at times. The majority of women were Sudanese, but we also had 2 participants who described themselves as Indian and 2 women who arrived during the pandemic from Hong Kong. The sessions had to be adapted, as some of the language and concepts, such as wellbeing, were difficult for the women to engage with. We were fortunate that the ESOL teacher and two interpreters could translate into Arabic, and therefore took the decision to send the slides and forms for week 1 and week 2 to the ESOL teacher so that she could frame her next session around the language they would need to understand the project and complete the questionnaires. This included concepts such as 'wellbeing', 'confidentiality', 'optimistic', 'good and bad experiences'.

Emerging Themes: Experiences of the COVID-19 pandemic

When exploring the good and bad experiences of COVID, participants were encouraged to write their experiences on post-it notes if they wanted – and to use their own language if they preferred - so that they could express themselves fully, not restricted by language. The interpreters kindly translated these into English.

There were some dominant themes that came from this group about how **they kept well**, some of which are likely to be specific to their cultural backgrounds. These included:
- Having more time to spend with their family – and specifically their children
- Doing henna body decorations was something mentioned many times – it seemed to be cathartic to concentrate on intricate patterns.
- For two women, it was that they had a baby during lockdown and derived this as a benefit as they could devote all their time to the baby.
- Taking up a new hobby – and encouraging their children to take it up too. For many women this was baking and they shared some lovely photographs of family baking sessions.
- For some women it was volunteering – either though a local group or place of worship – or as an individual supporting vulnerable people in their locality. They derived great benefit from helping others – delivering food, helping to collect medicine, or just chatting to them over the phone to help them deal with isolation.

- Exercise was important: specifically having access to outdoor space as some people did not have their own garden and were in flats.

The **challenges** faced were largely around technology, specifically digital exclusion.

- For women with school aged children who had to engage with online schooling it was often stressful, especially as these families often lacked IT equipment and therefore for those with more than one school aged child, they had to share, which reduced the amount of time each child could spend on learning activities
- In addition, as mothers, they often felt that they did not have the IT skills – and indeed the English language comprehension – to support their children to complete educational tasks.
- Lacking IT equipment or skills also meant that they could not make use of online resources, such as zoom, to maintain contact with friends and family during lockdowns.
- Some did not have access to a garden or personal outside space and talked about children being pent up inside with too much energy!
- Fear was a theme: the fear of either getting COVID and how that might impact on their health – or fear of meeting other people after lockdown was eased – and being exposed to the virus.
- Lockdowns also meant that their classes were closed – such as the ESOL classes – and this was frustrating as these women already lacked English skills and this impacted on many aspects of their lives – social as well as emotional. This increased their sense of isolation.

Output and Wish List

Despite limited language skills this group produced 2 posters on their 'good' and 'bad' experiences (Figure 9). Participants shared their experiences in writing, verbally (which we, the project leads, wrote down) and visually (some participants had photos they wanted to share, and some women drew pictures). They also produced a book that documented their wishes for the future: what they have learned about what kept them well. For this we used a 'magic wand' exercise which they really enjoyed.
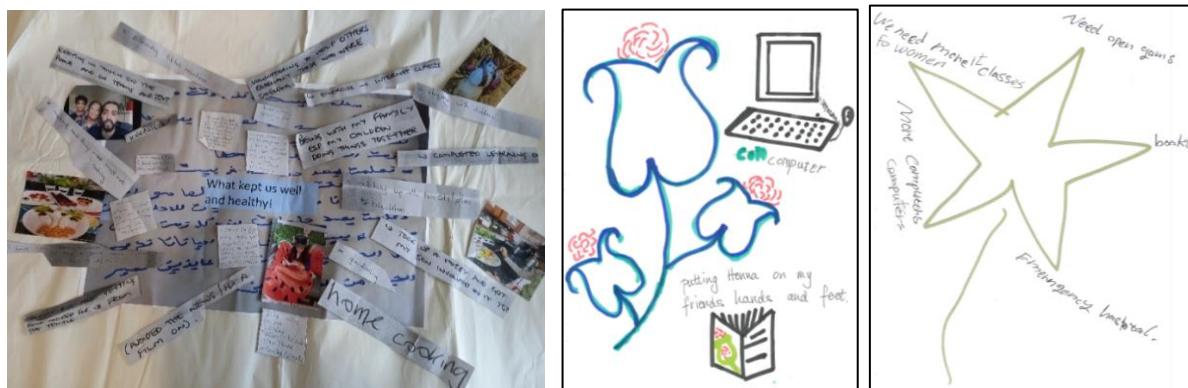
Figure 9. Poster of the group's good experiences of COVID-19 pandemic and magic wands

Reflections

Participants reflected on their experiences of participating in the co-creation activities. Participants really valued the opportunity to be involved in a project with the Council and the University – and being listened to. They were so pleased to have been asked to be involved and believe they were left with a different impression – more positive - about the University and the role it plays in the community. Language was certainly an initial barrier that was faced in this group, but not one that could not be overcome.

Below are some quotes to capture the key take home messages that they enjoyed the opportunity to share their experiences, and importantly want to ensure their voices are heard and action taken accordingly:

"Enjoyed meeting other people and talking about things"
"Learning new words"
"Gave us an opportunity"
"The Council will hear our voices"
"Hopefully will improve things in the future"
"We want at least one of these things in our wish list to happen"

Refugee and Migrant Centre

The group

Refugee and Migrant Centre (RMC) Wolverhampton is a multi-award winning registered charity which has worked with refugees and any marginalised migrants since 1999. RMC is the 5th largest such organisation in the UK. They provide a holistic, wrap-around service supporting clients with accredited immigration advice, housing and destitution, health and wellbeing, education, training and employment.

We had three participants during four sessions and a fourth participant that attended the last two sessions.

Session structure

Four sessions took place. Two sessions took place on 16th and 17th May and further two a week later (23rd and 24th May).

The participants had lots of questions about the research process, and it seemed they believed that they would only need to attend the one session. With a very small group this group was run as a focus group, and all participants were eager to share their stories. The group did not want to produce any tangible outputs. Instead, they wanted to continue to share they struggles and how they overcome those. The discussions focused on their experiences of living in Wolverhampton during the pandemic; their mental health and wellbeing during COVID; what support they received and which resources they accessed; how their experiences differed during the course of the pandemic; and how they were feeling about the future in light of all this.

What impacts your wellbeing?

Asylum process - uncertainty of outcome of process and associated despair, stress.

Employment factors: no access to legal employment (asylum seekers) - worklessness impacts on mental wellbeing. Poverty impacts on physical and mental wellbeing

Access to services- Lack of understanding or awareness of service options, unfamiliar systems and language, different previous experiences, for instance of health care and different expectations

Arrival and 'settling' process, living in the UK - Poverty, grief, isolation, home sickness, racial harassment, anxiety about family members (present and absent). Denial of right to work, loss of identity, status and means to provide for self and family, loss of hope, despair

at own story not believed, limited access to healthy food choices, different expectations of health services, entitlement confusion.

Housing issues - The quality of accommodation and landlord practice. Poorly maintained or inappropriate housing (including problems such as damp and mould, leaks, draughts, vermin, fuel poverty, inadequate food storage and hygiene facilities, increase risk of ill-health). Overcrowding and houses of multiple occupation. Sharing space with strangers (can have a negative impact on mental health as well as increasing risk of physical ill-health such as food-borne and other communicable diseases). Destitution – has significant negative physical and mental health effects

<u>Coping strategies during the pandemic and beyond</u>
- Use of friend's network
- Churches (online for services and food parcels from Churches)
- Online Bible studies,
- Online conversations with family back home
- Help from neighbours
- City of Sanctuary Wolverhampton as one of the most helpful organisations during COVID lockdown
- Walking (in parks) etc.

<u>Reflections</u>
All participants were grateful for the opportunity to be part of the project and felt positively surprised by getting certificates and vouchers at the end of the last workshop. They stated that taking part in the project was one of the nicest things that has happened to them recently.

Voice 4 Parents

The group

Voice4Parents is a voluntary Parent Carer Forum. Working strategically with Wolverhampton Local Authority and Clinical Commissioning Group the aim is to inform and influence services in Wolverhampton for SEND (Special Educational Needs and Disabilities) families, children and young people. The forum has 738 registered members who are all Parent Carers of at least 1 Child or Young Person with SEND - Many have 1+ SEND Child, and some are disabled themselves.

Session structure

Two sessions were held over 2 days (11th and 25th May) with 15 parents/cares of children with SEND. The timing for this group was received well as it was seen as a day of respite and day out to meet other parents and have lunch together. There was a waiting list for parents who wanted to participate in the group.

Day 1 consisted of an introduction to research and coproduction, exploring what wellbeing means to this group, and starting to share their experiences of the pandemic. Between day 1 and 2, participants were asked to share their story in a way that they wanted. On Day 2, these outputs were shared with the group, and the focus moved to what is wanted and needed for a happy healthy Wolverhampton for parents and their children. A summary of the key themes from each of the activities are summarised below.

What does wellbeing mean to you?

- Feeling happy and feeling good
- Physical wellbeing – healthy and having energy
- Respite – time to relax
- Being confident and making decisions
- Supportive relationships
- Feeling able to cope

Experiences of COVID-19: Key themes

Experiences of COVID-19 pandemic were mixed. All of the parents faced numerous challenges but did also draw out some of the positives that arose.

School closures: Probably the biggest discussion concerned the impact of school closures. Some spoke of their child(ren) thriving at home, being able to learn life skills, and have more time as a family. Whilst simultaneously, they struggled to get children to engage in school

work. There was a strong feeling that SEN children lost more than neuro-typical children by being out of school – in particular losing the specialist support.

Feeling suffocated: With their child not being able to go to school, this meant the parents lost their respite as often the school hours are the only respite they get. The parents also spoke of having to look after everyone's (family) needs apart from their own. As one parent described: *"I ceased to become a person during the pandemic"*. In many situations there were additional complexities with disabilities, housing issues, and other family members adding to the strain.

Feeling abandoned: by services – schools closed, mental health appointments delayed, Delays to getting help means that problems that were present pre-COVID are now magnified – it became a crisis. Had to reach crisis point before could access help. e.g. housing. telling problem over again – not being listened to or supported.

Informal support: There were pockets of support from unexpected places and informal support that helped parents through lockdowns in particular. Examples included activity packs for the children put together by Voice 4 Parents; and employers giving laptops to ensure children were able to access learning when home-schooling.

What is needed for a happy healthy Wolverhampton?

More things for SEN children to do - inclusive play spaces i.e. parks; more SEN activities such as youth clubs or groups; social activities for both the children and parents; events/activities for all and to focus on inclusion; more opportunities and leisure activities for children and young people with SEND and their families.

Improved services/access to services - quicker referral times; transparent advice and support; improved communication; support for the whole family; early prevention; integrated Mental Health provision in primary schools; support to understand that process of diagnosis and the support you can get.

More inclusive and understanding society - educate wider society to be SEN friendly, understanding and accepting; For my son to be able to access activities with his peers in the community and the support to be available needed to do that.

More opportunities/support for parents of SEN children - to talk to other parents, all SEN info needed by parents/carers in one place, wellbeing café or similar offering access to support/advice and opportunity to socialise; more support for housing

Better listening to/engagement with carers of SEND children/better relationships with services and professionals/more honesty - to be listened to as a parent and their concerns acted upon; understanding that the parent knows their child's needs; empathy by professionals who want to do their job well and are honest about their service capabilities.

Output

Numerous outputs were developed throughout this process. Individual stories were captured through written stories, mind maps, images, videos and audio recordings (see Appendix 4). The main output of the group conversations were recorded as visual minutes (Figure 10) and captured by a young person with Special Educational Needs.

Figure 10. Visual minutes (output) of the Voice 4 Parents Co-creation activity

Reflections

The group found it a good experience to listen to other parents, realise shared experiences and not feel alone. *"I have learnt I am not alone. That others are having the same issues as my family. I am happy that I have made connections with other parents."*

These sessions were at times very emotional, particularly during discussion of the challenges they faced: "Being involved in this project has provided an insight of what other families are going through. It was emotional as I wish I could help them." and *"I have learnt that there are many families in CRISIS desperate for help and it's so frustrating that there is NO help and barriers are constantly put in the way to access any help."*

On the whole they felt heard and listened to within the activities. *"Thank you for this group as I feel that my voice has been heard. I needed this group to express my feelings of what I felt during lockdown."* Importantly, however, they want to ensure that their voices and stories are heard in places that can make a difference. Some are hopeful but many fear, having shared their stories previously, that nothing will change. *"I'd like to feel my voice has been heard and I may have helped to make a difference".*

"I have found it personally rewarding to air my stories, to reflect, to see what needs to change for me and my family. To be more positive."

Youth Council

The group

City of Wolverhampton Youth Council is a non-political organisation made up of local young people between 11 and 18 (and up to 25 for those with a disability). They represent young people's views and work to improve the lives of young people in the city. The group consisted of 18 young people between the ages of 14 and 18 years and a mixture of gender and ethnicity.

Session structure

Given the timing of the project and exams, the introductory session was held during a Youth Council online meeting. Participants were given the opportunity to ask questions and feedback via a Mentimeter board. The story sharing aspect of the project was delivered in person during half-term. For the amin discussions the group were split into three smaller groups to facilitate more in-depth conversations and each group were supported by a member of staff or researcher. Final reflections were again collated online via Mentimeter after the session.

Key themes

What is good wellbeing?

Young people described good wellbeing as:

- being mentally and physically well
- having good health in general
- having a healthy lifestyle
- healthy mindset
- being in a state in which you are aware and in control of your emotional and physical state
- financially stable
- being able to take time out for yourself
- giving yourself a break
- being surrounded by like-minded people who can understand you
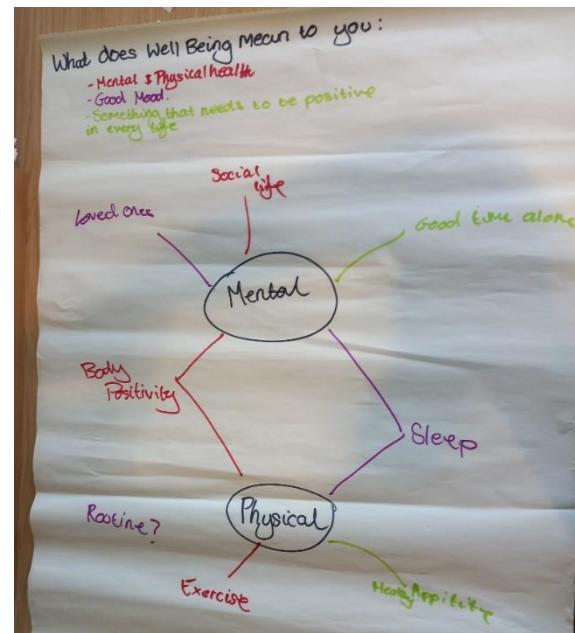
What changed during the pandemic for young people?

Young people felt like their lives were put on pause during the pandemic. Young people felt a lack of proper connection with their friends whom they were unable to meet with, and that building new and meaningful social relations during Covid was impossible. Most of the group did not like online learning and thought that most of it was a waste of time. The lack of motivation to study was explained by the lack of competition, such as seeing someone who is successful in their studies. Some felt bad about not doing much and being unproductive.

Others highlighted the challenges of trying to study at home – they explained how they missed being able to go to the library where they could focus and study. According to the young people, focusing on their studies at home was problematic during lockdown as there were too many distractions. Some of the group complained about the difficulties of being surround by family, and especially younger siblings, 24/7. Not being able to do something special for birthdays was also mentioned frequently.

What helped young people during covid?
Friendships – all highlighted that maintaining (online/phone) connection with friends helped them emotionally. Some stated that they managed to make new friends over the internet and that these online 'covid' friendships have continued.

Family - As mentioned earlier some young people complained about overcrowded flats and necessity to spend all their time with family, but quite a lot of young people felt that having the ability and time to spend some more time with family was a good thing for them.

Mental health meetings –participants talked about 'online mental health days' organised by schools. Meetings were focused on various issues and coping strategies designed to deal with them. All who participated found these meeting really helpful.

Internet – all the group were digital native, so they felt comfortable spending most of the day online. This included: chatting with friends, gaming, Netflix, podcasts, Tiktok etc.

Art – quite a lot of participants were 'artistic', so for them being able to draw, do graffiti etc was therapeutic.

Physical activity – walking, exercising at home etc was found to be beneficial to some. However, a few people said that they were completely demotivated and ceased exercising at home during covid.

How can we improve wellbeing in Wolverhampton?
- More activities and engagement for young people. Most of the participants struggle financially and would welcome some physical and/or art activities that would be free
- Cheaper public transport for young people (they are often unable to travel across town due to associated costs)
- More sessions on wellbeing in schools
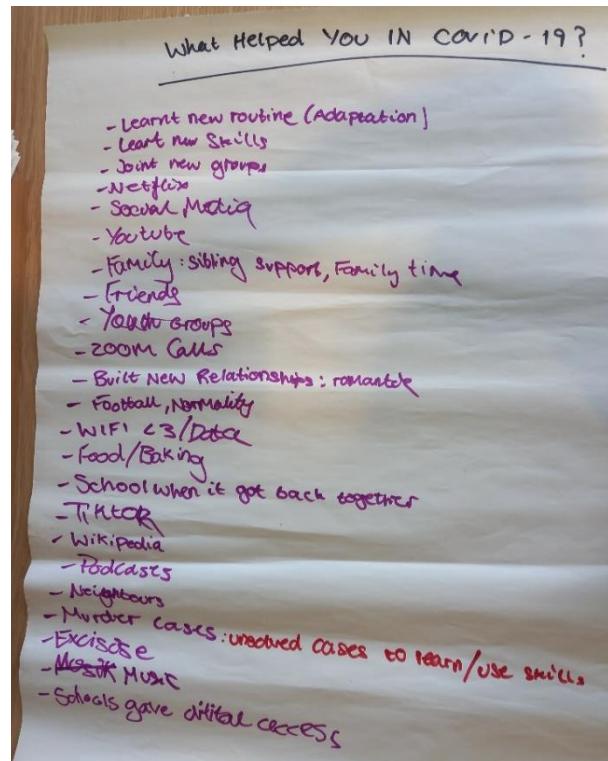
- More (and more accessible) mental counselling for young people
- Better career/job advice
- Residentials/days out (from schools)
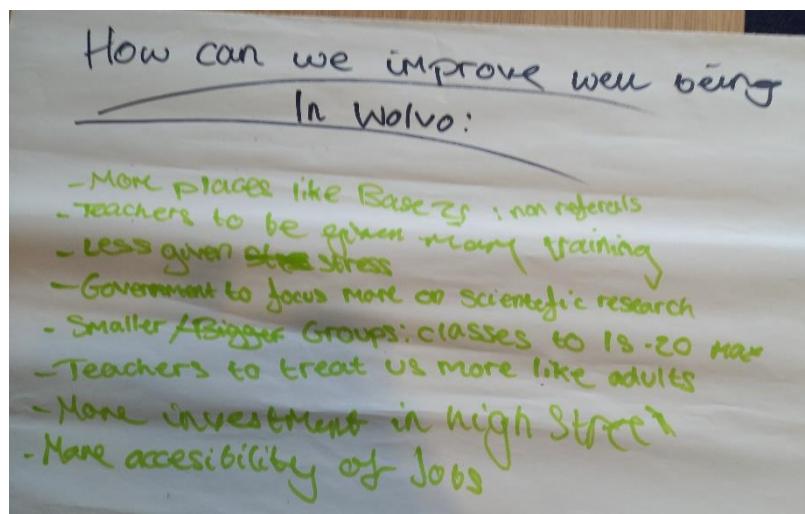
Reflection

Participants generally found the session informative, enjoyed the opportunity to share their stories and hear others' experiences of the pandemic. The young people shared a key motive for attending was the vouchers they would receive. Unfortunately, a couple of young people commented that they found aspects of the session useful but boring – but due to the online anonymous feedback we could not explore this further. One participant specifically explained how they found the activities useful to learn different ways we could talk to each other to communicate our experiences.

Access to Business

The group

Access2Business (A2B) provides services supporting local people into employment, self-employment and social enterprise. The group from Access to Business were all unemployed and/or seeking work (8 males and 4 females). The group consisted of young unemployed people and unemployed people living with a disability.

Session structure

This group on the whole ran according to the plan that had been developed by the team – and it was held in a building with a spacious and quiet room that was very suitable: participants were all sat round a long table when we arrived.

During the introductions each person explained why they were here today. Most said they had been asked to or that it was 'something to do'. While going through the introductions, it became apparent that several members were very quiet or even withdrawn, and that some seemed to have mild to moderate learning difficulties. Others were much more confident and chatty, so it was a very mixed group. One was in a motor wheelchair and sat near the back – it seemed unfortunate that this gave her a relatively peripheral placing, but despite she was one of the most confident and engaged group members.

Emerging themes or key findings

Experiences of the COVID-19 pandemic

One of the most noteworthy aspects of the characteristics of this group was that the majority of participants were white and were long-term residents of Wolverhampton. As noted, some had mild to moderate learning difficulties that made it harder to express themselves, particularly in writing or drawing. Alternative methods were recording interviews or video.

- Isolation and 'boredom' were reported by all participants, and frustration that 'lifeline' activities that they had depended on were withdrawn, for example being able to go out with family
- A fairly common experience had been loss of a job in the early stages of the pandemic and the loss of identity, purpose and confidence that came with it
- There was some intense criticism of the withdrawal of public services, or a perception of the decline in access, particularly to GP services and some mental health support
- Some had experienced heightened anti-social behaviour during the pandemic, perhaps because of people being restricted to home and lacking outlets; and though it was acknowledged that Council/police had tried to help, it hadn't been enough

There were some themes that particularly stood out in keeping well during COVID:

- Pets, not just dogs that encouraged people to go for a walk, but also other domestic animals that provided a focus beyond the self (see poster)
- TV, games, films and mind games such as crosswords and Wordle. Also crafts.
- Art had been particularly therapeutic and her work had been shared in a local art gallery (see poster below)
- Getting more intensively into existing interests such as craft beer and films (see photo)
- Going out for very short walks just to get outside / 'a change of scenery'
- Keeping in touch with family via Zoom etc.

Outputs

In some ways, this group struggled to find ways to express themselves through outputs, partly because they had a negative experience of this type of work, or had learning difficulties. Yet despite this, when offered the opportunity to record an interview (one was done without video, the other was video-recorded on a phone), they produced extremely articulate outputs focusing on their experience, how they had coped, and what they wanted to see happen.

Figure 11. Example outputs from Access to Business

Reflections

During the final session participants mentioned how the sessions had helped their confidence because it got them out of the house or travelling on public transport which they had been avoiding, so it was a very practical outcome, that appeared to impact directly on their wellbeing. Others said they had learnt a lot and especially had gained knowledge of what other people had been through and that gave them more empathy and understanding. It was particularly striking that a number of participants said they had begun to see themselves as lucky/fortunate, having gained an insight into the experiences of other fellow participants. In a sense they had found it very cathartic. They enjoyed taking part and were very appreciative of the certificates in particular.

TLC College

The group

TLC College was set up in 1997 to serve and meet the needs of the local community. The purpose is to offer skills and training to an economically deprived community in a comfortable and relaxed setting.

This was a large group of 22 participants and very mixed in terms of ethnicities and languages spoken. We were informed in advance that the group was made up of ESOL students and didn't have English as a first language and would need support and understanding with their language skills. The mix of nationalities and origins included Syrian Kurd, Indian (Sikh), Afghan, Iranian, Pakistani, Moroccan.

Session structure

The session with TLC College was condensed into four two-hour sessions in one week at the end of May 2022 (this was due to time constraints associated with the funding). On the plus side this meant the project was quite intense and developed a strong momentum, meaning researchers and participants got to know each other quickly and we were perhaps less likely to 'lose' people between sessions. However, this did mean we had to think on our feet in terms of rapidly developing a plan for each session, and introducing, explaining and preparing for the following session the next day. Overall, it worked well given the needs of the group and enhanced the sense of us working towards a common purpose.

Session 1 had to be simplified considerably given the language level, and a deeper discussion of research methodologies was not appropriate. As such the basics of helping them to collate their experiences were covered well and we explained how the work and particularly their participation might benefit and influence the Council. Having an ESOL teacher and some of TLC's volunteers present, as well as some participants with better English skills that could translate into their respective languages was highly valued in the group.

Key themes

Because of the diverse nature of the group (in terms of age, gender, ethnicity, immigration/settled status), there was a lot of variability in responses under the different themes.

Experiences of the COVID-19 pandemic: challenges

- Many of the mothers in the group reported the sense of loneliness and isolation, and 'pressure' experienced during the lockdowns, with children at home and added pressures of home-schooling and keeping family well.
- There were serious anxieties related to keeping 'safe' from COVID including intense cleaning routines.
- Some of the men were more likely to have been working at points during the pandemic, and report that they had had COVID, and this was very 'stressful'

- There was huge frustration expressed by many in the group about accessing basic services particularly GP appointments, and also major concerns about housing quality and the desire to get appropriate social housing
- Access to shops and decent food during the lockdowns was also a major issue for the women in the group, particularly older women who may have struggled more to get out, or were fearful.

Staying well

The most common theme in participants responses was the ability to keep family close and draw strength from family ties, as well as the range of informal support. One sub-group within the group had been involved in mutual aid and food deliveries within their own local community and this was clearly a source of pride and had helped their own wellbeing immensely. The use of technology was mentioned, eg using phones to keep in contact with family globally and locally. A really powerful theme for many was the call for much greater clarity of information and guidance about COVID-19 both locally and nationally, and that greater clarity and decisiveness in general public messaging would have reduced anxiety and general pressures on families and individuals.

What is needed

In thinking about how to influence the environment and 'system' to support better mental health and wellbeing, the group were united by their negative experience of treatment by services (eg health, housing and local authority), because of their marginal status as recent immigrants, and because of racism. They asked for:

- Respectful, polite and professional treatment by frontline workers, eg reception at public agencies,
- Willingness to listen and a mindset of being focused on helping – maybe using volunteers with direct experience to improve things?
- Frontline staff should be more patient, welcoming and 'smile'
- It should be much easier to get an appointment; and there should be support for language translation

A final big theme was a plea for more informal activities for children, more sports and space to play, and more things available in holidays for children to do (not just sports but dancing, singing etc)

Outputs

The outputs for the group at TLC College were visual posters and some written stories. One idea was for smaller group work to focus on a nationality/country and was a coherent way to capture a shared experience. A couple of the posters are shown below and others in Appendix 5.

Figure 12. Posters produced during co-creation activities at TLC College

Reflections

The group were unanimous that they had enjoyed all the sessions and particularly that they had learned a lot, shared their experiences with the researchers and with each other, and there was a strong sense that they felt they had been listened to. It had been an opportunity to improve their language skills (and the ESOL tutor had stressed from the beginning that the sessions were very much a practical opportunity for them to speak English 'for real' and engage with people other than the tutors and themselves). They were all delighted with the certificates that they received at the last session, as it was a tangible outcome for them, and captured that they had been through a learning experience. There was a strong sense that they had been empowered to make an impact in future, because they had been helped to express their views and enhance their confidence. Much of their feedback, though positive, focused on improving the engagement with them, for instance:

- Speak slowly (because they are new to English), and as clearly as possible. Repeat key points and ask if they need to ask questions.
- Keep it all simple!
- Use pictures and much more informal methods (eg they liked the handouts but no need for powerpoint presentations)
- Generate a conversation not just the researcher talking, gradually it becomes clearer to them what is needed but it takes time!

6. Student Reflections

Students were invited to be involved in the supporting the delivery of the survey and co-creation aspects of this project with the goal of:

- enabling local young people to gain real world experience of deploying their academic skills
- providing an opportunity to research real time public health issues where they live
- providing an opportunity to learn how to engage with communities
- and have all this evidenced using a micro-credential aligned to the Public Health Skills and Knowledge Framework with a goal of strengthening future employment opportunities.

The students supporting this project have been an invaluable support. They have thrown themselves into getting involved in all aspects of the project and as a result gained and further developed a range of skills. Captured below are reflections from each of the students of taking part in the #WolvesWellbeingandMe project.

On reflection, volunteering on the #WolvesWellbeingandMe project has been an invaluable experience. I have been involved in team meetings, the survey and co-creation activities. Firstly, using Qualtrics and updating the figures has given me a deeper understanding of how the system works but also the importance of understanding the demographics of your sample. I've enjoyed extracting the figures and giving updates. The meetings have been a fabulous insight into the trials and tribulations of research, and I've enjoyed listening to them.

I found the co-creation groups enormously beneficial and an eye opener. To hear the experiences of so many different ladies from different cultures was something I could never learn from the books. I wish more students had the opportunity to sit with these people and really listen to their world and how they navigate it. I learnt a lot. It also made me realise how much I want to be able to help these people face to face, but also how much more I have to learn.

I am very grateful for the experience. I never imagined I would be so involved but have been made to feel very much part of the team. I think the co-creation groups are the way forward. I can't believe you could get such rich data from a structured or semi-structured interview lasting 30-60 minutes, and certainly not from a quantitative study. I also think it appears to be the best way to capture these people that really need it, as filling in surveys did not go down well with these ladies.

I'm looking forward to seeing the results and the outcome from Public Health. I'd also love to be part of something like this again. I think co-creation groups where psychology students were involved would be invaluable experience to them.

Psychology Student

When I was offered the opportunity to participate in the co-creation projects I was excited to be involved in some real-world community-based research.

I was partnered with an experienced researcher who I knew of, but not well, which increased the slowly building anxiety. This was the first time to discover if the role of the researcher was for me, and if I had these skills or not. By the morning of the first session with the group we had been allocated, I was having passing thoughts of maybe not doing it after all. However, the partnering with this researcher was a genius move on behalf of the organiser. She was the perfect person for me, not only to learn from, but work with.

The group we had been allocated were not what we expected. We had been told by the main contact at the organisation that it would be a group of women, but they were women not only with limited English language, but also many of their children, who were not of school age, were also present, and no equipment was supplied as we expected. This is where the researcher brought all her experience into play and for me, it was an opportunity to see how to achieve what was needed without any of our forward planning or the required equipment. However, though things had to be adapted and changed, I got the opportunity to see a researcher in action, connecting with people that 10 minutes before she had never met and bringing them on board. We managed to utilise the staff members available to act as translators and in future weeks to prepare the ladies for the language we would be using. I also had the opportunity to present which very much ripped off that anxiety sticky plaster. I hadn't done anything like that for a very long time and it was quite empowering knowing I could stand up in a room and talk to strangers again.

In the following weeks, along with this regular weekly session, I supported some of the other sessions. This was a great opportunity to see different styles of researchers in action and more importantly hear the stories of a variety of people. Some of the stories could be expected but many could not. The emotion, damage and in some cases trauma of the covid experience was, in some cases, overpowering. It became very clear that these people just needed to be heard because even with the best sentiment there is no way of knowing someone else's experiences and needs.

I have finished this process knowing that academia and research are not something that exists in a chair in an office. It is real and messy, it cannot be predicted or shaped to what the researcher wants because it involves people, and every person is different and unpredictable. However, done well over time and in true partnership with people it could have some powerful outcomes.

Student

As a psychology student who lives and grew up in the wider Wolverhampton area, with disabilities, I felt that taking part in a wellbeing survey centred on the experiences of the COVID-19 pandemic on the wellbeing of Wolverhampton residents would be a good experience. My main tasks consisted of assisting with recruitment to the survey, collating survey figures, and assisting with wellbeing co-creation groups, where the experiences of participants was documented through interacting with them.

I learned a great deal of skills, such as data processing, networking, and multidisciplinary group work, all of which will be invaluable to my own development within psychology. Participating in weekly team meetings gave me a sense of belonging, that I believe helped with my social skills, and gave me some experience with intergroup cooperation within research projects.

Reflecting on how I felt about the wellbeing aspects of the survey, I found it to be beneficial to listen to some of the experiences of participants, and I found myself relating to some of them which I found to be enlightening.

I struggled with some of the writing and numerical aspects of the research, due to being dyslexic, and I feel that I should have asked for help more. However, I also think it will help to allow students taking part with Learning Disability to involve their academic mentor in future, if they have access to one, as this may add a further dynamic within the meta aspects of the study/research. Overall, I am happy to have taken part in this research project, and I look forward to further collaborations.

Psychology Student

7. Considerations for future place-based engagement activities

Based on the teams' experience of delivering the co-creation activities for #WolvesWellbeingandMe, we have developed a list of considerations that should feed into the future development and planning of similar place-based engagement activities designed to bring together the University, Local Authority and local community for greatest impact.

The approach was received positively by the community groups as an opportunity to be involved and shape how their views are heard in a safe space.

A key factor that must be considered when planning such activities is flexibility. We hope that these considerations provide useful direction in how future projects should be organised to promote full engagement and participation, whilst acknowledging the flexibility that may be required between different community groups.

1. The sessions must be **flexible** and tailored to the community group and research topic – one size does not fit all. Appreciate that what may work for one group, may not work for another.
   a. This could include the need for different session structures (i.e., frequency and length of sessions to account for other commitments)
   b. This should consider any language barriers, the need for translators, and levels of understanding of key words and phrases.

2. **Time for co-design** – important to have the time available for detailed conversations with group leaders about the set-up, to allow them time to source materials and co-develop the sessions. This will also ensure the expertise and views of community groups and the community members themselves about the priorities for the research and the proposed outcomes are reflected in the research design/ questions/process. In particular, this would help ensure an appropriate measure of wellbeing is selected for each community group (accounting for age and vulnerabilities).

3. **Time to deliver** - project to run over a longer period of time (suggest a minimum of 6-8 weeks).
   a. For participants who have not met each other previously, time is needed for them to build rapport and feel comfortable opening up and sharing their story and experiences.
   b. Sufficient time is required to both allow groups to vent and talk about the issues and challenges faced for them to be able to then move past that to fully engage with and consider potential solutions.
   c. More time would also provide project leads the opportunity to share and reflect further before subsequent groups took part and follow up sessions.

4. **Location** of sessions – something to consider in collaboration with the group at the onset of each project. The decision would need to weigh up the advantages of participants feeling comfortable in their own environment versus the technical support available at other venues, such as the University.

5. Have a researcher present who is available for **one-to-one** discussions with participants to tell their story in more depth. This could work either in person or online and ensures everyone has the opportunity to have their voice heard fully.

6. Involve **students** in the running and delivery of co-creation projects. This provides valuable real-world experience for them, which is acknowledged with a micro-credential recognising their contribution and skills developed as a result.

7. As this may be a new concept to some community groups, provide examples of how any funding can be used to support the delivery of the co-creation activities. See Appendix 6 for examples based on the #WolvesWellbeingandMe project.

8. Consider the possibility of costing in administrative support for groups who have not run sessions before, i.e. booking venues/rooms and catering.

9. Include opportunities within the co-creation activities for representatives from the Local Authority (in this case Public Health) to be 'in the room' supporting the sessions and allow the communities voice to be heard directly. This would enhance the message that the community voices are important to policy making.

10. **Feedback** must be provided to the communities involved afterwards. Providing certificates to everyone who participated, explaining what they had been involved in were greatly appreciated.

11. Ensure clear **safeguarding** pathways are in place (especially if the focus is on a sensitive topic).

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9. Appendices

Appendix 1: Women of Wolverhampton
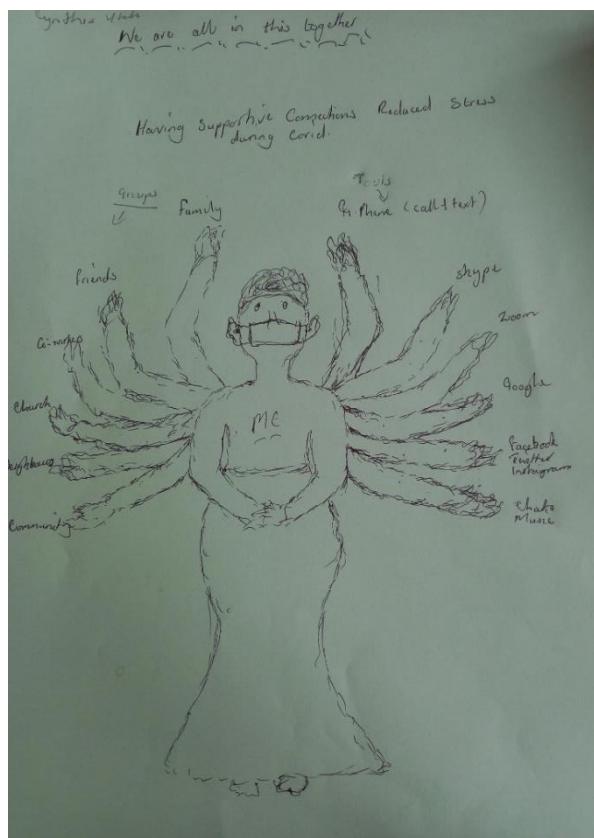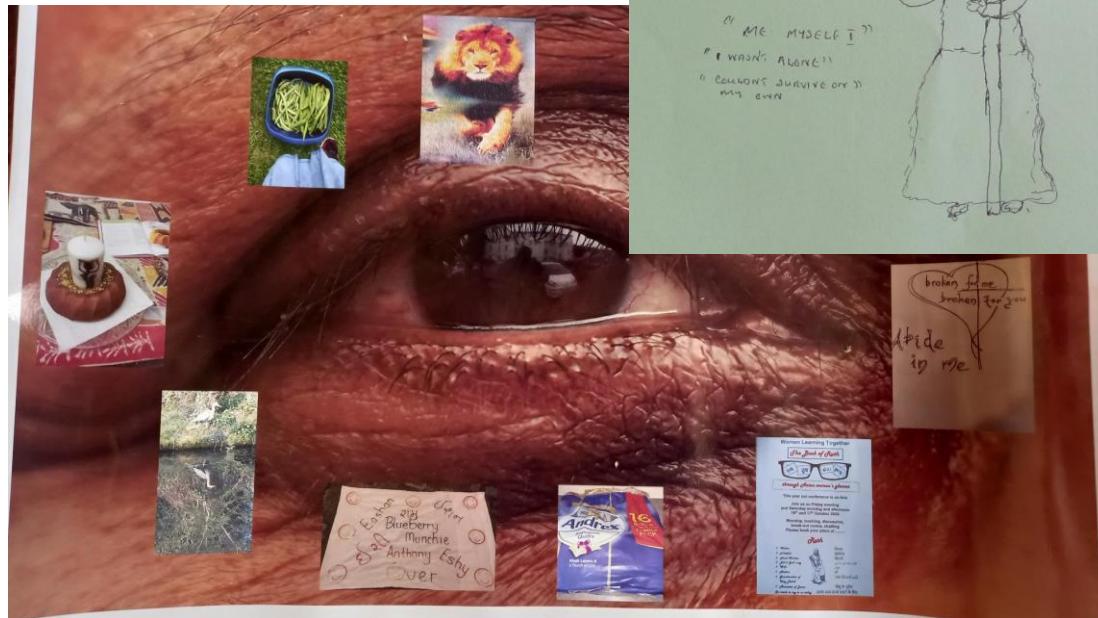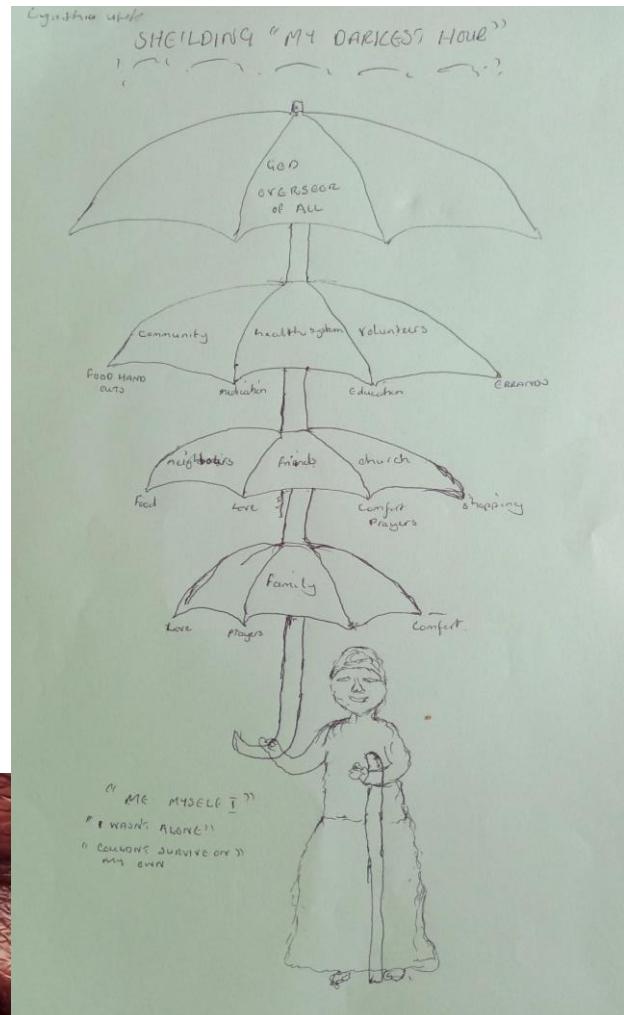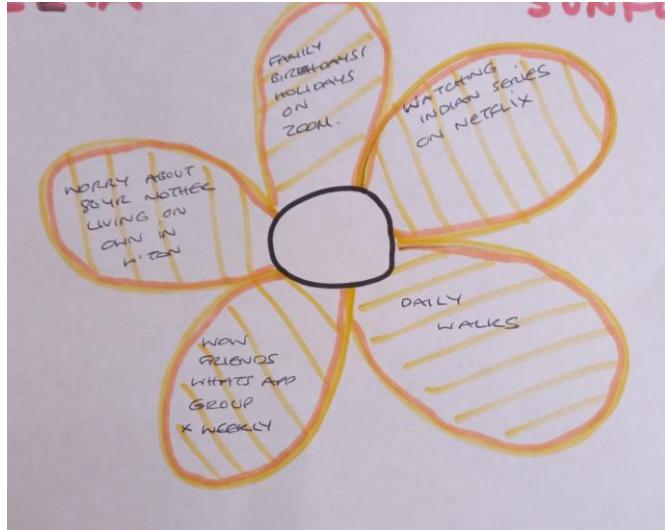
Narrative for the eye poster – covid-19 How I coped with covid-19

Beginning at the bottom with the toilet paper

1. Reminder: the panic that the unknowns of Covid-19 caused

2. My embroidery skills : pillowcase for my grandson

3. Exquisite : rare photo of a local canal resident – did a lot of walking at the canal

4. Cross-cultural: Zimbo-Brit, Birthday cake and candle :) – baked as well ….Zimbo=Zimbabwe

5. Celebrating : Covid-19 vegetable harvest! – did a lot of gardening and the fruits of my hard work

6.A favourite hobby : reminder of Aslan in the Lion, The Witch and the Wardrobe – I love doing jigsaws – that saw me through too

7.Doodling: In prayer and the truth of God's eternal message of love held me together

8. Grandchildren fill a space in your heart that you never knew was empty. (Anonymous) our addition to the family meant sunshine in our lives through the pandemic

9. Jesus, the one, broken for you and me – my faith in Jesus carried me and flourished me as I spent time in God's presence

10. Eye-opener: unpacking a culturally relevant message – organising zoom gatherings for Asian Women following Jesus to unpack the story of Ruth from our perspective.

TODAY IS AS GOOD AS ANY DAY

Today is as good as day as any day
This minute is as good a minute as any minute
This place is as good a place as any place and
This age is as good an age as any age
To be, to do, to try, to change, to transform and to embrace life so as to live it as best as you can.

Did somebody do you wrong?
Today is as good a day as any to let them know.
This minute is as good a minute as any to forgive them
This place is a good a place as any place to start afresh and
This age is as good an age as any age to move on and rise up to greater heights
So forgive even if the wrong doer refuses to acknowledge their wrongs for it frees you to move on and transform your life to as great as it should be.

Did you wrong someone?
Today is as good a day as any day to own up and confess to them your wrongs
This minute is as good a minute as any minute to apologise and mend the broken trust
This place is as good a place as any to invite them or reach out to them for you never know, even though you may have wronged them they might actually be missing you, love is like that.
It forgives even while the mind overthinks the process.

Have you let yourself down lately?
Today is as good a day as any day to acknowledge that.
Have you ever started to hate yourself because you let yourself down?
This minute is as good a minute as any minute to forgive yourself.
Right where you are is as good a place as any place to acknowledge yourself as you are, faults and all.
For who on this planet has no faults?
If it has taken you years to get here, do not fret
How long it took is not what matters but that you got here.

If ever you have been down the valley,
If ever you have felt downcast and downtrodden
If ever you have felt victimised and unacknowledged
If ever you have felt like giving up and yet still remained alive
If ever you have wondered what the point was for existence when all else seemed to be failing around you…..

Today is as good as any day to unveil the answer
The Lord loves you and has all the answers but He will answer them when you ask him.

You must unveil these answers by believing in yourself a little more
Believing you deserve whatever it is you are in search for
You must trust yourself enough to receive it.
Trust yourself enough to love yourself enough.
That trust you are expecting from others, give it yourself first
That love you are expecting from others, give it yourself first
That victory in overcoming adversity is well within you.

Today is as good a day as any to acknowledge, accept and applaud yourself for you deserve it
Today is as good a day as any day to acknowledge, accept and applaud others for they all deserve it too.
I am not perfect, you are not perfect and they are not perfect.
Everyone will let you down at least once in their life at some point in your life but hey you will let yourself down at least once in your life as well.

Should you choose not to forgive, let go and move on, you will one day be left with just yourself and when you let yourself down then will you not forgive yourself? Of course you will forgive yourself and today is as good a day as any day to be real with yourself.

Today is as good a day as any day to sing for joy, to celebrate each other, to embrace and celebrate the gift of life together and shake off all negativity because life is too short to be glued to doldrums and miss on the fun.

Appendix 2: Wolves Foundation

Appendix 3: Crafty Gardener - Tree of Hope

Appendix 4: Voice 4 Parents
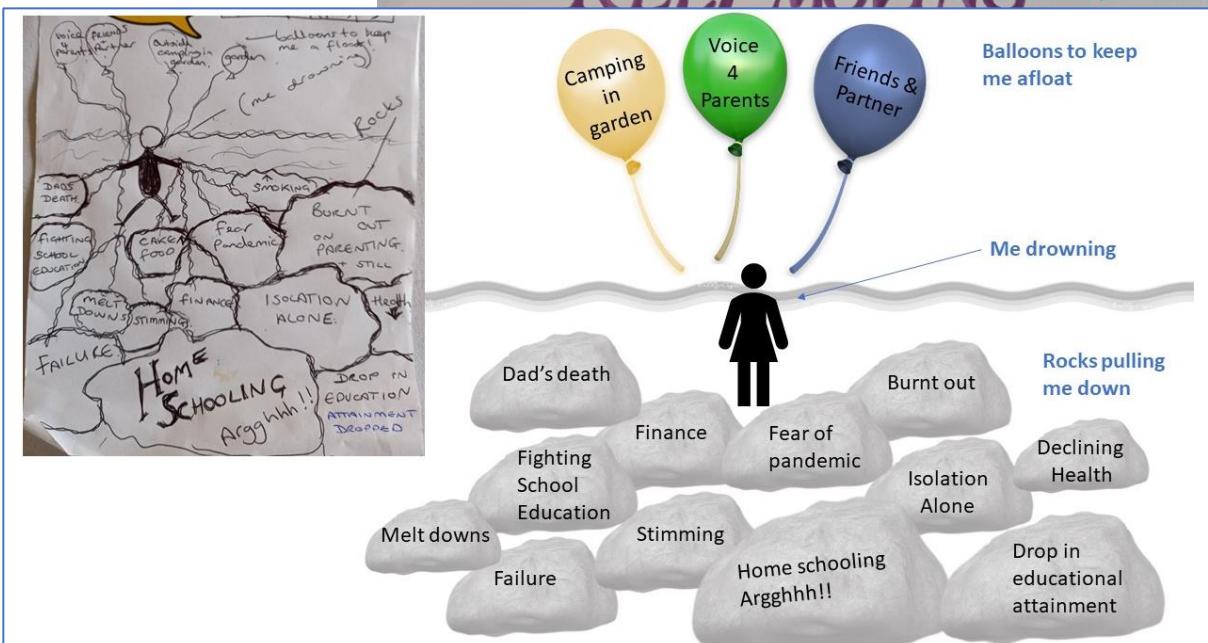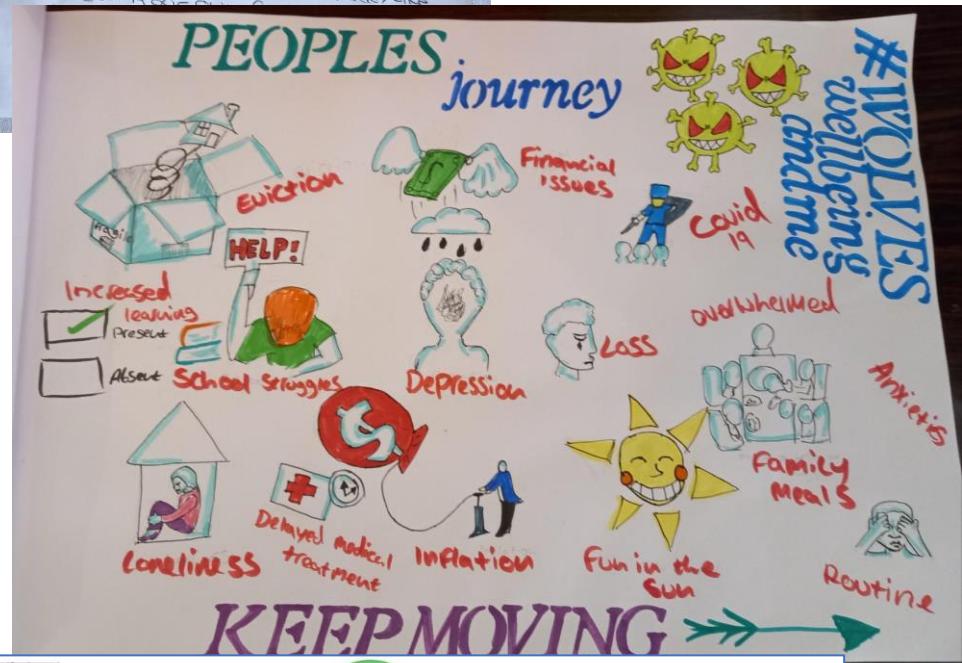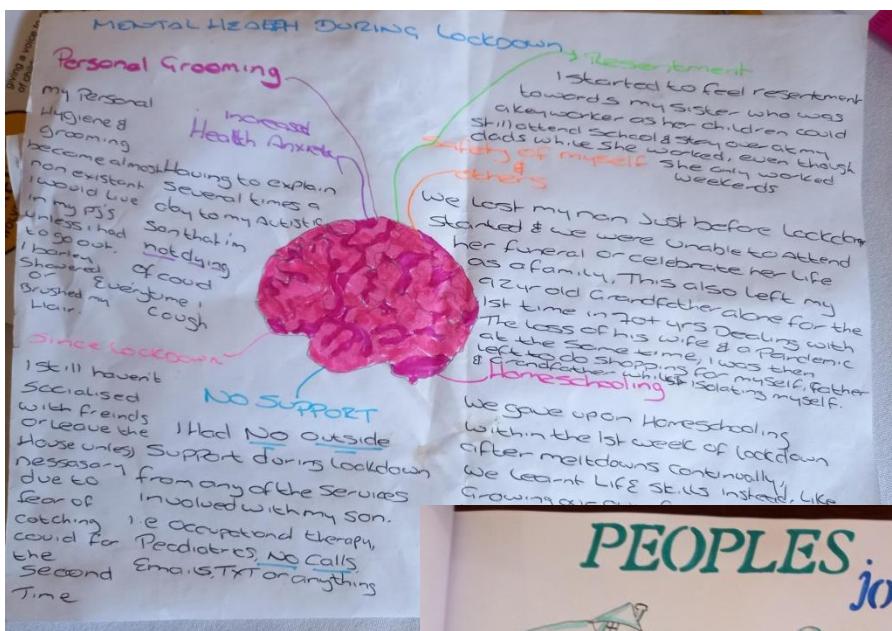
Appendix 4: TLC
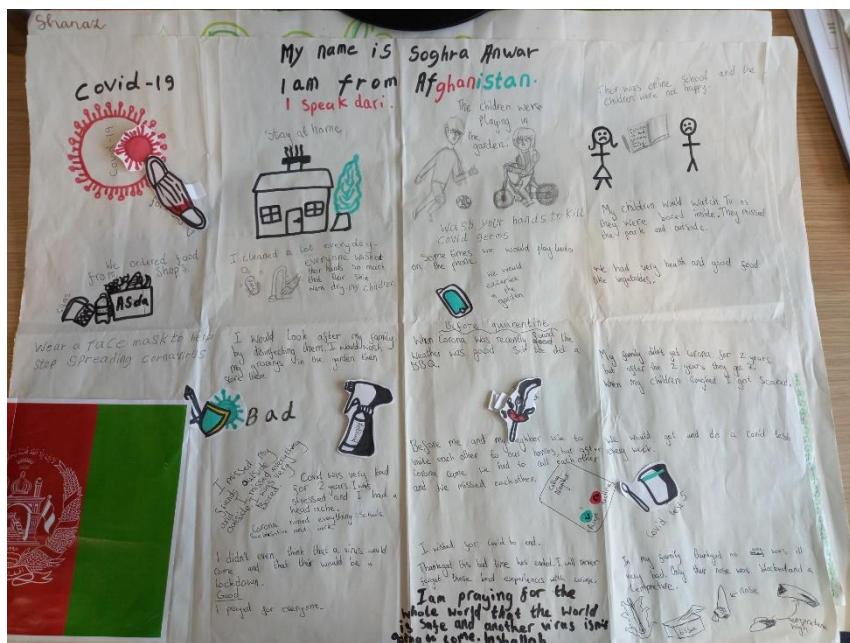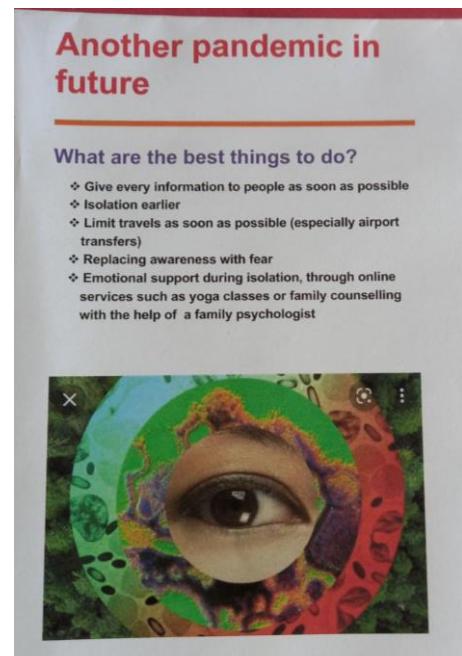
Appendix 5: Co-creation activity funds

Examples of what funds could be spent on based on the nine #WolvesWellbeingandMe co-creation projects

Participant vouchers	Travel costs
Catering - Lunch	**Refreshments**
Venue Hire	**Leaflet design and printing**
Artist	**Staff time to set up and be present**