Anticipating the Unanticipated

Ethnography and Crisis Response in the Public Sector

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This case-study emphasizes the importance of ethnographic research in the public sector, specifically regarding emergency preparedness and crisis-response. In the summer of 2020, Surrey County Council in England commissioned a mixed-method Community Impact Assessment to better assist and serve their residents during the Covid-19 pandemic. Stripe Partners conducted the place-based ethnographic work, helping discover insights that led directly to strategy change. The ethnographic and quantitative research went hand-in-hand and led to rich and meaningful insights that were able to confidently convince decision makers to create change. Our ethnographic work validated many of the quantitative findings, while simultaneously providing the depth that allowed them to accurately and most usefully allocate resources for change. We researched how local communities had been affected by Covid, conducting on-the-ground interviews in seven different towns in the region. We listened to their stories, and translated them into actionable opportunities for change, many of which we have been able to see come to fruition.

Keywords: public health, public-sector, government, crisis-management, emergency, case study, Covid

CONTEXT

In early 2020 the world changed. England entered a lockdown on March 26th, 2020, forcing all residents to stay at home and only leave for necessities or outdoor exercise once a day. Furlough schemes were enacted, allowing companies to effectively lay-off workers while still providing them with a partial salary and thus protecting their employment. Even with other support schemes such as rent freezes and mortgage holidays, many people struggled with finances and their physical and mental health.

Surrey County Council (SCC), located just southwest of London, identified the crisis their residents were facing and moved into action. Beginning in June 2020, they launched a Community Impact Assessment (CIA) combining qualitative and quantitative research to better support the struggles many of their residents were now facing. Despite being one of the wealthiest counties in the UK (second only to Greater London), Surrey County does have pockets of significant deprivation.

We conducted this research at a crucial moment in the timeline of the pandemic. In late summer of 2020, Surrey County Council conducted several quantitative assessments followed by the ethnographic work done by Stripe Partners during September. At this point, furlough was scheduled to end in October, and restrictions were supposed to be lifting. However, during our fieldwork, new restrictions were put in place, furlough was extended, and it became clear a second wave of cases and another lockdown was pending. We were lucky enough to complete our fieldwork safely and respectfully during this moment in time and our findings, along with the quantitative work, helped Surrey County Council better serve their residents during the second lockdown and beyond.

ACADEMIC PERSPECTIVES ON EMERGENCY RESPONSE PREPAREDNESS AND THE PUBLIC SECTOR

You can measure preparedness through the "combination of structural and non-structural measures designed to reduce known risks but also to ensure effective responses to a range of threats" (O'Brien 2006). When it comes to crisis-response, a lack of integration of the public's views into emergency preparedness policy is often the status quo, but data increasingly shows the necessity of resident involvement in such planning to ensure the most effective measures are taken (Turoff et al. 2013). In their publication on "Public health emergency preparedness," Khan et al. emphasizes the importance of both 'community engagement' and 'collaborative networks' in creating 'resilient policies' (2018). We know, however, that this is not always easy as shown in Saunders, Stormon-Trinh, and Buckland's previous EPIC paper on "Changing the Perspective of Government" in New Zealand (2017). Public-private partnerships are also common in disaster management but are less tenable in a global pandemic than a regional event (Busch et al. 2013). Surrey sought to build resilience at a governmental level, to not only address the issue at hand but to better prepare for future emergencies.

Academic practitioners have shown that while incorporating residents' experiences into an emergency preparedness system is important, it typically does not happen. Surrey County Council as proponents of research and champion of their residents' voices, recognized the need for an experience-based approach by developing a rigorous research plan that engaged residents as well as quantitative insights.

COMMUNITY IMPACT ASSESSMENT

Stripe Partners' research sat within the wider scope of the Community Impact Assessment that Surrey County Council commissioned. The Community Impact Assessment contained 3 main pieces of work: ten rapid needs assessments of vulnerable groups, a household temperature check survey, and place-based research (of which the ethnography was a part). They were completed in parallel and combined for the final report. While only part of the project was ethnographic, all three parts symbiotically worked together, so it is important to briefly explain each.

1. Rapid Needs Assessments (RNAs): Rapid Needs Assessments are a tool utilized by agencies in emergency situations to obtain a snapshot of where resources are most required. A series of RNAs were carried out between June and September 2020. The RNAs focused on ten populations defined as vulnerable due to their higher risk of mortality from Covid-19, underlying health conditions, economic and social marginalization, and/or groups disproportionately affected by Covid-19. A mixed methods approach was utilized which incorporated quantitative data, prevalence mapping and qualitative data. Each RNA involved interviewing community members, service users, focus groups, stakeholders across the system, including service commissioners, managers, and frontline workers, to explore communities' experiences during Covid-19 and priorities for the future.

2. Temperature Check Survey: The Temperature Check Survey was an 11-page quantitative survey that was in field between the tenth of August and seventh of September. The survey was sent by post to residents to self-complete. They

deliberately chose a postal survey to minimize digital exclusion, but the invitation letter also included a link to complete the survey online for those that preferred to do so. The analysis used a method called 'weighting' to ensure that the findings accurately reflected the demographic profile of the County. Weighting is a scientifically proven technique which maintains accuracy of results while ensuring those results are representative of all the different groups in a population.

3. Place-Based: To understand the impact that Covid-19 has had on local areas and places across Surrey they first analyzed three different types of impact from Covid-19. These were grouped into: health impacts, economic impacts and population group impacts. For each dimension, they collected data at the Middle Layer Super Output Area (MSOA) level and constructed a Surrey wide index which combined several indicators to produce an overall dimension score. They then looked at how these impacts varied across Surrey and how they related to each other. This work led to the ethnographic research.

METHODOLOGY

Sample

The main purpose of the ethnographic work was to discover the "why" behind the quantitative findings. Surrey County Council had discovered various patterns but needed more context and texture to better understand and implement appropriate services. To do so they commissioned Stripe Partners to undergo place-based ethnographic research that the SCC research team had identified as unique areas of interest due to the fact that they had been more heavily affected by Covid. They sought to use these locations as proxies for the county as a whole and thus searched for places that had discrete struggles. Additionally, we visited an area that was shown to have been less affected by Covid to serve as a control case. We spoke to three people in each location for a total of 21 participants.

Each of the locations was selected because of a specific characteristic revealed by the quantitative findings. The four characteristics we looked at were:

1. High increase in unemployment
2. Lower socioeconomic area
3. Commuter town
4. Rural area with high economic impact.

We selected two areas on opposite sides of the county for both 'high increase in unemployment' and 'rural area with high economic impact.' In total we visited seven different areas that were affected by Covid and one 'control' town.

Within these seven areas, we recruited for further specific characteristics informed by the data the mapping quantitative work provided.

The quantitative work showed that these groups were disproportionately affected by Covid-19 and it was Stripe Partner's job to understand why.

Table 1. Recruitment Criteria

Characteristic	Recruited for
High increase in unemployment due to Covid-19	Those who lost their job for Covid-19-related reasons, those working in affected sectors
Lower socioeconomic / deprived area	Oversampling of Black, Asian, and minority ethnic, lower socio-economic status, low-paid, zero-hour contract jobs in retail, hospitality, manufacturing, etc.
Commuter town	Oversample of people who are self-employed and ineligible for government self-employment scheme, people who commute into London
Rural area with high economic impact	Those who live rurally, those cut off from public transport, over 65s
Area with lower economic impact (as a comparison)	Those who have not been severely financially impacted

Ethnographic Method

We combined both remote and in-person ethnographic techniques and had to maintain a level of flexibility to adhere to Covid guidelines and ensure all participants were comfortable. The research methodology consisted of three parts: 1) 1-hour virtual interview, 2) 30-minute diary task, 3) 90-minute face-to-face interview. In the first interview, we got to know the participant and began to understand the challenges they faced due to the pandemic. Based on the conversations we had during this time, we assigned a bespoke diary task to the participants that would provide artifacts and texture to their experience. Some examples of data collected include: photos of how birthdays were celebrated, a schedule of their typical day, and Strava results from family bike rides. These helped us paint a thorough picture of our participants' lives.

The third stage provided us with the most insight. We visited the participants' homes or met in a public place. We conducted a 90-minute interview where we went in depth about exactly how the pandemic had impacted their lives, for both the better and worse. Members of Surrey County Council attended these interviews, along with community organizers from the area. The local organizations sought to better understand what was going on in their region and begin implementing immediate changes. A few of the interviews were conducted virtually due to Covid concerns.

KEY FINDINGS

From our ethnographic work, we found three discrete areas of impact: Economic, Social Cohesion, and Place-Based. It is important to note that some of our participants thrived with little negative effects. The survey findings supported this and found that residents referenced

an average of five positive changes for their household to come out of lockdown. The most common (and consistent across all demographic groups) were:

- Less traffic congestion (72%)
- Spending less money (66%)
- Reduced travel (63%)
- Better air quality (56%)
- Spending more time outdoors (47%)

This being noted, most of our participants did experience a severe impact and some were struggling to get by.

Economic Impacts

The most overwhelming effect we saw among our participants was an economic one. This was also the primary focus of the ethnographic work as health effects were covered in the Health RNA. One of the biggest gaps in support we found was around furloughed residents. In response to Covid, the UK government introduced a nation-wide furlough scheme. Instead of laying off workers, companies could opt to furlough them. This meant that the UK would pay for 70% of the employee's regular salary while they were not able to work due to closures. The hope was that this would prevent widespread unemployment while giving companies financial relief. While this scheme was appreciated, many furloughed residents of Surrey felt that their future was in flux and were unsure how to move forward. Some furloughed respondents saw this time as an opportunity to make a career change but did not know how to go about it. We found that there is little information, networking, and awareness of opportunities for lifetime professionals who have not found themselves unemployed before. People tried to innovate but not all had the resources to be successful. For example, one furloughed flight attendant lamented that in her mid-forties she did not know how to type. She also struggled to know how to transfer her skills to another industry after spending over 20 years in aviation. Furthermore, many participants believed that others need job resources more than they do so they tried to fend for themselves, oftentimes unsuccessfully.

We found an overall lack of awareness of local opportunities and no understanding of what could be offered. Respondents had a hard time imagining what kind of assistance they needed as they have never been in this situation before.

Consistently, we heard respondents using platitudes as an excuse for not receiving assistance. For example, almost everyone we spoke to stated, "At least I have my health" and/ or "there are others worse-off." Participants discussed returning food parcels and their hesitancy to accept government assistance because they felt that others needed it more. Many of these residents never missed a mortgage payment and had rarely struggled financially. Meanwhile, they were maxing out their credit cards and struggling to pay their mortgage. With the end of furlough on the horizon, and with it the potential loss of a job, respondents were beginning to get desperate for help but did not understand what they were eligible for.

One participant had recently re-done his entire kitchen, costing around £40,000 and using most of his family's savings. With a steady and substantial income for most of his career, he thought it would not be an issue. Then Covid hit; he lost all his commission but

was technically still employed so he was ineligible for any government support schemes. His wife, 3-months post-partum, had to take a weekend shift at a grocery store and they ate cheap meals such as 'beans on toast' several times a week to pinch pennies. From the outside, it appeared like he had a beautiful home and family, but they were on the brink of bankruptcy. He too, was grateful for the roof over his head and his health and felt that there were others that deserved assistance more, even though he could barely afford food.

The positivity our respondents displayed was remarkable. The sick were grateful for their home, the financially-constrained grateful for their family, the lonely grateful for their health, ad infinitum. While a survival mechanism, this sense of positivity prevented respondents from getting help until they absolutely were desperate for it. This then impacted both their mental and physical health, especially among younger populations. This decline in mental health was also supported by the quantitative findings.

Social Cohesion

In addition to the severe economic impact, we discovered that the way residents interacted with one another changed too. The biggest change we found was that the micro-local increased in relevance. Neighborly-spirit, rather than a community-spirit, became very heightened during this period. Almost everyone we spoke to mentioned helping out an at-risk neighbor, be it by picking up prescriptions or mowing a lawn, but few mentioned community-wide initiatives. As social circles contracted, a sense of governmental distrust and 'otherness' grew. The apparent lack of government presence enforcing rules or offering clarity exacerbated negative feelings. This finding also helped to explain why the uptake in government and local council assistance was not as high as desired.

We found that residents "helped out" rather than "volunteered." Most assistance given did not go beyond their immediate neighbors, but almost everyone we spoke to helped someone. This "helping out" gave people a sense of purpose and strengthened neighborhood ties. However, voluntary and community organizations were central to some but unknown to many. The most impactful volunteer efforts appeared to be individual led. Many respondents mentioned local WhatsApp groups, individuals pushing flyers through mail slots offering assistance, or neighborhood initiatives. Country-wide initiatives were also well received. The Thursday-night NHS (National Health Service) Clap, VE Day celebrations, and once a day exercise were frequently mentioned as neighborhood bonding activities and they were seen as acts of solidarity. However, as restrictions eased, enthusiasm for these activities decreased.

These findings, in tandem with those in the rest of the Community Impact Assessment, allowed Surrey County Council insight into how best to communicate support programs and instill change within these communities in anticipation for the next wave of Covid.

Place-Based Insights

The third area of insights were 'place-based' as we broke down findings for each specific area. For example, in one area we found a particularly high hesitancy to accept benefits and in another we found a heavy reliance on green space to maintain mental health. These findings helped local community organizers understand what was happening in their areas. Overall, we found that respondents' economic and social situations sat at the forefront of the respondent's minds with their areas serving as a backdrop. Perceptions of their areas of

residence varied, with the only clear pattern existing between those who lived rurally versus those who lived in suburban areas.

We did, however, find notable differences in the experience of those living in an urban/suburban area versus those living in a rural one. Those in urban/suburban areas became more "neighborly" with those close in proximity to them and there was less awareness of community initiatives during lockdown. There was also a concern of the demise of high-street but a lack of interest in going back out to the 'busy areas.' Rural residents felt more of a transport-related strain during lockdown and were more community focused (rather than just neighborhood-focused) and aware of local events and initiatives. Villages on the border between two counties experienced confusion when it came to responsibility and assistance during Covid-19.

These findings were also supported by the quantitative work and were taken into consideration when implementing action plans. For example, our work verified the fact that those in areas near airports were heavily affected by unemployment and therefore needed additional support. Our work uncovered what types of support were most needed, such as training on how to apply skills to other industries or re-skilling altogether.

IMPACT

The impact of the Community Impact Assessment was far reaching and powerful. For this case-study I will focus on the impact that the ethnographic work led or supported, but I want to clarify once again that the ethnographic research was only one part of a larger project. All the ethnographic findings were supported by the quantitative data but gave texture and stories to the numbers.

Accessing information and government trust are both weaknesses flagged in the Community Impact Assessment. As a result, Surrey Heartlands are working on this from a health perspective. With regards to vaccine uptake, a weekly task and finish group has been set up to connect with leads of Districts & Boroughs and Integrated Care Partnership (ICP) leads to discuss and tackle any Covid hotspots – it is recognized that local leads are best placed to target engagement.

In terms of our findings on Social Cohesion and a heightened interest in the micro-local, Surrey County Council has used this information to ensure vaccine uptake. There have been targeted approaches to increase vaccine uptake utilizing key community figures to dispel myths around the vaccine and Covid testing. A campaign was also run on Instagram using young people to encourage others to regularly take Covid tests.

The Community Partnerships team has done some mapping into community boundaries and where the community feels they lie. They have then introduced Engagement Link Officers across Surrey who will be a go-to person in each community – whilst this doesn't answer how they can translate the community culture found in rural to urban/suburban areas, it puts in place the necessary fact-finding infrastructure in each community.

Some of the biggest impacts can be seen around mental health. The Community Impact Assessment reported that young people were suffering from isolation and their mental health was declining. It also found that access to green space was a savior for many residents during the pandemic.

A mental health summit was held last year partly in response to the CIA to bring people with data together with experts from outside of Surrey/the UK as well as patient and

practitioner voices to discuss the issues of mental health services in Surrey. A mental health peer review was carried out by a national expert from the NHS and a country review consultant which led to a long list of recommendations. A shortened version of this list is beginning to be tackled by Surrey Heartlands in conjunction with SCC, businesses, and charities.

With regards to young people, the CIA identified a lack of data sharing between the NHS and SCC particularly about children's mental health. This has led to a 9-month legal review of the information governance in place between the two organizations, to hopefully improve data sharing and therefore improve mental health services provision for children.

A Green Social Prescribing Test and Learn Site is being introduced by Surrey Heartlands in conjunction with the Council (and over 90 other partners, e.g., Districts and Boroughs, Environmental Organizations, Charities). The aim of this pilot project is to address the barriers to green social prescribing identified by partners and improve the health and wellbeing of Surrey's residents, as well as inform local and national learning. Barriers hoping to be addressed include resources, awareness and engagement, physical access barriers.

These are just some of the many impacts the Community Impact Assessment has had. Overall, this project, in which ethnography played a contributing role, was able to influence and shape policy at a local government level.

DISCUSSION: LEARNINGS FOR THE EPIC COMMUNITY

This case study provides a great example of how both quantitative and qualitative research can work together and how the ethnographic method has a role in government. We were lucky that Surrey County Council is a proponent of research, and hope that other local governments can use this piece of work as an argument for it.

Without the ethnographic piece, the data would have left gaps in our knowledge that would have been hard to fill. Interviewing community members supplanted the information deficit left by surveys, as comprehensive as they were. However, the ethnographic work would not have been nearly as effective without the quantitative work guiding it.

Recruiting in areas that quantitative data pinpointed as both insightful and representative served to assess the needs of an entire county quickly and accurately. While it was not comprehensive, it did provide a represented sample of the needs of the county that supported the quantitative work. This place and scenario-based research process can be replicated in large counties with a move to remote research. Now that we are not confined to meeting participants in person, we should think more creatively about the ways we can recruit to get a diverse and representative sample. However, remote research does lose much of the texture provided by in-home visits, and it would have to be designed carefully and considerately to successfully emulate the richness of in-person interviews.

When it comes to emergency anticipation and preparedness, hearing directly from residents about their needs is necessary. This research showed that just because help or support is offered, does not mean that it will be accepted. Governments must actively reach out to residents and listen to their needs, a tenant of the ethnographic method.

CONCLUSION

The goal of this research was to understand the needs of Surrey County residents during a time of unprecedented crisis to both provide immediate relief and to better anticipate

future emergencies. Surrey acted quickly and efficiently, creating a 3-part multi-method project with the aim of ensuring that everyone was being seen and assisted.

Our ethnographic work uncovered why some areas were inexplicably continuing to suffer even though help was being offered. It also supported survey findings about youth struggling with mental health, the financial and mental toll furlough was taking on residents. Lastly, it flagged the distrust that residents had for the government and confusion over the accessibility of services.

Surrey County Council, in partnership with other Surrey initiatives, took the recommendations from the Community Impact Assessment and created both immediate and long-term change. This is a great example of using research at a government level to better understand and anticipate the needs of residents.

NOTES

1. Surrey Heartlands is an Integrated Care System which brings together NHS organizations, local authorities, and other partners to take joint responsibility for improving the health of Surrey's local population.

REFERENCES

Bourdier, Frédéric. 'Health Inequalities, Public Sector Involvement and Malaria Control in Cambodia'. *Sojourn: Journal of Social Issues in Southeast Asia* 31, no. 1 (2016): 81–115.

Busch, Nathan E., and Austen D. Givens. 'Achieving Resilience in Disaster Management: The Role of Public-Private Partnerships'. *Journal of Strategic Security* 6, no. 2 (2013): 1–19.

Canton, Lucien G. *Emergency Management: Concepts and Strategies for Effective Programs*. John Wiley & Sons, 2019.

Khan, Yasmin, Tracey O'Sullivan, Adalsteinn Brown, Shannon Tracey, Jennifer Gibson, Mélissa Généreux, Bonnie Henry, and Brian Schwartz. 'Public Health Emergency Preparedness: A Framework to Promote Resilience'. *BMC Public Health* 18, no. 1 (5 December 2018): 1344.

Kunikazu, Amagasa. 'The Way to Design Ethnography for Public Service: Barriers and Approaches in Japanese Local Government'. *EPIC Proceedings*, 2014. https://www.epicpeople.org/the-way-to-design-ethnography-for-public-service-barriers-and-approaches-in-japanese-local-government/

Mauldin, Chelsea, and Natalia Radywyl. 'Human-Centered Research in Policymaking'. *EPIC Perspectives*, 2016. https://www.epicpeople.org/human-centered-research-in-policymaking/

McCabe, Angus, and Jenny Phillimore, eds. *Community Groups in Context: Local Activities and Actions*. 1st ed. Bristol University Press, 2017.

O'Brien, Geoff. 'Emergency Preparedness: A Step in the Right Direction?' *Journal of International Affairs* 59, no. 2 (2006): 63–85.

Saunders, Emma, Mailynn Stormon-Trinh, and Stephani Buckland. 'Changing the Perspective of Government'. *EPIC Proceedings*, 2018. https://www.epicpeople.org/changing-perspective-government/

Turoff, Murray, Starr Roxanne Hiltz, Víctor A. Bañuls, and Gerd Van Den Eede. 'Multiple Perspectives on Planning for Emergencies: An Introduction to the Special Issue on Planning and Foresight for Emergency Preparedness and Management'. *Technological Forecasting and Social Change*, Planning and Foresight Methodologies in Emergency Preparedness and Management, 80, no. 9 (1 November 2013): 1647–56. https://doi.org/10.1016/j.techfore.2013.07.014.

World Health Organization. 'Risk Communication and Community Engagement Readiness and Response to Coronavirus Disease (COVID-19): Interim Guidance'. World Health Organization, 2020. https://www.jstor.org/stable/resrep28172.