Shielding in Wales: National Identity and Everyday Experiences

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Abstract

At the start of the COVID-19 pandemic, people were advised to ‘shield’ by the UK and Welsh Governments if they had compromised immune systems and were thus at higher risk of a severe reaction to the virus. Some people did not leave their homes for several months, the effects of which have been well documented by news stories and medical research. Social research has begun to document the effects of the pandemic, but less attention has been paid to the effects of shielding specifically. This research therefore focuses on people’s experiences of shielding in Wales during the first lockdown of the COVID-19 pandemic in 2020 and aims to shed light on how this isolation affected people’s daily lives and their relationship with the nation. It analyses responses from a questionnaire that Amgueddfa Cymru – National Museum Wales ran between May and October 2020 and semi-structured interviews with people who shielded who are living in South Wales. The themes discussed in this thesis are politics and national identity, everyday experiences and vulnerability, and through these themes, it explores the political and social dimensions of shielding. This thesis argues that, alongside the common biological conceptions of it, shielding is a political and social endeavour, and it affected people’s relationship with various aspects of their identity, including their national identity and sense of vulnerability, and the effects of it can be seen in people’s everyday lives and have lasted beyond the timeframe of the first lockdown and shielding period. People who shielded encountered borders at various scales including personal and national borders. It is important to hear these personal narratives that are often overlooked in official discussions of coronavirus policy.

Declarations

Declarations

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed..[redacted]..

Date....05/06/2023..

This thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed..[redacted]..

Date....05/06/2023..

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed..[redacted]..

Date....05/06/2023..

The University's ethical procedures have been followed and, where appropriate, that ethical approval has been granted.

Signed..[redacted]..

Date....05/06/2023..

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Thank you to Amgueddfa Cymru – National Museum Wales for allowing me to use your questionnaire data in this thesis. The responses provided an excellent view into the thoughts and experiences of people during the first lockdown, which I would not have been able to obtain by myself.

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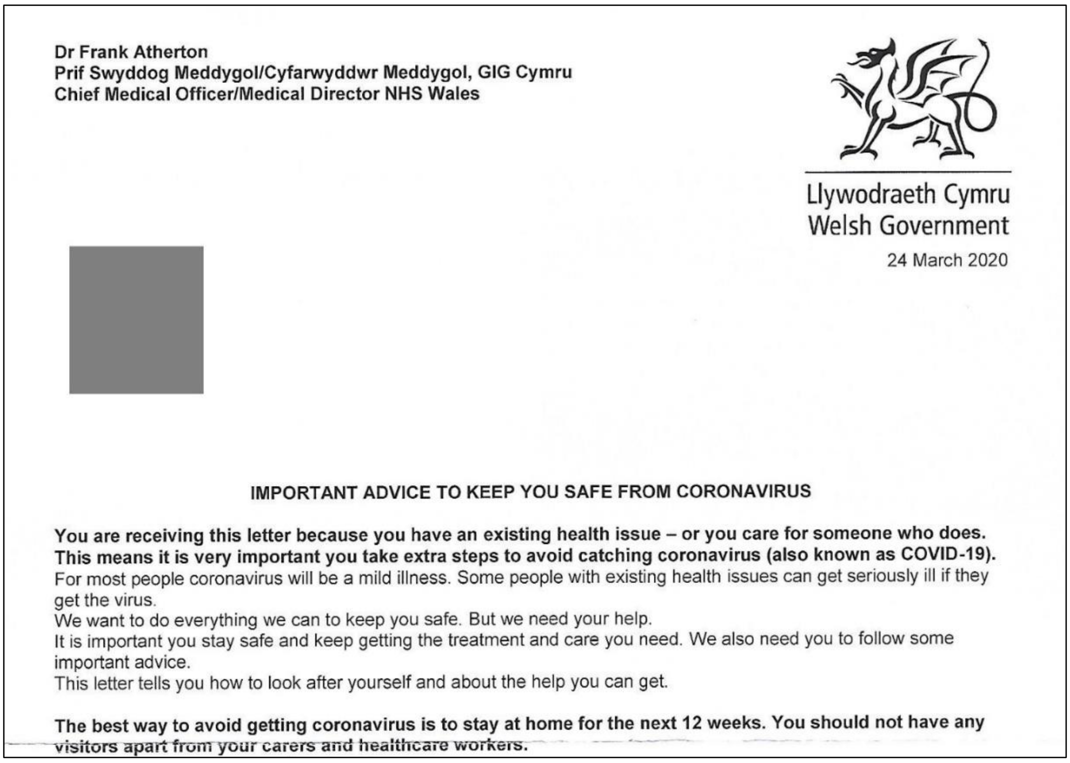
List of Illustrations

Abbreviations

NHS: National Health Service

UK: United Kingdom

1.0 Introduction



Dr Frank Atherton
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Llywodraeth Cymru
Welsh Government
24 March 2020

[redacted]

IMPORTANT ADVICE TO KEEP YOU SAFE FROM CORONAVIRUS

You are receiving this letter because you have an existing health issue – or you care for someone who does. This means it is very important you take extra steps to avoid catching coronavirus (also known as COVID-19).
For most people coronavirus will be a mild illness. Some people with existing health issues can get seriously ill if they get the virus.
We want to do everything we can to keep you safe. But we need your help.
It is important you stay safe and keep getting the treatment and care you need. We also need you to follow some important advice.
This letter tells you how to look after yourself and about the help you can get.

The best way to avoid getting coronavirus is to stay at home for the next 12 weeks. You should not have any visitors apart from your carers and healthcare workers.

Figure 1: Start of the letter sent to people considered ‘clinically extremely vulnerable’ (see Appendix 1 for the full letter).

Context

My mother received this letter (Figure 1) from the Welsh Government a few days after the first COVID-19 lockdown began in the UK in 2020. She has a long-term health condition and is on a particular treatment for it, and the government deemed her ‘clinically extremely vulnerable’, which means she was more susceptible to severe effects of the virus. It was a time of change in our home, as it was for most people. The above letter advised people to “not sleep in the same bed if you can avoid it” (Appendix 1). My father is a firefighter and regularly comes into contact with people; there was no guarantee that he would be able to socially distance from his colleagues or the public, so my parents made the decision to sleep in separate beds, in separate rooms. My parents bought an airbed for my mother to sleep on. Of course, my father, sisters and I all offered to sleep on the airbed(s – they kept getting punctures) instead of her, but she insisted that she should be the one to sleep on it. She would sleep on the airbed for the next two years.

My mother was one of 138,470 people on the shielding patient list in Wales as of March 2021 (Welsh Government, 2021b). The UK and Welsh Governments endorsed shielding for people they identified as ‘clinically extremely vulnerable’ because of severe underlying health conditions, including people with some types of cancer, people with respiratory conditions and people on immunosuppressive treatments, for example. This meant that there was a greater risk of them experiencing more severe symptoms of the virus, and the government advice suggested people should stay inside as much as possible, and not go out for shopping, socialising or exercise (Welsh Government, 2022). There was also a category for people who were at ‘increased risk’ of the virus, which included people with neurological conditions, people over 70 years old and people who were pregnant. This group, however, were not given any extra advice and were advised to follow the general rules, just with more caution (Welsh Government, n.d.a). I have included people from both categories in this thesis, as well as people without health conditions, as some people who did not have health conditions and people who were at ‘increased risk’ decided to shield, and the experience of shielding itself is the focus of this thesis, not the health of the people who shielded.

The shielding advice and general COVID-19 restrictions were different in each of the devolved nations in the UK as the devolved governments began to create their own restrictions that were different to the UK Government’s restrictions. This meant that the devolved governments gained more screentime on national news programmes, and knowledge of their presence and power became more widespread (Cushion and Thomas, 2022), as did the relevance and visibility of the national borders within the UK. These restrictions in turn affected people’s daily lives and there was also an increased national consciousness, both Welsh and British, as the respective governments nationalised the fight against coronavirus, a subject that will be explored later in the thesis. Wang, Zou and Liu (2020: 156) argue that the pandemic has “led to more territorial thinking” and “these interventions are mainly territory- or space-based” (ibid.: 154). This suggests that a focus on territory and borders and analysis of those territorial restrictions is both necessary and appropriate.

The territorial COVID-19 regulations highlighted the borders between the UK nations, and this increased people's awareness of the devolved politics in Wales. At the beginning of the pandemic, there were nationalised campaigns (across the UK and in Wales) that promoted best practice and helping others, which increased national consciousness. People with disabilities interact with the state in ways that others may not (as described in chapter 2), and while not everyone who shielded was disabled, the criteria for shielding included various health conditions and disabilities, so national identity was a way of investigating that relationship with the state. People who shielded were asked to undertake additional precautions and this thesis investigates whether this contributed to them feeling included and/or excluded from the nationalised campaigns and discourses which attempted to engender a sense of togetherness. It is for these reasons that two of the research questions focus on national identity and it is present throughout each discussion chapter. The others focus on politics and everyday experiences, as these are other important aspects of the pandemic to consider.

Research Design

People who are considered 'clinically extremely vulnerable' were advised to shield by the UK and Welsh Governments when the COVID-19 pandemic began in 2020, meaning they were advised to stay in their homes because they were at greater risk of experiencing more severe symptoms and, at the beginning of the pandemic, there was a greater risk of death. The effects of shielding have been documented in medical research through mostly quantitative methodologies (e.g. Hume *et al*., 2020; Appleby *et al*., 2021; Westcott *et al*., 2021), along with some social science research (e.g. Herrick, 2022; Daniels and Rettie, 2022). However, this research marks a departure by investigating the lived experiences of people who shielded, and it does so by using qualitative methodologies.

The questions this research aims to answer are:

1. Have feelings of national identity in Wales changed since the pandemic began?

2. How have devolved political decisions shaped the experiences of people in Wales during the pandemic?
3. How did the pandemic affect the everyday experiences of people who shielded?
4. How did people who shielded in Wales experience feelings about the nation during the pandemic?

To answer these questions, qualitative data from a questionnaire and interviews are analysed. The decision to use qualitative methods stems from an interest in people's complex everyday experiences and the various factors that affect them (DeLyser *et al.*, 2010: 6). The questionnaire, which was run by Amgueddfa Cymru – National Museum Wales between May and October 2020, gathered qualitative data from across Wales, which is beneficial because it indicates the common experiences and beliefs people had during the shielding period. The interviews provide opportunities to go into greater depth into people's experiences of shielding and to document the lasting effects of shielding, as they took place two years after the initial lockdown and shielding period. This thesis will explore these questions by working with literature on nations and nationhood, everyday experiences and disability, as these themes are significant when considering the research questions and the politics that surround shielding. This thesis aims to investigate the experiential aspects of shielding by exploring the social impacts of shielding, rather than the physical effects on the body. This thesis aims to demonstrate that the effects and experiences of shielding are more than biological; they are also social and political. It also demonstrates and raises questions about how the effects of shielding will last long after the initial shielding period and after the Shielding Patient List ended on the 31st of March 2022 (Morgan, 2022).

Notes on Representation

Being 'clinically extremely vulnerable' and shielding are associated with ideas surrounding disability and age, but I would like to clarify one point: not all people who shielded identified as disabled, and not all people who shielded were elderly.

There were overlaps with these aspects of people’s identity, but some people shielded for reasons beyond the government advice; perhaps they were worried about contracting the virus, or they live with and/or care for someone who was deemed ‘clinically extremely vulnerable’. Conversely, some people who were deemed ‘clinically extremely vulnerable’ did not shield or follow the shielding advice wholly – these people are not law breakers; shielding was advice, not law. Another clarification for this thesis is that I refer to the people who responded to the questionnaire as ‘respondents’ and the people who recorded interviews as ‘interviewees’. I use Interviewee 1 or Respondent 337 (for example) to refer to individuals. The decision not to use names, although dehumanising, was taken because I could not give names to the questionnaire respondents without knowing things such as their real names or gender, and using pseudonyms for the interviewees but not for the respondents would dehumanise the respondents by comparison. Lastly, I refer to these people as ‘people who shielded’ or ‘people who were shielding’ because, as far as I am aware, there is no agreed or widely accepted name for this group of people, so describing the actions they took, in recognition of their agency, seems like the best course of action.

Thesis Structure

The next chapter, Literature Review, evaluates the literature on three themes that inform this thesis. The first theme is National Identity and Nationalism, which outlines the debates surrounding nations and national identity, and discusses the national context of Wales and the UK. The second theme is Disability, where I discuss various models of disability and how disability, as an intersectional aspect of people’s identities, comes into focus in different parts of their lives. The final theme is Everyday Experiences, which explores the everyday aspects of nationhood, disability and other relevant topics such as everyday COVID-19 experiences.

Chapter three, titled Methodology, outlines the methods I have used in this thesis, including a questionnaire from Amgueddfa Cymru – National Museum Wales and interviews. It details the recruitment of interviewees and discusses the ethical and safety issues of conducting interviews in people’s homes. It also considers different methodological and ethical debates that I engaged with, such as positionality and reflexivity.

The fourth chapter is the first of the discussion chapters and is called Politics and National Identity. This chapter is divided into three sections. One section describes how the behaviour of politicians was negatively received by people who shielded, and this contributed to a lack of trust in the UK Government. The second section explores people’s opinions of the different approaches to the pandemic offered by the UK and Welsh Governments, and explains that generally, based on the data I gathered, people seemed to prefer the Welsh Government’s approach because they perceived it to be more cautious than the UK Government’s approach. The final section investigates particular displays of national identity such as the ‘Clap for Carers’ event that took place during the first lockdown.

The fifth chapter, Everyday Changes, discusses the everyday aspects of shielding and lockdown, and is split into three sections. The first section investigates how and in what ways people worked while they were shielding, and this includes unpaid work such as caring for relatives. The next section looks at people’s shopping habits, as this everyday task changed dramatically during the shielding and lockdown period. The final section explores how people stayed connected to each other, even when they were not physically together.

Chapter six, Vulnerability, is the last discussion chapter. The first section problematises the (perceived) vulnerability of the people who shielded, but also investigates their resistance to being labelled as vulnerable. The second section explores the response to ‘vulnerable’ people by society and the government and argues that they are discursively seen as inactive recipients of support, rather than having control over their decisions and actions. This chapter draws the three themes together to argue that shielding is a political and social endeavour, and it affected people’s relationship with various aspects of their identity, including their national identity and sense of vulnerability, and the effects of it can be seen in people’s everyday lives through borders at various scales, including individual and national scales, which impact many aspects of their lives.

The final chapter is the Conclusion. This chapter highlights the key points of discussion raised throughout the thesis and returns to the research questions to demonstrate how the questions have been considered. This chapter raises opportunities for further research and also explains that this thesis contributes to the human geography literature by highlighting Wales as a case study and focusing on the link between shielding and the question of nationhood. It concludes by arguing that shielding was (and still is) a social and political phenomenon with lasting effects.

2.0 Literature Review

Introduction

The effects of shielding have been investigated, but mainly in medical research. For example, Hume *et al*. (2020) and Westcott *et al*. (2021) both examine the impact of the pandemic and shielding on people with chronic obstructive pulmonary disease (COPD) and cystic fibrosis respectively. These studies provide valuable insights into the effects of shielding, but they are quantitative in nature and focus on the physical effects of the isolation such as lack of exercise. Issues like anxiety and depression are mentioned but not explored in any detail, although Hume *et al*. (2020: 2) found that there were "no statistically or clinically meaningful changes in anxiety or depression," whereas Westcott *et al*. (2021: A155) found that "[a]nxiety levels significantly increased during shielding," so there are some discrepancies between the findings of these studies. O'Donnell *et al*. (2020) do explore the moods of people who had renal transplants and were shielding, but this was also quantitative, and the main aim of the study was to investigate whether mentioning the COVID-19 pandemic affected the evaluations of life satisfaction. Work by Snooks *et al*. (2023) casts doubt on the effectiveness of shielding, which raises further questions about whether the social effects of shielding discussed in this thesis were worthwhile. The above studies demonstrate the valuable work that has been done to understand the physical effects of shielding and I aim to complement these by considering the social and political aspects of the pandemic and shielding. This thesis therefore does not focus on a specific illness, disability or impairment, but rather on the experience of shielding itself.

There is limited but important research into shielding within the social sciences and geography. Research from various disciplines in the social sciences have investigated the effects shielding on people's mental health (e.g. Daniels and Rettie, 2022; Di Gessa and Price, 2022), which is a key aspect mentioned by most of the studies cited here, and this topic does come into view throughout the discussion chapters of this thesis. In geography, health geographer Clare Herrick (2022) explores the shielding discourse evident in government documents, speeches and statements, and problematises the use of the label 'clinically extremely vulnerable' and its connotations of lacking agency, which some government documents actively reinforce. This work engages with the concept of vulnerability well, but it does not include the voices of people who shielded. This thesis will build upon Herrick's work to include accounts from people who shielded and to explore how the top-down government discourses influence those people's experiences and vice versa. Herrick's work also focuses on the UK as a whole (despite using sources that largely apply to England only), so this thesis focuses on Wales specifically to allow for the variation in the UK and Welsh Governments' regulations.

As I have stated in the Introduction, my aim is to show that the effects of shielding extend beyond the biological effects described in the above medical studies. To show how shielding was also social and political, I will explore the themes of national identity, disability and the everyday to gain an understanding of the various factors that influenced people's identities and experiences while they were shielding. This chapter therefore explores the following literatures: national identity, everyday experiences and disability.

2.1 National Identity and Nationalism

Defining a Nation and National Identity

National identity is a concept that evades a single definition. This idea implicitly requires the definition of a nation in order to be understood, but defining a nation is also not straightforward. Early work by Max Weber (Weber, Gerth and Mills, 2009) notes that a nation is not dependent on a group of people sharing common characteristics such as language and ethnicity, though they can be closely associated with it, but he instead argues that a national community has distinct cultural values and a shared history. Smith (1991: 14) states that a nation should have the following elements: "an historic territory, common myths and historical memories, a mass, public culture, a common economy and common legal rights and duties for all members." He also argues that this is a Western definition of a nation, and that non-Western definitions of nationhood are more concerned with the ethnic origins of its members. Shapiro (2004) counters this by stating that non-

Western states often have colonial boundaries that encompass different ethnic groups and in some cases attempt to impose a single national identity on these groups.

Other authors point to a more emotional understanding of a nation. Ahmed (2004) argues that the circulation of emotive words creates the conditions for a shared feeling, which may get attached to other subjects and objects, and entangled with other emotions. She argues that boundaries are formed through emotional responses to 'other' objects and people, and repetition of these emotional boundaries maintains social forms (such as nations). Closs Stephens (2016: 182, original emphasis) notes that "nationality is often – if not mostly – experienced as a *feeling*" and, like Ahmed (2004), argues that "collectivities do not precede but are *produced* through the circulation of emotions" (Closs Stephens, 2016: 184, original emphasis).

Definitions like Smith's (1991) assume that there is a single culture that unites the people of a nation, but authors such as Yuval-Davis (2011) have shown that this is not the case, and that some groups experience nationhood differently to others. Similarly, Skey (2013: 82) argues that "hierarchies of belonging" exist in a nation for different groups of people; some people's national experiences and feelings are seen to be more or less legitimate than others. Sub-state nations are an example of this as they "challeng[e] the idea of a homogenous social and political culture" (Whittaker, 2015: 390). Whittaker states that the ways in which sub-state nations are continuously redefining their identities makes them important for ethnic minority groups' national identity formation. If national identity is concerned with defining a group of people as being linked in some way (be it history, ethnicity, culture or something else), then national identity is defined in relation to 'others'; people excluded from the group because of their perceived differences (Triandafyllidou, 1998). This binary of 'us' versus 'them' intensifies during times of uncertainty or crisis (Closs Stephens, 2013).

Imagined Community

One of the most cited concepts in national identity literature is Anderson's (1983) 'imagined community', where people in a "nation will never know most of their fellow-members, meet them, or even hear of them, yet in the minds of each lives the images of their communion" (Anderson, 2006: 6). Despite its wide use, the original meaning of the phrase was meant to reflect the imagined character of a nation rather than people's actual experiences of it (Desai, 2008). In a later edition of his book, Anderson (2006: 209) stated that he originally aimed to "de-Europeanize the theoretical study of nationalism," yet did not write this in the original version. While his critique of the Eurocentric literature was (and is) valid, Desai (2008) argues that Anderson does not adequately achieve this because his analyses on countries like Indonesia and Thailand are based on European (and American) models of nationalism. Desai states that Anderson made a positive contribution to the literature when he traces nationalism back to 1776 in America, which defied the general consensus that nationalism originated in the 1789 French Revolution (e.g. Smith, 1991; Nairn, 1997). That said, she heavily critiques Anderson's work by stating that he pits nationalism and Communism against each other, instead of fully understanding Marxist theory and analysing the connections between the two. Furthermore, he only explains the cultural elements of nationalism and neglects the economic and political elements, thus only giving a partial account, and Edensor (2002) argues that this cultural perspective is limited because of Anderson's disproportionate use of literary examples.

Binaries of Nationalism

Several authors indicate that a top-down perspective of nationalism is only part of the story and that bottom-up views should also be considered. Hobsbawm (1990, 1992) and Evans (2019) argue that nationhood is something that is "constructed essentially from above… but which cannot be understood unless also analysed from below" (Hobsbawm, 1992: 10). While it is beneficial to consider both perspectives, this construction of nationhood tends to separate them rather than consider the links between them. Closs Stephens (2016: 182) argues that "national feelings cannot be traced back to a single sovereign source but rather emanate from multiple constituencies as part of a nebulous, diffuse atmosphere," and Jones and Fowler (2007: 92) similarly argue that "narration of territories and boundaries takes place at a number of different scales and in numerous contexts other than those that are purely structured by state organisations." Work by Jones (2008) shows that not all nationalist ideas come 'from above'. Jones also notes that Hobsbawm's (1983) work takes a modernist view to nationalism, which assumes that governments, institutions and other large organisations create and maintain the nation, while the mass population are passive recipients of national sentiments. By 1990 Hobsbawm seems to recognise the merits of investigating the perspectives of ordinary people and critiques Gellner (1983) for his modernist tendencies, yet Hobsbawm (1992: 11) states that ordinary people "are the objects of [government] action and propaganda," which still implies the passive acceptance of national ideas, created by the government and other organisations, by the general population.

Billig (1995) argues against the idea that nationalism should only be discussed in relation to non-Western attempts at independence or Western movements that are peripheral and oppose the ruling government. He argues that 'banal' nationalism is present in everyday interactions and contexts, not just in these 'hot' events, and these everyday interactions with and representations of national symbols and objects become so routine and habitual that people are less likely to notice them (or may notice if they visit other countries and are confronted with different symbols and objects). Skey (2009) states that Billig's work was an important contribution to the nationalism literature because it helped to shift focus from theoretical work to empirical work that highlighted various issues like representation. However, in analysing national media, Skey (2009: 337) notes that Billig does not consider the ways in which different groups may react to such media and he is thus guilty of "privileging a top-down approach." Merriman and Jones (2017) also indicate that Billig incorrectly assumes everyone in a nation experiences the same banality and everyone thinks the same things are banal, but Skey (2009: 337) argues that this point is unfairly made "given the limits of [Billig's] empirical data." Another critique of Billig's work held by Closs Stephens (2016) and Jones and Merriman (2009) is that Billig created a binary between 'hot' and 'banal' nationalism, which is too simplistic and unnecessarily creates two fixed categories of nationalism. Skey (2009) similarly argues that Billig does not adequately consider the ways in which ‘hot’ nationalism can eventually become ‘banal’ and vice versa.

COVID-19 and Nationalism

Nationalism has been on the rise in recent years (Coletti and Filippetti, 2022), but there have been reports of increases in nationalism since the COVID-19 pandemic began, with increased attention on national borders and mobility (Liu and Bennett, 2020; Cresswell, 2021; Givens and Mistur, 2021; Bieber, 2022; Coletti and Filippetti, 2022). Givens and Mistur (2021: 214) argue that nationalist governments were more likely to employ similar methods to prevent the virus spreading, but these methods were often “slower or less effective” than other approaches. These methods usually involved delaying lockdowns and not acknowledging the seriousness of the virus. While national borders do come into focus more regularly for some groups such as migrants or refugees, the pandemic made the general populations of nation-states more aware of their national borders (Yip, 2021) and even borders on a smaller scale such as communities (Liu and Bennett, 2020). Coletti and Filippetti (2022: 800) argue that “nationalism is both reinforced and challenged by regional politics” and this came into focus during the pandemic when regions (in Italy in this case) emulated or diverged from national responses and narratives about the pandemic. This included the increased recognition of regional borders which marked a distinct territory.

Wales

As Balsom (2000) recounts, the 1979 Welsh devolution referendum under the Labour government resulted in a resounding ‘no’ vote. In the same year, the Conservative Party won an election which saw Margaret Thatcher become Prime Minister of the UK, and their uncompromising stance on reducing the public sector in favour of privatisation and neo-liberal policies was felt strongly in Wales as the coal mines and steel industry were large employers. Huge restructuring of the Welsh economy resulted in unemployment and social turmoil, which culminated in strikes at coal mines, but the manufacturing industry still declined in the remaining decades of the twentieth century. The Labour Party once again gained control of the UK after the election in 1997. Later that year, Wales held another referendum on devolution, and, very narrowly, voted ‘yes’. With such a narrow margin and a voter turnout of just 50.1 percent, some people questioned the future effects this would have on Wales, given that nearly half of the population chose not to vote (Wyn Jones, Trystan and Taylor, 2000: 161). Another vote in 2011 saw definite support for increased legislative power in Wales (Wyn Jones and Scully, 2012). Morgan and Mungham (2000: 11) state that devolution in Wales and Scotland brought about change not just in those nations, but also in England and Britain as a whole. They argue that “the renaissance of national identity in Scotland and Wales” has redefined people’s understanding of Britishness, and English people were confronted with the idea of a multi-national Britain. Likewise, Gilroy (2002) notes that English and British national identity should be regarded as two different things and should not be used interchangeably.

Bond (2017) demonstrates with analyses on 2011 census data that, for the White majority at least, sub-state identity (Welsh, Scottish or English) in Wales is less common than in England and Scotland but is more common than identifying as British. Bond (2017: 354) explains that this result “largely relates to the twenty-three per cent of adults living in Wales who were born in England,” but does not include the other explanations he implies. Generally, Bond’s results show that minority groups are more likely to identify as British rather than with a sub-state identity and his results validate other findings that Englishness is associated with Whiteness, but he argues that the same can also be said for Welshness. Whittaker (2015) argues that, until devolution occurred, issues of race and diversity were seen to be the responsibility of the UK Government, which meant that these issues in Wales are overlooked. The Welsh Government partly rectified this in 2012 with legislation pertaining to equal opportunities for all people across the government, something rare in the UK at the time. Gilroy (2002) states that, despite Britain’s attempts to be multicultural, it has a long history of racism and colonialism which are intertwined with nationalism and are still present today, and because of this he warns against separating racism and nationalism in Britain.

As a nation situated within the United Kingdom, Wales has a complex relationship with the rest of the UK, and there is a complex relationship between Welshness and

Britishness. According to Morgan and Mungham (2000: 9), the 1536 Act of Union between Wales and England meant that Wales had “no significant tradition of independent statehood” because it lacked its own institutions like education. Over time, national sentiments grew and organisations like Plaid Cymru (Welsh Nationalist Party) were established in the twentieth century. The establishment of British military bases in Welsh rural areas in the 1930s was opposed by Welsh nationalists who argued that the military presence threatened the Welsh ‘heartland’ communities in rural north Wales (Gruffudd, 1995). Welsh nationalists saw English road signs as “symbolic and everyday reminders of the linguistic domination of Wales by England” and their fight for bilingual road signs began in the late 1960s with protests and the vandalising of signs (Jones and Merriman, 2009: 167).

As discussed above, national identity is defined in relation to ‘others’ (Triandafyllidou, 1998). A nation may compare itself with another nation, and this is what Wales has done with England according to Jones and Ross (2016), who argue that sustainability in Wales is set apart from England by the perceived qualities that Welsh people possess. Political and cultural (including linguistic) dominance by England left few outlets for people in Wales to express their beliefs, which Jones and Merriman (2009) argue is the source of Welsh nationalism and identity. Gruffudd (1995) indicates that ideas of Welshness held by nationalists suggest that Welsh people should reject cultural influences from England to safeguard the nation’s future. Also, he notes how the policy of Plaid Cymru in the twentieth century was to encourage “a move ‘back to the land’, realigning the dispossessed of the anglicized industrial areas with their ‘true’ cultural heritage.” This was based on the idealised view that Welsh people are morally linked to the countryside and “[t]o leave the current of industrial capitalism was to leave English influence” (Gruffudd, 1995: 224).

There are two widely accepted mythical images of the Welsh citizen. One pertains to a rural, Welsh-speaking person with historical ties to the place in which they live. The other refers to an industrial, English-speaking person who is considered working class (Gruffudd, 1995; Williams and Williams, 2003; Evans, 2019).

Coupland, Bishop and Garrett (2006) state that there should be more images added to these to reflect the variety of Welsh identity experienced by different people, but the argument could be made that fixed categories like these are not the best way to represent identities because the categories may overlap or exclude some groups. Authors like Evans (2019) and Whittaker (2019) echo Skey's (2013) point mentioned above, and argue that in Wales there is "a hierarchy of Welshness" (Evans, 2019: 170) that exists which gives legitimacy to some experiences of Welshness over others. Whittaker's (2019) research with Welsh Muslims concluded that, despite identifying themselves as Welsh (alongside various identities), they sometimes feel out of place in Wales because of narratives enforced by groups like the British National Party. This is despite the rhetoric promoted by officials in Wales that they are more welcoming and tolerant of ethnic minorities and immigrants than England (Williams, 2015). Williams (2015: 338) further notes that "the presumption of the tolerance is countered by no small amount of evidence of racism and xenophobia" that minorities experience in Wales. Geographical models that attempt to map different Welsh national identities reinforce this hierarchy as they commonly focus on Welsh versus British identity and Welsh versus English language proficiency (Coupland, Bishop and Garrett, 2006).

A well-known model of Welsh national identity is the Three Wales Model created by Balsom (1985). This model depicts three regions in Wales: 'Y Fro Gymraeg' (the heartland), 'Welsh Wales' (areas in south Wales with industrial history) and 'British Wales' (areas on the English border and an enclave in west Wales). According to Balsom, people in 'Y Fro Gymraeg' and 'Welsh Wales' relate more to Welshness than Britishness, whereas Britishness is more common by comparison in 'British Wales'. For Evans (2019), the term 'British Wales' suggests that Britishness is the only, or most prevalent, identity in that area, when that is not the case according to his study of Welsh identity in Porthcawl (a town in 'British Wales'). The regions are presented as homogenous entities when people may have few things in common with other people in the same region. Furthermore, Evans states that the model creates a binary between Welshness and Britishness that does not consider the fluidity of national identity nor the possibility that a person may identify as both

Welsh and British. It is also possible that a person in Wales identifies with neither of these identities. Coupland, Bishop and Garrett (2006) further critique Balsom's model by stating that it is based on data that were gathered using questionable methods, and it does not consider factors beyond ethnicity and language, which does not allow for a complex analysis. Both of these factors were only concerned with Welshness and Britishness and did not include other identities.

Coupland, Bishop and Garrett (2006) concluded from their data that there is not a large enough difference between Balsom's (1985) regions for them to be viable, and that Balsom over-emphasises the role of place. They state that "all of Wales can plausibly be described as 'Y Fro Gymraeg', which might be to say that 'all of Wales is the real Wales'" (Coupland, Bishop and Garrett, 2006: 22). However, in saying this, Evans (2019) argues that Coupland, Bishop and Garrett (2006) ignore the role of place and power relations in their discussion and overlook the existence of Anglo-Welsh identities. More widely, Evans (2019) also criticises academics who claim that post-devolution Wales is more culturally homogenous, as this ignores class divisions and the link between Welshness and the working class (Evans, 2019; Gruffudd, 1995). This link between Welshness and class may perhaps be a myth rather than a fact, as Coupland, Bishop and Garrett (2006) found that there is no link between class and Welsh identity.

2.2 Disability

Definitions of Disability and Impairment

There are disagreements on the exact definitions of disability and impairment. For some (e.g. Golledge, 1993), disability and impairment are one and the same; a person's disability arises from the 'problems' with their body. Oliver (1990) argues that this is the dominant view in society and thus it informs paternalistic disability policies. Others differentiate between the two and argue that impairment is "a bodily state" (Gleeson, 1999: 52) or "a functional limitation of the body or mind" (Laurier and Parr, 2000: 98), whereas disability is the "social oppression" (Oliver, 1990: 2) of people with impairments by an ableist society. There are also disagreements as to whether certain groups should be considered disabled. For example, Skelton and Valentine (2003) discuss the varied identities of deaf people, who generally state that they have an impairment, and Deaf people, who state that they are a minority linguistic group.

Medical Models and Social Models of Disability

These conceptions of disability and impairment are informed by different theories of disability. On one hand, the medical model of disability proposes that disability is caused by the medical impairments of individuals that need to be 'cured' with treatment (Chouinard, 2010). This model views disability as a problem to be solved because it is "an individual abnormality" (Imrie, 2004: 290), and this is problematic because it assumes that normality is a given and that everyone has the same idea of what 'normal' is, when in reality a person's idea of 'normal' is influenced by things like culture, gender and ethnicity, among other things (Oliver, 1990). On the other hand, the social models of disability argue that disability is "culturally produced and socially structured" (Oliver, 1990: 22) rather than an individual problem. Different societies have different meanings of disability and have different conceptions of people with disabilities depending on religious views, belief systems or scientific views, according to Oliver (1990).

Imrie (2004) argues that the social model disregards the biomedical underpinnings of disability and that both models are reductionist because they separate the biological and the social (only deeming one as the cause of disability). He also argues that a binary between the two models does not fully capture "the multi-dimensional nature of disability" (Imrie, 2004: 292). He states that one response to these issues is the biopsychosocial model, which aims to "interconnect sociological enquiry with the biological sciences as a basis for developing a relational or non-dualistic understanding of the body," and looks at biological, mental and social factors (Imrie, 2004: 296). Likewise, Shakespeare (2014: 74) argues that "disability is always an interaction between individual and structural factors" and "a more holistic understanding is required." To move beyond the binaries associated with disability, Hall and Wilton (2017: 731) make the case for nonrepresentational theory to be used by disability researchers who wish to understand “the multiplicity of processes operating within, through and between bodies, objects and spaces.”

Early geographical research into disability followed the medical model and largely stemmed from medical geography and health geography, with little engagement outside of those sub-disciplines (Imrie and Edwards, 2007). These initial research projects concerning disability were “isolated from each other rather that integrated as a critical discourse” (Gleeson, 1996: 387) and operated under positivism (Imrie and Edwards, 2007). Mayer (1981), for example, explored the global distribution of multiple sclerosis and noted that it is more common in countries further from the Equator than countries near or on the Equator. Dear (1977) noted how the importance of the locations of mental health services is influenced by social factors as well as more obvious factors like demand. Golledge (1991, 1993) undertook research that focused the accessibility barriers that people with visual impairments face in built environments and the use of technology to prevent or manage these barriers.

Golledge’s (1993) work was an important first step in including a behavioural perspective of disability in the geographical literature, but it was descriptive and did not scrutinise the meaning of disability (Imrie and Edwards, 2007). Furthermore, Butler (1994) argues that Golledge’s focus on vision ignores other senses such as sound that people with visual impairments may use to be spatially aware of their environment. Gleeson (1996) states that Golledge’s medicalised view of disability reinforces a view of normality that people with disabilities must ‘overcome’ their impairments. Golledge (1993) argues that a change to the built environment is the best method to reduce the inequalities caused by disability, however Gleeson (1996: 393) counters this by saying that “urban environments reinforce, rather than cause, the social marginalisation,” so changing built environments alone is not enough to “transform the embedded socio-spatial dynamics which oppress impaired people.”

Two critics comment on Golledge’s use of language, which is stigmatising (Imrie, 1996a) and makes the experiences of people with visual impairments seem inferior to sighted people (Bulter, 1994), thus reinforcing the power imbalance between researcher and researched. In a response, Golledge (1996) argues that he does not represent people with disabilities as inferior because he identifies as disabled, and he also argues that the specific words he uses are acceptable because they were used in academia and in other professional settings (at the time). Parr (1997: 174) contends, though, that just because certain words are used by these institutions, "does not make them unquestionably correct." One of Imrie's (1996a) critiques of Golledge's (1993: 78) work is that he makes the assumption that geographers have the 'expertise' needed to complete the "task of defining the worlds in which the disabled live and determining how standard geographic concepts occur in those settings." This is a problem for Imrie because it reinforces the elitism present in academia and ignores the experiences and views of people with disabilities, thus sustaining the power relations in research. Chouinard (2000) and Valentine (2003) argue that researchers need to be aware of their privilege and positionality when conducting research, and to challenge or mitigate existing power imbalances between researchers and participants, which Golledge (1993) does not do. These debates are important to note because they demonstrate the different conceptions of disability and how they influence research.

Experiencing Disability in Different Contexts

Alongside Golledge (1991, 1993), researchers have investigated the spatial experiences of people with disabilities in cities. Work by Hahn (1986) shows that many establishments in Los Angleles are inaccessible, and he notes that planners and architects should be more inclusive when designing buildings and urban areas. Similarly, Imrie and Wells (1993: 228) argue that accessibility considerations are an "afterthought" for local authorities in the UK, and planners and officers do not have access to adequate training to tackle accessibility issues effectively. Imrie (1996b: 24) further argues that "the built environment is implicated in socially producing and reproducing the identities which surround" disability. Gleeson (1998, 1999) explores the "economic and cultural devalorization of disabled people in capitalist societies" through a materialist perspective (Gleeson, 1998: 91). He reports that accessibility issues present in cities exacerbate the poverty that many people with disabilities experience, and policies often ignore the socio-spatial processes of disability, reducing complex problems to material problems of ramps and lifts. However, Gleeson (1998: 91) states that “disabled people share a common, if not completely homogenous, experience of social oppression.” Morrison *et al*. (2020) show that, while people with disabilities do experience social oppression, they experience it differently depending on their disability and how visible it is, even within what they term ‘disability spaces’. This means that people’s experiences are not as homogenous as Gleeson (1998) claims. Gleeson (1998) further argues that disability in rural areas is under researched and only included as a comparison to urban areas.

Researchers have since explored disability in rural areas, although much of this literature has been focused on access to services and mental health (Pini, Philo and Chouinard, 2017). Philo, Parr and Burns (2017), using data from a previous study (Parr, Philo and Burns, 2004), show that people with mental ill-health living in rural Scotland feel like they are constantly under observation and surveillance from their neighbours, as the smaller number of people in towns and villages means that people know more about each other when compared to cities. Macpherson (2017: 257) states that current perceptions of landscape are based on “occularcentrism,” since one of the most widely circulated reasons for visiting National Parks is the scenery and views. Thus, she argues that people with visual impairments are seen by sighted tour guides as not belonging in the countryside because they cannot ‘appreciate’ the scenery, despite enjoying the countryside using the many other senses that humans have. These studies show how able-bodied people’s perceptions of disability can affect the experiences of people with disabilities.

At times these (negative) perceptions can become violent. This violence, Shakespeare (2014) suggests, is on a continuum because some rarer occurrences (e.g. assault) are more violent than other, more common ones (e.g. staring). For this reason, and because the term spreads fear among the disability community, Shakespeare, along with other authors (e.g. Hall, 2019), argue that not all incidents of harassment should be considered hate crimes. Hate crimes against people with disabilities are underreported and generally instigated by people that they know, and people with intellectual disabilities and mental ill-health are particularly susceptible to harassment and hate crimes (Hall, 2019; Shakespeare, 2014). Hall (2019) suggests that research into the instigators of harassment is needed to fully understand the social processes surrounding it. Some research has found that wider socio-economic issues of poverty and deprivation are present where there are incidents of ableist violence and harassment (Macdonald, Donovan and Clayton, 2017).

Interaction with the State and the Nation

The relationship between people with disabilities and the state is often discussed in relation to policies and the welfare state. Under capitalism, people with disabilities are seen as indolent and dependent on the state (through financial support like benefits). However, it is the state that creates the dependency. Historically, during industrialisation, the British state (and others) created institutions like asylums and workhouses, and more recently residential homes, to house economically inactive groups, including people with disabilities (Oliver, 1990). The industrial process separated home life from work, and "workplaces were structured and used in ways which disabled 'uncompetitive' workers," which caused new problems for people with disabilities (Gleeson, 1996: 392). This exclusion perpetuated (and still perpetuates) the idea that certain groups are a 'burden' to the state because they are (sometimes) unable to work, rather than acknowledging that workplaces and societal attitudes are hostile towards disability. This view also focuses only on production, not consumption by people with disabilities (Oliver, 1990). This exclusion affects people's relationship with the capitalist state because capitalism constructs the able-bodied man as the 'ideal' worker, and there is shame attached when people cannot achieve this ideal (Oliver, 1990).

There are other barriers that prevent people with disabilities from being able to participate fully as citizens. Hastings and Thomas (2005) explore the symbolism in nationally important buildings and compare the design and building of the Scottish Parliament and Welsh Assembly buildings, where the former was more considerate of disability and included people with disabilities in the design process, whereas the latter was less considerate and only included disability groups in the discussion when they felt they had to. They found that the steps located at the front of the

Welsh Assembly building were an obvious barrier for people with limited mobility, but even after the design was altered to make it more accessible, the steps still symbolically forced the question of "who would have straightforward, clear access and who had to have 'special', additional provision, outside the mainstream (i.e. what were more and less acceptable embodiments of Welshness)" (Hastings and Thomas, 2005: 540). They also discussed the unnecessary changes in level inside the building, which made it more difficult for people to access public areas.

Valentine and Skelton (2007: 125) discuss the citizenship of d/Deaf people in relation to language, as they state that "language is implicitly a requirement for exercising citizenship because public services (e.g. law, education) and the political system only operate in particular language(s)." They argue that people who use British Sign Language cannot fully participate as citizens because the state favours written and aural language (English in this case) over other forms of communication. This means that d/Deaf people do not have full access to things like political and cultural debates, so they are less likely to exercise their rights (e.g. voting).

Occupying Public Space

Valentine and Skelton (2007: 128-9) also state that d/Deaf people's use of British Sign Language "disturb[s] normative understandings of appropriate ways of being in public space" because of the gestures and facial expressions used in the language. This results in hearing people mocking d/Deaf people when they sign or considering the language to be animalistic due to the gestures and facial expressions. This leads to the exclusion of d/Deaf people from social spaces. Relatedly, Beljaars (2020: 8) notes how "dwelling in public spaces can invoke tics" and also disrupt normative space, and people with Tourette Syndrome attempt to hide or suppress their tics. Morrison *et al*. (2020: 2) describe 'disability spaces' as "a 'cripping' of space, by identifying and subverting taken-for-granted and invisible able-body norms." These spaces are created and disrupt normative space in a positive way (through belonging rather than exclusion) when people with disabilities interact, although Morrison *et al*. (2020) do state that this belonging is contingent with how visible a disability is. In addition to space, people with disabilities are also seen to disrupt “the ‘normal’ speed, flow or circulation of people, commodities and capital” by perhaps performing actions more slowly than able-bodied people, thus ‘slowing down’ capitalistic processes (Hansen and Philo, 2007: 498). Hansen and Philo (2007) suggest that geographers should retheorise the different ways that people (with or without disabilities) occupy space.

Theorising Disability

Several authors have pointed to the fact that there is a lack of literature concerning disability in the global south as most of the existing literature explores disability in Western societies (Chouinard, 2010; Gleeson, 1999; Imrie, 1996b; Imrie and Edwards, 2007). It is curious that Imrie’s (1996b) book, titled *Disability and the City: International Perspectives*, focuses mainly on the UK and mentions the USA, and even states “it would be problematical to extend many of the concepts and categories of analysis deployed in this book to the broader global broadcloth” (Imrie, 1996b: 176). While this statement is sound, it does contradict the title of the book (Griffiths, 1998). More recent work has begun to document the experiences of people with disabilities in developing countries. Chouinard (2012, 2015), for example, shows how poverty can intersect with disability and can exacerbate it in Guyana. Komardjaja (2001) notes the social exclusion faced by people with disabilities in urban Indonesia due to particular social, economic and political customs and conditions. Additionally, Gleeson (1999) and Imrie and Edwards (2007) state that there is a gap in the literature regarding the historical aspects of disability, and Gleeson (1999: 23) states that this “historical unconsciousness” is partly due to the general focus on policies in relation to disability. Gleeson (1999) does address this issue partly in his book but also argues that more research is needed to fully understand historical accounts of disability.

Some academics have pointed out that disability research should be emancipatory and empowering, and should be for the benefit of people with disabilities (Kitchin, 2000; Oliver, 1992; Valentine, 2003). Shakespeare (1996), while supporting the ideas behind them, is cautious about emancipatory methods because he is uncertain whether the research that uses them will actually make a difference. Similarly, Oliver (1992) argues that disability research has not contributed positively to the lives of people with disabilities, rather it alienates and violates them and reinforces dominant ways of thinking about disability (i.e. the medical, individualistic views). He, along with others like Imrie and Edwards (2007) argue that researchers should make an effort to minimise the power relations between researchers and disabled participants. The participants in Kitchin's (2000) research do seem to support the idea of being involved in the research process because their views and experiences will be represented through their own contributions, rather than filtered solely through the researcher (who typically gains more from research through publications and reputation). Furthermore, Miles, Nishida and Forber-Pratt (2017) and Bhakta (2020) state that universities operate within an assumption that students and staff are white and able-bodied, to the detriment of those who are of an ethnic minority and have disabilities. Bhakta (2020) further argues that geography perpetuates this by conceiving the researcher doing fieldwork as white, male and able-bodied, and there is a lack of research and debate concerning the intersectionality of race/ethnicity and disability.

As Oliver (1990) and Bhakta (2020) have noted, disability intersects with other aspects of identity. Sherry (2004) demonstrates the similar experiences that people with disabilities and queer people have, such as being isolated from family members and facing violence and discrimination. Wilton and Schormans (2020) show how men with intellectual disabilities navigate their masculinity and dislike the paternalistic and infantilising nature of institutional support. A quantitative study shows that in Wales there is a gender pay gap between men and women with disabilities, with women earning less, and women with mental illnesses earning less than women with physical disabilities. The employment rate for people with disabilities in Wales is lower than in other parts of the UK (Jones, Latreille and Sloane, 2006). It is important to note that the data used in this study is now over two decades old, so the trends shown may have changed over the course of twenty years. Shakespeare (2014: 29) argues, however, that discrimination against other identities like gender, ethnicity and sexuality is usually social, but for disability, he argues that "even in the absence of social barriers or oppression, it would still be problematic to have an impairment, because many impairments are limiting or difficult, not neutral.” Shakespeare acknowledges both the social and biological factors that affect disability, but argues that disability has a biological element that places limitations on people regardless of social factors like discrimination. Although there are biological differences between people, no one should be seen as inferior because of this.

This section explores the theme of disability to understand the underpinnings of the ‘clinically extremely vulnerable’ and ‘increased risk’ categories laid out by the UK and Welsh Governments. It does not aim to merge the concepts of disability and vulnerability. This section outlines disability as socially constructed, and this understanding of disability informs the discussion chapter on vulnerability (chapter 5), which refers to vulnerability as a discursive category. Not all people who shielded were disabled (or identified themselves as such), but they were all considered vulnerable, and for this reason, the discussion chapter focuses on vulnerability rather than disability. Disability is therefore not an analytical category in this thesis, but it does inform other concepts, like vulnerability, utilised in this thesis. There is a brief review of vulnerability literature in the introduction to chapter 5.

2.3 The Everyday

Introduction

Many scholars find the everyday difficult to define and describe it as “taken-for-granted" (Pinder, 2009) or “ambivalent” (Highmore, 2002a: 2). Highmore (2004: 311) links this ambivalence with modernity and states that everyday routines “can be experienced simultaneously as joyous and tedious, tender and frustrating.” Under modernity, routines are employed to make our lives more organised and efficient, and they can be found in many aspects of our lives, such as workplaces and homes (Highmore, 2004). People use routines to bring an “order, predictability and control” to their lives, a conception of routine that is rooted in western modernity (Ehn and Löfgren, 2009: 100), which has brought about “the increased routinization of everyday life” (Highmore, 2004: 307).

Geographers began to focus on the everyday after the ‘cultural turn’ (Pinder, 2009), and work by feminist geographers has explored the concept of everyday life in relation to “everyday practices and attitudes and their relationship with systems of power and influence” (Hall, 2020: 812), using the concept to study things like gendered labour and social reproduction. Dyck (2005: 234) argues that a focus on the everyday is important, for:

> “taking a route through the routine, taken-for-granted activity of everyday life in homes, neighbourhoods and communities can tell us much about its role in supporting social, cultural and economic shifts—as well as helping us see how the 'local’ is structured by wider processes and relations of power. Attention to the local, therefore, provides a methodological entry point to theorising the operation of processes at various scales—from the body to the global.”

This understanding of the everyday is useful for this thesis as it allows the investigation of shielding at different scales – at the individual scale and the national scale.

‘Everyday’ Nationalism

Nationalism is present in the everyday life and interactions of people living in a given nation and/or state (Billig, 1995). However, the ways in which this manifests is not always clear, and it is also varied across time and space. There have been calls for more empirical investigations into the everyday aspects of national identity (Edensor and Sumartojo, 2018).

As discussed in the section on national identity, Billig (1995) argues that nationalism and national identity exist outside of ‘hot’ events that highlight a nation’s presence, calling it ‘banal’ nationalism. However, Jones and Merriman (2009) draw on Lefebvre’s distinction between ‘banal’ and ‘everyday’ to argue that academics should instead consider ‘everyday’ nationalism. Lefebvre’s definition of the everyday is that it “is profoundly related to all activities, and encompasses them with all their differences and their conflicts; it is their meeting place, their bond, their common ground” (Lefebvre, 1991/1947: 97, cited in Jones and Merriman, 2009). Jones and Merriman (2009: 166) argue that the everyday includes both ‘hot’ and ‘banal’ processes and events, and that the everyday “has been used to integrate the banal and the more unusual processes that help to reproduce human existence," so they argue that 'banal' nationalism limits them to the mundane aspects of the nation, whereas 'everyday' nationalism allows them to investigate how the mundane and the unusual interact.

Geopolitics

Pain and Smith (2016) argue that, while geopolitics and the everyday do interact, it is the "more pressing matters" that create fear in people's daily lives rather than 'global' threats such as "terrorism or new killer viruses" (2016: 5). Writing during a pandemic and with hindsight, one might question if that is the case or if this point is still true. That said, people in marginalised groups bear the burden of much of this fear, as people who are both "fearful and feared" (Pain and Smith, 2016: 3), and this fear affects the everyday experiences of these people. Geopolitics can affect the everyday experiences of Muslims who attend mosques, for example. Öcal (2022) found that tensions between the German and Turkish states – which resulted in some German people interpreting Turkish Islam mosques as extensions of Turkish territory within Germany – influenced the frequency and severity of attacks on mosques in Berlin, though "[a]ttacks against mosques have never been unusual in Europe" (Öcal, 2022: 638). This in turn influenced people's behaviour when attending the mosque, such as keeping the blinds closed to prevent being seen. The mistrust and dominant representations of the authoritarian state in China by western countries affected the distribution of knowledge about the virus at the beginning of the COVID-19 pandemic. This was reflected in the ways that Zhang and Xu (2020) chose to (or chose not to) disseminate Chinese sources of information to their western colleagues, who were largely dismissive of them.

COVID-19

The COVID-19 pandemic and accompanying restrictions had a massive impact on people's everyday lives, as Ehn and Löfgren (2009: 102) explain: "In situations of crisis the routines of the ordinary day are lost and may be strongly missed." The COVID-19 pandemic resulted in risks and measures which western countries had not seen since the Second World War, though countries in regions like Asia and Africa have seen similar pandemics and epidemics during that time (Anisin, 2021), and previous activities considered to be 'normal' became "politicised and medicalised” (Alexander, 2021: 218). Each government introduced their own restrictions, meaning that some countries had lockdowns (e.g. China) while others did not (e.g. Sweden), and the effectiveness of these responses varied (Alfano and Ercolano, 2020). The restrictions put in place by governments around the world to minimise the spread of COVID-19 affected people’s daily lives, but not everyone was affected equally (Manzo and Minello, 2020; Marcús *et al*., 2022; Zhang and Xu, 2020). The lockdowns exacerbated the existing conflict between domestic and paid work for many women, leaving them with additional household tasks (Marcús *et al*., 2022), even when their husbands were also working from home (Manzo and Minello, 2020). Zhang and Xu (2020) demonstrate that sinophobia, orientalism and sexism operate within everyday interactions with their academic colleagues, and that this has intensified since the start of the pandemic, since the first cases were detected in China.

Social media platforms allowed people to interact and share their experiences during the pandemic. Murru and Vicari (2021) found that sharing pandemic-related memes online became a way for people to articulate their experiences and feelings of daily life, but it was also a part of people’s everyday routines. People “circulated, exchanged, and reproduced” various narratives about social distancing measures on social media, which helped to maintain (mostly) positive attitudes towards the measures (Mohamad, 2020: 351), but social media also fostered negative attitudes towards the virus and social distancing measures. The sharing of misinformation on social media platforms changed people’s perceptions of the virus and the accompanying social distancing measures (Forati and Ghose, 2021). These positive and negative perceptions of social distancing measures became part of everyday conversations and in part influenced people’s decisions to obey the rules (or not).

Shopping

During the COVID-19 pandemic, shopping practices changed considerably as more people began to shop online (Colaço and de Abreu e Silva, 2022; Song, 2022; Young, Soza-Parra and Circella, 2022). Furthermore, the introduction of social distancing measures in shops resulted in long queues and limits on the number of people allowed into shops. The one-way systems and additional signage changed the way people used retail spaces and also changed their temporal experiences as they waited in queues for long durations (Jones, 2022).

Shopping is an important part of our everyday routines (Miller, 1998). Much of the past literature surrounding retail and shopping, including geographical literature, focused on things like consumer behaviour and economic factors of retail, which often employed quantitative methodologies (Fuentes and Hagberg, 2013). Williams *et al*. (2001) state that geographical work specifically was influenced by spatial science and concentrated on creating models of retail spaces, though some work did emerge which focused on the cultural aspects of shopping (e.g. Goss, 1993). Influenced by the cultural turn like other disciplines (e.g. Miller, 1998), geographers turned their attention to the social processes and relations that occur when people shop (Wrigley and Lowe, 2002). Williams *et al*. (2001), for example, considered socio-economic factors to investigate people's shopping habits and found that some of these factors, such as age and employment status, influenced their habits, but they also found that people's emotions and experiences of shops influenced their habits. They argue that access to retail spaces is an important factor in determining where people shop, but this includes their sense of belonging in a place as well as physical access. Gregson, Crewe and Brooks (2002: 599) discuss the gendered dimensions of shopping and the different "modes of shopping" that occur in charity shops – shopping in them by "necessity" or by "choice." Shopping is just one important aspect of our daily routines, and this thesis explores this topic in chapter five.

Different Everyday Experiences

Highmore (2002b: 1) disapproves of the uncritical use of the term 'everyday life' because it "normalises and universalises particular values," when actually it "is a site where power relations, inequalities, and social differences are played out" (Hall, 2020: 813). Highmore (2002b: 1) instead asks: "whose everyday life?" In doing so, he alludes to the daily experiences of groups whose experiences vary from the generalised understandings of everyday life because they intersect with issues like racism, gender inequality, homophobia and ableism (to name a few). For example, Muslims routinely deal with behaviours like 'looks' and adverse reactions to the language they speak from people who see them as the ‘Other’ (Shaker, van Lanen and van Hoven, 2021). Harris (2013) examines the many ways that multiculturalism operates in the daily lives of youth in Australia, concluding that state policy portrays them inaccurately as troublesome and uneducated on different cultures, when they are able to “negotiat[e] their everyday urban multicultures” (Harris, 2013: 141). Being detained in a detention centre is defined by a lack of control over everyday routines for asylum seekers (O’Reilly, 2018). Furthermore, feminist scholars have investigated the gendered traditions behind the everyday routines and experiences of women (Dyck, 2005; Hall, 2020), and research with people with disabilities found that several factors affect their everyday experiences, such as fear (Edwards and Maxwell, 2021) and the built environment (Stafford, Adkins and Franz, 2020). These examples demonstrate that people’s experiences of the everyday are influenced by overarching societal expectations and norms, particularly when they are situated ‘outside’ of them.

Everyday Disability

There is a small but important literature in human geography that focuses on the everyday experiences of people with disabilities, and much of it is relatively recent. Their everyday experiences intersect with things like the built environment, laws, institutions and interactions with people and society, which results in instances of inclusion and exclusion (Egard, Hansson and Wästerfors, 2022; Power and Bartlett, 2018). This includes children with disabilities. For these children and their parents, navigating spaces such as play areas and parks can be “upsetting, frustrating, exasperating, exclusionary, tiring, sometimes ‘hell’-ish” (Horton, 2017: 1154). Play areas and school playgrounds are significant spaces in the routines of children and parents, yet the accessibility of these spaces and the attitudes of other people in them affect and are a part of the everyday experiences of children with disabilities. Holt (2007) demonstrates that “disability as an othered identity positioning is reproduced and transformed by children in their everyday playground practices,” while Van Melik and Althuizen (2022: 128) argue that policies concerning play areas (in the Netherlands) are “often poorly formulated, implemented and evaluated.” These issues reinforce the ableist norms that are evident in play areas and playgrounds. Considering other everyday spaces such as schools and the home, Stephens, Ruddick and McKeever (2015) argue that certain adaptations (such as computers and ramps) can make children feel excluded, but the children's attitudes towards the adaptations change with the setting and whether other people are also using them. For example, the adaptations in schools "were designed in a way that marked difference" (2015: 207), but the children were satisfied with the same adaptations in their homes.

Hansen and Philo (2007: 496) argue that "everyday spaces (streets, parks, offices, schools) are effectively 'naturalised' as ones to be inhabited and used by non-disabled people." This means that people with disabilities seem "out-of-the-ordinary" because they supposedly (from an ableist perspective) disrupt space with their appearance, bodily movements or aids such as wheelchairs. For example, the discouraging attitudes of bus drivers and the practical efforts of using public transport create an environment that is hostile towards disabled passengers and makes buses difficult spaces to navigate, as they have to manage the physical elements of boarding the bus along with the power relations between themselves, the bus drivers and other passengers. The exclusion experienced by disabled passengers affects their use of public transport, which is part of many people's daily routines (Stjernborg, 2022). However, everyday spaces such as shops can also be spaces where people with intellectual disabilities feel included in the community from which they are often segregated (through residential or educational institutions, for example), although their feelings of belonging intersect with other identities such as class (Wilton, Schormans and Marquis, 2018). These examples show that people with disabilities experiences various instances of inclusion and exclusion in the spaces they routinely occupy.

"Everyday ableism" (Morrison *et al.*, 2022: 126) affects the everyday lives of people with disabilities and (more indirectly) those who care for them. Morrison (2022: 1051) demonstrates that "the embodied and emotional labour of disabled people and their carers" and the routines associated with this come into focus through the state disability assessment process. She states that she felt as though "the process reduced [her] son to a list of challenging behaviours" (2022: 1049), and she felt like she had to behave a certain way and prepare extensively for the assessment to maximise the likelihood of qualifying for state support. She argues that this labour is largely ignored in the literature on care. People with disabilities and their carers resist and challenge ableism "[t]hrough everyday informal and formal acts of resistance" as well as organised, large-scale activist events (Morrison *et al.*, 2022: 127). Aspects of care such as providing food and assisting with mobility make up the routines and lived experiences of people with disabilities and carers, and "[r]outines help to ensure the comfort of recipients through structure, help caregivers manage the demands of their day, and help mitigate the stress of crises" (Wiles, 2003: 1315). Understanding care through everyday practices and routines "invokes multiple understandings of the ways in which dis/abled caring bodies are variously emplaced within enabling and disabling structures" (Morrison, 2022: 1051).

Conclusion

Some medical authors have written about the physical effects of shielding, but less work has been written on the social and political effects of shielding. Through this research, I hope to incorporate the themes discussed above – national identity, disability and the everyday – to establish how shielding affected the ways in which people lived their lives in Wales during the COVID-19 pandemic. National identity is a useful lens to consider because the nation was highlighted in several different ways during the pandemic, for example through the territorial borders which marked the boundary between different coronavirus regulations. The governments that created these restrictions also created borders between people they deemed 'vulnerable' and other people, which were implemented through the shielding advice. This advice hugely impacted people's everyday lives, which also makes the everyday an important entry point into people's experiences. Although the disability literature may not apply to everyone who shielded, it is relevant for many, and it is important to consider the relationship between people with disabilities and the state, as this affects people's everyday experiences and may affect people's national identity. The next chapter explains the methods used in this thesis and considers methodological and ethical issues.

3.0 Methodology

Introduction

As stated previously, experiences and effects of shielding have mostly been investigated through a medical perspective, with the main method of choice being surveys (e.g. Hume *et al*., 2020; Westcott *et al*., 2021). These studies often focus on people with a specific condition. There is some limited research in the social sciences, such as Herrick's (2022) work, which draws on documents and speeches to determine how and why the 'clinically extremely vulnerable' category came to be. To complement this research that has already investigated the effects of shielding, this thesis draws on accounts from people who shielded to highlight the social and political effects of shielding, rather than the medical effects. While the medical studies cited above are generally quantitative and focus on statistically significant results, and Herrick's (2022) work focuses on the top-down response to shielding, this thesis provides a space for subjective, individual accounts of shielding and highlights their similarities and differences. It is important to focus on the experiences of people who shielded because we know information about who was advised to shield, where in Wales they were, why they were advised to shield and for how long, from quantitative statistics (e.g. Welsh Government, 2021b), and researchers have investigated the physical effects of shielding (Hume *et al*., 2020; Westcott *et al*., 2021), but we know less about the social and political effects of shielding and how shielding affected various aspects of people's identity, such as national identity and sense of vulnerability. This thesis focuses on the shielding experience in Wales to determine the extent to which the devolved coronavirus regulations, which differed from the UK Government's regulations, affected the experiences of the people who shielded.

With all of this in mind, this thesis uses interviews as a method because they gather qualitative data that reflect the varied and personal experiences of people who shielded (Dunn, 2016). This thesis also uses qualitative data from a questionnaire run by Amgueddfa Cymru – National Museum Wales. As mentioned in the Introduction, I included people who were labelled 'clinically extremely vulnerable' and at 'increased risk', as well as people without health conditions, because the experiential aspects of shielding are the main points of investigation, not the health of people who shielded.

This chapter describes and justifies the methods outlined above and goes into greater depth with regards to the process of interviewee recruitment and gathering a sample from the questionnaire responses. It details the use of items in the interviews, where the overall aim is to allow the interviewees to feel more comfortable and in control. This chapter also discusses ethical and methodological considerations, such as the concepts of vulnerability and power, which are important to consider when approaching topics such as personal vulnerability and disability.

3.1 Ethical Considerations

Amgueddfa Cymru – National Museum Wales adhered to their own ethics procedure when conducting and processing the questionnaire and they anonymised the responses before sending them to me. I completed a copyright declaration form which I have adhered to.

Prior to the interviews, I sent all potential interviewees an information sheet via email that detailed the potential risks and benefits of taking part in the research (see Appendix 2). It described the interview process and reminded the interviewees that they did not have to tell me their reasons for shielding (i.e. their medical history). This sheet also discussed ethical issues like anonymity, confidentiality and informed consent, and reiterated that they have the right to withdraw from the research without giving a reason. I suggested to the interviewees that they read the information sheet before signing the accompanying consent form (see Appendix 3) so that they are fully informed before making the decision to participate. The consent form included a section about me taking photographs of the interviewees' items to use in this thesis, and of course they could consent or not consent to that.

The interviewees I spoke with may be considered a 'vulnerable' population because of the health conditions or disabilities they have, but also because I asked them to recall experiences that may have been unpleasant, and these factors caused various degrees of physical and emotional pain (Butcher, 2022). To mitigate the effects of their (perceived) vulnerability, I discussed the location of the interviews with each interviewee to ensure that they found it accessible, including the possibility of conducting the interview using online platforms such as Zoom and Microsoft Teams. I gave them ample time to consider taking part and they had the opportunity to email me any questions. I made it clear throughout the process that the interviewees were under no obligation to tell me their medical history. Some interviewees also spoke to me over the phone so that we could discuss specific practicalities in detail. This also helped to build rapport, which was useful as we had spoken beforehand, so we were not meeting each other for the first time at the interview, making us less nervous about the meeting. Later in this chapter I explain that I asked the interviewees to bring items with them to their interviews. This meant that interviewees had agency within the interview and could steer the discussion away from topics they found uncomfortable.

Four of the interviews took place in the interviewees' homes. I discussed the ethical issues of doing interviews in people's homes, with regards to potential harm to both interviewees and myself, with my supervisors. I also discussed this with the interviewees over the phone, and this helped the interviewees explain why they preferred to conduct the interview in their homes, and I could explain why my supervisors and I were cautious about it. Speaking over the phone also allowed us to navigate this matter more fluidly than through email, and we agreed that I would go to their homes. My supervisors suggested that I make my location known to close family members and perhaps take family members with me, even if they just wait in the car while the interview takes place. I followed this advice and made my family members aware of the time and location of the interviews. I also enlisted the help of my mother and sister who stayed in our car while I went into the interviewees' homes to conduct the interviews. I did not want to bring my family members to the interviews as this would change the power dynamics and would have raised issues of anonymity and confidentiality. This does raise a question about the anonymity of the interviewees, as I took my family members to their addresses. However, I stressed the importance of anonymity to my family members and told them nothing beyond the location of the interviews. In the interest of the safety of all parties involved, I felt as though this was an appropriate course of action to take.

3.2 Methodological Considerations

Vulnerability

The outcomes of conducting research with vulnerable groups are meaningful, and it is important to maintain their rights as interviewees, but the ethical idea of being 'vulnerable' is based on biomedical definitions of who has the capacity to give consent, whereas social researchers see vulnerability as a much more relational concept (van den Hoonaard, 2018). It is important to consider that vulnerability is not a fixed state, but can change within different contexts, and to challenge the dominant idea that vulnerable people are passive victims that lack agency (Butler, Gambetti and Sabsay, 2016). Butler, Gambetti and Sabsay (2016: 4) indicate that "vulnerability emerges as part of social relations, even as a feature of social relations," and an uneven distribution of power and vulnerability coincide with the policies made 'for' vulnerable people. Furthermore, van den Hoonaard (2018) argues that researchers and ethics committees should refrain from attempting to define or categorise vulnerable groups and instead question if or how interviewees become vulnerable because of the research in which they participate.

Power

Power is inherent in the interviewing process (McDowell, 2010). There are often more benefits coming out of interviews for researchers than for interviewees (ibid.), with concerns that research does not improve the lives of interviewees significantly and that researchers are able to "walk away" from the situation afterwards (Butcher, 2022: 2). As the researcher, I was aware that I had most of the control and power in the interviews. I attempted to mitigate this through my sampling method (discussed below) and by encouraging interviewees to bring items to their interview. This meant that they could steer the conversation towards topics with which they were more comfortable. At the end of the interview, I asked the interviewees if they wanted to remove anything they said from the recording to give interviewees some control over what they said even after the interview. Once I returned home, I emailed the interviewees to thank them for taking part in their interviews to show that I was grateful for their contribution and that I genuinely valued our conversations.

Positionality and Being an Insider/Outsider

The concept of positionality pertains to "[f]acets of the self – institutional privilege, for example, as well as aspects of social identity" (Rose, 1997: 308) that influence the power imbalance in interviews (Rose, 1997; Horton, 2021). Due to these different aspects of identity and the focus of the research, researchers may find themselves as an 'insider', where they share experiences or identities with interviewees, or an 'outsider', where the researcher and interviewees' experiences and identities are quite different. There are benefits to both positions. Being an 'insider' may mean that people give a researcher more insightful responses and the validity of the data generation and interpretation by the researcher is greater. On the other hand, interviewees may explain their experiences in more detail to an 'outsider' because the researcher is less familiar with them, which may lead to richer data (Dowling, 2016).

Although feminist researchers in the 1980s and 1990s favoured the 'insider' position and attempted to be more like their interviewees (Chouinard, 2000; Valentine, 2003), Chouinard (2000: 72) argues that approaches like this "prevent researchers from acknowledging and taking responsibility for their power within the research process," while Valentine (2003) argues that this approach is essentialist; it ascribes certain connotations to physical characteristics and ignores the variety of opinions and experiences across groups of people. Instead, Horton (2021) suggests that researchers should recognise the relational nature of the interactions between the researcher and the participant, and Doucet and Mautner (2008: 334, original emphasis) discuss how there are "varied degrees of being *both* an insider and an outsider in the research relationship," which demonstrates the complex relationship between the researcher and participant and challenges the insider-outsider binary. These relational identities and interactions make interviews a collaborative endeavour (Doucet and Mauthner, 2008; Rose, 1997).

My positionality inevitably affected the interaction between myself and the interviewees and affects how I analyse their responses (Rose, 1997). I do not have a disability, so I was an ‘outsider’ in that respect. I have a close family member who shielded, and I live with them, and saw the effects that shielding had on them, so I was able to sympathise with the interviewees. However, my lockdown experience was potentially very different to the interviewees’ experiences, as I was in the relatively privileged position of being able to study from home and I was living with my family, and as a result I did not have a negative lockdown experience. I made an effort to recognise that the experience I had was not universal, and that some people found the lockdown and shielding period difficult. I have lived in Pontarddulais (the town where I based my interviews) my whole life, but in the context of these interviews I was also a researcher. My knowledge of the local area and shared experiences of living here meant that I was an ‘insider’ at the same time, as interviewees were able to discuss local places without having to explain them to me.

Reflexivity

Being reflexive means being aware and critical of our actions as researchers (Dowling, 2016; Horton, 2021), and looking beyond suggestions of how to improve the research to think about how our assumptions, biases and identity affect the research we do (Davies, Hoggart and Lees, 2014). Dowling (2016) and Horton (2021) suggest using a research diary to record any thoughts, observations and events that are interesting or significant. I have used a research diary to write down my thoughts before and after the interviews to record my feelings and to reflect on the interactions between myself and the interviewees. I used the reflections in my research diary to improve the next interview; for example, I made a note of this mistake:

At one point during an interview, an interviewee had just finished telling me about how important their faith was to them during their time shielding. I panicked slightly because I do not know much about religion and I had not anticipated this topic, so I asked a follow up question that was unrelated to their faith and was instead about something that they had said in passing, which was not the best response on my part. I did think about this during the interview though, so I was able to give more attention to their faith when they brought it up again later in the conversation.

This thought process helped me in future interviews when other interviewees also discussed their faith, and I was more attentive to those conversations.

3.3 Interviewee Recruitment and Location of Interviews

I used purposive sampling to recruit interviewees because I had certain conditions that they had to meet (Silverman, 2022). They needed to:

- Have shielded
- Live in Pontarddulais or nearby
- Be aged 18 or over.

The age restriction was in place because I had ethical approval to interview adults only, and interviewees need to have shielded because the research concerns shielding specifically (not the general lockdown). I chose to start the recruitment in Pontarddulais because it is on the border of the Swansea and Carmarthenshire local authorities, which had different regulations at some points during the pandemic (e.g. Gething, 2020b), so these political dimensions could have affected people's experiences.

Interviewees were initially recruited through a public Facebook page for residents of Pontarddulais. This is popular among residents, with posts about local issues, small businesses and other things of local interest. I made a post outlining my research aims and asked if anyone would like to take part in an interview. In making a general post on Facebook, I avoided asking anyone to participate directly, which I did to reduce the power relations between me as the researcher and the interviewees (Dowling, 2016; McDowell, 2010), as it is more difficult to decline when you are asked directly. My approach made it easier to opt out of the research

– people could simply ignore the post if they did not want to take part. How researchers identify themselves in the first contact with interviewees is important (McDowell, 2010), and using Facebook allowed me to introduce myself and my research in an informal manner which aimed to put the interviewees at ease. I included a link to a Google form that I created, which collected the interviewees' email addresses. This allowed me to collect them whilst maintaining the interviewees' anonymity and confidentiality on Facebook. I then emailed the interviewees an information sheet and consent form, and we decided on a date, time and location that suited us.

However, one problem with Facebook posts is that people will only see them once before they are pushed down the timeline by newer posts. A week after I made the initial post, I asked the page administrator to share the post so that people could see it again, or for the first time. A couple of people did respond to this second post, but the same thing occurred, and attention dwindled quickly. To combat this, I put up posters around Pontarddulais and surrounding areas. If people see the posters more than once, they may be more willing to participate in an interview. I stated my contact details on the poster and asked people to contact me if they were interested, which maintained my aim of reducing the power relations by not asking people directly, but it did require confidence from the interviewees to start the conversation. The posters also allowed me to reach people who are not active on social media, which helped to reduce the effects of the digital divide.

It became clear that I had exhausted the population of Pontarddulais when no one else came forward, and there may have been fewer responses due to anxiety around COVID-19, meeting other people and/or talking about it. However, I needed to conduct more interviews if I wanted to gather an adequate amount of data. I decided to expand the sample population to include people from nearby areas. I went on a similar Facebook group for neighbouring towns, but I did not receive any responses from this post. After that, I posted on the 'Nextdoor' app, and this generated more responses. Overall, three interviewees responded to the Facebook post in the Pontarddulais group, one responded to the posters and six responded to the post on Nextdoor. This higher response rate for the Nextdoor app could be

[redacted]

Figure 4: Map showing the approximate locations of the interviews. The red markers indicate an in-person interview and the blue markers indicate an online interview. All locations are approximate.

explained by the fact that I included more towns in the inclusion criteria. Figure 2 shows the approximate locations of the interviews, with five taking place in Pontarddulais and five taking place in nearby towns.

3.4 Questionnaire by Amgueddfa Cymru – National Museum Wales

Amgueddfa Cymru – National Museum Wales ran a questionnaire between May 2020 and October 2020, which was available to everyone living in Wales. It asked respondents open-ended questions that covered four topics: daily life, health and wellbeing, government and information, and the future. It received 1,019 responses in total and respondents were able to respond in English and Welsh. This questionnaire is useful in this research for several reasons. Firstly, it coincided with the period that people were first advised to shield, so it was able to gather responses from people at the time they were experiencing shielding. Secondly, it was available to everyone in Wales, which is a larger area than I could have covered myself as a single student working alone, and thus received more responses. Thirdly, its topics include daily life and government, which will help address the research questions. Fourthly, all questions (excluding demographic questions) were open-ended, which encouraged people to give detailed responses about their experiences, so this also helps address the research questions as it generated qualitative data.

The questionnaire did not focus on shielding specifically, however, so I filtered the responses down to a number that contained only the relevant responses and that was manageable for a master's dissertation. The number of responses that are in my sample is 112 detailed responses about shielding, with a further 36 responses stating that they helped people who shielded (by shopping, for example) but did not mention shielding in any other way. Since there was no focused question such as 'were you advised to shield?' and all responses were open-ended, gathering the relevant responses was no straightforward task. In order to determine whether a response was relevant, I began by using the 'find' function in Excel to search for words such as 'shielding' or 'isolate' as well as variations of those words (e.g. 'isolating' or 'isolated'). I did this for the English and Welsh responses. Then, I read through the responses in which the search results were found. This was to place the search results in the context of the response rather than just taking the search results at face value, because sometimes words like 'shielding' or 'isolating' were used in different ways and had different meanings. For example, people also used 'isolated' when describing that they felt lonely during lockdown.

After gathering the relevant responses, I began coding them thematically using the highlighter tool in Excel. I was already familiar with the responses because I had read through them when gathering the sample, so I had some idea of potential themes and frequent points of interest, but I was also willing to include themes that emerged from the responses that I had not anticipated.

3.5 Interviews

The interviews took place between 23rd April and 29th June 2022. 10 interviews took place in total. Eight interviewees were female and two were male, and the known ages of the interviewees range from 31 to 67. Seven of the interviews took place in person, two were on Zoom and one was on Microsoft Teams (see Appendix 4). I used semi-structured interviews to gather interviewees' experiences and thoughts on shielding because they allow flexibility in the order of the questions (Dunn, 2016), which was needed because the interviewees brought items with them (explained below), so the questions needed to be flexible to fit with a variety of topics. I decided to use individual interviews, rather than a group exercise like a focus group, because interviews allow each person to give their opinions and views without having to navigate the group dynamics of a focus group, where some voices may be heard more than others (Conradson, 2005). Furthermore, the only common experience that the interviewees had (which was apparent before meeting them) was that they shielded. There was no requirement to share the same medical condition(s), so they may have felt uncomfortable sharing such personal accounts with a group of strangers, and this also raises issues of confidentiality and anonymity, which some interviewees rightly felt passionate about. This would also have been a difficult task to practically organise, as some interviewees preferred to do online interviews while others very much preferred to do in-person interviews, and, as mentioned above, it was important for some interviewees to remain in their homes, so organising a group activity in another location would have excluded them.

At the beginning of each interview, and after a brief introductory conversation, I reiterated to the interviewees the purpose of the interview and their rights to anonymity, confidentiality and to withdraw from the research if they wanted. At this stage some interviewees signed a consent form that I had printed off; some interviewees found this easier than signing it online and sending it to me via email. After the interviewees confirmed that they were happy to proceed and they were happy for me to record the interview, I began asking the questions that I had prepared. If the interviewee brought items with them, I started with a question like "what items did you bring with you today?" which allowed them to take control of the direction of the conversation. If they did not bring items (due to time or practical restraints), I began by asking them about something they mentioned during the small talk at the start, or a general question about lockdown where they could talk about their experiences. The questions I had planned were associated the following topics:

- Everyday experiences
- Community
- National identity
- Political decisions made by the UK and Welsh Governments

I closed the interviews by trying to finish on a pleasant topic, so the interviewees did not leave the interview feeling disheartened (to varying degrees of success) and I reminded them once again of their rights as research participants. I also asked them if there was anything that they said in their interviews that they would like to keep out of the transcript. This provided the interviewees with the opportunity to reflect on what they said and helped maintain their agency and privacy, and many acted on this opportunity.

I transcribed the interviews and again used thematic coding to code the data. I used NVivo software for this, unlike the questionnaire responses where I used different highlighter colours in Excel.

Using Items in Interviews

Kinney (2018) and Pyyry, Hilander and Tani (2021) explain that using photographs can make both researchers and interviewees, particularly those considered ‘vulnerable’, more comfortable during interviews because they are looking at the photographs instead of making eye contact, and that this method can give the interviewees more control over the direction of the conversation so they can avoid certain topics if they wish, thus reducing the power imbalance between researcher and interviewees. This method “labels the participants as experts of their own worlds” and gives them “space to lead the conversation” (Pyyry, Hilander and Tani, 2021: 78). The above authors are referring to photographs specifically, but these ideas also apply to objects used in interviews, which I used to reduce the power relations between myself as a researcher and the interviewees. I asked interviewees to bring up to three items to their interview that reminded them of their time shielding (though this was not compulsory). This was a way for me to avoid asking them direct and invasive questions about potentially distressing experiences and still facilitate discussion, but they were also proxies for the interviewees to tell their stories through (Butcher, 2022). Furthermore, this method allowed interviewees to reflect on their shielding experiences before their interviews took place, allowing them an opportunity to familiarise themselves with their answers and to decide which aspects of their experience they would like to share. They revealed experiences of shielding when talking about these items that they otherwise may not have shared if asked directly.

Conclusion

This chapter has engaged with key methodological and ethical considerations that I encountered when I conducted the interviews, such as vulnerability and power. It also details the process of interviewee recruitment and the difficulties that I encountered during that, and also the use of items in the interviews as a way of mitigating the power imbalance and ensuring that interviewees could direct the conversation to topics they felt comfortable with. Although I did not conduct the questionnaire myself, this chapter explains how I obtained a sample from the 1,019 responses. This was necessary as the questionnaire was not about shielding, but contained responses from people who shielded, so I had to read through the responses to ascertain which ones were relevant. The following three chapters are the discussion chapters and present the experiences of people who shielded through the themes of politics and national identity, everyday experiences and vulnerability. Chapter four examines the political aspects of shielding and how people who shielded felt connected to the nation (or not).

4.0 Politics and National Identity

Introduction

The politics surrounding the pandemic and the way that the governments in the UK handled it are contentious topics. Entangled in the politics are the lockdown measures and shielding advice, both of which affected people classed as ‘clinically extremely vulnerable’ and at ‘increased risk’ in particular. The overall difference in behaviour between the UK and Welsh Government ministers affected the views of the general public, including those who shielded. This, along with national events that occurred during the lockdown, such as the ‘Clap for Carers’ every Thursday, meant that a national consciousness came into view. While some people experienced an increased sense of belonging at this time, it was not felt equally by everyone.

The main identities this chapter discusses are Welsh and English, but I recognise that various identities are present in the UK and may interact with Welsh, English and British rhetoric. However, this thesis focuses on the responses of the interviewees, who are all British nationals and identify with the previously mentioned identities. It also focuses on the responses of respondents, but unless they stated their national identity, I could not ascertain this information. This issue could perhaps be rectified in future research.

This chapter covers the following sections: Politics, Welsh National Effort and National Displays. The first section details how the behaviour of politicians, largely those in the UK Government, affected people’s views of them and their COVID-19 policies. It compares people’s opinions of the different approaches taken by the UK and Welsh Governments and explains why people generally preferred the Welsh Government’s approach. The section also explores the shielding advice in the Welsh context and argues that it was not clear whether shielding was the law or advice, as some people appeared to confuse the two. The second section looks at the Welsh Government’s ‘Diogelu Cymru/Keep Wales Safe’ campaign, which they ran throughout the pandemic to encourage people to minimise the spread of the virus, and it demonstrates how some people who shielded did or did not feel like they contributed to this ‘national effort’ to control the virus. The final section of this chapter explores displays of nationhood during the pandemic and focuses on the Clap for Carers and the display of rainbows. This section centres the experiences of people who shielded and how they participated in these displays (or not) to examine how they interacted with narratives about nationhood.

4.1 Politics

Politicians’ Behaviour

The lack of trust in the UK Government was exacerbated by the behaviour of certain politicians, which was negatively received by the general population. For example, described by Respondent 793 as the “*Cummings fiasco,*” an incident at the beginning of the lockdown involving Dominic Cummings (a then-adviser to the Prime Minister) breaking lockdown rules (BBC, 2020) angered many people as it implied that those in government do not take the rules that they made seriously. As Respondent 633 says: “*The do as I say, not as I do attitude stinks*.” More recent scandals, such as ‘partygate’, involved a series of allegations about parties and gatherings being held by civil service staff, members of the Cabinet Office and ministers, including Boris Johnson – the Prime Minister at the time, at times when coronavirus restrictions against gathering were in place. As a result of their investigation, the police made 126 referrals for fixed penalty notices (Durrant, 2022; Prime Minister's Office, 10 Downing Street, 2022), with the Prime Minister and Chancellor each receiving a fixed penalty notice (Prime Minister's Office, 10 Downing Street, 2022). This criminal behaviour is not expected from people working in government positions, and this “*complete disregard for the rules*” (Respondent 906) has deepened the distrust felt by members of the public. Interviewee 4 said:

> *“I think when you look back now at what was going on in Westminster, it makes you think ‘oh what an idiot I was’ you know, to not see my grandson for all those months.”*

The behaviour displayed by the UK Government, led by the Conservative Party, angered many people who had made personal sacrifices during the lockdowns, like staying away from family, because they felt as though the UK Government lacked integrity. There was a betrayal in the public's trust, as evidenced by a recent YouGov poll which shows that, on the 2nd of October 2022, 68% of respondents thought the Conservative Party to be untrustworthy, rising to 74% when looking at responses from people in Wales (YouGov, 2022). This left some people feeling as though "*they really do not care that much*" (Respondent 978). There was also a 'beergate' scandal that was investigated by police, where the Labour Party leader, Keir Starmer, and other party members were recorded having food and drinks at an MP's office in Durham, but this investigation did not result in any fines and found that the gathering was necessary (Walker, Weaver and Dodd, 2022). The interviewees did not mention this event, and the questionnaire was completed before the event took place.

By contrast, politicians in the Welsh Government and Senedd (Parliament) had fewer incidents of inappropriate behaviour. There was an incident where the then-leader of the Welsh Conservatives, Paul Davies, resigned with other members of the party after being caught having alcoholic drinks at the Senedd, when coronavirus restrictions at that time included an alcohol ban (BBC, 2021a). Again, the interviewees did not mention this, and the event took place after the questionnaire was conducted. The 'partygate' scandal was much more recent and the investigation was ongoing when the interviews for this thesis took place, and further issues with Conservative Party MPs, such as the resignation of a Conservative MP who was found to be watching pornographic content on his phone in the House of Commons (Helm and Savage, 2022), had recently been in the news. This repeated misconduct by the Conservative MPs that was highlighted in the news may have overshadowed any news stories about other parties, but the number of reports of misconduct emerging from the Conservative Party has recently been high and often of a serious nature.

Perceptions of the UK and Welsh Governments' Approaches to the Pandemic

The handling of the pandemic by the UK and Welsh Governments provokes a range of views from the respondents and the interviewees. Some said that the UK Government responded better than the Welsh Government, some said the Welsh Government responded better than the UK Government, and some people felt that neither government responded well. Overall, though, respondents and interviewees felt that the Welsh Government's response was better than the UK Government's response, but both governments could have reacted better. Often described as "*more cautious*" (Respondent 337) by respondents, the Welsh Government decided to take actions such as extending the lockdown and maintaining the 'stay at home' message (Drakeford, 2020a) when the UK Government relaxed more regulations and changed their message to 'stay alert' for England (Prime Minister's Office, 10 Downing Street and Johnson, 2020c). Many respondents felt that the Welsh Government were "*putting health before economics*" (Respondent 949), whereas the UK Government were "*trying to please the big businesses*" (Respondent 905). This aligns with the ideological differences between the Labour Party (currently in power in the Welsh Government) and the Conservative Party (currently in power in the UK Government).

Wales and England had different rules over the course of the pandemic, which prompted contrasting opinions from people living in Wales. In particular, those living near the border between Wales and England found the two different sets of rules confusing to follow, as Respondent 354 explains: "*For someone like me who lives on the border, and who lives in Wales but works in England, the different rules seem confusing."* Despite preferring a "four-nation response" to lockdown regulations, the Welsh Government (and other devolved governments) did not follow the UK Government's course of action, and instead made decisions informed by "the evidence and specific circumstances of Wales" (Drakeford, 2020a: n.p.). This divergence in governance drew attention to the powers of the devolved governments in the UK, something which was under-reported before the pandemic (Cushion and Thomas, 2022). It also highlighted the issue of multiple and distinct territories within the UK.

Some people expressed that they were "*glad they live in Wales*" (Respondent 905) because they perceived it to be "*safer as the restrictions are tougher*" (Respondent 799). Respondent 799 is implicitly comparing the rules in Wales and England. People who agreed with "*the Welsh way of working through the pandemic*" (Respondent 997) differentiated themselves from people living in England, as is common when forming national identities. People may compare the nation in which they live to other nations and form identities based on the perceived differences they find (Triandafyllidou, 1998), and this is something that Welsh people have done with England before, in relation to sustainability practices (Jones and Ross, 2016). Here, these respondents found differences in the leadership of the two governments and aligned themselves with the "*more sensible*" Welsh Government (Respondent 720), in order to distance themselves from the "*terrible, reckless and callous*" UK Government (Respondent 227). There were other points of view, and a few people thought that the UK Government responded better than the Welsh Government. Interviewee 7 for example thought that the Welsh Government was "*over-cautious*" with the rules and was angry that this prevented him from visiting a relative who was in hospital. Whatever people's opinions of each government's approach, people in Wales understood that they were under different governance than people living in England, perhaps in a more recognisable way than before, as the pandemic brought about increased news coverage of devolved decision making (Cushion and Thomas, 2022).

Welsh Government's Shielding Advice

Generally, the people I interviewed said that shielding was the right course of action for the governments to take, despite the negative effects of shielding such as not seeing relatives for long periods of time. Most people felt that the Welsh Government had good intentions when it came to shielding. Interviewee 2 said "*I do think the Welsh Government... I did as a shielder feel, most of the time, things were done for my good.*" Others were "*glad* [they were] *living in* [W]*ales and not encouraged back to work*" (Respondent 292), which is something that Boris Johnson did in a speech he gave in May 2020, where he stated that people who could not work from home "should be actively encouraged to go to work" (Prime Minister's Office, 10 Downing Street and Johnson, 2020b: n.p.). Shielding offered protection from this pressure, as did the devolved decisions of the Welsh Government.

However, the negative effects of shielding were felt deeply by people who missed their family and friends, as the following quote reveals:

> *"I have got sadder and sadder the longer it goes on. I have been home for 10 weeks and when the Welsh easing of the lockdown was announced - being able to meet other households outside - I was excited until they pointed up shielding had to go on until at least June 15th I cried"* (Respondent 468).

As this quote demonstrates, shielding was an unpleasant experience for many people, but they continued to follow the shielding advice because they felt that it was the right thing to do. The above quote is referring to the changes to the lockdown restrictions in Wales that the First Minister announced on the 29th of May 2020, that came into effect on the 1st of June 2020 (Drakeford, 2020b). However, the letter that people received at the start of the lockdown (see Appendix 1) advised them to "stay at home for the next 12 weeks" and those 12 weeks were due to end on the 15th of June, as the quote confirms. The statement made by the First Minister on the 29th May does not mention shielding, so presumably the shielding advice does not change. Then, on the 1st of June 2020, the day that these newly relaxed restrictions came into effect, Vaughan Gething (the Minister for Health and Social Services at that time) made an announcement that there would be changes to the shielding advice, coming into effect that day, which would allow them to exercise and meet another household outdoors (Gething, 2020a). This three-day difference in the timing of the announcements, and the fact that shielding was not mentioned in the First Minister's statement on the 29th of June 2020, suggest that shielding was an afterthought for the Welsh Government. This is an example of the "hierarchy of belonging" (Skey, 2013: 82) present in the (Welsh) nation, where some groups are subordinated because they have particular characteristics that fall outside of the idealistic image of the national citizen. Crucially, Respondent 468 gave the above response on the 30th of May 2020, before the imminent announcement by Vaughan Gething about the changes to the shielding advice. This demonstrates the political dimensions of the shielding experience and shows the effect that the coronavirus announcements had on people, particularly when they realised that the changes would not apply to them.

Technically, shielding was "advice" (see Appendix 1), however the people I spoke to did not seem to think this was the case, and generally tended to consider the shielding advice and the general COVID-19 restrictions as equally mandatory. For example, Interviewee 1 says "*I had a letter telling me 'you have to shield*'" and Respondent 468 in the above quote says, "*shielding had to go on*." It is unclear whether they felt a though they had to shield because they thought it was law or because they felt like they had to for their own safety. I think this is a small technicality that was easily glossed over in the initial confusion and anxiety of the pandemic, but issues like this have been reported elsewhere (e.g. Herrick, 2022). Furthermore, the advice came from an authoritative body, which may have further influenced people's thoughts. As Herrick (2022: 7) explains:

> "while shielding was purely voluntary in theory, the official significance and grave tone of the letters sent to the CEV combined with understandable anxiety and fear over the personal risks posed by coronavirus led to overwhelming adherence to the guidance."

Moreover, I think the Welsh Government could have made it clearer in terms of the language that they use. The first letter sent out to people (see Appendix 1) states, "You, or the person you care for, should:" and was followed by a long list of precautions that people should abide by. Each bullet point in this list starts with an imperative verb, which demands an action from the reader. The first bullet point for example states "Avoid any contact with anyone who has a high temperature (above 37.8°C) or a new and continuous cough." The word "advice" appears twice at the top of the letter, but it is not seen again on this page. However, imperative verbs appear frequently throughout the remainder of the letter, so demands are reinforced on most lines down the page. The distinction between advice and instruction therefore becomes less obvious. The above quote and other precautions detailed in the letter were similar to the advice and restrictions for the general population, which is another possible reason as to why the shielding advice and general restrictions were confused. The lack of care and attention that went into writing the shielding letters, along with the general confusion about who is 'clinically extremely vulnerable' and who is at 'increased risk' due to the criteria changing (Herrick, 2022), influenced people's behaviour and perception of themselves, with some people questioning their vulnerability (ibid.). I discuss vulnerability further in chapter six.

4.2 The ‘Diogelu Cymru/Keep Wales Safe’ Campaign

The Welsh Government launched the ‘Diogelu Cymru/Keep Wales Safe’ campaign during the pandemic to promote best practice for minimising the spread of COVID-19 and it used the slogan ‘together we’ll keep Wales safe’ (Welsh Government, n.d.b). This draws on ideas of ‘imagined community’ (Anderson, 1983) and frames Wales as a distinct territory and as something worth protecting. It also promotes a kind of ‘national effort’ to stop the virus. The slogans were used in social media posts, television and radio adverts and Welsh Government press releases, and by the end of 2021 had reached 91% of adults in Wales (Welsh Government, 2021c).

Figure 3 shows the logo for the campaign and it is taken from the Welsh Government’s Facebook page. It displays the image of the territory of Wales positioned behind a banner that states ‘Diogelu Cymru/Keep Wales Safe’. This positioning reinforces the suggestion that Wales needs protecting as the banner across the front appears to be a barrier that ‘shields’ Wales from coronavirus.

Figure 7: The ‘Diogelu Cymru/Keep Wales Safe’ logo (Welsh Government, 2020b).

I asked the people I interviewed if they felt a part of this national effort while they were shielding. Some of them did not feel a part of this effort for various reasons. Interviewee 6 argues that she "*just sat here day after day, reading* [her] *Kindle, buying from Amazon*." 'Just' sitting there and feeling unproductive meant that Interviewee 6 did not feel connected to a national effort to stop the virus. She adds, "*I don't think I needed the Welsh Government to say, 'you've got to do this, you've got to do that, you've got to stay two metres away from anybody.' That's common sense*." Interviewee 6 felt that the guidance was enough for her to keep herself safe and she did not need the messages in the campaign to motivate her. Also disconnected from the national effort, but in a different way, is Interviewee 3, who ordinarily works in a hospital but was shielding during the lockdowns. She felt "*useless*" because she had medical expertise that she could not use, stating: "*I knew I had more that I could do… I have skills, I should be there*," which is how Young (2020) felt in her account of shielding and being unable to work as a nurse. Interviewee 3 worked from home, but in a reduced capacity and had to wait for a number of weeks before she had the equipment to be able to work from home.

Contrastingly, Interviewee 2, who worked in healthcare at that time, was able to work from home while she was shielding by using technology. This meant that, while the way she worked changed, she continued to support patients, which meant that she felt as though she was still able to contribute. There is a link here with what Interviewees 2 and 3 said and the modern idea that people with disabilities are a 'burden' on the state (Gleeson, 1996; Oliver, 1990). Interviewee 3 could not work in her normal capacity (because of instructions given by the state) and therefore felt that she could not contribute to this national effort to stop the spread of COVID-19, whereas Interviewee 2 was able to continue working and did feel as though she helped. Interviewee 2 also added: "*the fact I shielded, I didn't become one of these people who became ill and needed to go into hospital*." This adds to the previous argument because she was satisfied that she did not need to use state services and resources, thus not being a 'burden'.

Other interviewees who felt as though they had contributed to this 'national effort' did so because they followed the advice diligently and were therefore actively preventing the virus from spreading. Interviewee 4 felt that she did help to ‘keep Wales safe’: “*I’m very much one for following the rules, so yes, I did feel part of that*.” Following the rules and shielding was a way of achieving this for Interviewee 4. Similarly, Interviewee 8 gave this response when I asked if she felt a part of this national effort:

> “*I think I did actually because, I didn’t request to stay in, I didn’t see anybody, I wasn’t ill or anything, but I just got a letter in the post and got asked to shield, and I think they did the right thing for people like myself*.”

For Interviewee 8, following the guidance was worth it, despite negative effects like not seeing anyone, as she had not contracted the virus at the time of her interview. She was advised to shield and did so because she thought it was the right thing to do, and this meant that she felt that she played her part in the ‘national effort’ that the Welsh Government encouraged.

The Welsh Government also used the rainbow symbol in their campaign, which became a national symbol of hope and appreciation during the lockdown (I expand on this in the following section). Figure 4 is an example of this and is a graphic taken from the Welsh Government’s Facebook page. It shows a bright rainbow with the words ‘Thank You’ underneath, and the campaign’s logo and slogan along with the Welsh Government logo in a banner along the bottom. The use of a nationalised symbol such as the rainbow, which has connotations of hope and solidarity (Parkes-Nield, 2020), further promotes the sense of togetherness that the Welsh Government are appealing to. The accompanying text in the post reads:

> “Right across Wales, our critical workers and volunteers continue to work with dedication and compassion to keep our country moving.
>
> Thank you 🌈
>
> We all have a part to play. Help stop the spread of coronavirus. Please stay home.”

This reinforces the nationalisation of efforts to stop the spread of the virus by associating people’s efforts with the Welsh nation and using a rainbow emoji. This post also validates Interviewee 4 and 8’s feelings of inclusion by indicating that

Figure 10: A graphic featuring a rainbow (Welsh Government,

staying at home is a helpful action to take, though this is appealing to everyone in Wales, not just people who were shielding.

4.3 National Displays

Clap for Carers

The 'Clap for Carers' started on Thursday 26th of March 2020 and for 10 weeks became a display of national gratitude towards NHS staff and key workers in the UK, but after 10 weeks it was stopped as it was being increasingly politicised and criticised (Addley, 2020). Each Thursday at 8 p.m., people would stand at their front doors and make noise by clapping or hitting items such as pots and pans. This was a way for people to show that they were grateful for the work that NHS staff and key workers were doing during the lockdown, as they were increasing their chances of contracting the virus by continuing to work.

The majority of interviewees and respondents discussed the Clap for Carers, and many shared the opinion that the display created a "*community spirit*" (Interviewee

8) which people found "*very moving*" (Respondent 807). The fact that it was a national event meant that there was, to some extent, an expectation to participate, which drew attention to those who did not. Interviewee 2 demonstrates this: "*Not everybody came out mind. Some houses didn't and you thought 'oh why aren't you coming out?'*" A YouGov poll shows that this was not a common reaction, though (Abraham, 2020). Support for NHS staff was a nationalised project that was endorsed by organisations, the governments and the general population – Boris Johnson, for example, spoke of "[t]he incredible bravery and hard work of our NHS staff, our care workers" in his speeches to the nation (Prime Minister's Office, 10 Downing Street and Johnson, 2020b). This was reflected in many of the interviews, as interviewees made an effort to praise NHS staff (and key workers generally) when they wanted to criticise the disruption of their treatment or other shortfalls.

Clap for Carers took place around the UK, but some people emphasised the local, rather than national, impact of it and commented on the sound of people clapping and cheering. The sound of the event was mentioned by a number of interviewees, and Respondent 90 explains its significance:

> "*Swn y clapio ar y noson gyntaf yn mis Mawrth pan oedd hin dywyll a swn y clapio drwyr Dyffryn roedd huna yn emosiynol*"
>
> [The sound of the clapping on the first night in March when it was dark, and the clapping sound through the Valley, that was emotional]

Paying attention to sounds influences a person's sense of place and belonging. As Duffy and Waitt (2013: 478) argue, "[s]ounds help people create visceral connections, or disconnections, between people, things and place," and Respondent 90 made an emotional connection between the sounds they could hear and the community living in the valley at a poignant moment in the first lockdown. Given that many people could not directly contact others during the first lockdown and shielding period, listening to people cheer and clap is another way of connecting with them.

There was a sense of ambivalence towards these displays of nationhood (Wilson and Anderson, 2020), and not everyone thought highly of the Clap for Carers (and similar gestures of goodwill). Some people thought that the "*meaningless or trivial* *gestures*" (Respondent 431) were inadequate rewards for people who were risking their lives to help others, especially when the UK Government has faced criticism for underfunding the NHS for several years under austerity measures (e.g. Wood and Skeggs, 2020; British Medical Association, n.d.). Respondent 631 states: "*I've found it frustrating seeing so many clapping for the NHS when so many also voted for a party that has been systematically destroying that institution*." This criticism is part of the reason for the suspension of the event, as criticism was mounting from many people, including health workers (Addley, 2020), and this led to the increasingly common idea that the event was becoming politicised (Abraham, 2020).

Another issue with Clap for Carers was the spatial aspect of it. The front doors of people's houses became the recognised space to participate in the Clap for Carers, exemplified and reinforced by Boris Johnson participating from the doorstep of 10 Downing Street, which is one the most iconic front doors in the UK. However, not everyone was able to reach their front door, or had a front door that allowed participation. For example, Interviewee 7's relative could not reach their front door due to her mobility, and therefore could not take part. Interviewee 7 also argues that the type of housing affects participation in the event: "*If you're in terraced houses, it's more effective isn't it. It's not very effective with detached* [houses] *like this*." His argument is that terraced houses, with front doors that are closer together, allow people to interact better than when the houses are farther apart.

National Symbols and Togetherness

During the first lockdown, people began to display objects such as rainbows or children's drawings in the windows of their homes as another way of expressing their gratitude for key workers. This was an easy way to participate in the national appreciation of key workers without leaving home. Rainbows in particular became a prominent symbol of hope and it is thought that they were first used in this context in Italy (Parkes-Nield, 2020).

Respondents and interviewees commonly speak of window displays and rainbows as a positive outcome of the lockdown that demonstrated people's goodwill. Respondents to the questionnaire often discussed the rainbows and window displays (and Clap for Carers) in response to the question ‘What things or moments during the pandemic will stay in your mind?’. Like many people who were shielding at the time, Respondent 848 relied on their hobbies to fill their day. She states, “*I made a Crochet rainbow that I displayed in the window as a thank you to all involved with this experience.*” A number of respondents say that they made rainbows to put in their windows and enjoyed seeing them in other people’s windows. Interviewee 8 adds:

> “*Some of the people got their younger children to draw signs and put them on the window and everything. So yeah, it was something that the estate did. It was nice*.”

These “expressions of collective hope and gratitude” (Wakefield, 2021: n.p.) operate on a local and national scale and engender a sense of belonging, which was important for people who felt otherwise isolated from their social circles. Yuval-Davies (2011: 10) argues that belonging is often “naturalized” and “part of everyday practices,” and it also involves borders of what, or who, does and does not belong. When discussing belonging, it is important to consider the “relationship between bodies, identity, ‘things’, space and place for disabled people.” (Morrison *et al*., 2020: 1). The practice of putting symbolically significant objects in windows is not necessarily new (people put Christmas decorations in them every year, for example), but it took on a new meaning during the pandemic and is one way for people to participate in collective actions, particularly when other actions are not always accessible for everyone (e.g. Clap for Carers).

Respondents, responding to the questionnaire during or just after the first lockdown, express hope that this increased sense of community or togetherness would last after the pandemic. Respondent 410 makes this argument:

> “*I hope that the feeling of unity and togetherness that we have felt as a community during this pandemic will continue - to help and support each other in life.*”

However, speaking to the interviewees two years after the pandemic began, the sense of togetherness reinforced by these actions is not necessarily something they feel has lasted. Interviewee 2 remarks:

> *“You just thought ‘will this last, will this change things?’ and you really hoped it would. But I don't know, I think now things have just gone back to normal, to be honest*.”

While this sense of togetherness was fleeting, there is some continuation of certain acts of goodwill. For example, Interviewee 4 states that a member of her church still messages her to see if she needs anything, something which started while Interviewee 4 was shielding. The national mood in the UK has shifted since the pandemic started, especially with the onset of political disturbance, national strikes and a cost of living crisis (e.g. Goodwin, 2022; Topham, 2022; Campbell, 2022), rendering the novelty of the coronavirus lockdowns and increased sense of community as an exceptional time in the eyes of the interviewees.

Despite this, some things have lasted the course of the pandemic. Over time, the use of rainbows in relation to the NHS has become more mundane and has continued beyond the initial lockdowns. Some hand-made rainbows still linger in windows while new symbolic objects emerge. Figure 5 shows a broadband cabinet in Pontarddulais painted with the acronym ‘NHS’, with hearts surrounding the letters and a rainbow moving across the bottom right-hand corner of the cabinet.

Figure 13: A broadband cabinet in Pontarddulais with a painting on

This was painted this year, two years after the pandemic began, and is part of a wider project to paint the broadband cabinets around Pontarddulais with culturally significant icons. I see this every time I drive to and from my house, and it has become a banal marker on my commutes (Billig, 1995). This suggests that public appreciation for NHS staff lives on beyond the pandemic, as demonstrated further by the interviewees feeling the need to express their appreciation for the NHS during their interviews. These symbols illustrate how our everyday understandings of particular occupations have changed since the pandemic due to the valorisation of NHS staff, by the public and by the governments, in both top-down and bottom-up constructions of national identity (Jones and Fowler, 2007; Jones, 2008; Closs Stephens, 2016).

Conclusion

This chapter has examined the role of politics and national identity in the experiences of people who shielded. This has been discussed with regard to the behaviour of politicians and people's thoughts on the regulations and guidance put forward by the UK and Welsh Governments, the 'Diogelu Cymru/Keep Wales Safe' campaign, and national displays like the Clap for Carers and rainbows. While people's shielding experiences were already political in the sense that the shielding advice was part of a wider response to the pandemic set out by national governments, their experiences were further affected by the actions of politicians and government guidance, as exemplified by Respondent 468 in section 4.1. The approaches by the Welsh and UK Governments each had supporters, but overall, people favoured the Welsh Government's approach because it was perceived to be more cautious and sensible than the UK Government's approach. People were annoyed by the behaviour of Conservative Party members in the UK Government, including the Prime Minister at the time, because they broke the lockdown rules that they imposed. This was particularly disconcerting for people who shielded because of the additional personal sacrifices they made, beyond what was mandatory by law, to physically distance themselves from family and friends, which was upsetting to undertake, and the UK Government's hypocrisy caused further disappointment. People who shielded sometimes felt that they were a part of the 'national effort' stirred up by the Welsh Government because they decided to follow the advice they had been given, and therefore played an active role in minimising the spread of the virus. However, others did not feel the same way, and these people felt as though they had more to give than 'just' sitting at home. National displays like the Clap for Carers were well received, but enthusiasm later waned as hypocrisy emerged and these events became politicised. The examples in this chapter appeal to multiple national communities (namely Welsh and British identities, but there are of course other identities present in Wales). Some of these displays of nationhood were official and organised while others emerged spontaneously, and they drew people together in different spaces at different times, but while some people did feel included, others did not, or were ambivalent in their feelings towards the nation(s) (Wilson and Anderson, 2020). The next chapter examines the changes to people's everyday experiences.

5.0 Everyday Changes

Introduction

Coronavirus restrictions affected most areas of our lives, and this chapter addresses the areas of daily life that the interviewees and respondents discussed. At the beginning of the pandemic, the coronavirus restrictions and lockdown were novel and disconcerting, and the restrictions put in place altered the everyday life of most people; “normal social practices [were] disrupted, and new material assemblages and temporal patterns emerge[d]” (Adey *et al*., 2021: 1). As I discussed in the methodology chapter, I asked the interviewees to bring along items that reminded them of their time shielding. What emerged from that request was a range of items, most of which, I argue, are typical, commonplace items with wonderful stories attached to them, which is why many of them fit into the topics of this chapter, specifically the ‘Being Together’ section, rather than the other discussion chapters.

The first section of this chapter, Work, explores the ways in which people’s routines changed with regards to different kinds of work, including paid employment, home schooling, volunteering and unpaid care. It exemplifies how the changes to people’s work lives had both positive and negative effects and also discusses how shielding influenced the changes to their routines. The second section looks at people’s shopping habits during the shielding period and how they changed; it discusses the issues surrounding delivery slots, people shopping for people who were shielding and the experience of in-person shopping trips. The last section, Being Together, demonstrates how people stayed connected during the shielding period and who they stayed connected to. It also explains how the cancellation of holidays meant that people missed out on spending time with their family and friends. Religion was one means of connecting with other people, albeit virtually or spiritually, and interviewees and respondents commented on how it helped them. Finally, the section explores how pets provided companionship and a sense of familiarity during a time when many other aspects of our routines had changed.

5.1 “*Trying to work and care at the same time*” – Paid and Unpaid Work

Introduction

Employment, education and care often form major components in people’s everyday lives. As part of the increasing number of regulations and guidance put in place throughout March 2020, the Prime Minister of the UK advised everyone to work from home if they could (Prime Minister's Office, 10 Downing Street and Johnson, 2020a), and schools in Wales closed at the end of March for all but a small number of pupils (Welsh Government, 2020a). The UK Government also introduced the Coronavirus Job Retention Scheme (or furlough scheme) to ensure people were paid if the nature of their jobs meant that they could not work from home, such as restaurant staff, for example (Clark, 2021). The role of unpaid carers changed during the pandemic, which was often detrimental to the well-being of carers and people receiving care (Burrows *et al*., 2021). For people who shielded, the changes to work, education and care had significant effects on their lives. This section examines the work people carried out while they were shielding, both in terms of formal, paid employment and education but also other kinds of unpaid labour such as care.

Paid Employment

A number of the respondents and interviewees were retired or were furloughed, so they were not working during the lockdown, but for those who did work, working from home was common, and people had mixed reactions. Respondent 227 exclaimed: “*Work from home and I love it!*” They enjoyed the fact that they did not have to commute, which they found tiring and stressful. This “*time regained*” (Respondent 226) allowed people to sleep in longer in the mornings, exercise and spend more time with their family. However, many people disliked working from home, and found it “*really lonely, sad and boring*” (Interviewee 3). For some, any time gained from the lack of commute was taken up by additional meetings: “*I have a lot more meetings now than I used to have, possibly because I'm more accessible to people through teams*” (Respondent 315). Working hours became less structured for others; Interviewee 2 worked from home and dealt with her clients via phone, but they rang her at all times of the day, which never used to happen. She said that the clients: *“found it very useful that they could just ring me – some used to ring me* *at times I didn't want them to ring me.*" Working from home presented challenges as well as benefits, and people's opinions varied depending on their situation.

Some people "*accepted an offer of 12 weeks full pay to stay at home shielding*" and work from home (Respondent 101). The twelve weeks refers to the initial amount of time that people were advised to shield by the government, as stated in the shielding letter people received in March 2020 (Appendix 1). This was later extended to August 2020 and people who shielded were still advised to work from home if they could (Appendix 5), but people who did not shield began to return to work during the summer of 2020 (depending on the industry), so the differences between the two groups became more apparent as the lockdown eased. However, Interviewee 2 suggested that she was not ready to return to the office when her colleagues did, so a benefit of her shielding was that it allowed her to continue working from home, and the occupational health department at her place of work was very supportive. They allowed her to return at her own pace and she went in one day a week when there was no one else in the office. Returning to work caused anxiety and apprehension among people who shielded, and issues like their own safety, their relatives' safety and practical factors such as leaving pets unattended meant that Interviewee 7, like many other people, "*wasn't overly keen to go back face to face.*" These accounts and stories appearing in the news, such as that of Barbara Owen, who quit after being concerned about returning to work (BBC, 2021b), demonstrate how people's feelings and attitudes towards the virus affect their employment, and how, in Interviewee 2's case, effective support from employers can make people feel safer in work.

Another disadvantage of working from home was that people felt disconnected from their colleagues, particularly if they were at home shielding while their colleagues were in work. Interviewee 3, for example, worked from home while she was shielding, but because her colleagues were doing their usual jobs in the hospital where they worked, she felt like "*a loose end*" and felt as though she was not contributing enough or as much as her colleagues. This was despite her colleagues' best efforts to try and keep her involved. Relationships with colleagues are not without conflict, though. For example, Interviewee 2 faced some negative attitudes from “*other colleagues who thought ‘oh my gosh, you know, is she being over the top now? It's all okay now’*” (Interviewee 2) when they returned to the office while she worked from home because she was still shielding.

Shielding brought about changes to people’s relationship with employment. For example, Interviewee 2 states: “*I think the health and the problems plus really seeing then that you’re classed as that vulnerable, it sort of did help me think ‘do you know what, it's time I pack this in’*” and she decided to retire. She goes on to explain that, because she is a carer (more detail on this in the care section below), she has to look after herself so that she can continue to care for as long as she can. Another example is Interviewee 3, who decided to take on a position in a union. She says: “*I have a lot more to offer from supporting people who are in my position, and actually there are rights for people who are clinically extremely vulnerable.*” She credits being on the Shielding Patient List as the reason behind this decision, and she has sought positive change by creating a group for disabled staff in her place of work.

Home School

Alongside work, many parents and carers also had to manage home schooling for their children. This was a new and sometimes overwhelming experience for most parents who had never engaged with home schooling before. Unlike the examples above which argue that working from home provides more time to do things, parents who engaged with home schooling found it “*tiring to teach the children all morning and then work all afternoon - it is a much longer day than normal*” (Respondent 410), and this has been reported elsewhere (Beasy *et al*., 2021). This was also felt similarly by parents who do not work: “*I'm a stay at home mum....but obviously that role has changed dramatically, to be home educator on top of normal role*” (Respondent 188). These examples allude to the ways that parents, particularly mothers, had to drastically alter their routine to balance their work and childcare responsibilities (Manzo and Minello, 2020).

Much less can be said about children who shielded from the accounts of the respondents and interviewees. In most cases, adults answered the questionnaire and spoke about home schooling from their perspective, and I did not interview people under 18, and none of the interviewees had school-age children. However, Respondent 315 states that their family shielded because their son had to shield, but he was “*into a good routine with school,*” suggesting that school offered him a structure and something to focus on. Similarly, only a small number of respondents were college or university students. They expressed difficulties such as slow internet connections whilst studying from home, as well as a lack of access to libraries, but others said that doing coursework helped to pass the time. Like working from home, home schooling and studying from home engendered mixed reactions.

Volunteering

Many people started or continued to volunteer during the lockdown, including people who shielded, and helped when and where they could. A narrative circulating at the time, which valorised the work of volunteers, was encouraged by the Welsh Government who placed a national emphasis on volunteering work. For example, Jane Hutt (then-Deputy Minister and Chief Whip) stated: “Wales has a strong tradition of people helping one another out, and we’ve really seen this in action over the past few weeks” (Hutt, 2020: n.p.). This appeal to people’s national identity encouraged people to take part.

Official guidance suggested, however, that people who were “over 70, pregnant, or have a pre-existing health condition” should not volunteer, but people could help without leaving their homes (Hutt, 2020: n.p.). People who were shielding found ways to volunteer whilst adhering to the shielding advice. Interviewee 5 continued to do outreach work through his religious group, which he found beneficial because it gave him something to focus on. Having something to focus on is helpful “*because you can focus too much on the bad news, on the scary times… best to feed your mind on positive things and also your activities as well to keep you busy*” (Interviewee 5). The positive effects of volunteering with his religious community helped Interviewee 5 maintain his spiritual and mental wellbeing while he shielded. Another way that people volunteered during the lockdown was by making scrubs and other items for NHS workers due to a national shortage (e.g. Murray, 2020), which some respondents participated in. However, not everyone was able to volunteer for various reasons, and some people like Respondent 266 “*felt useless*” because they could not help, but Respondent 266 found that donating money to local fundraisers "*helped me feel better about myself, my contribution to community.*" These examples demonstrate that volunteering was an important aspect of lockdown and shielding, both for the beneficiaries of the volunteering work, but also for the wellbeing of the volunteers.

Care

It is important to consider that people care for family members alongside working full-time jobs. Interviewee 2 is a carer for a relative that lives with her, but Interviewee 2 began to work from home and her relative's usual care services were suspended during the lockdown, so she was "*trying to work and care at the same time*" more so than usual, whilst also shielding herself. The additional stress that the new restrictions placed on Interviewee 2 and her relative, along with other factors such as changes in their health, meant that the lockdown period was a very difficult time for them, and the situation became more complicated as restrictions changed and became more confusing. This escalated until they were able to receive support from charities in the area towards the end of the lockdown period. Interviewee 2 was worried about the situation: "*It's probably the first time ever I thought 'oh my God, I'm not gonna be able to carry on looking after him.'*" The support that Interviewee 2 and her relative received during lockdown was vital for both of them, in terms of their wellbeing, which is also the case for participants in Burrows *et al*.'s (2021) report into unpaid carers' experiences during the pandemic in Wales.

Interviewee 7 began working from home during the pandemic, but at the same time he was also caring for a relative who ordinarily has carers that visit. However, Interviewee 7 said that they did not want carers to visit because "*at the beginning as you know, they weren't wearing the right equipment*" due to a shortage in personal protective equipment (PPE), so they did not want to risk the carers inadvertently infecting them with the virus. The need to keep the home as "a safe place that needs to be preserved" is also something expressed by participants in Ding and Williams' (2022: 162) work, where precautions are taken to prevent coronavirus from entering the home. This suggests a border between the 'safe' home and the ‘unsafe’ world outside being sustained by people who shielded. In Interviewee 7 and his relative’s case, stopping the care provided by paid carers, and increasing the level of care he gave, was safer than the risk of bringing the virus into their home. Interviewee 7 preferred working from home because he could manage his work and care responsibilities effectively, which is consistent with findings in Burrows *et al*.’s (2021) report. Being a carer can be tough, especially during a pandemic when official care services are disrupted, so the flexibility offered by working from home alleviated some of the tension between the work and care roles for people in Interviewee 7’s position.

5.2 Shopping

Introduction

Shopping is a necessary practice and it is a practice that forms part of people’s everyday routines (Miller, 1998). It is an ordinary thing to do, ranging from being seen as a boring task (Ellard, 2015) or a leisurely activity (Timothy, 2005; Gregson, Crewe and Brooks, 2002). As with many other aspects of daily life, people’s shopping habits changed overall during the COVID-19 lockdown. The Welsh Government advised people who shielded to arrange to have their shopping and medicine delivered to their homes (see Appendix 1). This everyday process changed dramatically (Jones, 2022), with people who shielded relying on other people and services to obtain their food and other essential items. People also became acutely aware of their vulnerability through their changing shopping habits, whether that was because they began to rely on others or because of anxiety-inducing experiences they had in shops. I asked the interviewees about their shopping habits during the lockdown because it emerged as a key aspect of everyday life and it complements the questionnaire, which also asks about shopping.

Delivery Slot Difficulties

Online shopping has become increasingly popular in the last 20 years, but it gained more users during the lockdowns of the COVID-19 pandemic (Colaço and de Abreu e Silva, 2022; Song, 2022; Young, Soza-Parra and Circella, 2022). In Wales, the government shared the data of those on the shielding list with supermarkets, so the supermarkets were able to make delivery slots available exclusively for people who shielded (Welsh Government, 2020d), and respondents and interviewees took advantage of this. This system worked well for some, but for others like Interviewee 7 and his relative, it was difficult to access delivery slots. Interviewee 7's relative was not classed as 'clinically extremely vulnerable' when the pandemic first started – this happened a while after. This "*made it harder, because it was quite difficult at the beginning getting deliveries from online*" (Interviewee 7) and he tried to avoid leaving their house in case he brought the virus home to his relative. He turned to local volunteers for support.

Furthermore, people who were considered 'at increased risk' (people over 70 years old, for example), many of whom also tried to stay away from shops, found it difficult to secure delivery slots from supermarkets. This created a tension for those at 'increased risk' between protecting themselves from the virus and being able to access food. As Respondent 281 said: "*just being a vulnerable/over 70 etc leaves me in limbo*." Respondent 905 adds: "*Better provision should have been made for those over 65 and vulnerable but not shielding - we were abandoned.*" Among other factors like increased demand (e.g. Butler, 2020), people's vulnerability, as defined by the government, influenced their access to delivery slots and thus altered their shopping habits, as they had to look at other options like having other people shop for them.

Shopping for/by Other People

89 questionnaire respondents in the sample reported that they bought shopping for others or that they received shopping from others. People receiving shopping felt an increased reliance on other people and resented a "*Loss of freedom*" that limited their capacity to "*just go out shopping*" (Respondent 239), with Respondent 266 adding, "*I also hate the fact I can no longer enjoy browsing around the shops and choosing my own food*." Some respondents limited their selection of food, though, so as not to burden the people who did the shopping. Respondent 239 stated "*I would never ask people to get foods that were not essential*," suggesting that they feel they would be putting other people at further risk by doing so. This person is

hinting at wider moral considerations people made with regards to their shopping; "*chocolate or crisps*" are among the foods that Respondent 239 deems not worth the health risks, should the people who did the shopping catch the virus. This person altered their usual practices as a consumer for the perceived benefit of another person.

While people receiving shopping often expressed feeling reliant on others, or even guilty about this arrangement, the people doing the shopping were generally content, sometimes even glad of it, as explained by Respondent 40: "*I see my mum and dad briefly as I drop off the shopping and it makes me feel better knowing I'm helping them through this time*." In this situation, the respondent's parents were shielding, so the respondent shopped for their parents and left the shopping at their door. It was also an opportunity to speak with their parents face-to-face, which was rare during this time of strict restrictions (Drakeford, 2020a), but demonstrates that shopping is a social as well as economic practice and is "emotionally charged" (Williams *et al*., 2001: 218). This person shows that they care about their parents through the act of shopping for them; it is an expression of love (Miller, 1998). The context and motivations behind shopping for other people are different than those described by Miller (1998), but I believe the concepts are applicable here. During this time of restrictions on social interaction, shopping became a material way for people to express their love for their family members.

"I wasn't used to that anymore" – In-Person Shopping

Although the advice was to stay out of shops, that was not always possible, and some people who shielded did go shopping, but some had negative experiences when they ventured into shops. Interviewee 4 said:

> *"I did actually nip to Home Bargains once, coming to the end of my shielding, and I didn't enjoy the experience at all. I felt so guilty, and I thought if my children knew what I was doing they would be furious!"*

Interviewee 4 has adult children and, as the quote implies, she thought that her children would be angry at her for putting herself at greater risk of catching the virus. Some respondents also reported negative experiences with regards to the new protective measures in place:

> “*The shopping, first time I went to Morrison’s after the lockdown and there was a security guard, queues and it all* [started] *to feel very real, before that it had just been on the TV, I did cry*.” (Respondent 101)

This person describes an upsetting experience in a supermarket, where they “*started to feel unsafe*” (Respondent 101) and afterwards began to use a ‘click and collect’ service instead. This aligns with the assertions by Williams *et al*. (2001) that shopping is more than just an economic practice, it is also shaped by people’s emotions, and that people change where (and in this case how) they shop by drawing on prior shopping experiences and the emotions they felt. The spatial changes in the shop caused by things like the increased signage and markers on the floor interrupted the ‘usual’ way of shopping and people felt various emotions (positive and/or negative – though negative in Respondent 101’s case) as a result (Jones, 2022).

Shielding meant that many people stayed away from shops for at least several months. This large period of time without going into shops, plus the added fear that some people had, meant that it was hard for people who shielded to resume in-person shopping as they contended with the imagined border between ‘safe’ and ‘unsafe’ spaces. For example, Interviewee 8 stayed out of shops for around 18 months before she felt comfortable enough to enter one, and she still does not do bigger weekly shops. She exemplifies her discomfort of crowded shops: “*I went to Sarn Park with a friend recently and any shop that was completely crowded we still avoided*.” This demonstrates that shielding has lasting effects on people and their behaviour beyond the immediate aftermath of the pandemic and the shielding period. She argues that “*you feel very vulnerable*” when mixing with other people and this affected, and still affects, her shopping habits. Similarly, Interviewee 3 tried to reintroduce in-person shopping back into her life when shielding was paused in August 2020, but she explains that “*there was loads of people and it was quite frightening 'cause I wasn't used to that anymore, and I was like one of the only people wearing a mask.*” This fear of contracting the virus from other people has been reported elsewhere (e.g. Sloan *et al*., 2021). The fear and anxiety felt by these interviewees and Respondent 101 reveals the (ongoing) task for many people who shielded – readjusting to life post-shielding and post-COVID and dismantling the mental borders they put in place between themselves and unsafe spaces.

5.3 Being Together

Introduction

The coronavirus restrictions put in place by the UK and Welsh Governments meant that people could not meet up in the usual ways; they had to use technology to speak to other people or speak to family members through windows, for example. Loneliness is a well reported effect of the pandemic and the resulting restrictions (e.g. Sloan *et al*., 2021), but people found ways of being together or found things to comfort them when they could not physically see other people. Many of the items that the interviewees brought to their interviews are arguably typical and commonplace, or at least represent routine and familiar aspects of their lives. The interviewees had attachments to them that are positive and negative, or both, and these attachments make the everyday an important site to consider, as "attachments are those relations that endure" (Anderson, 2022: 5), and only examining themes like national identity and vulnerability means that I may have bypassed these important relations. The enthusiasm showed by the interviewees when discussing their items shows that their attachments were significant and had endured the two years of the pandemic (at the time of the interviews). This section looks at the different ways in which people stayed connected and expressed togetherness during the lockdown and shielding period, even if they were not physically with their loved ones.

Digital Togetherness

The use of technology was a common method of reaching people we did not live with during the lockdowns. Speaking with family and friends became "*more frequent but now either by phone, social media or face time etc.*" (Respondent 239). People necessarily used technology more during the lockdown to communicate with family members, friends, classmates and colleagues to overcome national borders and the borders constructed by the restrictions in place. People also took advantage of technology to communicate with family and friends who live a large distance away from them, as Respondent 906 exemplifies:

> “*We have a zoom disco every Friday with family in Brussels, London and Madrid. We have drinks for an hour beforehand before muting the meeting and logging on to the music and dancing around our living rooms together.*”

This “digital mobility” allowed people to maintain a sense of togetherness and belonging when the coronavirus restrictions rendered them immobile (Phan, 2022: 72). Interviewee 10 described technology as “*a lifeline*” as she lives alone, and she found using her phone, television and laptop to communicate with family members and receive news beneficial for combatting the isolation that she felt while she was shielding.

Technology was also useful for neighbours and/or communities who were helping each other during the first lockdown and shielding period. Interviewee 8 explains how her area used a WhatsApp group to help each other:

> “*Where we live, we’ve got a WhatsApp group – there’s only 39 houses – and if anybody wanted anything, and we couldn't get out, then one of the other neighbours would go for us*.”

These support networks were essential for people who were shielding and people who could not leave their home, as they could maintain contact with their loved ones and people offering support. People began to contact some family members and friends more regularly during the lockdown and shielding period, and technology was instrumental in their ability to do this (Osborne and Meijering, 2021).

“*I should've been in Malta now*” – (Lack of) Travel

We'll soon be travelling again

Figure 16: A section of a collage made by Interviewee 4’s daughter that reads ‘We’ll soon be travelling again’. The rest of the collage has been cropped to maintain

Several interviewees and respondents reported the cancellation of their holidays during 2020, and people were upset that they could not spend time with their family and friends. Some people felt as though they were “*seeing one of* [their] *dwindling years go by without the adventurous holidays* [they] *might have had*”

(Respondent 729). Figure 6 shows a section of a collage that Interviewee 4 brought to her interview as one of her items. The collage contains photographs of her previous holidays (cropped out to maintain anonymity) with the statement “We’ll soon be travelling again” in the centre. She goes travelling with her daughter regularly, but during the lockdown and shielding periods they had to cancel their trips, so Interviewee 4’s daughter made her this collage as a reminder of the trips they had spent together and for hope that they will travel together again in the future. Interviewee 4 explains the meaning behind the collage:

> “*She did that collage for me and said, ‘just keep looking at it and just keep remembering’ and whenever I see it, I remember thinking ‘oh I should've been in Malta now’ or ‘I should’ve been in Kefalonia’, ‘cause it was those two places that we had to cancel during the first lot of shielding.*”

The collage acted as a representation of the travelling they had done and the memories they have together, and also acted as a source of hope and anticipation for future travel after the pandemic. Travelling was also important to Interviewee 3, who decided to rebook her holiday which was booked for 2020 to a later date, then cancel it altogether, which prompted her to include her passport as one of her interview items (Figure 7). During the pandemic, Interviewee 3 had a baby, and she

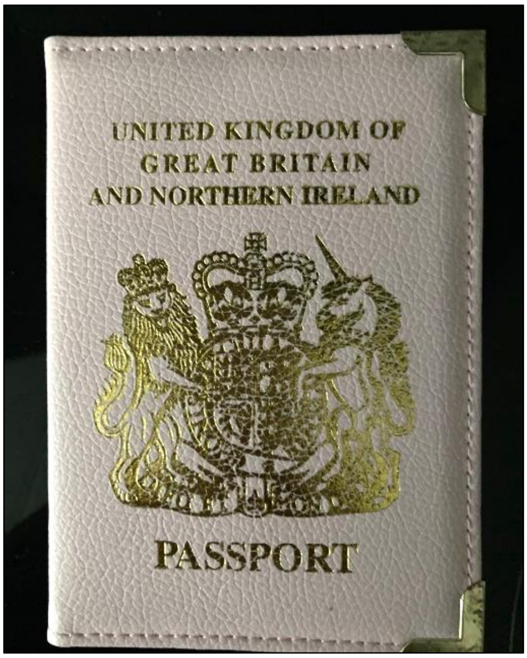


Figure 19: Interviewee 3’s passport, which she brought as one of her items. Reproduced with permission from Interviewee 3.

describes the contrast between their lives that is a result of the coronavirus travel restrictions and shielding:

> *"So travelling was a huge part of my life pre-COVID, and this little baby hasn't been out the house* [laughs]*, so my passport was also something that really reminds me of shielding, and we can't wait to get back out."*

Interviewee 3 and her partner's holiday was rescheduled a number of times, but they eventually decided to cancel the trip altogether because they were concerned about Interviewee 3's health should she contract the virus whilst on holiday abroad. She notes the contradicting feelings she felt when this occurred: "*we're not ready to travel yet, but I'm desperate to travel at the same time.*" The cancellation of holidays was a disappointing aspect of the pandemic, particularly for people who shielded, as they were advised to stay at home more so than the general population and were unable to see loved ones on these holidays.

"*We don't need to socially distance from God*" – Staying Connected through Religion

One way that people stayed connected was through their faith, despite the overall unfamiliarity with virtual meetings and live streams for many religious leaders and congregations in the UK (Bryson, Andres and Davies, 2020). People's religious communities, as well as religious figures, were crucial for helping them through

Figure 22: Interviewee 1's holding cross, which she brought as one of her items. Reproduced with permission from Interviewee 1.

shielding as they provided support and comfort, as the title quote from Respondent 79 implies. The interviewees that spoke about their religion were all connected to different Christian denominations, so for that reason this sub-section will be largely informed by general Christian values (but see Sibanda, Muyambo and Chitando, 2022 and Chen, Chen and Dean, 2022, for some examples from various religions and contexts in relation to COVID-19).

Several interviewees stated that their religion helped them through the shielding period. Figure 8 shows Interviewee 1's holding cross which she brought to her interview. She brought this along as a material representation of her faith more widely, rather than emphasising the object itself. She explains how her faith helped her whilst she was shielding: "m*y faith got me through it, that helped a lot, although it was hard at times... I'm glad that I have my faith so I could pray, you know, read scripture, et cetera*" (Interviewee 1). Similarly, Interviewee 5 found "*comfort in the scriptures*" and felt that "*prayer is a major factor as well, because, obviously, you don't have to deal with things on your own.*" Faith was also important to Interviewee 4, as she describes: "*I'm fortunate, I've never felt lonely, even though I was on my own, um, but I think that's probably more to do with my faith than anything else, to be honest.*" People's faith and connection to God helped them combat feelings of isolation and loneliness, sometimes with great effect, as Interviewee 5 demonstrates:

> "*That probably would've finished me off if I didn't have anybody* […] *so I didn't have to have that 'cause I was never alone, you know, 'cause I had a* [religious group] *full of people, I had my family, um, obviously I've got… you know you're never alone because you've always got your* [God] *with you.*"

Personal faith provided an outlet for negative emotions and provided comfort to people.

An important aspect of faith is engaging with the community and helping people where possible. Respondent 154, a vicar, stated that the local "*churches are helping people with food parcels, prescription collections, Click & Collect Deliveries and Pastoral Care,*" which also happened in Pontarddulais. Interviewee 4 is an active member of a church in Pontarddulais and talks about the support she received from the church leaders: "*I mean* [church leader] *text me every day to see if I needed* *anything, um, she still does*." This outreach by church members left Interviewee 4 feeling supported and loved by her church community.

As mentioned above, most services moved online during the pandemic, which was novel for many religious leaders and members of congregations alike as they had to learn to use technology to broadcast and watch services. Attending services is part of people's routines, and a new spatial dimension to this everyday activity became apparent, as services were no longer concentrated in churches and other religious spaces (Bryson, Andres and Davies, 2020). This transition to online services was vital for people such as Interviewee 4, who says:

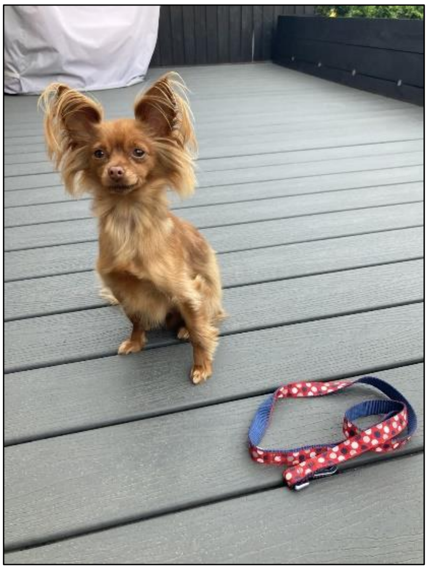
> "*The services on Zoom were important because I'm here* [in the church] *for every service, so it was- 'cause I'm on my own, um, it's important to me, you know, coming to the services and seeing people and what have you, so it's important to have that continuation even though it was on Zoom.*"

The online services allowed people to maintain this part of their routine and maintain contact with others in their congregation, both of which are central aspects of worship (Bryson, Andres and Davies, 2020).

"*She was really good company*" – The Role of Pets

The relationship between people and their pets forms a significant part of people's everyday experiences and involves "a range of reciprocal exchanges and emotions of both human and animal agency" (Fox, 2006: 529). This was reflected in the items that interviewees brought to their interviews; three of the interviewees chose their dogs as one of their interview items (Figure 9), and another interviewee, who did not bring items, talked about the importance of having his dog.

The interviewees who spoke about their dogs described the companionship offered by pets, at a time when social interaction in general – with humans and otherwise – had decreased. Interviewee 2 describes the benefits of having her dog whilst she was shielding: "*It was quite, um, hard shielding... and I think, uh, she was really good company and quite a comfort sometimes when things were tough.*" This companionship is a common finding in Bennetts *et al.*'s (2022) research into



[redacted]

Figure 25: Three images of the dogs belonging to Interviewees 2, 3 and 4 respectively. The top image is reproduced with permission from Interviewee 2 and the central image with permission from Interviewee 3.

parents, children and pets during the pandemic. They found that pets provided “opportunities for physical affection and unconditional love” (2022: 7), which helped to calm or comfort people when the effects of the pandemic became overwhelming. They also reported that owning pets during the pandemic was largely beneficial for the mental health of the humans and the animals involved, and pets were a source of enjoyment that detracted from negative news circulating at the time. This is evidenced by Interviewee 3: “[training the puppy] *stopped me feeling really rubbish really and like gave me something else to focus on.*” Pets helped people while they were shielding by providing comfort and distraction from negative aspects of the pandemic.

Interviewees 4 and 7 discuss how walking their dogs helped maintain a routine, even if they had to adapt the walks while they were shielding. Interviewee 4 explains how she had to alter this aspect of her (and her dog’s) daily routine:

> “*During my shielding, I couldn't take her out, and I’ve got a big garden which is enclosed, so what I was doing then was putting her on the lead and taking her down the bottom part of my garden, so she thought she was having a walk.*”

Interviewee 4 stated that she continues with this compromise when the weather is poor or if she has to self-isolate due to COVID-19, so it has become a more routine decision for her to make. She said that while she was self-isolating recently due to contracting COVID-19, she walked her dog in the same way as she described above, but it reminded her of shielding and she thought to herself “*oh God, I'm glad it's not then*” (Interviewee 4). By “*then*” she is referring to the initial shielding and lockdown period. Similarly, Interviewee 7 said that walking his dog was “*the only thing which got* [him] *out*” of his home, as he avoided leaving his house in all other aspects of his life. Walking his dog gave Interviewee 7 some respite from staying in his house all day. Respondent 1040 states that their dog “*kept a kind of structure to* [their] *days at home when everything else in the world had turned upside down*.” These examples demonstrate that the mundane tasks that people complete can take on new meanings and connotations due to events like the pandemic.

Interviewee 7 also expressed concern over returning to work in person because he lived alone at the time of the interview (he cares for a relative who was previously living with him but was not living with him at that time). He questioned how he would manage working in person and caring for his dog, a concern shared by some of Bennetts *et al*.'s (2022) participants. Luckily for Interviewee 7, his workplace allows him to bring his dog into work, which "*takes a bit of pressure off*" (Interviewee 7) and allowed a smoother transition back to in-person work.

Conclusion

This chapter has explored the positive and negative outcomes of the changes to our everyday lives brought about by the coronavirus restrictions, including changes to work, shopping and being together. This chapter covers just some examples of the ways in which the coronavirus restrictions changed people's everyday lives, and there are many more examples that I have not been able to cover, such as leisure activities and hobbies. People find ways of maintaining their social relationships and their daily routines during times of unprecedented changes, despite the challenges that these changes bring. The examples in this chapter outline how the everyday life of people who shielded changed because of shielding, and how their experiences were different from those of the general population. This demonstrates the unevenness of the effects of the pandemic and also demonstrates that the everyday is a site where politics, "power relations, inequalities, and social differences are played out" (Hall, 2020: 813; see also Highmore, 2002b). The following chapter examines the category and label of 'clinically extremely vulnerable' and how the state influences the vulnerability and agency of people who shielded.

6.0 Vulnerability and Agency

Introduction

The theme of vulnerability does not appear in the research questions of this thesis. Instead, this chapter is the result of how it emerged from the interviews and research, and I bring the research questions together in this chapter by considering vulnerability in national and everyday examples. It considers the different ways that people acknowledge their vulnerability (or not) and how their (perceived) vulnerability is affected by interactions with the state. Being vulnerable is often associated with being weak or dependent on others (Clough, 2017), and in western societies these negative connotations are associated with "the liberal ideals of independence and self-sufficiency" (Knight, 2014:16; Clough, 2017). In the context of disability, this means that people who receive additional support from the state to assist with their disabilities are supposedly 'failing' to meet these ideals. People with disabilities are therefore perceived to be "ontologically 'different'" (Clough, 2017: 479) and "containers of vulnerability," where people disassociate themselves with vulnerability and instead identify people with disabilities as vulnerable (Lid, 2015: 1563). This has consequences for people with disabilities with regards to unequal citizenship, as demonstrated by Lid (2015), who uses screening for genetic variations and selective abortion (with the suggestion that parents can choose not to have a child with disabilities) as an example of the state promoting ableist ideals through public health programmes.

However, several authors suggest that all humans are vulnerable to some extent, and that vulnerability is "a shared, universal ontological experience" (Clough, 2017: 469, see also Butler, 2004; Knight, 2015). This conception of vulnerability assumes that all humans are vulnerable because we can be injured and can die, but "no human body is vulnerable in exactly the same way" (Knight, 2014: 20), and certain vulnerabilities are exacerbated by social, political and institutional factors (Clough, 2017). Butler (2016: 25) argues that vulnerability "can be affirmed as an existential condition," but "it is also a socially induced condition" where it is unevenly experienced throughout the world. During the COVID-19 pandemic, the creation of a 'clinically extremely vulnerable' category, and the label itself, "had a profound effect on how people have imagined and constructed their own sense of vulnerability and, in turn, self" (Herrick, 2022: 14).

This final discussion chapter explores the (perceived) vulnerability of the people who shielded, whilst also demonstrating how they resisted this (sometimes unwanted) label, and how vulnerability and agency are not opposites, but rather coexist (Butler, 2016). The first section details the thoughts of the interviewees and respondents with regards to the 'clinically extremely vulnerable' label and how that sometimes contradicts their sense of self. It also demonstrates that it was not always clear why someone had been advised to shield, which led to confusion and unanswered questions for some people. The next section investigates the response to 'vulnerable' people by other people in society and government by analysing quotes from the questionnaire and they ways in which the Welsh and UK Governments discussed shielding in press releases and statements. This section also discusses the interaction between 'vulnerable' people and the state and argues that they are not always seen as equal citizens.

6.1 Individual (Resistance to) Vulnerability

Being 'Clinically Extremely Vulnerable'

The people that I interviewed generally thought that shielding was the right course of action (see section 4.1 in chapter four) but had mixed feelings about the label 'clinically extremely vulnerable' – the label given to them by the UK and Welsh Governments. Some people accepted the label: "*I am what I am, at the end of the day, you can't argue*" (Interviewee 5), while others found that the label conflicted with their perceptions of themselves: "*I still don't see myself like that, as many times as people say that you are*" (Interviewee 1). People who disliked the label felt that they had been placed "in a box" (Interviewees 1 and 3) and that they were not treated as individuals. This label also left people feeling like "a separate (sometimes perceived as of lesser value) entity to the 'normal' population," leaving them with a "sense of being 'othered'" (Sloan *et al.*, 2021: 11). I realise I have potentially done the same thing by focusing this thesis on people who shielded as a specific group of people, but I hope that I have done this in a positive and sympathetic way as I certainly do not wish to 'other' them. Other people initially resisted the label but eventually accepted it:

> "*I don't see myself like that, but other people do, and actually maybe I need to be a bit more careful* […] *I am a bit more vulnerable than other people, and that's okay as well*" (Interviewee 3).

The above quote relates to Butler's (2016) definition of vulnerability, which argues that vulnerability (with its connotation of being passive) and resistance (with its association with agency) are not opposites, but rather "work together" (2016: 25) as we are both "acting" and being "acted on" by other forces (2016: 23). The above quote and the subsequent result of Interviewee 3 accepting her vulnerability – a new role in work (see the quote below) – demonstrates that someone acknowledging their vulnerability does not have to relinquish their agency, and acting on this can be seen as an act of resistance to the idea that being vulnerable means being powerless or passive.

Vulnerability is generally seen as a passive state, where vulnerable people are in receipt of assistance from the state (Butler, Gambetti and Sabsay, 2016; Clough, 2017), and the relationship that people have with their vulnerability is complex. In talking with people who shielded, I noticed that those who are employed/were employed during the pandemic would move on to talk about their work after we had discussed their vulnerability, when I did not steer the conversation in that direction. This was often to resist the vulnerable (and implicitly passive) status given to them by the government. The following quotes demonstrate this:

> "*I don't see myself like that, I don't. I'm working…*" (Interviewee 1).
>
> "*I think family were quite shocked because, you know, I'm quite a strong person and I have to get on with things and I was carrying on working and everything*" (Interviewee 2).
>
> [After receiving the shielding letter] "*I was like 'screw that, I'm going into work'*" (Interviewee 3).

This affords them agency that the 'clinically extremely vulnerable' label (with its associated passivity) denies. Interviewee 3 even took on a new role in her work because of her shielding experience:

> *"I actually became a Unison rep because I realised that actually I have a lot more to offer from supporting people who are in my position, and actually there are rights for people who are clinically extremely vulnerable, and that you are covered by certain Acts with regards to work, so I took on like a massive role actually as a result of being on that shielding patient list that I would never have taken on because I would never have categorised myself in that role*."

Interviewee 3 enacted positive change in her place of work by accepting her vulnerable status but also maintaining her agency. In an act of resistance against disability discrimination, she organised a group for disabled staff in her workplace. This defies the binaries between vulnerability/passivity and resistance/agency reinforced by paternalistic organisations and institutions (Butler, 2016).

"I thought they'd made a mistake" – Confusion about Being 'Vulnerable'

Some interviewees stated that they were never told why exactly they were considered 'clinically extremely vulnerable' and that led to confusion for people with more than one health complication or people with no immediate health concerns. Interviewee 1 has unanswered questions about her 'vulnerable' status:

> "*'cause it never says why you are, I think it had a list of things, but I don't know if I'm clinically vulnerable because I've had* [an illness] *or because I've got* [a different illness]."

In the first letter people received from the Chief Medical Officer for Wales, it states "You are receiving this letter because you have **an** existing health **issue**" (see Appendix 1, emphasis added). There was a lack of recognition that people can have more than one health condition that could render them 'clinically extremely vulnerable', and this was reflected by the fact that some interviewees were never told why they were considered to be more vulnerable than other people; there was an implicit assumption that the answer was obvious.

This issue was also confusing for people who did not have any immediate health concerns or people who did not think they would be on the shielding patient list. Interviewee 4 said, "*When I first had the letter, I thought they'd made a mistake*." This was because she had recovered from a previous illness and was taking medication, and it was this medication that was the reason for her being in the 'clinically extremely vulnerable' category, but she was not aware that her medication would have that effect. She had to ring Public Health Wales to find out this information as her GP was unable to give her an answer. Interviewee 3 "*didn't expect to be on the shielding list*" because she thought that "*you'd probably only be on the shielding list if you had like respiratory problems, but it turned out that wasn't the case.*" These instances show that it was a surprise for some people to be classed as 'clinically extremely vulnerable'. On the other hand, some people believed that they should have been on the shielding list when they were not, or they should have been classed as 'vulnerable' sooner than they were, as the criteria for the list changed periodically (Herrick, 2022). Interviewee 7 for example thought that his relative should have been classed as 'vulnerable' much sooner than she was, as this would have offered greater protection and access to support. This sentiment was echoed by the participants in Sloan *et al*.'s (2021) study with people with lupus. Being part of the 'increased risk' group meant that they felt as though they "*were abandoned*" (Respondent 905).

Furthermore, the categories of 'clinically extremely vulnerable' and at 'increased risk' were confusing and difficult to fully separate as two distinct categories. The increased vulnerability ascribed to people in these categories was not extended to people from marginalised groups, such as ethnic minorities or people from low socio-economic backgrounds, who were also more likely to experience more severe symptoms of the virus and could have benefitted from the increased support that shielding offered (Bambra *et al*., 2020; Herrick, 2022). Williams (2021) even argues that people who are male are at a higher risk than some people on the shielding list. This suggests that the state was willing to alter the everyday lives of people with health conditions and disabilities more than the lives of people deemed 'healthy', despite some 'healthy' people being at greater risk in other ways, which supports the idea that state intervention in people's lives is only legitimised when it is disabled people's lives (Clough, 2017).

"*I felt afraid to go out*" – Fear of Contracting the Virus

Many of the interviewees and respondents expressed a fear of contracting the virus from other people when leaving home. I have already briefly touched on this topic in relation to shopping in section 5.2 in chapter five, but this sub-section explores the element of fear more widely. This sub-section also highlights the temporal differences in the questionnaire responses and interviews, as the respondents discuss their fear during the first lockdown, whereas the interviewees reflect on the fear that is still present two years later.

At the beginning of the pandemic, many people with underlying health conditions had a "*fear of dying*" (Respondent 785), which meant that they did not want to contract the virus, and therefore felt "*the fear of getting too near to people*" (Respondent 978). Dying was "*a very real threat*" (Respondent 785) for people with health conditions who felt that they were more vulnerable, or the government labelled them as such (Sloan *et al*., 2021). This understandably made people anxious and frightened, especially with the relentless reminders from news programmes and other media. After seeing the almost constant imagery on the news of the dead bodies and people ill with COVID-19 around the world, Respondent 905 stated, "*I suppose I feared I could become a victim - one of them*." The general media output and accompanying government advice generated a sense of fear for people with underlying health conditions and people who shielded.

The idea of 'returning to normal' also brought about anxiety as this meant venturing outside of the home and coming into contact with more people. Respondent 266 states: "*I am fearful about returning to life as we once knew it as I don't wish to get the virus.*" This suggests that shielding provided a sense of safety and certainty alongside the negative aspects of it discussed in this thesis, such as missing out on social interaction. Interviewee 2, for example, explains that she "*felt protected and safe*" when shielding because "*it sort of protected* [her] *really from the pressures of maybe doing things that were making* [her] *feel uncomfortable*." Shielding provided opportunities to stay away from people for as long as possible, if that was something a person wanted to do. This idea of going 'out there' where it is unsafe as opposed to staying in where it is safe meant that people who shielded generally found it difficult to cross that imagined border and engage in activities that require contact with other people, such as shopping.

The regulations set by the UK and Welsh Governments affected the fear of some people. For example, Interviewee 8 travelled to England from Wales after the lockdown ended but some restrictions remained in place. She was shocked when she saw people in England not wearing masks and gathering in crowds. This was during a time when masks were still mandatory in Wales. The difference in regulations further engendered Interviewee 8's fear of contracting the virus along with her heightened sense of vulnerability. She explains her perception of the effects of the different Welsh and English regulations:

> "*I'm still very wary when I go out of Wales.* […] *When you go to England, they've just carried on as if nothing ever happened, and here people are still very wary, and they still walk 'round you. I think that's good.*"

This perceived difference in behaviour reinforces the points made in section 4.1 in chapter four, that people in Wales differentiated themselves from people in England based on the difference in regulations and therefore the difference in behaviour, which in Wales was perceived to be more sensible and considerate. The "*more cautious*" (Respondent 337) approach by the Welsh Government could have also increased people's anxieties about the virus and made them feel more vulnerable, thus reinforcing the paternalistic response by the state (Clough, 2017).

6.2 Societal and Government Response to 'Vulnerable' Individuals

Introduction

Unlike most of the other sections in this thesis, this section moves away from the direct experiences of people who shielded and instead focuses on other people's responses and the governments' responses to them and the shielding process. This will enable a greater understanding of how this affects the experiences of people who shielded.

"*I'm an acceptable casualty of this pandemic*" – Attitudes Towards Vulnerability

As explained in the introduction to this chapter, vulnerability is generally a negative condition under liberal ideals (Knight, 2014). This means that the dependency that is associated with people with disabilities reinforces the idea that they are a 'burden', and, in the context of the COVID-19 pandemic, this extended to people's opinions of the regulations in place. This is evidenced by the response below:

> “*The shielding and social distancing measures should have been targeted more specifically on the elderly and the sick, enabling the rest of us to work and socialise in relative peace and normality*” (Respondent 592).

Quotes like this were thankfully not common features of the questionnaire responses, but this quote does demonstrate that elderly and disabled people are not thought of as equal citizens. It sustains the perception of people with disabilities as different than “*the rest of us*,” thus reinforcing the ‘us’ and ‘them’ binary between disabled and non-disabled people (Knight, 2014), or people who shielded and people who did not. Notably, with changes made to the shielding list criteria (Herrick, 2022) some people found themselves on the shielding list when they were not on it originally. This demonstrates that the borders between ‘us’ and ‘them’ are not static and people can move between them (Bramilla and Jones, 2020). As described in this chapter’s introduction, Respondent 592 is ignoring their own vulnerability to the virus and the vulnerability of those who do not have underlying health conditions and/or are younger in age, when we know that the virus can affect anyone. The focus is instead placed on the vulnerability of elderly and disabled people, which is deemed to be higher than what is considered to be ‘normal’ (Lid, 2015). From the point of view of people who shielded, this heightened sense of vulnerability means that they feel subordinated. Respondent 798 summarises this: “*I’m an acceptable casualty of this pandemic*.” This perception of increased vulnerability is exacerbated by the liberal ideas surrounding independence, where people with disabilities are seen to be dependent and therefore a ‘burden’ (Knight, 2014; Clough, 2017). In creating the categories of ‘clinically extremely vulnerable’ and ‘increased risk’ for people with underlying health conditions during the pandemic, the UK and Welsh Governments reinforced this perception.

The above quote suggests that the state intervention in people’s lives was unjustified and should only be used in the lives of elderly and disabled people. It therefore implies that state intervention is justified for some but not others. Clough (2017) argues that limited state intervention in people’s lives is also a liberal idea, and state intervention is generally seen as paternalistic, but it is seen as an accepted part of the lives of people with disabilities. The state, however, has the power to reinforce the vulnerability of people with disabilities, rather than alleviate it, as exemplified by the ‘clinically extremely vulnerable’ category and label, and the accompanying encouragement for volunteers and organisations to support people who shielded (e.g. the statement from Vaughan Gething, 2020a). The Welsh Government perpetuated this idea of dependency – and therefore people’s vulnerability – when they asked people to arrange people to do their errands (such as shopping) for them (see Appendix 1), which is indicative of a paternalistic approach. This reinforces the generalised notion that vulnerable and/or disabled – since the two terms are so often linked – people always need other people (or the state) to assist them in their daily lives.

Government Shielding Discourse

The ways that officials and government ministers discussed shielding and the people who shielded in press releases and official documents affected people’s perceptions of shielding and the people who undertook it. This sub-section offers a brief discourse analysis on the Welsh Government’s press releases, statements and documents which discuss shielding, with some comparisons to UK Government speeches and documents.

In a speech to the nation on the 16th of March 2020, then-Prime Minister Boris Johnson stated that it would be important “to ensure that those with the most serious health conditions are largely shielded” (Prime Minister's Office, 10 Downing Street and Johnson, 2020a). Who are these people being shielded by, if not themselves? Here, Boris Johnson places the responsibility of shielding onto everyone in a position to support people who shielded, not the people who shielded themselves. This denies the agency of the people who shielded and rejects their efforts to prevent the virus spreading. I am not denying the support given by those who helped people who shielded, as that was an important aspect of shielding, and is explored elsewhere in this thesis. However, in the majority of cases, their support enabled the people who shielded to follow through with their decision to shield, rather than deciding on behalf of people who shielded that they should shield.

In contrast, some press releases and statements released by the Welsh Government made more of an effort to acknowledge the agency required to follow advice and decide to shield. For example, Vaughan Gething, Minister for Health and Social Services at the time, uses phrases such as “protecting themselves” and “are shielding” to describe and recognise the actions taken by people who shielded. He does acknowledge the assistance provided by people who supported the people who shielded, but only after acknowledging the people who shielded, and maintains their agency by stating that the people providing support “enable[d] people to shield” (Gething, 2020a). A second shielding letter sent by the Welsh Government and Chief Medical Officer for Wales in June 2020 (see Appendix 5) uses the phrase “you are shielding,” which affords the readers (people who were shielding) some agency as it acknowledges their actions. The Chief Medical Officer for Wales (quoted in Welsh Government, 2020c: n.p.) states “people have made some very significant personal sacrifices to follow the guidance and to protect their health,” which again recognises their decision to follow the advice put forward by the Welsh Government.

The above examples contradict, or at least limit, Herrick’s argument that phrases such as “being shielded” (2022: 15) are used more widely by organisations to refer to people who shielded, which instead places the agency with everyone except the people who were actually shielding. Herrick’s (2022) work focuses on shielding in the UK (though uses sources that focus on England and does not include devolved sources). This suggests that the Welsh Government is better at separating vulnerability and passivity than the UK Government. However, it is not as clear cut as this. As described in more detail in section 4.1 of chapter four, the Welsh Government did not always include shielding-related topics in press releases or statements, which suggests that the shielding population were subordinate to the general population in the Welsh Government’s view. Furthermore, there are some documents which suggest that the UK Government did acknowledge the actions taken by people who shielded. Although it emphasises the role of the UK Government in advising people to follow the shielding guidance, a letter sent in June to people who shielded in England (Department for Health and Social Care,

2020) acknowledges that “the shielding guidance has been challenging to follow,” so there is some recognition that people have the agency to follow advice themselves. In a news story, (Ministry of Housing, Communities & Local Government *et al*., 2020: n.p.) Boris Johnson acknowledges people who “followed the guidance” for shielding by “staying at home.” This also describes the actions taken by people who shielded, which affords them agency.

Based on this evidence, the Welsh Government held greater recognition of the agency possessed by people who shielded than the UK Government, and this is reflected by each government’s use of language to attribute agency to particular people, but the Welsh Government took a less enthusiastic view of shielding in other ways, such as excluding shielding from some announcements.

Conclusion

This chapter has demonstrated that the relationship between a person and their vulnerability is complex and dynamic. This chapter has critiqued the category of ‘clinically extremely vulnerable’ and demonstrated that, despite dominant narratives of vulnerability being synonymous with passivity, people who shielded took charge of their own actions and resisted the label imposed on them by the governments. Their heightened sense of vulnerability meant that respondents and interviewees were afraid to leave their homes and venture into crowded places like shops for fear of contracting the virus. The brief discourse analysis reveals that both the UK and Welsh Governments failed at times to recognise the agency within people who shielded, suggesting that people who shielded are passive recipients of assistance from the state and (during the pandemic) volunteers, though the Welsh Government appears to have made a marginally better effort to recognise the agency of people who shielded in some press releases and statements. The final chapter concludes this thesis, stating the key arguments and suggesting opportunities for further research.

7.0 Conclusion

Key Arguments

This thesis highlights the experiences of people who shielded during the COVID-19 in Wales and how the political decisions made by the UK and Welsh Governments affected these experiences. I have shared these experiences using the words of the interviewees and respondents wherever possible, as they are the people who have undertaken the shielding practices and are best positioned to tell these stories. All of the quotes from interviewees and respondents are from people who shielded or lived with someone who shielded, but this does not necessarily mean that they were considered ‘clinically extremely vulnerable’, or that they thought of themselves in that way. This final chapter addresses the research questions and summarises the outcomes of each discussion chapter. It also explains the contributions of this thesis and provides suggestions for further research into topics surrounding shielding.

This thesis has addressed the following research questions:

1. Have feelings of national identity in Wales changed since the pandemic began?
2. How have devolved political decisions shaped the experiences of people in Wales during the pandemic?
3. How did the pandemic affect the everyday experiences of people who shielded?
4. How did people who shielded in Wales experience feelings about the nation during the pandemic?

Chapter Four, Politics and National Identity, explored the political underpinnings of the shielding advice and how people who shielded viewed the approaches to lockdown by the Welsh and UK Governments, including the behaviour of politicians. It examined the response to the ‘Diogelu Cymru/Keep Wales Safe’ campaign that the Welsh Government ran, which framed Wales as a distinct territory and an entity that needed protecting, and also looked at examples of national displays such as Clap for Carers. The findings suggest that people were, overall, less impressed with the UK Government than the Welsh Government, but both governments could have responded better. The shielding guidance was legally advice, not law, but I did detect some confusion over the course of this research. This is explained by the general confusion that occurred at the beginning of the pandemic, and an unfamiliarity with legal jargon, but by examining the shielding letter sent by the Welsh Government, I also found that the language they used led the people who received the letter to believe that the shielding practices were mandatory, supporting Herrick's (2022) findings. The 'Diogelu Cymru/Keep Wales Safe' campaign encouraged a national effort to minimise the spread of the virus and some people who shielded felt that they had contributed to this. However, people who shielded did not always feel part of this effort, arguing that they had more to give. National feelings were most conspicuously displayed through rainbows and during the Clap for Carers, where people reported an enhanced sense of togetherness. Overall, this chapter argues that shielding affected people's experiences of nationhood by influencing the actions they could – or could not – take, which in turn affected their perception of how much they were contributing to the national effort promoted by political institutions and the general public alike.

The second discussion chapter, Everyday Changes, looked at the mundane aspects of people's lives that changed during the pandemic, such as work and shopping. People's paid and unpaid work routines changed significantly. Some people found their shielding status to be useful as it allowed them to remain at home when they were not ready to return to work, but at the same time it prevented them from seeing their family, friends and colleagues. Working from home was both beneficial and awkward for those who care for their relatives as it offered greater flexibility, but also meant that they were doing everything at once in one space. Shopping habits changed and some found it difficult to access supermarket delivery slots, while others relied on other people for their shopping. In-person shopping trips were, and sometimes still are, anxiety-inducing. People were unable to physically see people in their social circles, so relied on technology to maintain such contact.

Religion and pets were both beneficial for people who could not see people and wanted to maintain a routine, and both provided comfort during a difficult time. This chapter records the everyday changes that occurred while people shielded and argues that, while there was disruption for everyone during this time, shielding presented particular everyday challenges for the people undertaking it. The uneven effects of the pandemic and implications of their assigned vulnerability came into view through their everyday experiences, and the chapter argues that the everyday is a site where politics, "power relations, inequalities, and social differences are played out" (Hall, 2020: 813). Exploring people's experiences through the lens of the everyday allows us to examine the effects of shielding on people's lives in a concrete sense and in a way that they can relate to.

Vulnerability, the sixth chapter, allows us to bring the previous discussions together, to examine both the mobilisation of the 'clinically extremely vulnerable' category and how the interviewees felt about it, and how ideas about vulnerability were also part of UK and Welsh governmental discourses. It also demonstrates how the Welsh and UK Governments discuss shielding and argues that people who shielded were not always treated as equal citizens. Like many topics in this thesis, people had mixed feelings about the label; some accepted it, others rejected it completely and some people were shocked that they were included in this category in the first place. This category and the 'increased risk' category were not easily separated, and this led to confusion about who should and should not shield. Furthermore, this conception of vulnerability only considers biological factors, not social factors such as coming from a low-income background, so it argues that the biological framing of vulnerability was too simplistic (Bambra *et al*., 2020; Herrick, 2022). This chapter shows that people can maintain their agency whilst being classed as 'vulnerable', and various discourses surrounding shielding suggest that the Welsh Government was marginally better at discursively recognising the agency of people who shielded compared to the UK Government, although the Welsh Government failed people who shielded in other ways, such as not including them in press releases.

This thesis has explored how the pandemic and the resulting restrictions brought about new borders and highlighted existing ones. The devolved decision-making during the pandemic led to greater exposure on national news programmes (Cushion and Thomas, 2022), which highlighted the national borders present within the UK and facilitated ideas of ‘us’ and ‘them’ between people living in Wales and England. These restrictions affected people’s everyday experiences, and for people who shielded, this engendered various borders that were difficult to cross because of their heightened sense of vulnerability and fear. For example, the home became a boundary that they could not leave, and other people (such as carers) could not enter, as this potentially increased the risk of them contracting the virus. This heightened sense of vulnerability, and the dominant liberal idea of vulnerable people being passive recipients of state assistance, meant that the UK and Welsh Governments drew a border between people who they deemed ‘clinically extremely vulnerable’ and at ‘increased risk’ and the general population, thus reinforcing ideas of ‘us and ‘them’ within discourses around disability (Knight, 2014).

Contributions

This thesis makes several contributions to the human geography literature. Firstly, it presents the experiences of people who shielded, beyond the health and wellbeing perspectives that have previously been explored (Hume *et al*., 2020; Appleby *et al*., 2021; Westcott *et al*., 2021; Daniels and Rettie, 2022; Di Gessa and Price, 2022), by exploring themes such as national identity and vulnerability. Whilst there is research on national identity and nationalism in relation to COVID-19 (e.g. Liu and Bennett, 2020; Givens and Mistur, 2021; Bieber, 2022; Coletti and Filippetti, 2022), this thesis focuses on the distinct (dis)connections that people who shielded made with the nation throughout the pandemic and how national discourses and governmental advice affected people’s perceptions of their own vulnerability. Secondly, this thesis offers a case study of Wales and explains how devolved powers affected the experiences of people who shielded in Wales, and while the interviews are concentrated in a small area in the south, the questionnaire respondents live across Wales. This builds on Herrick’s (2022) work by including testimonies from people who shielded. The findings of this thesis are especially pertinent after the announcement that there will be no COVID-19 inquiry for Wales, as there will be for the other devolved nations in the UK. There will be a general COVID-19 inquiry which will cover all of the UK, with Wales making up a small section of this (Valsamidis, 2022), but this runs the risk of losing the detail of the effects of the pandemic in Wales. This thesis also discusses vulnerability in relation to COVID-19 and argues that the biological framing of vulnerability was simplistic.

The findings in this thesis also serve as a partial evaluation of the effects of shielding from a geographical perspective, which is useful for governments, policy makers and other organisations to consider when evaluating the overall response to the COVID-19 pandemic. This will help inform future policies, should something similar happen. It is important to hear individual accounts of shielding as well as examining it on a regional or national scale because it provides greater insight into the effects of shielding and provides an opportunity to work with the people who experienced it to make improvements. Investigating shielding from multiple perspectives provides a more holistic examination of it, and this thesis provides a geographical perspective, along with Herrick (2022), to complement the more prevalent medical perspective (e.g. Hume *et al*., 2020 and Appleby *et al*., 2021). Suggestions from this thesis include a more thorough understanding of vulnerability to ensure that people are not reduced to their health conditions, and other groups (e.g. people from low socio-economic background) are appropriately safeguarded. Greater recognition and support with re-entering in-person activities such as work or shopping would also be helpful as people indicated that these were big obstacles to overcome once shielding was paused and eventually ended.

The findings in this thesis may resonate with people who shielded and offer some reassurance that other people had similar experiences to them. Only a small number of interviewees personally knew another person who shielded, so this thesis may connect people through their experiences. The interviewees were eager to discuss their time shielding; participating in the interviews seemed to be a reflective exercise for them, and I hope that talking about shielding allowed them to be more at ease with their experiences. Furthermore, people who shielded will benefit from improved policies in the future if policy makers and organisations reflect on the findings of this thesis and make appropriate changes to policies and guidance.

Further Research

This thesis has investigated the experiences of shielding through a geographical perspective, and in doing so has highlighted some avenues for further research. Shielding is under-researched, particularly in geography and the social sciences, so further research into people's experiences of it would be useful for comparing the findings with the findings of this thesis. Since this thesis focuses on shielding in Wales, it would be beneficial to explore the shielding experiences of people living in the other UK nations (Scotland, Northern Ireland and England) or indeed other countries where similar guidance was provided. It would also be beneficial to focus on the experiences of people who shielded who are also from a minority ethnic background, as the people in the samples in this thesis are not representative of ethnic minorities in the UK; nine of the ten interviewees were white and 94% of the questionnaire respondents were white (Arad Research, 2021: 29). Furthermore, there was a gender bias within both samples, as 8 of the interviewees were female and 79% of the questionnaire respondents were female (ibid.: 27). It is important to note, however, that the statistics for the questionnaire respondents' demographic characteristics include all 1,019 responses, whereas I worked with a smaller sample for this thesis, so the exact figures may not be accurate for the sample I used, but they are useful in providing some idea of the biases present in the overall dataset. Further research that focuses on people from minority ethnic backgrounds will highlight their experiences and will complement this thesis by enriching the overall findings. There is also scope to examine the intersection of national identities other than Welsh, English or British with the nationalised coronavirus measures and campaigns, as discussed in chapter four.

The main focus of this thesis is the experiences of people, but it also explores government documents in some sections to enhance our understanding of all of the factors that influenced shielding. However, there is scope to investigate other organisations and their responses, such as charities or the NHS. As discussed in the section on work, the experiences of children who shielded could be another research possibility, as that was beyond the scope and ethical remit of this thesis.

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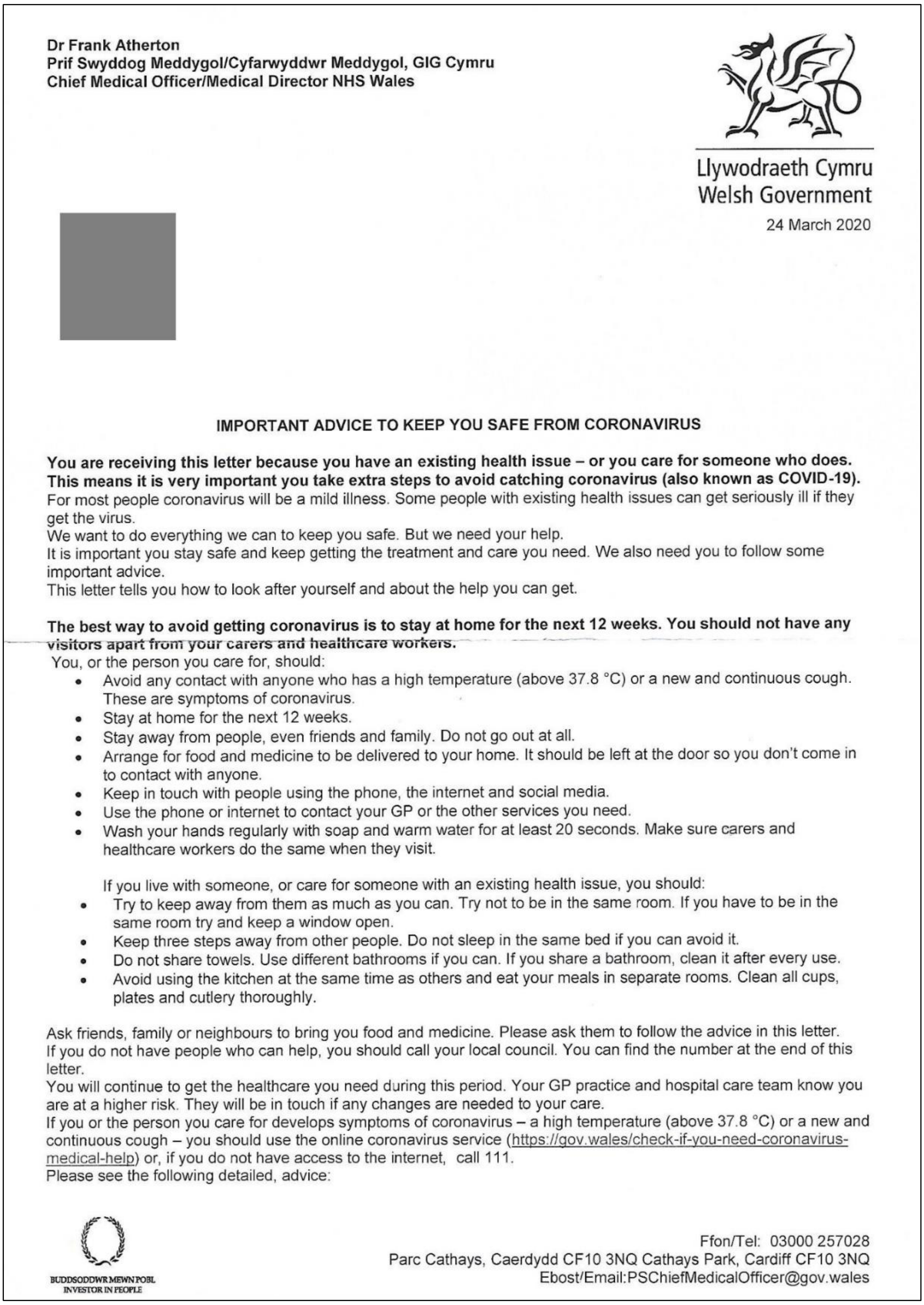
Appendices

Appendix 1 – Shielding Letter, 24th of March 2020



Dr Frank Atherton
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru
Chief Medical Officer/Medical Director NHS Wales

Llywodraeth Cymru
Welsh Government

24 March 2020

[redacted]

IMPORTANT ADVICE TO KEEP YOU SAFE FROM CORONAVIRUS

You are receiving this letter because you have an existing health issue – or you care for someone who does. This means it is very important you take extra steps to avoid catching coronavirus (also known as COVID-19).
For most people coronavirus will be a mild illness. Some people with existing health issues can get seriously ill if they get the virus.
We want to do everything we can to keep you safe. But we need your help.
It is important you stay safe and keep getting the treatment and care you need. We also need you to follow some important advice.
This letter tells you how to look after yourself and about the help you can get.

The best way to avoid getting coronavirus is to stay at home for the next 12 weeks. You should not have any visitors apart from your carers and healthcare workers.
You, or the person you care for, should:

- Avoid any contact with anyone who has a high temperature (above 37.8 °C) or a new and continuous cough. These are symptoms of coronavirus.
- Stay at home for the next 12 weeks.
- Stay away from people, even friends and family. Do not go out at all.
- Arrange for food and medicine to be delivered to your home. It should be left at the door so you don't come in to contact with anyone.
- Keep in touch with people using the phone, the internet and social media.
- Use the phone or internet to contact your GP or the other services you need.
- Wash your hands regularly with soap and warm water for at least 20 seconds. Make sure carers and healthcare workers do the same when they visit.

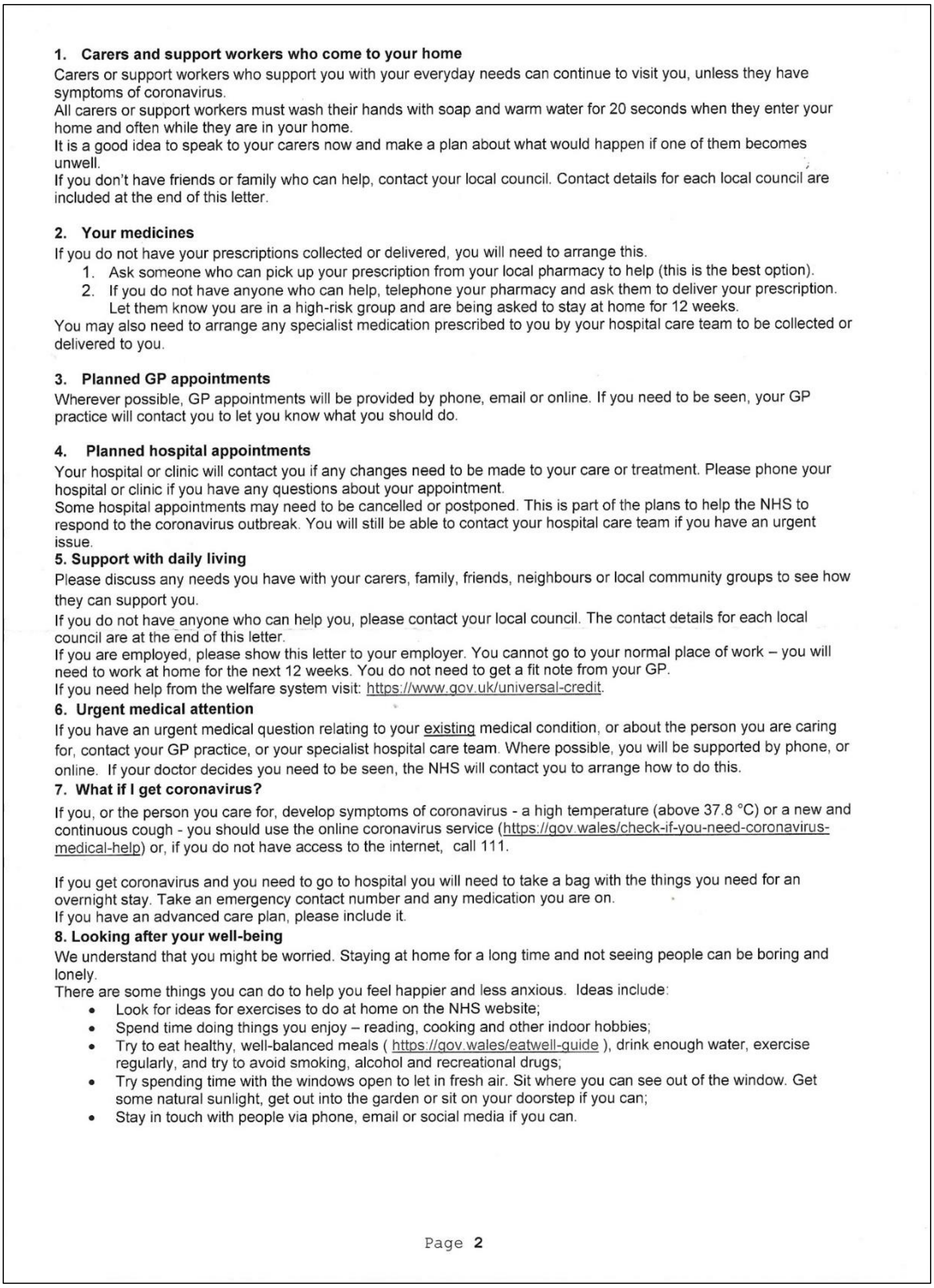
If you live with someone, or care for someone with an existing health issue, you should:

- Try to keep away from them as much as you can. Try not to be in the same room. If you have to be in the same room try and keep a window open.
- Keep three steps away from other people. Do not sleep in the same bed if you can avoid it.
- Do not share towels. Use different bathrooms if you can. If you share a bathroom, clean it after every use.
- Avoid using the kitchen at the same time as others and eat your meals in separate rooms. Clean all cups, plates and cutlery thoroughly.

Ask friends, family or neighbours to bring you food and medicine. Please ask them to follow the advice in this letter.
If you do not have people who can help, you should call your local council. You can find the number at the end of this letter.
You will continue to get the healthcare you need during this period. Your GP practice and hospital care team know you are at a higher risk. They will be in touch if any changes are needed to your care.
If you or the person you care for develops symptoms of coronavirus – a high temperature (above 37.8 °C) or a new and continuous cough – you should use the online coronavirus service (https://gov.wales/check-if-you-need-coronavirus-medical-help) or, if you do not have access to the internet, call 111.
Please see the following detailed, advice:

BUDDSODDWR MEWN POBL
INVESTOR IN PEOPLE

Ffon/Tel: 03000 257028
Parc Cathays, Caerdydd CF10 3NQ Cathays Park, Cardiff CF10 3NQ
Ebost/Email:PSChiefMedicalOfficer@gov.wales



1. Carers and support workers who come to your home

Carers or support workers who support you with your everyday needs can continue to visit you, unless they have symptoms of coronavirus.

All carers or support workers must wash their hands with soap and warm water for 20 seconds when they enter your home and often while they are in your home.

It is a good idea to speak to your carers now and make a plan about what would happen if one of them becomes unwell.

If you don't have friends or family who can help, contact your local council. Contact details for each local council are included at the end of this letter.

2. Your medicines

If you do not have your prescriptions collected or delivered, you will need to arrange this.

1. Ask someone who can pick up your prescription from your local pharmacy to help (this is the best option).
2. If you do not have anyone who can help, telephone your pharmacy and ask them to deliver your prescription. Let them know you are in a high-risk group and are being asked to stay at home for 12 weeks.

You may also need to arrange any specialist medication prescribed to you by your hospital care team to be collected or delivered to you.

3. Planned GP appointments

Wherever possible, GP appointments will be provided by phone, email or online. If you need to be seen, your GP practice will contact you to let you know what you should do.

4. Planned hospital appointments

Your hospital or clinic will contact you if any changes need to be made to your care or treatment. Please phone your hospital or clinic if you have any questions about your appointment.

Some hospital appointments may need to be cancelled or postponed. This is part of the plans to help the NHS to respond to the coronavirus outbreak. You will still be able to contact your hospital care team if you have an urgent issue.

5. Support with daily living

Please discuss any needs you have with your carers, family, friends, neighbours or local community groups to see how they can support you.

If you do not have anyone who can help you, please contact your local council. The contact details for each local council are at the end of this letter.

If you are employed, please show this letter to your employer. You cannot go to your normal place of work – you will need to work at home for the next 12 weeks. You do not need to get a fit note from your GP.

If you need help from the welfare system visit: https://www.gov.uk/universal-credit.

6. Urgent medical attention

If you have an urgent medical question relating to your existing medical condition, or about the person you are caring for, contact your GP practice, or your specialist hospital care team. Where possible, you will be supported by phone, or online. If your doctor decides you need to be seen, the NHS will contact you to arrange how to do this.

7. What if I get coronavirus?

If you, or the person you care for, develop symptoms of coronavirus - a high temperature (above 37.8 °C) or a new and continuous cough - you should use the online coronavirus service (https://gov.wales/check-if-you-need-coronavirus-medical-help) or, if you do not have access to the internet, call 111.

If you get coronavirus and you need to go to hospital you will need to take a bag with the things you need for an overnight stay. Take an emergency contact number and any medication you are on.

If you have an advanced care plan, please include it.

8. Looking after your well-being

We understand that you might be worried. Staying at home for a long time and not seeing people can be boring and lonely.

There are some things you can do to help you feel happier and less anxious. Ideas include:

- Look for ideas for exercises to do at home on the NHS website;
- Spend time doing things you enjoy – reading, cooking and other indoor hobbies;
- Try to eat healthy, well-balanced meals (https://gov.wales/eatwell-guide), drink enough water, exercise regularly, and try to avoid smoking, alcohol and recreational drugs;
- Try spending time with the windows open to let in fresh air. Sit where you can see out of the window. Get some natural sunlight, get out into the garden or sit on your doorstep if you can;
- Stay in touch with people via phone, email or social media if you can.

Appendix 2 – Information Sheet

PARTICIPANT INFORMATION SHEET
(Version 1.3, Date: 07/04/2022)

Project Title:

Shielding in Wales: National Identity and Everyday Experiences

Contact Details:

Bethan Hier
Email: [redacted]

1. Invitation Paragraph

You are invited to take part in a research study that will look at the experiences of people who shielded in the pandemic. Before you consider taking part, please read the following information which describes the purpose of the study and the activities you will participate in, if you do decide to participate. Thank you for reading this factsheet.

2. What is the purpose of the study?

This study will document the experiences of people who shielded in Wales during the pandemic and will focus on ideas about community and how people helped each other, national identity and people's everyday experiences while they were shielding.

3. Why have I been chosen?

I have invited you to take part in this study because you shielded during the pandemic, whether that was because you were advised to by the government or you decided to shield for yourself. Taking part in this study is completely voluntary and you can withdraw at any time if you want to. You do not have to give me a reason for leaving.

4. What will happen to me if I take part?

We will set a date, time and place for the interview that suits us both. Be prepared for the interview to take place on Zoom in case COVID-19 restrictions change. Before the interview, I would like you to select up to three items that remind you of the time you spent shielding and bring them along to the interview. These can be anything – photos, videos, books, crafted items, things you used a lot when you were shielding – as long as they mean something to you. You are more than welcome to take pictures of your items if you don’t want to move them. I may ask you if I can take photos of your items, but you do not have to agree to this, and I won’t ask to take photos of anything that may identify you or anyone you know, e.g. family pictures.

Just before we start the interview, I will remind you of your rights as a participant and confirm that you consent to being interviewed and having the interview recorded. If it is on Zoom then you can keep your camera off if you prefer. During the interview, which will last around 30-45 minutes, I will ask you questions about your items and about your time shielding. You can tell me as much or as little as you want in the interview, and you do not have to tell me the reason you shielded.

Once the interview is complete, I will ask you if there is anything you said that you would like to remove from the interview recording, and I will remove it. I can also give you details of charities or support systems if you want them.

5. What are the possible disadvantages of taking part?

If shielding was an unpleasant experience for you then you may feel upset when talking about it. If this happens, we can take a break or stop the interview and I can provide you with details of charities or support systems you can talk to.

If the interview takes place in person, there may be a risk of spreading or contracting COVID-19. If you are concerned about this, we can do the interview on Zoom. Otherwise, we can mitigate the spread of the virus by doing the interview outside, testing, wearing masks, sanitizing and social distancing.

6. What are the possible benefits of taking part?

Sharing your experiences will help to highlight the extra pressures placed on people who shielded and contribute to a better understanding of the effects of the lockdowns in Wales. It might comfort people if they find out that other people have had similar experiences to them. It may also help to talk through your own experiences to make sense of them.

7. Will my taking part in the study be kept confidential?

It is very important that your identity remains anonymous and information about you is kept confidential. This will be ensured by removing your name from the interview recording and replacing it with a false name. Any other identifying information will also be removed from the interview transcript. Data generated from the interviews will be stored on a password-protected university computer in a locked office.

8. What if I have any questions?

If you have any questions about taking part in this study, please email them to the email address above and I will do my best to answer them. Alternatively, you can email my supervisor, Dr. Angharad Closs Stephens, at a.c.stephens@swansea.ac.uk .

Appendix 3 – Consent Form

Swansea University
Prifysgol Abertawe

PARTICIPANT CONSENT FORM
(Version 1.3, Date: 07/04/2022)

Project Title:

Shielding in Wales: National Identity and Everyday Experiences

Contact Details:

Bethan Hier
[redacted]

Dr. Angharad Closs Stephens
a.c.stephens@swansea.ac.uk

Please initial box

1. I confirm that I have read and understood the information sheet dated 07/04/2022 (version number 1.3) for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that sections of any of data obtained may be looked at by responsible individuals from Swansea University or from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to these records. ☐

4. I give permission for the researcher to take photographs of the items I bring to the interview. This will not include items that reveal the identity of myself or other people. ☐
5. I agree to take part in the above study. ☐

______________________________	_____________________	______________
Name of Participant	Date	Signature
______________________________	_____________________	_____________
Name of Person taking consent	Date	Signature
______________________________	_____________________	______________
Researcher	Date	Signature

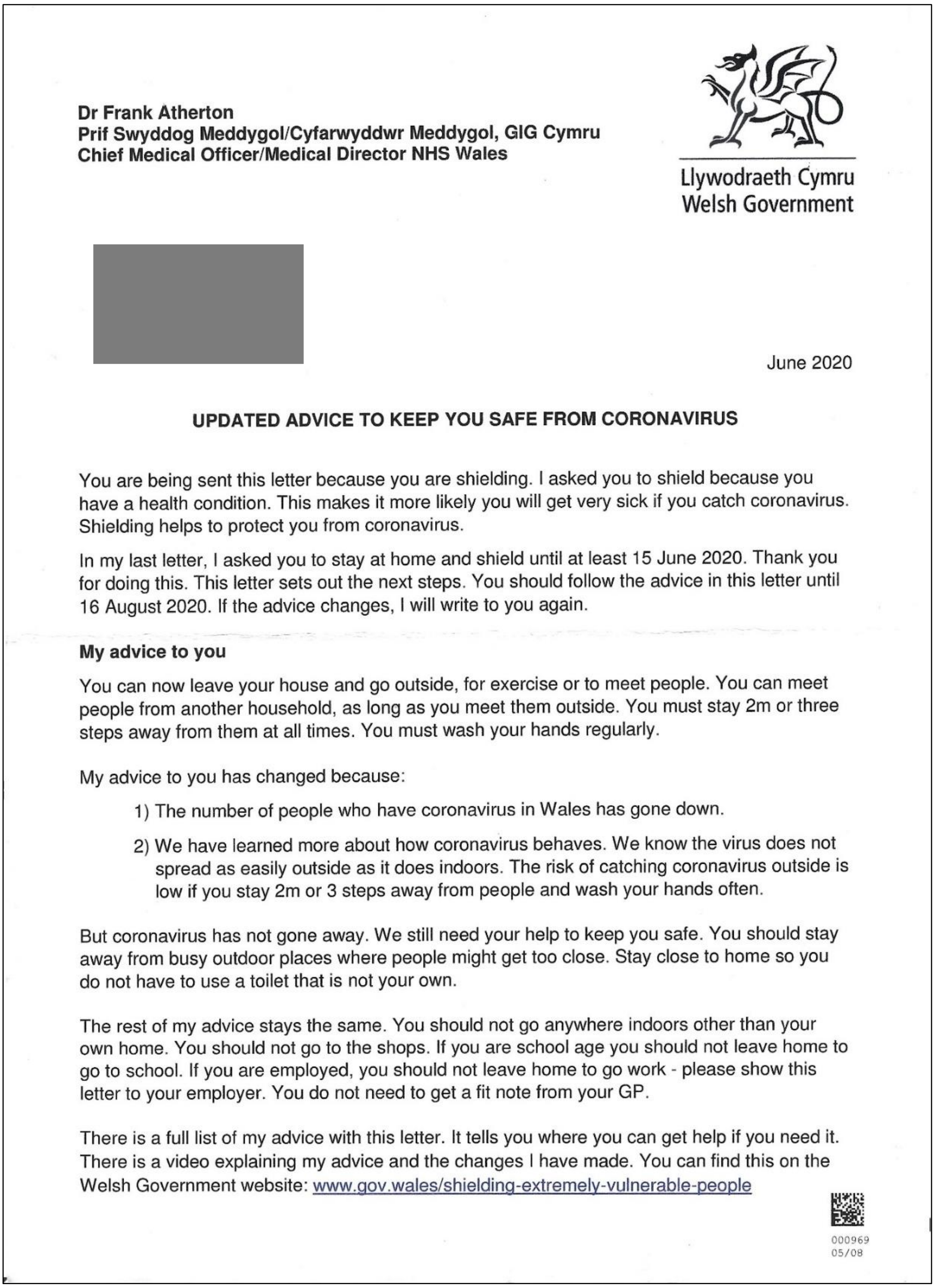
Personal data collected on this form will be processed in line with the General Data Protection Regulation 2016 and the Data Protection Act 2018. Further information about how your data is managed is available on the University Research Privacy Notice.

https://www.swansea.ac.uk/about-us/compliance/data-protection/research-privacy-notice/

Appendix 4 – Interviewee Characteristics

Interviewee	Date	In person/ Teams/Zoom	Age of interviewee	Gender of interviewee	Were they advised to shield?	Location of interview
1	23/04/22	In person	31	Female	Yes	Pontarddulais
2	16/05/22	Teams	58	Female	Yes	Pontarddulais
3	16/05/22	Zoom	-	Female	Yes	Pontarddulais
4	30/05/22	In person	67	Female	Yes	Pontarddulais
5	17/06/22	Zoom	-	Male	Yes	Birchgrove
6	21/06/22	In person	-	Female	Yes	Pontarddulais
7	23/06/22	In person	-	Male	Relative was advised – he shielded too	Gowerton
8	24/06/22	In person	-	Female	Yes	Capel Hendre
9	28/06/22	In person	-	Female	Yes	Tumble
10	29/06/22	In person	-	Female	Yes	Gorseinon

Appendix 5 – Shielding Letter, June 2020



Dr Frank Atherton
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru
Chief Medical Officer/Medical Director NHS Wales

Llywodraeth Cymru
Welsh Government

[redacted]

June 2020

UPDATED ADVICE TO KEEP YOU SAFE FROM CORONAVIRUS

You are being sent this letter because you are shielding. I asked you to shield because you have a health condition. This makes it more likely you will get very sick if you catch coronavirus. Shielding helps to protect you from coronavirus.

In my last letter, I asked you to stay at home and shield until at least 15 June 2020. Thank you for doing this. This letter sets out the next steps. You should follow the advice in this letter until 16 August 2020. If the advice changes, I will write to you again.

My advice to you

You can now leave your house and go outside, for exercise or to meet people. You can meet people from another household, as long as you meet them outside. You must stay 2m or three steps away from them at all times. You must wash your hands regularly.

My advice to you has changed because:

1) The number of people who have coronavirus in Wales has gone down.
2) We have learned more about how coronavirus behaves. We know the virus does not spread as easily outside as it does indoors. The risk of catching coronavirus outside is low if you stay 2m or 3 steps away from people and wash your hands often.

But coronavirus has not gone away. We still need your help to keep you safe. You should stay away from busy outdoor places where people might get too close. Stay close to home so you do not have to use a toilet that is not your own.

The rest of my advice stays the same. You should not go anywhere indoors other than your own home. You should not go to the shops. If you are school age you should not leave home to go to school. If you are employed, you should not leave home to go work - please show this letter to your employer. You do not need to get a fit note from your GP.

There is a full list of my advice with this letter. It tells you where you can get help if you need it. There is a video explaining my advice and the changes I have made. You can find this on the Welsh Government website: www.gov.wales/shielding-extremely-vulnerable-people

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