

# HIDDEN VOICES

# SOMERSET

## JSNA VOICES

A report for Somerset County Council on the experience of the COVID Pandemic in disadvantaged communities in Bridgwater between March to August/September 2021

## **JSNA VOICES**

The experience of the COVID Pandemic in disadvantaged communities in Bridgwater  
March to August/September 2021

### **STRUCTURE OF THE REPORT**

#### **Section A: Overview**

#### **Section B: Key Findings from the Seven Questions We Asked**

- 1. Initial reactions**
- 2. Longer term experience – what changed?**
- 3. How do you feel you generally coped?**
- 4. Support in the communities and your household**
- 5. What could have been done differently or worked better?**
- 6. What worked well?**
- 7. Anything else?**

**Section C: Additional Findings on Key Themes** (There is material in Section B that also relates to these themes)

- a. Living with Mental Health Issues**
- b. Vulnerability Issues – Food parcels/ access to vaccinations**
- c. Access to Health Services**
- d. Work/Income Issues**
- e. Education Issues including Digital Access**
- f. BAME/Migrant Specific Issues**

#### **SECTION D: Recommendations**

#### **APPENDICES**

1. Note on Survey Group
2. Dates and locations of focus groups and interviews
3. Sex Profile of the 56 Participants
4. Age Profile of the 56 Participants

## **SECTION A: OVERVIEW**

The content of the focus groups and interviews were based on seven questions requested by the Somerset County Council JSNA Team. They explored initial and longer-term experiences of people in four disadvantaged geographical communities and other people representing a variety of experiences and several minority ethnic communities. There were two broad sections: personal experience, and views on the response to the pandemic by central government and others.

We were asked to run focus groups of eight to twelve people and we were surprised and grateful at the extent to which people shared their personal experiences, given in many instances some people knew each other. In the light of this we had to ask people to keep all that they heard from others confidential. We did have some issues with younger people who were willing to engage but unable to give the 1.5 hours for a focus group. Partly as a response to this, in one community we used one-to-one street interviews.

**David Maggs**

**Team Leader, Hidden Voices Somerset**

## **SECTION B. KEY FINDINGS FROM THE SEVEN QUESTIONS WE ASKED:**

### **QUESTION 1: INITIAL REACTIONS (First Lockdown)**

**Finding 1: Initially for many people life did not change significantly if they were retired or on benefits already and didn't have children. Clearly some people were required to shield (see example under Section C/b: Vulnerability)**

**VOICE:** "I think people living on a low income with benefits, you know don't do a great deal anyway, you have to make your money stretch, make your own entertainment, as much as you do. And also (the same), obviously people had health conditions, and things like that, you're bound to the home. So, in my household, I know it sounds terrible, it didn't make any difference. ...Actually, not being selfish but it was nice to see the world - actually see how, in a sense, you know, (we live) when everything is taken away from you because of finances, but that was from a pandemic in a sense and not going out socially all these things that everybody was doing, who are in the working aspect of life. But for people in poverty and on a very low income, they don't have that anyway. So then, you know, I might go out once a week, shopping, and then really, I'm at home. So, in that aspect, it didn't make any difference but to see him/people. And I said, I'd said this to Mum, it wasn't showing great difference to us, you know, as a lot of families on our estate, you know, felt that, and then you do realise how much... you're missing out, what you are actually missing out what you could achieve together with support and other agencies."

**The other people for whom life changed little were those in work who couldn't work from home:**

**VOICE:** "Little impact for me, worked all the way through as I was deemed an essential worker. Shopping was ok. Clearly my Mrs had to cope with kids at home and home schooling."

**Finding 2: For those with children, they became the dominant issue for the parents we spoke to and their welfare became their prime concern both in the initial lockdown, in the later stages of the pandemic, and even now (see other sections)**

**VOICE :** "Obviously I was scared for the kids ( four of school age at two different primaries). Suddenly had to stay home. School support good, infants' school was fantastic." Husband was still working at living wage rates. Shopped weekly at Aldi, no problems."

**VOICE:** "I felt anxious, scared, kids home from school, No problem food shopping for most things. The kids (at start) were three, seven and nine and no garden. Playschool closed. Wife went really backwards and she was worrying about food going bad. At first (playschool) was shut down completely and then got 15 hours a week. Struggled with home schooling."

**Finding 3: Everyone we met agreed with the initial lockdown and so they complied with the restrictions of the initial total lockdown. Some people did make reference to anti-vaxxers in their communities and people who didn't follow mask wearing and other rules. There were a significant number of people who felt the lockdown should have started earlier** (see Question 5)

**SOME "SNAPSHOT" VOICES in response to sub-question "How did you feel at first?":**

- We had to accept the consequences (of having a pandemic). It was about doing your bit. We were alright for stocks and wife drives so could get to shops. My wife works and is a teaching assistant so her work changed to Off and On days.
- I was scared/shocked. Difficult to explain to the children
- I wasn't worried – I followed the instructions
- Not concerned – kept working as I was a key worker
- I was happy – I live with my grandparents, kept going work-wise
- Scared – five weeks later caught Covid.
- Shocked – live with vulnerable parents. No family visits during Covid.
- Petrified, I have a 17 year old who is autistic. I was also worried about my parents.
- Felt like a prisoner.
- Crap, scared.

#### **Finding 4: Immediate Impacts on Some People's Lives:**

**VOICE:** (An EU citizen working for a large employer):

"It was a shock. At that point, I was visiting family in Poland, and I got stuck there. Suddenly they cancel all the flights, stop travelling immediately without proper notice and so I'm stuck abroad for a couple of weeks, right, I actually got a special flight. I was flattered because the Polish government was sending planes to pick up Poles around the world and I managed to get reverse (one of the outbound flights to the UK). It was quite traumatic actually. Yeah, because my life is in the UK. I didn't know when I can come back. I wasn't sure what is the situation with work, because that was first off and we didn't have anything arranged and that I didn't know how long we would be."

**VOICE:** (parent describing her daughter not going back to university)

"My daughter was at Uni, and it was the fear of her not going back to Uni or the fear of her losing her education, after all the upset that she has gone through with my mental health and (now was her chance) to study. And then, you know, being in a second year, and it's all going upside down with COVID, and her being a performing arts student and watching her (having to do everything) on her computer was heart-breaking."

**VOICE:** (how quickly mental health issues arose)

"I think this ...accelerated any mental issues that you have and for me, mental health issues I didn't know I had. I mean I think I'm a pretty, you know, okay, I live a lovely life. But this accelerated it, and then it compounded, whatever was there and I wasn't really taking any notice of. -/- I didn't actually use any services. I don't like to use the word 'self sooth', but I did just sit in the garden and in the sort of place where I am mentally, I wasn't tipped. I saw it in my partner, and I saw it in my daughter definitely. She struggles normally at school, she doesn't make friends easily and so then to be sat at home, forced to not have any friends around her. And then she was forced to use social media, which I try and avoid at all costs - and that's our only choice"

**VOICE:** (College Student, 17)

"So, at the start of lockdown, I was only 17 and I was still finishing up my last year of college - doing that online was just 'fun' (said ironically). Especially as, so we're not like that well off, but we're also not not well off, so we have like computers and stuff. We have the things that we need to do that - but it just kind of sucked. Especially pushing yourself and trying to like actually get out for lessons and stuff like that - was just a bit difficult. And then, because I was doing a music course I couldn't

exactly make the music. I didn't have the access to do that. So (ended up) kind of like writing about something that we couldn't do. And then we missed our interview performance because of that. So, it was just like I went to the first year's one this year because I just wanted to see what it would have been like, which *was* quite fun."

**VOICE:** (Grandfather talking about his granddaughter)

"I think some of the ones that it was worse for were young students. And I'm thinking specifically that I have beautiful granddaughter... And you couldn't hope to meet more smiley, hardworking, focussed, ambitious, young girl. She was struck down almost overnight (when COVID hit), well pretty quickly, with anorexia, and she got it so bad that she was within a whisker of being sectioned, and praise God, she got through all of that and recovered and got stunning results in her GCSEs this year."

**VOICE:** (parent who works part-time describing, her partner suddenly working at home)

"He has to suddenly start working at home, all the time. So, this was very stressful between us (including childcare), because it's very hard because we are together all of the time and we can't go and meet with a friend and we also can't travel at all or to family in Italy"

## **QUESTION 2: LONGER TERM EXPERIENCE (from the end of first lockdown until now)**

**Finding 1: Mental health was a dominant theme for many people – this is covered below as an issue but it is worth noting that COVID radically changed people's expected lives because of the mental health issues it created:**

**VOICE:** (Mother who had been trying to do an access course at home as well as home school three children)

"January lockdown really affected us all of us – really hard. I had a university offer to do midwifery, but not going to take up offer because I fear (all the time) about the kids."

**Finding 2: Many people saw the first lockdown as something of a break, but most people's stories changed by the second lockdown, and a large number of health and other issues emerged.**

**VOICE:** "I loved it (the first lockdown), but then my brother died in Australia and my sister died and I was taken into hospital to have a pacemaker fitted."

**Finding 3: Beyond issues of schooling, there were significant issues about how hard it was for parents/carers to explain things to their children or people they were caring for:**

**VOICE:** "I have an 11 year old grandson living with me, right, and he couldn't understand why he couldn't go out, why he couldn't make some new friends in the beginning, he found that very difficult."

**VOICE:** "We absolutely loved the fact that nobody was going to come to the house, - but I had to keep my brother, who is severely mentally handicapped, at home because he can't wear a mask, he can't grasp things, and he touches everything and he picks up rubbish. I had to keep him at home and just tell him he's got to stay in. So that was really, really important, but we keep each other going. And we, we loved it but then it got too long. We were both classed as vulnerable."

**VOICE:** "We were going around (on a daily walk). -/- And then I made an attempt to explain why we can't see friends and that the playground was closed. I said we can't at the moment; we can't see any friends and the other kids, I explained to him, but it was really hard because he was only four years old. Later when he was five, and the playground opened for under fives, and again it was hard to explain that he was now too old."

### **QUESTION 3: HOW HAVE YOU COPE DURING THE PANDEMIC AS A WHOLE ?**

**Finding1: Inevitably the experiences vary widely but the most significant issues were mainly related to mental health and strong hesitancy for some people in restarting their "normal" lives.** The interviews were conducted over weeks when Sedgemoor was ranked very high in the number of new cases (at one point 3<sup>rd</sup> nationally) – this increased the anxiety in many - and many people talked about COVID not being over yet.

**VOICE:** "Anxiety for the children because they couldn't have a normal life -/- Major issue with youngest child post lockdown. "She doesn't want to be out of my sight, even with my Mum she is asking, when is Mummy coming home?"



## **Finding 2: Shared Parenting in Practice**

**VOICE:** "Shared parenting for separated parents was allowed but didn't really work for me. Their Dad lives with a person who is vulnerable, so they have only seen him seven times since March 2020, whereas it was every week (before COVID)"

## **Finding 3: Living Alone - Keeping a Rhythm**

**VOICE:** "I initially found lockdown a wonderful excuse to catch up. But equally, I found going shopping was frightening. But I still needed to maintain some sort of contact with the outside world, so I bit the bullet and I continued shopping, you know, throughout. I'm a volunteer speaker for large charity, and I had to cancel all my talks and that broke my heart. Yeah, really sort of dragged me down. It is the structure of life that went really."

## **QUESTION 4: HOUSEHOLD AND COMMUNITY SUPPORT**

**FINDING 1: The majority of people had local family support of one sort or another during the lockdowns.** For many older people this was usually their existing support pre-COVID. There were examples of multi-generational care including care for adult children. Where people don't have family, we have heard some stories of strong friendships or good neighbours that have acted as equivalent.

**VOICE:** "I have been a drug smuggler (collecting people's prescriptions in lockdown) and a people trafficker (taking people who needed lifts to get their vaccinations) !!!!"

**FINDING 2: Despite Finding 1 (above), COVID changed the nature of some of this support and it was cut, mainly due to concerns about vulnerability and fear of passing on the virus.**

**VOICE:** "We couldn't see my Mum and Nan (cancer) and Grandad (COPD) as usual – literally became a doorstep drop (of shopping)."

**VOICE:** "At the start of COVID I was happy- I live with my grandparents and kept going workwise. But as things went on, I became more of a carer than a grandchild. I was still working (essential worker) and I was worried that I might infect grandparents."

**FINDING 3: very few people mentioned when asked, any forms of non-family/friend support - especially no mention of existing formal VCSE groups or the “pop up” volunteer COVID support groups that happened in some communities.**

A notable exception was MIND (mental health charity) which was mentioned a few times and the Nelson Trust (Resettlement Housing – addictions) once. Several people said they hadn't received the Sedgemoor District Council (SDC) leaflet which listed a range of support and helplines. Many people said they wouldn't know where to go for help or how to access help. *Specific issues for migrant communities are under Section C/f.*

Despite the high incidence of mentions of mental health/anxiety and stress as issues, only NHS services appear to have been accessed. Some people mentioned ways they had helped themselves with their mental health – more yoga, sitting in the garden, setting up a support group within a particular community.

**VOICE:** “I had good support from my friends and from social media, but I wouldn't know where to get other support from. Had a letter from Boris but didn't get Sedgemoor leaflets – we often don't get things because we live in walk-up flats.”

**FINDING 4: Good Employee Care:**

We heard a few stories of this: a) a care home worker who caught COVID after five weeks was well supported by their employer. b) a large company put in additional mental health support, by signing agreements with other companies.

**QUESTION 5: What could have been done differently or worked better?**

**There were two things that consistently came up:**

**1. The main issue that came up was Government decision making. The specific issues were:**

- a) Lockdowns were declared late (so more people may have died) and/or were lifted too soon
- b) Overall, the rules were too complex – funeral rules mentioned.
- c) “Moving the goalposts”/changing rules at short notice, especially the ones affecting schools for which both school staff and parents need more notice.

- d) Travel rules being changed overnight was very difficult. June/July 2021 was a time of real confusion.
- e) When the easing of rules happened in England, many people felt that the Government should have kept certain ones for the whole country, especially mask wearing in public places

## **2. Care Home Issues**

- a) Lack of PPE
- b) It was felt that one family member should have been allowed to visit sooner, especially in cases of dementia

### **IN ADDITION – things to change that were mentioned less often:**

- More patience and consideration shown to ESOL speakers, especially on the 'phone
- More care/support for people suffering with stress
- More support for those in full-time work but on living wage rate

VOICE: "We were at benefit levels, even though my husband was working full time, but had to use more expensive shops (e.g. Asda) to get what we needed for kids. Was feeding the electric more because had them at home."

- System to renew disabled badge
- Standard National Recognition system (e.g. a lanyard) for people with a non-visible disability or another reason not to wear a mask
- No specific support now (August 2021) for our area when we have the third highest number of cases in the country
- One supermarket removing shields that protected shopworkers
- Quality of home-schooling material – work supplied was poor and lack of guidance. "I got information myself online and grandparents helped".
- Staggered hours for arriving and leaving didn't work at school if you had more than one child - or children at more than one school
- Clearer system (across all main food shops) for slots for vulnerable people.
- Borders should have been closed (like Australia and New Zealand)

## **QUESTION 6: What worked well?**

**There were six things that consistently came up positively:**

### **1. The NHS (Overall)**

Many specific comments e.g. "Musgrove pulled out all the stops". Other emergency services also praised. Several comments about the NHS needing/deserving a (better) pay rise.

### **2. Vaccine Roll Out**

Apart from experiences of under 40s who were often offered appointments miles away, there was near universal praise for the vaccine roll out and the sense of safety/recovery that it engendered. "I got priority because I am a carer for my mum". Three issues were raised:

- a) that people living together and of a similar age not being invited to attend together.
- b) no-one asked the elderly or people with mobility issues whether they needed help to get to the vaccination centre (if it wasn't their GP surgery). Most relied on family.
- c) (related to b.) Would have been good if all vaccinations were at GP surgery.

<b>VOICE:</b> ( From Focus Group 1) "The system was much better than in other countries"
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### **3. Daily Government TV Press Conferences around 5pm**

This appears to be people's main source of information, rather than anything more local. Social media was a helpful presence for some.

### **4. Testing Regime**

Once this system finally got going this was seen as a positive thing.

### **5. Furlough / Business Support**

Both were welcomed – more comments about furlough. Business support was seen as positive but one person mentioned the lack of support for sole traders.

### **6. Food Distribution Systems/ Online Shopping**

After initial panic buying, people thought things went well. Older people mentioned how good online shopping became once they had worked out how to get a delivery slot. One couple were able to book the same weekly slot for a year ahead and so are still using online deliveries.

## **IN ADDITION – things that worked well, mentioned less often:**

- Shielding of vulnerable people; for those who were given this status, apart from the issue of food parcels, this was welcomed as it was seen as a “clear message” – stay indoors and no contact with others.
- Hospice services continued to operate (for non-COVID terminal cases)
- (Two people in a one-to-one interview with mild learning disabilities) Someone to explain (sooner) about the virus and the steps they needed to take – no online access. They support one another all the time but live a mile apart. They both got very stressed and this triggered things about the grief they felt for their deceased parents.
- “Our children’s school was in regular contact”
- Support from neighbours – meant “our community was self-reliant – including two retired nurses”
- “Zoom”! Online meetings – do reduce isolation and help meet new people.
- SDC leaflet
- Universal Credit Top Up – and going on and off Universal Credit worked well.
- Food schemes (parcels/foodbank)
- Online/phone consultations:

**VOICE:** “One of the children had a rash, online triage via photos. Brilliant, medication waiting at pharmacy.”

- (A vulnerable elderly couple) “Chemist phoned us regularly to check on us.”
- Ban on travel being immediately imposed
- (17 year old) “I feel more confident and more independent.”
- Closure of towns. Keeping people secure.

• **VOICE:** “Quality time with family was a good thing - we are keeping a COVID time capsule for the future.”

## **QUESTION 7: Any other comments**

1. More financial support for those disproportionately affected e.g. lost their job
2. Relaxation was too liberal. Masks should still be required in public places
3. When will we get information on the booster?
4. There is a constant shortage of health staff – but they have done a brilliant job

5. I disagree that booster jabs should be compulsory
6. I will support another lockdown
7. Stop foreign aid

## **Section C: Additional Findings on Key Themes**

### **a. Living with Mental Health Issues**

**FINDING 1:** The dominant theme across all sessions and interviews has been the issue of mental health and wellbeing. We have been surprised at people's willingness to share the extent of their experience of depression in particular, and the personal cost of caring for family members living with mental health issues.

**VOICE:** "I actually had to compromise my own health, because it was a case of seeing to him, and keeping him stable, yeah. (Compromised) my own needs because I'm vulnerable...if I hadn't seen him and supported him, he wouldn't be here now. And that's not an exaggeration. Yeah, he would have committed suicide as he tried it before... I just had to decide for me what was the most important thing and the most important thing was keeping him alive."

**FINDING 2:** Significant concern about what was and wasn't available in terms of support. We have heard from some people with existing mental health issues, but also various conditions that were triggered by COVID and lockdowns, and the significant anxiety around COVID itself, particularly in the March 20 to September 20 period.

Many people said GPs and their staff did some amazing care in terms of physical health needs (see QUESTION 5 above) but very little was offered in terms of mental health support, when it was brought up and clearly in some cases people didn't raise the mental health issues while they were having physical issues addressed. One GP surgery initiated proactive "How are you calls?", which had a very positive effect. Some people found their way to support through MIND and The Nelson Trust.

One family member, who was a student, lost critical support because their counsellor couldn't manage to use Zoom.

**FINDING 3** The sample is too small to make a significant judgment but in the light of several conversations, it is clear that some new mental health issues were not always made known to health services – this particularly applies to where one member of a cohabiting or married couple reacts very differently to COVID/Lockdown.

(Around Christmas a married couple both got COVID and the husband was hospitalised with it, no previous mental health issues. Wife now does things they need outside the home)

**VOICE:** "It took us a long time and my husband now is still very wary about going out, because we've been away on things but he's very wary. He sees a big crowd and that's it, I mean mentally, still. I also got very anxious afterwards (COVID)"

**FINDING 4: The need for clarity and good communication about what existing and additional mental health services are going to be made available from Autumn 2021 onwards to address the increased need, including ongoing anxiety issues.**

**b. Vulnerability Issues – Food parcels/access to vaccinations**

Many people who were deemed vulnerable and were asked to shield already had support in place. There was a lack of clarity on what the vulnerable status offered and whether it was something that could be awarded if a serious health issue developed during the pandemic.

**Finding 1: Variance around people who were and were not seen as vulnerable**

Comments on the shielding letter: several people we spoke to had themselves received, or knew friends or relatives who had received, a seven page letter about the recipient's vulnerability. It was too much to read and people felt it was unclear. There was no consideration of literacy levels or support available to deal with such a letter.

Overall, there was a question about what the shielding letter entitled you to and what choice you had in what was offered.

**VOICE:** "Lockdown was late and it had to happen. My wife has pleurisy and pneumonia. Got a letter about shielding from Taunton Road Surgery. No offer of food parcels. NHS were awesome and understaffed."

**VOICE:** (edited for brevity): An 87 year old female was offered a food parcel, which she didn't want/need because of other support, but she did want to know was "why am I being shielded?" She gave a detailed account of her attempts to both find an answer and cancel the food parcel. She spoke to the number on the letter, the Department of Health in London, Somerset County Council and Sedgemoor District Council (the food distributor). The system was not joined up and not functioning well. Towards the end of telling the cancellation part of the story she said the SDC officer said "I've either cancelled your delivery, or you're going to get two...If the

driver turns up, I haven't managed to cancel it, he's the one that does the cancellations so you need to tell him you don't want it and he'll go back and tell them that you don't need it, but you'll have to keep the one he brings". Our focus group member then said "Obviously, he can't take that as he never turned up... what a waste of time."

On the issue of why she was vulnerable, she was eventually told by an SCC official that she was asked to shield because six years ago she had a condition which may have affected her immune system. "Anyway, it affected all my muscles, and it could have affected my immune system. She said that's the only thing that they're putting on. I said, well, then can I ignore the letter? Oh no, she said 'seeing that's come direct from the Ministry of Health you'll have to abide by what they say, we can't countermand it'. But she was quite flummoxed. She said it was a mistake."

**VOICE:** (Who is vulnerable? /Accessing appropriate medical professional? A brother-in-law and a daughter's partner)

"My brother-in-law got a letter, because he has no immune system because he had his spleen removed, and he got this letter saying, you know, you've got to isolate and all the rest of it. Fair enough, he was quite happy to do that. But it turned out the only benefit he got from it was a free food parcel, which they didn't want and they cancelled it. And he got his prescriptions delivered, instead of having to go collect, but otherwise he got no benefit whatsoever. He even had to wait 'til his age group to get a vaccination. That was scary.

Same happened with M, my daughter's partner. He never got his (vaccination ahead of his age). He was on the danger list because he had a stroke through the pandemic, but they never gave him an injection until it came to his age and he is fifty.

But what got me in the end was (getting to see) the doctor because he had a stroke. They sent an ambulance, and they said it was he got out of bed too quick, and then Debbie said what is still not right - so they sent a paramedic. Then they said that was it, his balance. And he still wasn't right, and I said you want to demand to see a doctor, which is what she did - and they had him in there, said that he had a stroke and he still not right now - and that was from the first lockdown."



**c. Access to COVID related and non-COVID Health Services (See also Section C/a above)**

**FINDING 1: The Key Finding in terms of access to health for COVID and non-COVID related conditions was the getting to speak to someone in primary care with medical knowledge, and there was significant variance between surgeries on this issue.**

**FINDING 2: We did hear about some primary care and emergency assessments where mistakes were made or people were not listened to or asked the right questions.**

**VOICE:** ( 85 year old male)

“Early on in the first lockdown my wife slipped at 12.30am, breathing badly and she was too heavy for me to lift, rang for an ambulance, told it would be two hours and kept calling and kept being told two hours. At 7.30am the morning shift came on and they came to us first and took her to Musgrove.”

**VOICE:** “We had a new-born baby during lockdown so a priority, when she was five months, GP refused to see her and had to go to A&E Bridgwater”

**FINDING 3: However, we received far more praise for primary and hospital care including one pharmacy and one surgery who were doing proactive “How are you?” calls to vulnerable patients. There were many lives altered for good by swift action:**

**VOICE:** “It was the first lockdown. My husband got up in the morning he was complaining it was stomach-ache and I thought it was something he had eaten but then his back started to hurt. So, I phoned the surgery and they said bring him round straight away. He went to the doctor, I wasn't allowed to go in. And the next thing I knew an ambulance drew up and took him away. Well, he had an aortic aneurysm. And the doctor, he was very nice, but he said to me, he says this could go either way ... and I couldn't go to the hospital either. So that was horrible during lockdown.”

**VOICE:** "My son broke his foot and I took him to Bridgwater A&E - very long wait. 'Phone access to GP was very good and could get face to face (Taunton Rd). But overall situation made me a very anxious person, had to go on medication – no other support offered."

**FINDING 4: We had some stories about major planned surgery being delayed. Others had the way they were seen for routine screening changed:**

**VOICE:** "I should have gone to the Beacon Centre every three months. Instead of that, it was 'phone calls and blood tests, which was okay"

**VOICE:** "My Dad had problems with his eyes which Specsavers found, and the eye clinic has continued throughout, and they have been fantastic."

#### **d. Work/Income Issues**

The buoyancy of Bridgwater's economy means many people, not just essential workers, were not furloughed and people who did lose jobs or chose to leave jobs were able to find another job, but the types of jobs were limited. Many men were in warehouse/ distribution and many women were in social care – community or residential.

**VOICE: One man aged 24 told us the story of how for him the pandemic had seen a crossover between these two major employment sectors:** "Has been an eye opener (as) my Dad moved from warehouse work to care-home work to help with the COVID situation".

**FINDING 1: Changes in Work Patterns:**

#### **i. Working from Home**

**VOICE:** "Working pattern changed instantly from working at the office to working at home, so loss of contact with colleagues, and the support they give. I am still working 50% at home."

**VOICE:** "We were coming here to work and meet people face to face, so it was completely different working from home and I didn't put on make-up and I wore a tracksuit. I got bored with the home working lifestyle. There was time to cook good quality food but we also put on weight".

**ii. Lack of PPE:** Lack of PPE (initially) and social distancing not being practised/enforced in the workforce including in major national companies based in Bridgwater.

**VOICE:** "Husband was working in the X depot and hours stayed the same. No safety measures were put in place. Had to keep working but real concern that he might bring it home."

### **iii. Finding Work / Furlough**

We heard several varying stories about work. Many people could work all the way through, while others lost or changed jobs. There was clearly a lot of stress for many and there were people who lost their jobs quickly with no furlough, such as in hospitality.

**VOICE (edited):** "My company has been liquidated and I was made redundant and So, I am starting my new job on 1<sup>st</sup> September. I was unemployed for three months. I have changed my work from finance with a large national company to work in a scientific laboratory."

**VOICE: (edited)** "They started to make tiny changes to the job. Therefore, we need to have this work done in the same time, to be quicker, and this was very stressful for me and (at least) a challenge for others. I try every day to improve myself to be quickly and to respect all the rules on my job, but I was disappointed because I don't succeed in that. -/- I gave up my job and needed medical help."

**VOICE:** "Fortunately for me, I was continued to be paid, but my partner was furloughed. So, he was furloughed as early as May because his company was starting to suffer. He works for the airline industry. And so we did go for a period of time when we didn't know what was going to happen with his job. He was trying shifts and he was actually furloughed twice in the periods of the pandemic, (and now) he's had to go on to night shift working to be still in a job, which doesn't always work very well within the family. So, we've got quite diverse family going on in our house, one that works with supermarkets, one that works for ambulance service so down at the call centre in Exeter. Yeah, me in the college, and him at the airport."

**iv. Move to Self-Employment** (this was the only example of this route to employment):

**VOICE:** (edited for brevity) "At lockdown I had just given up a job and I got another one that I wasn't enamoured with the new one - but I had to get out of the one I was in and then so basically I just didn't hear anything from them, right, and so I followed it up. So, when they were saying that they were gonna start dropping staff anyway just because the offices weren't being used by staff and so it was pretty short job. I did have a couple of days where I wallowed in a little bit of self-pity. And then I thought actually this is a perfect moment to do something myself. I just started my little business to actually doing work and then started another one. The first has been very successful (selling online).

#### **v. Care Work Issues**

We met a number of women who are or had recently been carers. There were many issues identified and a high turnover of care staff was mentioned to us. Both the community and residential care services were put under great strain by the pandemic, with additional tasks being undertaken by community care staff.

#### **Finding 1: Lack of PPE In Care Sector:**

**VOICE:** (Experienced care worker in a private company in Bridgwater with around 70 staff).

"I worried about because I work as a care worker right, to go into client's house, and not having the right PPA was a bit of a warning because I was told by my company to use one mask for every client, and to write the name of the client on a mask, which I refused to do, right, because they were struggling to get PPE. So, what I did was I use one mask all day, or sometimes I'd change it halfway through the day. So that's what I did and that was also worrying because I was going to people's houses. At the beginning we were not given enough masks to do the job -/- people were finding their own masks. But I was lucky enough for somebody, contacted me, and that person gave me box of masks (because) she didn't use them, and she just gave that to me so that was really very welcoming, you know, "

#### **Finding 2: Care Work - Change in Job Role/Overworked**

**VOICE:** (Experienced care worker in a private company in Bridgwater with around 70 staff).

"One thing that I found being a carer in the community, was the fact that because many doctors refused to do home visits, whatever, I don't know like if I say refused maybe I am judging them; they didn't visit clients at all. Therefore, as a carer,

sometimes I have to take a picture of the ailment. Sometimes the person has got a rash or things like that. Yeah, I have to take a picture of the condition of the person, then send it to the surgery, and sometimes I have to go to the surgery to get people's prescriptions, and also to drop samples or urine and things like that for clients, which is not really part of my job. No, but because of the COVID. And sometimes we had to inform the medical professional and had to stay with the client longer than we should, because nobody is willing to come, and then they work out what is wrong is the client, it seems like it was better... but we weren't given extra time for this."

### **Finding 3: Care Work -Double Vaccination Issues**

One person told us about the high number of people who were refusing be vaccinated for a second time and she has decided to leave a residential care setting because she didn't feel safe and because she (and another care worker emphasised this) that she was also leaving because the pressure for overwork/overtime would increase as people were sacked for not being willing to be double vaccinated.

#### **d. Education Issues including Digital Access**

This has been mentioned under other headings. Many people, including older people mentioned digital access as an issue – but these were generic remarks. We only found one example of someone who had had real issues in having enough screens in the household. It's worth noting that at least two primary schools used paper packs of work rather than online work.

**VOICE:** "I started an access course at college, so need electronics and access so had to buy a laptop. Three of us (me and two kids) were trying to learn online. Didn't work for me personally. Oldest child is dyslexic, and they weren't getting extra support. I know how to help them but I am not trained. Very hard for him to do his schoolwork okay for the first four weeks but then he said No More"

**VOICE:** "Poor communication from school – I didn't hear from them from March 2020 until the return to school, everything was through the kids. No check-ups."

**VOICE:** "I'm a Support Assistant so I help all those learners that have difficulty, but my learners are unable to access the online learning system. In a way that suits them, because of Aspergers and that sort of thing."

**VOICE:** "The older kids just got on with it. I did the best I could with schooling for the younger ones. Older kids (both boys) okay, girls more emotional. It was a struggle with return to school for youngest in September 2020."

#### **e. Specific Issues affecting BAME/Migrant Communities**

##### **1. Culturally Appropriate and Native Language Mental Health Services**

- a. This issue emerged from one specific community (Public Health team informed), and compared to some other numerically significant BAME communities in Somerset, their English language skills are very good. This means they could, in theory, use services such as talking therapies and group environments, however there was a clear request that services address the cultural barriers that mean people, especially men, from this community and similar ones do not access services, or even admit they need help
- b. Given the mental health issues mentioned in Focus Group 1 and service access issues (see 3. below), there is a need for more access to native language talking therapies in the languages of the main Eastern European population groups in Somerset.

##### **2. Maintaining Links with Family in Home Country**

Several people expressed concern that they had not been able to make usual trips to their home country which they would normally do in the course of a year. Such visits to family etc were clearly important for wellbeing, especially for young parents.

##### **3. Telephone Access - Health**

There were serious issues due to the ability of non-fluent, non-native English speakers to access health care services because of the dominant use of the 'phone both to access the services and for the diagnostic appointment itself. There were clear indications of access to health services and subsequent potential for inequalities in services to arise based on ethnic origin.

Many in the first focus group talked about how hard it had been to get access to health services via the 'phone – it was difficult to explain a problem to the reception staff or triage nurse but that was the way of getting an appointment with a doctor. There were additional issues for people seeking mental health support.

#### **4. Telephone Access – Access to Employment Opportunities**

**Due to lockdown all interviews became only remote (telephone) for many entry level/lower level jobs.**

**VOICE:** "In lockdown applying for jobs and interviews became telephone based, it was often 'just call this number'. I prefer face to face. It is very stressful for an ESOL speaker."

#### **5. Home Schooling (This was based on only two stories)**

**The ability of non-fluent, non-native English speakers to help their children effectively with home schooling appeared to be a significant issue, creating a potential issue of educational inequality.** The anecdotal evidence from the focus groups supported the issues that Diversity Voice and the Community Council for Somerset and members of the Catholic Parish of St Joesph's, Bridgwater, have encountered.

#### **6. Mental Health Issues and Employment:**

**VOICE:** (Someone who arrived in the UK September 2020 – many of the usual ways into a culture/society were not there for them)

"Due to anxiety, I found it hard to access work because I wasn't coping in my own language or in English, my partner spoke for me and did everything."

## **SECTION D: RECOMMENDATIONS**

As a team we were not asked to make recommendations, however looking to the future and future design of services especially if there is a further lockdown, we would highlight the following issues that could be addressed to mitigate some of problems that have been reported in this consultation:

1. Systemic review of how the availability of mental health support (other than medication) is communicated to disadvantaged communities and non-fluent speakers of English and the development of clear pathways for self-referral.
2. Clear communication of any additional mental health services that are going to be made available from Autumn 2021 onwards to address the increased need including ongoing anxiety issues. This should include specific support for children who were under six years old at the start of the pandemic
3. The development of further outreach and/or mental health services for significant minority ethnic communities – and can these be co-produced with user communities?
4. Alternatives to phone contact to enable non-fluent English speakers to access primary health care services
5. Clear partnership agreements between NHS Services and social care companies to clarify the position and responsibilities of peripatetic community social care staff.
6. Alternative face to face education options for school and college students with conditions/disabilities that mean they cannot access online learning.



## **APPENDIX**

### **1. Note on the survey group:**

**Hidden Voices Bridgwater (part of Hidden Voices Somerset) :** We are a community group focussed on seeing the best in our communities and keeping them safe. It has been a privilege to hear the experiences of the people who live in our town and how COVID impacted them.

### **2. Dates/Time of Day and locations of Meeting and notes.**

- 13<sup>th</sup> August – Victoria Park (morning - 7 people) – meeting supported by Diversity Voice with East European migrants
- 20<sup>th</sup> August – Sydenham Meeting (morning – 8 people) – all female
- 24<sup>th</sup> August – Eastover (morning - 12 people). Immediately after the main meeting a follow up “1 to 1” interview was held with two participants with learning disabilities
- 4<sup>th</sup> September - Westover 1 (evening- 8 people) Immediately after the main meeting a follow up 1 to 1 interview with a person with learning disabilities
- 5<sup>th</sup> September Westover 2 (morning – 7 people) - all female
- 17<sup>th</sup> September Hamp (early morning) 14 x 1-1 street interviews, one person with significant disabilities. More than half the interviewees were parents or under 25 themselves.

**There were non-UK born people involved in the above discussions from at least five different countries (three EU countries and two Non-EU countries)**

### **3. Sex Balance of the 56 Participants**

**FEMALE = 41**

**MALE= 15**

**NOT DECLARED = 0**

4. **Age Breakdown of the 56 Participants** (Two females did not give their ages  
- estimated as 40-45 years & 70s)

<b>AGE RANGE DISTRIBUTION</b>																			Total	
<20	1	7	19																2	
20-29	2	4	29																2	
30-39	3	0	31	32	32	34	34	35	36	7	39								10	
40-49	40-	45	43	43	44	47													5	
50-59	5	0	50	53	54	57	5	7	58	59	9								9	
60-69	6	1	64	68															3	
70-79	7	1	71	71	72	72	7	3	73	73	4	74	74	7	7	7	7	9	70's	16
80-89	8	0	80	81	82	82	8	2	85	87										8
90+	9	1																		1

5. **EDITING NOTES**

- i. Minimal changes have been made to voices of participants.
- ii. ( ) brackets are used by the report editor to add words for clarity or to give an explanation)
- iii. Three dots ... shows a short cut of a few words – often repetition
- iv. -/- shows a longer cut to link the narrative together more concisely or where there was a diversion or interruption