

National Covid-19 Research

Deep Dives: Different Groups' Experiences of and Recovery Needs from Covid-19

Report Six

November 2020

Professor Kaz Stuart, Dr Elaine Bidmead, Ruth Browning, Sam Grimwood,
Dr Catriona Roberts, Thea Winn-Reed, Aneta Pac.

Contents

Contents

Summary Report	4
The Theoretical Framework	4
Method.....	4
Findings	5
Experiences of People who were Shielding.....	5
People Experiencing Health Issues.....	5
People Experiencing Mental Health Issues	5
Health Services / Support Needed	6
People with Additional Needs and their Carers	6
Older Adults and their Carers.....	7
Decreased Employment and Financial Hardship.....	8
Educational Experiences	9
School Based Children 5-18.....	9
Post Eighteen Learning Experiences.....	10
Volunteers	11
Conclusions	12
Introduction - The Theoretical Framework	13
Method	13
Narratives of Covid-19 Survey and Research	14
Mental Wellbeing Survey	14
Student Wellbeing During Lockdown Survey	15
Health in Cumbria During Covid-19.....	15
Cumbria Future Leaders and Cumbria Local Enterprise Partnership People Education and Skills Strategy Group Young People in Cumbria Survey	15
Findings	16
Experiences of People who were Shielding.....	16
Findings	16
Summary and Recommendations	18
People Experiencing Health Issues.....	19
Findings	19
Summary and Recommendations	21
People Experiencing Mental Health Issues	23

Findings	23
Summary and Recommendations	28
Health Services / Support Needed	29
Findings	29
Summary and Recommendations	31
People with Additional Needs and their Carers	32
Findings	32
Support Needed for People with Additional Needs	33
Summary and Recommendations	34
Older Adults and their Carers.....	35
Findings	35
Summary and Recommendations	41
Decreased Employment and Financial Hardship.....	42
Findings	42
Summary and Recommendations	46
Educational Experiences	47
School Based Children 5-18.....	47
Findings	47
Summary and Recommendations	52
Post Eighteen Learning Experiences.....	54
Findings	54
Apprenticeships:.....	54
Universities:.....	54
Summary and Recommendations	56
Volunteers.....	57
Findings	57
Summary and Recommendations	58
Positive Experiences.....	59
Conclusions and Recommendations	60

Summary Report

The Theoretical Framework

This national research into Covid-19 was undertaken with a biopsychosocial lens (Engels, 1977), that is to say, exploring the biological, psychological and social factors arising from Covid-19. Some factors could be predicted prior to the research and formed a skeleton analytical framework. This was expanded iteratively as each narrative was explored, with new factors recounted in narratives added to the framework.

In this report we take a 'deep dive' seeking data pertaining to certain groups of people in order to provide specific insights into the needs of these groups rather than risking the specific disappearing into the general. This is not to treat different people's needs in isolation, or as discrete. Different demographics and characteristics intersect influencing different experiences of Covid-19. In discussing the responses of people with a single shared characteristic we are not seeking to simplify or segregate, but rather to draw out nuance to further inform recovery efforts.

Due to the nature of our data, these deep dives focus in on the experiences of people who were shielding; people with health or mental health conditions and services needed; people with additional needs and their carers; older adults and their carers; people experiencing decreased employment and financial hardship; experiences of learners and volunteers. It was not possible to consider the experiences of minority groups due to low numbers in the data.

Method

This research has adopted a mixed method approach, combining qualitative (word based) and quantitative (number based) data together to create a sense of what is happening and for how many people this is true. The data has also been gathered with mixed data collection tools; some people have submitted personal narratives as stories and poems, whilst others have completed qualitative and quantitative surveys. We have also joined forces with partners to ensure an even richer and broader range of perspectives can be brought together.

The data sets have included:

Name	Type of Data	Owner	Response Rate
Narratives of Covid-19 Survey	Qualitative	University of Cumbria	430
Open narratives / interviews on Covid-19 research	Qualitative	University of Cumbria	20
Additional Mental Wellbeing During Covid-19 Survey	Mixed quantitative and qualitative	University of Cumbria	36
Student Wellbeing During Lockdown Survey	Quantitative	Edukit	11,275
Health in Cumbria During Covid-19 Survey	Mixed quantitative and qualitative	Healthwatch	301
Young People's (15-24) experiences of Covid-19 in Cumbria	Mixed quantitative and qualitative	Cumbria Future Leaders and Cumbria Local Enterprise Partnership People Education and Skills Strategy Group	667

Findings

Experiences of People who were Shielding

A total of 74 people reported shielding themselves, 26 of whom started shielding earlier than mandated due to their pre-existing health conditions. A further 76 people were shielding with family members, 22 people reported having a family member who was shielding elsewhere and 37 people reported supporting a family or community member who was shielding. As such, the impact of shielding was not limited to the person with health conditions alone, rather family members and partners were involved in supporting those shielding or shielded themselves in order to remain in the family household. A variety of household arrangements were contrived to facilitate this.

Shielding had a profound effect on some people's wellbeing with negative impacts on wider health, mental health and social outcomes. Confinement was a challenge for many, they missed the outdoors and reduced opportunities for exercise; some resentment towards other people's behaviour was also apparent. Other people expressed anxiety over not being able to manage everyday tasks for themselves such as accessing food and/or medical supplies and in handling household admin.

In order to support people with health conditions, and their families, we recommend that national, regional and local strategies be developed to ensure essential supplies and human contact is provided for people with health issues should shielding be necessary again in the future.

People Experiencing Health Issues

A range of health conditions were reported across the sample, lockdown brought about an exacerbation in condition for many people and accessing medication was a cause for concern. The most worrying aspect amongst this group was the 43 people reporting cancelled appointments and procedures, or who were finding it difficult to access these; a situation which could cause a rise in non-Covid-19 health issues.

There was also a high level of concern for the negative impact that social isolation would have on the physical or mental health of themselves and/or others (n=98); such concern was inducing stress in many. For some people, the control measures had impacted on their ability to look after their physical or mental health (n=39).

To mitigate the effects of the pandemic on people with health conditions we recommend that:

1. Access to routine diagnostic services, treatments and/or operations be restarted
2. Investment in health is made to tackle the backlog in treatments and reduction in waiting lists/times
3. An investigation of ways to increase staffing in the health service
4. Effective test and trace and vaccination programme to enable better control of the virus.

People Experiencing Mental Health Issues

14 people had a pre-existing mental health issue; many reported a worsening in their condition and experiencing decreased services and/or support due to the control measures. In addition, a further 1350 people mentioned experiencing a deterioration in their mental health state. Such deterioration included reports of a new onset, increased prevalence or increased severity of five different issues: anxiety, stress, depression, mood swings and panic attacks.

The mental health of others was also a cause for great concern; 52 people mentioned being worried about how to look after the mental health of family, friends and vulnerable community members. Whilst some respondents identified a need for mental health supports in the future others believed their mental health to have improved due to more exercise.

The impact of Covid-19 and its control measures on mental wellbeing cannot be underestimated. This report shows how the control measures have exacerbated existing mental health conditions and prompted new ones. Without mental health people will not benefit from lives well lived and may not be able to contribute to society. Mental wellbeing is strongly correlated to physical health, and so increases in poor mental health may well increase GP and other medical referrals at a time when services are at full stretch. Consequently, we recommend:

1. A need for clearer information from government
2. Increased emphasis on self-help mechanisms
3. Investment in professional services to support people from across psychological disciplines
4. Easier referral routes into these services and connectivity with GP practices.

Health Services / Support Needed

Many people (n=86) indicated they wanted a closer integration of health and social care services in order to look after all of one person's needs more easily. People expressed concern about health care support services, 39 were concerned over access to support, 11 of whom were concerned specifically with access to GP or health visitor support; others were concerned by cancelled appointments/procedures and the lack of access to dental care. Also a concern, was support for people being discharged into the community; two people thought discharge plans should be clearer so people knew what to expect. Others commented on the health system more generally over: the need for further centralised funding of health by the state; concern about the mental health of front line health and social care staff and concern over how care homes had been protected during the first wave of the pandemic.

Therefore, we recommend:

1. The provision of community hubs (community centre / bus / person) whereby services for people can be coordinated
2. Access to treatments and medicines be restored as soon as possible, or a plan put in place to communicate how and when this will happen given the current demand on the HSC workforce
3. The HSC workforce needs support in the form of additional resources (e.g. for PPE) additional space (e.g. more temporary clinic space), more staffing, and more rest and emotional support for staff who are burned out. The NHS long term plan needs to be supplemented with a short term plan as to how to keep staff well
4. The status and role of care homes needs to be reviewed with regard to this and future pandemics. There is a sense that they were even more under-resourced and unsupported at this time than the health sector.

People with Additional Needs and their Carers

A total of 39 people mentioned having additional needs or caring for someone that did. These included: physical disabilities (n=17), learning disabilities (n=17) and sensory impairments (n=6). Lockdown, changes to routine, and on-going uncertainty had increased the issues many people with additional needs faced, particularly children. A total of 12 carers stated they were struggling to cope with their child's, parent's or relative's additional needs during lockdown.

The difficulty of working at home whilst supporting a child with additional needs was highlighted; 28 carers said they were specifically missing support, this included key worker support at home, specialist centre support, and respite support. Such experiences resulted in increased stress and isolation for carers.

A total of 21 people said there needed to be greater cross agency support for people with additional needs and those caring for them; additional helplines and additional funding were also called for. The community themselves made a range of recommendations summarised below:

1. Additional help lines for people with additional needs / their carers to call
2. Increased join up between education, health and social care provision for people with additional needs
3. Additional funding for online or face to face services to be resumed and increased whenever possible to address outstanding needs and restore developmental trajectories
4. Support networks for carers of people with additional needs.

Older Adults and their Carers

The UoC survey contained 53 responses from people who stated they were retired; their responses indicated that many were financially secure and they had led busy and fulfilling lives before Covid-19; the control measures impacted negatively on this cohort, albeit not financially. The majority of retired respondents said they had no support needs with several stating they were adequately supported by family and friends. However, the burden of caring for relatives was apparent in 74 narratives.

Missing contact with others was the most frequently mentioned impact (n=44), although 23 kept up contact with others via digital media. Experiencing a lack of motivation was often mentioned (n=23), as was no longer being able to undertake hobbies, planned holidays and voluntary work; these experiences resulted in increased stress levels. In contrast, other respondents said they had become more accepting of the situation and had adapted to the new way of life.

The respondents to the UoC survey were largely older adults without financial difficulties. As such, this information about the impact of the pandemic on them is not representative of all older adults and the experiences of others who are disadvantaged rurally, socially, financially is not understood here. Despite this, the negative impacts are evident: loss of contact with people, loss of meaningful activities, increased stress. From this skewed snapshot we recommend:

1. Financial support for community hubs that can address the practical and social issues facing older adults, particularly in remote areas
2. An equitable digital infrastructure and digital skills for older adults – either for them to use in their own home, or a mobile 'net-bus' that comes to a village weekly, or a digi-coach who visits a person's home to connect them
3. Increased online support for older adults comprising a range of activities people can participate in, networks to join, and signposting to other services
4. Support and encouragement to stay active, to move, as confidence and ability may have significantly decreased for people who have remained in their homes for significant periods of time
5. Further join up of health and social care provision for older adults.

In addition, the burden of caring for parents and community members has been high. A range of measures could be developed to mitigate the emotional burden of this for future pandemics. This could take the form of:

1. Online resources to support people with additional caring responsibilities
2. Talking support / supervision / counselling online for carers
3. Networks of carers established locally so people can connect and peer support.

Decreased Employment and Financial Hardship

Covid-19 and the associated control measures impacted significantly on the employment status and financial security of many informants. A total of 121 people reported being newly unemployed and a further 48 had a partner who became unemployed. 49 people stated they were furloughed, and 40 people had partners who were furloughed. 156 people stated they had less money during Covid-19 than before it. There was also a range of work concerns: whether it was safe to return to work (n=26), job security (n=48), job precarity (n=22), or not being able to return to work for other reasons (n=2).

For those furloughed the experiences were complex and stressful; it brought great uncertainty for the individuals involved and was a cause of increased stress and worry due to fears there would not be jobs to return to. For some people there were tensions apparent between the need to work and the need to stay safe due to one's health concerns or those of family members. Concerns about the future security of jobs was not limited to those furloughed however. 24 people stated they were self-employed; nine of these had less work and income as a result of the pandemic.

Occasional mention was made to accessing help for loss of income but no one stated explicitly they had received financial assistance. It may be that our respondents remained above the household income threshold to access state benefits such as Universal Credit. For instance, in some two earner households, one partners' employment had been impacted; this left the household relying on one income which, inevitably, caused financial strain. Nonetheless, there also appeared to be poor understanding of what help might have been available.

The precarious work and financial situations people found themselves in prompted a range of worries. Financial worries were the most prevalent; some people expressed worry about being able to pay essential bills (n=45). The impact of loss of income most directly impacted on some people's ability to get food (n=32) and some mentioned rationing their food and money to try to make ends meet (n=8). 52 people expressed concerns about their longer-term investments, whether that was a pension or retirement fund (n=32), having to work longer than planned (n=2) or worrying about investments in the stock market (n=17).

The pandemic control measures increase the precarity of the employment landscape exponentially despite massive investment in job retention schemes by the government. Of prime importance therefore is effective test and trace and an effective vaccine in order to release us from control measures. Meantime clarity is the most significant factor. People want as much clarity and forewarning as possible of job support schemes throughout the pandemic.

With those in place we recommend that an urgent review of the employment and welfare landscape should be conducted with reviews of:

1. Job creation schemes and entry routes in sectors needing staff (e.g. HSC)
2. Living wage and contract law in order to reduce the number of people falling into absolute or relative poverty

3. Universal credit and other benefits to ensure everyone can afford to live in a home of living standard, food and other essentials.
4. Taxation policies – increasing taxes for individuals or companies with high incomes / profits could subsidise increases in welfare provision ensuring everyone is more equitable in the UK.

Educational Experiences

School Based Children 5-18

A survey by Edukit was completed in May by 11,275 school pupils aged 5 to 18 years of age. Most respondents were 13 to 16 years of age. This survey showed mixed feelings towards doing schoolwork from home, the largest proportion were positive, 35% indicated that they were happy and 8% were very happy. Alternatively, almost a quarter were either unhappy (16%) or very unhappy (8%) and around one third (33%) were unsure how they felt. The amount of time children spent on home education varied considerably from less than one hour per day to over five hours; the largest proportion (35%) spent 3-5 hours studying, however, just under a quarter (24%) spent two hours or less a day. The young people reported a range of time spent exercising; the greatest proportion exercised for 30 to 60 minutes a day (38%) but around a third exercised for 30 minutes or less (15-30 minutes 19%; 0-15 minutes 10%; no exercise 6%). Most young people felt they had the right food to eat, although one in ten respondents did not (not really 8%; not at all 2%):

A range of emotional responses to the situation were reported, most (68%) reported experiencing boredom ('bored very often' 31%; 'bored a bit' 37%) and over a third reported feeling lonely ('a bit' 24%; 'very often' 13%); although most did not experience excessive loneliness (not much loneliness, 25%; very little loneliness 29%). In terms of general wellbeing the largest proportion felt 'mostly okay' (37%) or 'so-so' (28%), but almost a fifth were coping less well; reporting that they were 'not really okay' (14%) or 'really upset' (5%).

Data from the UoC and Healthwatch surveys contain reports of educational experiences from parents and carers as well as from young people directly; there were 61 references to home schooling being difficult. Home schooling impacted negatively parents' employment (n=57); they reported struggling to balance the requirements placed on them by the control measures such as: home schooling, employment (also from home) and, sometimes, their caring responsibilities for other family members. Caring for pre-school children was also impacted by Covid-19 and caused similar stresses for parents.

For lone parents, and parents of children with additional needs, it was a particularly challenging time that was both exhausting and isolating; a situation further exacerbated by the withdrawal of other support services.

Young people found studying at home difficult without the usual structure, support and resources of school, especially where resources such as study space, PCs and laptops needed to be shared with other family members. Children and young people were reported to be missing school (n=24); this caused some distress for the young people and parental concern for their emotional wellbeing. Sudden changes to exams caused young people worry, especially when the grading system switched to teachers' predictions; linked to this were concerns about getting grades required to get into university. Some children and young people were reported to have become withdrawn and to spend much time alone, inside. Consequently, parents (n=22) reported worrying about their children's emotional and physical wellbeing as they were no longer attending school.

Despite these concerns about missed education, others (n=13) were concerned that children and young people would be forced to go back to school too soon; relatedly, eight people expressed frustration at the lack of clarity about when and how schools would re-open or how children and young people could access learning materials. Two teachers expressed concern about the mental health of students trying to return to school. In contrast, two respondents highlighted the benefits of home schooling for some young people; they believed that online learning could be designed and improved upon for future use.

We hope this is a one off event which will not affect our schools for much longer, however, if pandemics are a feature of future life, an educational pandemic strategy needs to be developed at a national, local and school based level detailing how schools will support pupils' education.

This simple statement belies a range of complexity in providing equitable support for children in a range of living situations. Some homes do not have enough space for home education, enough laptops, good enough broadband, any internet services, or even electricity in some rural homes. All this makes the simple shift to 'online' learning a significant challenge. In order to support access to education we recommend:

1. Development of an educational pandemic strategy that details, at a national, local and school based level, how schools will support pupils to be in school or educated remotely
2. A review of digital connectivity and skills; homes with the least resources and skills will need to be offered more support by teachers and schools
3. A review of examinations policy and contingency plans made for future disruption to learning. A wholesale return to teacher assessment may be required to mitigate against future issues
4. Many schools widened their offer during the pandemic and provided food as well as educational provision for families. Whilst it is not the role of schools to provide food long term, the opening up of their boundaries to become a community resource is an attribute that should be retained after the pandemic
5. The increase in poverty triggered by the pandemic has raised awareness of the issues of holiday hunger. This should be capitalised on and community hubs funded to step up services in the summer to not only provide food for children, but also positive activities and learning opportunities to further mitigate the inequitable impact of school closure on learning.

Post Eighteen Learning Experiences

Apprenticeships:

A survey of young people's views was conducted by Cumbria Future Leaders and Cumbria Local Enterprise Partnership People Education and Skills Strategy Group. This survey was conducted in April and May 2020 and had 667 responses from young people aged 15 to 24. Of these, 447 were hoping to gain an apprenticeship after school, 36 were seeking a higher education place and 114 were hoping to gain employment; 91% of the respondents said they were not changing their plans regardless of the pandemic. Despite this confidence, some of the comments indicated that Covid-19 was unsettling for them; causing some to rethink their options or question their choices. When invited to identify their biggest concerns from Covid-19, the most frequent response was work; mentioned by 156 young people (23%). This included worries about remaining in work, finding work, or changes to planned careers. Worries about the security of apprenticeships were expressed by 75 young people (11%). 156 young people in the LEP survey stated they wanted clearer information and guidance about apprenticeships, university courses and employment.

Universities:

The narrative research and Healthwatch data contained 71 respondents who mentioned they were studying at university. The most commonly mentioned impact of Covid-19 was courses moving online; many were dissatisfied with this and for a range of reasons. For some, sharing home space and resources with other family members put university course work at risk. For others, the change to remote working meant they could not complete placement activities in a range of subjects which could potentially have prevented them from progressing to the next year or graduating.

A total of 38 people said they were struggling to do university work due to various reasons including practical barriers as well as lacking concentration or motivation due to the mental strain of Covid-19. Some PhD students found they were unable to continue their research due to the control measures, and 15 students said they had extensions to assessment timelines. As well as struggling to complete work, 21 university students commented on how much they were missing their peers.

The disruption caused by the Covid-19 caused mental strain and affected levels of concentration and motivation. Further, the pandemic has raised concern over future employment opportunities and prompted some to re-examine career choices. Career advice and guidance will be needed now more than ever with such disruption to employment and career trajectories. We recommend:

1. Enhanced careers advice and guidance which is linked to the review of the employment landscape recommended earlier
2. New entry routes into different employment sectors should be planned and provided with credit accumulated through wider life experience, and more diverse learning opportunities provided
3. The funding of further and higher education needs to be reviewed in the light of course being increasingly online; campus being life restricted and the prospect of graduate unemployment – which will also be a deterrent to future learners
4. A wider range of funded or subsidised online learning packages should be made available to enable people generally to continue lifelong learning and specifically to enable unemployed people to retrain flexibly and at low / no cost. This will be reliant on a secure digital infrastructure mentioned throughout this report.

Volunteers

A total of 117 people referenced active volunteering, 59 people volunteered generically and 30 specifically volunteered for the NHS. Voluntary work was beneficial to the volunteers with 97 references to volunteering being a hobby. 18 people volunteered in Covid-19 related projects and 15 mentioned accessing information on how to volunteer indicating a wider appetite to volunteer. Nonetheless, three people expressed disappointment that their offers to volunteer had not been taken up and 29 people stopped volunteering as organisations restricted their activities due to Covid-19.

A total of 23 general comments were made about volunteering: 11 people thought that volunteers should be supported to continue their work; ten people thought that paying people to volunteer would be an appropriate measure; one person thought that offering people time off work to volunteer would also be very helpful.

Volunteers are a vital resource, particularly in a time when resources are so stretched. Effective test and trace and vaccination are of great importance in enabling volunteers to return to work. Review is also perhaps needed of volunteering policies. If the volunteers are prepared to work as key

workers, then their work may be able to continue. Curtailing all volunteer activity may not have been necessary.

Conclusions

These deep dives show there are many different and common experiences of Covid-19 and its control measures. There is commonality in increased physical and mental health issues, and social issues. The distribution, frequency and severity of these issues varies, however, by life circumstances. For some people, a range of personal characteristics and life circumstances overlap or intersect, further intensifying the impact of Covid-19. As such, an 'equal' response to recovery from the pandemic is insufficient. What is needed instead is an 'equitable' approach that provides the most resources to the people with the greatest need. This, more than ever before, is an era for renewed attention on social justice.

The social determinants of health movement have clearly documented the life course impact of on-going disadvantages. We know how much prolonged loneliness decreases longevity. We understand that people with lower incomes and standards of living live shorter and lower quality lives. This is also, therefore, a time for preventative work that gets 'upstream' of symptoms and tackles the root causes of intertwined issues.

The symptoms of this pandemic are multifarious and interconnected. There are those that affect people directly, through contraction of the virus. Secondary issues may persist for these people with on-going health and mental health issues now evidenced. Everyone is affected by the secondary impacts of the pandemic control measures. Health, mental health and social outcomes are all poorer as a result of lockdowns. At the most immediate level, clinical care is needed to mitigate the effects of contracting Covid-19. After this an effective test and trace system is needed to enable people to function as safely as possible without lockdown. A rapid vaccination system is also required to further enable interaction. These alone, however, will not solve the inequity at the heart of Covid-19 outcomes. Redistribution of resources of all kinds, and perhaps even an ideological shift in our pay, taxation and welfare systems, is needed to counter the root causes of inequity.

That is not to say that everyone is in need or 'needy'. People, families and communities have proven to be a great resource in this pandemic. They have looked after themselves and one another in new ways. We have perhaps seen a resurgence in community spirit and philanthropy – even if time rather than money is gifted to others. These community resources should be supported, equitably, with integrated hubs established nationally. More resources should be placed in the areas of greatest need, and people and resources available to support communities and all their residents to thrive. Decentralisation of services with central funding will be key to enabling communities to support themselves throughout whatever crisis society is next faced with.

Introduction - The Theoretical Framework

This national research into Covid-19 was undertaken with a biopsychosocial lens (Engels, 1977), that is to say, exploring the biological, psychological and social factors arising from Covid-19. Some factors could be predicted prior to the research and formed a skeleton analytical framework. This was expanded iteratively as each narrative was explored, with new factors recounted in narratives added to the framework.

In earlier reports we summarised the overall findings from all the data sets and all participants. This provided an overview of the biopsychosocial characteristics of people going into the pandemic and needs arising from it. The key message from these reports was that there was a wide range of needs in each domain and these interacted with one another dynamically, with potential to create life-long impacts. What might have initially been an outcome (loss of exercise or loss of earnings) could potentially become characteristics leading to future (positive or negative) outcomes. This led to recommendation of a recovery framework that is family or community oriented, holistic, integrated and preventative.

In this report we take a 'deep dive' seeking data pertaining to certain groups of people in order to provide specific insights into the needs of these groups rather than risking the specific disappearing into the general. This is not to treat different people's needs in isolation, or as discrete. Different demographics and characteristics intersect influencing different experiences of Covid-19. In discussing the responses of people with a single shared characteristic we are not seeking to simplify or segregate, but rather to draw out nuance to further inform recovery efforts.

Due to the nature of our data, these deep dives focus in on the experiences of people who were shielding; people with health or mental health conditions and services needed; people with additional needs and their carers; older adults and their carers; people experiencing decreased employment and financial hardship; experiences of learners and volunteers. It was not possible to consider the experiences of minority groups due to low numbers in the data.

Method

This research has adopted a mixed method approach, combining qualitative (word based) and quantitative (number based) data together to create a sense of what is happening and for how many people this is true. The data has also been gathered with mixed data collection tools; some people have submitted personal narratives as stories and poems, whilst others have completed qualitative and quantitative surveys. We have also joined forces with partners to ensure an even richer and broader range of perspectives can be brought together.

The data sets have included:

Name	Type of Data	Owner	Response Rate
Narratives of Covid-19 Survey	Qualitative	University of Cumbria	430
Open narratives / interviews on Covid-19 research	Qualitative	University of Cumbria	20

Additional Mental Wellbeing During Covid-19 Survey	Mixed quantitative and qualitative	University of Cumbria	36
Student Wellbeing During Lockdown Survey	Quantitative	Edukit	11,275
Health in Cumbria During Covid-19 Survey	Mixed quantitative and qualitative	Healthwatch	301
Young People's (15-24) experiences of Covid-19 in Cumbria	Mixed quantitative and qualitative	Cumbria Future Leaders and Cumbria Local Enterprise Partnership People Education and Skills Strategy Group	667

In summary, this report contains the findings from 12,735 respondents across a range of different data collection tools detailed below.

Narratives of Covid-19 Survey and Research

As the participants were asked to share their stories, there were no prompts for particular pieces of information. Whether responding to the survey or to an interview the only questions posed asked about: life before the pandemic; the impact of the pandemic on life; their support needs; and what they thought should be learned from the situation. Consequently, data collection was highly self-directed, open-ended and qualitative. The narrative responses were then analysed thematically and occurrence of themes counted. A note of caution is needed here; because questions did not prompt the elicitation of particular data, absence of a term does not necessarily mean it was not true for the individual, they may simply have not mentioned it. For this reason, the data may not total the number of participants (n=450) and cannot be converted into percentiles. This analytical process is mixed method in that the abductive analysis is inductively developing a qualitative framework of codes to enable us to understand people's experience, and these experiences are then turned into quantitative data (or quantified) in order to understand the prevalence of them. The quantifying of the qualitative data has, however, 'flattened' the richness and nuance of the respondent's stories in the first five reports, reducing the complexity and depth of the impacts; this sixth report seeks to address this by reporting a range of different voices.

This research is limited in that the respondents to the main survey were mostly aged 45-65, female and living in houses with gardens. From this respect it is high in validity as regards the people most represented but cannot be taken as representative of society in the whole.

Mental Wellbeing Survey

The psychological impact of Covid-19 and its control measures seemed particularly striking from the narrative research and prompted a second survey to be launched on the 28th May 2020 and circulated to all previous respondents. This survey comprised quantitative and qualitative questions in an online survey. There were 36 responses between 28th May 2020 and the 22nd June 2020. There are two limiting factors to this data set. Firstly, the sample was very small (n=36) and secondly, the sample was skewed, as per the main survey. From this respect it is not illustrative of the experiences of the breadth of society and is therefore also not generalisable.

Student Wellbeing During Lockdown Survey

A national organisation called Edukit helps schools to gain better insight into student needs through wellbeing surveys and helps to connect them with impactful youth services. During the pandemic Edukit have been surveying school pupils in order to understand how their wellbeing has been affected by Covid-19 and home education. Their online survey was quantitative, asking young people to select one answer from a pre-defined range leading. They had 11,275 responses from across the UK. Edukit's data was analysed and cleaned before it was shared with the University of Cumbria and analysed with descriptive statistics. The addition of this data set lowered the average age of participant significantly compared to the narratives of Covid-19 survey alone, however, the questions are not as open and a more limited range of findings emerges.

Health in Cumbria During Covid-19

Healthwatch Cumbria are an independent organisation set up to champion the views of patients and social care users in Cumbria, with the goal of making services better and improving health and wellbeing. They invited people to share their experiences of health during Covid-19 via an online survey. The survey comprised 34 questions that are both defined quantitative answers and open qualitative answers. At the time of writing there were 301 respondents from Cumbria. This data was analysed using descriptive statistics and thematic analysis providing a regional view of health issues.

Cumbria Future Leaders and Cumbria Local Enterprise Partnership People Education and Skills Strategy Group Young People in Cumbria Survey

Cumbria Future Leaders (CFL) is a vehicle by which youth groups, organisations and networks can coordinate and strengthen the diversity of the young person's voice on key topics. The CFL steering group is made up of representatives from existing youth organisations, e.g. YGN, We Will, LEP Futures Forum, BECBC Shadow Board, Allerdale and Copeland Youth Council, Next Gen Executive Board Sellafield. The steering group, along with other stakeholders from the Cumbria LEP People Education and Skills Strategy Group (LEP PESSG) were keen to understand the impact of the coronavirus pandemic on the young people of Cumbria (aged 15 - 24yrs) and asked the Centre for Leadership Performance to conduct a survey on their behalf in order to inform the support being provided by schools, colleges, employers and other partners. There were 667 respondents to this survey.

Findings

Experiences of People who were Shielding

Findings

A total of 74 people reported shielding themselves, 26 of whom started shielding earlier than mandated due to their pre-existing health conditions. A further 76 people were shielding with family members, 22 people reported having a family member who was shielding elsewhere and 37 people reported supporting a family or community member who was shielding. As such, the impact of shielding was not limited to the person with health conditions alone, rather family members and partners were involved in supporting those shielding, or shielded themselves in order to remain in the family household. A variety of household arrangements were contrived to facilitate this, with family members moving in or out, for example.

"We are isolating as a family, having quarantined apart (my husband and children at home and me in an empty house nearby) for two weeks to make sure we were all safe, before moving back together" (P.178)

"I live with my 23yr old daughter who is working from home so that she can shelter/shield with me" (P.48)

"I am shielded due to my medical situation for the minimum of 12 weeks. My wife has joined me to prevent us being separated" (P.138)

"We started to social distance in January as my wife has an autoimmune respiratory disease. We are fortunate that we have enough separate bathrooms and bedrooms for every occupant" (P.182)

"He stays in the lounge and I stay in the sun room most of the day" (P.193)

"If we watch TV together, I sit as far away as possible in the lounge" (P.193)

"He is staying in the main bedroom with the en-suite and I sleep separately and use the family bathroom" (P.193)

"At present, just myself and my husband [live here] as I am "shielding". His grown-up daughter who usually lives here is staying at her boyfriend's house - she is a key worker" (P.142)

"I live in a terraced council estate with my mum, stepfather (currently shielding), Brother, Sister and 2 other parties as they were both here when put on lockdown and don't want to return home in fear of passing the virus" (P.227)

Some people continued to work whilst shielding: *"I am shielding but working remotely - I am a teacher so I am still able to communicate remotely and set work for my classes" (P.141)*, whilst others in jobs that could not be done at home could not: *"I'm not at work until my 'shielding' ends" (P.229)*; or in the case of self-employment: *"I was working 14-21 hours per week but now do a maximum of 3.5 to keep things ticking over" (P.202)*.

Confinement was a challenge for many of those that were shielding, they missed the outdoors and reduced opportunities for exercise; some resentment towards other people's behaviour was also apparent:

"I can't walk far or do much in the way of exercise due to my condition. So not really able to go for a walk. As a shielded person I cannot go out anyway" (HWP.170)

"I'd like to think that more help to access the outdoors could be given to people like me somehow, it is the worst element of being in isolation, lack of exercise and nature" (P.290)

"Not been out at all. I have asthma and COPD" (HWP.160)

"...vulnerable and elderly people feel reluctant or unable to go outside due to the actions and behaviour of the irresponsible. As an example, I find myself unwilling to go for a walk" (P.320)

"We're a very active and outdoorsy family in normal life but shielding means we are unable to walk safely from our house because we have so many people walk past our house on their own daily exercise" (P.202)

"This will go on for longer if we can't keep it under control. It feels like I will be stuck here forever while others party on, or go for a drive and a walk in the lakes, or visit their caravan and spread the virus" (P.252).

Notwithstanding, two people had bought home exercise equipment to compensate, for example:

"I couldn't run at all unless it was before 5:30am or after 9pm because the risk from crowds was too high. As a result, we purchased a treadmill so that I can run without risk to my health, but even so my activity levels are way down on what they were before" (P.162)

Other people expressed anxiety over not being able to manage everyday tasks for themselves such as accessing food and/or medical supplies and in handling household admin.

"We are shielding and totally reliant on neighbours to shop etc" (P.51)

"The main problem has been managing paperwork- I can't get to the post office to post things, I have no printer so can't print the required forms etc, and I can't go out to drop things off (even when I am having a good health day) in case I catch this and die" (P.252)

Individual respondents expressed other concerns. One missed *"social contact with friends and older parents who are shielding/been in hospital during lockdown"* (P.170). Another was concerned about their own mental health whilst shielding:

"I do have pretty strong mental health but do worry that if this situation for shielded people like me, carries on substantially longer until a vaccine comes along, issues of panic attacks when going out may be something that might need to be overcome" (P.129)

A further respondent was frustrated about mixed messaging over shielding:

"Correct information regarding whether at risk or not as conflicting advice too much terminology in self isolating as vulnerable or ill, shielding, as updates change medical issues on list" (HWP.210)

And another was frustrated over access to health services:

“Frustration with the current Primary care structure due to the suspension of outpatient services, a triage firewall exists that is shielding a health care tsunami that will undoubtedly flood the NHS” (P.415)

The importance of a vaccine for Covid-19 was stressed; nine people suggested they would shield until a vaccine was found, regardless of what the Government advised:

“We neither of us can afford to get the virus so we will have to think carefully about return to normal until there is a vaccine” (P.72)

“Nothing but a vaccine can fix this. My kids are v happy at home but it’s going to be hard to shield my husband when my daughter returns to school in autumn. We have talked about this and will zone the house. I won’t be able to hug her though or sit at a table and have meals. It’s going to be tough but manageable in the medium term (12 months)” (P.128)

“We will be, as all shielding are, very restricted until a vaccine is found” (P.202)

Summary and Recommendations

Shielding had a profound effect on some people’s wellbeing with negative impacts on wider health, mental health and social outcomes. Confinement was a significant challenge for some, however, people who had been living with some health conditions for a long period of time found that shielding status did not affect them, as their health was already limiting what they could do. Most support for people who were shielding came from family members or the wider community, increasing their burden of care. Respondents receiving less support expressed anxiety over their ability to access food and medication whilst shielding.

In order to support people with health conditions, and their families, we recommend that national, regional and local strategies should be developed to ensure essential supplies and human contact is provided for people with health issues should shielding be necessary again in the future.

People Experiencing Health Issues

Findings

A range of health conditions were reported across the sample including cardiovascular issues (n=49); high blood pressure (n=33); asthma (n=19); various cancers (n=14 including undergoing chemotherapy n=4); fibromyalgia (n=14); chronic pulmonary obstructive disease (n=13); endocrinal conditions (n=12); unspecified chronic disease (n=10); skin conditions (n=10); blood and circulatory disorders (n=7); being immune-compromised (n=7); unspecified heart issues (n=6); digestive disorders (n=5); osteoporosis (n=4); arthritis (n=4); cystic fibrosis (n=3); allergies (n=2); lupus (n=2); myalgic encephalitis (n=2); stroke (n=1); myocarditis (n=1); high cholesterol (n=1) and stents (n=1). Also apparent were 31 people with transplants. Transplant recipients were high in the sample as the survey had been circulated through the British transplant community. Transplants were varied including unspecified organ (n=7); lung (n=7); bone marrow (n=3); stem cells (n=1) and kidney (n=1). In addition, 13 people were awaiting a transplant.

For many people, lockdown brought about an exacerbation in their condition, such as 'flare ups' of skin conditions and bowel disease, or erratic blood sugar levels:

"blood sugar levels have become erratic" (P.6)

"I have a stress-related skin condition which is flaring up at present" (P.203)

"I think physical and mental health interlink. My mental health suffers and my body reacts; I can't sleep, skin plays up etc" (HWP.194)

"I already take medication for anxiety, partly to help my IBS symptoms, and my tummy is telling me I'm more anxious than usual!" (P.8)

"I have family overseas so I'm very worried about them and the stress had made symptoms from chronic illnesses I have flare" (HWP.164)

Being 'on medication' was a key indicator of health (n=27) and applied to people experiencing different health issues. For many people, accessing medication was a cause for concern either due to having to go out, or worrying about running out if they stayed at home:

"I do get anxious when I need to go out for food or meds" (P.279)

"Regular medication, I need to take medication twice a day. Some of these have been very difficult to get due to supply shortages - I have had to ask the transplant hospital for help" (P.141)

The most worrying aspect amongst this group was the 43 people reporting cancelled appointments and procedures, or who were finding it difficult to access these; a situation which could cause a rise in non-Covid-19 health issues.

"Hard as I have to have injections every two weeks for Asthma at a hospital not in my area and I have to find someone to give me a lift" (HWP.22)

"I have fibromyalgia, bile acid malabsorption and severe b12 deficiency which together make things very difficult, especially as my b12 injections have been stopped due to the pandemic" (P.286)

"Understandably we have had our health visitor and GP appointments cancelled" (HWP.108)

"I suffer with chronic condition & attend hospital every four months for [an] injection. This appointment has now been cancelled until further notice" (HWP.257)

Further, 25 people reported feeling fatigue as a result of other health issues, or the pandemic per se:

"I was quite exhausted during the first few weeks of change at work and home" (P.101)

"Consciously fighting a feeling of loss and avidly trying to stay upbeat to the point of exhaustion" (P.253)

"I am experiencing exhaustion and insomnia" (P.362)

"I'm tired more often and seem to need more sleep than usual, even though I am doing less every day at work" (P.8)

"Sometimes I wondered just how much more I was supposed to be able to take...collapsing into sleep at maybe 2am every night and then starting all over again at 7am. I hadn't been this tired since childbirth" (P.416)

"My sister has developed symptoms-severe fever, fatigue, aches and a sore throat" (HWP.231)

"Not managing to currently [take care of physical health]. Just don't seem to get the time while juggling everything or feel too tired once finished work" (HWP.183).

One issue with this lack of energy is how it may negatively impact on exercise, eating habits and future health, for example:

"I haven't had the energy after work to go for a walk!" (HWP.280)

"Definitely activity has dropped to zero. I go to work, come home, eat and go to bed. Seems like there is no energy left at the end of the day" (P.182)

There was also a high level of concern, expressed by 98 people, for the negative impact that social isolation would have on the physical or mental health of themselves and/or others. Holding such concerns was inducing stress in many:

"Being isolated is difficult for both of us. My fitness is diminishing" (P.48)

"Isolation can be difficult at times and I've noticed an increase in feelings of apathy and lack of motivation" (P.113)

"I feel a bit depressed due to social isolation" (P.135)

"...the social isolation is the hardest part, especially at night. Sleep has been affected and am getting panic attacks in the night, which are very scary when I am on my own, so have some nights when I barely get 2 hours sleep" (P.149)

"Into my 4th week of isolation and it's really starting to get me down, crying and fed up" (HWP.182)

"I have family overseas so I'm very worried about them and the stress had made symptoms from chronic illnesses I have flare" (HWP.164)

“I have a chronic illness and struggle normally to keep up with my housework, sometimes needing to hire help, I can no longer do that, so that's a big stress” (HWP.207)

“I have chronic illnesses that have kept me housebound to some extent so it's not that different for me, but it has put a lot of stress on my partner who isn't used to it and causes friction between us” (HWP.164)

For some people, the Covid-19 control measures had impacted on their ability to look after their physical or mental health (n=39). In contrast, 96 people mentioned getting healthier due to the additional time they had. Of these, 84 people referred to having a healthier diet in some respect: *“I am cooking more healthy food” (P.15)* and *“I am eating as healthily as possible” (HWP.162)*. Whilst 12 reported taking their health more seriously. Whilst many people expressed difficulty with loneliness, 14 people with chronic health conditions said they were used to feeling lonely due to their health and so Covid-19 had not worsened this for them;

“I'm OK, been through much worse and been through not knowing what the future will hold so I'm quite prepared” (P.137)

“I've been isolated for 6 years....so this is pretty much normal for me” (P.252)

“I am used to isolation. Depression is a normal part of that. There is no 'increased' depression” (P.252)

Ten people from this group mentioned concern over the way the pandemic was affecting people unequally:

“Think one big lesson is that on average those dying are the least healthy - elderly with end of life conditions, obesity, poor BMI” (P.40)

“I am worried about the politics, the way the pandemic is being handled in the UK, the effect on poverty, education, health inequalities - all over the long term” (P.363)

Summary and Recommendations

A range of pre-existing health conditions were apparent among respondents; many of whom reported their condition to have worsened during the pandemic. Concern over access to medications and medical appointments/treatments was voiced. There was also concern over the mental health consequences of social isolation.

In the experiences of the 43 people whose treatment or appointments had been cancelled can be seen the impact of specific lockdown measures on people with chronic health issues. Indeed, concern is rising about the fate of patients whose treatments have been cancelled or delayed due to this virus (LJMU 2020¹), and the need for the health service to catch up with these specific patients will be an extra stressor on the system. There is worry that this will lead to a parallel second pandemic of issues or 'ticking time bomb' of ill-health in the future as the effects of these postponed treatments become apparent.

Some people reported that the control measures made no difference to their day to day experiences, as their chronic illness had already changed their lives in this way. This follows our previous findings that people who had some prior experience of stressful situations could apply the coping strategies previously developed to current events, for example using the experience of living

through the war as a reference point. This leads to the possibility of a form of 'self-care' being practiced and shared throughout the community, similar to the re-framing practices offered by CBT. If relevant and helpful self-care practices are identified, they could be introduced into communities by local health practitioners or through government advice.

We recommend that:

- Access to routine diagnostic services, treatments and/or operations be restarted as soon as the pandemic control measures have lessened the impact of Covid-19 on hospitals and care staff
- Investment in health is ramped up to enable the backlog of treatments to be caught up and to reduce increased waiting lists - resources such as the Nightingale hospitals could be used as places for this to happen
- Ways to increase staffing in the health service are investigated - consideration of staff burnout in the NHS must be born in mind.

People Experiencing Mental Health Issues

Findings

14 people stated they had a pre-existing mental health issue; these included agoraphobia, bi polar disorder, post-traumatic stress disorder, schizophrenia, eating disorder or an unspecified mental health issue. Many reported a worsening in their condition due to Covid-19 and the associated control measures:

"I suffer with stress anxiety and depression most of the time but Covid-19 has added to it in a major way" (P.78)

"Historically /typically I suffer from anxiety (PTSD) and have seen the return of symptoms that I haven't had for a long time" (P.64)

"Anxious, panic attacks, ongoing physiological symptoms of anxiety, mood swings and a feeling of helplessness" (P.11)

"Downs appear to go in waves but are tough when there. I have already been on a low-dose, maintenance dose of anti-depressant since having post-natal depression" (P.164)

"I live with depression and it is exacerbated" (P.283)

"I've been in touch with my GP he has upped my antidepressants" (HWP.43)

"I'm not coping well, always had bouts of depression, and already feeling low" (HWP.238)

"...probably would have been to GP regarding worsening depression if could see one" (HWP.18)

Despite these exacerbations in condition, many people reported experiencing decreased services and/or support:

"Due to my mental health issues and social distancing I have become more anxious, I'm also starting to feel cut off from my usual support" (HWP.223)

"The mental health team in Lancaster & Lancaster Medical Practice are currently passing-the-buck regarding my essential medication prescribing. I have Agoraphobia with Panic Disorder, PTSD, BPD and schizophrenia yet my prescriptions are repeatedly delayed, exposing myself & others to infection" (HWP.86)

"Son was having CBT for mental health issues however this has ceased mid-session. He is not receiving any other form of mental health support during this period" (HWP.257)

Notwithstanding those with a pre-existing mental health issue, a further 1350 people mentioned experiencing a deterioration in their mental health state. Such deterioration included, amongst other things, reports of a new onset, increased prevalence or increased severity of five different issues: anxiety, stress, depression, mood swings and panic attacks.

The most frequently mentioned issue was anxiety; this was mentioned by 753 people and a wide range of causes were identified. Some people were anxious due to fear, including fear of for one's life, fear about being out and about, and fear for the future:

General fear:

"I am aware of a background anxiety to do with death. We don't know how or when we will die but the fear of what the virus could do, has certainly made me more aware of my own and other's mortality" (P.66)

"My anxiety is not good I have this fear of dread all the time" (HWP.257)

"I keep having to watch TV to see what the advice is as it keeps changing and that is increasing my anxiety" (HWP.192)

Fear of being out and about:

"... the worst anxiety is during the weekly shop as I find people still aren't very mindful of the 2 metres in the supermarkets!" (P.63)

"I found the panic and discourteous behaviour of others at first very saddening and it caused me social anxiety" (P.192)

"Increase in anxiety about others not sticking to the two-metre social distancing and coming too close" (P.328)

"Anxiety around catching this or my baby being affected has dramatically impacted us leaving the house for any exercise" (HWP.109)

Fears for the future:

"I have periods of quite high anxiety about the pandemic, mainly to do with worrying about family but also about the kind of society we'll return to (high unemployment, inequality, recession etc.)" (P.157)

"I have some anxiety about the impact of the economic down-turn due to the virus on the career of my younger son and would hope that he might be able to access help with retraining to re-enter the workforce" (P.395)

The anxiety of others had been heightened due to the responsibilities that accompanied having their children at home full-time and trying to balance their needs with other responsibilities:

"...you can't take kids to the shops with you, but I can't leave them home alone (one is too young and has anxiety, the other has ADS)" (HWP.207)

"Anxiety is getting bad, having to work from home with 3 children, trying to school 2 of them at same time is a disaster" (HWP.182)

"I want better understanding for the challenges that lone parents and disabled children are facing during this type of crisis. Especially from supermarkets" (P.30)

"Youngest child is destabilised due to huge upheaval and teenager's anxiety is heightened" (HWP.59)

Some people felt anxious due to changes in their work routines, for example:

"One of the triggers for my anxiety disorder relates to making telephone calls or video calls (almost like a phobia of telephone calls). Since I can't conduct interviews face-to-face anymore there has been an increase in requests for telephone interviews which I find almost impossible" (P.153)

"A lot of the stress was related to a need to advocate for some safety measures for patients and staff, while being told by some others in leadership that those measures weren't necessary" (P.156)

For others still, a lack of control over the situation caused them anxiety:

"My anxiety has increased due to not having an end date to work towards and being unable to escape the situation" (P.167)

"A feeling of powerlessness" (P.232)

The next most frequent deterioration in mental health was increased stress (n=346) which was , again caused by a range of issues, such as obligations to family, work and learning, knowing how to behave and the behaviour of others. Such stress was debilitating for some: *"I struggle to sleep and get out of bed, stress is constant, I worry at nearly all times of the day" (P.359)*

Stressed about family:

"Stress is coming in a number of ways, mainly my elderly Mum" (P.9)

"My son doesn't understand what is going on, but the lack of school and associated routine is clearly stressful for him" (P.114)

"More stress due to not being able to see my mother in Surrey who was diagnosed with terminal lung and brain cancer during lockdown" (P.372)

Stressed about work/education:

"I am extremely stressed about my husband's business" (P.14)

"My husband ... spends much more time working from home which, in a small space can be stressful" (P.64)

"High stress with PPE initially and changing practice advise in NHS, changing every day and 1-2 weeks too late" (P88)

"My husband was due to start a new job 1st April, which is now no longer available...This has caused a lot of stress for us as a family" (P.164)

"I found my first shift very distressing. I felt unable to go back. I have not been sleeping, have increased anxiety and stress and feel very shaken by the experience and the reaction from my employer" (P.166)

"Work very difficult and stressful as trying to keep a small company going despite loss of business" (P.248)

"At the start of lockdown it was difficult to focus on work because it was quite stressful with circumstances changing everyday...now things feel more relaxed and it doesn't seem like lockdown anymore, but this is worrying itself as it risks another peak" (P.331)

"The combination of trying to complete a PhD and a pandemic is very stressful. I feel stressed and worried much more than I used to" (P.337)

Stressed about the behaviour of others:

"I find the social isolation rules, stressful and especially when people don't give me my space"
(P.192)

"Neighbours have not been adhering to the guidelines and watching this has been stressful"
(P.192)

Some respondents reported feeling stressed about contracting Covid-19, for example:

"I feel stressed about getting the virus or anyone close to me doing so as I feel it is a lot more dangerous than given credit for (P.286)

"I'm very anxious about catching it due to the high mortality risk" (P.185)

The extended confinement was stressful for others:

"Having to stay home all the time isn't helpful because it's stressful living with 5 other people" (HWP.196)

"It was and is frustrating to feel a loss of independence and freedom to go out and meet friends and family" (P.388)

Others still became stressed over how they would access necessities:

"I am stressed to high heaven over how I will manage to get food as I live in an isolated area and can't get my usual supermarket delivery" (HWP.34).

"...the very worst thing was the panic buying and stripping of supermarket shelves which for those of us 70+ who were ordered to stay at home was distressing" (P.388)

Moreover, new or increased depression was highlighted by 118 people:

"I am progressively more depressed by the situation and the way govt and media are handling it" (P.225)

"I can recognise some depressive symptoms in myself, for example lack of good quality sleep, putting on weight, loss of interest in activities that would have previously brought joy" (P.273)

"The pandemic has made me feel very depressed" (P.341)

"First month - noticeable days of unexpected depression" (P.385)

"My biggest concerns are that we become depressed. I am doing everything I can to keep uplifted but I am aware that this is going to be a long haul" (HWP.161)

New or worsening mood swings was reported by 82 people:

"I think my mood is more variable. Sometimes quite cheerful and positive, other times very listless and tired" (P.179)

"Anxiety increased and mood up and down. Often feel blue" (P.194).

And 26 people stated they had new or increased panic attacks:

"I try to look for good news to counteract the bad but I still feel anxiety and sometimes I cry and sometimes I have a panic attack" (HWP.5)

"Sleep has been affected and am getting panic attacks in the night, which are very scary when I am on my own, so have some nights when I barely get 2 hours sleep" (P.149)

Four people commented that Covid-19, or its control measures, had triggered previous trauma experiences:

"This loss of freedom reminds me of when I was sick and dying so it brings up a lot of emotional stress and triggers" (P.124)

"...had some traumatic memories come back recently and have been more in touch with negative feelings" (P.345)

Notwithstanding, numerous people reported having a combination of the issues above:

"I'm also stressed about money, jobs and my kids potentially going back to school" (P.286)

"I am feeling the stress and strain of juggling home school and clients along with not being able to see my family who are in the at-risk category" (HWP.299)

"Anxiety, panic, frustration, anger" (P.59)

"Increased stress, anxiety and depression" (P.3)

"...waves of anxiety & stress & worry for the future personally for self & family & for my business & employees" (P.272)

In addition to concerns about one's own mental health, the mental health of others was also a cause for great concern; 52 people mentioned being worried about how to look after the mental health of family, friends and vulnerable community members, for example:

"Our son who has returned to London for Uni is due to graduate this year and I fear for his mental health as the employment situation does not look good for him as he is in the theatre industry specialising in lighting" (P.385)

Five people mentioned giving friends and family daily calls to check on their mental health, *"We check in with each other's mental health several times a day and help each other through it if we have a bad day" (P.162)*. One respondent stressed the need to support work colleagues too: *"For me the lessons have been staff need face to face contact as the staff I manage have really struggled with the mental health working from home" (P.369)*.

Some respondents identified a need for mental health supports in the future:

"if it starts to affect my family more I'll need so much support to get over it, mainly mental health" (P.5)

"I expect many of us will need mental health support!" (P.7)

"With regard to mental health support I will seek this if I feel it is necessary whether this is during the lockdown or post lockdown" (P.17)

"I can see the need for mental health support going forward to reduce anxiety over being close to others or in a crowd etc" (P.103)

"I will probably need support for depression & anxiety, but based on the lack of NHS mental health support for patients in my situation, I doubt I'll get it" (P.195)

In stark contrast to the above, 13 people reported that their mental health had improved since lockdown as they had been able to exercise more:

"I am in a good position; my mental and physical health have never been so good due to opportunities to exercise more" (P.357)

My mental health is good. My daughter who is a personal trainer needed to quickly reinvent her business and has taken her wellness at home programme online so I do her exercise classes and with my Mindfulness practice have been aware of dips and made the changes I need" (P.373)

Others highlighted the how they were managing their mental health:

"I'm very self-aware and right now the anxiety is manageable through techniques I have learned in the past" (P.16)

"I had some stress and anxiety about getting through each day in the first few weeks which has been alleviated by our weekday routine and by feelings of gratitude or fortune" (P.20)

"I also can't attend my therapist as normal however we use Skype for my appointments which is helpful during this time which has affected my anxiety" (HWP.166)

"I alternate between feeling very stressed, worried, annoyed, trapped in and anxious to feeling safe, secure, lucky, happy, relaxed and settled" (P.28)

"...am accessing counselling online" (P.6)

Summary and Recommendations

The impact of Covid-19 and its control measures on mental wellbeing cannot be underestimated. Here we have seen how the control measures have exacerbated existing mental health conditions and prompted new ones. Moreover, new data is continually emerging which supports these findings and illustrates increased referrals for mental health support and increased suicidality. Whilst protecting physical health, literally lives, is of paramount importance, mental health is equally significant. Without mental health people will not benefit from lives well lived and may not be able to contribute to society. Mental wellbeing is strongly correlated to physical health, and so increases in poor mental health may well increase GP and other medical referrals at a time when services are at full stretch.

A number of recommendations arise from this:

- Clarity of information – confusion and uncertainty erode mental wellbeing. The Government needs to be clearer about restrictions, rules, and routes out of the pandemic
- Increased emphasis on self-help mechanisms. Many low-level issues may be addressed through self-help and prevented from escalating. Increased reliable information on how to look after your own mental wellbeing should be available and targeted at different demographics / cultures
- Investment in professional services to support people from across psychological disciplines, with face to face and online access, differentiated to people's ages / needs
- Easier referral routes into these services and connectivity with GP practices.

Health Services / Support Needed

Findings

Many people (n=86) indicated they wanted a closer integration of health and social care services in order to look after all of one person's needs more easily:

"It makes no sense to treat health and social care as separate systems, sometimes competitive and antagonistic towards each other. They have to be treated as a single but diverse resource" (P.179)

"We need to better understand our society as a system connecting health, social care, research, retail, local government, industry etc rather than pursue individual agendas" (P.314)

A total of 34 people commented about Public Health being located in Local Authorities; some believed this had weakened the effectiveness of public health interventions, another felt the time was right for a full overhaul of the health system:

"I used to work in public health and Lansley's decision to move PH from the NHS to local authorities was a move in the wrong direction - it made things worse" (P.268)

"If PH were still located in the NHS we would almost certainly have had a more joined up, effective response to the pandemic" (P.268)

"It seems like the right time to totally overhaul our society including how we deliver health and social care, how we provide social support and how we can incorporate more collaborative working between Government, local authorities and third sector organisations to benefit our communities" (P.327)

Many people expressed stress or worry about health care support services, 39 people were concerned over access to support, 11 of whom were concerned specifically with access to GP or health visitor support; others were concerned by cancelled appointments/procedures and the lack of access to dental care:

"Can't access GP to change my BP medication till they offer face to face again" (HWP.37)

"Cardiology appointment cancelled for 12 months" (HWP.37)

"Mum broke a tooth last week, up to now it isn't causing her pain, BUT there are no dental services in Rossendale available !! and how do we get an immobile 86 year old to an emergency dentist (if it comes to it)?" (HWP.65)

"Living alone and being totally deaf, unable to use the phone...I'm more isolated and unable to access services" (P.232)

"Husband hasn't been allowed to join me at appointments, antenatal classes been cancelled" (P.352)

"I do need to visit my GP as I have recently had an onset of non-virus related symptoms and I need a diagnosis however I feel I should avoid the surgery at present plus I don't want to be referred to hospital for tests that I know I'll need" P.93)

"...we have had our health visitor and GP appointments cancelled" (HWP.108)

"Difficulty accessing prescription due to online access at GP surgery crashing and difficulty with supply of medication, needed to go to another pharmacy" (HWP.272)

"My husband has not been so lucky. Awaited appointments have been delayed which has caused him some stress" (P.407)

Two of these people were worried about their health having had routine medicines withdrawn:

"I feel I will need health support as mine has been withdrawn making me really quite poorly" (P.286)

"My Ibrance medication was suspended by PHE because it lowers the immune system but after 6 weeks I argued for it to be reinstated" (P.407)

In contrast, two people stated they were happy with online GP consultations and hoped they would continue after the pandemic.

"Think all GP appointments should be video linked with face to face only when necessary" (P.32)

Another concern related to support for people being discharged into the community following secondary or social care; two people thought discharge plans should be clearer so people knew what to expect: *"...lack of knowledge of the health visitor. A much better discharge plan - mapped out needs designing" (P.200)*. Perhaps as a result of these worries two people thought organisations to advocate for health and to signpost to health were essential:

"Essential that Healthwatch organisations continue to signpost to essential services" (HWP.141)

Other comments related to issues within the health system more generally. Three people commented on the need for further centralised funding of health by the state:

"Have longer term plans to sustain social and healthcare systems even if it means raised taxes" (P.6)

"I believe there needs to be a huge change to the funding of our healthcare system, e.g. ensuring we have sufficient equipment and if not we can access these things quickly and efficiently" (P.16)

"We should also reinvest in community health and reverse the government's drive to centralise and privatise health provision" (P.395)

Seven people also expressed concern about the mental health of front-line health and social care staff:

"I'm concerned about the mental health of our NHS workers who are all incredibly stressed" (P.41).

And one person expressed concern over how care homes had been protected during the first wave of the pandemic: *"Patients should not have been discharged into care homes without testing" (P.381)*

Summary and Recommendations

People expressed a clear desire for integrated and accessible health and social care provision. This was a universal request regardless of status, but particularly made by people with vulnerabilities such as older age or additional needs. There was also concern about access to, or waiting times for, treatments and medicines.

We recommend:

- The clear desire for integrated and accessible health and social care provision makes the case for community hubs (community centre / bus / person) whereby services for people can be coordinated
- Access to treatments and medicines needs to be restored as soon as possible, or a plan put in place to communicate how and when this will happen given the current demand on the HSC workforce
- The HSC workforce needs support in the form of additional resources (e.g. for PPE) additional space (e.g. more temporary clinic space), more staffing, and more rest and emotional support for staff who are burned out. The NHS long term plan needs to be supplemented with a short-term plan as to how to keep staff well
- The status and role of care homes needs to be reviewed with regard to this and future pandemics. There is a sense that they were even more under-resourced and unsupported at this time than the health sector.

People with Additional Needs and their Carers

Findings

A total of 39 people mentioned having additional needs or caring for someone that did. These included: physical disabilities (n=17), learning disabilities (n=17) and sensory impairments (n=6), and for some people these were multiple needs:

“Learning disability ...dyslexia and irlan syndrome” (P.78)

“... carer for my 41 year old daughter who has severe learning difficulties. I have to take care of her hygiene, e.g.: clean her teeth, clean her nose out, wash her hair. I give her the medication she is prescribed plus make sure she eats healthily” (HWP.156)

Lockdown, changes to routine, and on-going uncertainty had increased the issues many people with additional needs faced, particularly children. A total of 12 carers stated they were struggling to cope with their child, parents or relatives' additional needs during lockdown:

“Not in words, no there aren't any I'm afraid, to describe the impact on my child with complex needs” (HWP.150)

“...on my own raising my 9-year-old son. His mental health and neurological needs, alongside me being ill for the last 6 weeks, have made life very challenging on lockdown” (P.30)

“My son now has melt downs, smashed his room up, is demanding and clingy to the point I can't even get 5 mins respite in the loo, and he won't sleep. The change of routine has hit him hard” (P.30)

The difficulty of working at home whilst supporting a child with additional need was also highlighted:

“Being forced to work while caring for a disabled child is impossible ... Maybe the government could have given lone parents /carers some legal right to fight their employers regarding furlough, especially where working from home is harming the child/cared for” (P.30)

A total of 28 carers said they were specifically missing support with the needs of their child, parents or relatives. These included: key worker support at home, specialist centre support, and respite support, for example *“All services to support disabled son have been shut down” (HWP.226).*

Three people stated schools and GP practices were not providing enough support for children with additional needs at home:

“I live with my partner and elderly mother who cannot walk and has complex health needs. There are carers coming in 4 x daily normally but due to staff shortages, they only come twice” (P.63)

“...having to leave an autistic and highly anxious 9-year-old locked in a car, while I queue for 60 minutes, unable to see him, nope. That's me not getting the antibiotics I need, and all because the GP practice would not send my prescription electronically elsewhere” (P.30)

“The change of routine has hit him hard. That and not having 1-1 24/7 that he is used to (he has his own teacher full time in school)” (P.30)

Nine people were worried about accessing food during lockdown due to delivery slots being booked quickly and the lack of food availability in supermarkets:

"I hope that able bodied people don't pinch our food delivery slots (like our disabled parking spaces)" (P.252)

"Can't get food because disabled and vulnerable, and able-bodied people are booking up the supermarket delivery slots, so loads of "food" stress" (HWP.44)

"Lack of availability in supermarket (child has special needs and only eats a very limited range of food that cannot be swapped for other brands or types" (HWP.218)

Such experiences resulted in increased stress and isolation for carers:

"I am experiencing a great deal of anxiety and stress not about the disease but about...the restrictions of lockdown and the loss of momentum in getting stepson the treatment he needs" (P.308)

"As a single, disabled parent of school age children, I have been incredibly isolated and separated from any support structure" (P.416)

"Indescribable [stress] due to son having complex needs and school not allowing him to attend" (HWP.201)

"They have forgotten the carers and the parents of children with additional needs who struggle and isolated in the normal world but who are now ultra-isolated" (P.46)

One person needed information on what the rights of people with additional needs are during a pandemic, and whether these had been neglected: *"Information about what exactly disabled people's rights are during this crisis" (HWP.67).*

In contrast to these experiences, two people stated their children with additional needs were thriving at home with a simpler daily routine:

"My son finds school difficult and is a trigger for anxiety so he is blooming being at home, being home schooled" (P.22)

"We are doing a couple of hours each day of home school activities in partnership with our son's teachers and getting him involved in household task such as cooking, putting clothes away and garden duties" (P.20)

Support Needed for People with Additional Needs

A total of 21 people said there needed to be greater cross agency support for people with additional needs and those caring for them; additional helplines and additional funding were also called for:

37 of these people specifically stated this was important to support their children's needs:

"I want someone to help me look after my son on the days I lie gasping for air in bed, and he's still hyperactive on full note demanding attention. That's impossible I know, but that's the reality" (P.30)

"All services to support disabled son have been shut down" (P.226)

“Increased support for our son’s learning disabilities and mental health issues [would help me cope better]” (HWP.105)

“The social care situation has been shocking for years and needs to be joined up with the health system properly and funded appropriately” (P.285)

Five people expressed the hope that the pandemic would give other people an insight into the lives of disabled people and their carers:

“I am hoping others will have greater insight into life for the disabled after this” (P.252)

“I want better understanding for the challenges that lone parents and disabled children are facing during this type of crisis” (P.30)

Summary and Recommendations

Covid-19 and its control measures have increased the difficulties experienced by people with additional needs and their carers. Some of the additional difficulties arose because the person’s needs meant it was hard for them to process the current situation. For others, the issues centre around the practicalities of accessing medicines, food supplies or additional care. The community themselves made a range of recommendations summarised below:

- Additional help lines for people with additional needs / their carers to call
- Increased join up between education, health and social care provision for people with additional needs
- Additional funding for online or face to face services to be resumed and increased whenever possible to address outstanding needs and restore developmental trajectories
- Support networks for carers of people with additional needs.

Older Adults and their Carers

Findings

The UoC survey contained 53 responses from people who stated they were retired; their responses indicated that many of them were financially secure and they had led busy and fulfilling lives before the Covid-19 control measures came into play, for example:

"My income has not altered. Private pensions, OAP, and allowances" (P.310)

"My husband is retired so we are effectively living off his pension. We are fortunate in that we do not have a mortgage, no children living with us and we have rapidly adjusted our household expenditure" (P.389)

"As my husband is retired and has a secure pension, the financial effects have not been noticeable for us" (P.429)

"I usually volunteer a lot and work part time, though I am primarily retired" (P.37)

"I am retired and have many hobbies" (P.55)

"I am retired and my main interest is canal boating which we are obviously unable to do at the moment so I have been doing the jobs that don't normally get done, tending to the garden and amusing the grandchildren" (P.144)

"I am also a member of several organisations and enjoy volunteering. I am retired" (P.161)

Consequently, the Covid-19 control measures had impacted negatively on this cohort, albeit not financially. Missing contact with others was the most frequently mentioned impact; contact encompassed general social contact (n=17); family contact (n=15) and contact with friends (n=12). The qualitative responses demonstrated the gap this had left in their lives, a gap that often left people feeling very isolated; a small selection of the many quotes is below:

"...my elderly Mum. Over this period the isolation has impacted on her mental capacity" (P.9)

"...the social isolation is the hardest part, especially at night" (P.149)

"I am retired and all the social things in my life are suspended, so I feel lonely and abandoned" P.135)

"I really miss taking a bus or train into the countryside and then going for a 6-mile walk, followed by eating out somewhere. I miss meeting my colleagues in the office where I do some voluntary work" (P.179)

"Weariness of the limiting circumstances we are living with and missing social contact" (P.60)

"I'm getting frustrated at not getting out" (P.138)

"I am missing things such as socialising in pubs" (P.268)

"I'm really missing seeing people face to face" (P.295)

"My daughter lives down south so I miss seeing her and my granddaughters" (P.49)

"...miss our grandchildren very much" (P.138)

"I really miss seeing my grandchildren and my youngest daughter who is going through a marriage break up" (P.220)

"Just missing being with my family" (P.292)

"I have missed the support and comfort of my family after my bereavement" (P.378)

"...but I do miss [not] being able to visit my Mum who has advanced Alzheimer's and is in care" (P.379)

"I miss seeing my friends and being able to join in my usual activities" (P.161)

"I would normally see friends, usually one-to-one, two or three times a week and meet up with my daughter once every 2 or 3 weeks for a meal out" (P.176)

"Not able to meet friends which affects my mood" (P.10)

"I miss socialising with friends" (P.109)

"I do feel lonely as my husband does not communicate well because of his mental health issues and speech problems due to Parkinsons. I normally see my friends frequently" (P.116)

"...totally isolated from family and friends" (P.133)

"It's hard not to see friends, especially those I'm a bit worried about" (P.236)

"...missing my friends. Sad to have lost all those things I carefully put into place to carry me through living alone" (P.253)

"Not seeing friends esp. vulnerable friends and relatives who are isolating" (P.284)

"Just missing being with my family and friends" (P.292)

"I have been unable to meet with friends and family so I have been socially isolated" (P.303)

"No visitors in 3 months" (P.380)

"It was and is frustrating to feel a loss of independence and freedom to go out and meet friends and family and enjoy the arts" (P.388)

"Unable to meet friends, which leads to loneliness" (P.394)

Notwithstanding, 23 of the 53 retired respondents reported utilising digital media and the telephone in order to keep their social lives going:

"I'm a church member and our services are now streamed on You Tube and we have Zoom coffee mornings once a week which is now my main form of social contact outside our household" (P.395)

"More alone than ever, [stopped going to pubs years ago], but really appreciate my small number of friends thanks to Facebook & the phone. I always seem busy- trying to share old & new stories" (P.226)

"Face Time friends on a daily basis" (P.253)

"Keeping in touch with family and friends with Zoom quiz nights" (P.120)

"I have been 'zooming' with family & friends" (P.233)

"Did some Zooms before - now it seems every day has a Zoom for one or other thing I'm involved with or with friends" (P.236)

"Use of video apps such as Zoom, Whatsapp, etc have become part of our daily social life" (P.417)

"I have coped very well with not going out and have seen a lot of friends, family here and abroad on zoom !!" (P.421)

"Though miss visiting grandchildren, and other friends and relatives, have good online contact" (P.102)

Although video-conferencing did not compensate for lack of contact for all respondents:

"deaf and use of skype etc is problematic even with subtitles and live captioning" (P.63)

"I miss socialising with friends. Personally I don't think that Zoom meetings or other online things are a substitute for real human contact" (P.109)

Experiencing a lack of motivation was also a frequently mentioned negative impact (n=23):

"Notice motivation for fitness training has declined over the months, now find it hard to be motivated to ride or attend online gym classes" (P.385)

"It has been difficult to maintain my normally high levels of self-motivation" (P.427)

As was no longer being able to undertake hobbies, planned holidays and voluntary work, once more the qualitative comments reveal the negative consequences of the social restriction upon individual lives:

"Unable to start the extra walking and golfing I had in mind, retirement cruise had to be cancelled" (P.46)

"Our usual hobbies can't be done as they all would have us break the emergency proclamation of not going into public places. Definitely activity has dropped to zero" (P.182)

"I have previously been active in volunteer roles. social events and working parties. All these have been cancelled or are being actioned by web based virtual meetings" (P.189)

"Have had to cancel Easter holiday in Italy and two choirs with whom I sing are no longer running, though we meet socially via Zoom" (P.208)

"All hobbies are cancelled" (P.309)

"But I'm isolated. We're social beings. It's gone on too long" (P.310)

"Main effect has been on social activities (two choirs suspended) also voluntary work at a Job Club" (P.319)

"My social life and activities - yoga; jewellery making classes; socialising have all stopped" (P.402)

"Booked holidays had to be cancelled" (P.407)

"My church closed (still not re-opened) and I know from conversations that this has been a cause of great sadness among the congregation. Church attendance is partly about worship but fellowship is just as important" (P.429) "Volunteering activity has ceased. Music making in company has ceased. These have resulted in a loss of structure to the week and too much reduced social interaction" (P.427)

Moreover, the arrival of the pandemic led to increased stress levels for many retired respondents:

"I suffer with stress anxiety and depression most of the time but covid 19 has added to it in a major way" (P.78)

"Find I am using alcohol to reduce the stress in an evening" (P.149)

"Stress and anxiety for sure" (P.182)

"We are stressed. My wife is handling it much better than I am. I am progressively more depressed by the situation and the way govt and media are handling it" (P.225)

"Being socially isolated makes you feel very alone and does raise the general stress levels" (P.241)

"Increased stress, worry and anxiety" (P.264)

"I am a bit stressed about the family - my daughter and partner (who lives nearby) are not doing what they had hoped they would be doing because of Covid and I want them to be happier" (P.351)

In contrast, other respondents said they had become more accepting of the situation and had adapted to the new way of life:

"Have accepted the situation so no stress. Only worry is "will the village shop keep delivering my food" (P.24)

"Initially it was difficult to accept what was going on and I spent time worrying about the future of the country. Now we have all settled into a new way of life" (P.217)

"Have accepted need to isolate" (P.240)

"At first there was stress, coping with situation but now surprised at how quickly I have adapted to these strange new circumstances" (P.86)

"When the lockdown began I became quite depressed because I couldn't see when it would end. By now however, I have adjusted to a very inactive, lazy routine. The lockdown is frustrating but I'm not really aware of stress; my whole life is on hold and it's such a waste of precious time" (P.106)

"Disappointed and disorientated at first but have adjusted to changed roles and responsibilities" (P.208)

"Felt more anxious at the beginning mainly about lack of income, not knowing if we would have to sell our home. I then moved into a more settled, happier place, enjoying each day as it comes" (P.387)

Moreover, respondents to the research were asked to talk about their support needs; notwithstanding the need for assistance with shopping (n=10), the vast majority said they had no

support needs with several stating they were adequately supported by family and friends. In addition, many felt there were others in more need of support than themselves or that they should be the ones giving support. The weight of this response is possibly due to the nature of the sample which was, in general, relatively comfortable (older, financially secure and living in their own houses with gardens). There were ample comments relating to self-sufficiency, and financial security with a notable altruism added to the mix, the following excerpts give a flavour of the wider response to this question:

"Hopefully, I will be able to help others" (P.24)

"As I have so much support, I don't need anything at the moment" (P.49)

"We are fine" (P.52)

"I cannot identify any particular support I would need" (P.55)

"I'm lucky and would hope to be able to help others. Don't need help for me" (P.102)

"No we are retired and have a good income so not affected that way" (P.107)

"I have a good support system in place. We are a close family and aren't afraid to talk to each other" (P.138)

"None [support] as self-sufficient" (P.139)

"Provided my pension provider remains solvent, I don't think I shall need any particular help" (P.179)

"I do not need any specific support from outside agencies for myself, I think there will be many more deserving people, particularly for health support and mental health support" (P.191)

"Fortunately, we are ok financially" (P.193)

"As long as the state pension isn't reduced afterwards, we should be fine. I have experienced many hard times in the past and know how to manage most things" (P.220)

"I have always been self-reliant" (P.221)

"I'm in a good situation; small but guaranteed income, lots of control over personal space indoors & out, so I don't think I'll need support" (P.233)

"I have good friends and G.P. I think I will be o.k. If not I know what to do" (P.283)

"Just the family around me and continued support from neighbours" (P.285)

"I am fortunate to have sufficient resources to recover although I think my finances will be very different in the medium and longer term than I previously hoped. I am older and so can scale down my spending" (P.351)

"Overall I feel we are in a good position and don't envisage a need for support" (P.385)

"As my husband is retired and has a secure pension, the financial effects have not been noticeable for us" (P.429)

In the narratives above we see self-sufficiency and independence but also a level of reliance on family, friends and community, however we cannot know from these statements whether this

reliance was burdensome for the family and friends or not. In contrast, the burden of caring for relatives was apparent in 74 narratives:

"...relative is caring for her husband who has dementia and has lost all the usual support (day centre, visiting respite care etc)" (P.203)

"I'm an unpaid carer for various members of my family with both physical & mental issues. This puts additional strain on me especially at the moment" (P.270)

"As prime carers for my 86 yr old mum, this has impacted on her life (she lives alone) & ours enormously" (HWP.85)

"I struggle any way with fibromyalgia and COPD and it's made it worse having mam here" (HWP.43)

Nevertheless, many in this cohort of retired respondents were highly critical of the government's handling of the pandemic, the predominant feeling was that the government had been too slow to act:

"The government could have been better prepared as they knew it would reach us so were a bit slow off the mark with TV advertising etc" (P.53)

"The political leaders responded too slowly to the impending crisis because regular and widespread testing would have suppressed the viral spread and made life easier" (P.106)

"Government had similar issues with failing to supply personal protection to troops in Afghanistan war. Denial & slow response" (P.139)

"It seems that PPE and testing are the things that could really help and which the UK has been slow to get up and running" (P.176)

"It's becoming apparent that the government were too slow to prepare eg ignored the warnings coming from scientists in China before Christmas, being slow to lockdown resulting in the UK being one of the worst affected countries in Europe" (P.233)

"The government was ill-prepared and slow to act" (P.275)

"The government was too slow and too complacent to act" (P.283)

"Appalling English / UK political leadership. Too slow and too vague" (P.380)

In addition, respondents highlighted a need to readjust society's priorities:

"We also need to look after our planet more and this must become a priority" (P.65)

"People have been given the opportunity to recognise what actually is important in life" (P.116)

"The NHS and social care sectors have been neglected, underfunded and undervalued. I hope that we will be more aware of how important they are and be willing to syphon more of our wealth in that direction instead of buying lots of things we don't really need" (P.176)

"Material things are not important, family & friends are, I hope that the kindness of others continues & the majority don't go back to their selfish ways" (P.223)

"I'm going to make changes when all this pandemic pandemonium is over" (P.233)

*“...low-paid 'menial' workers are more important than hedge-fund gamblers in Dockland”
(P.266)*

“One lesson we must learn from this is for our country to become more independent in manufacturing so that we do not have to rely on others for important items” (P.309)

Summary and Recommendations

The respondents to the UoC survey were largely older adults without financial difficulties. As such, this information about the impact of the pandemic on older adults is not representative of all older adults. Despite this, the negative impacts are evident: loss of contact with people, loss of meaningful activities, increased stress. Although many respondents had adapted to the changes and adopted new technologies, these had not mitigated all the negative impacts of the pandemic and its control measures. The experiences of older adults who are disadvantaged rurally, socially, financially is not understood. From this skewed snapshot we recommend:

- Financial support for community hubs that can address the practical and social issues facing older adults, particularly in remote areas
- An equitable digital infrastructure and digital skills for older adults – either for them to use in their own home, or a mobile ‘net-bus’ that comes to a village weekly, or a digi-coach who visits a person’s home to connect them
- Increased online support for older adults comprising a range of activities people can participate in, networks to join, and signposting to other services
- Support and encouragement to stay active, to move, as confidence and ability may have significantly decreased for people who have remained in their homes for significant periods of time
- Further join up of health and social care provision for older adults.

In addition, the burden of caring for parents and community members has been high. A range of measures could be developed to mitigate the emotional burden of this for future pandemics. This could take the form of:

- Online resources to support people with additional caring responsibilities
- Talking support / supervision / counselling online for carers
- Networks of carers established locally so people can connect and peer support.

Decreased Employment and Financial Hardship

Findings

Covid-19 and the associated control measures impacted significantly on the employment status and financial security of many informants. A total of 121 people reported being newly unemployed and a further 48 had a partner who became unemployed. In addition, 49 people stated they were furloughed, and 40 people had partners who were furloughed. Furthermore, 156 people stated they had less money during Covid-19 than before it. There was also a range of work concerns; whether it was safe to return to work (n=26); job security (n=48); job precarity (e.g. on zero hour contracts) (n=22); or not being able to return to work due to health status or travel restrictions (n=2).

Unemployment resulted from having been made redundant during the pandemic, or because new job opportunities were rescinded, others were 'workless' due to the businesses they worked in being forced to close due to Covid-19:

"Lost my job because of coronavirus which means no income" (P.339)

"My husband was due to start a new job 1st April, which is now no longer available. He had resigned from his previous job" (P.164)

"Business closed so have no income" (HWP.104)

"My salon closing so no I've no income coming in" (HWP.279)

For those being furloughed the experiences were complex and stressful; furlough brought great uncertainty for the individuals involved and was a cause of increased stress and worry due to fears there would not be jobs to return to:

"I am furloughed till the end of August but have recently been told that there won't be any work for me after that" (P.398)

"I had two main jobs before this started, both in gardening at venues open to the public. At one I am a member of staff and so have been furloughed, however my job is not guaranteed when this is over so that is a worry. The other job I do on a self-employed basis and although the garden is open again I have not been asked to return and neither has my similarly self-employed colleague so I am quite worried about that one too" (P.376)

"I started a new full-time job on March 9th so am not eligible for furlough pay for that. They have kept me on the books though so technically I am still employed although I am on unpaid leave officially" (P.277)

"We have a mortgage holiday which is helping as my wife is on reduced wage (furlough) but when the mortgage holiday ends we both may still not have our previous income restored. We may not even have jobs" (P.277)

For some furloughed people there were tensions apparent between the need to work and the need to stay safe due to one's health concerns or those of family members:

"I'm supposed to stay in isolation due to my COPD but have to work to pay my bills" (P.221)

"I am a bit nervous about my furlough ending soon, and having to find some other form of income without putting my father at risk of infection" (P.420)

"I am worried about how our family will deal with schools reopening - will I have to live apart from the family again while they resume normal life, or do we carry on being isolated? What will it be like to be away from the family indefinitely? But what would be the social consequences for the children if they don't go back to school? (P.178)

"I know if I get covid 19 my lungs would not cope! That's why I don't want schools to go back until there is no risk and I also don't want to bring it back to my husband" (P. 213)

Moreover, concerns about the future security of jobs was not limited to those furloughed however:

"Work has been slow and I am starting to worry about my job security and money" (P.165)

"I worry about how the charity I work for will have been impacted financially and whether I will still have a job later in the year" (P.201)

24 people stated they were self-employed; nine of these had less work and income as a result of the pandemic. Two people mentioned trying to access relief from the Government, one was not eligible due to not being self-employed long enough; they were also not entitled to Universal Credit due to their partner's earnings.

"Partner hasn't benefited much at all from the financial support from the government due to being self-employed for less than three years. His claim for universal credit was rejected due to my income, even though we keep our money separate, massively flawed system there" (P.3)

"He is self-employed and unable to work. His accountant is currently working on his behalf to access the government's relief fund for self-employed which is set at 80% of average income over previous 3 years. He is yet to hear how much he will receive and when payments will begin" (P.115)

Occasional mention was made to accessing help for loss of income, but no one stated explicitly they had received financial assistance. It may be that our respondents remained above the household income threshold to access state benefits such as Universal Credit – as with the self-employed person above. For instance, in some two earner households, one partner's employment had been impacted; this left the household relying on one income which, inevitably, caused financial strain:

"My husband has a 20% pay cut and is working very hard to cover work from people who are furloughed, which is hard to swallow" (P.406)

"Husband furloughed and job at risk, this has put strain on our finances and his mental wellbeing" (P.154)

"My partner has just been made redundant from his labouring job so we are trying to survive on my part-time wage" (P.5)

"loss of income (partner furloughed, much private work cancelled)" (HWP.97)

"Some financial stress due to loss of one important income...and need to keep paying all bills including those of my husband's business" (P.261)

Nonetheless, there also appeared to be poor understanding of what help might have been available:

"she has lost her part time job but isn't receiving any financial reimbursement as was on a zero hours contract" (HWP.356)

"You can't speak to anyone" (P.41)

"Financial - I don't seem to fit into any of the government categories" (P.41)

"...the other [son] in his rented flat is wondering if he can get his electricity and council tax paid when his work was laid off" (P.94)

The precarious work and financial situations people found themselves in prompted a range of worries. Financial worries were the most prevalent; some people expressed worry about being able to pay essential bills (n=45):

"Unfortunately, income needs to come from somewhere, therefore there is an increased anxiety due to the unseen threat of potentially not being able to pay for mortgage and bills" (P.118)

The impact of loss of income most directly impacted on people's ability to get food; 32 people stated they worried about accessing food due to financial constraints:

"We are worried that we won't have enough money if the lockdown continues for more than a couple more weeks. We have no savings & are using our credit card for food" (P.122)

"I am worried about having enough food" (P.201)

For some families the cost of food shopping had increased as children or parents were living with them again (n=3):

"Having four adults at home has led to an increase in time and money spent on shopping" (P.395)

"Financial support would be good as we have spent a lot of money on making sure we had plenty of food in for our daughter and have been unable to do the extra work that we would normally" (P.192)

Costs had also escalated for people who were shielding and had to pay for food delivery fees:

"Finding food deliveries are hard and expensive but so far we have managed" (HWP.28)

"...food is much more expensive than usual" (P.242)

Eight people mentioned rationing their food and money to try to make ends meet:

"Our biggest monthly bill is for food...we are trying to go food shopping as minimally as possible" (P.5)

"Have to 'ration' my food supplies" (HWP.297)

"I am also making the most of the food that I have and trying not to waste or throw out anything" (HWP.207)

In addition, 52 people expressed concerns about their longer-term investments, whether that was a pension or retirement fund (n=32), having to work longer than planned (n=2) or worrying about investments in the stock market (n=17);

"my husband's pension investment has plummeted" (P.193)

"I will need to support my young adult children more than expected to, both financially and personally maybe, and probable I will keep working longer than I planned" (P.363)

“The losses on the stock markets may mean we have lost much of what we saved and invested in order to pay for university for our children and for retirement” (P.96)

Alternatively, some respondents shared their views on the types of support that ought to be available to people in need; 56 people expressed a belief that the State should provide support for people’s basic needs through a revised welfare system. The idea of a universal basic income was supported:

“I believe the welfare system needs a huge reshuffle too and the possibility of a universal basic income, and that we stop almost criminalising benefit receivers now that we have experienced how easily situations can change and that we all might need to rely on this system at some point in our lives” (P.16)

“Universal Basic Income would have been simpler, cheaper, and more effective than the plethora of special support schemes that the government has produced” (P.179)

“We badly need a Universal Basic Income, which would address so many of the issues of people falling between stools in terms of financial support” (P.203)

“...critically the government should have supported a universal basic income which would have captured everyone as opposed to the mess of complex mechanisms which just haven’t delivered” (P.261)

“Universal Basic Income could be implemented immediately to save many lives. People at risk or with symptoms are still working because of financial need” (P.340)

“Reset needed of poverty. Every person in our country should have access to secure accommodation and food. Social care needs to be invested in” (P.380).

Future oriented concerns were also expressed, people were concerned for children and young peoples’ futures (n=11) and over the possibility of a recession (n=4):

“Fears for the young people whose opportunities in employment, and housing are of concern. many I fear will lose their jobs, and the chance of home ownership for young couples seems less” (HWP.438)

“I am worried about the financial implications in the aftermath of the pandemic and the effects of a huge recession” (P.16)

“I am worried about the politics, the way the pandemic is being handled in the UK, the effect on poverty, education, health inequalities - all over the long term. I am concerned that my kids will have fewer opportunities and larger tax burdens than my generation have had” (P.363)

“Anxious about the future and the long term effect this virus will have on us as society e.g. increased taxes, won’t be able to ever own my house, worried I won’t be able to get a job as a graduate and my studies are a waste of time” (P.265)

Summary and Recommendations

Employment and income are closely intertwined. For many people, changing work status changed their financial security. A clear feature of the employment landscape is the uncertainty and apparent 'unfairness' of various work situations. Key workers have no choice about going to work and are exposed to risk, furloughed staff may be at home but are also on reduced wages and high risk of redundancy, 'home workers' are at home, but perhaps working under greater strain than before with increased workloads and poor work life balance. None of these are fair in and of themselves and they seem comparatively inequitable.

The pandemic control measures increase the precarity of the employment landscape exponentially despite massive investment in job retention schemes by the government. Of prime importance therefore is effective test and trace and an effective vaccine in order to release us from control measures. Meantime clarity is the most significant factor. People want as much clarity and forewarning as possible of job support schemes throughout the pandemic.

With those in place an urgent review of the employment and welfare landscape should be conducted with reviews of:

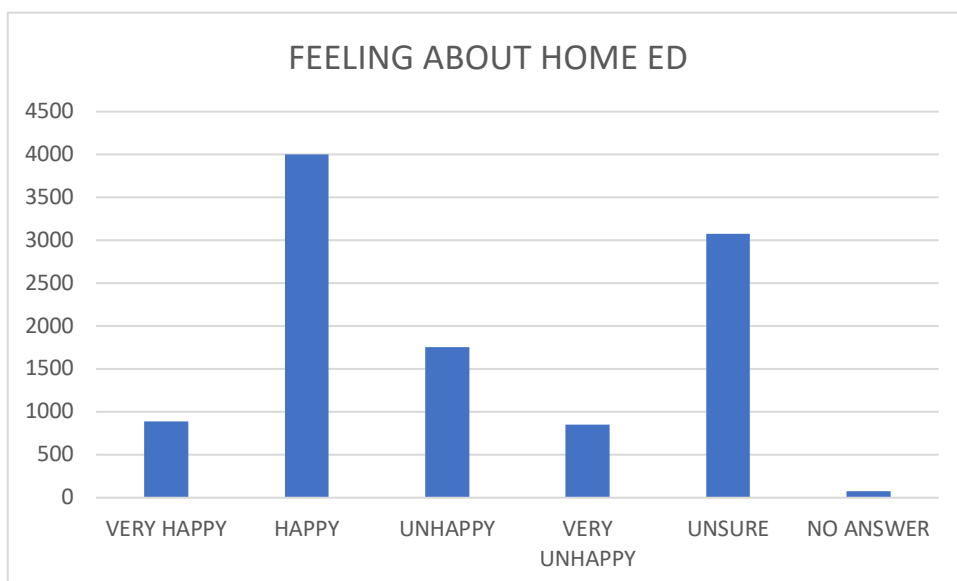
- Job creation schemes and entry routes in sectors needing staff (e.g. HSC)
- Living wage and contract law in order to reduce the number of people falling into absolute or relative poverty
- Universal credit and other benefits to ensure everyone can afford to live in a home of living standard, food and other essentials.
- Taxation policies – increasing taxes for individuals or companies with high incomes / profits could subsidise increases in welfare provision ensuring everyone is more equitable in the UK.

Educational Experiences

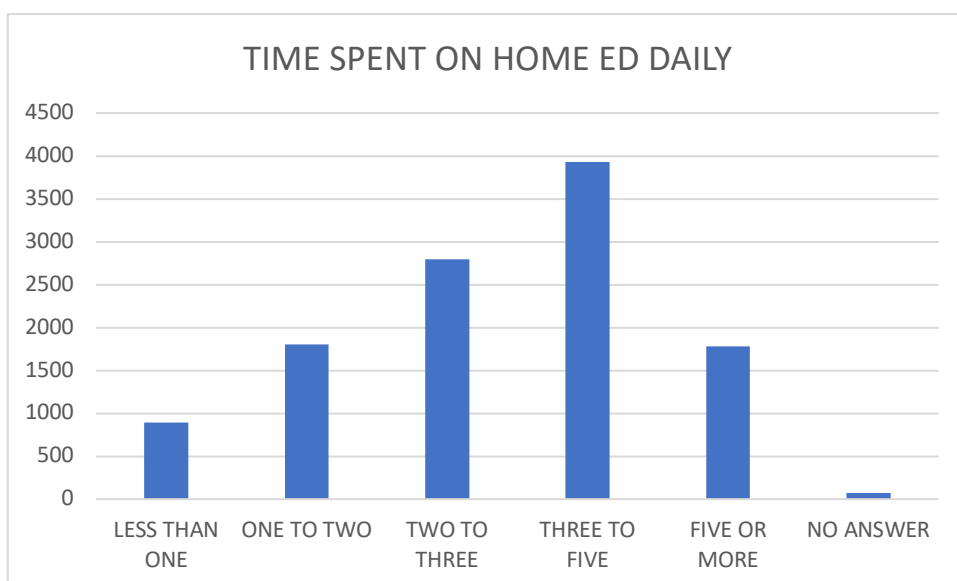
School Based Children 5-18

Findings

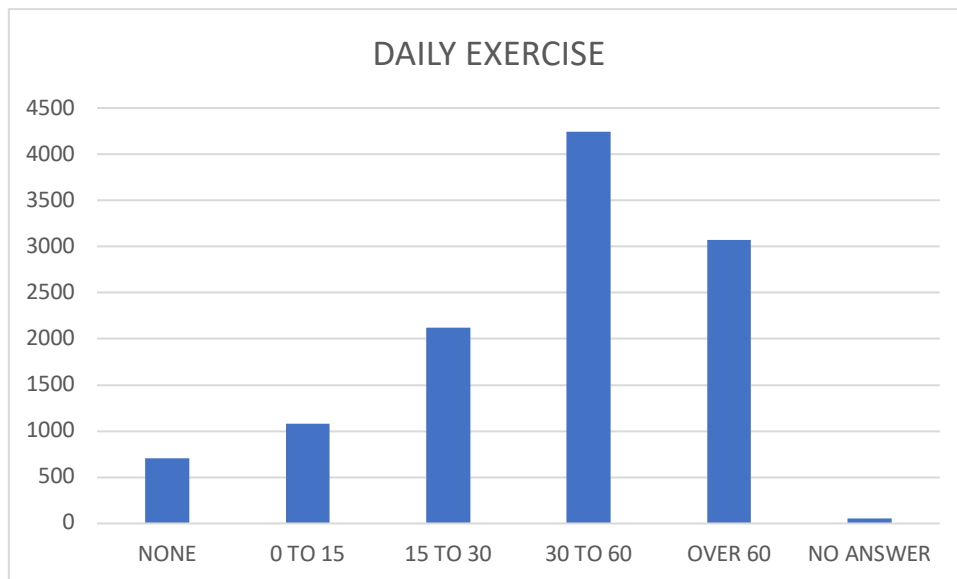
A survey by a partner Edukit was completed in May by 11,275 school pupils aged 5 to 18 years of age. Most respondents were 13 to 16 years of age. This survey showed there were mixed feelings towards doing schoolwork from home, the largest proportion were positive, 35% indicated that they were happy and 8% were very happy. Alternatively, almost a quarter were either unhappy (16%) or very unhappy (8%) and around one third (33%) were unsure how they felt.



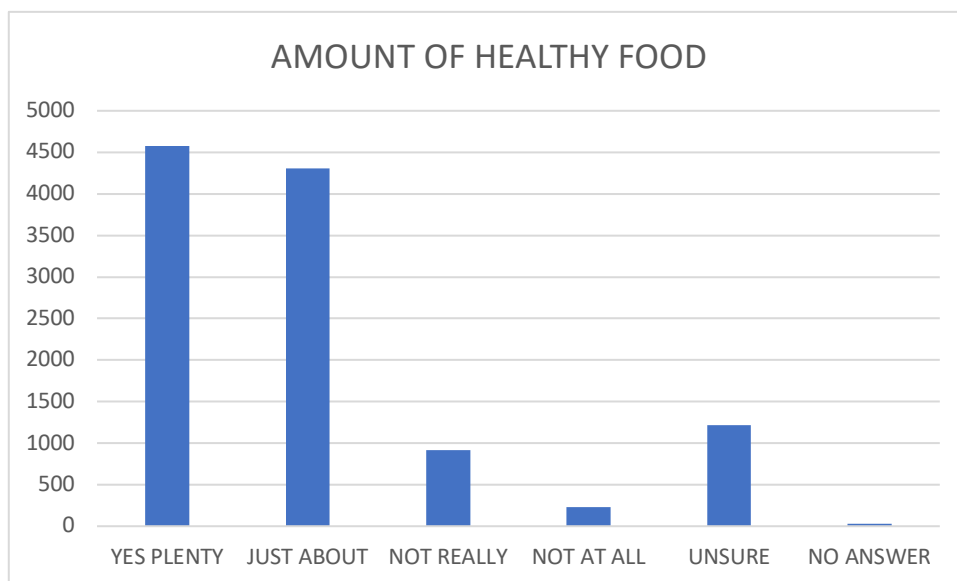
The amount of time children spent on home education varied considerably from less than one hour per day to over five hours. The largest proportion (35% n=3929) spent 3-5 hours a day studying at home, however, just under a quarter (24% n=2696) spent two hours or less a day.



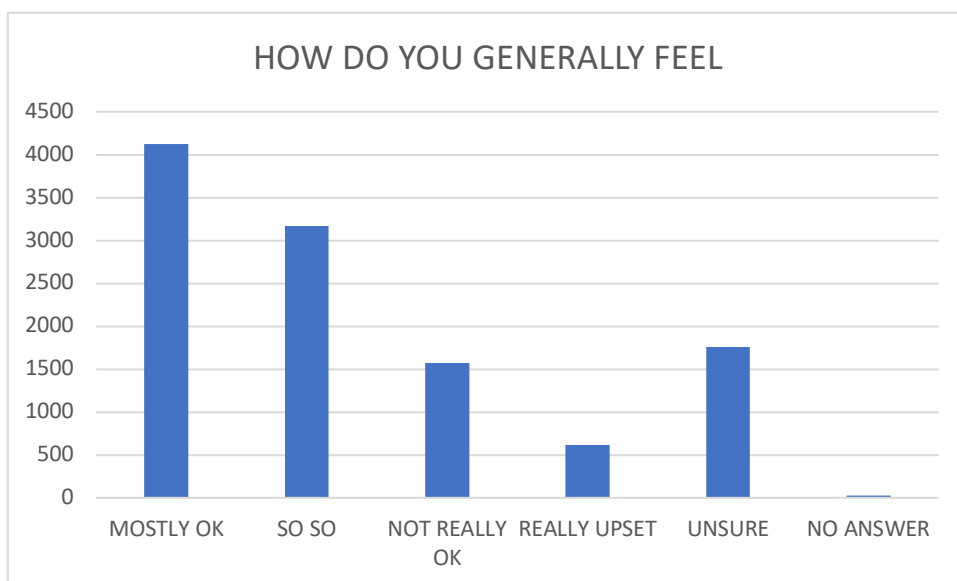
The young people reported a range of time spent exercising; the greatest proportion exercised for 30 to 60 minutes a day (38% n=4242) but around a third exercised for 30 minutes or less (15-30 minutes 19% n=2122; 0-15 minutes 10% n=1084; no exercise 6% n=703).



Most young people felt they had the right food to eat, although one in ten respondents did not (not really n=918, 8%; not at all n=231, 2%):



A range of emotional responses to the situation were reported, with some young people feeling okay and others not. Most of the children and young people (68%) in the survey reported experiencing boredom ('bored very often' n=3453, 31%; 'bored a bit' n=4222, 37%) and over a third reported feeling lonely ('a bit' n=2742, 24%; 'very often' n=1498, 13%); although most did not experience excessive loneliness (not much loneliness n=2813, 25%; very little loneliness n=3300, 29%). In terms of general wellbeing the largest proportion felt 'mostly okay' (n=4126, 37%) or 'so-so' (n=3165, 28%), but almost a fifth were coping less well; reporting that they were 'not really okay' (n=1571, 14%) or 'really upset' (n=316, 5%), as shown in the chart below:



Data from the UoC and Healthwatch surveys contain reports of educational experiences from parents and carers as well as from young people directly. Within this data there were 61 references to home schooling being difficult and 57 references to home schooling impacting on parents' employment.

Parents reported struggling to balance the requirements placed on them by the Covid-19 control measures such as: home schooling, employment (also from home) and, sometimes, their caring responsibilities for other family members:

"Working from home and home schooling is a huge challenge" (P. 219)

"I work full time ... as does husband. We have to contend with a high workload alongside home schooling. It's hard" (P.362)

"My daughter is being home schooled predominantly by myself as I have more flexibility in my role. This has lead me to feeling anxious that I cannot fulfil my work role 100% due to home schooling and not being able to do certain aspects of my job" (P. 327)

"It's made it difficult as I'm now home schooling my children, my husband is working from home and going outside is limited" (HWP.247)

"Kids not in school, I am working from home, both of us adults are full time, so it is very intense trying to juggle work and childcare. My workload has increased significantly" (P. 405)

"I am a university student in my second year of my degree ... I have 2 young children needing education, we have 1 laptop that I purchased for uni, both children have set online work so I can't find time for my work until they're in bed. I'm exhausted and struggling, the children are my priority so feel I will be submitting work I could have done a lot better" (P.90)

"I am feeling the stress and strain of juggling home school and clients along with not being able to see my family who are in the at risk category" (HWP.299)

Caring for pre-school children was also impacted by Covid-19 and caused similar stresses for parents:

"We have struggled with child care as we can no longer rely on grandparents" (P.370)

“Stress has definitely increased. Trying to keep 2 toddlers occupied in the home environment for now the 5th week, without any family support, whilst trying to juggle work is a challenge” (P. 160)

For lone parents, and parents of children with additional needs, it was a particularly challenging time that was both exhausting and isolating; a situation further exacerbated by the withdrawal of other support services:

“Keyworker; part in hospital & part home; juggling school & home school; hard not seeing family or boyfriend. Hard coping with emotions/anxiety of children & own. Lots to juggle & more as single parent” (P.413)

“Having to both work from home and take on board the impossibility of juggling a child with additional needs plus other child to undertake elder child’s secondary education. Mentally depleted and emotionally drained. This is due to the vulnerability of our situation with our child who struggles and not linked to Covid 19. However school has not been interested in supporting us. Our external support has mainly ceases due to social distance and therapy ceased. As parents we feel extremely alone. Self-care is vital with our child but it is impossible to maintain” (P.159)

“As a single, disabled parent of school age children, I have been incredibly isolated and separated from any support structure. I don’t work, and have been home schooling two children full time by myself. I have also been caring for my two elderly parents (age 77 and 83) who have been sheltering ... It has been so difficult, without a moment to myself, and helping the children to cope with a huge change in their day to day lives” (P.416)

“Being forced to work while caring for a disabled child is impossible and I feel it's child abuse to expect me to put my child in front of a screen for 7 hours a day so I can work from home [...] When you have a child with profound mental health needs, in the middle of a pandemic, it is just disgusting for an employer to expect you to carry on as if normal. I want better understanding for the challenges that lone parents and disabled children are facing during this type of crisis” (P.30)

“All services to support disabled son have been shut down” (HWP.226)

Young people found studying at home difficult without the usual structure, support and resources of school, especially where resources such as study space, PCs and laptops needed to be shared with other family members:

“...they have found it a struggle keeping up with all school/university work without facilities and support from teachers/peers” (P.381)

“The boys share a room and we have only one laptop (belonging to the 14 year old) that has the spec to be used for Zoom school lessons, Zoom music lessons (for all 3 children) and my remote learning for work. We have had also had to juggle rooms for this” (P.411)

Children and young people were reported to be missing school (n=24); this caused some distress for the young people and parental concern for their emotional wellbeing. Nonetheless, parents reported strategies they employed to compensate for this loss, such as ‘virtual play dates’:

“The middle daughter, who is 16, has suffered the most. ... This was her GCSE year, she can’t do exams, she can have a leavers party, her prom won’t be happening and she hasn’t said goodbye to her friends, who she is missing” (HWP.167)

"My children are distressed to be unable to see their friends, family and go to the park. My son misses school" (HWP.310)

"...is hard for her being a single child and having no child contact. This has been tough for her and the first time she had questioned being an only child. She has however appeared generally happy and loved having more daily contact with her parents it seems. (P.164)

"Our children miss their friends but we've done some virtual play-dates. Children's birthdays are hard as it is difficult to celebrate these in the normal way" (P.178)

There were 22 references to education being put on hold with parents being largely concerned about enabling children and young people to get back into school safely to continue their formal education and social development, regardless of age. One young person shared their anxiety over applying for university: *"My uni application was supposed to start after Easter and now what? I'm so confused, upset, stressed" (HWP. 291)*. A further 22 parents expressed their concern at the long-term impact of disrupted education on their children:

"Children's education is impacted upon and too late to catch up on the gap" (HWP.69)

"Stress and anxiety is increased significantly and I worry about the long term impact of loss of education" (P.305)

"The impact on education is the most significant issue for our family and I am really concerned about the longer term impact particularly on my 15 year old who is preparing for his GCSE's"(P.304)

"All my children were due to sit exams this year (GCSEs and A Levels) so their online learning experience has been different to those not due to sit exams. As a family we've needed to revise their future plans allowing for more uncertainty" (P.273)

"Information from 6th forms regarding conditional offers of places, no exams now, what and how are grades going to be given and the effect in conditional offers" (HWP.219)

Sudden changes to exams caused young people worry, especially when the grading system switched to teachers' predictions; linked to this were concerns about getting grades required to get into university: *"I have to depend on my teachers ranking me to get my final A level results to be able to get into uni" (P.74)*

Some children and young people were reported to have become withdrawn and to spend much time alone, inside. Consequently, parents (n=22) reported worrying about their children's emotional and physical wellbeing as they were no longer attending school:

"...helping the children to cope with a huge change in their day to day lives (loss of school, friends, clubs and activities)" (P.416)

"...supporting my children's physical and emotional needs, including night terrors and their own anxieties about the pandemic" (P.416)

"...concerned about the mental wellbeing of the children when they return" (P.8)

"My children are distressed to be unable to see their friends, family and go to the park. My son misses school" (HWP.211)

"...concerned for my son's welfare and disability and health" (HWP.228)

"I am worried about my teenagers socially, mentally and physically as they both spend 95% of their days housed up in their bedrooms" (P.28)

"They are going to bed later, getting up later and are doing zero exercise and not going outside. They talk to their friends online and play computer games on line with their friends" (P.19)

"...helping the children to cope with a huge change in their day to day lives (loss of school, friends, clubs and activities) ... supporting my children's physical and emotional needs, including night terrors and their own anxieties about the pandemic" (P.416)

Despite these concerns about missed education, others (n=13) were concerned that children and young people would be forced to go back to school too soon: *"Much of my worries comes from the unknown for schools. Social support will be needed for children - and society in general I feel" (P.245)*. Relatedly, eight people expressed frustration at the lack of clarity about when and how schools would re-open or how children and young people could access learning materials; two teachers expressed concern about the mental health of students trying to return to school:

"Learning may change too. I find that in 6th form so many young people have anxiety issues and cannot attend" (P.67)

"We have no idea how this will now work and it is worrying that young people will have been out of education and routine for so long when they return in September - will they be behind, will behaviours be more challenging, how will Ofsted reflect this etc" (HWP.330)

Two respondents, including p.67 above, highlighted the benefits of home schooling for some young people; they believed that online learning could be designed and improved upon for future use:

"The traditional way of attending school for learning may be seen as unsuitable for many and since teachers have been forced to find other ways to teach, some form of distance learning may be more incorporated in learning in the future" (P.67)

"Plan ahead and utilise existing staff knowledge in remote / online learning. Invest money in online learning platforms" (P.91)

Summary and Recommendations

We hope this is a one-off event which will not affect our schools for much longer, however, in case pandemics are a feature of future life, an educational pandemic strategy needs to be developed at a national, local and school based level. This should detail how schools will support pupils to be in school or educated remotely.

This simple statement belies a range of complexity in providing equitable support for children in a range of living situations. Some homes do not have enough space for home education, enough laptops, good enough broadband, any internet services, or even electricity for some homes in some rural locations. All this makes the simple shift to 'online' learning a significant challenge.

In order to support access to education we recommend:

- Development of an educational pandemic strategy that details, at a national, local and school based level, how schools will support pupils to be in school or educated remotely

- A review of digital connectivity and skills; homes with the least resources and skills will need to be offered more support by teachers and schools
- A review of examinations policy and contingency plans made for future disruption to learning. A wholesale return to teacher assessment may be required to mitigate against future issues
- Many schools widened their offer during the pandemic and provided food as well as educational provision for families. Whilst it is not the role of schools to provide food long term, the opening up of their boundaries to become a community resource is an attribute that should be retained after the pandemic
- The increase in poverty triggered by the pandemic has raised awareness of the issues of holiday hunger. This should be capitalised on and community hubs funded to step up services in the summer to not only provide food for children, but also positive activities and learning opportunities to further mitigate the inequitable impact of school closure on learning.

Post Eighteen Learning Experiences

Findings

Apprenticeships:

A survey of young people's views was conducted by Cumbria Future Leaders and Cumbria Local Enterprise Partnership People Education and Skills Strategy Group. This survey was conducted in April and May 2020 and had 667 responses from young people aged 15 to 24. Of these, 447 were hoping to gain an apprenticeship after school, 36 were seeking a higher education place and 114 were hoping to gain employment; 91% of the respondents said they were not changing their plans regardless of the pandemic. Despite this confidence, some of the comments indicated that Covid-19 was unsettling for them; causing some to rethink their options or question their choices:

"...made me think about if my current career actually makes a difference, I want to do something that is worthwhile" (LEP)

"I had planned to travel, but since that isn't possible at the moment I'm trying to find a job instead" (LEP)

"I am not sure if I will have a job at the end of my apprenticeship, due to financial issues with my company" (LEP)

"COVID-19 has caused me to rethink my next steps in my career as its shown that life is too short and I should follow my dream" (LEP)

"It has just led to a lot of over thinking, as there aren't many things to do, I'm often left alone with my mind" (LEP).

When invited to identify their biggest concerns from Covid-19, the most frequent response was work; mentioned by 156 young people (23%). This included worries about remaining in work, finding work, or changes to planned careers. Worries about the security of apprenticeships were expressed by 75 young people (11%).

156 young people in the LEP survey stated they wanted clearer information and guidance about apprenticeships, university courses and employment:

"I think more information about plans for the future, particularly in the Autumn. It's quite scary not knowing what's going to happen in terms of University" (LEP)

"...guidance and support in the next steps of my apprenticeship during covid-19" (LEP)

"More guidance on end point assessment" (LEP)

Universities:

The narrative research and Healthwatch data contained 71 respondents who mentioned they were studying at university. The most commonly mentioned impact of Covid-19 was courses moving

online; many were dissatisfied with this and for a range of reasons. For some, sharing home space and resources with other family members put university course work at risk:

"I have 2 young children needing education, we have 1 laptop that I purchased for uni, both children have set online work so I can't find time for my work until they're in bed" (P.90)

"...extremely difficult finishing my degree in these conditions as there was always at least 3-4 people trying to work or stay occupied in my fairly small house" (P.343).

"I am working from home, trying to complete my PhD. I don't have any office space at home so this is challenging" (P.337).

For others, the change to remote working meant they could not complete placement activities in a range of subjects which could potentially have prevented them from progressing to the next year or graduating:

"My university teaching course got moved online and schools closed so I could not complete my final school placement" (P.335).

A total of 38 people said they were struggling to do university work. The reasons for this varied including the practical barriers stated above, as well as lacking concentration or motivation due to the mental strain of Covid-19;

"I'm used to seeing few people weekly but without these highlights of conferences or writing groups, it's hard to feel like my research is still 'real' or even matters in the current climate" (P.43)

"I was due to submit my PhD and I am now really struggling to concentrate on it in an evening. Some days I feel like giving up!" (P.216)

As well as struggling to complete work, 21 university students commented on how much they were missing being with their peers:

"My main hobbies are normally the sorts of things associated with university life - playing netball, getting involved in college events, seeing friends" (P.343)

"[I miss] not being able to go into uni because this is one place I see and communicate with most people" (HWP.966)

"University has closed and I miss my family and friends" (HWP.312)

"Can't see my boyfriend. Spend normally every day with him and can't now. Ruined uni social life" (HWP.9)

Some PhD students found they were unable to continue with their data collection due to Covid-19 control measures, and 15 students said they had extensions to assessment timelines. For nine students, the disruption had made their future at university uncertain, for example:

"I have found it very difficult to pick up a summer job which I would usually have relied on to fund living expenses at University as the hospitality sector is not hiring currently" (P.346)

Summary and Recommendations

The disruption caused by the Covid-19 control measures has impacted on post-school learners in practical ways; this caused mental strain which then affected levels of concentration and motivation. Further, the pandemic raised concern over future employment opportunities and prompted some to re-examine career choices. Career advice and guidance will be needed now more than ever with such disruption to the labour market and career trajectories. We recommend:

- Enhanced careers advice and guidance which is linked to the review of the employment landscape recommended earlier
- New entry routes into different employment sectors should be planned and provided with credit accumulated through wider life experience, and more diverse learning opportunities provided
- The funding of further and higher education needs to be reviewed in the light of many students not being able to find employment after graduation. This is likely to deter young people from accumulating a significant student debt, particularly if learning is increasingly online and campus life restricted
- A wider range of funded or subsidised online learning packages should be made available to enable people generally to continue lifelong learning and specifically to enable unemployed people to retrain flexibly and at low / no cost. This will be reliant on a secure digital infrastructure mentioned throughout this report.

Volunteers

Findings

A total of 117 people referenced active volunteering. This included 59 people who mentioned volunteering generically and 30 who specifically volunteered for the NHS; such voluntary work was clearly beneficial to the volunteers and there included 97 references to volunteering as a hobby:

"I am also a member of several organisations and enjoy volunteering" (P.161)

"I don't enjoy my work at the moment so being on furlough is a blessing and allowing me the time to do volunteer work that I enjoy more" (P.158)

"It's also moving that thousands of workers are willing to come back from NHS retirement to help out, and that we've had half a million volunteers. I feel really honoured to be a part of it all" (P.156)

"Hobbies include gardening, volunteering in Oxfam bookshop, piano, grandchildren" (P.423)

"I'm a volunteer coach at my local athletics club" (P.105)

There were 18 people who volunteered specifically in Covid-19 related projects and 15 mentioned accessing information on how to volunteer; this indicates there is a wider appetite to volunteer:

"I've also volunteered to help the local Covid help group dealing with their Facebook account putting up content and referring messages for help to the right people who can go out (as we are shielded) to give aid to those in need" (P.129)

"I volunteer to Check in and Chat to people who are incapable of coping in isolation" (HWP.43)

"Applying for be a phone /online volunteer" (HWP.50)

"I have applied to do some volunteering in relation to a Covid 19 needs" (P.121)

Nonetheless, three people expressed disappointment that their offers to volunteer had not come to much: *"volunteered for the pandemic period in my local area but not had much to do for people" (P.108)*

One person wanted to volunteer but was too frightened to because of the risk of taking the virus home to family members:

"I'm a teaching assistant who doesn't want to volunteer because I fear I wouldn't survive covid19 being asthmatic and I don't want to bring it home to my husband who definitely wouldn't survive it" (P.213)

And another felt pressured to volunteer: *"I feel under pressure to volunteer to do more but know that I feel under enough pressure already" (HWP.177)*

Alternatively, 29 people had to stop volunteering because of organisations restricting their activities due to Covid-19; this had negative impacts for some:

“Feeling very isolated with social distancing etc as I usually volunteer a lot” (P.37)

“I am a volunteer trustee of the charity Beat SCAD and that work continues although most of our education/awareness activities have stopped because we can't visit hospitals” (P.107)

“Not being able to volunteer where I normally go every week” (HWP.136)

A total of 23 general comments were made about volunteering: 11 people thought that volunteers should be supported to continue their work; ten people thought that paying people to volunteer would be an appropriate measure; one person thought that offering people time off work to volunteer would also be very helpful: *“I think all private sector companies (who employ over say 100 people) should give their employees 1 or 2 days paid leave a year for volunteering” (P.19)*. Another believed a register of volunteers to be a good idea, this could be used to mobilise volunteering quickly: *“We need a plan for volunteers, a bank of them to call on who have already been through whatever checks are needed” (P.165)*

Moreover, noticing the altruism of people volunteering was one of the positive aspects of the lockdown for some people:

“The community spirit has been a return to human values. Ours set up a volunteer network to support those who needed help” (P.407).

“Lots of people have been volunteering. It would be good if this continued” (P.161)

Summary and Recommendations

Volunteers are a vital resource, particularly in a time when resources are so stretched. Effective test and trace and vaccination are of great importance in enabling volunteers to return to work.

Review is also perhaps needed of volunteering policies. If the volunteers are prepared to work as key workers, then their work may be able to continue. Curtailing all volunteer activity may not have been necessary.

Positive Experiences

In relation to the impacts of Covid-19 control measures many have commented that 'We are all in the same storm, but we are not all in the same boat'; this is a situation that was very apparent in our data. As highlighted in the introduction, in the UoC survey the sample was skewed towards an older demographic of people with relatively high socioeconomic status in terms of financial security and living conditions. As such, many respondents were not as severely impacted as others in less fortunate circumstances have been. Indeed, just under half of this sample (n=218) said they did not have any support needs, reasons given for this were a combination of financial and housing security together with having supportive families, friends, colleagues and communities.

Furthermore, those in more fortunate circumstances identified many positives to have resulted from the control measures. Having easy access to the outdoors was cited and valued by 99 respondents:

"I know how lucky I am to have lots of safe outdoor space around me to keep my mental and physical health in check" (P.97)

"Living in the countryside has been an enormous help and also a great privilege during this pandemic" (P.376)

For 87 respondents, lockdown had created space to spend quality time with partners and family:

"We need to remember some of the things that have happened as part of this, the precious time we have had with our loved ones e.g. children" (P.154)

"The pandemic has allowed us more time together" (P.379).

Moreover, 58 respondents mentioned being happier or having an improved quality of life, for example:

"Living a much simpler life which I'm really liking" (P.10)

"I feel happier. I love that there's not so many people around. I love that there's very little traffic. On a grander scale, I love the idea that nature may be getting on with itself" (P.247)

Also beneficial was having purposeful activities to do such as *"Hobbies - gardening/ reading/ Zooming"* (P.386), which was identified by 97 people. And many were able to use *"social media to mitigate some of those negative impacts"* (P.235); there were 169 references to connecting with family, friends and/or social groups via the internet.

Conclusions and Recommendations

These deep dives show there are many different and common experiences of Covid-19 and its control measures. There is commonality in increased physical and mental health issues, and social issues. The distribution, frequency and severity of these issues varies, however, by life circumstances. For some people, a range of personal characteristics and life circumstances overlap or intersect, further intensifying the impact of Covid-19.

For example, the words used by those caring for family members with health needs during this crisis are illuminating; they speak of it being challenging, impossible, an additional strain. This is a role which is already complex and difficult; the impact of Covid-19 is magnified by the inter-related nature of many of its effects. Some people could rely on other carers, or other support systems which may have been in place; others could not. Inevitably, this increased the burden on the immediate family. In addition, lockdown restrictions and/or having to shield, may have limited activities outside of the house and may have amplified the difficulty of looking after others, especially small children. Any additional worries or concerns about the financial impact of Covid-19 would be an additional stressor. In this way we see the concatenation of individual stressors, all exacerbating each other. The responses to such issues must necessarily be as multifaceted as the issues themselves.

As such, an 'equal' response to recovery from the pandemic is insufficient. What is needed instead is an 'equitable' approach that provides the most resources to the people with the greatest need. This, more than ever before, is an era for renewed attention on social justice.

Our earlier reports and this report again, indicate the interlinked and dynamic nature of the impacts of Covid-19. Having health issues may predispose you to other social issues (e.g. loneliness) and additional mental stress. Mental health issues can increase the severity of physical ailments and issues. Loneliness impacts on both mental and physical health. Poverty erodes all forms of wellbeing. The list goes on. Now, more than ever before, we see the importance of treating people holistically with integrated needs served by an integrated system of care.

The social determinants of health movement have clearly documented the life course impact of on-going disadvantages. We know how much prolonged loneliness decreases longevity. We understand that people with lower incomes and standards of living live shorter and lower quality lives. This is also, therefore, a time for preventative work that gets 'upstream' of symptoms and tackles the root causes of intertwined issues.

The symptoms of this pandemic are multifarious and interconnected. There are those that affect people directly, through contraction of the virus. Secondary issues may persist for these people with on-going health and mental health issues now evidenced. Everyone is affected by the secondary impacts of the pandemic's control measures. Health, mental health and social outcomes are all poorer as a result of lockdowns. At the most immediate level, clinical care is needed to mitigate the effects of contracting Covid-19. After this an effective test and trace system is needed to enable people to function as safely as possible without lockdown. A rapid vaccination system is also required to further enable interaction. These alone, however, will not solve the inequity at the heart of Covid-19 outcomes. Redistribution of resources of all kinds, and perhaps even an ideological shift in our pay, taxation and welfare systems, is needed to counter the root causes of inequity.

People, families and communities have proven to be a great resource in this pandemic. They have looked after themselves and one another in new ways. We have perhaps seen a resurgence in community spirit and philanthropy – even if time rather than money is gifted to others. These community resources should be supported, equitably, with integrated hubs established nationally. More resources should be placed in the areas of greatest need, and people and resources available to support communities and all their residents to thrive. Decentralisation of services with central funding will be key to enabling communities to support themselves throughout whatever crisis society is next faced with.

ⁱ <https://www.ljmu.ac.uk/~media/phi-reports/2020-07-direct-and-indirect-impacts-of-covid19-on-health-and-wellbeing.pdf>