1000 Voices

Lancashire & Cumbria

LACVS
EMPOWERING COMMUNITIES

Voluntary Sector North West

Community CVS
Support Action Resource Volunteer
Connecting People, Growing Communities

LANCASHIRE BME NETWORK
Leading change through empowerment

BURNLEY PENDLE & ROSSENDALE
COUNCIL FOR VOLUNTARY SERVICE

Contents

Thank you

This report would not be possible without the hard work of the 1000 Voices partners across Lancashire and Cumbria:

Burney, Pendle & Rossendale CVS
Community CVS
Lancashire BME Network
Lancashire Association of Councils for Voluntary Service

Executive Summary

Background and introduction

This piece of research was undertaken during January - March 2022. It was commissioned by NHS England & Improvement North West Region (NHSE&I). It specifically sought responses to the COVID-19 outbreak from identified communities most impacted by the pandemic in Lancashire and Cumbria. These were:

- People from BAME communities
- People aged under 25 (originally those “Not in Employment, Education or Training” (NEET) but changed to reflect the impact of Kickstart during the period of the survey)
- People who are on the autistic spectrum or otherwise disabled.
- People living in rural areas.
- People living in deprived areas as measured by the Indices of Multiple Deprivation (IMD).

In total, 400 people were interviewed using a variety of methods including face to face interviews, telephone interviews, on-line video calls and in groups. The responses were collected by various VCFSE sector bodies across Lancashire and South Cumbria.

Key issues that emerged

1. Difficulties accessing GP and other health services, particularly face-to-face
2. The impacts of COVID-19 and national restrictions on mental health
3. Communication and accessibility difficulties for those with English as a second language and disabled communities.

The negative impact of the pandemic on mental health and wellbeing across all cohorts was the overall theme throughout the voices collected. This in particular is linked to people’s experiences of lockdown with being unable to see family, go to work or access services. GP access was noted by many as being difficult and frustrating. We note the number of responses that specifically said that “nothing” was good during the pandemic peak crisis period, indicating a sense of hopelessness.

Whilst the majority of responses described the negative impacts of COVID-19, it wasn’t all negative news with appreciable number of positive responses. This included feeling closer to family for those that isolated together, working from home and praise of NHS frontline staff.

We offer a note of caution regarding future communications. Almost all of the responses which we have collated as “all should follow the rules” make specific comment on the actions of the Prime Minister. The number of Under 25’s that expressed the view that “lockdowns were pointless” together with, the number, from all cohorts, expressing the view that there should have been fewer outdoor restrictions, does point to a communications issue looming in the event of further mass compliance being needed. It will take considerable time before the anger of young people dissipates.

Recommendations

The recommendations are summarised below and are amplified on page 21 of the report:

- Further research into the impacts of difficulties accessing health services and measures to reduce inequalities in accessing these services
- Develop ways of ensuring communications are inclusive and wide-reaching
- Expand social prescribing services across the North West
- Consider more widely the impacts of family visiting restrictions
- Consider the wider impacts of closure of groups and service venues
- Encourage those in public leadership positions to consider, fully, long term impact of their personal actions during a period of crisis.
- Closer working with and investment into the VCFSE sector as a key partner in reducing inequalities

Introduction

In 2010, Professor Michael Marmot published "Fair Society, Healthy Lives". This report revealed that people with higher socioeconomic positions in society have a greater array of life chances and opportunities, as well as having better health overall. The report also evidenced that health inequalities closely linked to social inequalities faced by individuals and communities, and in order to address these inequalities there needs to be action across all of the social determinants of health.

Ten years after the release of the original report in 2020, "Health Equity in England: The Marmot Review 10 Years On" was published highlighting how health inequalities have actually widened since the publication of the original report, with people living in deprived areas spending more of their lives in poor health and with a shorter life expectancy than their wealthier counterparts.

Since then, the COVID-19 pandemic has exposed more than ever before the disparity of these health inequalities over the past 18 months. Public Health England's review of COVID-19 outcomes highlighted that the impact of the virus has replicated health inequalities and, in some cases, even increased these gaps. The review reported that the risk of dying with COVID-19 was higher amongst those living in more socioeconomically deprived areas, those in certain occupational groups and those from Black, Asian and Minority Ethnic communities. Recent research by the Resolution Foundation found that the youngest and eldest earners have been hit hardest by job losses and pay reductions with the number of people claiming Universal Credit having increased by 40% in only one month following the first national lockdown.

In response to the disproportionate impacts of COVID-19 and to address the widening inequalities gaps, NHS England & Improvement North West Region (NHSE&I) have launched the 1000 Voices Project, forming part of a wider programme of work. The aim of the project is to gather 1000 first-hand accounts from distinct cohorts drawn from across the North West, of the experience of the pandemic. The focus was on people from backgrounds and demographics most marginalised and exposed to impacts of COVID-19.

For Lancashire and Cumbria, 400 unique voices were collected for this project. Voices were collected during Jan/Feb 2022 with analysis and drafting taking place during March 2022.

The accountable lead was Lancashire Association of Councils for Voluntary Service (LACVS). Voluntary Sector North West (VSNW) have provided project support and have developed this report based upon the voices collected by our partner organisations across Lancashire and Cumbria.

Methodology

To collect the 400 voices across Lancashire and Cumbria, we worked with our collective networks and our placed-based voluntary sector infrastructure organisations across the region. Local voluntary, community, faith and social enterprise (VCFSE) organisations have a greater and unique understanding of communities due to their knowledge and reach into local groups, allowing us to achieve intimate access to communities most affected by COVID-19. A working group was set up to support collection of voices in each cohort.

Voices were collected from the following cohorts as identified by NHSE&I:

Our placed-based partners were key to achieving the collection of voices in these cohorts, given their closeness to groups already working with these cohorts and the trust those smaller groups have with these communities, making engagement with “harder to reach” communities achievable. Our list of partner organisations is provided on the contents page of this report.

Some of these responses were from people who fitted into more than one cohort. This has meant that, as the analysis process was undertaken some responses were reallocated. For example, there is a significant overlap between BAME communities and those living in deprived areas. There were a large number of double ticks and, in an attempt to equalise the numbers between the five cohorts we allocated towards the least collected response based on sole ticks. We celebrate the fact that a large number of people defined themselves as more than just an ethic category.

Some responses arrived late and were subject to cursory examination. The figures, below, relate to detailed examination of 382 responses. To ensure consistency of numbers presented at meetings we have retained the analysis of responses presented to the NW Health Inequalities Forum, held on 5th April 2022. The remaining responses resonated with those already analysed and presented.

To aid the collection of voices and to ensure consistency of collection across each place, an interview proforma was developed to guide interviews with participants. The suggested questions within the proforma were designed to be flexible and as conversation prompts to ensure that participants could talk freely about their experiences of COVID-19. GDPR information was also collected as part of the proforma. A copy of the interview form can be found in the appendices.

All responses shared in this report are anonymous. The need for anonymity was essential in order to ensure participants felt comfortable providing honest responses.

Raw data will be deleted in compliance with GDPR regulations.

Voices Collected

In total, 419 voices were collected as part of this project in Lancashire and Cumbria. The table below shows an overall summary of the numbers of voices collected from each cohort.

Total voices collected across Lancashire and Cumbria cohorts:

	Deprived areas	People with disability	Rural community	BAME community	Under 25	Total Voices
Total	105	97	73	36	108	**419**

The breakdown, in terms of geography is

Place	Deprived Areas	People with disability	Rural Commu-nity	BAME community	Un-der 25	Total Voices
Fylde Coast	23	12	4	1	4	**44**
Lancashire Wide	53	9	42	33	43	**180**
Morecambe Bay	0	35	1	2	2	**40**
Pennine Lancashire (East Lancashire)	24	22	20	0	49	**115**
West Lancashire	5	19	6	0	10	**40**
Total	**105**	**97**	**73**	**36**	**108**	**419**

As the table shows, some areas were able to collect voices from a particular cohort more than others. The NEET cohort was amended as a response to the success of Kickstart. The age range was broadened, and scope widened to include those in employment, education and training. This produced some particularly valuable insights.

This report will breakdown responses by cohort and location and highlight some strong emerging themes and recommendations from the voices, as well as some points of interest for further research to consider. All percentages have been rounded to the nearest whole number.

Findings Across Lancashire & Cumbria

Out of the 419 voices collected and analysed for the project, a significant amount of different statements were identified summarising the various experiences of individuals throughout the pandemic. The below table shows the “top ten” issues measured overall. Many of the most common statements were expected, following the findings of the Cheshire & Merseyside Report.

Most common experiences across Lancashire and Cumbria combined cohorts:

Top 10 most common experiences	No of respondents raising	%
Not seeing family or friends was difficult	203	48%
Anxiety	149	36%
Difficult to access medical services	128	31%
Lockdown earlier	112	27%
Isolation	107	26%
VCFSE support	106	25%
Family time at home was positive	91	22%
Exercise increased	77	18%
Close borders earlier	72	17%
Use of technology increased	70	17%

From this chart it can be seen that not seeing family and friends was seen as significantly the element that affected people the most.

Accessing medical services was found to be difficult. The main complaint was based around being able to access and feel confident with telephone and online consultations, with some participants preferring face to face contact. Perhaps if there had been more dedicated communications on how people can access and benefit from virtual consultations, this issue may not have scored so highly.

There were a number of individuals who expressed annoyance at the chain of communications within their GP practice; having to explain matters to a receptionist, then a clinician and then to their GP. The process was seen as intrusive, by some, and duplicated by many. As this report is being compiled (early March ‘22) there remains some general annoyance that GP practices are one of the very few areas of life that have yet to return to normal. There are also reports that, to obtain an appointment, a phone call has to be made which can exclude many people from accessing primary care support.

As with Cheshire and Merseyside, the number of people using the word “isolated” is high. This is particularly the case with voices from the disabled community. Indeed, negative experiences of the pandemic throughout the report are higher from this cohort than any other. Although not appearing on the “top ten” list, mental health specifically was mentioned as the next most common experience. We posit that this, along with anxiety, isolation and not being able to see friends or family are all linked. There is a real danger of a long term effect remaining.

The below table shows the “top ten” most common experiences overall split by cohort:

Experience	Deprived neighbourhood	Disabled community	Rural community	BAME community	Under 25 NEET
Not seeing friends/family	23	57	61	33	29
Anxiety	23	59	20	22	25
Difficult access health services	22	50	22	16	18
Lockdown earlier	25	36	21	21	9
Isolation	18	50	19	8	12
VCFSE support good	24	46	18	3	15
Family time at home was positive	19	11	15	22	24
Exercise increased	10	28	21	5	13
Close borders earlier	9	26	17	14	6
Use of technology increased	12	21	17	4	16

Findings by Cohort

People living in deprived neighbourhoods - 105

Top 5 most common experiences	No of respondents raising	%
Lockdown earlier	25	24%
VCFSE support good	24	23%
Not seeing family or friends	23	22%
Anxiety	23	22%
Difficult to access health services	22	21%
Family time at home positive	19	18%
Isolation	18	17%
Nothing positive at all	17	16%
Care home issues	13	12%
Use of technology increased	12	11%

Here we begin to see the beginnings of evidence of “two speed COVID-19”. Those with plenty were able to find ways of reducing the isolation and other issues experienced during lockdown. Take away food deliveries were possible; take away coffee and cake whilst shopping and even the ability to “get somewhere else” for exercise were all possible. For those on restricted income, or living in an area with restricted choice, found such relief more difficult to access.

It is also interesting to note that issues and concerns around Care Homes also appear in the top the top ten issues for this cohort. We speculate that working in the Care Sector is a low paid occupation. There may have been a number of responders who have first-hand experience of the issues faced by Care Homes.

People with a disability - 97

Top 5 most common experiences	No of respondents raising	%
Anxiety	59	61%
Not seeing family or friends	57	59%
Difficult to access health services	50	52%
Isolation	50	52%
VCFSE support good	46	47%
Lockdown earlier	36	37%
Exercise increased	28	29%
Mental health issues	28	29%
Close borders earlier	26	27%
Use of technology increased	21	22%

The absence of positive family time within the list does not suggest that family time was not positive. It is more a reflection of the independent living status of many of the cohort interviewed and the difficulties that this caused some families during the lockdown.

Some of those living within a sheltered complex reported feeling like prisoners as care staff would not allow them out of the complex at all. We understand the challenges in reducing the transmission of COVID-19 but also observe that disabled people have rights as well. To be denied access to the outside world based on the nature of the front door (occupants of flats would have been allowed the choice whereas occupants of self-contained spaces within a venue that had communal dining were not given the choice) seems somewhat inequitable. It could be that this official policy or the rules, under which venues were operating, were perhaps unclear and open to varying interpretations.

Rural communities - 73

Top 5 most common experiences	No of respondents raising	%
Not seeing family or friends	61	84%
Difficult to access health services	22	30%
Exercise increased	21	29%
Lockdown earlier	21	29%
Anxiety	20	27%
Isolation	19	26%
VCFSE support good	18	25%
Use of technology increased	17	23%
Close borders earlier	17	23%
No longer take things for granted	16	22%

The emergence of “no longer take things for granted” is interesting. Rural areas are, generally, under served by public services. For many people living in such places this is recognised and is seen as an acceptable trade off. However, when a basic level of service is threatened it does become an issue due to difficulties in accessing alternatives. And, in some cases, alternatives are not offered and the service is withdrawn (Mobile libraries are a case in point).

The high number reporting “not being able to see family or friends” may have been slightly skewed by one response collecting body being a rehab centre located in a rural area. Our understanding is that this centre had an open doors policy as part of re-assimilation into wider society and that this had to cease. The response remains highly valid as residents now face independent living without the gradual re-entry policy previously in place. This is a potential longer term issue. This centre has residents drawn from across North West England. Part of the stay includes preparation for a fresh start with a decreasing element of control over exit and entry.

BAME communities - 36

Top 5 most common experiences	No of respondents raising	%
Not seeing family or friends	33	92%
Anxiety	22	61%
Family time at home was positive	22	61%
Lockdown earlier	21	58%

New hobbies	18	50%
Difficult to access health issues	16	44%
Close borders earlier	14	39%
Working from home was good	10	26%
Places of worship support	9	25%
Bereavement	9	25%

This cohort provides some useful insights and one amazing story. Most of the new hobbies seem to involve baking or gardening. One respondent indicated that they had started baking as a hobby, was told that her cakes were good enough to sell and posted some for sale on Instagram. They sold and reaction was such that there were reorders and orders from people who had been served cake by friends/family/neighbours. The lockdown prompted a hobby which has developed into a small business.

Whilst most in this cohort say that they have received practical support from their Mosque some also report support from a local church. Similarly, there are some reports of non-Muslims receiving support from the local Mosque.

It is also fascinating to note that this is the only cohort where “working from home” was seen as good enough to be in the “top ten”. Overall, the experience was not as welcome as we would have expected (or even in Cheshire and Merseyside).

Similarly, this is the group affected greatest by bereavement. Even though funeral attending was not rated as highly, the bereavement element may be affected by ritual/formal mourning practised in some faith groups. In some ways a “prescribed” grieving process can help some people move on. Where this was expected and was then not there can impact on the overall moving forward process. We suggest more research on grieving as part of the lessons learned process which will result from the pandemic.

Under 25’s - 108

Top 5 most common experiences	No of respondents raising	%
Not seeing family or friends	29	27%
Anxiety	25	23%
Family time at home was positive	24	22%
No support accessed/received	21	19%
Difficult to access health services	18	17%
VCFSE support good	15	14%
Mental health issues increased	14	13%
Rest and reflection	14	13%
Lockdown was pointless	14	13%
Exercised increased	13	12%

The success of the Kickstart Scheme which placed this cohort, as originally defined, into employment caused difficulties in collecting responses. There were not the numbers around as had been the case. This is a cause for celebration. In conjunction with the commissioning officer the pragmatic decision to extend the cohort to Under 25 was made. This substantially increased the number of responses.

As can be seen, from the table, only six of the top ten responses appear in the overall top ten. The four that do not appear in the overall top ten are worthy of further comment.

The combined scores of “unaware that support was available” and “no support accessed” could be a cause of concern. The possibility that support was not sought, because immediate family provided all of the support needed, cannot be discounted. We also note the small number of comments relating to school and college support. With the change made to the cohort contacted (see above) we would have expected a greater number of comments relating to schools and college. We suggest that communication, with this cohort, needs to be examined.

Mental health issues are a cause of concern. Is there adequate funding available for CAHMS and similar services could produce long term savings for the future. We also note the one comment that suggested “legalise weed”. We highlight this to indicate the capacity, of many, to self-medicate with drugs/remedies of variable and dubious quality. This may increase if access to medical services remains difficult.

We grouped responses under “Rest and Reflection” earlier in the exercise. Strenuous efforts were made to increase the number of responses in this cohort. A number of the final batch (approx 25% of responses in this cohort), which arrived two weeks after the scheduled closing date, contained comments which related to the enjoyment of extra sleep. There may have been rest – we question the depth of reflection. Time did not permit the revisiting of this category.

Finally, from within the top ten, the “lockdown is pointless” comment is highly ranked here. No other cohorts contained any comments expressed in such a strong manner. The number was such that we separated them from the “continue life as normal” comments – a small number of which did appear in other cohorts.

Just outside of the top ten in this cohort is a frustration that celebratory events were cancelled. To older people the cancellation of celebratory events may seem a trivial matter. When one is in late teens and both 16th and 18th birthday parties have been cancelled it is understandable that there is a different perspective. There were reports of graduation ceremonies being cancelled – for many the culmination of 17 years of formal study. We were struck by one response “it was my turn for a birthday party at home and it could not happen”.

This was the only cohort that did not make mention of care homes at all. They were also the most vocal on maintaining outdoor exercise and were also the cohort that had the highest number of people saying that COVID-19 had not affected their lives at all.

Qualitative responses

Having looked at cumulative responses, both overall and by cohort, this section of the report contains a selection of comments that have been extracted from responses. The selection has been purely on how the comment struck the researchers and where they may amplify the reality of life during the COVID-19 pandemic.

The nature of this approach does mean that there are more negative experiences shown than positive. We do not want the impression to be gained that the responses were wholly negative. Brief comments are shown near the quote, and we have adopted a lessons learned approach.

Following the anecdotal evidence section, we have also reviewed the list of response headings to ensure that other potential insights are captured.

"I suffer from a long term physical health problem. The pandemic didn't really affect me mentally (like it did with many people) but it has exacerbated my physical health problem. This is due to a slowing of access/inability to access medical support. As a result, this has had a major impact on my long term health. Although I now have better access to medical service I feel as if I am playing "catch up" with my day to day progress and ability to manage my health condition." – Disabled community voice

The above shows an effect of changes in health care delivery. Removing face to face appointments excluded a number of people. We also noted some issues raised, by a small number of people, relating to receptionists being overly inquisitive – for reasons that are probably understood but may not have been communicated. One of these reports is shown immediately below.

"From a medical point of view, I would have offered support without bureaucracy. Access to medical care in person whenever possible and less barriers from reception staff. People were afraid to access support because they were afraid of burdening the NHS, catching COVID or just not being able to see a medical professional. This led to unnecessary ailments and none COVID illnesses becoming terminal e.g., heart problems, cancer etc. As a result, we are now facing a number of none COVID pandemics." – Deprived Area Voice

"Accessing medical care and support did and still has made life harder. As a result I have been apprehensive about accessing medical care when I've been ill with non COVID related ailments. I didn't and still don't want to access a medical support system/services that was (and still is) struggling. This is mainly due to the fact that I don't want to put any undue pressure on the NHS while they are still trying to get back on their feet and because the winter will see a lot of extra pressure put on them." – Disabled Community Voice

The comment, immediately above, perhaps takes matters to the other extreme. Apprehensive in making an approach for fear of creating an additional burden. This is also hinted at in the comment preceding.

"I didn't try to access any support via the DWP/Job Centre as I couldn't access the buildings or reach anybody." – Disabled Community Voice

This comment does not relate to the physical accessibility of buildings but rather to accessibility of service which was delivered remotely. It did not work for everybody with some people unable to access online remote support.

"Delayed surgical procedures have led to a regression in her physical development. The knock on affect is that she is still waiting for treatment. Even things like trying on shoes has been a problem. My daughter requires walking aids and buying the correct footwear is incredibly important. Not being able (at times) to just visit a shoe shop was very frustrating." – Disabled Community Voice

It is the latter part of this comment that is pertinent. Shoe shops were not considered essential however with growing children there is a need to regularly replace clothing items. In this case the difficulty in walking increased the wear on shoes. Would the same situation pertain if medical footwear was provided? We also pose a question around effect on children's feet resulting from wearing ill-fitting shoes for the 13 week period of the first lockdown. There was not time given to buy shoes that may have planned to be bought the weekend following the announcement (or at next pay day).

"As a leader (either locally or in charge of the country) I would have led by example. Our leaders told us to do something, adhere to the rules and act in a certain way but didn't do it themselves e.g., Boris didn't self-isolate when he should have done, Dominic Cummings went on a drive over 30 miles away and Matt Hancock didn't socially distance." – Disabled Community Voice

Whilst this is outside of the control of the readers of this report it does highlight issues around possible future lockdowns (or similar) being called by the government. Compliance may well be compromised, with "partygate" making matters more difficult.

"I was studying a degree course when the pandemic struck. All of my tutorials were done online. As I am Blind and the course was very visual, I found this very, very difficult…Examinations allow me to have a reader. There were no arrangements put in place for this, as I was doing the exam online. It was only at 5pm the evening before my final exam, was I informed that my Parent could read and scribe for me…The pressure and anxiety of trying to do any course in this way was extreme. I had to take medication prescribed from the Doctor and there were a number of times I was very close to giving up the course after 4 years of study." – Disabled Community Voice

This is an excellent example of GP support being accessed. Symptoms were addressed for a situation that should never have arisen.

"Because of my disability, I do not have any social life, other than with my Parents. This causes me a great deal of upset, but the Pandemic has not changed this situation. Now that people have experienced lockdowns and social isolation, they have a flavour of what my life is like." – Disabled Community Voice

We liked the perceptive nature of this comment.

"During the pandemic I broke my foot. I went to the A&E department but was turned away and told I had to make an appointment to secure a slot. I had to go home and make an appointment and then go back. This was problematic, time consuming and resulted in difficulty in walking longer than necessary." – Deprived Area Voice

We do not have a date for this incident and hope that it was early in the scheme of things. Provision of leaflets for common A&E issues may help matters where there are delays or difficulties in accessing treatment. There is a public perception that, by attending A&E "something" will be done. That "something" may take time. An explanation and simple guidance could provide reassurance.

"In the past I tried to access CAHMS for my daughter but didn't find it a particularly helpful experience. During the pandemic I didn't bother as I have found that there is a large gap in mental health support for 16-18 years olds in the area." – Disabled Community Voice

No further comment is needed.

"The pandemic made me miss my 16th and 18th birthdays. These were both big birthdays for me and I was forced to miss them and couldn't see friends and family who would have attended. During the pandemic my grandad passed away but couldn't attend the funeral. I was unable to attend hospital appointments during the pandemic. I was under 18 at the time. Therefore only 1 person could travel in an ambulance, and I couldn't go to hospital unaccompanied." – Under 25 Voice

There is a lot in this comment – the issue regarding ambulance occupancy is one that may not have been thought through in respect of older teenagers who have transport difficulties.

"COVID made my life significantly harder in a variety of ways. During the pandemic my dog passed away. I wasn't able to say goodbye at the vets as people weren't allowed to go into the medical room. I didn't think it would affect me as it did, but it did. It really did affect me." – Under 25 Voice

This issue also arose in Cheshire and Merseyside. There one vet did not allow the owner to attend whilst another one did. We do suggest that clearer instructions are drafted for the next time. The loss of a pet, for some, is highly significant.

"It was hard to get help. I had someone who would bring me food parcels and toiletries else I didn't have anyone who could go to the shop for me. But after a while when things changed and the shops were open more that stopped too and some days I would go, well, all day, and I wouldn't see anybody I wouldn't even speak to anybody." – Disabled Community Voice

"Do something about what happens when you claim benefits it's been absolutely horrible for me. When I went through the medical assessment, I told them everything about not being able to get dressed I can't even put things on my feet or bend or move about. I told them all of this and brother was there, and he told them too.
You know I was upset because the report did not reflect what happened it made me feel really distraught and I kept thinking about all the things we said and the reasons why. It had a really negative affect on my mental health." – Disabled Community Voice

Prior to the pandemic there were reports about PIP assessment reports not reflecting the interview which took place. This response does indicate that matters may not have improved during the COVID-19 period.

"COVID has made life much harder. I have an 11 month old baby, born in lockdown and I haven't been able to get any support for the things I need and the baby needs. I have emotionally unstable personality disorder and have had previous children taken away. I also have arthritis, sciatica and deafness in both ears, so I have hearing aids. I also have an artificial eye." – Disabled Community Voice

The Cheshire and Merseyside report also indicated issues around maternity care. The example, above, is from more extreme circumstances than others reported.

"Not getting hair done was hard, it made me worried about my appearance, as felt like I look like a homeless person." – Disabled Community Voice

This does show the importance of personal appearance to some people. Whilst there was some sense of pride in shaggy hair (we are all in it together) this is not the case for all people. As with shoe shops, the complete closure of "non-essential retail" hit the vulnerable the hardest.

"Trying to get treatment for wife was very hard. I could not get the best medical treatment that she needed. We paid to go private just to have a consultant charge a lot of money and then not to do anything.
My wife was transferred from Burnley hospital to Birmingham Hospital for Treatment that had been postponed for 18 month which has been frustrating and upsetting seeing my wife struggle."

"I don't go out to shops and not happy to go into supermarkets. All my shopping is done online now, but I disinfect all deliveries and items before I put them away. I don't enjoy going out now, I used to enjoy going out regular with my brother and shopping but not anymore." – Disabled Community Voice

The above indicates levels of anxiety that some experienced and are still experiencing.

"Everything has been harder. I usually go out with my PA's two or three times a week, that couldn't happen. I couldn't visit my Gran or my other Grandad in Cardiff. Being unable to visit my brother in Gibraltar.
I could never guarantee seeing my preferred consultant and where I am supposed to go every 2-4 weeks and also have bloods taken it was more like 8-12 weeks

I also got upset at people not doing what they are supposed to like having house parties during lockdown. I received no support from anyone outside my family.
The government food parcels were not compatible to my diet restrictions, and they had the same things in every week so after 8 weeks we cancelled them." – Disabled Community Voice

This response contains a number of issues. Whilst all had freedoms withdrawn, for some, the withdrawal was somewhat more drastic for those who faced particular difficulties prior to the pandemic.

"Local GP cost £23 to get through and get an appointment as could not go in and make appointment – if no means to phone you are stranded"

A reported cost of phone queuing is shown here. 'Pay as you go' tariffs have the fewest barriers to access with no upfront charges however the call costs are significantly higher, with costs beginning as soon as the phone is "answered". The patient is paying to hear music and messages whilst holding. If they cease to hold their place in the queue is lost. If a patient does not have enough calling credit to meet the costs of waiting to get through, this is a significant barrier to seeking healthcare.

"After having it [COVID-19] I am deaf in one ear. Not jabbed so got it really bad. Don't want jab as makes them ill. Seen on Facebook it is bad"

Whilst here is an effect of social media misinformation, the social media streams that we subscribe to contained little that was attractive as a rebuttal to misinformation. This is most odd as political parties have "rebuttal units" during election campaigns so are used to fast moving media. Perhaps a request could be made for funding to enable rebuttal.

"I live in a residential care home in Blackburn. When lockdown happened, it meant that we couldn't go out. I have COPD, which means that I had to shield. I found this to be hard, as I got bored. We used to go to town for a coffee each morning, but this stopped as the staff said that we couldn't go out."

"As a Nurse – I would have had better PPE and infrastructures in place to handle the corvid crisis…..so many colleagues died unnecessarily with inadequate PPE.
Track and Trace was a shamble, and I would have given each LA the instructions to set up their own TT processes.
I would not have shut down GP surgeries and hospital services…as now we are in a national crisis…better management of these 2 vital services would have saved so many lives."

"Not get married – the council was only focusing on registering deaths so I couldn't register my marriage. Couldn't socialize or see people – especially family or friends. I could not leave where I was living due to high rates – we are in complete lockdown."

"My gran died and it's all Boris's fault. She was a good person, and we couldn't even visit her. It's one rule for them and one for us"

"I was encouraged to do exercise but that is for losers. I just want to go out with my friends and chill that is my exercise. As we don't have much money and no one drives we walk,

run and cycle everywhere. The police were constantly telling us to split up." – Under 25 Voice

"Shops needing smartphone to pay for goods was a problem. I don't have one so I could not use these places. I felt horrible at first but they were only doing their job" – Disabled Community Voice

"Missing out on family and a friend's funeral.
It was very distressing not being able to access health services for myself and daughter and it took two years for one assessment to be completed.
When my daughter was in year 7 she was offered counselling for suicidal thoughts and, now, as she is year 10 it has started.
Confusing and consistent [sic] changes to rules and regulations with the threat of the police if I got it wrong.
Home schooling was horrific and badly thought out with lack of structure to content and shortage of equipment and supplies.
Fear was my biggest concern. Fear that I could lose my children, or they lose me."

The above is verbatim from one response to the question "how has Covid affected you?". It is the most extreme response that we noted. It encapsulates a combination of many of the others.

Moving to other responses we note the following:

- Online worship was only mentioned in the context of the Christian Church. Many statutory and voluntary funding streams expressly forbid the "promotion of religion". This may have affected the ability of all faith groups, working in poorer areas, to provide online worship with may have helped many with mental health issues.

- Mention was made, by some, of minimum spend required to access online groceries was more than they could afford/want to spend.

- There was a tragic story, from a young person, which spoke of household tensions caused by increased alcohol consumption by parent. The young person was horrified that alcohol was considered an essential supply and still available in shops. (Ease of access to alcohol was highlighted by two adults in the Cheshire and Merseyside exercise).

- There was concern about the cost of quarantine hotels required of people returning to the UK from abroad.

- We have already shown a comment from someone who received government food parcels that were not diet appropriate. There was also report of certain diet foods having mixed availability.

- There was reference to difficulties of the disabled to manage long periods in queues. Queues and regulated entry were very much a feature of lockdown one. Signage, offering support and assistance, was invariably closer to the door than it was the end of the queue.

Recommendations

A series of suggested recommendations have been developed based upon the voices collected, experiences shared and themes identified in this project. Whilst the initial response to the COVID-19 pandemic can not be changed, the voices of those impacted in this project can help guide how national crises can be managed in the future to minimise the negative impacts on vulnerable and marginalised groups. They are also important for understanding how we move forward post-pandemic and highlight just how important some aspects of life are to positive health, wellbeing and reducing inequalities.

The recommendations, below, have emerged from this report. An action plan will need to be developed in conjunction with recommendations made in the two other reports.

Listen to the voices of young people

They are the only cohort to have expressly condemned lockdowns. This could be for a variety of reasons. There were also a number of responses that indicated approval with government actions and disapproval that members of the government did not follow the rules that they set. An issue of trust could be being kindled.

Consider more widely the impacts of family visiting restrictions

For many people and many cultures, family, extended family and friends are extremely important for wellbeing, mental health and socialisation. Family and friends provide invaluable support for one another and are an important protective factor. The voices collected throughout the project have emphasised just how difficult it was to live without or not be able to see family, and for those who were fortunate to spend lockdown with their family just how much of a positive impact this had.

The strict rules throughout lockdown on the numbers of people one was allowed to visit, spend time with or indeed not be able to see anyone outside of the household at all made it difficult for many. It is important to consider, for the future, how such restrictions can be arranged so families can have face-to-face contact in the safest way possible to keep important social and support mechanisms in place.

Additionally, there should be better explanation of the reason for rules. Particular issues were raised, in passing, about

a) Parks and public open spaces being closed. (During lockdown 1 children's play equipment was fenced off and public seating, in some places, taped and barred from use).

b) Why home visiting was banned after vaccination and when going to work was permitted.

Explore how to capitalise on the increase in reported exercise

Four of the five cohorts reported increased exercise being taken. The nature of the varied with the bulk including walking and cycling. The (re)introduction of health/fit walks would be a simple way to link into the reported exercise increase. Such groups can also address isolation and loneliness. The recommendation has to link with recommendation "*Explore communication of funding opportunities in relation to faith groups."*

It is probably correct that the promotion of any particular religion is precluded from NHS funding. However, we do note that faith groups have been specifically mentioned as

supportive. This is over and above the wider VCS sector. We also note that Chaplains, for various Faith Groups, are employed by the NHS. Spiritual matters are seen as part of well-being. Accordingly, we recommend conversation with the Chaplain's group which will result in the development of agreed guidelines relating to "religion". These can then be included in all funding/tender/commissioning processes so that clarity is provided.

Increase the use of wider media communication

Every cohort reports an increased use of technology. We also note that government messaging has, generally, been based around three words. This is seen as effective. The development of social media and pop up advertising messages, for use on media platforms, is encouraged.

Introduce a call system that makes it affordable for contact to be made with General Practice Surgeries

The practice of keeping people on hold, whilst listening to "music and messages", pending a conversation is costly to patients and prevents people from accessing healthcare they are seeking. Ideally, it should have been possible for someone to walk to their surgery and make an appointment. That appointment need not be immediate, but it is free of financial cost for the patient. It was felt by the voices collected that the impact of withdrawing this walk in ability was not recognised, with a lack of the ability for a message to be left (a quick note, an ability to record a message etc) and a call back to be made. This impacted on those with lowest incomes the highest. A facility to reduce costs by enabling messages or texts to be left would increase access.

The need to do everything by phone or web-based methods, again, impacted those least digitally equipped more than those better equipped. Here we speak of equipped in terms of:

- Access to equipment needed to make contact.
- Ability to use such equipment.
- Ability to pay for access/call charges to such equipment.
- The ability to action information received in a timely manner. Without access to data there is no means of receiving emails. The pandemic saw many usual "free data" places (pubs, cafes, libraries etc) close.
- A KPI should introduced to measure call back delays.

When visiting the practice, patients should also be able to make an appointment for a second issue whilst at the practice, rather than having to make an additional appointment after leaving the building via telephone.

Re-examine equality impact protocols to ensure that they are fit for purpose in the "new normal"

Equality of access will become increasingly important as different gateways are developed and introduced. In much the same manner as those with visual impairments were unintentionally left behind in the race to produce smaller and smaller mobile phones there is a similar danger in making all gateways internet based. When cafes and libraries are closed internet access is denied for those with limited ability to pay. The current process of withdrawal of landlines, by Openreach, and replacement with "Voice Over Internet Phone" (VOIP) style calling could further remove people from access.

Our hope is that this project will inform future actions and have an impact far wider than initially envisaged by the commissioners.

Considerations

Whilst 419 voices across Cheshire and Merseyside is a large number it should be noted that responses within each cohort (average 44) are not significant enough to apply to all individuals across the region that fall into that cohort. Rather they represent a snapshot of experiences from those interviews with some common themes.

The project amassed a large number of experiences and thoughts from individuals who were interviewed, with many common themes and many individual themes raised. Due to the numbers this report has dealt with the common threads from respondents. A full breakdown of issues is provided in the appendices.

A common response across all cohorts and places, when asked if anything was better or worse for them during the pandemic, was “nothing”. When “nothing” has been specifically said, this has been taken to mean that the individual did not have a positive or negative experience depending upon the question. Questions with blank responses have not been considered in this way and have instead not been counted.

Many voices collected, whilst designated to one out of the four cohorts, could have fallen under two or more of the cohorts included within this project. For example, someone living in a deprived area but also facing digital exclusion. Voices have been allocated to a cohort following information provided by partner organisations.

Contact

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Appendices

1. Datasets by cohort

1.a. Those living in deprived areas

Unique experience statements – 115 identified

Lockdown earlier	25
VCS support good	24
Not seeing family/friends	23
Anxiety	23
Medical Services access difficult	22
Family time at home was positive	19
Isolated	18
No positives at all	17
Carehome issues/protection	13
Tech use increased +ve	12
Mental Health issues	12
Exercise increased	10
Close borders earlier	9
Finances deteriorated	9
Access to public services poor	9
Food bank support	9
Finances improved	8
Media distrust/panic	8
Groups closed/ should have remained open	7
Clearer communications (no hysteria)	7
Support difficult to access	7
Bereavement	6
Relaxation and reflection	6
No support accessed/received/needed.	6
All to follow rules	6
Employment lost	6
Support from school/uni	6
Mask wearing self concious/difficult to breathe	6
Consistent rules/fewer changes	5
No effect on life at all	5
Quietness appreciated	5
WFH good	5
On line shopping good	5
Employment changed for the good	5
F2F GP access needed	5
Family Tensions due to proximity (inc DV)	5
Harsher punishment for rule breakers	5
Household jobs completed	5
Vaccine compulsory	5
Home schooling difficult	5
New hobbies	4
Social life stopped	4
Funeral attending	4
Exercise reduced	4
PPE procurement	4

On line shopping – minimum spend too high	4
Shopping – less stock	4
Medical support service access good	4
Masks compulsory	3
Church/mosque/temple supportive	3
Social distancing difficult	3
WFH difficult	3
Enforce Rules	3
Employment – job finding harder	3
Surgery delayed	3
School support poor	3
DWP reduced pressure to get a job	3
Council support good	3
UC uplift to be retained	3
Unaware that support was available	2
Travel difficult	2
support from family	2
Hospital visiting	2
Neighbourhood awareness increased1	2
Better local communication	2
Government did well	2
Reduce news bulletins – depressing	2
Alone positive	2
UK wide approach	2
Schools remain open	2
SPLW	2
Community baker was excellent	2
Internet speed slow/not there	2
Reduced social interaction	2
Better planning for future pandemics	2
Increased life challenges	2
Misery	2
Employment search easier	2
No support awareness2	2
Political party support received.	2
No longer take things for granted	1
Celebratory events cancelled	1
Diet improved	1
No access to tech (ability/equipment)	1
Better balance of MH effects	1
College access difficult/stopped	1
Increased hobby time	1
On line church (+ve)	1
Church/Mosque Closed	1
Covid used as excuse for poor service	1
Weight increased	1
Reduce red tape/paperwork	1
Relationship ended	1
Schools closed longer	1
Employment – career change	1
Banking contact poor	1
Better financial support	1

IT access for all	1
No internet access (places closed)	1
Poor public transport	1
Vaccine – less pressure	1
Aftercare support team	1
Alcohol use issues developed at home1	1
Became homeless	1
Diet required food difficult to obtain	1
Free school meals helped	1
Good experience	1
Gym good	1
NHS direct good	1
Not going to work	1
Prescriptions to be delivered – not collected	1
Prison support good	1
Safer environment	1
Too proud to ask for help	1
Volunteer/support database needed	1

1.b. People with a disability

Unique experience statements – 128 identified

Anxiety	59
Not seeing family/friends	57
Medical Services access difficult	50
Isolated	50
VCS support good	46
Lockdown earlier	36
Exercise increased	28
Mental Health issues	28
Close borders earlier	26
Tech use increased +ve	21
No positives at all	21
Groups closed/ should have remained open	18
New hobbies	16
Relaxation and reflection	14
Bereavement	13
No support accessed/received/needed.	12
Support from NHS (inc welfare calls)	12
Family time at home was positive	11
Unaware that support was available	11
Quietness appreciated	9
Access to public services poor	9
support from family	9
No access to tech (ability/equipment)	9
Restricted freedoms	9
Finances deteriorated	8
No effect on life at all	8
Frustration increased	8
Consistent rules/fewer changes	7
Social life stopped	7
All to follow rules	7

Funeral attending	7
Greater appreciation of life	7
Celebratory events cancelled	6
Finances improved	6
Masks compulsory	6
Travel difficult	6
Diet improved	6
Hospital visiting	6
Better local communication	6
Better balance of MH effects	6
Boredom	6
Daily support phone calls	6
No longer take things for granted	5
Church/mosque/temple supportive	5
On line shopping good	5
Family Tensions due to proximity (inc DV)	5
Harsher punishment for rule breakers	5
College access difficult/stopped	5
Reduce news bulletins – depressing	5
Increased hobby time	5
Develop herd immunity	5
More outside for young people	5
Carehome issues/protection	4
Employment lost	4
Exercise reduced	4
F2F GP access needed	4
WFH difficult	4
Mask wearing self concious/difficult to breathe	4
Employment – job finding harder	4
Food bank support	3
Clearer communications (no hysteria)	3
Social distancing difficult	3
Support difficult to access	3
Support from school/uni	3
Employment changed for the good	3
Enforce Rules	3
Drug recovery programme accessed	3
Honesty needed	3
DWP reduced pressure to get a job	3
UK wide approach	3
Covid used as excuse for poor service	3
Rules too restrictive	3
Shopping difficult with mobility issues	3
Weight increased	3
Reduce red tape/paperwork	3
Wedding plans disrupted	3
Neighbourhood awareness increased1	2
Household jobs completed	2
Surgery delayed	2
DWP supportive	2
Keep parks open	2
No lockdowns	2

SPLW	2
Community baker was excellent	2
Reduced social interaction	2
Relationship ended	2
Appreciated non cohabiting partner more	2
Retain leisure facility opening (cafe/pub)	2
Support from CAB	2
Lost in housing system/communication	2
Lost self help skills	2
Post natal support difficult	2
Samaritans	2
Shelter	2
WFH good	1
Media distrust/panic	1
PPE procurement	1
Government did well	1
Vaccine compulsory	1
School support poor	1
Carry on as normal	1
On line church (+ve)	1
On line shopping – minimum spend too high	1
Shopping – less stock	1
Church/Mosque Closed	1
Council support good	1
Illness – non covid – not diagnosed	1
Internet speed slow/not there	1
On line learning	1
Schools closed longer	1
Support from google/online/zoom	1
Employment – career change	1
Sporting event attendance cancelled	1
Alcohol not to be considered an essential item	1
Allow visits to those near death	1
Banking contact poor	1
Drug/alcohol abuse worsened	1
Essential clothing purchases impossible	1
Became a Buddhist	1
Employer called weekly	1
GP reception interrogation	1
Lack of respite care	1
No physio access	1
Partner (a nurse) was over worked	1
Physio via zoom was poor	1
Poor communications	1
Queues for disabled	1
Wedding postponed	1

1.c. Those living in rural areas

Unique experience statements – 108 identified

Not seeing family/friends	61
Medical Services access difficult	22
Exercise increased	21
Lockdown earlier	21
Anxiety	20
Isolated	19
VCS support good	18
Tech use increased +ve	17
Close borders earlier	17
No longer take things for granted	16
Family time at home was positive	15
New hobbies	14
Bereavement	13
Groups closed/ should have remained open	11
Carehome issues/protection	11
Social distancing difficult	9
Celebratory events cancelled	8
Travel difficult	8
No effect on life at all	8
Greater appreciation of life	8
Mental Health issues	7
No support accessed/received/needed.	7
Masks compulsory	7
Finances improved	7
Drug recovery programme accessed	7
Support from neighbours	7
Relaxation and reflection	6
No positives at all	6
Social life stopped	6
Finances deteriorated	6
Neighbourhood awareness increased1	6
Funeral attending	6
Diet improved	6
Government did well	6
School support poor	6
Consistent rules/fewer changes	5
Media distrust/panic	5
Clearer communications (no hysteria)	5
Carry on as normal	5
On line shopping good	5
Food bank support	5
Church/mosque/temple supportive	4
support from family	4
PPE procurement	4
WFH difficult	4
Support from school/uni	4
Vaccine compulsory	4
On line church (+ve)	4
Food delivery from local restaurant	4
WFH good	3

Surgery delayed	3
Access to public services poor	3
Better balance of MH effects	3
Support from NHS (inc welfare calls)	3
Mask wearing self concious/difficult to breathe	3
Illness – non covid – not diagnosed	3
Employment lost	2
Quietness appreciated	2
Hospital visiting	2
Honesty needed	2
Support difficult to access	2
Employment changed for the good	2
Better local communication	2
Household jobs completed	2
Rules too restrictive	2
Quicker help for s/e	2
Easier to live in a rural area	2
Harsher punishment for rule breakers	2
UK wide approach	2
Council support good	2
Covid used as excuse for poor service	2
Unaware that support was available	1
DWP supportive	1
Exercise reduced	1
Unable to complete studies	1
All to follow rules	1
Alone positive	1
No lockdowns	1
No access to tech (ability/equipment)	1
Restricted freedoms	1
DWP reduced pressure to get a job	1
Shopping difficult with mobility issues	1
UC uplift to be retained	1
Sporting event attendance cancelled	1
Church/Mosque Closed	1
On line learning	1
Shopping – less stock	1
Increased hobby time	1
Home schooling difficult	1
Employment – career change	1
Misery	1
Retain leisure facility opening (cafe/pub)	1
Drug/alcohol abuse worsened	1
Essential clothing purchases impossible	1
IT access for all	1
No internet access (places closed)	1
Poor public transport	1
Avoidable deaths	1
Aware of own mortality	1
GP's open for f2f	1
Lack of wrap around care caused reduced hours at work	1
No follow up from paramedic visit	1

Not dying alone	1
Pandemic was politicised – negative	1
Proactive contact needed	1
Stricter rules	1
Therapy services difficult	1
Zoom difficult when deaf	1

1.d. BAME Communities

Unique experience statements – 80 identified

Not seeing family/friends	33
Anxiety	22
Family time at home was positive	22
Lockdown earlier	21
New hobbies	18
Medical Services access difficult	16
Close borders earlier	14
WFH good	10
Church/mosque/temple supportive	9
Bereavement	9
Isolated	8
Mental Health issues	7
Relaxation and reflection	7
Social life stopped	7
Masks compulsory	7
Consistent rules/fewer changes	6
Groups closed/ should have remained open	6
Finances improved	6
Unable to complete studies	6
Exercise increased	5
No longer take things for granted	5
Support difficult to access	5
Tech use increased +ve	4
No positives at all	4
Quietness appreciated	4
VCS support good	3
Celebratory events cancelled	3
Unaware that support was available	3
No support accessed/received/needed.	3
Finances deteriorated	3
Travel difficult	3
Exercise reduced	3
No effect on life at all	3
Media distrust/panic	3
Honesty needed	3
WFH difficult	3
Employment changed for the good	3
Alone positive	3
On line shopping good	3
Church/Mosque Closed	3
F2F GP access needed	2
Life was paused	2

Surgery delayed	2
Clearer communications (no hysteria)	2
Social distancing difficult	2
Support from school/uni	2
Better local communication	2
Household jobs completed	2
College access difficult/stopped	2
Schools remain open	2
Food bank support	2
Government did well	2
On line learning	2
Quicker help for s/e	2
Fear of dying	2
Multi lingual messaging	2
Support from employers	2
Enforce Rules	1
support from family	1
Hospital visiting	1
Neighbourhood awareness increased1	1
All to follow rules	1
PPE procurement	1
Support from google/online/zoom	1
Diet improved	1
On line shopping – minimum spend too high	1
No lockdowns	1
Schools closed longer	1
Driving lessons interrupted	1
Carehome issues/protection	1
Shopping – less stock	1
SPLW	1
Weight increased	1
Easier to live in a rural area	1
Vaccine – less pressure	1
Complete dissatisfaction	1
Eat out to help out good	1
Greater independence	1
Isolation hotel costs eccessive	1
Support for pet owners needed	1

1.e. Those under 25 and not in education, training or employment

Unique experience statements – 114 identified

Not seeing family/friends	29
Anxiety	25
Family time at home was positive	24
No support accessed/received/needed.	21
Medical Services access difficult	18
Tech use increased +ve	16
VCS support good	15
Mental Health issues	14
Relaxation and reflection	14
Lockdown pointless	14

Exercise increased	13
Isolated	12
No effect on life at all	12
Celebratory events cancelled	12
Unable to complete studies	11
Unaware that support was available	10
Lockdown earlier	9
No positives at all	9
Consistent rules/fewer changes	9
Keep parks open	9
All to follow rules	8
Social life stopped	7
Enforce Rules	7
Carry on as normal	7
Develop herd immunity	7
Rules too restrictive	7
Schools remain open	7
Vaccine – less pressure	7
Close borders earlier	6
Bereavement	6
Masks compulsory	6
Employment lost	6
Government did well	6
No support awareness	6
Greater independence	6
New hobbies	5
Church/mosque/temple supportive	5
Exercise reduced	5
Family Tensions due to proximity (inc DV)	5
Employment – job finding harder	5
Boredom	5
DWP supportive	5
Improved GCSE results	5
Groups closed/ should have remained open	4
Finances deteriorated	4
Quietness appreciated	4
Travel difficult	4
support from family	4
F2F GP access needed	4
Hospital visiting	4
Neighbourhood awareness increased1	4
Life was paused	4
Improve access to health care	4
No longer take things for granted	3
WFH good	3
Media distrust/panic	3
Support from school/uni	3
Weight increased	3
Household jobs completed	2
Finances improved	2
Access to public services poor	2
Funeral attending	2
Support from NHS (inc welfare calls)	2

Employment changed for the good	2
PPE procurement	2
Surgery delayed	2
Honesty needed	2
Reduce news bulletins – depressing	2
Medical support service access good	2
No lockdowns	2
Appreciated non cohabiting partner more	2
Support from google/online/zoom	2
On line college good	2
On line shopping good	1
Clearer communications (no hysteria)	1
Social distancing difficult	1
Support difficult to access	1
Greater appreciation of life	1
Diet improved	1
WFH difficult	1
Mask wearing self concious/difficult to breathe	1
Better local communication	1
No access to tech (ability/equipment)	1
Better balance of MH effects	1
Restricted freedoms	1
Vaccine compulsory	1
College access difficult/stopped	1
DWP reduced pressure to get a job	1
Alone positive	1
On line church (+ve)	1
On line shopping – minimum spend too high	1
Shopping difficult with mobility issues	1
UC uplift to be retained	1
Internet speed slow/not there	1
Relationship ended	1
Schools closed longer	1
Better planning for future pandemics	1
Increased life challenges	1
Sporting event attendance cancelled	1
Support from CAB	1
Alcohol not to be considered an essential item	1
Allow visits to those near death	1
Better financial support	1
Driving lessons interrupted	1
Anger reduced	1
Birthing alone	1
Legalise Cannabis	1
No support for new mothers	1
No vaccine passports	1
Online advertising - controls needed	1
Online gambling habit developed	1
Quarantine instead of close borders	1
Returning to workplace	1
Visits to relatives if -ve test	1

3. Interview proforma

In Partnership with VSNW on behalf of NHS England North West.

Instructions for the Interviewer

Please write responses in the note taking section for each part of the conversation.

This interview should, ideally, take the form of a conversation. There are some prompt questions below to guide focus of the conversation in 5 particular areas.

Please take notes and ask the person you have interviewed to complete the section at the end of this page. This is a GDPR requirement and, without it, there will be no payment made to the organisation that has asked you to undertake this interview. You also need to complete the boxes below or no payment will be made.

COMPLETION BY THE INTERVIEWER

Category the Interviewee	Please tick (✓)
The Interviewee lives in a deprived neighbourhood within the most deprived 20% of lower super output areas in the country on the Index of the Multiple Deprivation 2019	
The interviewee has a disability, learning disability or autism	
The interviewee lives in a rural community	
The interviewee is aged between 16 and 24 years old and is not in education, employment or training	
The interviewee is from an ethnic minority / BAME background	

Name of Person Conducting the Interview	
Job Title	
Organisation Name	
Date Interview Completed	
Telephone or Face to Face	
Signature to confirm that the notes taken are a true reflection of what was said in the interview [electronic signatures are acceptable]	

Conversation Area 1: **How has COVID-19 impacted or changed your life compared to before?** **Prompt when you want to know more about what they have said:** What is the main reason for saying what you have just said?
Conversation Area 2: **Has there been anything that was better or that you enjoyed because of the pandemic?** There are many examples – some people like on-line Church; some people like walking more than they did because they were encouraged to walk more in the first lockdown. Others discovered that having food shopping delivered has saved time to do other things. What is the best thing for you and why? **Prompt if they are struggling to answer –** Has there been anything that COVID has forced you to do differently – which has surprised you as being enjoyable or useful and which you might continue to do going forward.
Conversation Area 3: **Has there been anything that has made life harder or has upset you because of the pandemic?** The pandemic has made life more difficult for some people and it is important to hear of these difficulties. Not being able to see people at meetings and get togethers may have been hard. Not being able to see people in hospital or at a care home could have been difficult. Numbers at funerals may have caused additional upset. Getting a car serviced was very difficult at the beginning of the pandemic. Speaking to the right person at the council has not been easy if offices are closed. Medical services have also changed. So, what have you found difficult and why?

Conversation Area 4: **What has been your experience of the support you have been given by local charities, community groups, faith groups, local volunteers, the local authority where you live?** Please name the organisations where possible.
Conversation Area 5: Finally, **What would you have done if you were in charge?** This question can be answered in many ways. The answer could be different if the person is speaking from the position of Prime Minister; local council; local doctors; member of a local group. So, it may be an idea to ask this question from each of these perspectives so as wide range of views as possible can be captured.

GENERAL DATA PROTECTION STATEMENT

The information you provide will be stored electronically by both ourselves, Lancashire Association of Councils for Voluntary Service and VSNW. No personal details will be shared but we do need personal details in case we need to clarify something that you have said. The information collected will be read and then reports produced for use by LACVS, VSNW and partners in the NHS integrated care system. The reports may contain some of your comments, but these will not be able to be traced to you. There will be 400 responses in the reports. On 30th June 2022 all records will be deleted as there will be no need to keep them.

Your name.	
Your preferred contact method (please detail)	
Residential Post code (where you live)	
First language	

If it is a telephone interview	Please tick (✓) and initial to confirm that you have read the above declaration and the interviewee has given their permission to take their personal details above.
If this is a telephone interview then the interviewer must read the declaration above and note, on this form, that they	

have done so by ticking and putting your initials on the box to the right.	

Information to Return the Notes

Handwritten or electronic notes are acceptable.

If electronic – please e-mail a copy in word format to
garth.hodgkinson@communitycvs.org.uk

If handwritten, please scan and e-mail a PDF copy to
garth.hodgkinson@communitycvs.org.uk

Please return completed interviews on a weekly basis by:
Friday 5th November.
Friday 12th November.
Friday 19th November.
Friday 26th November.

If you have a target of 20 interviews you should aim to complete 5 per week.
If you have a target of 10 interviews you should aim to complete 3 per week.

We anticipate each interview taking between 30 and 40 minutes maximum (6 to 8 minutes per conversation area). Any problems – please e-mail
garth.hodgkinson@communitycvs.org.uk