1000 Voices

Cheshire & Merseyside

November 2022

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Thank you

Executive Summary

Background and introduction

This report and research within aim to provide a better understanding of the experiences of the COVID-19 pandemic from communities in Cheshire and Merseyside with a focus on the health and wellbeing impacts, including how gaps in health inequalities have widened for the most exposed and marginalised communities. These specific groups included:

- People who do not have English as a first language
- People who are digitally excluded
- People living in deprived areas
- People over 55 who are not in education, employment or training.

In total, 400 people were interviewed using a variety of methods including face to face interviews, telephone interviews, group sessions and online video calls. The responses were collected by voluntary, community and social enterprise (VCSE) sector organisations across the Cheshire and Merseyside area.

This research was commissioned by NHS England North West (NW) and forms part of a wider programme of work to ensure that lessons learned from the pandemic are understood and that these insights inform how we work to address health inequalities in the future. This report is also a great example of partnership working between NHS England NW and the VCSE sector in Cheshire and Merseyside, providing an essential link to enable local groups and communities to engage and influence with health service design and strategy.

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 difficulties for those with English as a second language, digitally excluded people and Deaf and Blind 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, there was also an appreciable number of positive responses. This included feeling closer to family for those that isolated together, positive support from the VCSE sector and praise of NHS frontline staff.

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
- 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
- Closer working with and investment into the VCSE sector as a key partner in reducing inequalities
- Consider accessibility in the context of health care transformation as well as COVID-19

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 health inequalities gaps, NHS England North West 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 of experiences of the pandemic focusing on people from backgrounds and demographics most marginalised and exposed to the health and wellbeing impacts of COVID-19. For Cheshire and Merseyside, 400 unique voices were collected for this project.

The accountable lead was Cheshire East CVS, with the work being delivered through Cheshire and Warrington Infrastructure Partnership (CWIP) and the VS6 Partnership (Liverpool City Region). Voluntary Sector North West (VSNW) have provided project support and have developed this report based upon the voices collected by our partner organisations across Cheshire and Merseyside.

Methodology

To collect the 400 voices across Cheshire and Merseyside, we worked with our collective networks and our placed-based voluntary sector infrastructure organisations across the region. Local voluntary, community, and social enterprise (VCSE) 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 with Cheshire and Merseyside CVS bodies to support collection of voices in each place.

Voices were collected from the following cohorts as identified by NHS England NW:

Those without English as a first language	Those at risk of digital exclusion
Those living in deprived areas	Those aged over 55 and not in education, training or employment

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.

To aid the collection of voices and to ensure consistency of approach 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.

Voices Collected

In total, 400 voices were collected as part of this project over the 9 Cheshire and Merseyside places.

With 400 voices to be collected over 4 cohorts, each place was tasked with collecting 44/45 voices ideally with an even spread across cohorts with a payment of £40 per voice collected. Working closely with our local infrastructure partners allowed us to achieve a reasonable geographic spread across Cheshire and Merseyside, as well as reasonable parity across cohorts overall.

The table below shows an overall summary of the numbers of voices collected from each area with a breakdown by cohort. When a partner organisation in one area was unable to gather all of their assigned voices, a partner from an alternative place stepped in to collect the remaining voices.

Total voices collected across Cheshire & Merseyside

Place	Total Voices	Deprived area	Digital exclusion	English as 2nd language	Older people not in work
Cheshire					
Cheshire East	10	9	0	0	1
Cheshire West	47	17	12	6	12
Warrington	60	16	0	36	8
Merseyside					
Halton	59	13	24	11	11
Knowsley	45	36	0	1	8
Liverpool	44	39	0	5	0
Sefton	39	10	10	10	9
St Helens	40	9	11	10	10
Wirral	56	23	10	12	11
TOTAL	400	172	67	91	70

As the table shows, some areas were able to collect voices from a particular cohort more than others. The "living in a deprived area" cohort received the most responses overall, particularly in Merseyside due to the levels of deprivation within the Liverpool City Region being higher than the national average.

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 Cheshire & Merseyside

Out of the 400 voices collected and analysed for the project, 132 different statements were identified summarising the various experiences of individuals throughout the pandemic. The majority of most common statements describe negative experiences, however there are some positives that have been identified. The top 10 experience statements have been summarised in the table below.

Most common experiences across Cheshire & Merseyside combined cohorts

Top 10 most common experiences	No of respondents raising	%
Not being able to see family was painful	178	45%
Negative feelings of isolation	138	35%
Difficulties accessing GP	111	28%
National lockdown should've happened quicker	91	23%
Anxiety	80	20%
Nothing at all was good	79	20%
Better communication was needed	60	15%
It was good to spend additional time at home with family	56	14%
Supported by voluntary groups	51	13%
Working from home was positive	51	13%

Feeling isolated and unable to see family were the most significant responses across all cohorts combined, with many other less common experiences linking into the negative impacts of COVID-19 lockdowns and illness on mental health and wellbeing. For 20% of participants, there were no positive experiences during the pandemic which will likely have made life since March 2020 quite difficult.

Some popular positive experiences of the pandemic included spending more time with family for those spending lockdown with their family and friends, the change to working from home and the support received from voluntary groups.

When asked what they would have done differently, the most common response was that national lockdowns should have been implemented sooner to prevent the spread of the virus. Haste in responding appropriately was valued by individuals, perhaps leading to less infections and less pressure on the health and social care system. There was also a call for better communication from officials, with some individuals finding that official messages and advice on lockdowns, testing and vaccines caused confusion.

Findings by Cohort

English as a second language – 91 voices

Top 5 most common experiences	No of respondents raising	%
Not being able to see family was painful	32	35%
Difficulties accessing GP	29	32%
Negative feelings of isolation	29	32%
Better communication was needed	21	23%
Accessed online learning for adults	18	20%

Many respondents within this cohort spoke about how the COVID-19 pandemic has made life difficult for those with relatives living in a different country. There were some references to the cost impact of quarantine, with some respondents being unable to afford this. Some respondents have been unable to see their family members for a significant amount of time, including new-born children and grandchildren. Being separated from family for an uncertain period of time, alongside travel restrictions, will likely have been distressing.

Accessing health services was a challenge for those in this cohort, with 32% struggling to access their GP service and some comments on stressful hospital experiences:

"I found out there is somebody who needed to go to hospital…she had to wait for operation for so long, they would not see her without an interpreter."

Childbirth was also a particular negative experience for women in this cohort during the pandemic with restrictions on hospital visitors. This may have been a difficult and isolating experience for women in this cohort, especially for those who do not speak conversational English or require an interpreter:

"I had an emergency C section for my baby's birth, and no one was allowed to be in with me. I was then alone in a hospital room for a week afterwards while I rested. I was very lonely. Although the staff were nice, they were very busy. My one friend was not allowed to visit."

For asylum seekers in this cohort, who are likely to already be experiencing trauma from their journey to the UK, lockdown was a lonely experience being unable to form new friendships and connections or keeping in contact with existing ones:

"I am asylum seeking and diabetic. I was placed in a hotel to begin with and was told I had to self-isolate in my room which made me very lonely. It was difficult to make any friends. I had many appointments with a mental health team throughout as the whole situation badly affected my mental health."

23% of this cohort stated that better communication was needed, with information provided in different languages and for different cultures essential for sending the correct messages and advice particularly around access to health care services.

Those at risk of digital exclusion – 67 voices

Top 5 most common experiences	No of respondents raising	%
Not being able to see family was painful	61	91%
Anxiety	53	79%
Negative feelings of isolation	33	49%
Should have initiated lockdown sooner	27	40%
Difficulties accessing GP	26	39%

Interestingly, the top 5 answers for this cohort were not specifically to do with access or lack of access to digital technology. However, it is likely that being at risk of digital exclusion could compound some of the top issues identified, such as accessing a GP without technology and feeling isolated if there is no way to contact family and friends over video call. With much of the information throughout the pandemic being provided online, many within this cohort may have missed out on important messages and advice from officials:

"COVID-19 has devastated my life. I have never felt so lonely and low in mood. I couldn't get any help. I tried many times to contact the Council but couldn't get through on the phone. Telephone messages would advise to access services online but I could not do this."

Essential daily tasks were made more difficult due to in-person services that those within this cohort may rely on shutting down over the national lockdowns:

"There was no help for blind people. I could not access my money from the bank to purchase food as I am unable to use ATM's."

"Technology has made me dependent on my daughter. I can use simple mobile phone but not anything complicated...I can't do anything. If I have to record a [COVID-19] test for work, I can't do it because you have to do it on the web."

A number of respondents praised schools for loaning out digital equipment, such as laptops and iPads, to children in order for them to carry on with their schoolwork. This was seen as helpful however it was noted that there was a lack of training on how to use this equipment. This was an issue for both the children and the parents who were trying to support their children to complete the work using technology:

"The school lent my older child an iPad for home schooling. It was so stressful to cope with everything that I was already dealing with…the school refused to send any paperwork."

In terms of positive experiences, six respondents in this cohort stated that their digital technology skills improved during lockdown, with 4 respondents accessing online learning. Twenty-two respondents also received support from voluntary groups throughout the pandemic, evidencing how essential the voluntary sector is in supporting this cohort.

Those living in deprived areas – 172 voices

Top 5 most common experiences	No of respondents raising	%
Not being able to see family was painful	73	42%
Should have initiated lockdown sooner	36	21%
Working from home was positive	31	18%
Negative feelings of isolation	30	17%
Anxiety	30	17%

A high number of responses from this cohort indicated that feelings of loneliness and isolation had increased significantly as a result of the pandemic and restrictions:

"The isolation. Family visits only at front door. Mother-in-law ill but not able to travel. My mother passed away but not able to meet my siblings to grieve together. So very sad."

Many support services that people usually turned to for support had closed or paused their activities at the beginning of lockdown, impacting on mental wellbeing and stability. Where voluntary organisations were able to move their activities online and individuals had the ability to access this, the feedback was very positive:

"[The] Carers Centre at Runcorn did Zoom calls and were always available for a phone call, advice etc. Brilliant."

"I have been lucky as a counsellor from the Swan Women's Centre in Seaforth calls me once a week for a chat"

Social prescribing was also rated highly amongst respondents, signposting people to services that were running and able to provide support over lockdowns:

"Social prescribing has been brilliant. Taken the time to link me up to support and not overload me"

As mentioned in the quote above, losing a loved one was much more difficult during the pandemic due to restrictions on hospital visits, funerals, and family gatherings. The impact

of this is still felt now and could continue to have a negative impact on mental health in the long-term with individuals being unable to fully grieve:

"Lost my brother. Was able to travel to Yorkshire but had to stand outside in the rain and wind and then go straight back to Cheshire without socialising with the members of family allowed to go. Still distraught about the day."

Many people in this cohort discussed the difficulties in accessing their GP and other medical services during the pandemic, with some confusion over what services were accessible or not. This is likely to be distressing for people, in particular parents who were unsure where to turn for support:

"My daughter suffered an asthma attack a couple of weeks ago and we waited 6.5 hours for a doctor to see her after we were told the walk in [centre] was not accepting walk ins at that time"

Those over 55 and not in education, training or employment – 70 voices

Top 5 most common experiences	No of respondents raising	%
Difficulties accessing GP	42	60%
Negative feelings of isolation	29	41%
Not being able to see family was painful	24	34%
Should have initiated lockdown sooner	23	33%
Anxiety	21	30%

There was a common theme within this cohort relating to cancelled operations and late-diagnosis throughout COVID-19. With controlling the pandemic being of precedent at a national level, other services have had to be reduced or paused in order to cope with the number of infected patients. This has had distressful impacts on those affected by these changes, with many struggling to come to terms with their experiences. Reduced mobility and the impacts of gym closures on health was also raised:

"Parent died of late diagnosed cancer which has affected mental health. Minimal support from NHS services. Mind [charity] discovered inadvertently"

"Reduced mobility due to gym closures created weight gain and this has now jeopardised hip surgery"

Some responses also highlighted the further cost impact on the NHS of late diagnosis and earlier discharges due to the pandemic:

"At the start of the first lockdown I fell in the garden and broke my hip. I had to have surgery. I was away from home for 5 weeks in total, the staff did amazing. However due to

COVID policy I was sent home from hospital earlier than usual. I found my recovery at home difficult. I fell again at home and broke my wrist. I was readmitted to hospital for another 4 weeks."

In some very sad cases, late diagnosis and postponing of treatments other than COVID-19 became fatal, with some respondents stating that their loved ones had died:

"My sister became unwell in the pandemic but unfortunately they didn't diagnose her in time. She got a brain tumour and died. Looked at her underlying condition but didn't look for other things because the focus was on COVID-19"

Findings by Place

Cheshire East

The number of responses collected in Cheshire East was a small total of the overall 400 voices, with 10 voices collected in total. Despite this smaller number, 58 different types of experiences and comments were made by this group with some interesting insights. The top issues raised here resonate elsewhere across the region.

This table shows the top 5 issues raised in Cheshire East. A full breakdown of responses can be found in the Appendix.

Top 5 most common experiences	No of respondents raising	%
Difficulties accessing GP	10	100%
Not being able to see family was painful	7	70%
Mask requirements and availability should have been made quicker	6	60%
Increase in exercise levels	4	40%
Increase in the use of online food ordering and delivery	4	40%

Cheshire West

The total number of voices collected in Cheshire West was 47. Again, the top concerns and comments made from Cheshire West respondents resonate with other locations. One other interesting observation from this area in comparison to other areas was the ending of abusive relationships during the pandemic (3 responses), possibly due to the national lockdown allowing for the abuse victim to live apart from the perpetrator.

Top 5 most common experiences	No of respondents raising	%
Negative feelings of isolation	26	55%
Not being able to see family was painful	18	38%
National lockdown should've happened quicker	14	30%
Local support groups stopped	14	30%
Better communication was needed	13	28%

Warrington

This is where the largest number of responses were collected (60 in total). The largest cohort was those with English as a second language with over 50% out of the total responses.

Top 5 most common experiences	No of respondents raising	%
Not being able to see family was painful	33	55%
Negative feelings of isolation	26	43%
Anxiety	18	30%
Difficulties accessing GP	17	28%
Better communication was needed	16	27%

In Warrington, 21% of voices commented that communication on financial support for businesses, including charities, was unsatisfactory leaving many of these businesses owners financially insecure.

Additionally, more people reported losing employment from this cohort than anywhere else in the region, again putting these individuals into financial insecurity with finding a new job during a global pandemic likely to be more difficult than usual. Financial insecurity is also linked to other insecurities, such as food poverty, energy poverty and debt, even more so if the individual was in a low paid job without savings.

Halton

The total number of voices collected from Halton was 59, the majority of which (41%) were from the "those at risk of digital exclusion" category.

Top 5 most common experiences	No of respondents raising	%
Difficulties accessing GP	27	46%
Not being able to see family was painful	26	44%
National lockdown should've happened quicker	18	31%
Local support groups stopped	16	27%
Negative feelings of isolation	15	25%

Although many respondents from all areas stated that poor access to their GP was an issue through the pandemic, it is worthwhile to consider the impact of this on those that are digitally excluded. With many services, not only primary care, moving online during lockdowns those who are digitally excluded are more likely be unable to access online support. The implications of this on health and wellbeing would be considerable. Similarly, with some local support groups stopping and individuals unable to see family members, this would likely compound impacts on health and wellbeing in this cohort.

Other interesting responses include 19% of respondents identifying how supportive voluntary and community groups were throughout the pandemic. 11% of respondents wanted masks to be made a requirement sooner, including 9% wanting PPE to be made more available to vulnerable people and carers.

12% stated that the asylum process was made much more difficult due to COVID-19, an already difficult process, and the ramifications of this on health and wellbeing should be explored.

Knowsley

45 voices in total were collected from Knowsley, the majority of which came under the "living in a deprived area" cohort. This is not surprising given that Knowsley is identified as one of the top 3 most deprived local authority areas in the country (English Indices of Deprivation, 2019).

Top 5 most common experiences	No of respondents raising	%
Not being able to see family was painful	22	49%
Difficulties accessing GP	16	36%
Working from home was positive	12	27%
Anxiety	11	24%
Better communication was needed	10	22%

Being separated from family was a common theme throughout places, with lockdown restricting the ability to interact with loved ones for support and socialisation. For those that lived with their family, 20% of respondents in Knowsley stated that lockdown brought them closer together. Interestingly, feelings of isolation were only stated by 11% of respondents in Knowsley. It could be that people in Knowsley live with their families more than other areas.

16% of respondents talked about their positive experiences of Social Prescribing throughout the pandemic, with 13% also recognising the support provided by voluntary groups. 9% felt that mental health support throughout the pandemic was poor, linking in with the struggle to access GP's.

Liverpool

VSNW were supported by Rice Lane Community Association who operate the City Farm in Walton Cemetery to collect voices from Liverpool. 44 voices were collected in total with the majority of the responses from this area from the "living in a deprived area" cohort.

Isolation is the largest response here. People reported that the City Farm had proven to be a vital element in addressing loneliness and isolation. This was perhaps aided by their participation in the LCR "feeding children" initiative.

Top 5 most common experiences	No of respondents raising	%
Negative feelings of isolation	21	47%
Not being able to see family was painful	15	34%
Working from home was positive	10	23%
Nothing at all was good	7	16%
Everything felt more difficult	6	14%

Although, similar to Knowsley, working from home was a popular response, the majority of experiences from Liverpool were negative. As well as the above feelings of isolation, difficulty, and hopelessness, 11% stated mental health support was poor and 11% were impacted by bereavement. Three respondents stated that they lost their employment, with the same number stating that their financial situation worsened.

Sefton

The total number of voices collected in Sefton was 39, with an even split across all 4 cohorts.

Top 5 most common experiences	No of respondents raising	%
Negative feelings of isolation	20	51%
Difficulties accessing GP	15	38%
Nothing at all was good	13	33%
Not being able to see family was painful	11	28%
Supported by voluntary groups	7	18%

Similar to other areas, overwhelmingly negative responses were captured in the Sefton group of respondents. Isolation and GP access were top responses, along with the feeling of hopelessness with nothing at all being "good".

The support provided by voluntary and community groups was praised again, with 18% of respondents relaying this with 10% also praising social prescribing services.

Two respondents stated they had no access to digital equipment throughout lockdown, with one respondent stated that they were being left behind.

One respondent stated that they had developed a drinking problem over the course of the pandemic, and in contrast another respondent stated their drinking problem had been "solved" due to the pubs being closed. These contrasting experiences, with some recalling the positive sides of the pandemic compared to the worse, show just how experiences of the pandemic are individual and nuanced.

St Helens

The total number of voices collected in St Helens was 40 with a fairly even split across cohorts.

Top 5 most common experiences	No of respondents raising	%
Not being able to see family was painful	29	73%
Should have initiated lockdown sooner	18	45%
Difficulties accessing GP	16	40%
Nothing at all was good	14	35%
Anxiety	12	30%

It was felt strongly in St Helen's that the initiation of national lockdown restrictions should have been implemented sooner than they were. Additionally, 25% of respondents also stated that UK borders should have been closed sooner suggesting that respondents in St Helens were dissatisfied with the way the pandemic was handled nationally.

Once more, overwhelmingly negative experiences were captured in St Helens similar to other areas despite feelings of isolation reported at a lower rate than other area (25%). Support from voluntary groups was also identified (20%) with 18% of respondents accessing online learning for adults. Other positive aspects of the pandemic identified include working from home (10%), improved hygiene (10%), having a time for reflection (8%) and developing new hobbies (5%).

Interestingly, vaccinations were referred to in St Helens more than in other areas with mention of too much pressure to have a vaccine, illness following vaccination and, a more recent issue, poor access to vaccine boosters. One individual also referred to COVID-19 as a hoax, although this finding was not replicated anywhere else.

Wirral

The total number of voices collected in Wirral was 53, with the majority belonging to the "living in a deprived area" cohort.

Top 5 most common experiences	No of respondents raising	%
Not being able to see family was painful	18	34%
Difficulties accessing GP	18	34%
Negative feelings of isolation	17	32%
Should have initiated lockdown sooner	13	25%
Anxiety	12	23%

Responses from Wirral are in general keeping with those of other areas. 21% of respondents highlighted the support they received from voluntary and community groups

as essential for getting through the pandemic, with 9% struggling with finding mental health support and 6% suffering from bereavement.

11% of respondents stated that holidays were cancelled due to the pandemic, with almost half of these individuals from the "living in a deprived area" cohort, a useful reminder that deprivation is far more than just a financial position.

Common Themes

Impact on mental health and emotional wellbeing

There is no doubt that the impact of the COVID-19 pandemic on mental health and wellbeing has been significant with the majority of cohorts and places, the top experiences linking to this theme. Not being able to see family in lockdown, feelings of isolation and loneliness, bereavement and ultimately hopelessness were common experiences with some respondents struggling to access the mental health support they needed.

The role of the voluntary, community, faith and social enterprise sector

There was much praise for voluntary groups that continued to support people throughout the pandemic, from social prescribing to carers support centres and local knitting groups. These types of groups and activities are often quicker and more cost-effective than health models and foster a sense of togetherness and community – something that has been missing for many people over the course of the pandemic.

Difficulties accessing health services

GP access was also seen as a major issue across all four cohorts and, in particular, in the over 55 group – this may be the group that usually has greatest access. Many respondents struggled to get appointments with their GP for a variety of reasons including digital exclusion, not knowing how to make an online appointment, or in particular for the "English as a 2nd language" cohort, lack of access to an interpreter. Many respondents preferred face-to-face GP appointments and did not feel confident that their health concerns would be understood with an online approach.

Access to mental health services and pregnancy support was also seen as poor, with some respondents finding alternative support outside of NHS services with no clear signposting. The "aged over 55 and not in education, training or employment" cohort raised issues with late diagnosis more than any other, with this having an impact on health moving forward and, in some cases, led to premature death.

There were also some positive experiences of accessing health care, with acute secondary care in particular being praised and NHS workers overall being held in high regard with the system as a whole criticized rather than individual workers.

Communication and accessibility

There were several references to the need for better communication, whether this be about new national restrictions or more local changes to services and access to services. Additionally, accessibility for those with English as a second language, including the Blind, Deaf and hard of hearing community is vital as without considerations these communities become more marginalised and suffer from widening health inequalities.

Asylum seekers in particular faced difficulties throughout the pandemic from housing, access to services, being unable to see family and for some a lack of community that is so important for this group.

Vaccination acceptance

There was a general acceptance of the importance of vaccines throughout respondents, with many having had their vaccine and, at the time of writing, eager to access their booster vaccinations. There were some negative perceptions of the vaccine, including pressure to receive one and one comment in relation to anti-vaccination however overall the perception was positive.

PPE access

Access to PPE was regarding as an important issue, with the importance of wearing masks and washing hands well understood. There was some criticism over access to PPE for social care, including care homes and domiciliary care, out of concern for both staff and patients. Masks being a barrier to communication, and in some cases being overwhelming, was discussed with experiences of loved ones with dementia being frightened and the deaf community being unable to communicate efficiently.

Hospital and care home visitation

Whilst the reasons for restrictions regarding visitation were understood and, in most cases, accepted, there were some difficult and stressful experiences of people being unable to see their loved ones in both a hospital and care home setting. Many respondents who suffered bereavement during the pandemic were still finding it difficult to come to terms with not being able to visit loved ones before they passed away and being unable to access face to face support with this. Others were concerned of the impact of loved ones in care homes, particularly those with dementia, with mental decline quickening without family interaction.

Act faster

Many respondents felt that the Government were slow in reacting to the pandemic, with a failure to learn from countries experiencing it before us and the need to "close the borders" much quicker to save lives.

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.

Further research into the impacts of difficulties accessing health services

Throughout the report one of the most common highlighted experiences raised by the voices interviewed was the struggle in accessing and negative experiences of health services during the pandemic. Difficulty accessing GP services, particularly face-to-face appointments, was expressed by all cohorts alongside an identified lack of mental health support, childbirth in isolation and hastened hospital discharges. Some individuals raised a lack of confidence in services, feelings of guilt accessing support and using limited NHS resources, perhaps compounded by the official "Save the NHS" language.

In order to ensure that the public has confidence and trust in the health and social care system, further research should be undertaken to assess the impact of access difficulties and to develop solutions to ensure that people do not leave their health conditions unattended and further widening equalities gaps.

Develop ways of ensuring communications are inclusive and wide-reaching

Those with English as a second language talked about the impacts of being unable to access interpreter support in hospital and primary care settings and how this meant they were denied quick and efficient access to health care, putting health at risk. The availability of translated guidance was limited to a few number of languages. Some voices collected from Deaf and Blind communities talked about how they struggled accessing services and receiving guidance on how to access services in lockdown. For example, comments were made about how masks impeded lip reading, an essential communication method for the Deaf community. Additionally, those without access to the internet or digital equipment struggled to access information altogether.

Community groups play an important role in communicating with groups that are considered "hard to reach" by statutory organisations, due to the close links they have with these communities. Being inclusive in providing communications and working with community groups on the ground is crucial to ensure these communities do not get left behind.

Expand social prescribing services across the North West

Social prescribing was identified by voices from across all cohorts as a positive experience during the pandemic, providing essential and inclusive health and wellbeing support without which many individuals would have found difficult to live without. Being able to signpost individuals to services that were still available during national lockdowns, with local community group knowledge, was and is extremely valuable.

Therefore, it is recommended that social prescribing be expanded further across the North West with an open, integrated and local approach with the VCSE sector's essential role within social prescribing model well recognised. This will not only enable people to utilise social prescribing service more frequently but also to successfully manage mental health and wellbeing needs post-pandemic.

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.

Consider the wider impacts of closure of groups and service venues

Closure of community groups and services, including faith meetings, caused an increased sense of isolation and gap in support for many that are usually supported in this way and placed demand on NHS and Local Authority Services. The closure of day centres significantly increased pressures on unpaid carers and schools and after school clubs on parents. As restrictions have eased, the re-opening of some community and voluntary groups have been a lifeline for some, however these services require support to continue to operate during the recovery stages of the pandemic and to ease the burden on statutory services. Guidance on risk management and COVID-19 workplace safety may be beneficial and ensuring that those that were left without support are now accessing it.

Closer working with and investment in to the VCSE sector a key partner in reducing inequalities

The sector has a strong track record in reaching those who are not only difficult to reach but also difficult to find. The voices gathered in this project have evidenced that, along with social prescribing, the work of the VCSE sector throughout the pandemic has been and remains invaluable in reducing inequalities. Closer working between community health partners and the sector as an equal partner in service design and delivery will allow health

services to benefit more from the sector's flexibility, adaptability and community expertise whilst drawing out excellence from the sector itself.

For example, the 2021 Cheshire & Merseyside Women and Children's Services Partnership VCSE Small Grants Programme for improving maternal mental health is an opportunity to not only gather crucial learnings for supporting new and expectants mothers but also to raise the profile of the VCSE sector in these delivery roles.

Consider accessibility in the context of health care transformation as well as COVID-19

The impact of COVID on accessibility of services has parallels with the current transformation of health services and the increasing use of virtual services. Underpinning a number of access issues therefore is digital exclusion. In many ways the above recommendations should therefore also be considered in the context of health transformation, not just in light of the impact of COVID-19.

Equalities Impact Assessment are key part of the transformation work going forward but we need to use the intelligence gathered here in order to anticipate likely equalities impacts and develop a blended model of transformation and work with partners across Cheshire and Merseyside to address digital exclusion.

Considerations

Whilst 400 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.

Experience of collecting responses

A great deal of hard work by our VCSE partner organisations went into collecting and delivering the 400 voices for Cheshire and Merseyside with the experience of listening to the stories of people impacted by the COVID-19 pandemic insightful, inspirational and poignant.

Atefeh Ali, Community Champion at Warrington Voluntary Action and voice collector for Warrington, provided a summary of her experiences of the project:

"Most of the people that I talked to found the idea of 1000 voices fascinating. They said the first three questions made them reflect themselves deep down and look back about how they felt. The last two questions seemed like a chance for voices to be heard.

I think it was essential for people to take a look back and review whatever they have been through in the pandemic time that was not easy at all. I hope all the voices will be heard and make a difference in similar situations in future".

Contact

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Appendices

1. Datasets by cohort

1.a. Those with English as a 2nd Language – 91 voices

Unique experience statements – 62 identified

Experience statement	No of respondents raising	%
Seeing family – not seeing painful	32	35.2%
GP access poor	29	31.9%
Isolation negative feelings	29	31.9%
Better Communication	21	23.1%
Seeing family – additional time at home good.	21	23.1%
Online learning accessed (adults)	18	19.8%
Anxious	16	17.6%
Nothing was good	15	16.5%
Voluntary groups supportive	14	15.4%
Groups stopped	10	11.0%
Lockdown quicker	10	11.0%
Technology – better at using	10	11.0%
Interpreters needed (BSL and spoken)	9	9.9%
Asylum process made more difficult	8	8.8%
Hygiene improved	8	8.8%
Close borders sooner	7	7.7%
Employment – lost	7	7.7%
Weight increased	7	7.7%
Keep things open	6	6.6%
Comms – better information on financial support	5	5.5%
Support payments needed better targeting	5	5.5%
BSL – not on Downing Street press conferences.	4	4.4%
Comms – more languages needed	4	4.4%
Exercised more	4	4.4%
Happy how it has been handled	4	4.4%
Masks needed more/quicker	4	4.4%
New hobbies	4	4.4%
Technology – still cannot manage	4	4.4%
Vaccine compulsory	4	4.4%
Employment – hours reduced	3	3.3%
Funeral attending	3	3.3%
IT – no access to it.	3	3.3%
Lockdown not at all.	3	3.3%
Vaccine Voluntary	3	3.3%
WFH good	3	3.3%
BRP at risk due to passport delays	2	2.2%
Childbirth – partner not allowed	2	2.2%
Driving tests cancelled	2	2.2%
GP phone access good/preferred	2	2.2%
Home schooling difficult	2	2.2%
Pregnancy support poor	2	2.2%
Groups remained open	2	2.2%

Abusive relationships now ended	1	1.1%
Became closer to God	1	1.1%
Better sleep	1	1.1%
Borders – open for overseas families	1	1.1%
Covid is a hoax	1	1.1%
E consult poor	1	1.1%
Employment – gained	1	1.1%
Exercised less	1	1.1%
Glad to be here	1	1.1%
Home Schooling – brilliant support	1	1.1%
Hospital – good but parent not allowed to be with young child	1	1.1%
Isolation was good	1	1.1%
Lockdown – end slower	1	1.1%
Lockdown end quicker	1	1.1%
Masks – should not be worn	1	1.1%
Mental health support good	1	1.1%
Mental health support poor	1	1.1%
Midwives good during the day and absent at night	1	1.1%
Relocated from Norwich to Widnes with no support (Everyone in Scheme)	1	1.1%
WHF difficult	1	1.1%

1.b. Those at risk of digital exclusion – 67 voices

Unique experience statements – 61 identified

Experience statement	No of respondents raising	%
Seeing family – not seeing painful	61	91.0%
Anxious	53	79.1%
Isolation negative feelings	33	49.3%
Lockdown quicker	27	40.3%
GP access poor	26	38.8%
Voluntary groups supportive	22	32.8%
Nothing was good	18	26.9%
Seeing family – additional time at home good.	17	25.4%
Groups stopped	14	20.9%
Better Communication	13	19.4%
Happy how it has been handled	13	19.4%
Close borders sooner	12	17.9%
Masks needed more/quicker	11	16.4%
New hobbies	11	16.4%
Exercised more	10	14.9%
Time for reflection	9	13.4%
Funeral attending	7	10.4%
Care Home discharges/support	7	10.4%
Hospitals good	6	9.0%
PPE Sanitiser to Vulnerable	6	9.0%
Technology – better at using	6	9.0%
Finances got worse	5	7.5%
WFH good	5	7.5%

Online learning accessed (adults)	4	6.0%
Vaccine process excellent	4	6.0%
Surgery delayed	3	4.5%
Bereavement	2	3.0%
Death – enable it to be "not alone"	2	3.0%
GP phone access good/preferred	2	3.0%
Hygiene improved	2	3.0%
WFH difficult	2	3.0%
Joint UK approach needed	2	3.0%
Home schooling difficult	2	3.0%
PPE Procurement	2	3.0%
UK wide approach	2	3.0%
Childbirth – grandparents could not visit/support	1	1.5%
Council – good support	1	1.5%
Covid used for a variety of delays	1	1.5%
Diwali and Eid cancelled. Christmas was not!	1	1.5%
Drink problem solved by pubs closing	1	1.5%
Employment – hours reduced	1	1.5%
Employment – lost	1	1.5%
Home schooling – better support from schools needed	1	1.5%
Home shopping delivery service accessed well.	1	1.5%
Hospitals – poor comms between depts	1	1.5%
Housing adaptations not done	1	1.5%
Isolating needed before surgery	1	1.5%
Isolating was good	1	1.5%
Lockdown – end slower	1	1.5%
Masks – should not be worn	1	1.5%
Mental health support poor	1	1.5%
Pregnancy support poor	1	1.5%
Relationship ended (abuse not mentioned)	1	1.5%
School closures – better planning and comms	1	1.5%
SEN support should be better	1	1.5%
Shops – have quiet times for vulnerable/stay open	1	1.5%
Social prescriber good	1	1.5%
Vaccine – made me ill	1	1.5%
Vaccines – too much pressure applied to have one/worry.	1	1.5%
Walk in Centre – excellent	1	1.5%
Wedding cancelled three times	1	1.5%

1.c. Those living in deprived areas – 172 voices

Unique experience statements – 77 identified

Experience statement	No of respondents raising	%
Seeing family – not seeing painful	73	42.4%
Lockdown quicker	36	20.9%
WFH good	31	18.0%
Anxious	30	17.4%
Isolation negative feelings	30	17.4%
GP access poor	29	16.9%
Exercised more	20	11.6%

Nothing was good	20	11.6%
Seeing family – additional time at home good.	20	11.6%
Better Communication	18	10.5%
Mental health support poor	14	8.1%
Bereavement	12	7.0%
New hobbies	12	7.0%
Voluntary groups supportive	12	7.0%
Close borders sooner	11	6.4%
Employment – hours reduced	11	6.4%
Online food deliveries	11	6.4%
Masks needed more/quicker	8	4.7%
Time for reflection	8	4.7%
Finances got worse	7	4.1%
Groups stopped	7	4.1%
Social prescriber was good	7	4.1%
Employment – lost	6	3.5%
Everything Harder	6	3.5%
Funeral attending	6	3.5%
Hospital appointments hard	6	3.5%
PPE procurement	6	3.5%
Care Home discharges/support	5	2.9%
Vaccine process excellent	5	2.9%
Exercised less	4	2.3%
Happy with how it was handled	4	2.3%
Hospitals good	4	2.3%
Online learning accessed (adults)	4	2.3%
Home schooling – better support from schools needed	3	1.7%
Isolation was good	3	1.7%
Lockdown – were lessons learned for subsequent	3	1.7%
Lockdown not at all.	3	1.7%
Pregnancy support poor	3	1.7%
Abusive relationships now ended	2	1.2%
Army to enforce rules	2	1.2%
Covid used for a variety of delays	2	1.2%
Death – enable it to be "not alone"	2	1.2%
Employment gained	2	1.2%
Home Schooling – brilliant support	2	1.2%
Home schooling difficult	2	1.2%
Lockdown – end slower	2	1.2%
Neighbourhood contact reduced	2	1.2%
Nightingale Hospitals not used	2	1.2%
Other illnesses suffered	2	1.2%
Surgery delayed	2	1.2%
Technology – better at using	2	1.2%
Being left behind	1	0.6%
E consult poor	1	0.6%
Finances improved.	1	0.6%
Friendliness and neighbours discovered	1	0.6%
GP access good	1	0.6%
GP phone access good/preferred	1	0.6%
Groups remained open	1	0.6%
Holidays cancelled	1	0.6%
Home shopping delivery service accessed well.	1	0.6%

Experience statement	No of respondents raising	%
Hygiene improved	1	0.6%
IT Unable to access	1	0.6%
Mental health support good	1	0.6%
News caused anxiety	1	0.6%
Not seeing non cohabiting partner	1	0.6%
Opticians "strange" with masks	1	0.6%
Partner more supportive	1	0.6%
PPE frightening in walk in centre	1	0.6%
Prescription's poor	1	0.6%
School closures – better planning and comms	1	0.6%
Selfish minority caused stress	1	0.6%
Stress at home	1	0.6%
UK wide approach needed	1	0.6%
Universal Credit – difficult to access help for a claim	1	0.6%
Vaccine compulsory	1	0.6%
Weight increased	1	0.6%
Working from home difficult	1	0.6%

1.d. Those over 55 and not in education, training or employment – 70 voices

Unique experience statements – 64 identified

Experience statement	No of respondents raising	%
GP access poor	42	60.0%
Isolation negative feelings	29	41.4%
Seeing family – not seeing painful	24	34.3%
Lockdown quicker	23	32.9%
Nothing was good	21	30.0%
Anxious	21	30.0%
New hobbies	13	18.6%
Holidays cancelled	11	15.7%
Close borders sooner	11	15.7%
Surgery delayed	8	11.4%
Voluntary groups supportive	8	11.4%
Online food deliveries	8	11.4%
Technology – better at using	7	10.0%
Bereavement	6	8.6%
Better Communication	6	8.6%
Groups stopped	6	8.6%
Masks needed more/quicker	4	5.7%
Mental health support poor	4	5.7%
Seeing family – additional time at home good.	4	5.7%
Employment – lost	3	4.3%
Hospital appointments hard	3	4.3%
Social prescriber was good	3	4.3%
Vaccine compulsory	3	4.3%
Care Home discharges/support	3	4.3%
GP access good	3	4.3%
WFH good	3	4.3%
Exercised more	2	2.9%

Hospital visits impossible	2	2.9%
Hospitals good	2	2.9%
Lockdown – end slower	2	2.9%
PPE needed for front line and prison staff	2	2.9%
Vaccine process excellent	2	2.9%
Weight increased	2	2.9%
Alzheimer's Care stopped	1	1.4%
Day centres closed (negative)	1	1.4%
Death – enable it to be "not alone"	1	1.4%
Drink problem developed	1	1.4%
Exercised less	1	1.4%
Funeral attending	2	2.9%
Furlough better compensated than sick pay	1	1.4%
Getting housed after homelessness	1	1.4%
GP – misdiagnosis on video call.	1	1.4%
Happy how it has been handled	1	1.4%
IT – no access to it.	1	1.4%
Lack of investigation into DV issues	1	1.4%
Lockdowns – no more please	1	1.4%
Mandatory tests for pubs and clubs needed	1	1.4%
Masks – should not be worn	1	1.4%
Medical services difficult to access after house move	1	1.4%
Mobility – decreased	1	1.4%
News caused anxiety	1	1.4%
Police stopped me to ask why I was out and about	1	1.4%
Prescription's poor	1	1.4%
Relationship ended (abuse not mentioned)	1	1.4%
Time for reflection	1	1.4%
Vaccine – poor booster access	1	1.4%
WFH difficult	1	1.4%
PPE procurement	2	2.9%
Vaccine Excellent	1	1.4%
Isolation good	1	1.4%
Surgery delayed	1	1.4%
Hygiene	1	1.4%
Booster sceptic	1	1.4%
Hospital excellent	1	1.4%

2. Datasets by place

Experience Statement	Cheshire East	Cheshire West	Warrington	Halton	Knowsley	Liverpool	Sefton	St Helens	Wirral	Total	%
Seeing family – not seeing painful	7	18	39	25	17	15	11	29	17	178	44.5%
Isolation negative feelings	1	26	26	15	3	21	20	9	17	138	34.5%
GP access poor	9	6	17	27	4		15	16	17	111	27.8%
Lockdown quicker	1	13	15	18	8		6	18	12	91	22.8%
Anxious	2	8	18	9	11	2	6	12	12	80	20.0%
Nothing was good		9	13	13	2	7	13	14	8	79	19.8%
Better Communication		13	16	7	8		1	7	8	60	15.0%
Seeing family – additional time at home good.		8	14	4	5	5	7	5	8	56	14.0%
Voluntary groups supportive		9		11	5		7	8	11	51	12.8%
WFH good	2	1	14	4	10	10	3	4	3	51	12.8%
Groups stopped	1	13	3	16	1	2	5		2	43	10.8%
Close borders sooner		6	12	2			6	10	4	40	10.0%
Masks needed more/quicker	6	5	3	11	2		4	6	3	40	10.0%
Exercised more	4	5	6	5	5	5	2	3	3	38	9.5%
New hobbies	2	8	7	6	1			2	8	34	8.5%
WFH difficult		1	16	4				2	1	24	6.0%
Online learning accessed (adults)			12		1	1		7	1	22	5.5%
Technology – better at using	1	5	4	4	1		6			21	5.3%
Mental health support poor	1			3	4	5	1	1	5	20	5.0%
Online food deliveries	5		4	2	1	1		5	1	19	4.8%
Holidays cancelled	1		3					9	5	18	4.5%
Time for reflection	1	1		5	5		1	3	2	18	4.5%
Employment – lost		3	6			3	2	1	2	17	4.3%
Exercised less	2		12	1		1	1			17	4.3%
Funeral attending	3		2	6	2		1	1	1	16	4.0%
Happy how it has been handled			10	1				1	4	16	4.0%
Bereavement		3				5	1	2	4	15	3.8%
Care Home discharges/support	2		1	4	3		2		1	13	3.3%
Surgery delayed	1	2		2	2		4	2		13	3.3%
Hygiene improved	1		6					4	1	12	3.0%

Employment – hours reduced	1		2			2	2		4	11	2.8%
Finances got worse			2		2	3	2	1		10	2.5%
Home schooling difficult		2	2	1	1	1		1	2	10	2.5%
Hospitals good	1	3	3				1	1	1	10	2.5%
PPE procurement	2		4	3				1		10	2.5%
Pregnancy support poor		4	3	1		1	1			10	2.5%
Social prescriber was good						6		4		10	2.5%
Wedding cancelled three times		1	9							10	2.5%
GP access good		1			2		2	3	1	9	2.3%
Asylum process made more difficult					7			1		8	2.0%
Comms – better information on financial support		1	7							8	2.0%
Death – enable it to be "not alone"		1			2		1	3	1	8	2.0%
Interpreters needed (BSL and spoken)			4	1				2	1	8	2.0%
Keep things open		2						5	1	8	2.0%
GP phone access good/preferred		3	3	1						7	1.8%
Technology – still cannot manage		1	2				1	3		7	1.8%
Vaccine process excellent		1	1	5						7	1.8%
Comms – more languages needed			4					1	1	6	1.5%
Everything Harder						6				6	1.5%
Hospital appointments hard		3	1	2						6	1.5%
IT – no access to it.		1		1			2		1	5	1.3%
PPE Sanitiser to Vulnerable				5						5	1.3%
Vaccines – too much pressure applied to have one/worry.			3					1	1	5	1.3%
Abusive relationships now ended	1	3								4	1.0%
BSL – not on Downing Street press conferences.		4								4	1.0%
Bubbles good		3					1			4	1.0%
Lockdown – were lessons learned for subsequent	3						1			4	1.0%
Lockdown not at all.		1					2	1		4	1.0%
Neighbourhood contact reduced	2	2								4	1.0%
Vaccine Voluntary			1				2	1		4	1.0%
Weight increased		1	1		2					4	1.0%

	1	2	3	4	5	6	7	8	9	Total	%
Army to enforce rules		1					2			3	0.8%
Home schooling – better support from schools needed	1	2								3	0.8%
Isolation was good		1				2				3	0.8%
Lockdown – end slower					1		1	1		3	0.8%
Lockdown end quicker		0	1						2	3	0.8%
Masks – should not be worn		2					1			3	0.8%
Medical services difficult to access after house move					1		1	1		3	0.8%
Mobility – decreased			3							3	0.8%
Nightingale Hospitals not used	2	1								3	0.8%
School closures – better planning and comms		1	1	1						3	0.8%
Stress at home		2				1				3	0.8%
UK wide approach needed			3							3	0.8%
Vaccine compulsory		1						2		3	0.8%
BRP at risk due to passport delays			2							2	0.5%
Childbirth – partner not allowed			1		1					2	0.5%
Covid used for a variety of delays								1	1	2	0.5%
Driving tests cancelled								2		2	0.5%
E consult poor					1				1	2	0.5%
Employment – gained				1					1	2	0.5%
Groups remained open					1		1			2	0.5%
Home Schooling – brilliant support			1				1			2	0.5%
Hospital visits impossible					1			1		2	0.5%
Other illnesses suffered								2		2	0.5%
PPE needed for front line and prison staff					1		1			2	0.5%
Prescription's poor		2								2	0.5%
Relationship ended (abuse not mentioned)							1	1		2	0.5%
Vaccine – poor booster access			1					1		2	0.5%
Alzheimer's Care stopped								1		1	0.3%
Became closer to God									1	1	0.3%
Being left behind								1		1	0.3%
Better sleep		1								1	0.3%
Borders – open for overseas families								1		1	0.3%

	1	2	3	4	5	6	7	8	Total	%
Childbirth – grandparents could not visit/support		1							1	0.3%
Council – good support							1		1	0.3%
Covid is a hoax							1		1	0.3%
Day centres closed (negative)		1							1	0.3%
Diwali and Eid cancelled. Christmas was not!								1	1	0.3%
Drink problem developed						1			1	0.3%
Drink problem solved by pubs closing						1			1	0.3%
Finances Improved								1	1	0.3%
Friendliness and neighbours discovered						1			1	0.3%
Furlough better compensated than sick pay						1			1	0.3%
Getting housed after homelessness						1			1	0.3%
Glad to be here				1					1	0.3%
GP – misdiagnosis on video call.								1	GP – 1	0.3%
Home shopping delivery service accessed well.				1					1	0.3%
Hospital – good but parent not allowed to be with young child								1	1	0.3%
Hospitals – poor comms between depts						1			1	0.3%
Housing adaptations not done								1	1	0.3%
Isolating needed before surgery		0		1					1	0.3%
Lockdowns – no more please			1						1	0.3%
Mandatory tests for pubs and clubs needed							1		1	0.3%
Mental health support good	1								1	0.3%
Midwives good during the day and absent at night				1					1	0.3%
News caused anxiety			1						1	0.3%
Not seeing non cohabiting partner		1							1	0.3%
Opticians "strange" with masks				1					1	0.3%
Partner more supportive						1			1	0.3%
Police stopped me to ask why I was out and about						1			1	0.3%
PPE frightening in walk in centre						1			PPE 1	0.3%
Relocated from Norwich to Widnes with no support (Everyone in Scheme)					1				1	0.3%

	C1	C2	C3	C4	C5	C6	C7	C8	C9	Total	%
Selfish minority caused stress								1		1	0.3%
SEN support should be better					1					1	0.3%
Shops – have quiet times for vulnerable/stay open				1						1	0.3%
Support payments needed better targeting		1								1	0.3%
Universal Credit – difficult to access help for a claim		1								1	0.3%
Vaccine – booster sceptic	1									1	0.3%
Vaccine – made me ill								1		1	0.3%
Walk in Centre – excellent									1	1	0.3%
Total	**68**	**220**	**346**	**246**	**120**	**100**	**167**	**222**	**187**	**1676**	

3. Interview proforma

This interview should, ideally, take the form of a conversation, with some question prompts listed below with space to input notes. These questions are not set in stone, and you can ask different questions depending upon where the conversation goes. The interviewee should guide this interview with their experiences of the pandemic.

If you are not recording this interview, please ensure that you take notes of the conversation either on here, or using your own papers, to send to 1000voices@vsnw.org.uk for collection.

There is also a GDPR declaration at the end of this document. Please ensure that the person you have interviewed completes this section, as this is a GDPR requirement. Without this signed declaration, there will be no payment made to the organisation that has asked you to undertake this interview. If the interview is being undertaken over video call, please ensure the participant agrees to having you fill in this information.
If you have any questions, please contact Andrew Rainsford or Laura Tilston at 1000voices@vsnw.org.uk.

1. **How has COVID-19 impacted or changed your life compared to before?**
   a. What is the main reason for saying this?

2. **Has there been anything that was better or that you enjoyed because of the pandemic?** *E.g. Working/studying at home, increased exercise, online groups, having food delivered etc.*
   a. What is the best thing for you and why?

3. **Has there been anything that has made life harder or has upset you because of the pandemic?** *E.g. Not seeing family, social isolation, family ill-health/death, difficulty doing normal everyday things, access to healthcare etc.*
   a. What have you found difficult and why?

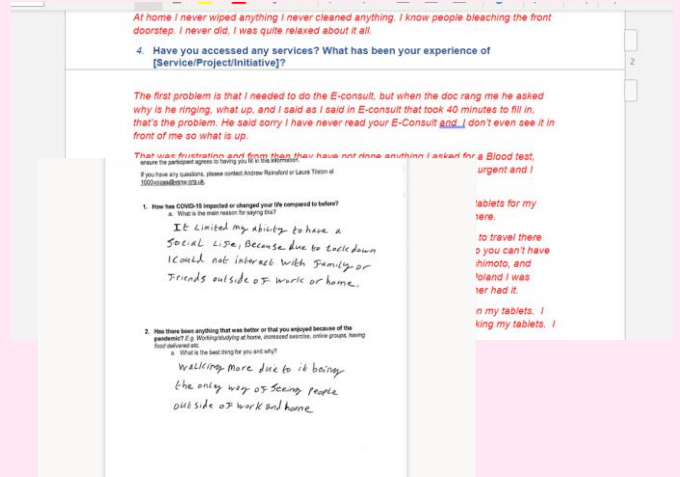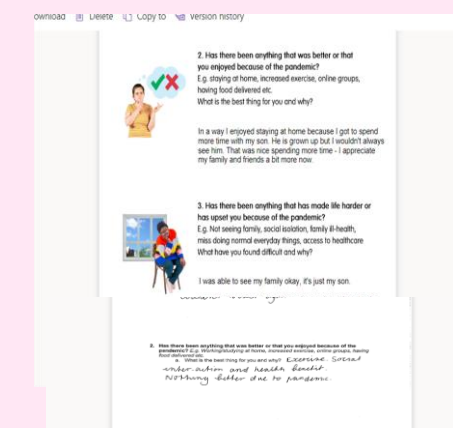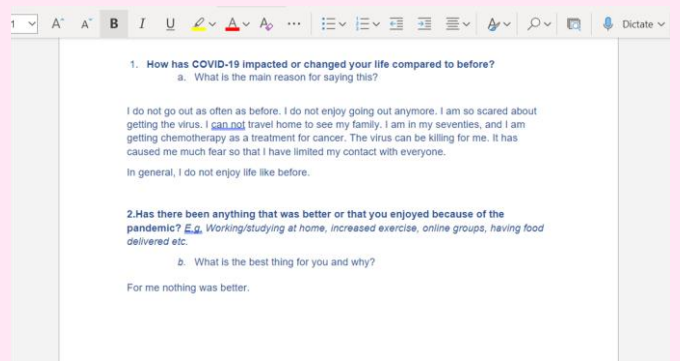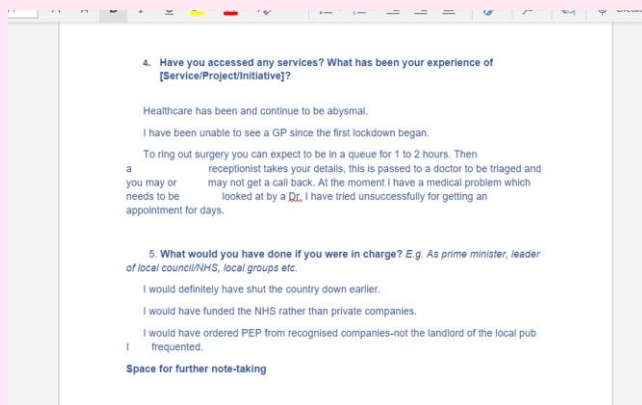4. **Have you accessed any services? What has been your experience of it/them?**

5. **What would you have done if you were in charge?** *E.g. As prime minister, leader of local council/NHS, local groups etc.*

Your name:
Your preferred contact method (please detail):
Post code:
First language:

4. Excerpts from interviews

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Space for further note-taking

Our lives will never be the same again. Few years of us life + the impact is devastating, mental circumstances. We accept death but not to families in water and frost, our domain empty. I know hospitals where + still are stretched to capacity, there are still no visiting timetable unless of certain circumstances dementia or end of life. This is also soul destroying to families not being able to see them. Loved ones, who are poorly + just need to see a familiar face or be able to speak to someone they relate to, I am aware of the problems this pandemic has caused a hospitals have been remained to accommodate the vast amount of patients needing specialist treatment. All I wanted was to be able to see my husband + speak to him. Even if I had to have worn the specialist protective clothing + mask it would have meant the world, instead of phone calls from consultants nurses staff (yes or ok (fine) family need to see this for themselves. I had to leave my husbands sat alone in A+E waiting to be seen with very low oxygen levels + eventually he was see to + immediately put on oxygen. I spoke with him 4 days later via his mobile as he to unable to talk than 3 days later I was called in with my daughters watching him take his last breath + him asking me has we ... knew thats ...

Space for further note-taking

A lot of people have had the satisfaction if helping others in this time and for some it has awakened the feeling of wanting to serve.

One thing that I have found disturbing is the excess of 'giving' and probably a lot of waste. People need what they need not what we want to give. So much giving, especially of items for those less fortunate has made me realise even more acutely that we are not generous, just have far too much 'stuff' that we can give away easily. For our world going forward we need to think about not buying what we do not need.

GENERAL DATA PROTECTION STATEMENT

The information you provide will be stored electronically by both ourselves (insert name) ...

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2. Has there been anything that was better or that you enjoyed because of the pandemic?
E.g. staying at home, increased exercise, online groups, having food delivered etc.
What is the best thing for you and why?

I hated staying at home. I missed everything that I was part of when lockdown happened. The day service was closed but some of the carers came out to my house. I enjoyed them being there.

My carer did my shopping - but I missed doing that with him.

3. Has there been anything that has made life harder or has upset you because of the pandemic?
E.g. Not seeing family, social isolation, miss doing normal everyday things, access to healthcare
What have you found difficult and why?

I couldn't do the things I did normally, this upset me. The bits on the TV about it should not have been on. It was scaremongering. The briefing at 5 oclock. It wasn't good for people with learning disabilities and autism. It raised anxiety and people were scared. They didn't understand.

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4. Have you accessed any services? What has been your experience of [Service/Project/Initiative]?

Healthcare has been and continue to be abysmal.

I have been unable to see a GP since the first lockdown began.

To ring out surgery you can expect to be in a queue for 1 to 2 hours. Then a receptionist takes your details, this is passed to a doctor to be triaged and you may or may not get a call back. At the moment I have a medical problem which needs to be looked at by a Dr. I have tried unsuccessfully for getting an appointment for days.
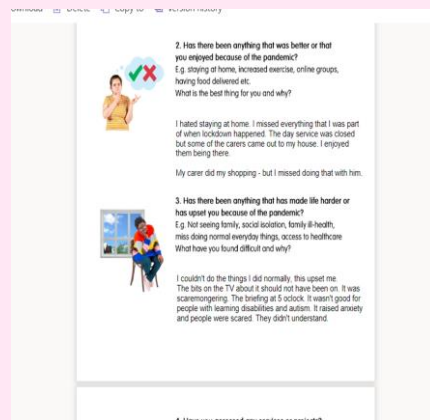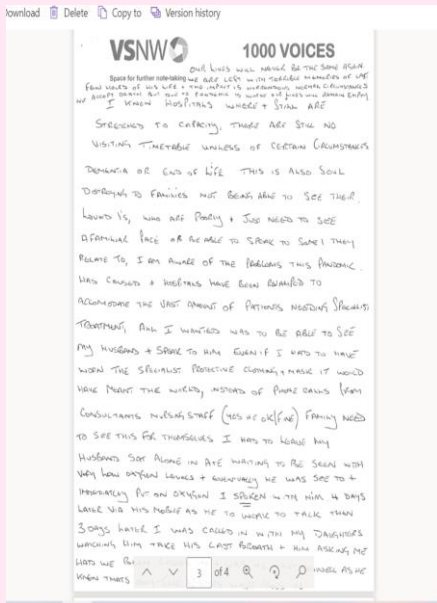
5. What would you have done if you were in charge? *E.g. As prime minister, leader of local council/NHS, local groups etc.*

I would definitely have shut the country down earlier.

I would have funded the NHS rather than private companies.

I would have ordered PEP from recognised companies-not the landlord of the local pub I frequented.

Space for further note-taking

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1. How has COVID-19 impacted or changed your life compared to before?
a. What is the main reason for saying this?

I do not go out as often as before. I do not enjoy going out anymore. I am so scared about getting the virus. I can not travel home to see my family. I am in my seventies, and I am getting chemotherapy as a treatment for cancer. The virus can be killing for me. It has caused me much fear so that I have limited my contact with everyone.

In general, I do not enjoy life like before.

2. Has there been anything that was better or that you enjoyed because of the pandemic? *E.g. Working/studying at home, increased exercise, online groups, having food delivered etc.*
b. What is the best thing for you and why?

For me nothing was better.

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2. Has there been anything that was better or that you enjoyed because of the pandemic?
E.g. staying at home, increased exercise, online groups, having food delivered etc.
What is the best thing for you and why?

In a way I enjoyed staying at home because I got to spend more time with my son. He is grown up but I wouldn't always see him. That was nice spending more time - I appreciate my family and friends a bit more now.

3. Has there been anything that has made life harder or has upset you because of the pandemic?
E.g. Not seeing family, social isolation, family ill-health, miss doing normal everyday things, access to healthcare
What have you found difficult and why?

I was able to see my family okay, it's just my son.

At home I never wiped anything I never cleaned anything. I know people bleaching the front doorstep. I never did, I was quite relaxed about it all.

4. Have you accessed any services? What has been your experience of [Service/Project/Initiative]?

The first problem is that I needed to do the E-consult, but when the doc rang me he asked why is he ringing, what up, and I said as I said in E-consult that took 40 minutes to fill in, that's the problem. He said sorry I have never read your E-Consult and I don't even see it in front of me so what is up.

That was frustration and from then they have not done anything I asked for a Blood test, ... urgent and I ... tablets for my ... there. ... to travel there ... you can't have ... himoto, and ... Poland I was ... her had it. ... n my tablets. I ... king my tablets. I

1. How has COVID-19 impacted or changed your life compared to before?
a. What is the main reason for saying this?

It limited my ability to have a social life, because due to lockdown I could not interact with family or friends outside of work or home.

2. Has there been anything that was better or that you enjoyed because of the pandemic? *E.g. Working/studying at home, increased exercise, online groups, having food delivered etc.*
a. What is the best thing for you and why?

Walking more due to it being the only way of seeing people outside of work and home.

this signed declaration, there will be no payment made to the organisation that has asked you to undertake this interview. If the interview is being undertaken over video call, please ensure the participant agrees to having you fill in this information.

If you have any questions, please contact Andrew Rainsford or Laura Tilston at 1000voices@vsnw.org.uk.

1. **How has COVID-19 impacted or changed your life compared to before?**
   a. What is the main reason for saying this?

It changed my life greatly. I am asylum seeking and diabetic. I was placed in a hotel to begin with and because I was diabetic and pregnant I was told I had to self-isolate in my room, which made me very lonely. It was difficult to make any friends. I had many appointments with a mental health team throughout as the whole situation badly affected my mental health. I was then moved to a shared house where I had my own room but shared all the other facilities with 4 other women.
I had an emergency c section for my baby's birth and no one was allowed to be in with me. I was then alone in a hospital room for a week afterwards while I rested. I was very lonely although the staff were very nice – they were very busy. My one friend was not allowed to visit.
I am still sharing but I am being moved tomorrow with my baby to REDACTED to have my own flat but I will not know anyone or anywhere there.

2. **Has there been anything that was better or that you enjoyed because of the pandemic?** E.g. Working/studying at home, increased exercise, online groups, having

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been the only measure the home could take, to isolate people from one another. She only has mobility problems so has been driven half mad with anger over her situation. She has had suicidal thoughts all the way through the pandemic, due to the isolation and care home rules.

4. **Have you accessed any services? What has been your experience of [Service/Project/Initiative]?**

The school, social services and the hospital completely failed the children. They made it worse. The hospital didn't investigate what might have caused the seizure. They were completely fooled by the parents story of the children being 'drama queens'.

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doing normal everyday things, access to healthcare etc.
   a. What have you found difficult and why?

Not seeing family and some relationships have broken down. I anticipated that some young relatives would suffer in their overcrowded house, and separation from friends. Unfortunately this resulted in physical attacks from the parents onto their children and everyone in the family who found out about it, has been cut off altogether. The children are now completely alone and vulnerable. Both children have suffered serious consequences, resulting in a seizure in one, and suicidal thoughts for the other.

My sister in a residential has been kept prisoner in a tiny room the size of a cell, as it has been the only measure the home could take, to isolate people from one another. She only has mobility problems so has been driven half mad with anger over her situation. She has had suicidal thoughts all the way through the pandemic, due to the isolation and care home rules.

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3. Has there been anything that has made life harder or has upset you because of the pandemic? E.g. Not seeing family, social isolation, family ill-health/death, difficulty doing normal everyday things, access to healthcare etc.
   a. What have you found difficult and why?

The isolation. Family visits only at front door. Mother in law ill – not able to travel.
My mother passed away but not able to meet my siblings & grieve together. So very sad.

4. Have you accessed any services? What has been your experience of [Service/Project/Initiative]?

Carers centre at Runcorn did zoom calls and were always available for a phone call, advice etc etc – brilliant.

5. What would you have done if you were in charge? E.g. As prime minister, leader of local council/NHS, local groups etc.

Allow close family to be with their loved one so they did not die alone in hospital.
Allow close family to be together at funerals.

Space for further note-taking

PROVIDED PPE + SANITISER TO ALL VUNERABLE PEOPLE. ALSO GIVE CLEAR RULES + SHUTDOWN SOONER.

Space for further note-taking

VSNW 1000 VOICES

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this signed declaration, there will be no payment made to the organisation that has asked

2. **Has there been anything that was better or that you enjoyed because of the pandemic?** E.g. Working/studying at home, increased exercise, online groups, having food delivered etc.
   a. What is the best thing for you and why?
Not as many people out and about. I prefer it quiet

3. **Has there been anything that has made life harder or has upset you because of the pandemic?** E.g. Not seeing family, social isolation, family ill-health/death, difficulty doing normal everyday things, access to healthcare etc.
   a. What have you found difficult and why?

Stupid restrictions, government went OTT.

I lost my dog and could not go into the vets when he was put to sleep.

4. **Have you accessed any services? What has been your experience of [Service/Project/Initiative]?**
None- wished I have known about food deliveries etc

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1. **How has COVID-19 impacted or changed your life compared to before?**
   a. What is the main reason for saying this?

Not bothered me just followed the guidelines. I live alone, put mask on when I go shopping. Had 2 shots, won't have booster because surgery Other people have had bad reaction to booster. Still saw daughter + family. Spoke to them. Stay. Didn't disrupt me

2. **Has there been anything that was better or that you enjoyed because of the pandemic?** E.g. Working/studying at home, increased exercise, online groups, having food delivered etc.
   a. What is the best thing for you and why?

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3. Has there been anything that has made life harder or has upset you because of the pandemic? E.g. Not seeing family, social isolation, family ill-health/death, difficulty doing normal everyday things, access to healthcare etc.

4. **Have you accessed any services? What has been your experience of [Service/Project/Initiative]?**
At the start of the first lock down I fell in the garden and broke my hip I had to have surgery I was away from home for 5 weeks in total, the staff did amazing, however due to covid policy I was sent home from hospital earlier than is usual, I found my recovery at home difficult, I fell again at home and broke my wrist I was readmitted to hospital for another 4 weeks.

I enjoyed clapping for the nhs I think that we should celebrate our nhs more.

5. **What would you have done if you were in charge?** E.g. As prime minister, leader of local council/NHS, local groups etc.