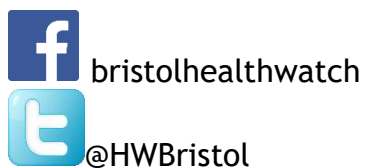


# The Impact of COVID–19 Social Care Services at Home

June 2020



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## About Healthwatch Bristol

Healthwatch Bristol is the independent champion for people who use health and social care services in the Bristol area. We give people an opportunity to have a say about their care, including those who are not usually heard. We ensure that their views are taken to the people who make decisions about services. We have a representative on the Health and Wellbeing Board. We also share feedback with Healthwatch England and the Care Quality Commission (CQC) to ensure that your community's voice is heard at a national level too.

We are also here to provide information about services in the Bristol area, and signpost people to find specialist help. We work closely with other local community groups and organisations to make sure that we support people to make informed choices and decisions about their care and make public all reports of our work with patients, families and carers.

## Our Survey

One of the priorities in our workplan for 2020, is to evaluate how social care services are meeting the needs of residents in Bristol, so that we give people the opportunity to inform services and improve care.

Covid-19 (Coronavirus) has caused major changes in health and social care service provision, and so it has become even more important now that we understand how the needs of those accessing domiciliary service have been met. Specifically, we wanted to identify what services work well or do not work well, and where improvements are needed.

Due to the outbreak of COVID-19 we chose to explore the impact on users of social care services at home. It contrasts the care at home compared to support during lockdown from state carers, families, and friends.

## Who does this affect?

People receiving or providing domiciliary health and social care in Bristol. This include patients, care workers, family and friends, who might or might not have been categorised as being at high risk, shielding or self-isolating during COVID-19. With COVID-19, changes in the delivery of health and social care services at home had to be implemented for infection control. Care receivers are more likely to be in a high-risk category or shielding, resulting in their care being interrupted. Routine appointments with GP surgery and hospital services have cancelled or postponed procedures. Carers may also have been self-isolating due to higher rate of infection among them. The Covid 19 disruptions are set against a backdrop of social care services reported to have been chronically underfunded for many years (Nuffield Trust, et al., 2020).

The outbreak of COVID-19 has led to patients being discharged from hospitals to free hospital beds for patients affected by the disease. Discharge to assess (D2A) used 4 pathways for discharging patients. For patients to be supported and recover from home (Pathway 1), they had to be supported by their health and social care team. The community health services were responsible for providing patients with care, support, and follow-ups at their own homes.

On 1<sup>st</sup> April 2020 Sirona Care & Health began a contract in Bristol and with partners provided a front door for people needing community care. This Integrated Care Bureau works in tandem with secondary care to coordinate the needs of patients after hospital discharge.

The Better Care Fund is a national pooled funding arrangement for NHS and Local government to assist planning and delivering integrated care for older people with long term conditions. The Clinical Commissioning Group (CCG) for Bristol, North Somerset and South Gloucestershire (BNSSG) were due to launch a Better Care plan 2020 but Covid 19 has delayed this. The current arrangement with partners across the BNSSG is still in place meanwhile.

The vision for the Bristol City Council Adult Social Care Strategic Plan 2016/2020 is; *'care and support are undertaken in a timely and manner as agreed with the care receivers. The vision is to ensure people to get the right type of support, at the right time to prevent, reduce or delay the need for ongoing support and to stay independent.'*

### **Why we are carrying out this research?**

- Adult social care, including residential care homes or care at home were among the five priorities for 2019 (Healthwatch England, 2019).
- Healthwatch Bristol priority in workplan for 2020 through feedback and sharing of experiences and opinions.
- Bristol City Council COVID-19 newsletters and briefings, March - June, 2020.
- Care system evidence of underlying weaknesses which included severe underfunding before the COVID-19 pandemic (The Nuffield Trust, May 2020).
- COVID-19 death rates in social care workers (The Nursing times, May 2020)
- COVID-19 death rates in people with Dementia (ONS May 2020).
- Domiciliary care services, families and carers experience of waiting times, access or reduced services (Care Quality Commission, 2019:41).

## Objectives

To investigate issues of domiciliary care provision due to Covid-19 using a pulse survey open for two weeks which targeted both care givers and receivers.

To use an online tool to rapidly develop the survey, to manage the processes of sending it to the target group and promoters and to collect and collate the results.

To rapidly produce a report containing quantitative and qualitative data with recommendations and disseminate it through multiple channels to various agencies, stakeholders and the general public.

## Methods

An online survey was developed using Survey Monkey. The survey comprised 34 questions, some closed and some open-ended, which covered consent, postcode area, the main survey questions, and demographics. The consent of a respondents was mandatory to enable collection of their responses. Respondents were asked if they wished to provide a method of contact for follow up questions or clarification. Our data protection measures are GDPR compliant and we have privacy and confidentiality policies in place and provided on request. Demographics were requested to seek understanding of the needs of communities in Bristol.

Survey Monkey provided links to post on FB and Twitter as well as a weblink and a QR code to be sent by email. The survey was widely promoted and distributed to community groups, care agencies, voluntary organisations, service providers, institutions, BCC councillors, newsletters, and word of mouth.

Survey Monkey managed the collecting and collating of the results, which were downloaded for analysis on Excel and Word documents.

## Executive Summary

Our survey found 56% were satisfied with the level of care during lockdown for a variety of reasons. 46% experienced a change to their normal service provided, with over 20% seeing less carers or less frequency of visits. However almost a third said they experienced an improvement in the quality of their care.

Those dissatisfied cited either having '*no support since lockdown*' or less continuity of carers or missing seeing the people they knew and trusted. 50% said their care provider had not explained changes to their care. A third did not know what to do if a carer did not turn up. A third said their mental health had worsened '*feeling like I've been disregarded*' since their social and medical care changed.

The impact for those cared-for if no carer was able to provide the normal level of care was '*more work*' and '*more stress*'. Some said they had '*struggled on anyway*' or decided to '*manage without for now*'. One service user lived on '*bread and crisps for a week*'.

People made choices to keep themselves safe rather than have people in their home. Some chose to have less support and reduce the degree of contact from social care services. 83% of our respondents benefited from more help from friends and family during lockdown.

Carers were not supported and those being cared-for '*felt guilty asking family for more help*'. 88% of our respondents said their carers did not receive support during lockdown.

Carers, friends and family mentioned their concerns about the access to PPE (Personal Protection Equipment) and had queries about when it should be needed or used by friends and family and visiting carers.

Most of our respondents said they were aware of what they should do if they found they were infected with Covid 19.

57% looked for information from NHS websites. Social media and GP information was highly important also.

## Recommendations

- Improve ways to help service users feel safe; advice on access to PPE & what the right PPE is, reassurance, and clear messages.
- Aim to provide continuity in carers, to maximise trust, security and support to individuals who are socially isolated. Make links to social prescribers.
- Address the challenge of communicating about changes to support and providing advice; include methods to reach people without internet.
- Ensure there is an adequate support to help users of direct payments create contingency plans where changes occur

## The Survey

At the start of the survey we asked four introductory questions:

1. Consent and confidentiality
2. Consent to follow-up with contact details
3. Postcode area
4. Who they were responding on behalf of

Question 4 determined whether people were responding about their own care, or that they were carers, family or friends of someone receiving care.

The questions that followed these are referred to as the 'main questions'.

## Breakdown of Responses

The survey which targeted Bristol, was sent out to various people, agencies and organisations.

In total we received 58 responses. All respondents answered the introductory questions. However, 40 did not answer any main questions and 34 of these were responding about their own care.

The survey targeted Bristol residents receiving care or those providing care services. However, some respondents were from adjacent areas or care workers who lived outside Bristol.

Of the 58 respondents

- 30 left no contact details and did not answer the main questions
  - 26 were responding about their own care
- 10 left their contact details for follow-up but no answers to main questions
  - 8 were responding for about their own care
  - 1 for some they care for
  - 1 did not specify.
- 18 respondents provided answers to at least some of questions
  - 9 were responding for about their own care
  - 6 were responding for someone they care for
  - 3 were responding for someone else
  - 8 left their contact details for follow up

## Key Findings

This section includes respondents' answers. The summary shows the number of respondents who chose to answer each question. Where quotes are given, they are summarised for this report. Note: Questions 1-3 were for consent and follow up permission.

## Respondent's Situation

### Overview

Domiciliary care (also referred to as home care, social care, home help, or in-home care) involves the delivery of personal care and support services to people in their own homes so that they can maintain their independence and quality of life. The service delivery includes provision of personal care, help with washing and dressing, domestic chores, housekeeping and help with medication.

Provision of domiciliary care is for meeting needs that arise from illness, disability, or old age. Our interest is in the provision of state funded care and the care they may be receiving from family and friends also.

### Who are you responding on behalf of?

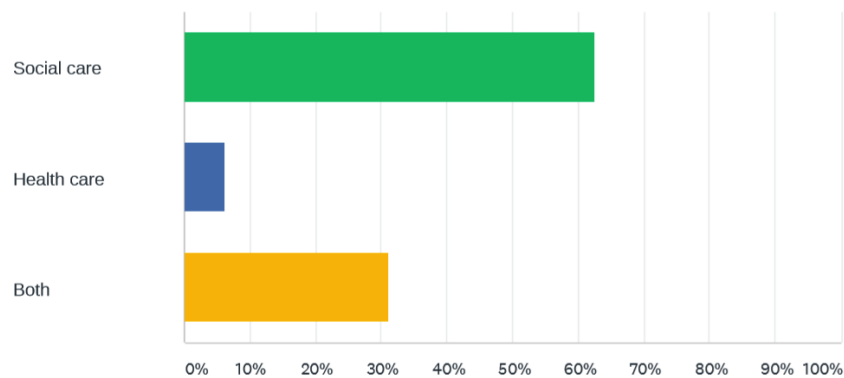
#### 54 answered

Out of the 54 people who answered this section, the majority, that is, 74% (40) were people who were answering the survey on their own behalf to ensure their voices are heard. 15% (8) responded on behalf of someone they care for and they are likely to be carers, family or friends. Only 11% (6) mentioned they were answering for someone else.

- 74% (40)      On their own behalf
- 15% (8)      For someone they care for
- 11% (6)      For someone else.



## What kind of care do you receive at home?



16 answered

- 63% (10) Social care (bathing/shower, housework, meals, personal care, practical assistance)
- 6% (1) Health care (OT, chiropody, physiotherapy, nursing)
- 31% (5) Both

## Who is your care provider?

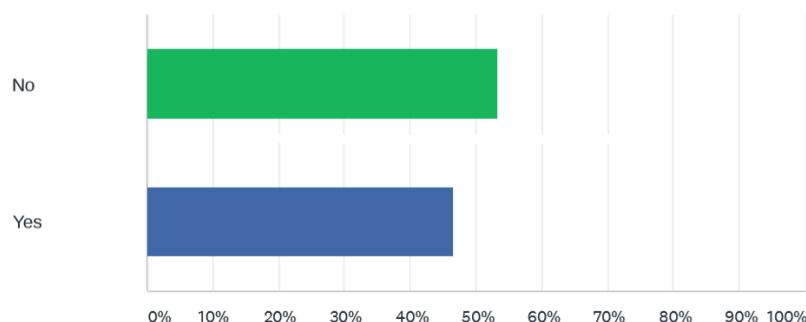
16 answered

- 6% (1) Brandon Trust
- 31% (5) Employ my own carer/s
- 63% (10) Other (3 specified family, 6 various care agencies, and 1 not known).

Names of eleven main care providers were given to respondents to choose from, but only Brandon Trust was mentioned. Given that 63% of the respondents mentioned 'Other', it suggests that there are various organisations providing domiciliary care, but their names were not included in the list.

This is supported by information on Bristol City Council stating that they have three tiers of home care providers e.g. main, secondary and framework providers. The main and secondary organisations deliver majority of care at home services, and the framework agencies provide services only when main and secondary are unable to.

## I receive a personal budget and employ my own carer/s.



15 answered

- 53% (8) No
- 47% (7) Yes

Home care support can be arranged by the council or the care receiver. A personal budget is the overall cost of the care and support the local authority provides or arranges. Direct payment is a funding choice in personal budgets which gives the service user involvement in addressing their own care needs.

For those who have direct payments, they were asked to explain their experiences of using the services during the crisis:

- *PA [personal care assistant] unable to come due to no childcare (usually after school clubs/grandparents) Live with family members but one has been unwell, other trying to look after both of us.*
- *Been ok made sure PA had PPE [personal protective equipment] to keep my daughter safe.*
- *The Council has been supportive, acknowledging there may be additional costs etc, but the lack of PPE has been a big issue. Not only for me: I run a DPO [disabled people's organisation] and anxiety about the failure of various systems to actually supply the PPE requested has been one of the most common issues people have contacted us about.*
- *DP [direct payments] not personal budget. am only using 1 carer to cut down on contact as in the extremely vulnerable group.*
- *It has been difficult because carer does not have PPE and I have not been able to buy it. Both my husband and I are shielding and have therefore not been receiving personal care but I have been paying her to do shopping which is part of my care plan.*
- *It has all been well.*

The need for and difficulty acquiring PPE was raised 3 times, and one respondent who runs a DPO said it was the most common issue they were contacted about.

# Social Care at Home

## Overview

Respondents were asked the following questions in relation to their care experiences.

### If you feel your health has been affected by the changes to your care?

8 answered

- 63% (5) What do you feel is worse?
- 63% (5) What do you feel is better?

The question allowed for answers to both what was worse and what was better regarding how health was affected by changes in care due to the COVID-19 situation.

What was worse:

- *Pushing my body to do too much. Not keeping clean. Some arguments with family members. Communication with PA challenging as they are preoccupied / exhausted with home-schooling etc.*
- *He [person being cared for] is somewhat bored by our company.*
- *I'd expect an impact on such an elderly person only eating bread and crisps for a week.*
- *Anxiety, loneliness.*
- *It means I have no help so I am ill and exhausted!*

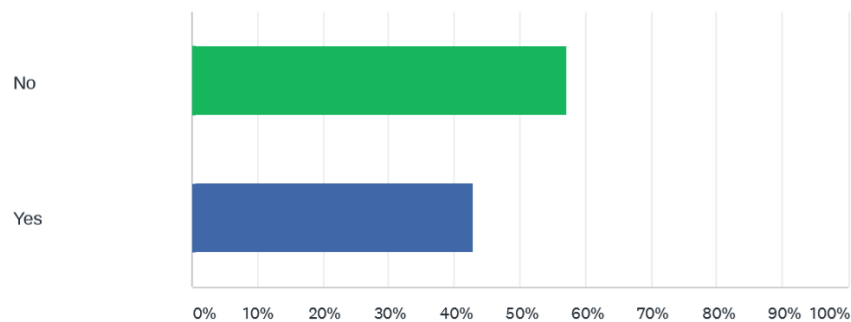
This indicated that experiences of individuals significantly varied from person to person during COVID-19 situation. Some people felt that there was so much going on leading to exhaustion and arguments. Others experienced mental health issues related to boredom, anxiety, loneliness.

What was better:

- *Not so many Carers coming in since got a PA.*
- *He has put on weight which is positive.*
- *I have an extra person in the house.*
- *Less carers keeps exposure less.*
- *nothing!*

This also showed a variety of experiences. Two people that were pleased that less carers visiting meant reduced risk, two others that found there nothing was better and one was glad to have an extra person around.

## Have GP or Hospital appointments been cancelled, or medication missed?



### 14 answered

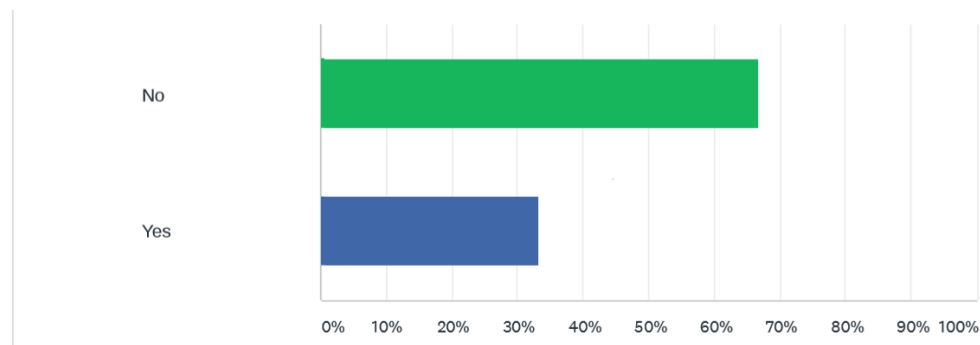
- 57% (8) No
- 43% (6) Yes - please give details.

Despite the interruptions during the COVID-19, majority of those who answered this question 57% (8) said that they had no missed health care appointments or medications.

The 43% (6) respondents who had their services interrupted gave details as follows:

- *Matron didn't come in and no calls from GP to see if we're ok.*
- *Appointments, an operation and a procedure were all cancelled.*
- *Doctors haven't been able to see me. I have a potential dislocation and they haven't seen me about it. My usual meds. have been stopped.*
- *Regular check-up cancelled.*
- *My husband was due a hospital appointment which was carried out over the phone, I have had 3 appointments cancelled and have been told to ask my GP to re-refer when they are able which has impacted on me. At present we have managed to get medication either from my carer or neighbours.*
- *Cancelled and held over the phone.*

## Do you feel your mental health has been affected by the changes to your care?



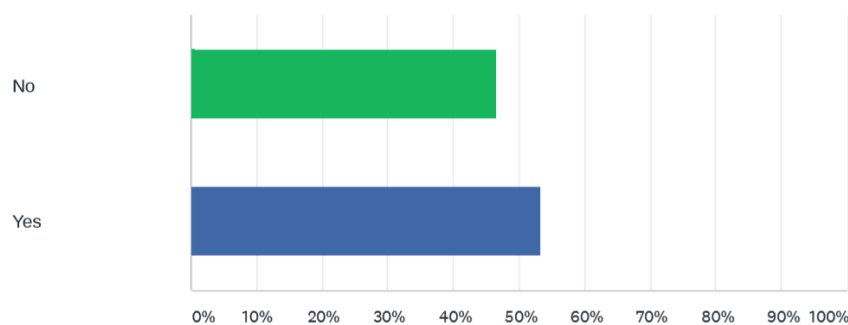
15 answered

- 67% (10) No
- 33% (5) Yes - in what way?

The response to our questions showed that 33% (5) of people felt their mental health was affected by changes to their care. Their responses depended on individual circumstances, which included insecurity from the inability to get carers or having regular carers, being left without medication and lack of food:

- *Not having any external help (though my weekly hours are low) not knowing when it will resume again. Feels awful with things piling up, and guilty asking family for more help when working from home and helping other unwell family member.*
- *Changes in my healthcare (as opposed to social care where there have been no changes) have caused me anxiety and distress.*
- *I'm not coping without meds and feeling like I've been disregarded as I'm not as important as Covid. Which I do understand but it means I've been left.*
- *I'd expect that only having bread and crisps to eat would have an impact on someone's mental health. In addition to the physical impact, of course.*
- *Increased anxiety as I don't know what carer I will get from day to day. Increased loneliness and isolation.*

## Has isolation affected your health and wellbeing with loss of access to community activities?



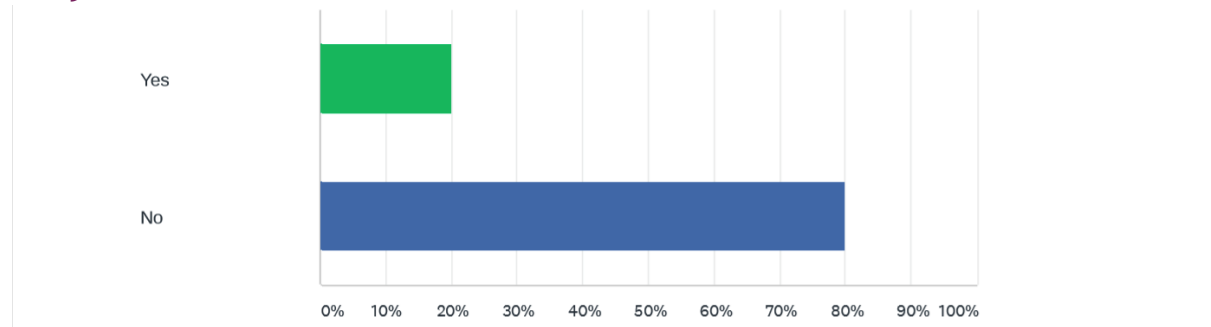
### 15 answered

- 47% (7) No
- 53% (8) Yes - would you like to tell us more about this?

The majority, 53% (8) of people gave various reasons why they felt isolation affected their health and wellbeing. The reasons given included issues related to stress, not going out and meeting friends, lack of community activities:

- *Whilst I've done better than I feared, I have really struggled with not being able to meet up with friends (I live alone), go to cafes (probably my no.1 hobby) get to green spaces that I need, the local train line to access, etc.*
- *Feel very stressed*
- *Bored, missing his friends, PAs, going out, the gym etc.*
- *There are no community activities I could attend even if I was medicated and able to.*
- *The person used to be assisted with transport to the shops but this had to stop, cutting off their ability to source food for a time.*
- *My carer would take me to the bank and to the shops. They don't do that anymore. I don't get to go out now.*
- *We have not been able to see Family and Friends who are our lifelines really. My 2 sons have moved in with friends to shield us and so that they are able to support their grandmother who is over 70 and lives alone and has no access to services. they also help out when carer not available.*

## Do you live alone?

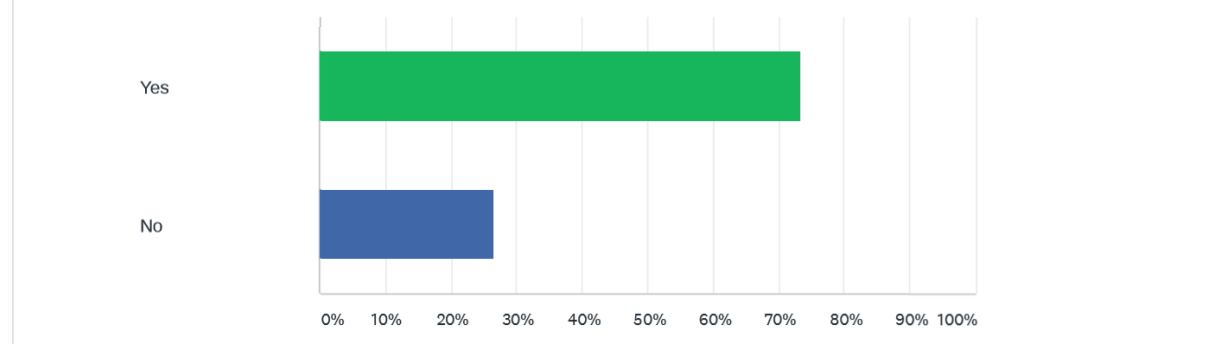


15 answered

- 20% (3) Yes
- 80% (12) No

The majority of respondents, 80% (12), had someone else living in the same home. Only 20% (3) lived alone.

## Do you receive help from family or friends?

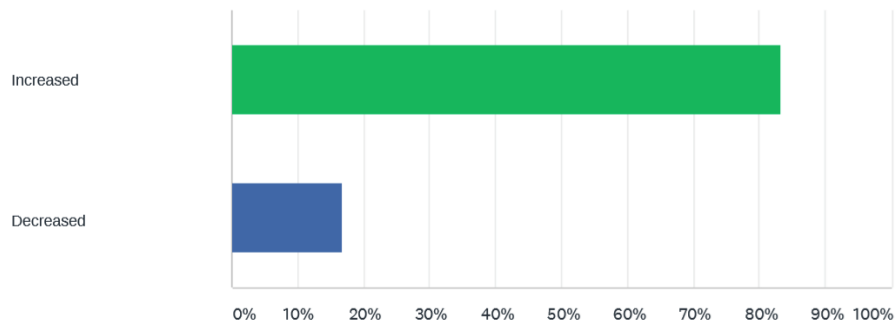


15 answered

- 73% (11) Yes
- 27% (4) No

Three quarters of respondents 73% (11) were receiving help from their family or friends, and a quarter 27% (4) were not.

## Has the care you receive from family or friends changed since the virus outbreak?

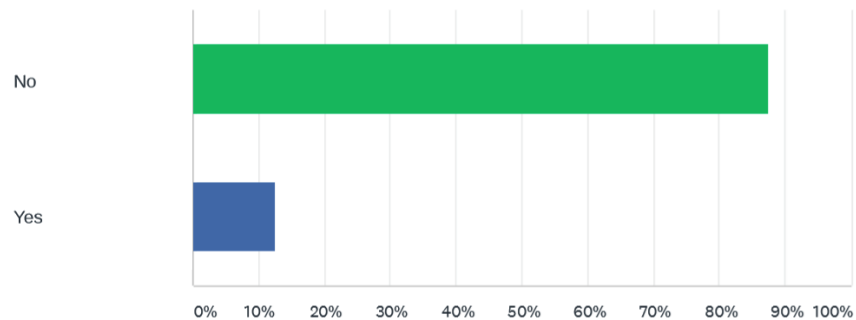


12 answered

- 83% (10) Increased
- 17% (2) Decreased

Most respondents, 83% (13) indicated that the support provided by their friends and families increased. The remaining 17% (2) stated that the support decreased.

## If you have an unpaid carer, are they receiving support?



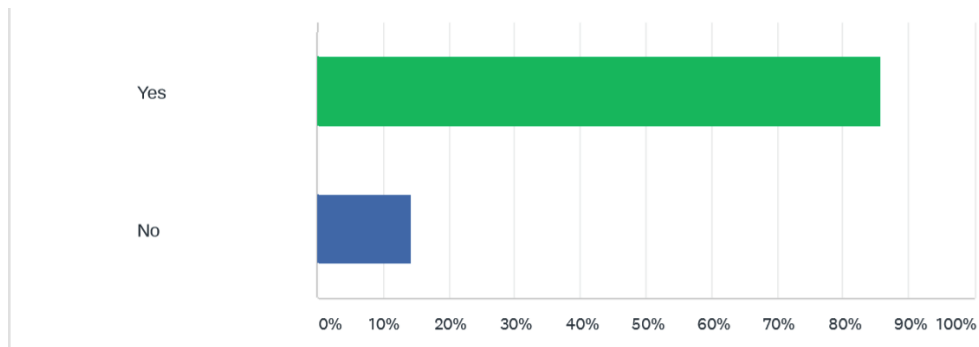
7 answered

- 88% (7) No
- 13% (1) Yes

Most people that responded said **No**, their carers were not receiving support. The only one who answered 'Yes' later said they misunderstood the question.



## Would you know what to do if you had symptoms of Covid -19?

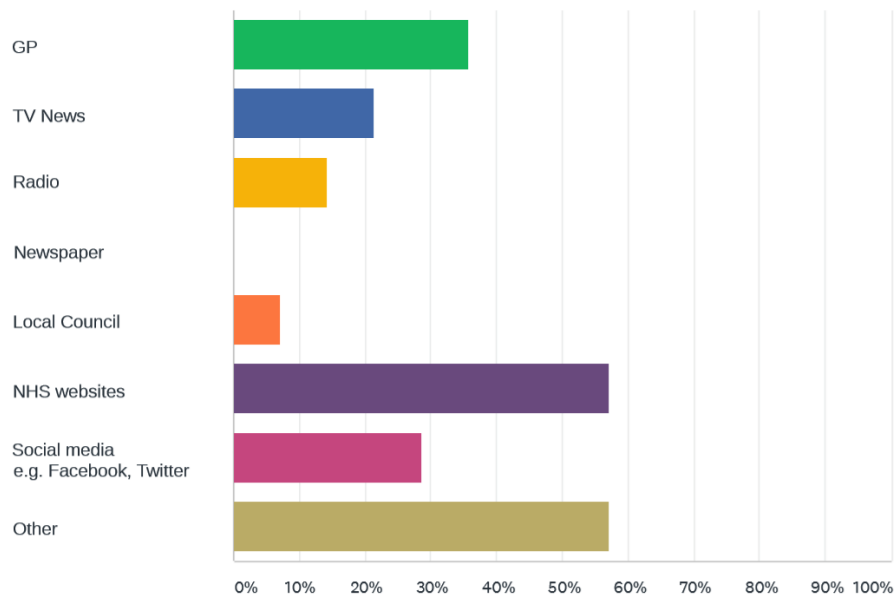


14 answered

- 86% (12) Yes
- 12% (2) No

As 86% (12) of respondents indicated that they knew what to do if they had symptoms of COVID-19, and only 12% (2) did not, this demonstrates that there was a high level of awareness and knowledge about the disease in the community.

## Where do you look for information about COVID-19 (please tick all that apply?)



### 14 answered

- 36% (5) GP
- 21% (3) TV news
- 14% (2) Radio
- 7% (1) Local council
- 29% (4) Social media e.g. Facebook or Twitter
- 57% (8) NHS websites
- 57% (8) Other - please list sources here

The other sources listed by 8 of the respondents were:

- *BBC news summary (five things you should know..)*
- *Government website, WHO international*
- *Family, Mencap*
- *Family members who understand it and can explain it to me better. Although, no one knows if what we're being told is accurate and reliable - even that from the government.*
- *Carers*
- *BBC website*
- *111*
- *Family*

There were various channels where people were getting information about COVID-19. The NHS websites are most preferred by people, followed by information obtained from GPs. Social media and radio broadcast were also favoured by some people, and a few get the information from the council.

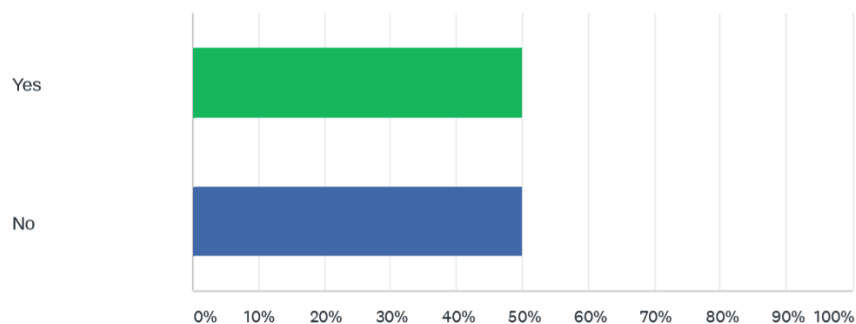
## What information have you found helpful?

10 answered

For the 10 people who responded to this question, the sources of information they found helpful included:

- *NHS website*
- *Easy read document from Mencap.*
- *NHS telling us what to look for. Family members and trustworthy people on social media explaining the isolation and rules.*
- *I haven't.*
- *How to keep myself safe and the people I provide support.*
- *The local community have set up a great Social Media volunteer page but also keep it up to date with Gov information etc and takes requests for help with shopping, medication etc.*
- *All they have on the website.*
- *Stay at home, Protect Our NHS, Save lives.*
- *Hospital leaflets*

## Had you heard of Healthwatch before this survey?



14 answered

- 50% (7) Yes
- 50% (7) No

**If you have any further thoughts or comments about your care at home, please share them with us.**

**8 answered**

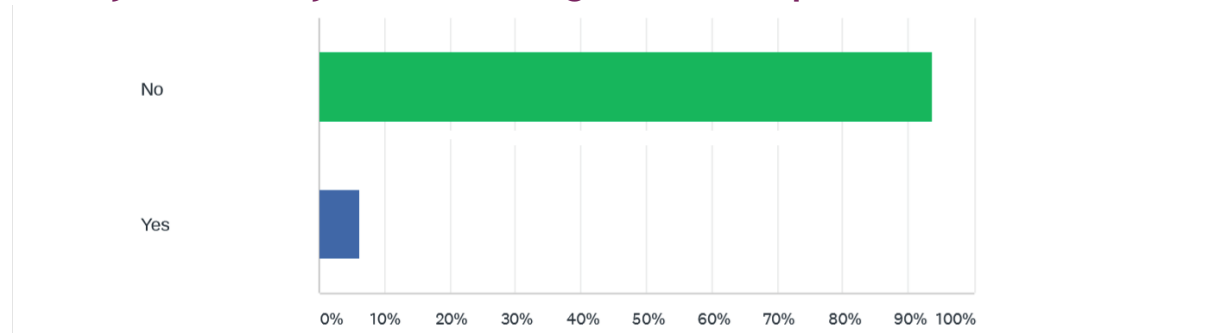
Respondents were given the opportunity to add their thoughts or comments about how they felt about the health and social care at home that they receive. There were mixed opinions with some indicating they the advice and information given to them about COVID-19 were inadequate. There were also issues about lack access to digital technology and fear of COVID-19 being brought home, presumably by carers. Despite these views, there was also positive feedback, where people said that they were very satisfied with their service delivery.

Responses included:

- *Feels like we were forgotten, and the advice unclear. Needs to be clear guidance including those who employ PA's.*
- *Feel worried since the COVID 19 in case brought into our home made feel very upset and worried.*
- *I'm just a disabled person at home with 2 registered young carers. I got the link from the young carers website.*
- *It is what it is.*
- *For this person who had no internet access, no mobility, no family or friends to help; everything stopped without systems in place to support this person adequately enough. It was very sad indeed.*
- *Excellent service and support.*
- *Perfect.*

## How circumstances changed during COVID-19

### Have you recently been discharged from hospital?



16 answered

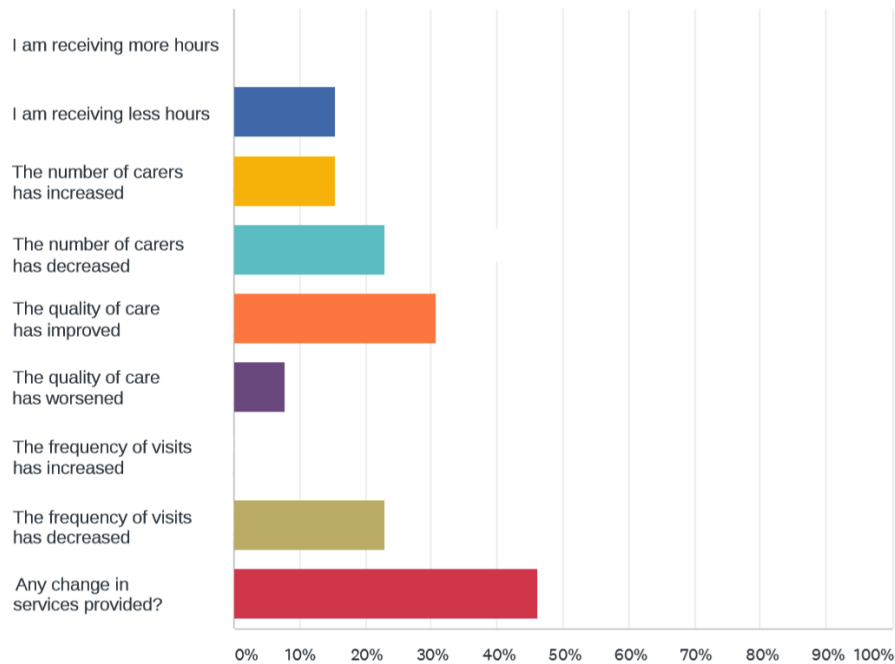
- 94% (15) No
- 6% (1) Yes - please tell us about it

Only 1 respondent had been recently discharged from hospital to the home team assessment and support. A Carer said they were *'Happy with level of care given'*.

They were *'able to use care link button if carer did not attend.'*

They said *'care received from family or friend increased during Covid'*

## Has the care you receive at home changed due to COVID-19? (select all that apply).



### 13 answered

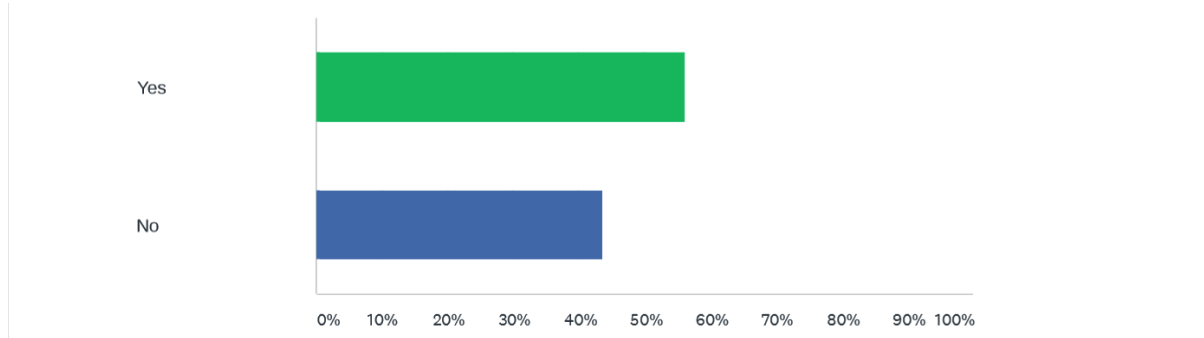
- 15% (2) Receiving less hours
- 15% (2) Numbers of carers has increased
- 23% (3) Number of carers has decreased
- 31% (4) Quality of care has improved
- 8% (1) Quality of care has worsened
- 23% (3) Frequency of visits has decreased
- 46% (6) Any change in services provided?

In answer to the question, any changes to services provided, only one said there was no change in care provision due to COVID-19.

The experiences of the 5 others were:

- *No change other than my having to change the time of day they work because of working from home.*
- *family member came to stay to help me/us.*
- *No care because of Covid.*
- *I have a different carer all the time now. I don't know any of them. The one I had before just left and nobody has told me if she's coming back. I feel a lot more isolated now I don't have her as I trusted her.*
- *have felt too afraid to have the carer come in because of my health vulnerability.*

## Are you happy with the level of care?



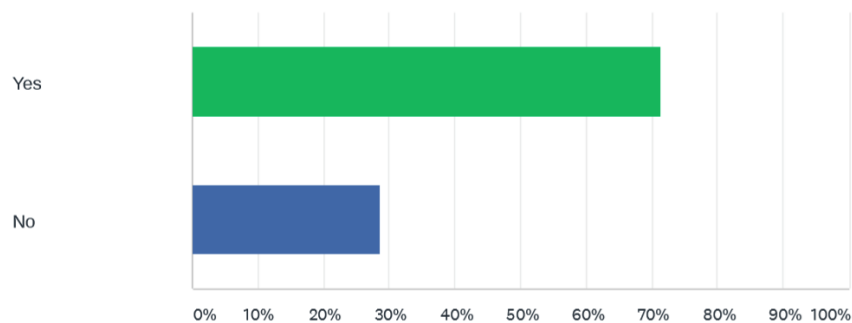
### 16 answered

- 56% (9) Yes
- 44% (7) No

Majority of the respondents were satisfied with their level of care. Those who were not happy with their care, gave us their views:

- *Haven't had any PA support since start of lockdown.*
- *My decision based on what I thought was in his best interest.*
- *My children have had to do more and my family member should be at home with her family.*
- *I miss the help*
- *I'm aware of a very elderly person living in supported accommodation with extreme mobility needs who has lived on bread and crisps for a week.*
- *I have a different carer all the time now. I don't know any of them. The one I had before just left and nobody has told me if she's coming back. I feel a lot more isolated now I don't have her as I trusted her*
- *As an employer I have to be responsible for my care workers health and safety. Plus be aware of mine and my husband health. He has a severe respiratory disease and I have an auto immune issue and as we have not been able to get suitable equipment to make the 3 of us safe. I have made the decision to manage without for now.*

## Do you know what to do if your carer could not attend?



14 answered

- 71% (10) Yes
- 29% (4) No

Thirty percent of respondents did not know what to do if the carer did not come. Evidence shows that care receivers may not always have the same carer visiting their home.

## Has anything happened because a carer did not attend? What was this like for you? What did you do?

8 answered

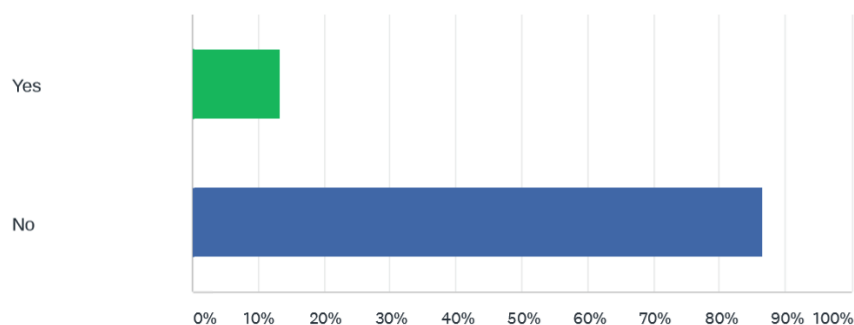
Some people felt it was safer for the carers not to attend so as to reduce risk of transmission. One person stated that although they carried on doing the work themselves, they were concerned for the mental wellbeing of the person being cared for. For others, they knew where to get help if they needed it.

Here are some of the views given:

- *Look after my daughter myself felt safe thing to do has thought she had suspected COVID 19*
- *Just because you know what to do doesn't mean you get what you need - they are quite different questions.*
- *More stress and work for us as parents. person getting a bit bored.*
- *No*
- *No*
- *I have been struggling but it is my choice not to have the carer come in.*
- *I carry on regardless.*
- *Use care link (personal alarm) button.*

## Have you had a care review and updated information on what to expect during COVID-19?



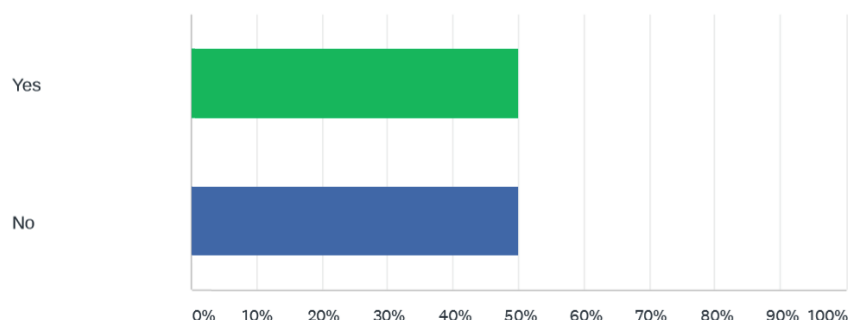


15 answered

- 13% (2) Yes
- 87% (13) No

No one who employed their own carer or who was responding about their own care answered **Yes** to having their care reviewed and updated with COVID-19 information. Five people who answered **No** to this question answered **Yes** to the following question that their care changes had been explained, this might suggest that this question did not fully elucidate the manner in-which their care changes were discussed.

### Has your care provider explained the changes?

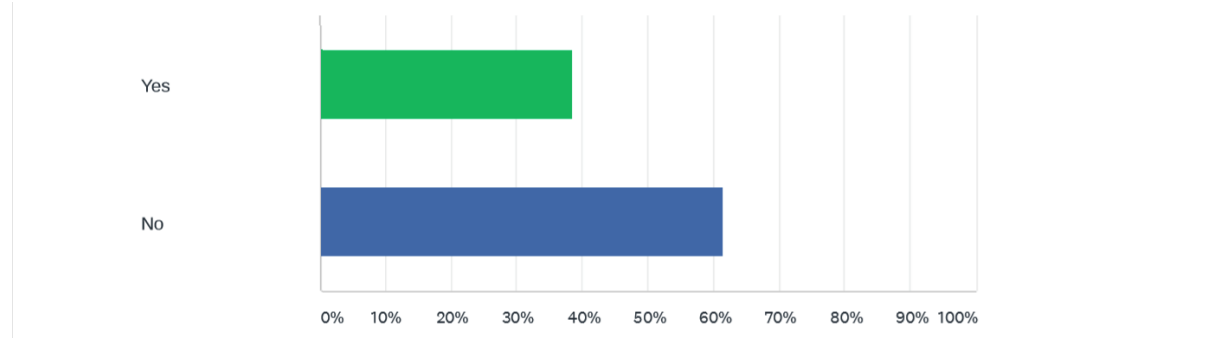


14 answered

- 50% (7) Yes
- 50% (7) No

Only two of **Yes** answers were from care receivers, the rest were family friends or carers. Of the 7 people who had earlier said they were not happy with their level of care, 6 of them said **No**, their provider had not explained the changes.

## Have you been asked about how you feel about these changes to your care package during the crisis?



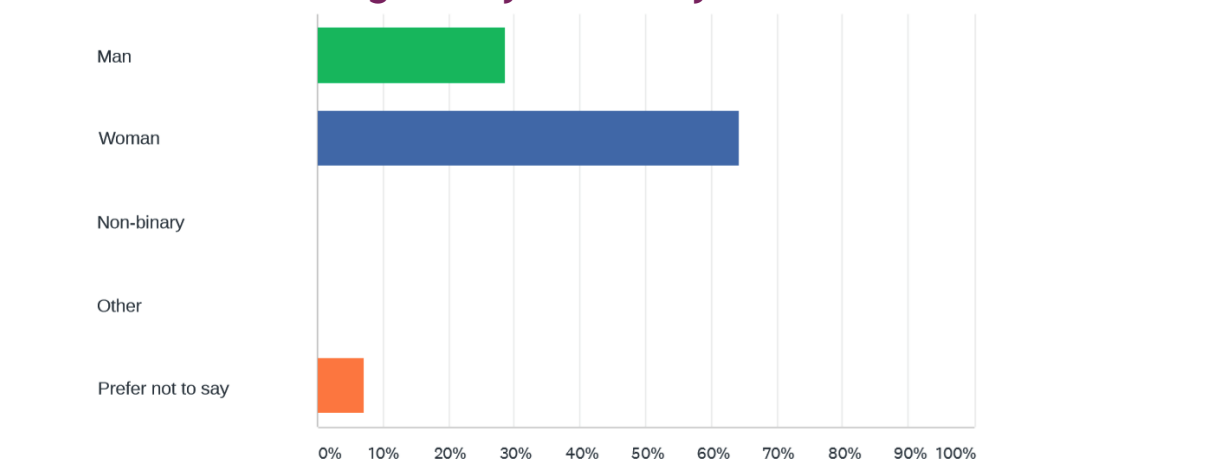
13 answered

- 39% (5) Yes
- 62% (8) No

Of the 7 people who said they had their care changes explained in the previous question, only one answered **No** here, stating they were not asked how they felt about it, and another did not answer this question.

## Demographic information

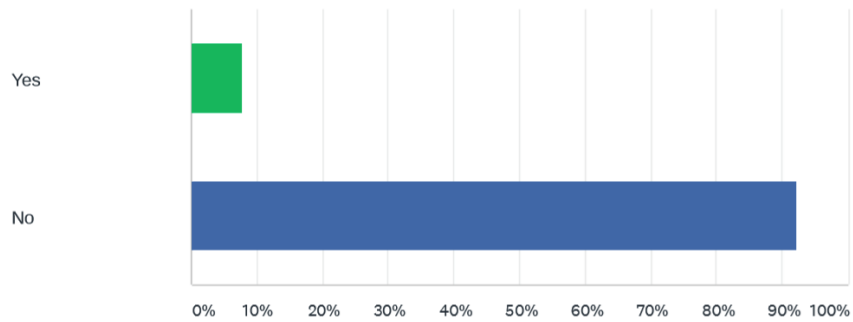
### Please tell us which gender you identify with.



14 answered

- 29% (4) Man
- 64% (9) Woman
- 7% (1) Prefer not to say

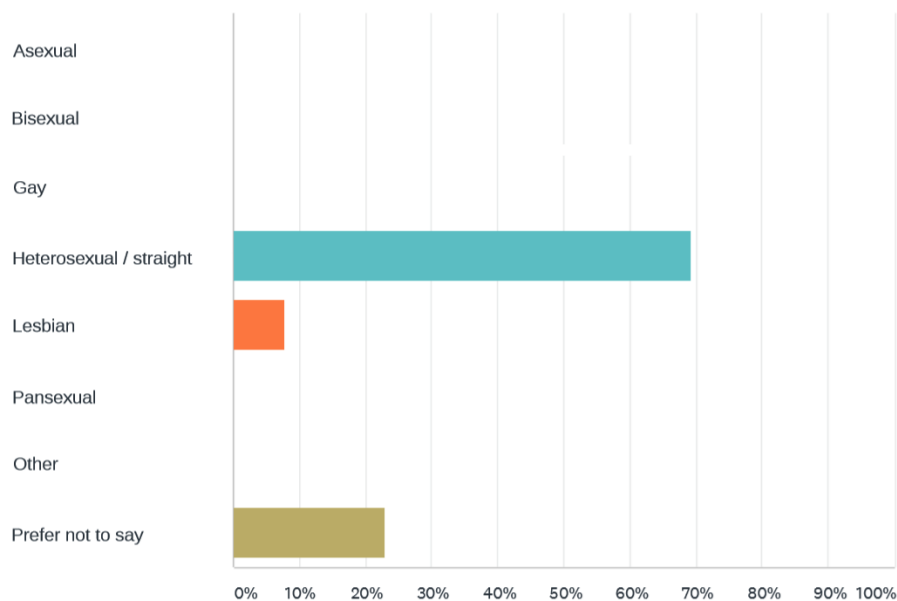
## Is your gender different to the sex that you were assigned at birth?



13 answered

- 8% (1) Yes
- 92% (12) No

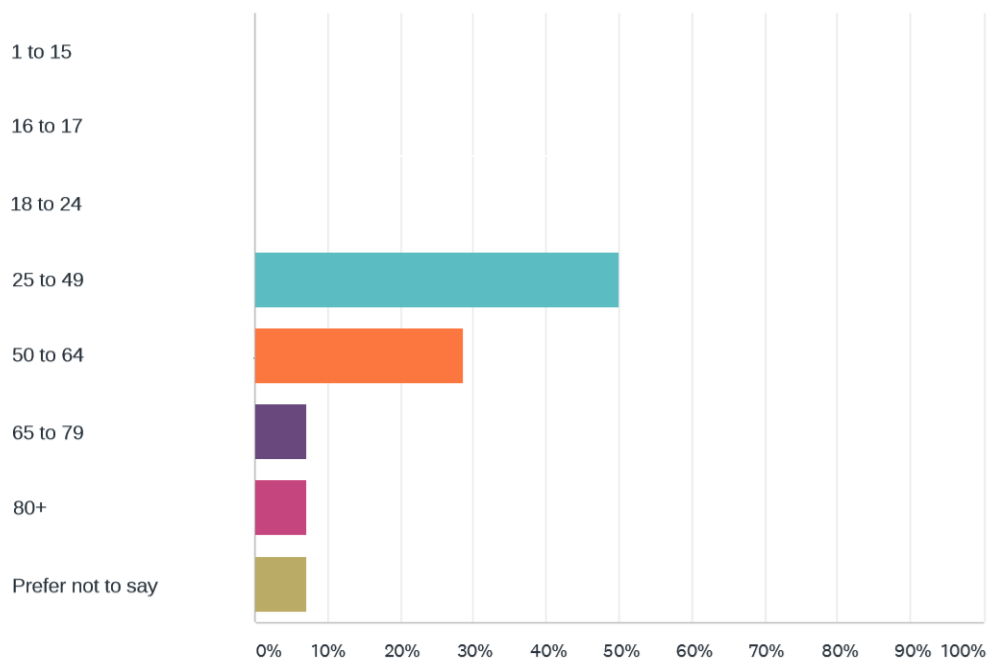
## Please tell us which sexual orientation you identify with.



13 answered

- 69% (9) Heterosexual/straight
- 8% (1) Lesbian
- 23% (3) Prefer not to say

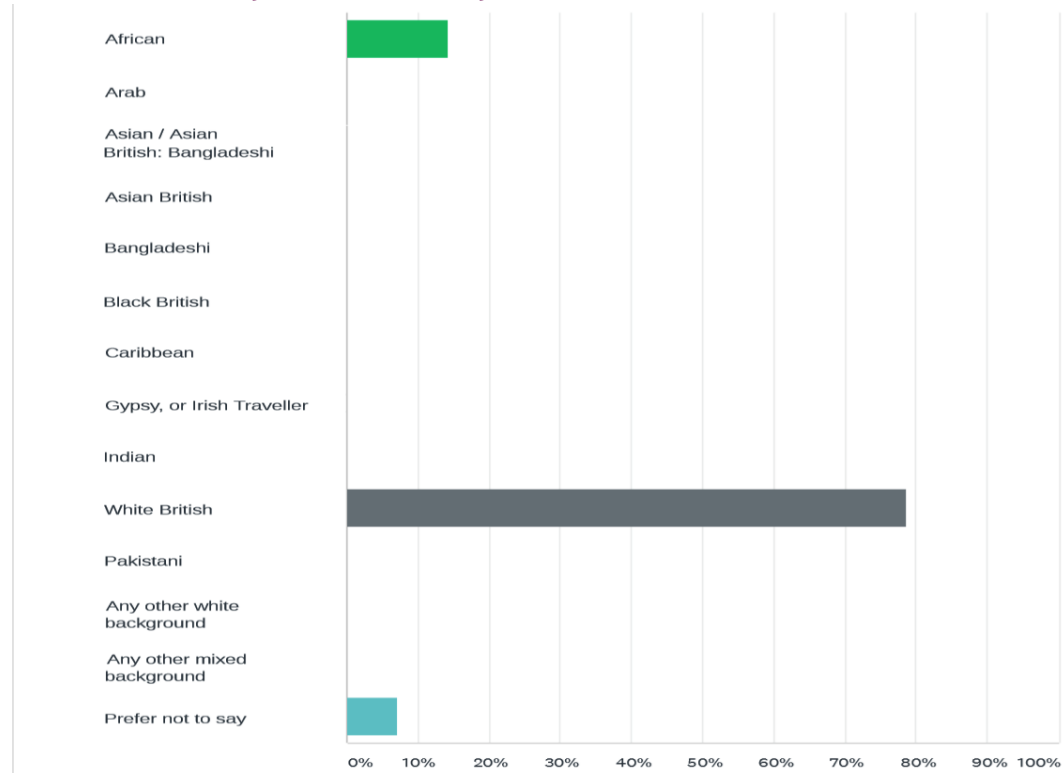
Please tell which age category you fall into.



14 answered

- 50% (7) 25 to 49
- 29% (4) 50 to 64
- 7% (1) 65 to 79
- 7% (1) 80+
- 7% (1) Prefer not to say.

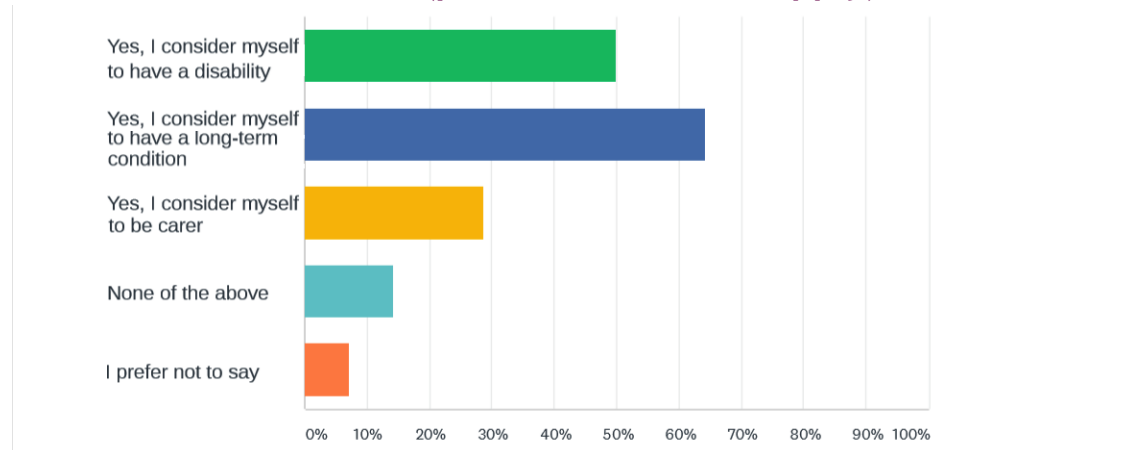
Please select your ethnicity from the list below.



14 answered

- 14% (2) African
- 79% (11) White British
- 7% (1) Prefer not to say

Do you consider yourself to be a carer, have a disability, or long-term health condition? (please tick all that apply).



14 answered

- 50% (7) Yes, I consider myself to have a disability
- 64% (9) Yes, I consider myself to have a long-term condition
- 29% (4) Yes, I consider myself to be carer
- 14% (2) None of the above
- 7% (1) Prefer not to say

## Limitations

- This pulse survey was turned around quickly, using a software tool we were unfamiliar with.
- Some respondents only completed introductory questions.
- It represents three main demographic communities

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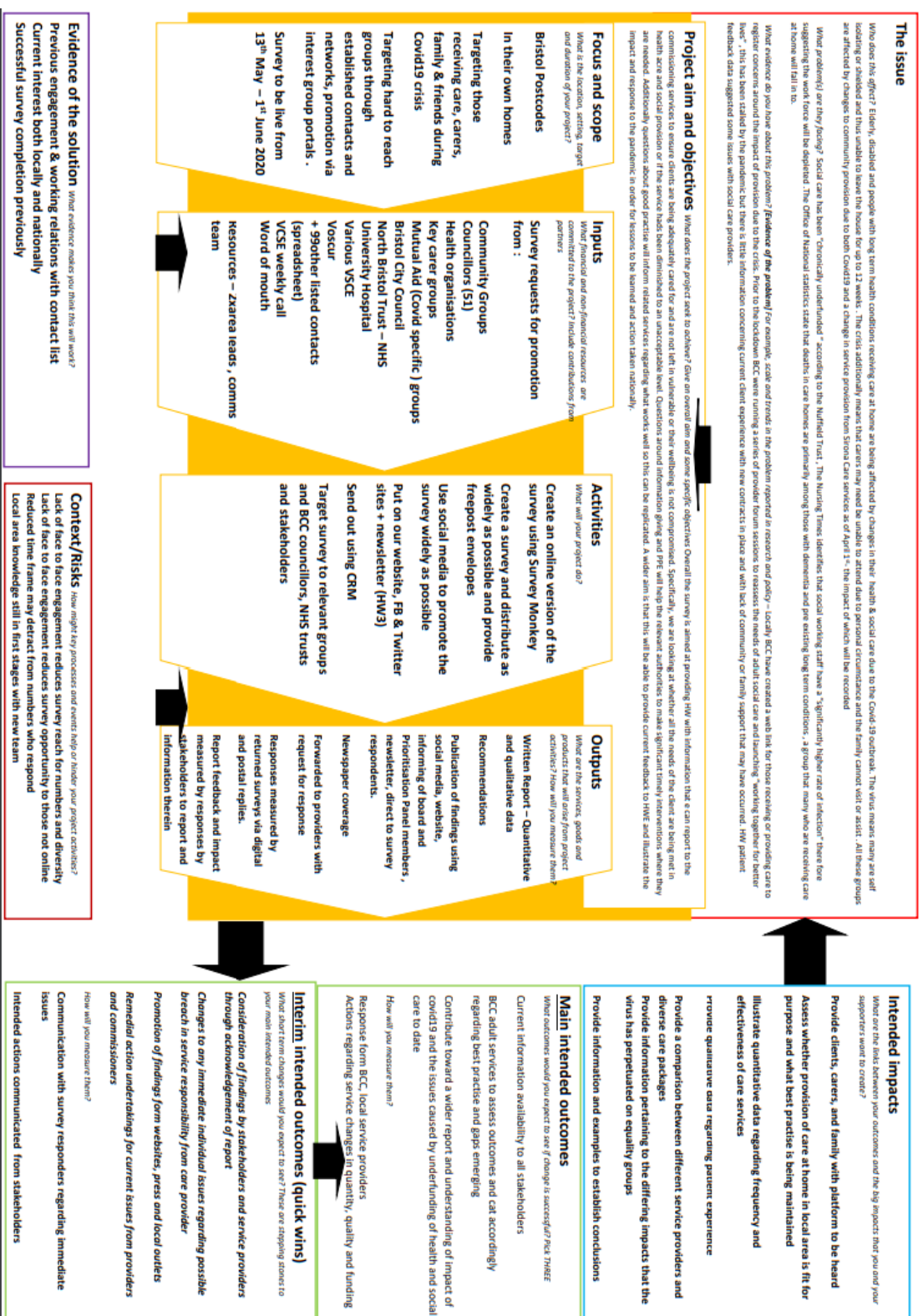
## Appendix 1: Survey Consent and Confidentiality Page

About this survey - and your rights. Find more about us at [www.healthwatchbristol.co.uk](http://www.healthwatchbristol.co.uk).

### Consent and Confidentiality

- This survey is confidential and anonymous. We do not publish any personal information (e.g. names, address etc.). We will only use your email address (if included) for a follow-up question at a later date, should you consent.
- The information you give is collected by Healthwatch Bristol using either a paper survey or an online survey at SurveyMonkey.
- We collect and keep paper and digital records securely and lawfully only for as long as permitted.
- The surveys are only used for the purpose of this project.
- Comments you make may be used in a report (though any comments that could make it possible for someone else to identify you, will not be used).
- The information will be shared in order that we can carry out our authorised work to 'find out what matters to people and help make sure their views shape the support they need.'
- Your comments are passed on to people who commission, provide and plan health and social care services.

## Appendix 2: Project Logic Model



## Thank you

Thank you to everyone who took time to fill in the questionnaire to share their experiences and opinions.

Special thanks to colleagues and team members from Healthwatch North Somerset and South Gloucestershire who supported us throughout the investigation with their generous contributions.

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