

Health & Wellbeing Survey

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Swindon Health & Wellbeing Survey

Summer 2020

Tue 18 Aug – Fri 25 Sep

We want
to hear
from YOU



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Introduction

Central Objectives of the Survey

- To conduct a survey in the population of Swindon UA, in order to gain insight into the physical, mental and material well-being of the population and the changes in their health and well-being that have taken place, since the Covid-19 pandemic started.
- To assess the current needs of the population and its subgroups and the extent to which these are being met.
- To ascertain where resources might best be targeted to meet needs that are at present not being fully addressed.

Methods of the survey

- A survey questionnaire was drawn up for distribution in August and September 2020.
- Through advertisements in the local press and notices in prominent places, the public was invited to participate online. Paper copies were made ready to send to people who preferred this or who did not have access to the internet. People who were known by SBC staff to be receiving help for long term health conditions were also invited individually to participate.
- Analysis conducted in R¹ produced statistics of socio-demographic characteristics of the respondents and counts and percentages of the responses to the questions.
- Responses to the main questions were also analysed in terms of sets of subgroups where applicable. Mainly males and females; age-categories; people who were vulnerable because of a long term condition (or who had not); people who had been requested by their GP to shield or lived with someone who received such a letter or (or who had not); employment status; and work situation (i.e. ways and place of work).
- Because of the limited numbers involved in the survey, we had to analyse ethnicity in terms of a White British/Irish subgroup compared with other ethnicities. We are aware that responses may have varied still further between different ethnic groups within these two subgroups.
- Around the period that the survey took place, the majority of cases within Swindon were recorded in SN1 and SN2 areas. Therefore, subgroup analysis was conducted in terms of SN1-SN2 compared to other areas. We are aware that responses may have varied still further between different areas within these two subgroups.
- Results were tabulated and presented graphically and, where applicable, differences between subgroups with respect to key variables were investigated by using non-parametric methods analysis of variance to ascertain statistical robustness. Although the number of respondents was unevenly spread across the subgroups, we did not weight the data to adjust for this. This had the advantage that any figures presented in the survey were true figures and not statistical derivations.

Note

- There might be cases throughout this report where percentages depicted within figures might not add up to 100% due to rounding.

¹R Core Team (2019). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL <https://www.R-project.org/>.

Summary

Respondent Characteristics

- There were **827** responses in total. Three quarters of the sample were females and people aged between 36-65 years of age. 14% were from a non White British/Irish ethnicity and about 20% of the sample had a long term condition. Approximately 1 out of 3 participants lived in SN1 or SN2.

1. Covid-19 Guidance

- Respondents were divided as to whether current **national guidance** and advice is **clear and easy** to understand with 41% of those being in agreement. Males, younger people, vulnerable and/or living with someone who is vulnerable, people with a long term condition and people from a white background were more likely to disagree.
- Most people found it easy to **follow national guidance** and advice with respect to Covid-19 (62%).

2. Covid-19 Experience

- A majority of respondents reported worsening on **psycho-social indicators** (mental health etc.) and well-being. However, a small proportion were in the majority for reporting an improvement in **household relationships** and in their **social life on-line**. Reporting on material indicators was not so negative, but worsening concerns about **employment** and **finances** were expressed by about a third of the sample.
- An improvement in **relationships with immediate family**, in new possibilities for **health and wellbeing** (i.e. additional time, new perspectives) and a positive **impact on society** were identified as the top three positives that resulted from the pandemic.
- The most significant concerns resulting from the pandemic focused on **health and wellbeing** (i.e. contacting the virus, impact on the elderly), the **lack of compliance** and the **financial** impact.

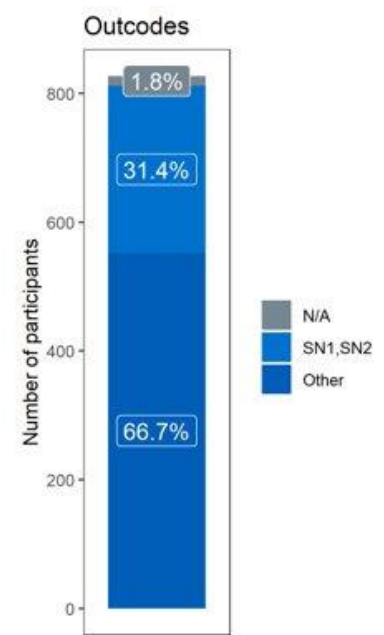
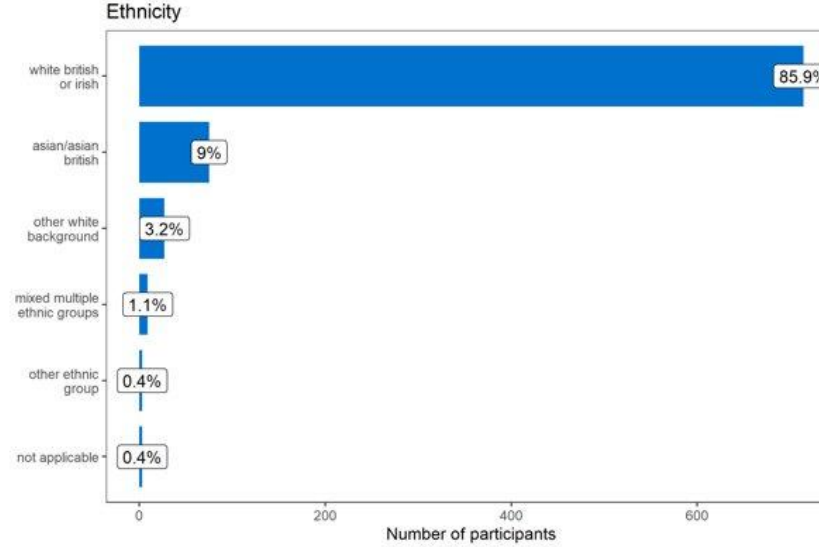
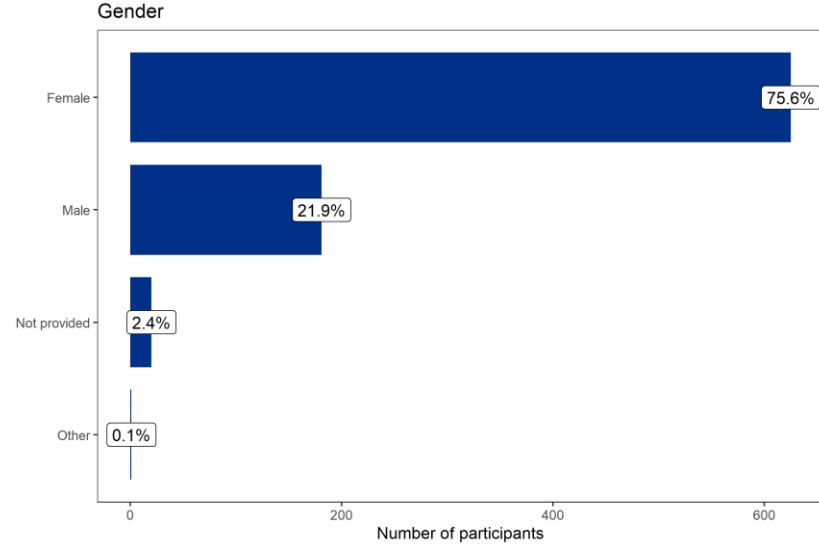
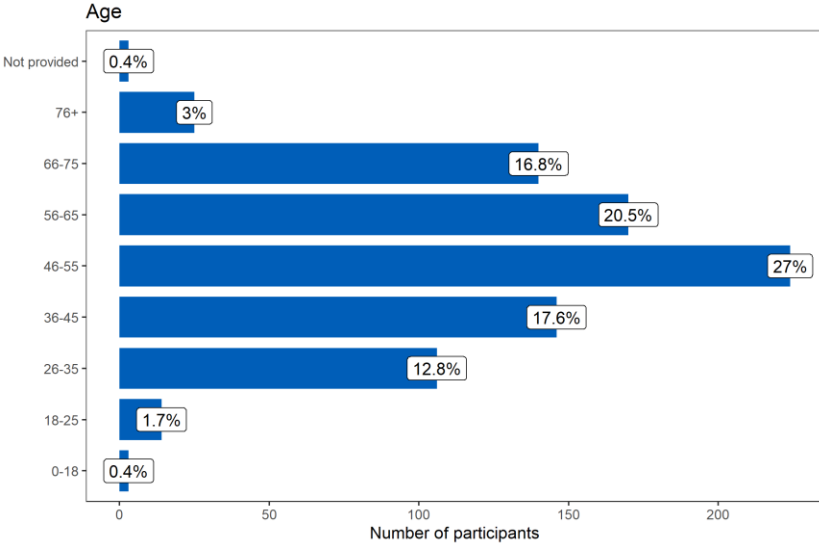
3. Local Services-Needs

- 43% were satisfied with Swindon's wider community response to the pandemic. Reasons for being dissatisfied included the fact that other people did **not follow government guidelines**, that the **restrictions** in place were **not enough**, that the **information** communicated was **unclear or insufficient** and that the council did not provide enough support resulting in a **worsening of services** (e.g. recycling, litter picking).
- With regard to having **knowledge about accessing services** and **feeling comfortable** about doing so during the pandemic, the overall response in the sample was fairly positive, but a "**gap of confidence**" was recorded. 30% of the sample was in disagreement about being comfortable in accessing hospital and GP services and 71% were in disagreement that they felt comfortable about using public transport. There were significant differences in the way people in different subgroups responded.
- The pattern of expressed needs reported is complex and warrants further examination beyond this present report. For six areas of support that were presented to participants, about 20% of the sample reported being in agreement that they **needed support** with certain **fundamental items** (i.e. employability, finances, employment, with obtaining medicines, with obtaining food, and with childcare). The need for support varied by subgroup and instances where significant differences in the way the different subgroups responded were recorded.
- 10%-15% received help with a wellbeing call, collecting prescriptions and shopping, whereas <6% received debt advice or help managing bills; benefits advice; or help in a form of a food box. >42% of respondents who did **not receive any help** agreed that they needed support with their **mental health** and their **family's wellbeing**.
- **Facebook**, the **SBC website** and **online media** were the most common sources of information. Older people, people with conditions and vulnerable people also used digital media, but were more likely to utilise letters than other people. The most common sources of information for the non-white subgroup were family/friends, TV and Facebook.

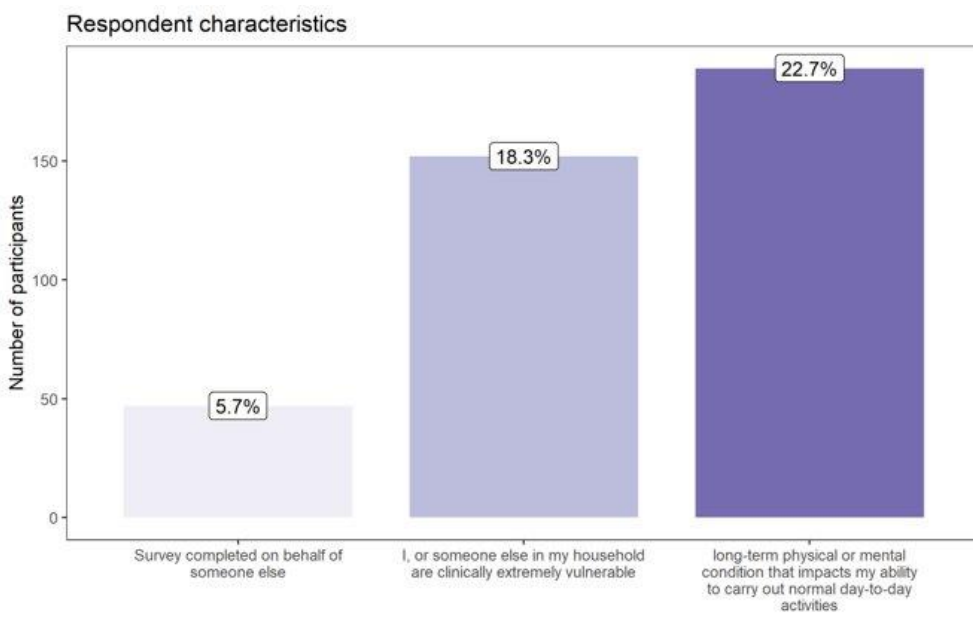
4. Future

- Most people (79%), expressed the view that life would not return to what it was like before within one year.
- Approximately 1 in 3 respondents agreed that **lockdown had brought about positive change**, were confident of **being happier** over the next year and that their **life will improve**, with significant differences in responses being recorded within subgroups.
- Respondents' priorities for the future were aligned between the different subgroups with the majority of them reporting the desire to focus on **exercise**, spending more **time with family and friends**, and following a more **balanced and healthy diet**.

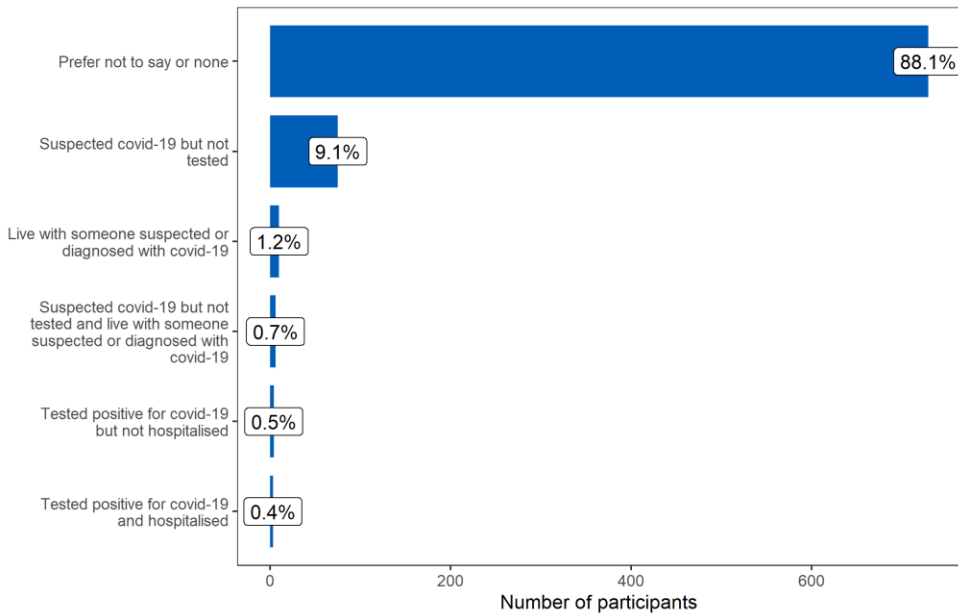
Respondent characteristics



- There were **827** responses in total.
- About three quarters of the respondents were female, while about one fifth were male. Most people in the sample, about three quarters, were "middle-aged" between 36 years and 65 years of age, with a fairly good response from the 66 to 75 years age group (making up 16.8% of the sample). However, young adults aged 18 to 25 years (1.7%) and people 76 years and older (3%) made up only small segments of the sample.
- About 14% were from a non White British/Irish ethnicity, slightly below the figure we might expect from the 2011 Census (15.4%).
- In round terms, about one fifth had a long term condition and just under one fifth reported being or living with someone who is clinically vulnerable.
- 260 (31%) respondents lived in SN1 (n=138) and SN2 (n=122). 552 (67%) participants lived in SN3 (n=210), SN4 (n=52), SN5 (n=123), SN6 (n=23), SN25 (n=134) and SN26 (n= 10). Whereas 15 (2%) residents chose not to provide this information.
- 58 respondents received or lived with someone who received a letter from their GP requesting that they shield AND had a condition that impacts their abilities to carry out normal day to day activities. Only 2 of those had the survey completed on their behalf.

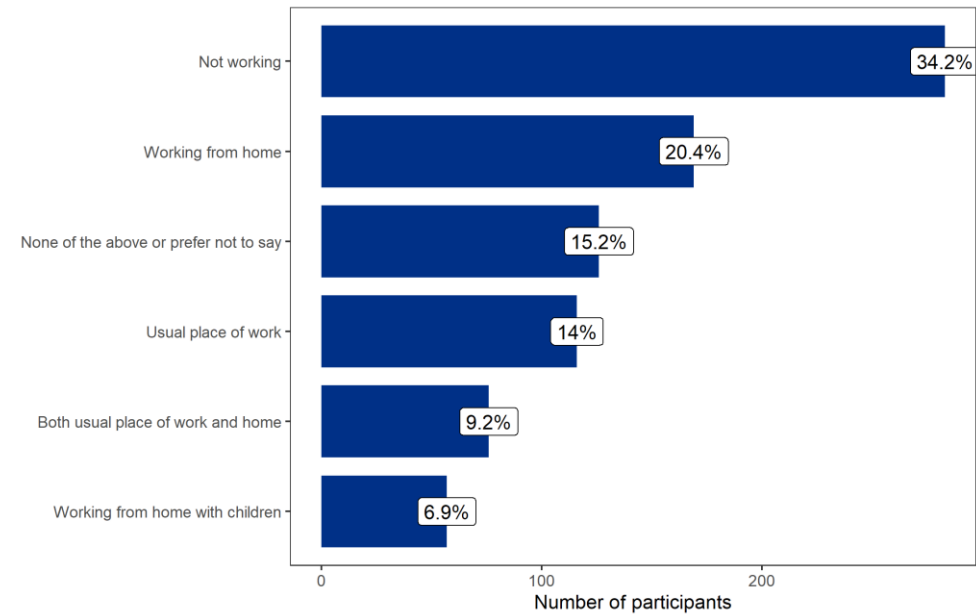


Covid-19 Status

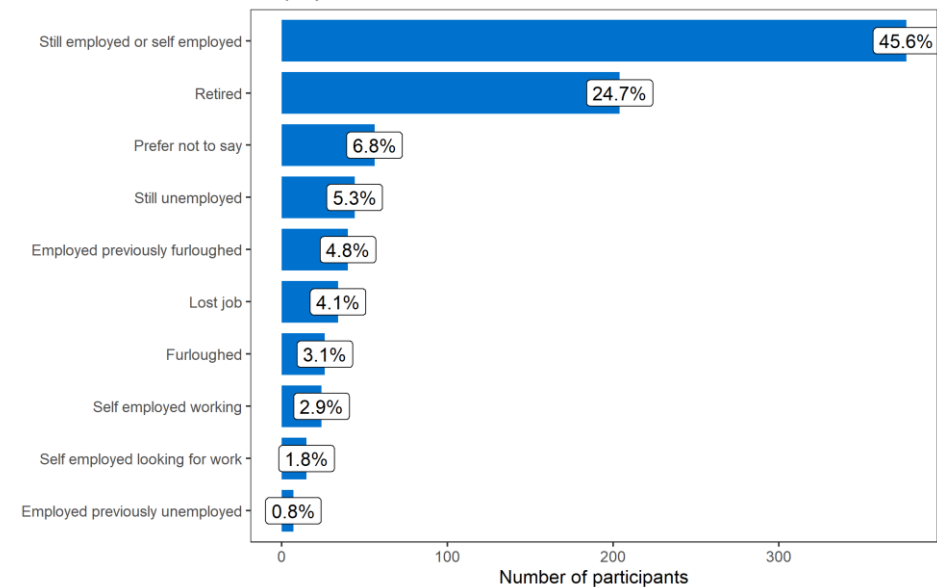


- With respect to the respondents' Covid-19 status, the majority (~90%) chose either not to provide this information or had not been tested and/or lived with someone who was suspected or diagnosed with Covid-19.
- 55% reported that they were either not working or were working from home
- Approximately 70% stated that they were still employed/self-employed or were retired.

Work situation

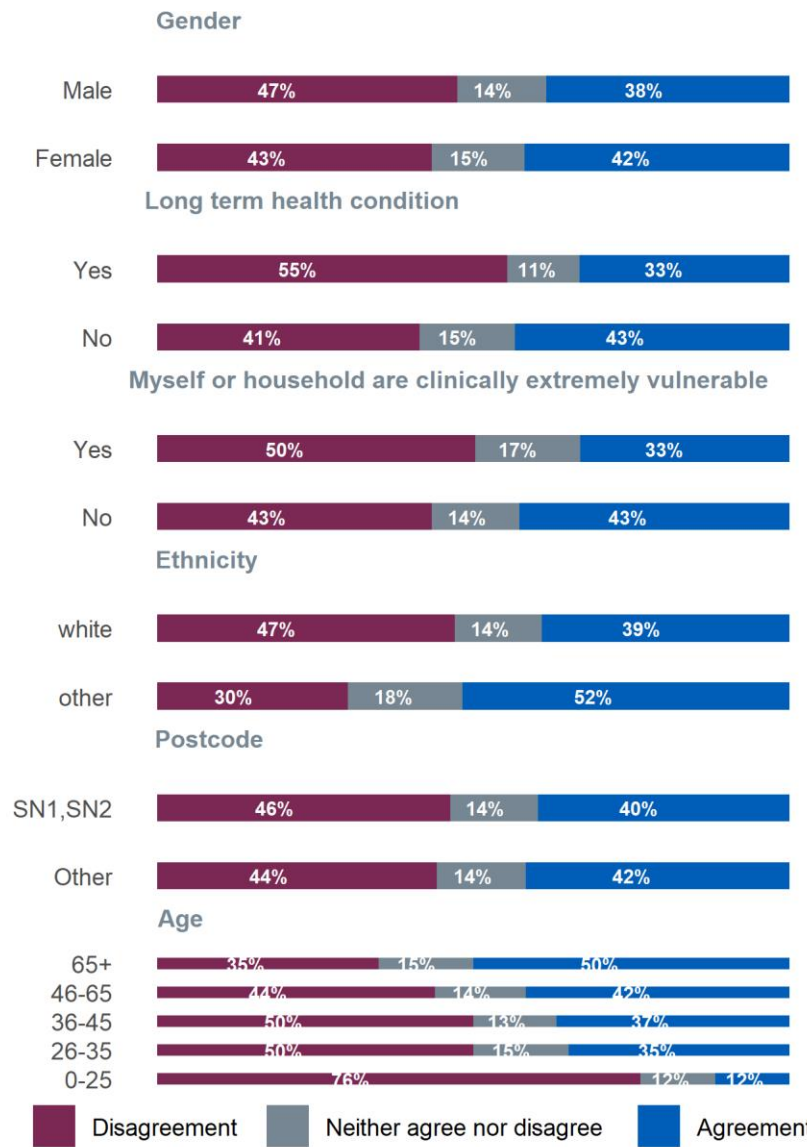
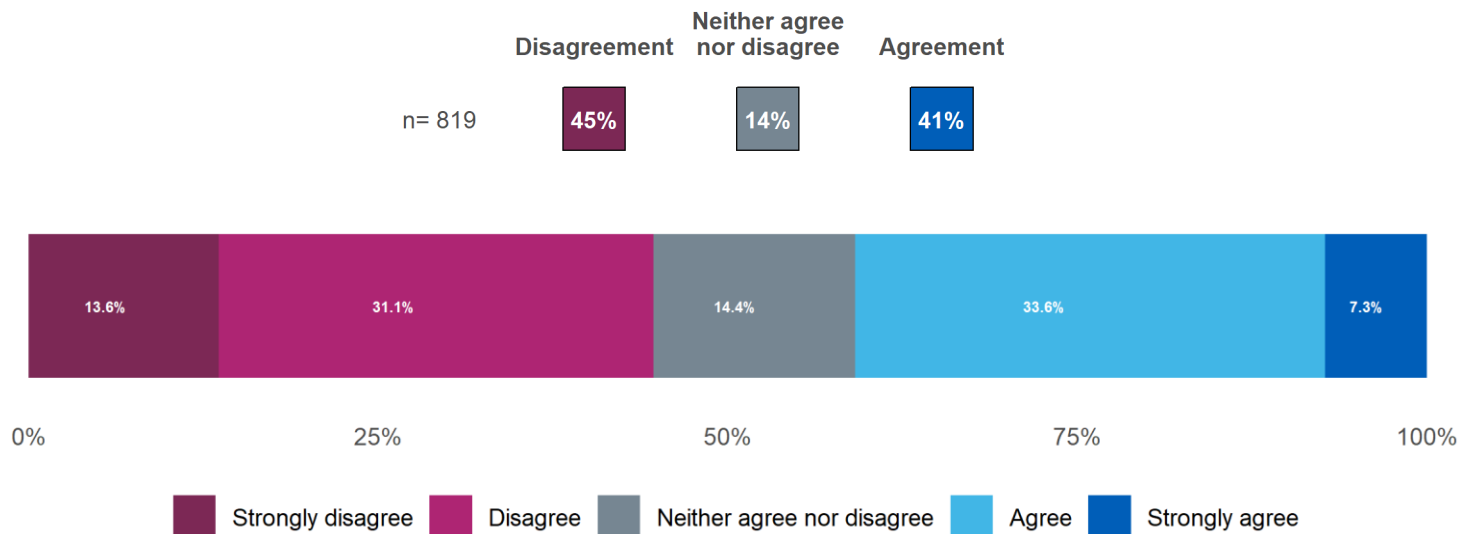


Employment situation



1. Covid-19 Guidance

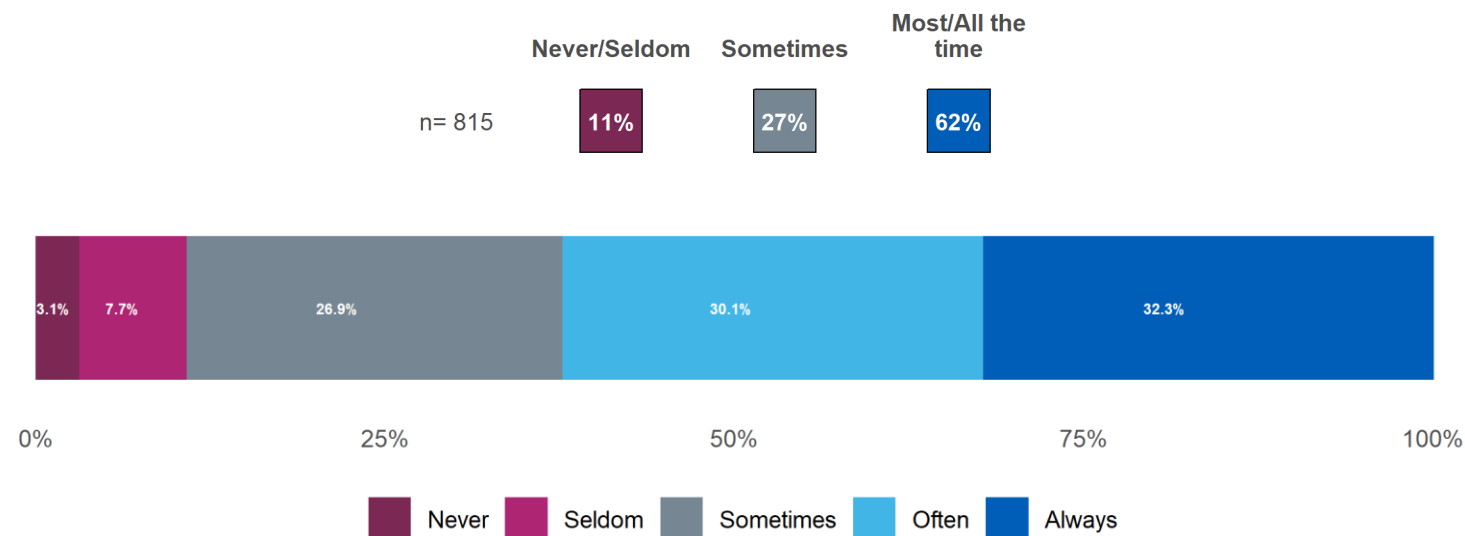
Do you feel that current national guidance and advice is clear and easy to understand?



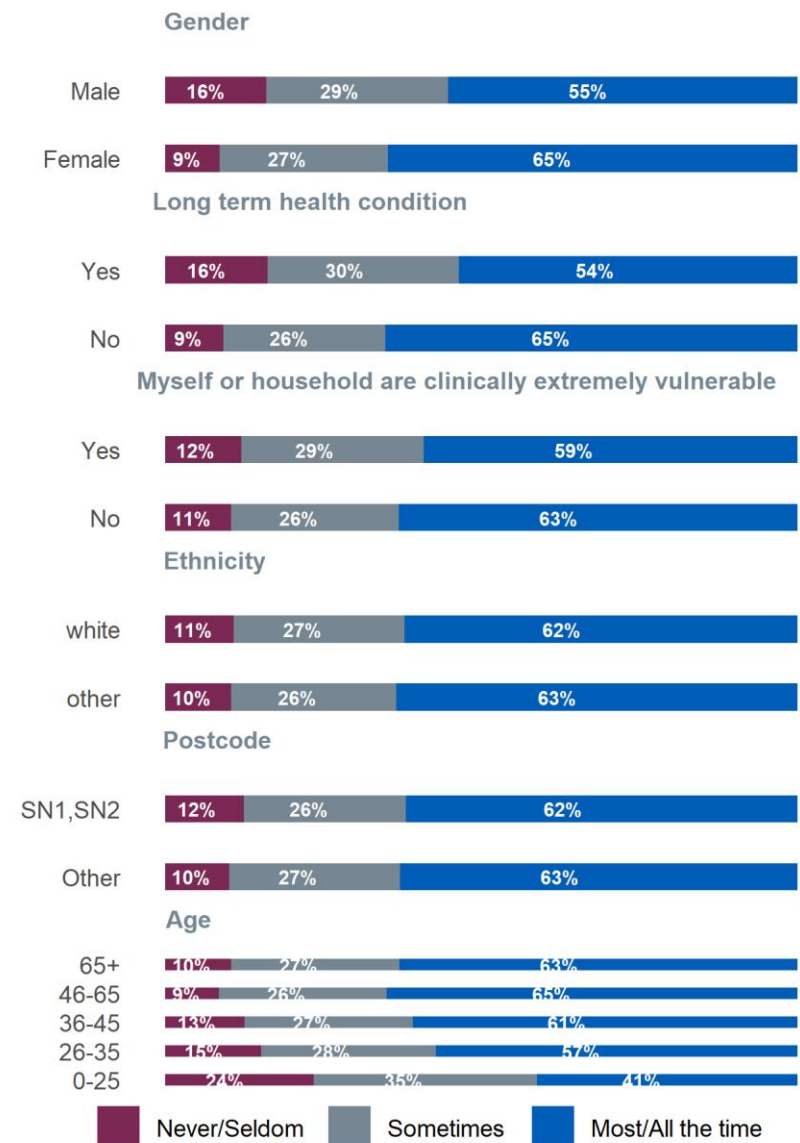
- The responses to this question were fairly evenly balanced with more people (45%) being in disagreement that the guidance was comprehensible by a small margin.
- Males reported being in disagreement more frequently than females.
- Younger people were much more likely to be in disagreement than older people.
- People from a non-White background were more likely to find the guidance easy to understand.
- People with a condition that impacted on their abilities and people who were vulnerable or living with someone who was classified as vulnerable were more likely to be in disagreement. This was where a significant difference* between a subgroup and their feelings (strongly disagree to strongly agree) was recorded.

* Appendix I: Covid-19 Guidance

Do you currently find it easy to follow national guidance and advice with respect to Covid-19?



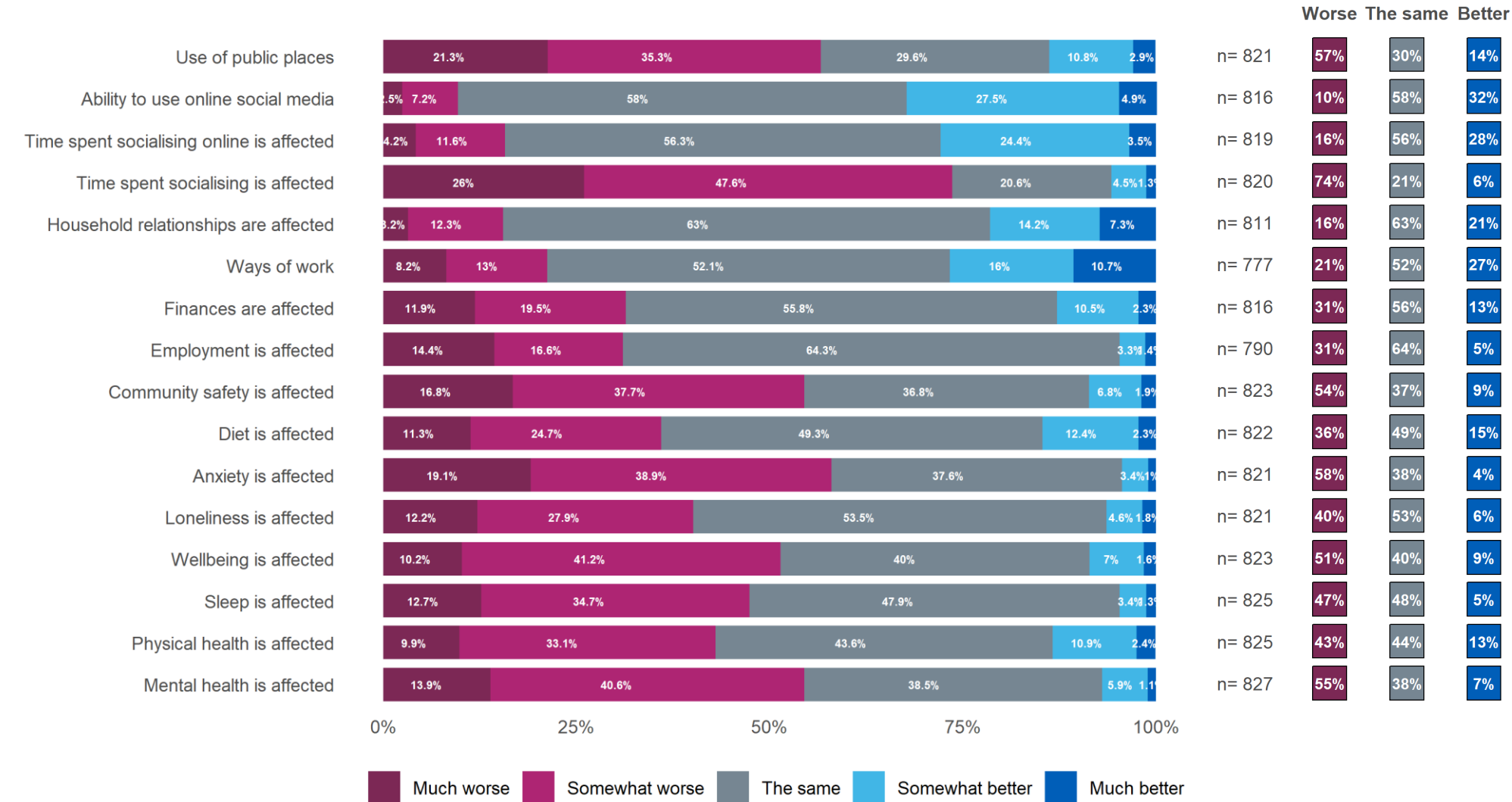
- Most people found the guidance was easy to follow most or all of the time (62%), but there were differences according in subgroups.
- People reporting that it was easy more likely to be middle-aged or older...
- and more likely not to have a condition, or themselves or a member of their household a shielding letter from their GP.
- A larger proportion of females (65%) found it easy when compared with males (55%).
- However, no significant differences* in the way the different subgroups responded were recorded.



* Appendix I: Covid-19 Guidance

2. Covid-19 Experience

Please indicate how you currently feel affected by the Covid-19 pandemic:

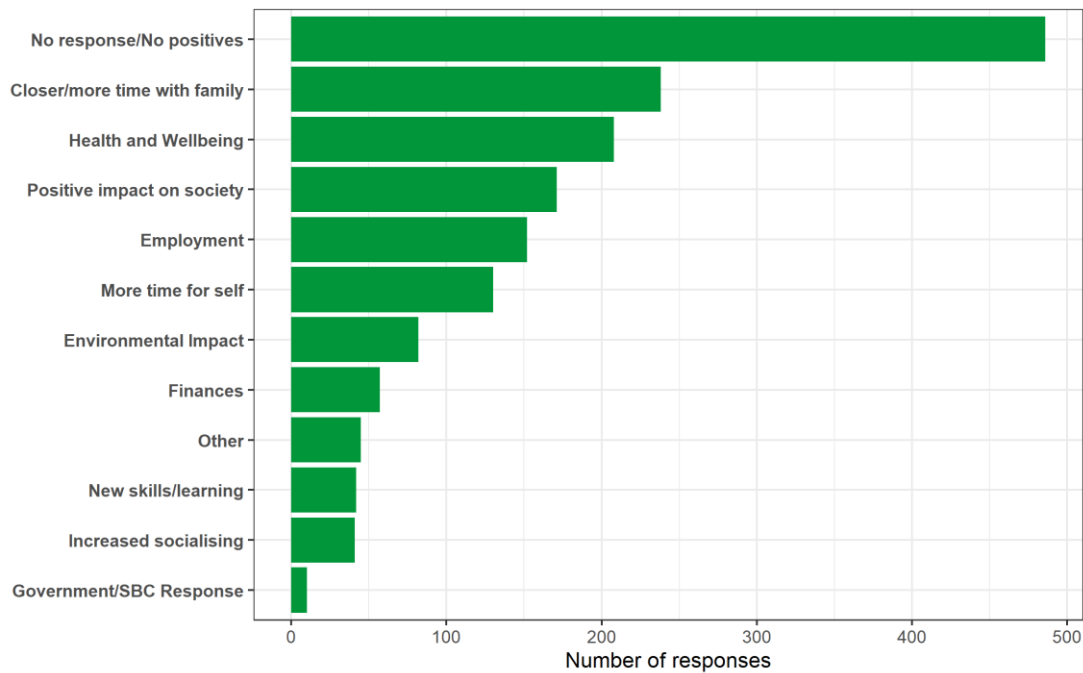


Please indicate how you currently feel affected by the Covid-19 pandemic:

- A majority of respondents reported worsening on **psycho-social indicators** (mental health etc.); for example 58% reported worse anxiety.
- But a small proportion were in the majority for reporting an improvement in **household relationships** and in their **social life on-line**.
- Reporting on **material indicators** was not so negative, but worsening concerns about **employment** and **finances** were expressed by about a third of the sample.
- For most indicators, though not all, the responses varied between people in the subgroups with evidence of significant differences* in the following, for example:
 - In terms of gender, females reported worse anxiety (61%) more frequently than males (50%).
 - Younger people were more likely than older people to report worsening with their mental health status, (76% in youngest group compared with 43% in oldest group) sleep, anxiety, finances and employment.
 - For vulnerable people, there was greater worsening on the psycho-social indicators, for employment and for social life. For people who were classified as extremely vulnerable or were living with someone classified as extremely vulnerable, both physical and psycho-social status became worse.
 - People in the non-white ethnic subgroup were more likely to report worsening in physical health, and in well-being, but this subgroup fared better in terms of social life than the white subgroup.
 - Mental health was reported as becoming worse in the SN1/SN2 subgroup (62% compared with 42% outside this area).
 - People who changed from employment to unemployment reported worse mental health, as did people who had been furloughed; intriguingly, anxiety and loneliness became worse for people who became employed, but had been unemployed; people on furlough reported a worse diet and people who had become unemployed reported worse finances.
 - The experience of people often varied by working situation, but not always in a predictable way; for instance, mental health often became worse where people were working at home, even if this was usual for them, while social life online seemed to improve with a self-employed person looking for work online.

What are your two main positives that were a result of the Covid-19 pandemic?

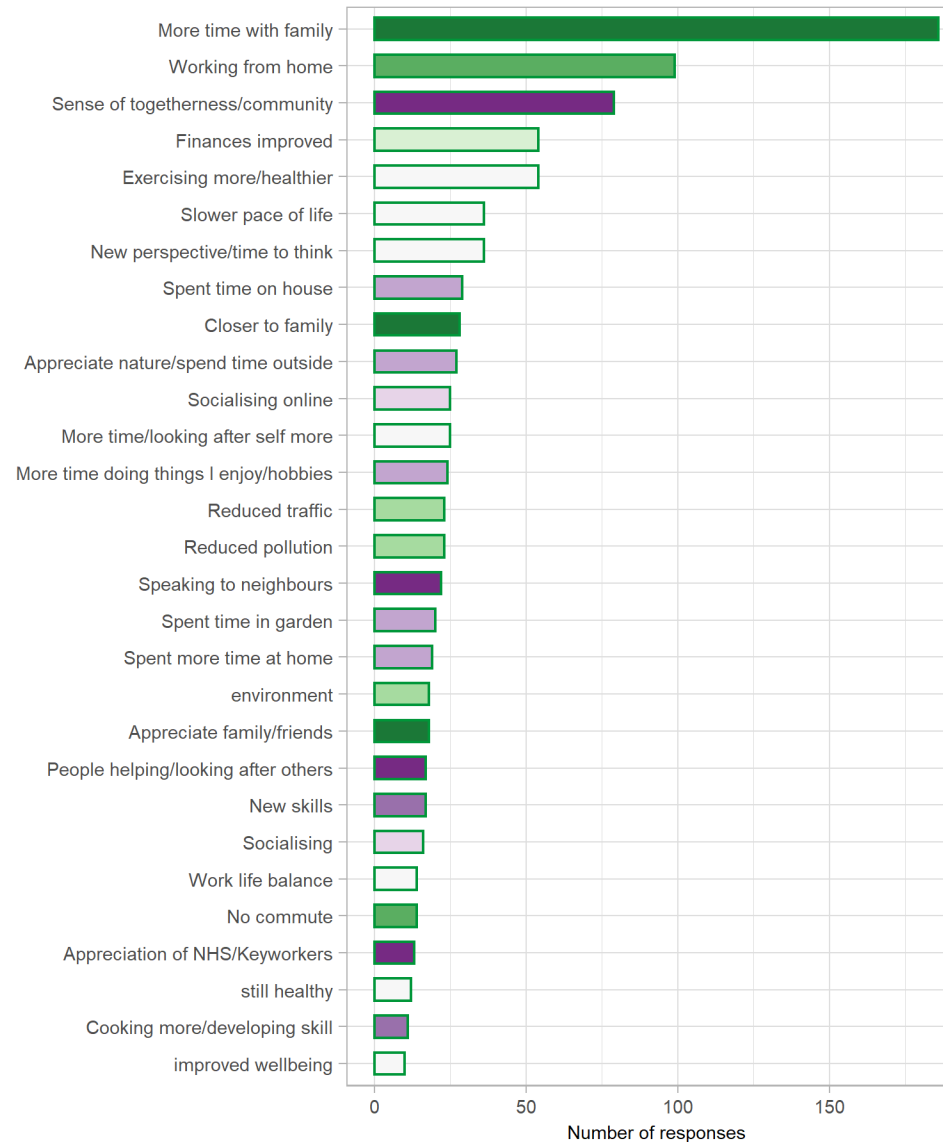
Main Covid-19 positives



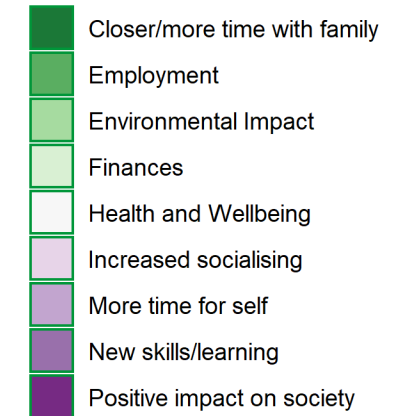
- The most mentioned positive was the impact that the pandemic had on **relationships with immediate family**. 238 responses mentioned spending more time together, appreciating family more and generally feeling closer *‘Spent some quality time with my family, eating together, playing games and generally spending time together as otherwise we would have all been too busy’*
- A significant number of respondents mentioned the positive impact that the pandemic had on their **health and wellbeing**. Reasons for this included the slower pace of life allowing for self-care, gaining a new perspective on life, a chance to rethink priorities, spending more time outdoors and exercising more, *‘Realising more what is important in life and having time and space to enjoy our environment especially Swindon’s open spaces’*
- Another reoccurring positive was the **impact on society**. People reported feeling a sense of ‘togetherness’ and ‘community’ and a number mentioned that relationships with neighbours had been established/improved, *‘people are looking after each other’*

Most significant Covid-19 positives:

Subthemes by Theme

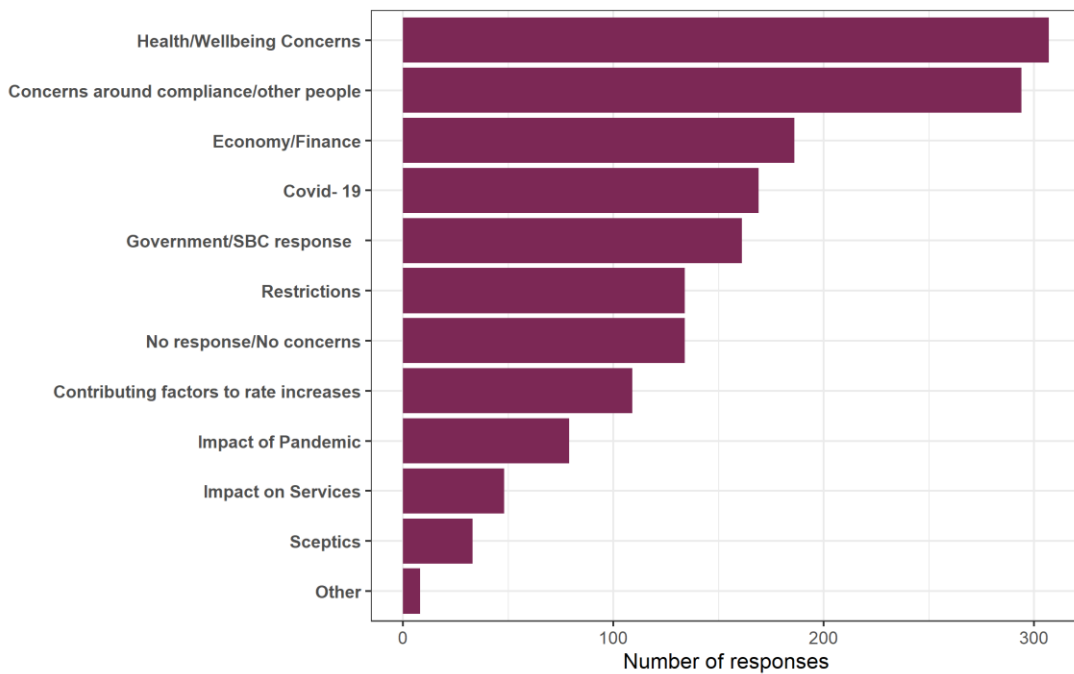


Main Covid-19 Positives: Themes

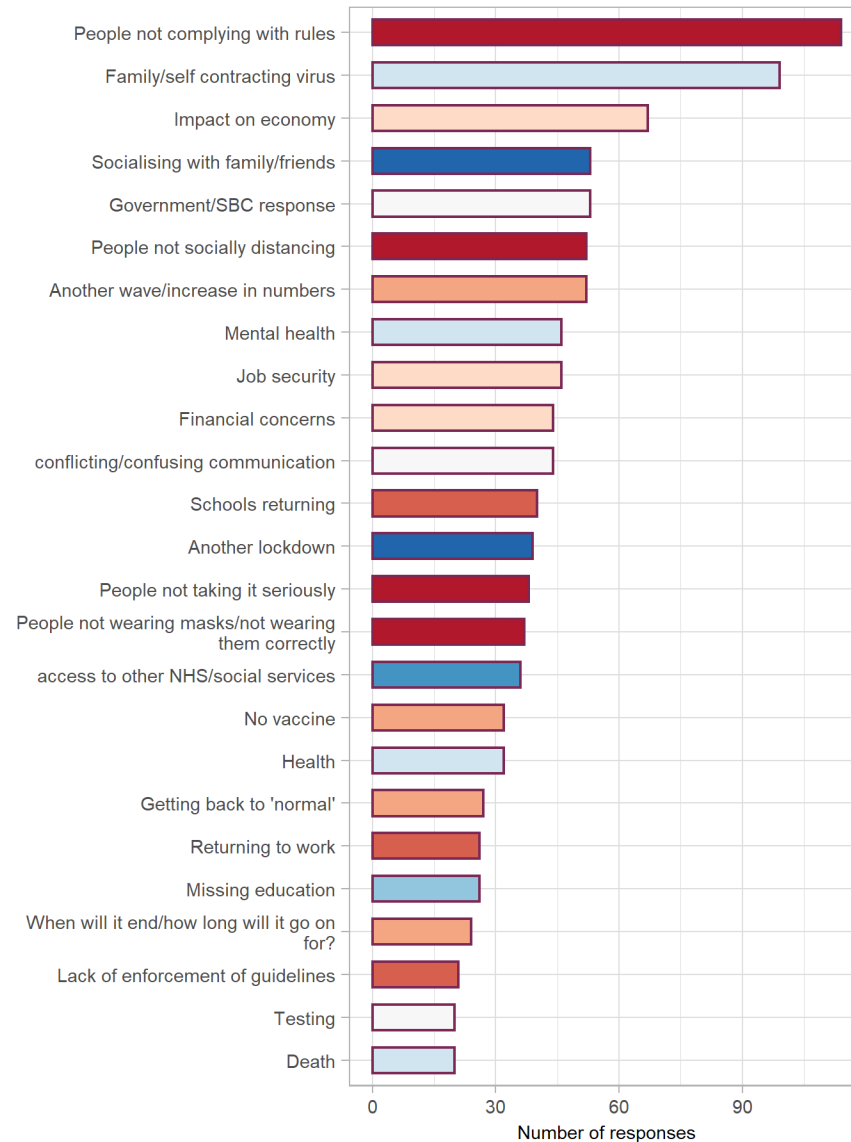


What are your two main concerns about the current Covid-19 pandemic?

Main Covid-19 concerns



Most significant Covid-19 concerns:
Subthemes by Theme



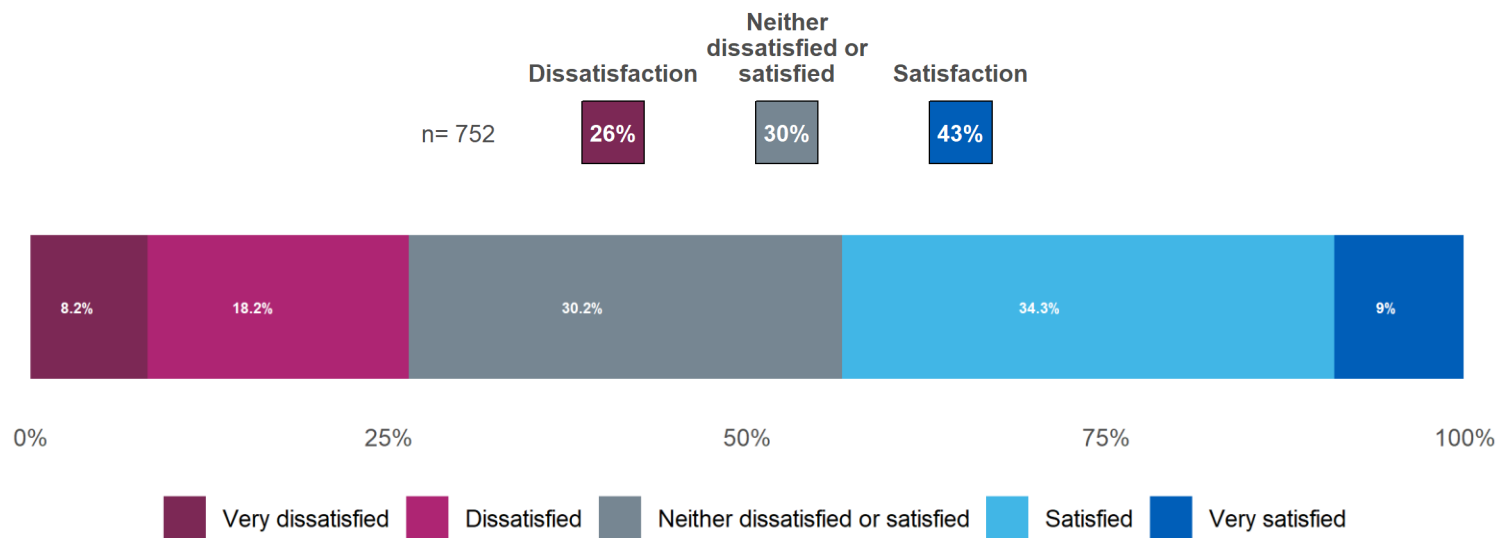
Main Covid-19 Concerns: Themes



- Health and wellbeing** was identified as a significant theme amongst responses when asked about the positives and the concerns caused by the pandemic. Positives focused on the additional time and new perspectives that the pandemic had allowed respondents and the positive impact that this had on health and wellbeing. Conversely, concerns regarding health and wellbeing focused on the very real worry that respondents, friends and/or family would contract Covid-19 and health concerns for vulnerable members of society. In addition, the impact that fear of contracting the virus and restrictive measures were having on mental health was a recurring theme. A number of respondents indicated that they felt lonely and/or isolated or were concerned about someone else who was, *'Elderly people are facing the fear and risk and at the same time loneliness'*.
- Another major concern for respondents was perceived **lack of compliance** from other people. The most mentioned groups being younger people and ethnic minority groups. There was a concern that people were becoming complacent and not enough was being done to enforce the guidelines, *'New wave or lockdowns because folks aren't following the rules / rules not being enforced well enough'*
- The **financial** impact of the pandemic on a personal as well as national level was a concern for many respondents. Unemployment, lack of job opportunities and job security were mentioned in a significant number of responses.

3. Local Services-Needs

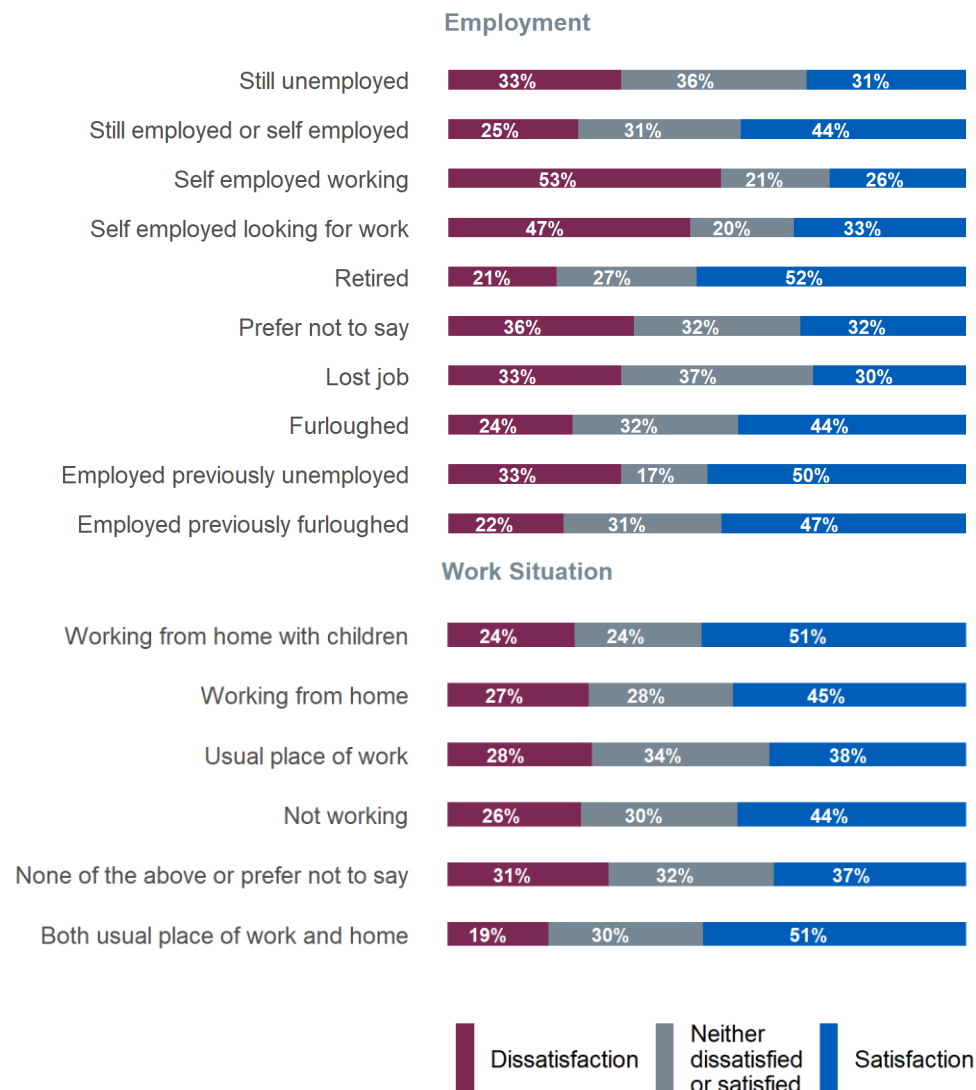
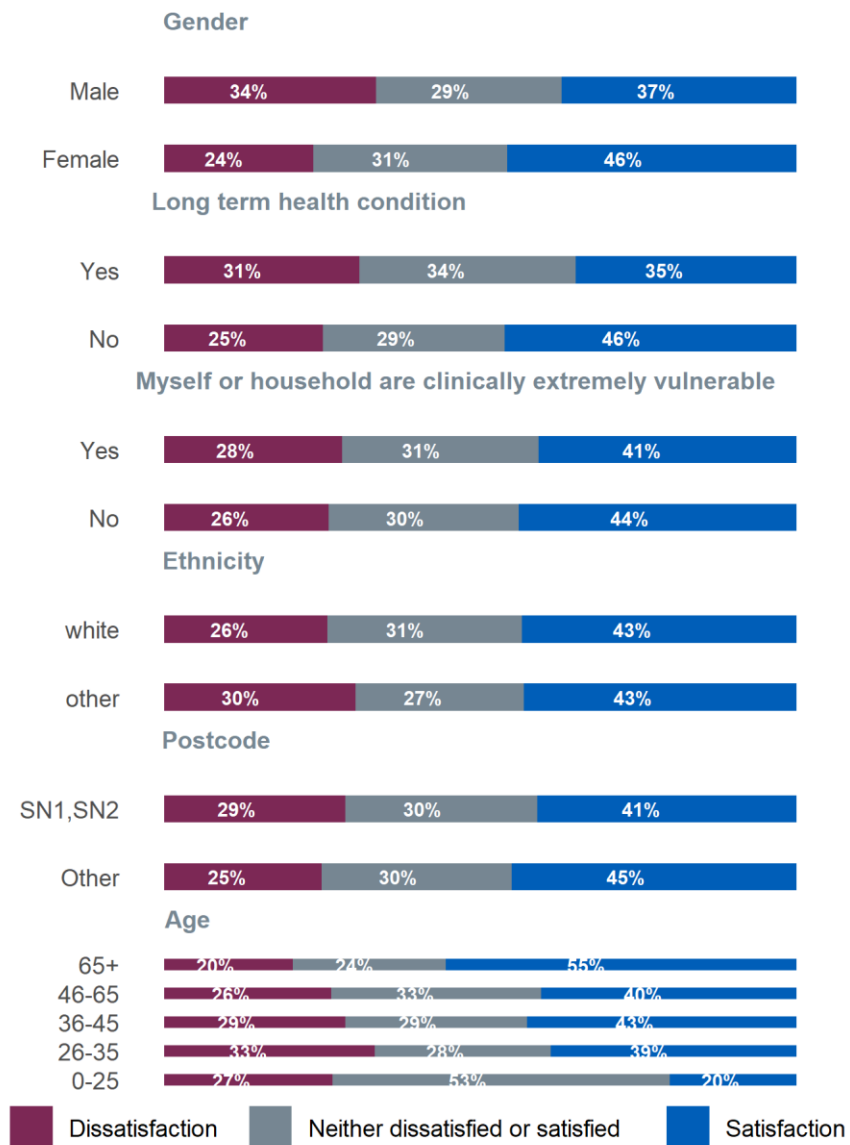
Are you satisfied with Swindon's wider community response to the Covid-19 pandemic?



- 43% of people were satisfied with Swindon's wider community response to the pandemic, compared to 26% who were dissatisfied.
- There were differences by subgroup, for example, females, people who were not vulnerable or with a condition, people outside SN1/SN2 and people who were aged 65+ or above were more likely to be satisfied.
- Self employed who were either still working or were looking for work expressed higher dissatisfaction rates.
- However, no significant differences* in the way the different subgroups responded were recorded.

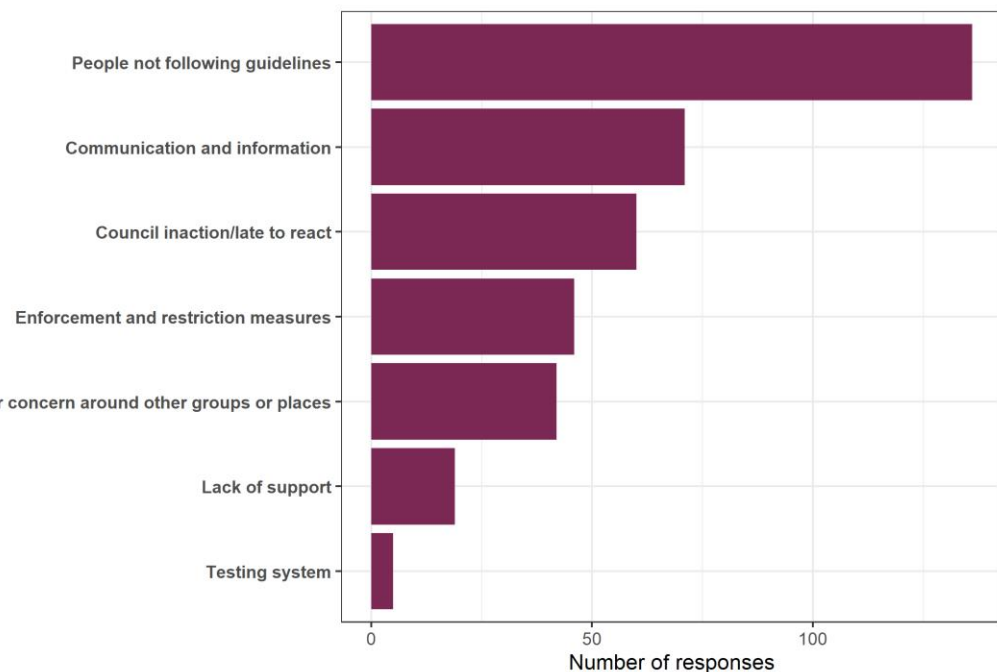
* Appendix III: Local Services-Needs

Are you satisfied with Swindon's wider community response to the Covid-19 pandemic?



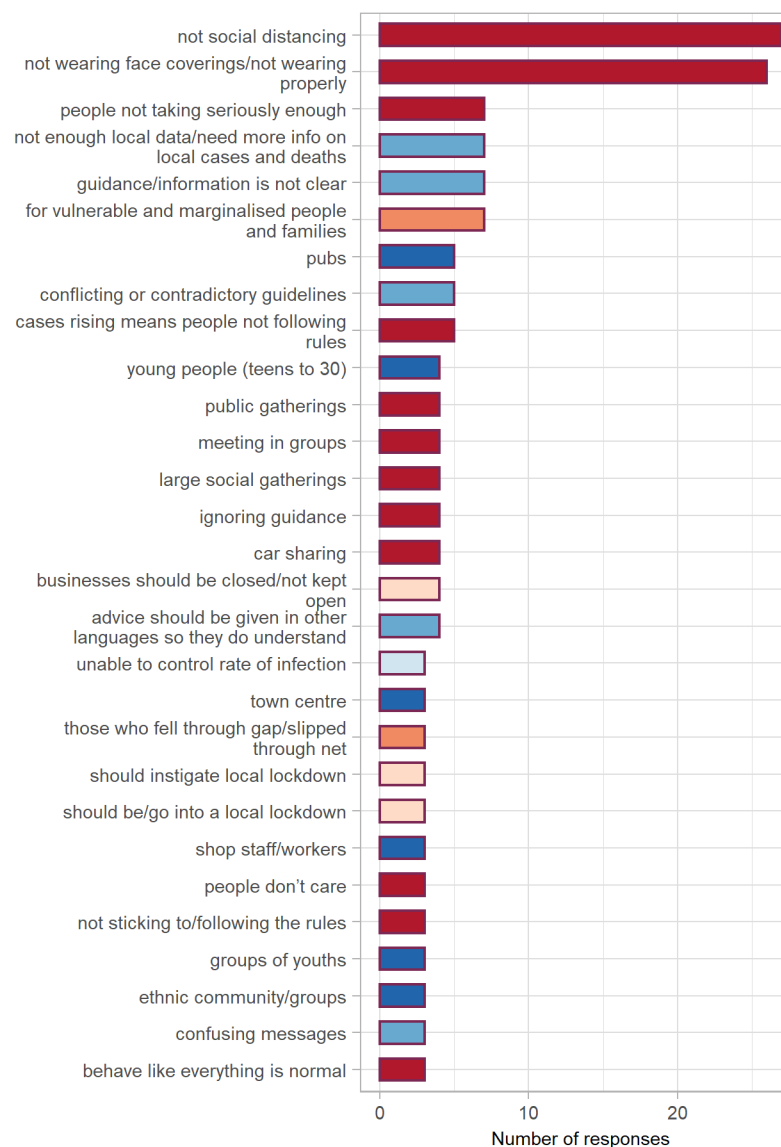
If you answered Dissatisfied or Very dissatisfied to the previous question please explain your answer

Main causes of dissatisfaction

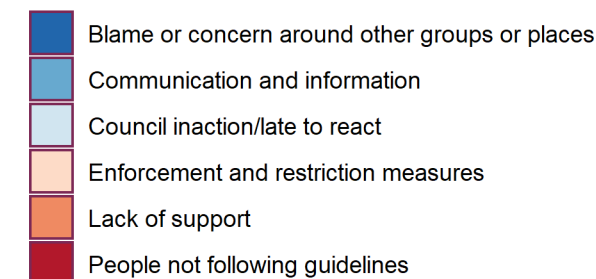


Main causes of dissatisfaction:

Subthemes by Theme

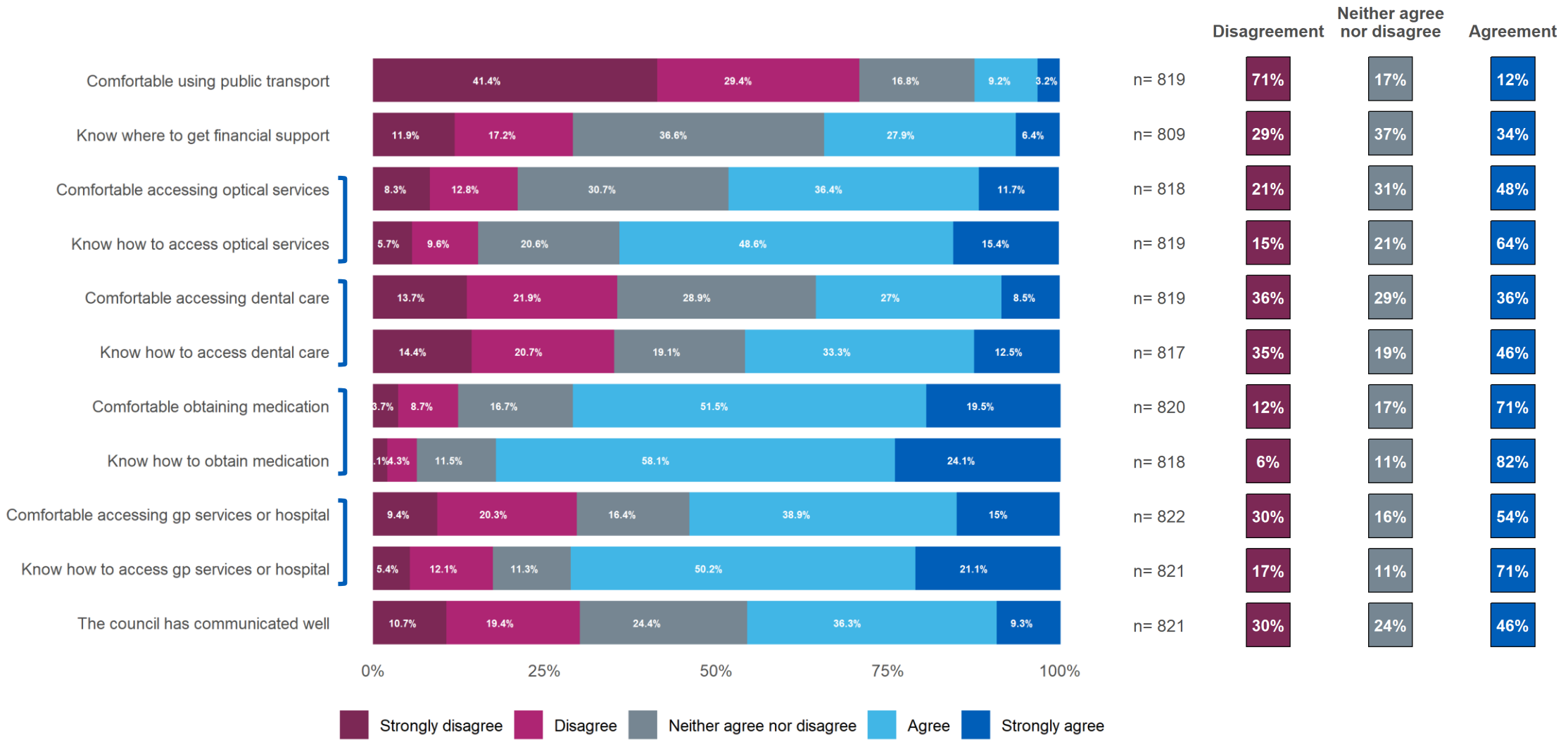


Main causes of dissatisfaction: Themes



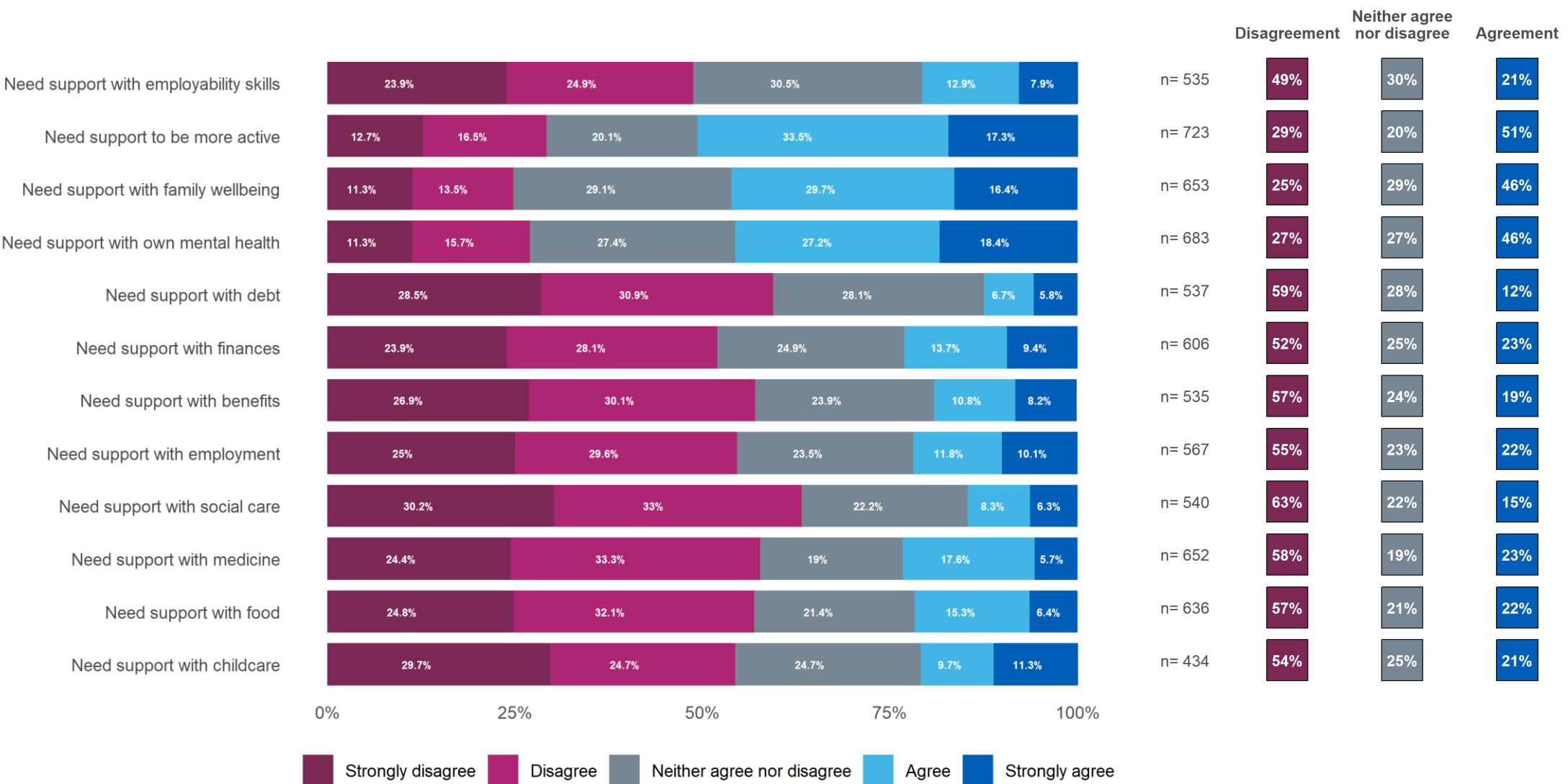
- The most common theme amongst responses was other people **not following government guidelines**. For example, by not wearing face coverings or not wearing them properly, and not adhering to social distancing.
- Some felt that the **restrictions** in place were **not enough** to prevent the spread of the virus and that there was a lack of enforcement of existing restrictions:
“Think more should have been done. Rules not enforced. Should be in local lockdown. Extremely vulnerable are expected to just stop shielding whilst everyone else behaving as if it’s all over.”
- Unclear or insufficient information** was also cited as a source of dissatisfaction, in terms of both communicating the guidance as well as providing information on case rates:
“I want a website/mobile phone alerts that tells me numbers of cases daily in Swindon by postcode/area/business so that I can know where it is safer to go.”
- There were also those who felt that the **council** had not provided enough support during the pandemic, and that **services** – such as recycling, litter picking, and grass and tree maintenance – were **worse** as a result.

To what extent do you agree or disagree with the following:



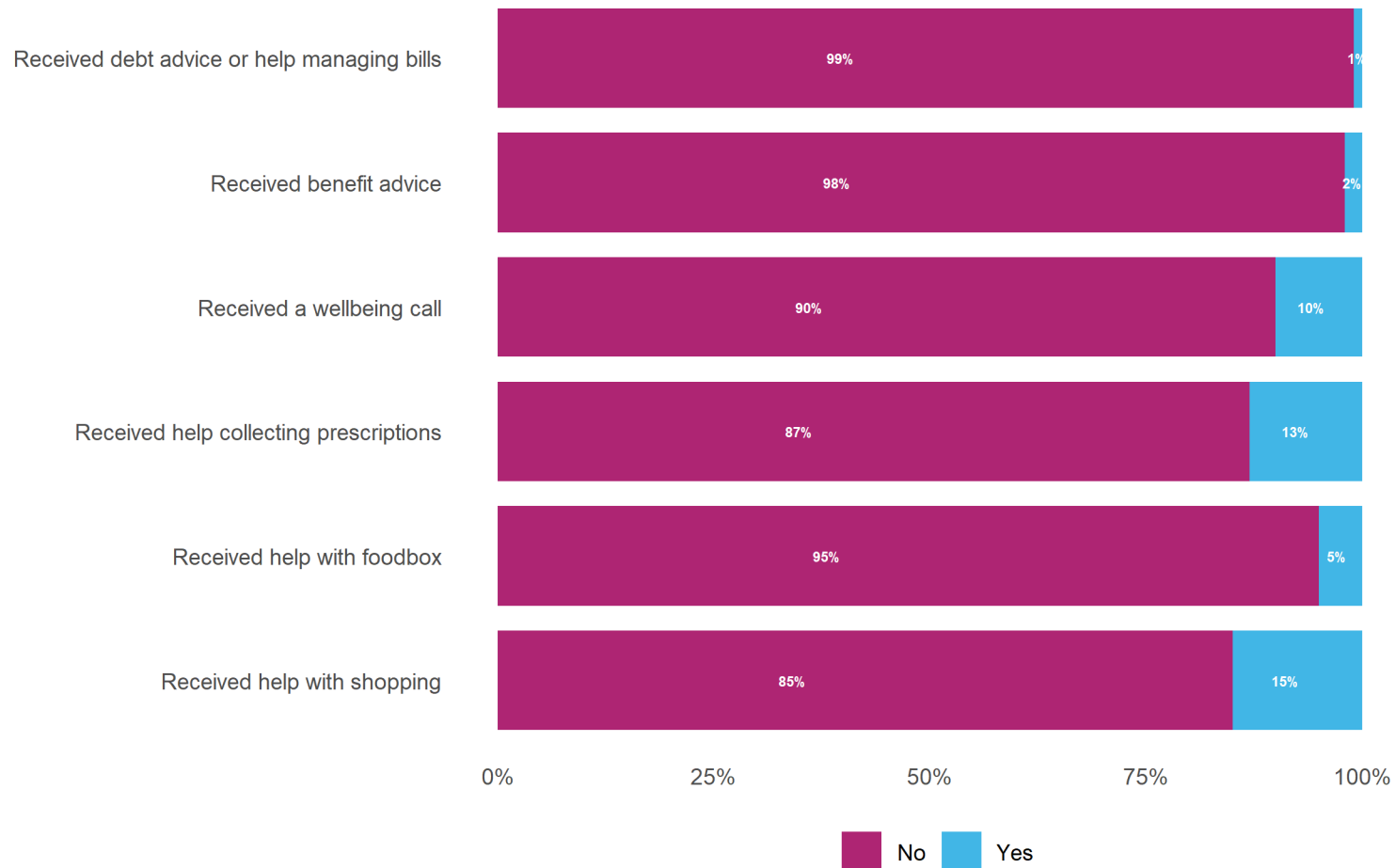
- With regard to having **knowledge about accessing services** and **feeling comfortable** about doing so during the pandemic, the overall response in the sample was fairly positive, with some exceptions that showed a "gap of confidence".
- For example, 82% were in agreement that they had the knowledge to obtain medicines, but only 71% were in agreement that they were comfortable obtaining medicines.
- 46% were in agreement that they had the knowledge to access dental services, but only 36% were in agreement that they were comfortable doing so.
- 64% were in agreement that they had the knowledge to access optical services, but only 48% were in agreement that they were comfortable doing so.
- The sample was in approximate terms evenly divided about having the knowledge to obtain help with financial issues and debt, with a slim majority, 37% giving a neutral response.
- But most people, 71%, were in disagreement that they felt comfortable about using public transport.
- Yet we are well-advised to acknowledge the importance of the "minority statistics". For example, a minority, 30%, of the sample was in **disagreement** about being **comfortable** in accessing hospital and GP services, so this signifies that about one third of the sample held that accessing these **potentially life-saving services** was problematic for them.
- Reports differed on these indicators with significant differences* in the way the different subgroups responded being recorded for the following:
 - The Vulnerable subgroup was less comfortable than the non-vulnerable with using public transport (78%).
 - The Non-white ethnicity subgroup was less likely to be knowledgeable about using optical services (61%).
 - People with conditions were more likely to report negatively, compared with other people, concerning obtaining medicines, dental services, finance and public transport. 62% were comfortable about obtaining medicines, while 36% had knowledge and 24% were comfortable about dental services, and 30% had knowledge about finances.

To what extent do you agree or disagree with the following. As a result of the COVID-19 pandemic I need support with:



- The pattern of expressed needs here is complex and warrants further examination beyond this present report.
- For example, 63% were in disagreement that they needed support with social care and 59% were in disagreement that they needed support with debt.
- On the other hand 51% were in agreement that they needed support with being active.
- 46% were in agreement that they needed support with the mental health of their family and of themselves.
- Vital needs were often expressed by about 20% of the sample for deliverables (e.g. childcare, food, medicines, social care), for employment and financial support, and for mental health and well-being support.
- The subgroups expressing these important needs varied*, although at the same time they were often associated with not just one of these three need areas. Deliverables need was expressed by the young and old, people according to work situation, by females, by the non-white ethnicity subgroup, by the vulnerable and by people with conditions. Employment/financial need was expressed by the young, by people with employment issues, by people according to work situation, by males, by the non-white ethnicity subgroup, and by postcode SN1-SN2. Mental health and well-being need was most salient for the work situation subgroups and the SN1-SN2 subgroup.

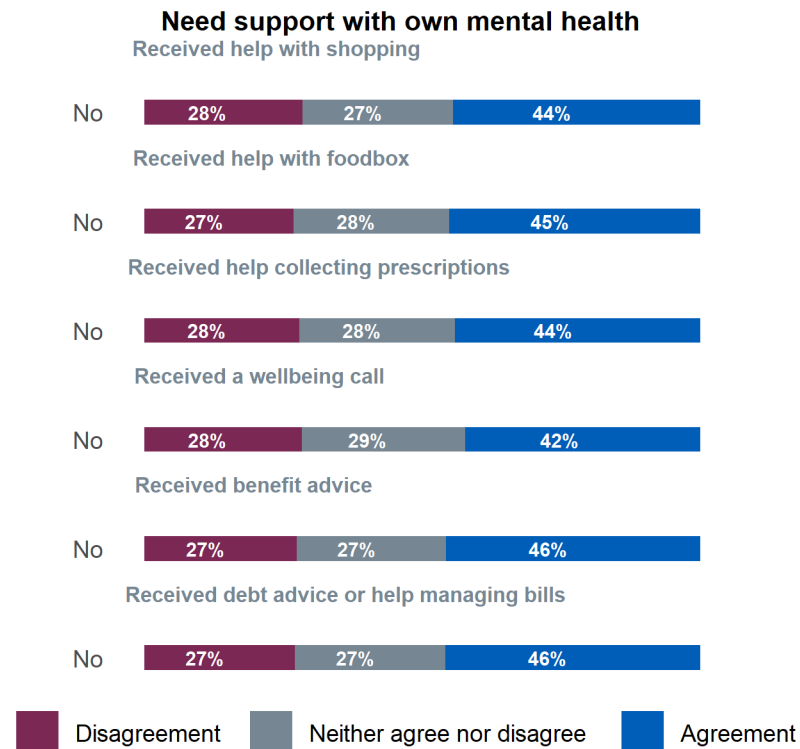
Have you received help with any of the following during the Covid-19 pandemic?



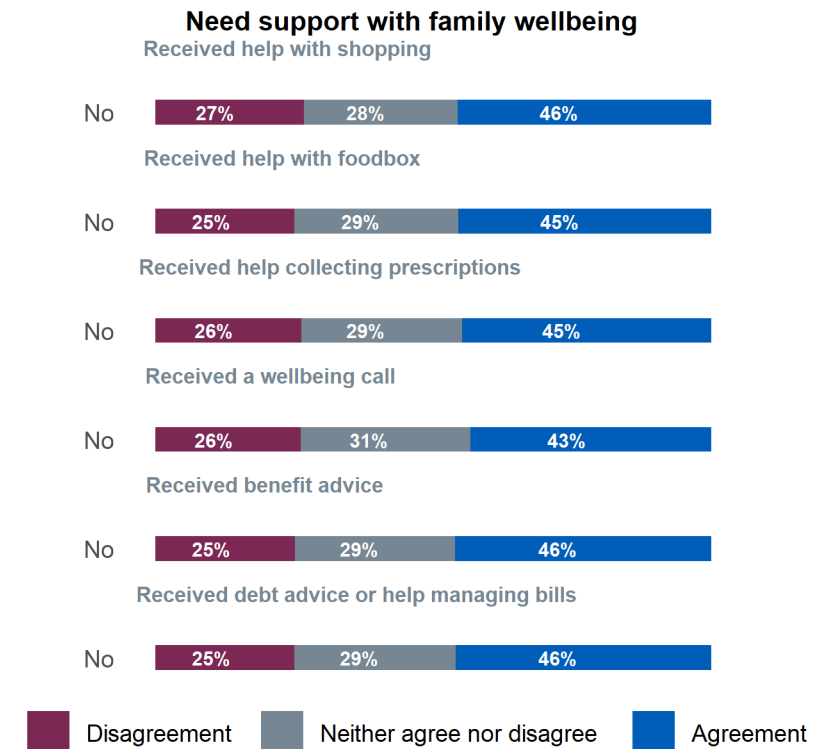
- With regard to receiving support during the pandemic, 10%-15% received help with a wellbeing call, collecting prescriptions and shopping.
- <6% received debt advice or help managing bills; benefits advice; or help in a form of a food box.

Have you received help with any of the following during the Covid-19 pandemic?

- Meaningful agreement levels amongst participants who did not receive help with debt advice or managing bills; benefits advice; a wellbeing call; collecting prescriptions; shopping; or a food box were particularly high for those needing support with their mental health and family wellbeing*.

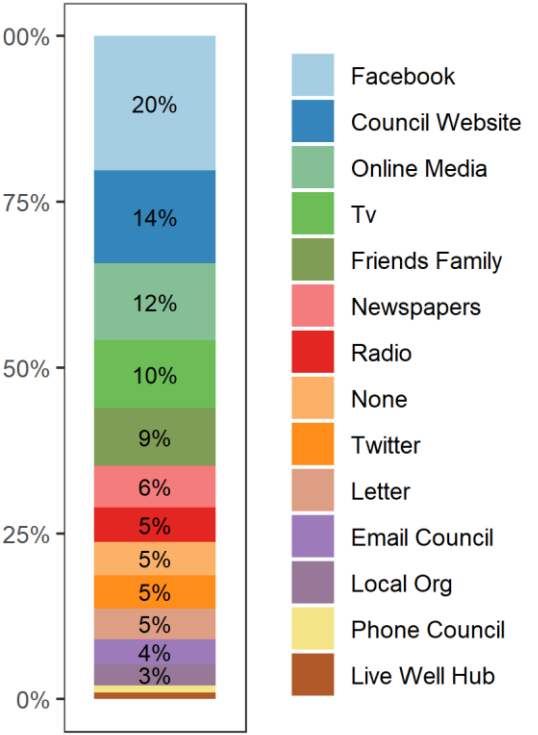


- For people who needed support with their own mental health, nearly half did not receive help with shopping, with a foodbox, with prescriptions, with a wellbeing call, with benefit advice, with debt advice or bills. The percentage was highest (46%) for these last two financial items.

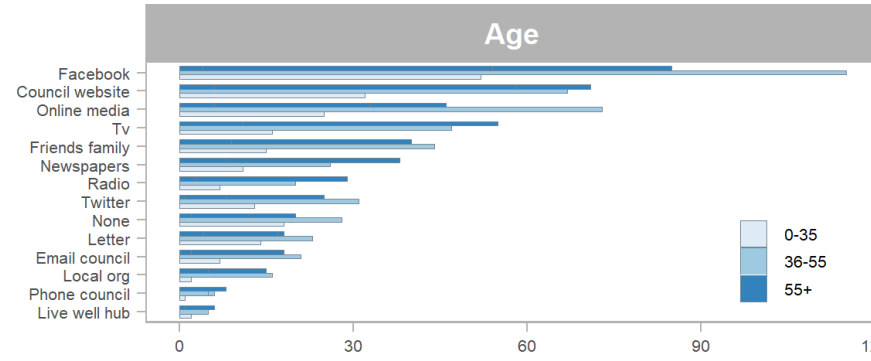
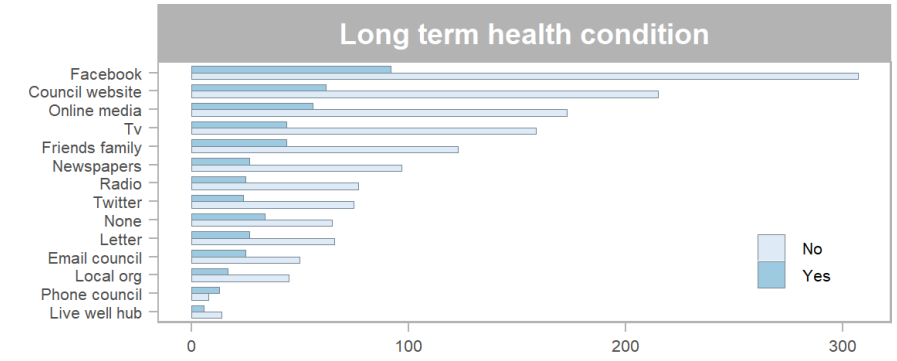
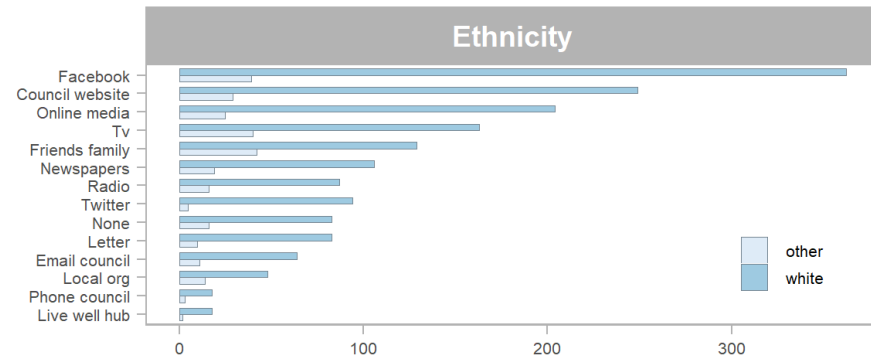
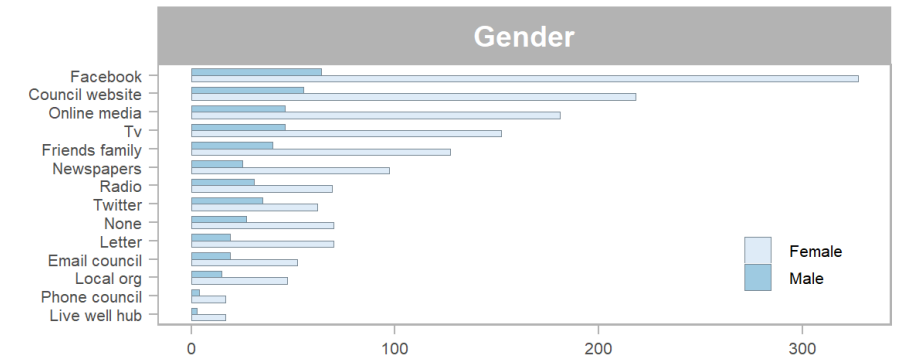
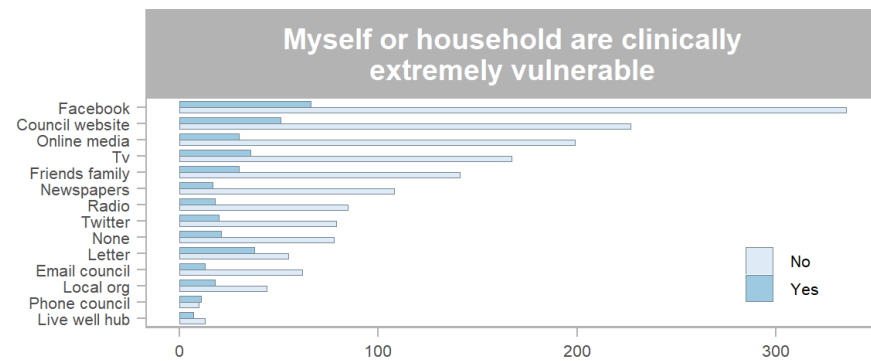
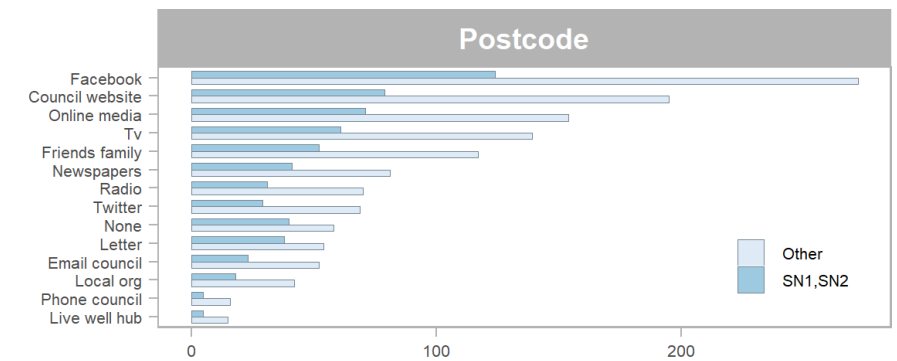


- For people who needed support with family wellbeing, nearly half did not receive help with shopping, with a foodbox, with prescriptions, with a wellbeing call, with benefit advice, with debt advice or bills. The percentage was highest (46%) for these last two financial items and for shopping.

How have you been receiving information regarding council services and advice during the Covid-19 pandemic?



- Sizable proportions of the sample had been receiving information through digital medias, such as Facebook, the SBC website and online media.
- Older people, people with conditions and vulnerable people also used digital media, but were more likely to utilise letters than other people.
- The most common sources of information for the non-white subgroup were family/friends, TV and Facebook.

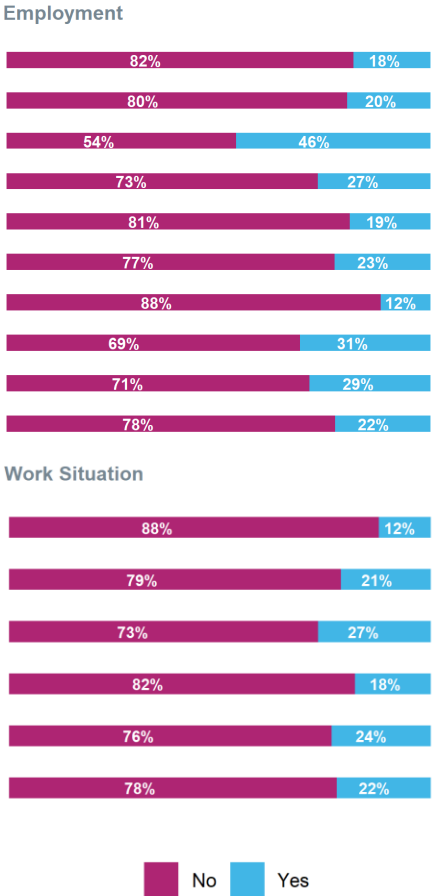
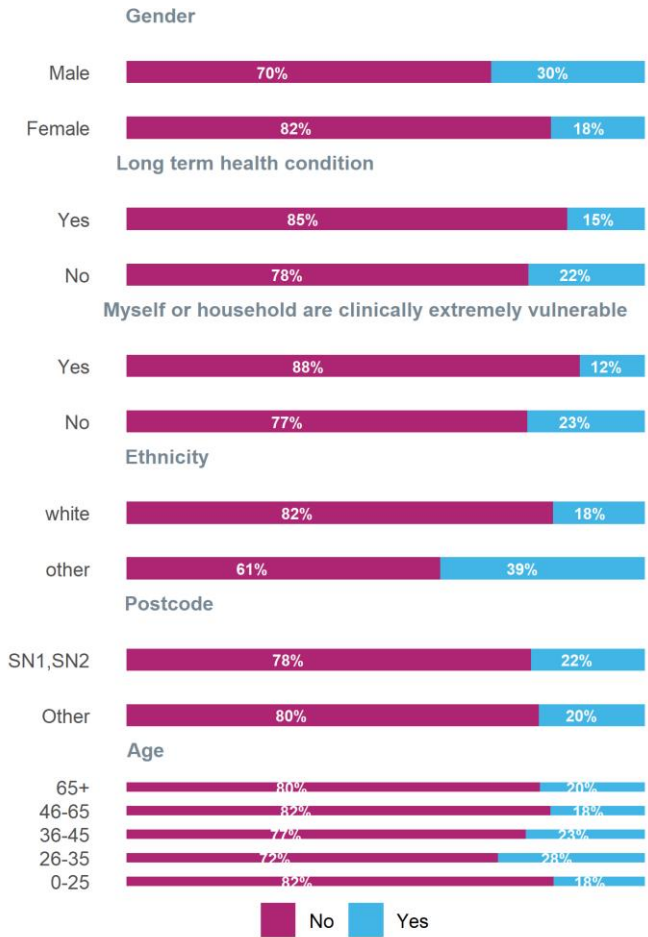


4. Future

Do you expect that life will return to what it was like before the Covid-19 pandemic in one year (by August 2021)?



No Yes

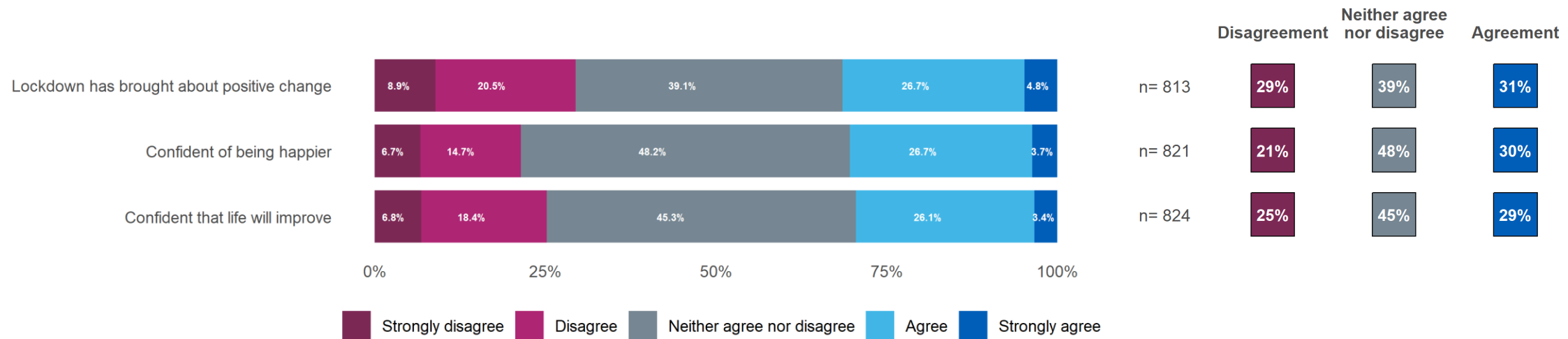


No Yes

- Most people (79%), expressed the view that life would not return to what it was like before within one year.
- This view was reflected across all the subgroups, but significant differences* were recorded for:
 - Females (82%) compared with males (70%).
 - People with Long Term Health Conditions (85%) compared with those without (78%).
 - People with Clinical Vulnerability or who live with someone who is Clinically Vulnerable (88%), compared with those without or who do not have someone who is Clinically Vulnerable within their household (77%).
 - People of White ethnicity (82%) compared with those of non-White ethnicity (61%).

* Appendix IV: Future

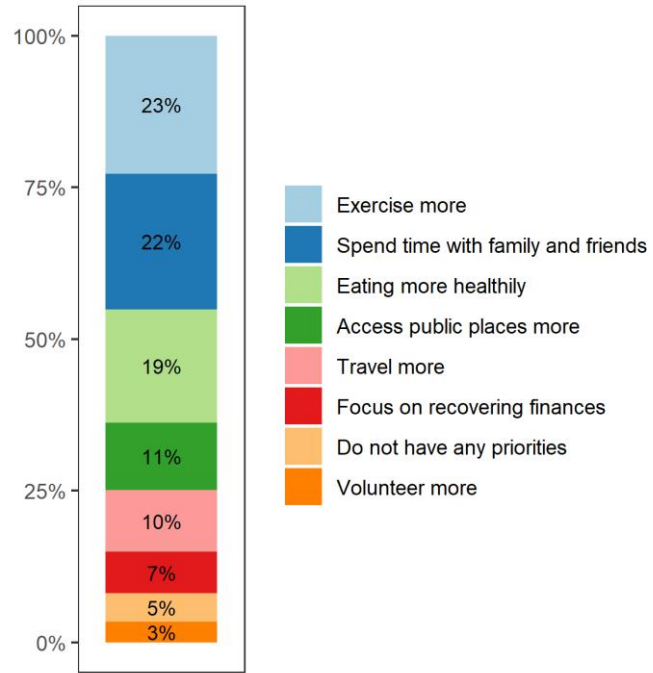
Over the next year I am confident that



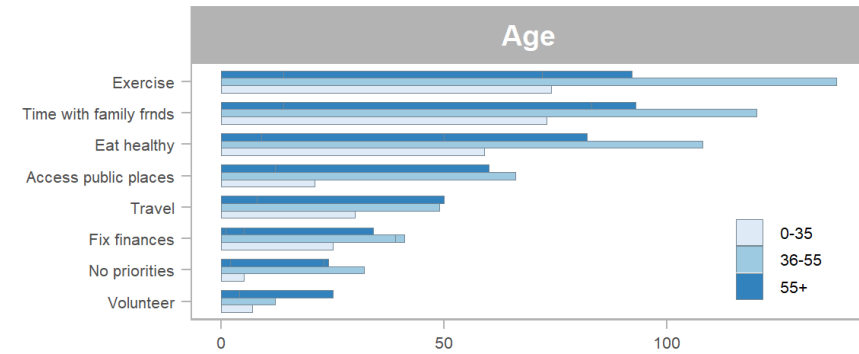
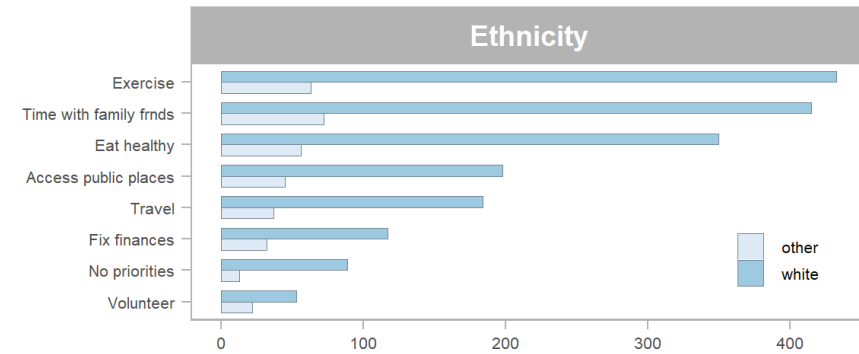
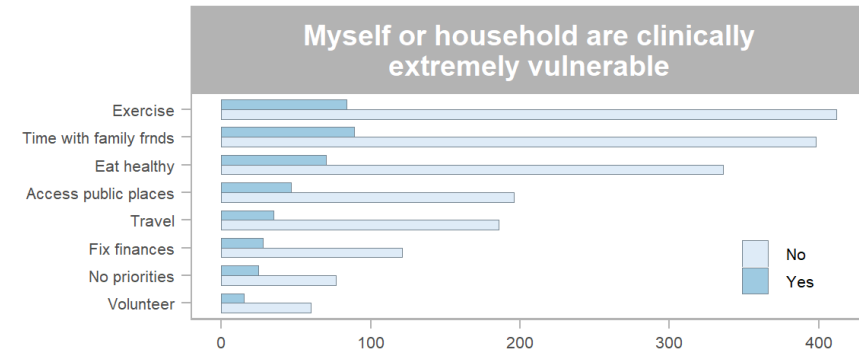
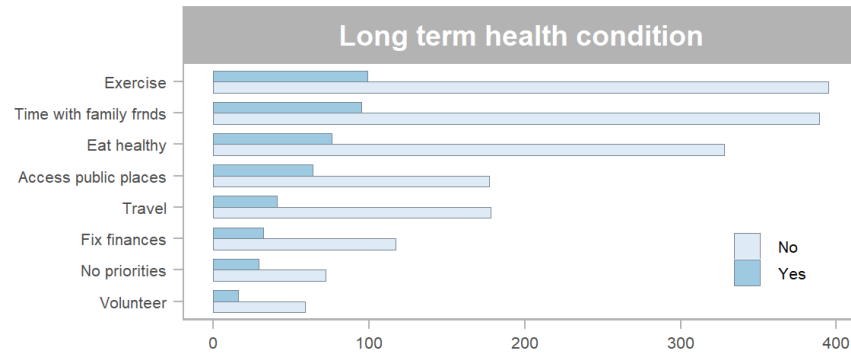
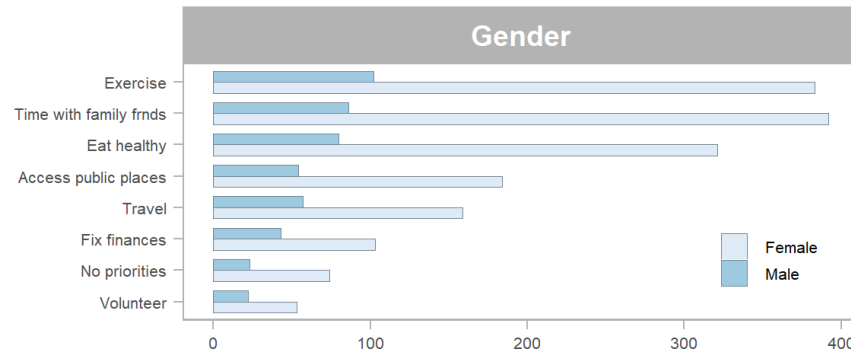
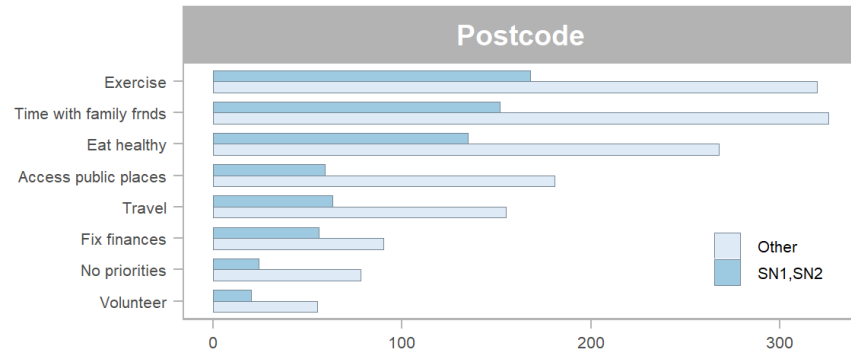
- On the issue of whether **lockdown had brought about positive change**, respondents were fairly equally divided, with about one third being in agreement, one third in disagreement, and about 39% being undecided, but opinions varied between subgroups*:
 - People aged 26 to 45 years gave a more optimistic response by agreeing compared with younger and older people
 - Females were more optimistic than males (34% compared with 25%)
 - People without conditions were more optimistic than people with conditions (34% compared with 23%).
 - People working from home or working from home with children agreed the most (42% and 49% respectively).
- 30% of people were confident of **being happier** over the next year, but about half (48%) neither agreed nor disagreed. Significant differences* in responses were found between the different employment and work situation subgroups, with:
 - People who were now employed, having been unemployed, being most likely to agree (71%), and people on furlough being least likely to agree (12%).
 - People working from home being most likely to agree (40%) and people working both at their usual place of work and home being least likely to disagree (13%).
- Proportions for responses to "**life improving**" were broadly similar to those for "being happier", with 29% agreeing but nearly half (45%) being undecided. Significant differences* in responses were again recorded between the different employment and work situation subgroups with:
 - People who were now employed, having been unemployed, being most likely to agree (57%), and people on furlough being least likely to agree (15%).
 - People working from home being most likely to agree (38%) and people working both at their usual place of work and home being least likely to disagree (14%).

* Appendix IV: Future

What priorities do you have for your own health and wellbeing over the coming months?



- Respondents' priorities were aligned between the different subgroups with the majority of them reporting the desire to focus on exercise, spending more time with family and friends, and following a more balanced and healthy diet.



Number of responses

Acknowledgements-Feedback

The authors would like to thank the members of the Health & Wellbeing recovery group for their contribution: Alan Gray, Ayoola Oyinloye, Claire Smith, Helen Maine, Helena Robinson, Helena Taylor-Knox, Richard Thornburn, Steve Maddern, Steven Kensington, Sylvia Darragh, Tracy Wray; and in particular Pam Webb and the voluntary sector representatives that assisted with reaching out to vulnerable members of our community. Additionally, the authors would like to thank Stephen Maskell for the Privacy Notice accompanying the survey and for his valuable feedback.

Should you wish to provide any feedback or have any questions regarding the results presented in this report please contact Dr Anastasios Argyropoulos aargyropoulos@swindon.gov.uk.