

Health & Wellbeing Survey

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Swindon Health & Wellbeing Survey

Autumn 2021

Mon 8 Nov – Sun 12 Dec

Extended to Sun 2 Jan

**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, a “continuation” of the [survey](#) that run in the summer of 2020, 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 November and December 2021. The survey was extended till the 2nd of January 2022.
- Through advertisements in the local press and notices in prominent places, the public were 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 and SBC staff supported individuals who wanted to complete the survey over the phone.
- 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 were clinically extremely vulnerable or lived with someone who was or (or who was not); employment status; and work situation (i.e. ways and place of work).
- Because of the limited numbers involved in the survey, ethnicity was analysed 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.
- The unpredictability resulting from changes in guidance with respect to Covid-19 and the limited number of survey participants, meant that some employment and work situation subgroups were under-represented in the survey. This included for example the “unemployed and previously furloughed” employment subgroup and the “working from home with children” work situation subgroup.
- 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.

Notes

- There might be cases throughout this report where percentages depicted within figures might not add up to 100% due to rounding.
- Further engagement with the voluntary sector and more in depth consulting with BAME communities needs to be in place to generate more targeted insight that general surveys cannot generate.

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 **584** responses in total. 71% of the sample were females, two thirds were people aged between 36-65 years of age and 5% were from a non White British/Irish ethnicity. In round terms, about one in four had a long term condition; one in six reported being or living with someone who is clinically vulnerable; three in four stated that they were still employed/self-employed or were retired; and 89% were vaccinated with two doses.

1. Covid-19 Guidance

- Respondents were divided as to whether current **national guidance** and advice is **clear and easy** to understand with 44% of those being in agreement. Males, younger people, 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 (63%), and those were more likely to be middle-aged or older.

2. Covid-19 Experience

- A majority of respondents reported feeling worse on **psycho-social indicators** (mental health etc.) and the **time spent socialising**. Of those reporting a change in their **ability to use online social media**, the majority reported improvements, as well as the embracement and establishment of **new ways of work**. Participants were divided as to whether the pandemic had a positive influence on the **time spent socialising online**. Reporting on **material indicators** (such as ways of work, diet and use of public places) was less negative, but worsening concerns about **finances** were expressed by about a third of the sample.
- **Work-related improvements**, new possibilities for **health and wellbeing** (i.e. additional time, new perspectives), spending more time with **family** were identified as the top positives that resulted from the pandemic. However, “**no positives**” was amongst the top four themes.
- The most significant concerns resulting from the pandemic focused on **apathy** towards the pandemic, **getting Covid or passing it on to loved ones** and **not knowing what the future will hold**.

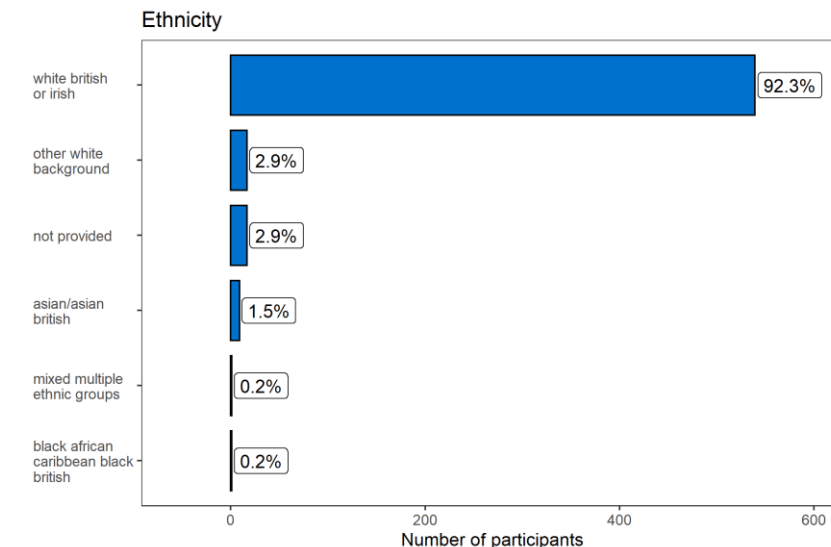
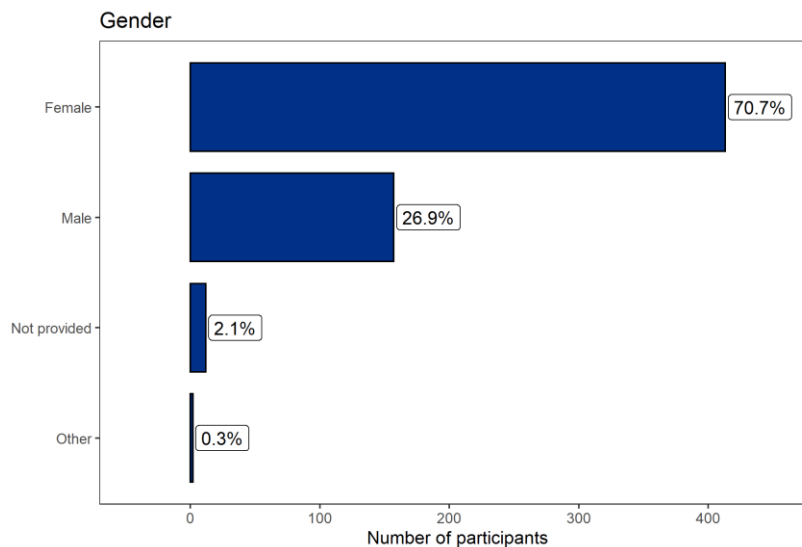
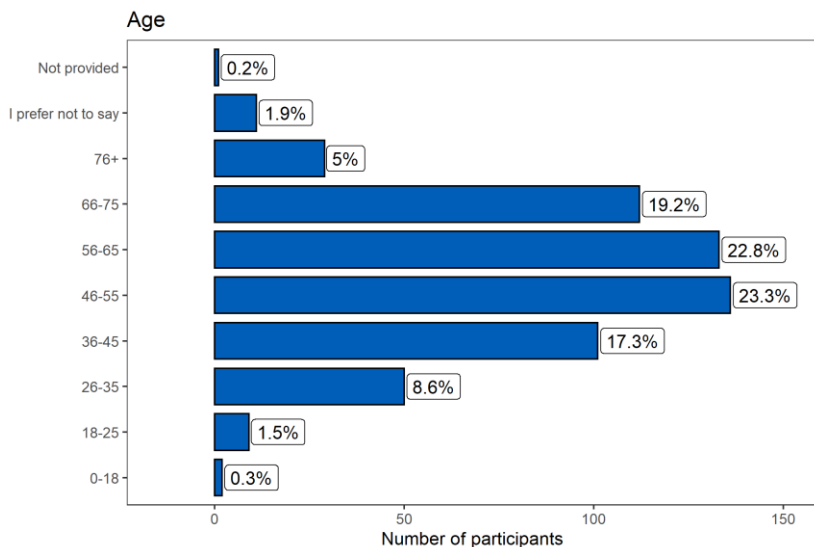
3. Local Services-Needs

- 51% were satisfied with Swindon's wider community response to the pandemic. Reasons for being dissatisfied included the **lack of access to clear information**, the **reaction/judgement/apathy from others** and the **changes to local services** (e.g. delays in getting medical appointments, booking Covid-19 vaccinations).
- 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. 45% of the sample stated that they were not comfortable in accessing hospital and GP services and 32% stated they did not know how to access the aforementioned services. 61% reported that they did not feel comfortable about using public transport. There were significant differences in the way people in different subgroups responded. In general, participants were more likely to agree than compared to the views expressed in the summer 2020 survey. This applied to common questions linked to both the knowledge about accessing services and their comfort in doing so. However, this was not the case for the **knowledge and comfort** associated with **obtaining medication**.
- The majority of participants did not find it easy to access **primary care** services, but felt that they were fully informed of the care they received, that people involved in the delivery of care worked well as a team and were treated with kindness and compassion. However, respondents were divided as to whether they were cared for in a timely manner. There were significant differences in the way people in different subgroups responded.
- The majority of participants did not find it easy to access **secondary care** services, were not supported in a timely manner and were not in control of their care. However, 3 in 5 respondents agreed that they were treated with kindness and compassion and close to half agreed that people involved in the delivery of care worked well as a team. Responders were divided as to whether they were fully informed about their care. There were significant differences in the way people in different subgroups responded.
- Participants were generally dissatisfied with all aspects of **tertiary care, social care** or services provided by the **voluntary sector**, excluding the feeling of being treated with kindness and compassion when accessing voluntary sector services where 65% agreed. However, due to the limited number of responses from participants who accessed the aforementioned services (48- 82 responders), the results should be interpreted with caution.
- The pattern of expressed needs reported is complex and warrants further examination beyond this present report. About half of participants (49%-54%) stated that they did not need support with deliverables (e.g. childcare, food, medicines, social care), with employment and financial support. However, at the same time, 18%-25% of respondents did express a need for the same **vital needs**. In round terms, 1 in 2 participants identified that they needed support with **being active**, with their **mental health** or their **family's wellbeing**, with the last two aforementioned areas being highlighted in the summer of 2020 survey. The need for support varied by subgroup and instances where significant differences in the way the different subgroups responded were recorded.
- 5%-10% received help with a wellbeing call, collecting prescriptions and shopping. Approximately 1 in 2 respondents who did **not receive any help** agreed that they needed support with their **mental health**, their **family's wellbeing** or with their **activity levels**.
- **SBC's Facebook** account, the **SBC website, TV** and **online media** were the most common sources of information.

4. Covid-19 Vaccination programme

- Concerns around vaccine **side effects**, the **long term effects and future unknown** and **doubts over vaccine effectiveness** were expressed. Unvaccinated responders were concerned about the **social stigma** they might experience in making the choice not to have the vaccine, and others explained that they had been **unsuccessful** in trying to **book their appointments**.

Respondent characteristics



- There were **584** responses.

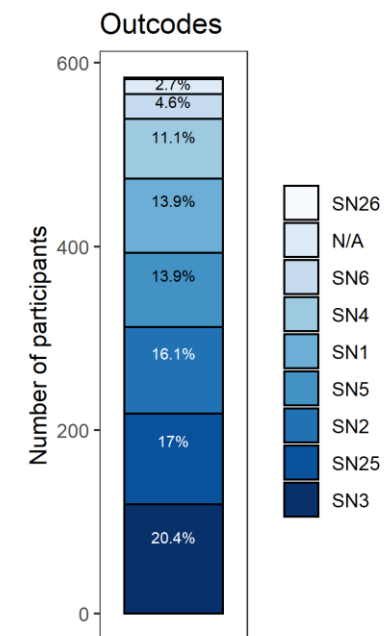
- About 71% of the respondents were female, while about one fourth were male. Most people in the sample, close to half, were "middle-aged" between 46 years and 65 years of age, with a fairly good response from the 66 to 75 years age group (making up 19% of the sample). However, young adults and children under 25 years (2%) and people 76 years and older (5%) made up only small segments of the sample.

- About 5% were from a non White British/Irish ethnicity, below the figure we might expect from the 2011 Census (15.4%).

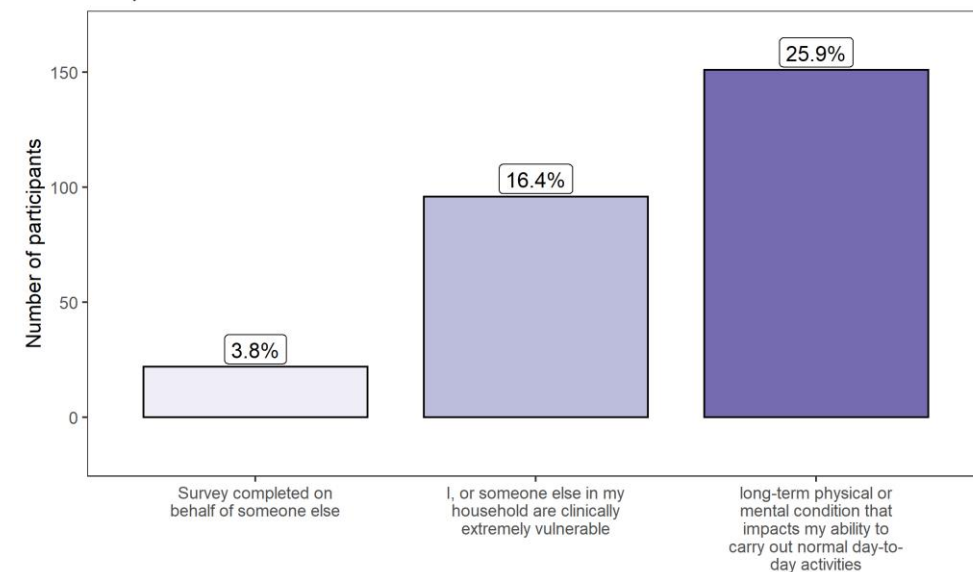
- In round terms, about one fourth had a long term condition and one in six reported being or living with someone who is clinically vulnerable.

- Approximately 4 in 5 respondents (81.2%, n=474) lived in SN3 (n=119), SN25 (n=99), SN2 (n= 94), SN1 (n= 81) and SN5 (n=81); with 16.1% living in SN4, SN6 and SN26. 16 (2.7%) residents chose not to provide this information.

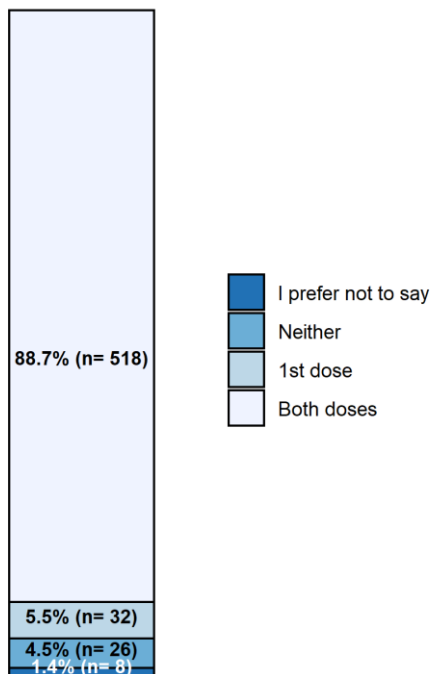
- 39 respondents were, or lived with someone who is clinically extremely vulnerable AND had a condition that impacts their abilities to carry out normal day to day activities. However, none of those had the survey completed on their behalf.



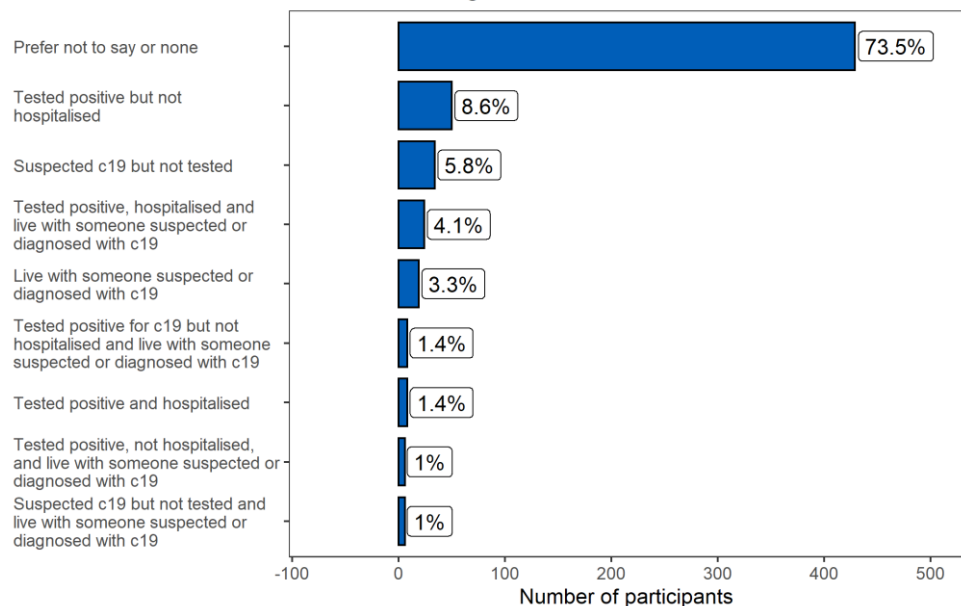
Respondent characteristics



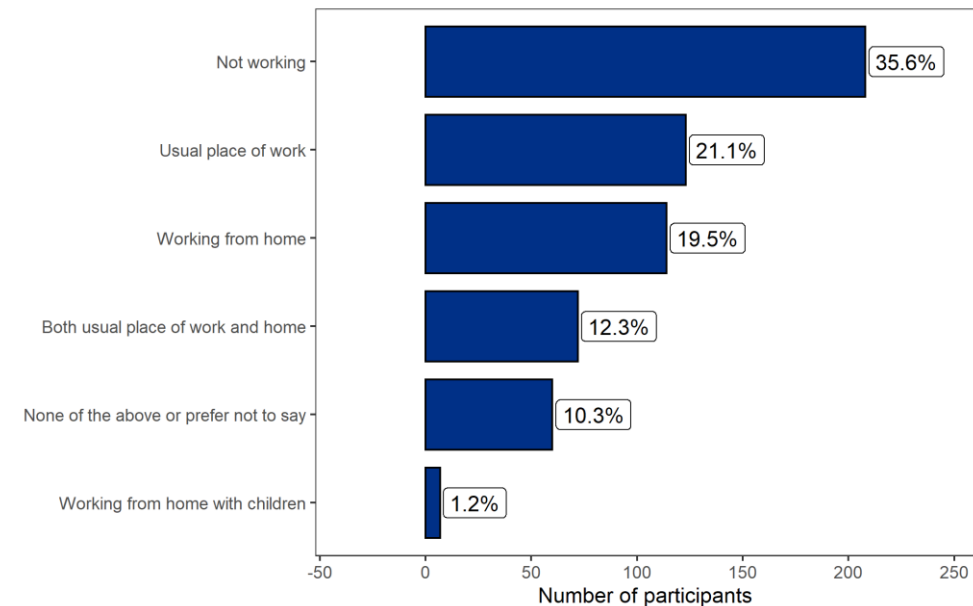
Covid-19 Vaccination status



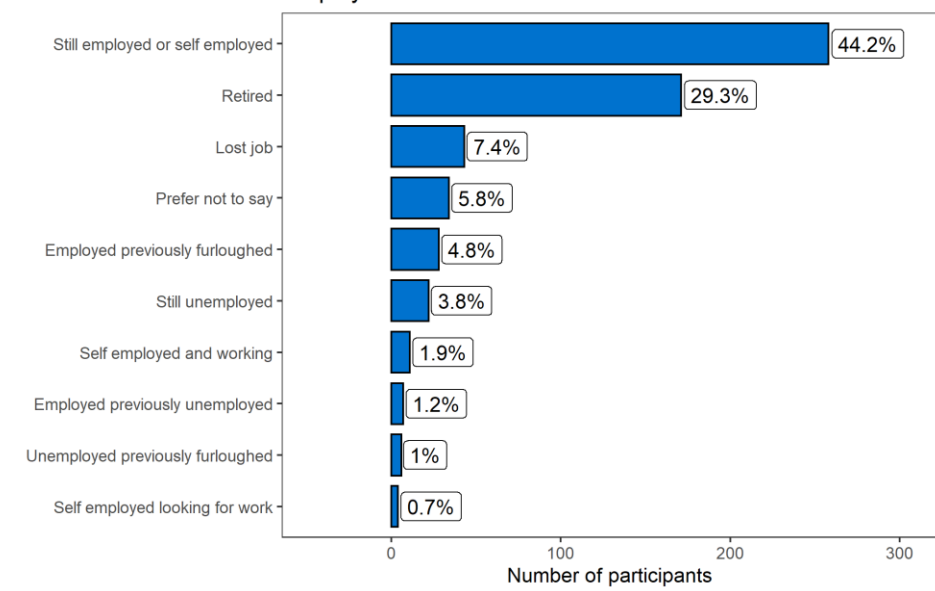
Covid-19 Testing Status



Work situation



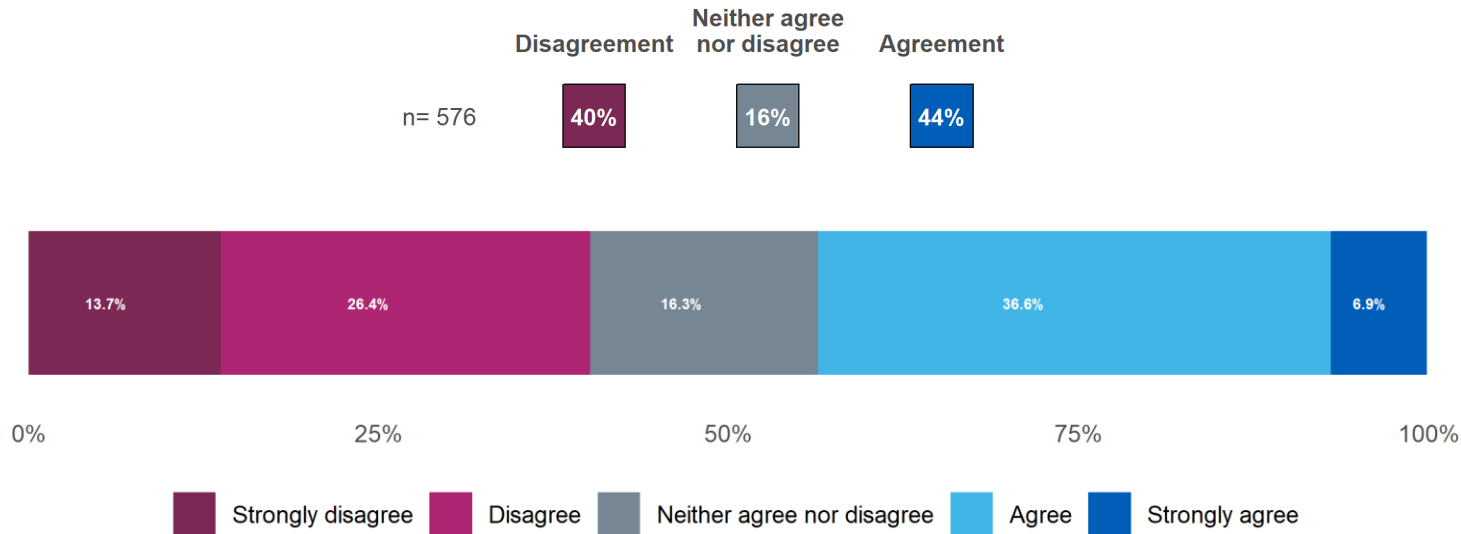
Employment situation



- With respect to the respondents' Covid-19 Testing status, the majority (~84%) chose either not to provide this information, or had not been tested, or had not been tested and/or lived with someone who was suspected or diagnosed with Covid-19.
- 36% reported that they were not working, whereas slightly more than half (53%) were working at their usual place of work, from home or had flexible working arrangements in place which enabled them to work at their usual place of work or from home.
- Approximately 3 in 4 participants (74%) stated that they were still employed/self-employed or were retired.
- 89% of participants were vaccinated with two doses. (Booster/3rd dose vaccinations were introduced in September. In November, the government announced that those would be offered to all adults before February. The survey initially ran from 8th November to 12th December and extended until 2nd January and so prepared prior to booster programme amendments. Therefore, a variation in responses to the vaccination status question is expected amongst the 26 participants who responded with “Neither”)

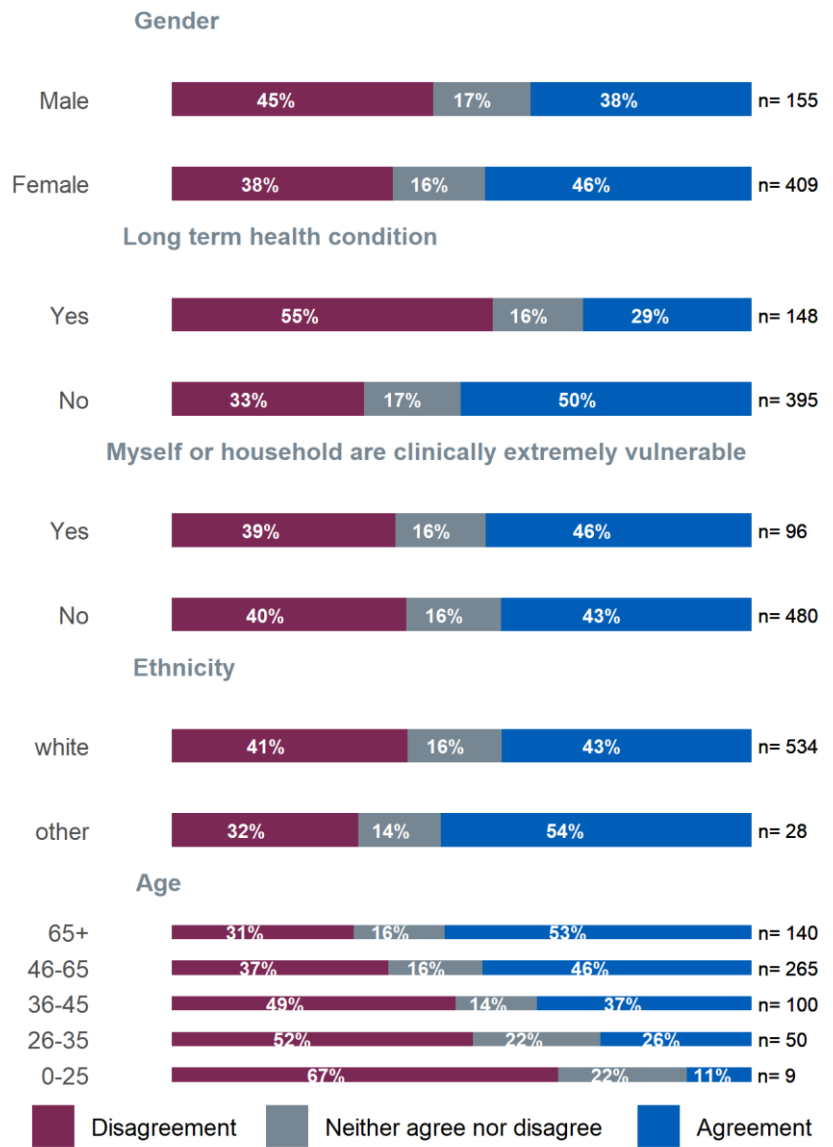
1. Covid-19 Guidance

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

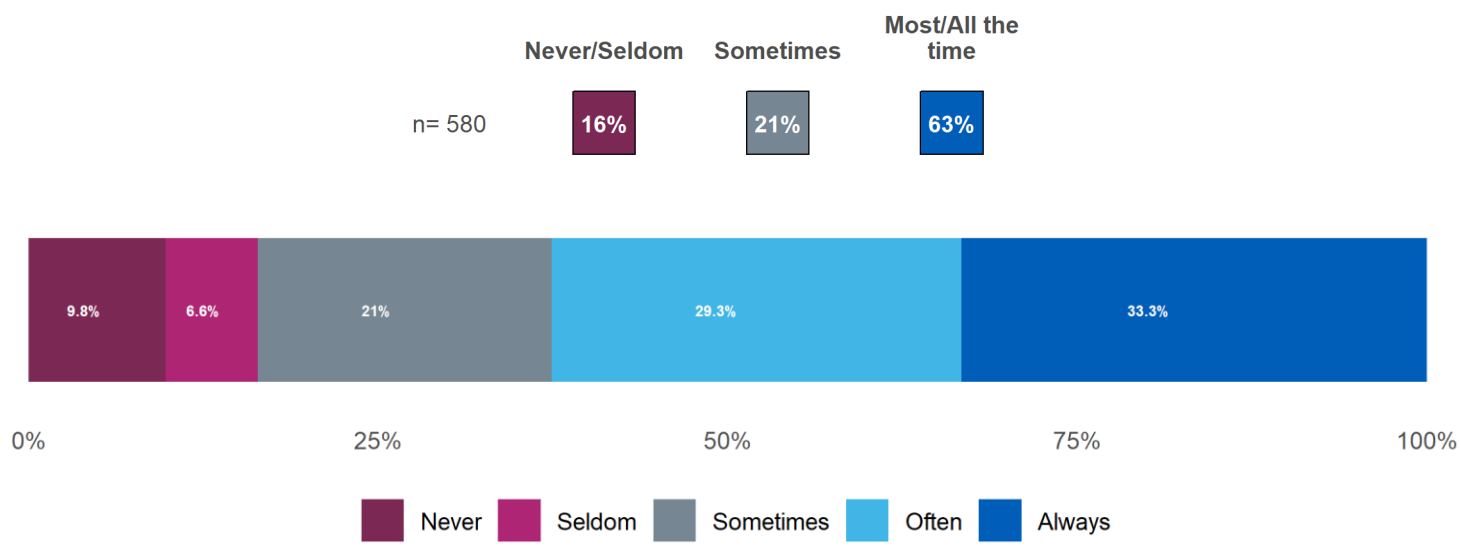


- In line with the answers provided to this question in the summer of 2020 (45% disagreed- 41% agreed), the responses were fairly evenly balanced with more people (44%) agreeing that the guidance was comprehensible.
- Males disagreed with the question more frequently than females.
- Older people were more likely to agree than younger people.
- People without a condition that impacted on their abilities were also more likely to agree.
- People from a non-White background were more likely to find the guidance easy to understand. People who were vulnerable, or living with someone who was classified as vulnerable, responded in a similar manner when compared to participants who were not vulnerable or were not living with someone who was classified as vulnerable. No significant differences* between a subgroup and their feelings (strongly disagree to strongly agree) were identified with respect to the two aforementioned subgroups.

* Appendix I: Covid-19 Guidance

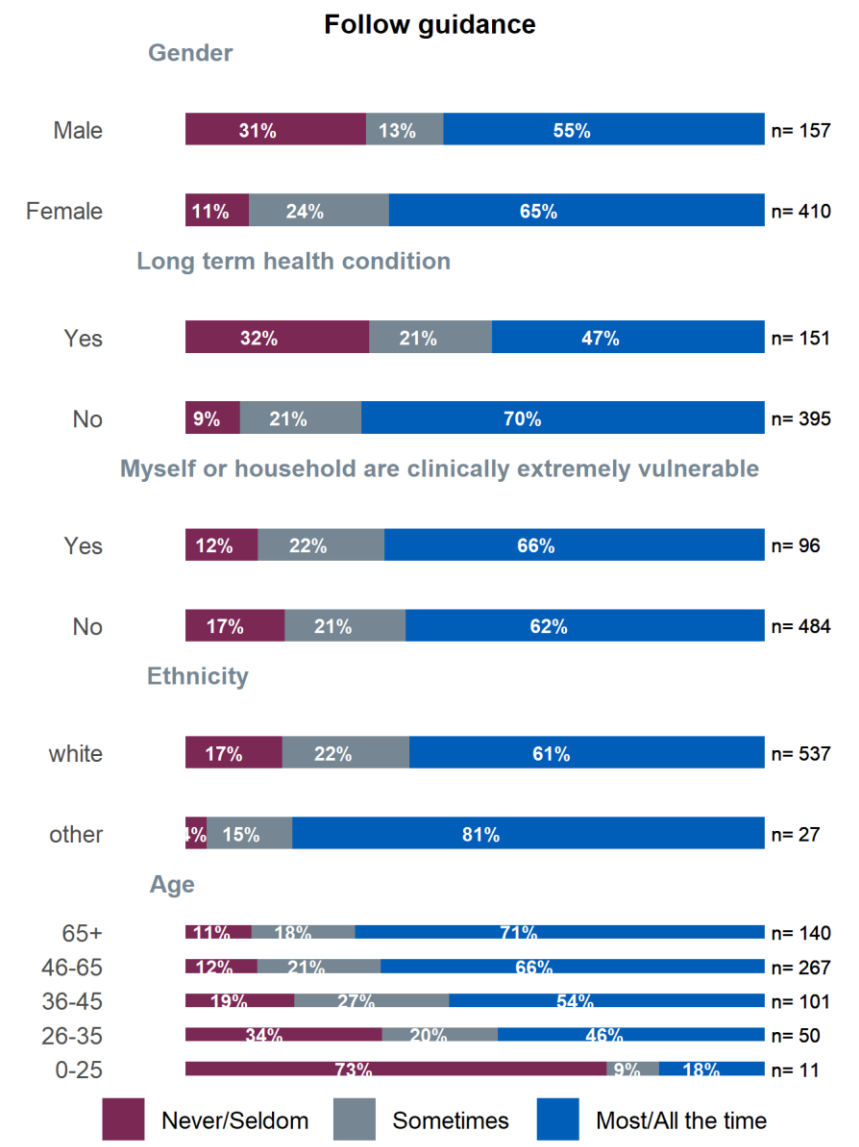


Do you currently find it easy to follow national guidance and advice with respect to Covid-19?



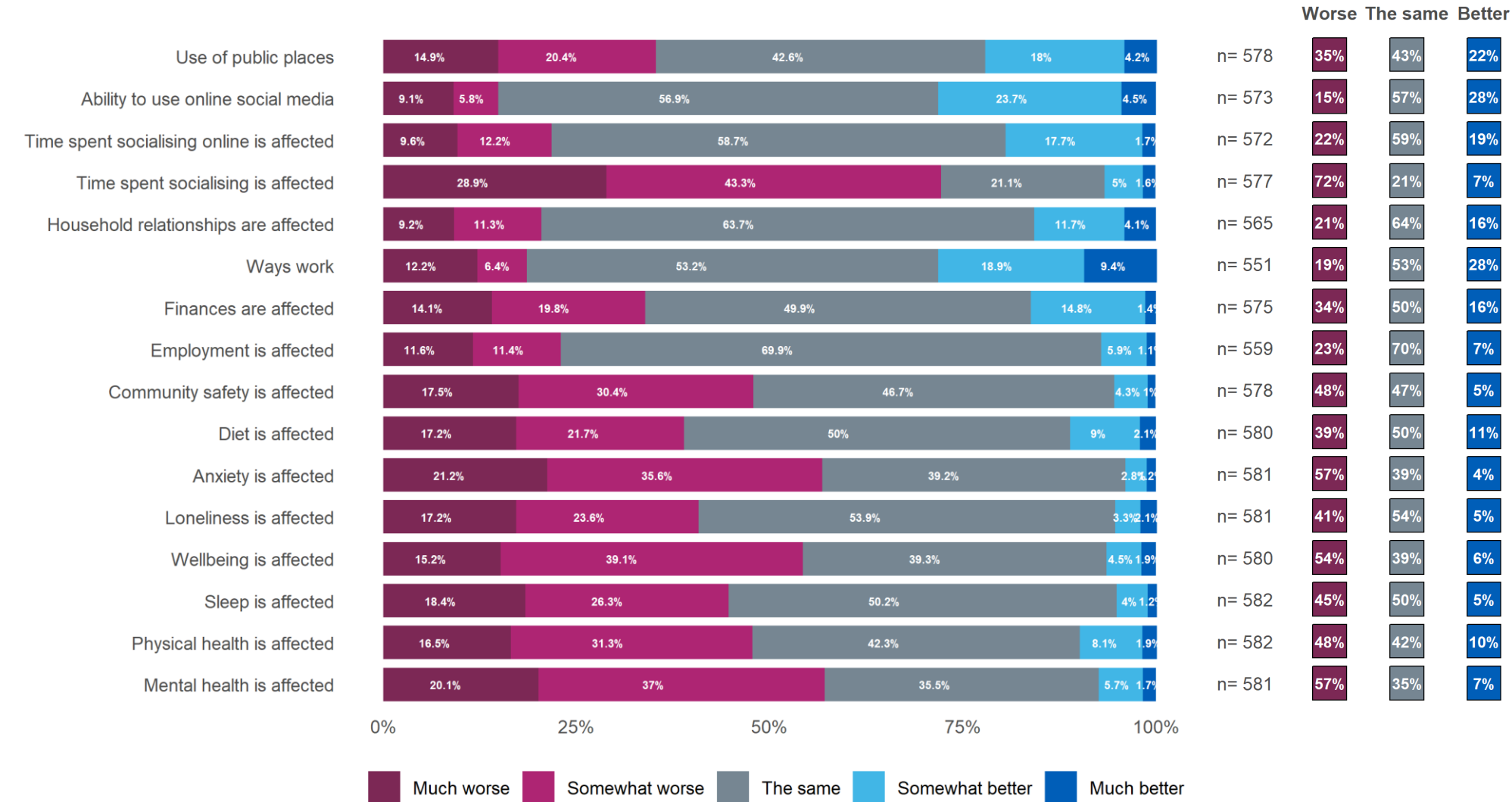
- Similarly to the proportion of responders who agreed to this question in the summer of 2020 survey (62%), most people found the guidance was easy to follow most or all of the time (63%), but there were differences according in subgroups.
- People reporting that it was easy to follow were more likely to be middle-aged or older...
- and less likely to have a long term health condition.
- A larger proportion of females (65%) found it easy when compared with males (55%).
- However, excluding the age subgroup, 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:



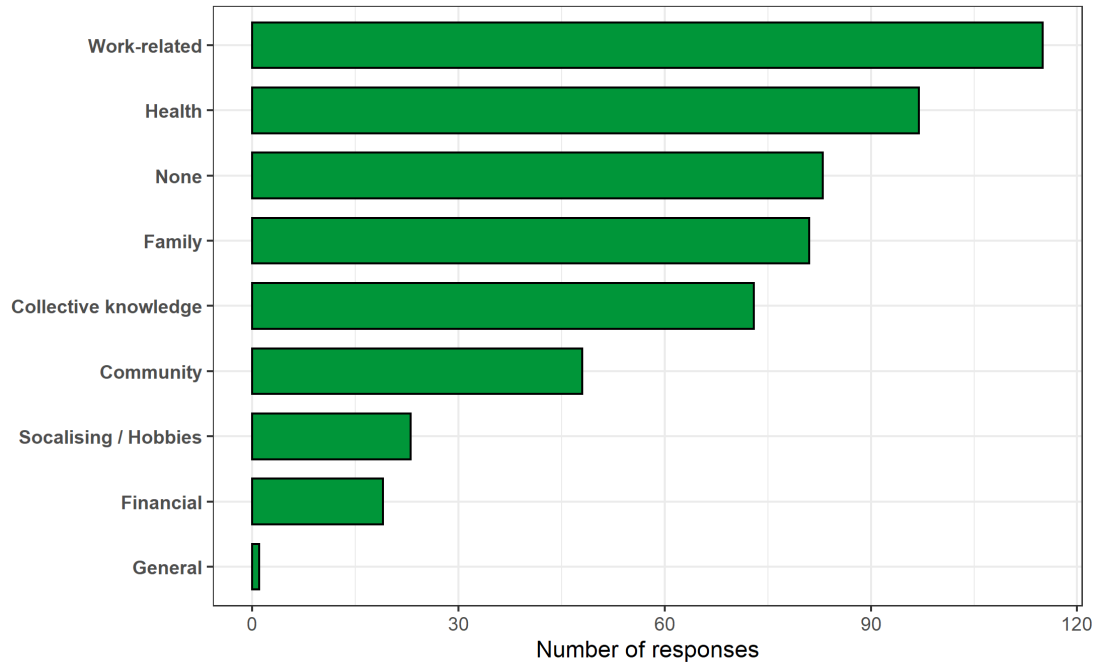
Please indicate how you currently feel affected by the Covid-19 pandemic:

- A majority of respondents reported feeling worse on **psycho-social indicators** (mental health etc.), for example, 57% reported worse anxiety and 72% expressed the negative impact of the pandemic on **time spent socialising**.
- Of those reporting a change in their **ability to use online social media**, the majority reported improvements, as well as the embracement and establishment of **new ways of work**.
- A similar proportion of participants stated that **time spent socialising online** was better as those that found it worse.
- Reporting on **material indicators** (such as ways of work, diet and use of public places) was less negative, but worsening concerns about **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, males reported a worsening with respect to employment and new ways of work more frequently than females.
 - Younger people were more likely than older people to report worsening on all indicators, excluding sleep and the use of public places.
 - For vulnerable people, there was greater worsening on all indicators. People who were classified as extremely vulnerable or were living with someone classified as extremely vulnerable, were negatively affected to a lesser extent from the new ways of work in comparison to those who were not.
 - People in the non-white ethnic subgroup were less likely to report an improvement in their ability to use online social media.
 - People who changed from employment to unemployment and individuals looking for a job reported worsening on most indicators to a greater extent than those who are either working or are retired. Intriguingly, psycho-social indicators became worse for people who became employed, but had been either unemployed or furloughed.
 - The experience of people often varied by working situation but this was not the case for time spent socialising, which affected all participants more or less equally. Indicatively, those working from home agreed to a greater extent, when compared to other subgroups, that their sleep and mental health improved; only 25% of people working at their usual place of work reported feeling more lonely, rising to 36%-57% for the other subgroups. More than half of participants who were not working reported a worsening in feeling safe within the community.

* Appendix II: Covid-19 Experience

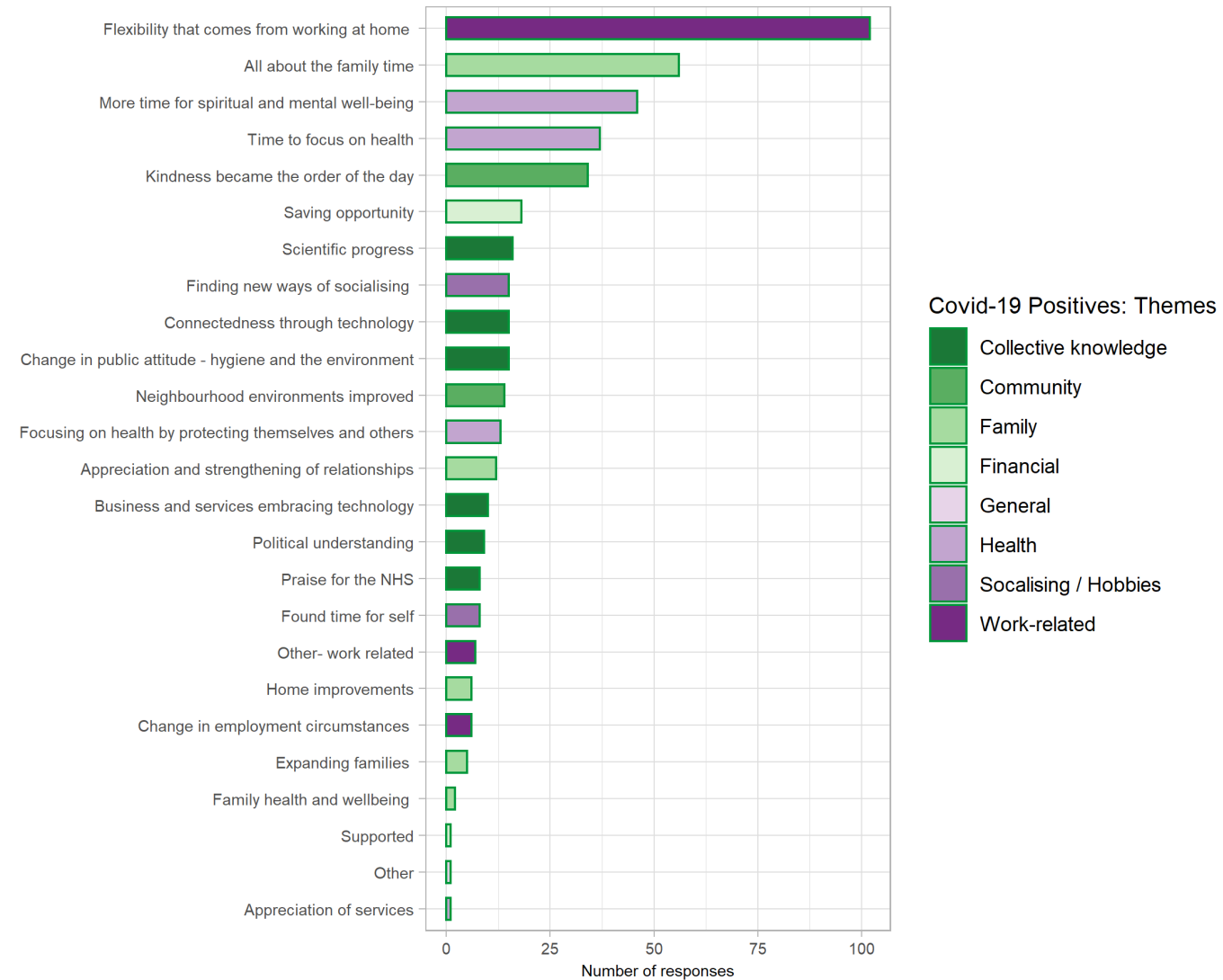
What are your two main positives that were a result of the Covid-19 pandemic?

Main Covid-19 positives



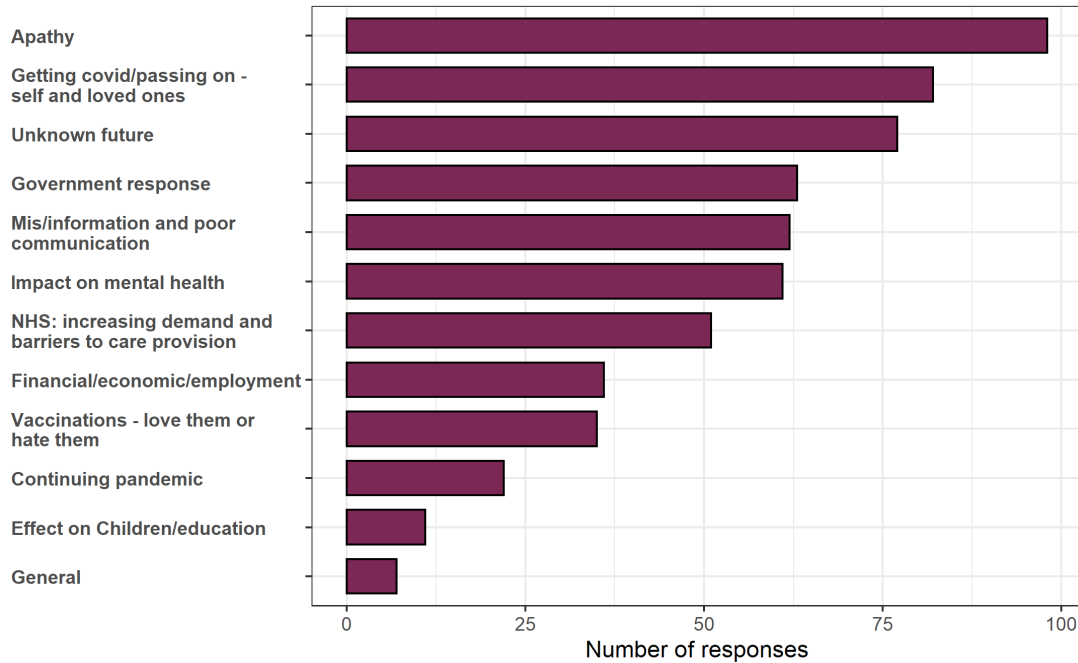
- Over a fifth of all responses named **work-related** positives that were a result of the Covid-19 pandemic. The majority of these were about having the flexibility to work from home, as well as more flexible working hours, less time spent travelling to work (and therefore more time spent on other things), and having a better work/life balance. Some also felt positive change had come about either through finding alternative employment after losing their job in their pandemic, or through choosing to leave.
- Another theme, which also came out in last year's survey, and that responders felt was a positive from the Covid pandemic, was that of **health**. Some found more time to exercise in various forms, some stated that they eat better, including eating less processed food. Others mentioned their spiritual or mental wellbeing, finding enjoyment in new hobbies and the outdoors as "*life is less hurried.*" For a lot of people this was connected to spending more time with **family**, which was also a common response in the last survey. A distinction wasn't always made between whether these positives occurred during one or more of the lockdowns only, or whether these were longer-term changes as a result of the pandemic.
- Nevertheless, when asked what positives came from the pandemic, a lot of responders felt that there were **none**. One asked "*How can there be any positives?*" while others wrote that relatives, friends, or colleagues had died from the disease and stated that the question "*makes me angry.*"

Covid-19 positives:
Subthemes by Theme



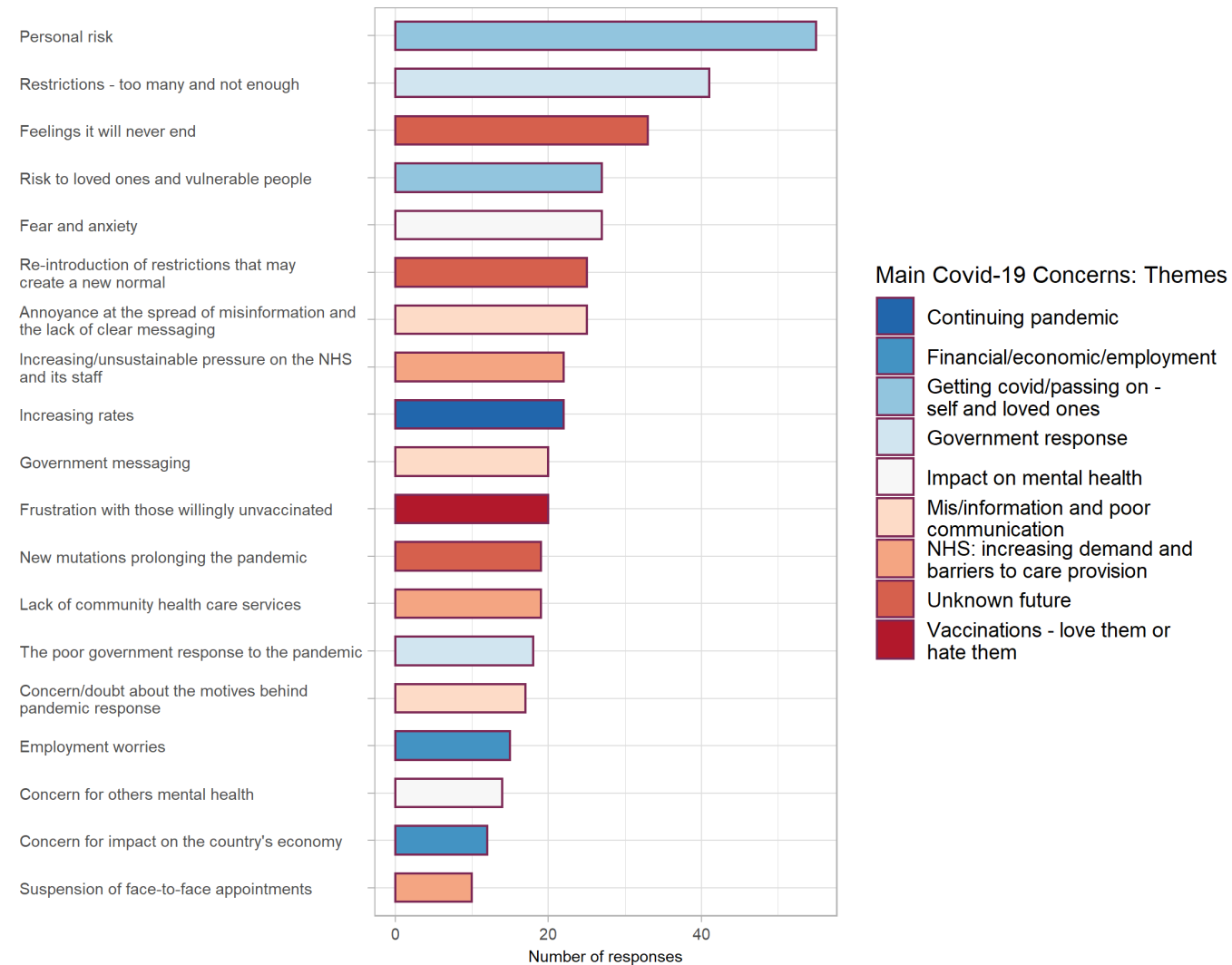
What are your two main concerns about the current Covid-19 pandemic?

Main Covid-19 concerns

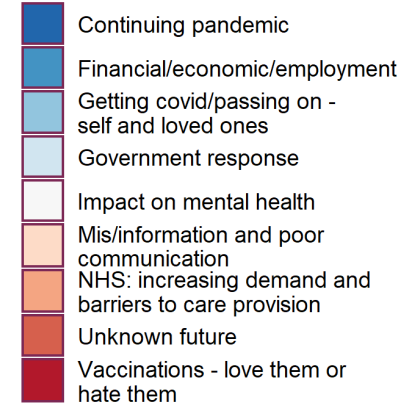


- A continuing theme from last year's survey was a concern around others apparent **apathy** towards the pandemic, exhibited by their failure to follow government guidance around Covid safety. In particular, a lot of responders were concerned that others were not wearing face coverings: *"People seem to be taking their 'finger of [sic] the button' and not wearing masks and/sanitising as they did a few weeks ago."* Some described the behaviour as selfish or careless, while another was concerned about *"others thinking it's all over."*
- Another theme, consistent with last year's responses, was the worry of **getting Covid or passing it on to loved ones**. For some the worry was about getting Covid and being ill *again*.
- Results from the previous survey showed that a major concern at the time was the financial impact of the pandemic. However, this time a large proportion of responders were concerned about the **unknown future**. Some feared that the pandemic is *"never going to end"*, while others feared that things would go back to how they were i.e. full-time office working. Many worried that new restrictions were going to be brought in. This is important to consider in the context of the timing of the survey that ran during the Christmas period. Last minute restriction changes the previous year meant that many were unable to see their family and friends over the Christmas period as planned.
- For some unvaccinated respondents, concerns were around whether they would be forced to have the vaccine when they didn't wish to, or whether *"unvaccinated people will continue to be isolated from the rest of society"* and blamed for *"everything."*

Most significant Covid-19 concerns: Subthemes by Theme



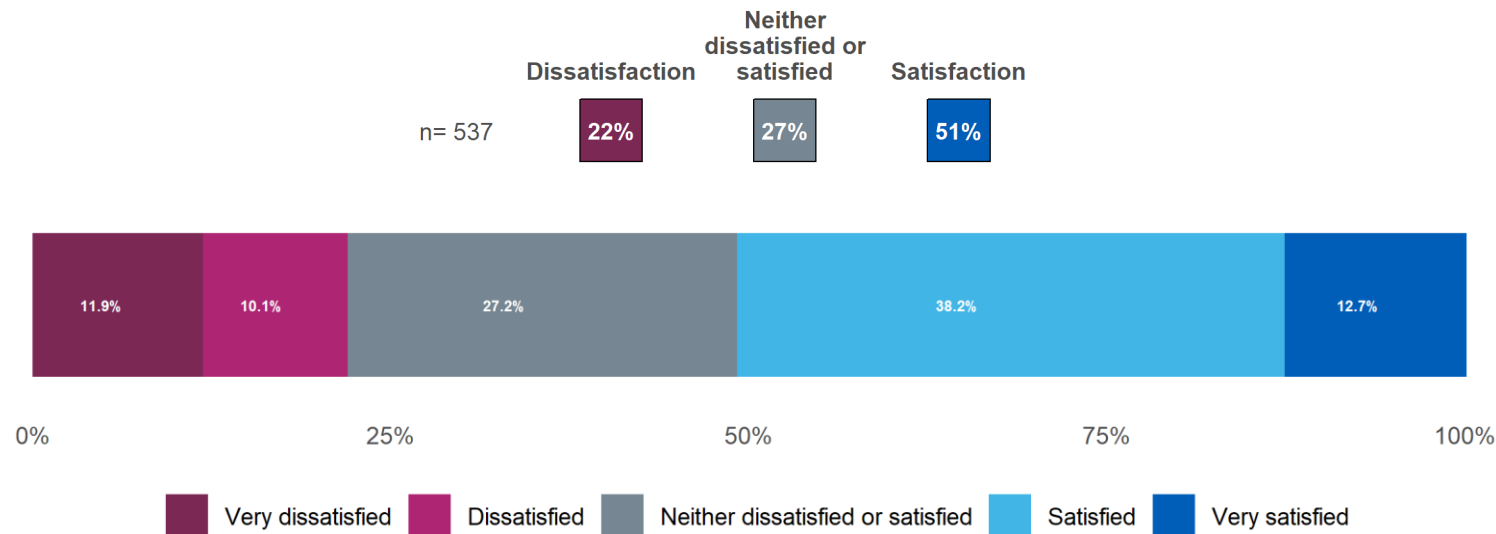
Main Covid-19 Concerns: Themes



*Apathy did not have any subthemes

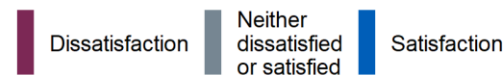
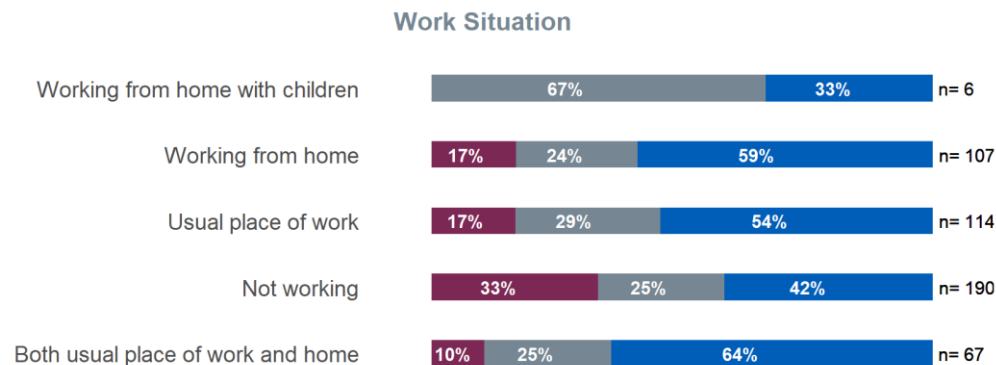
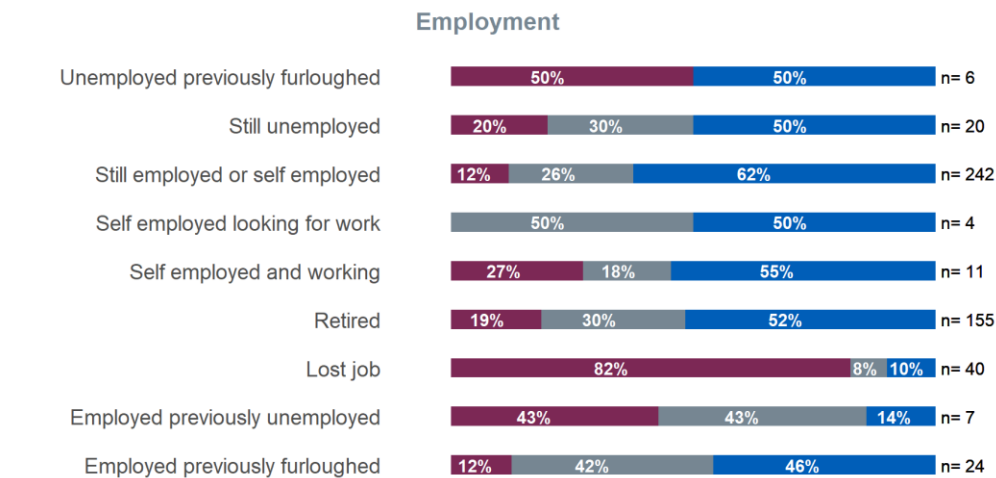
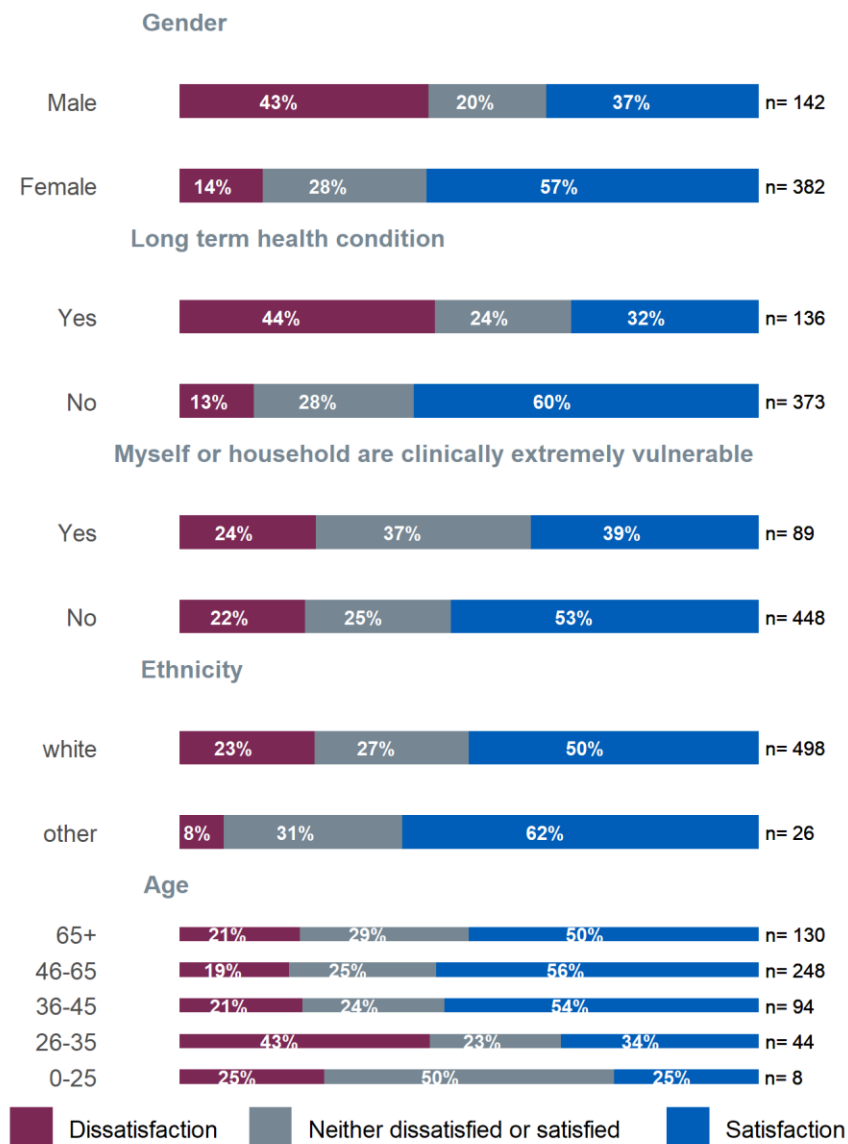
3. Local Services-Needs

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



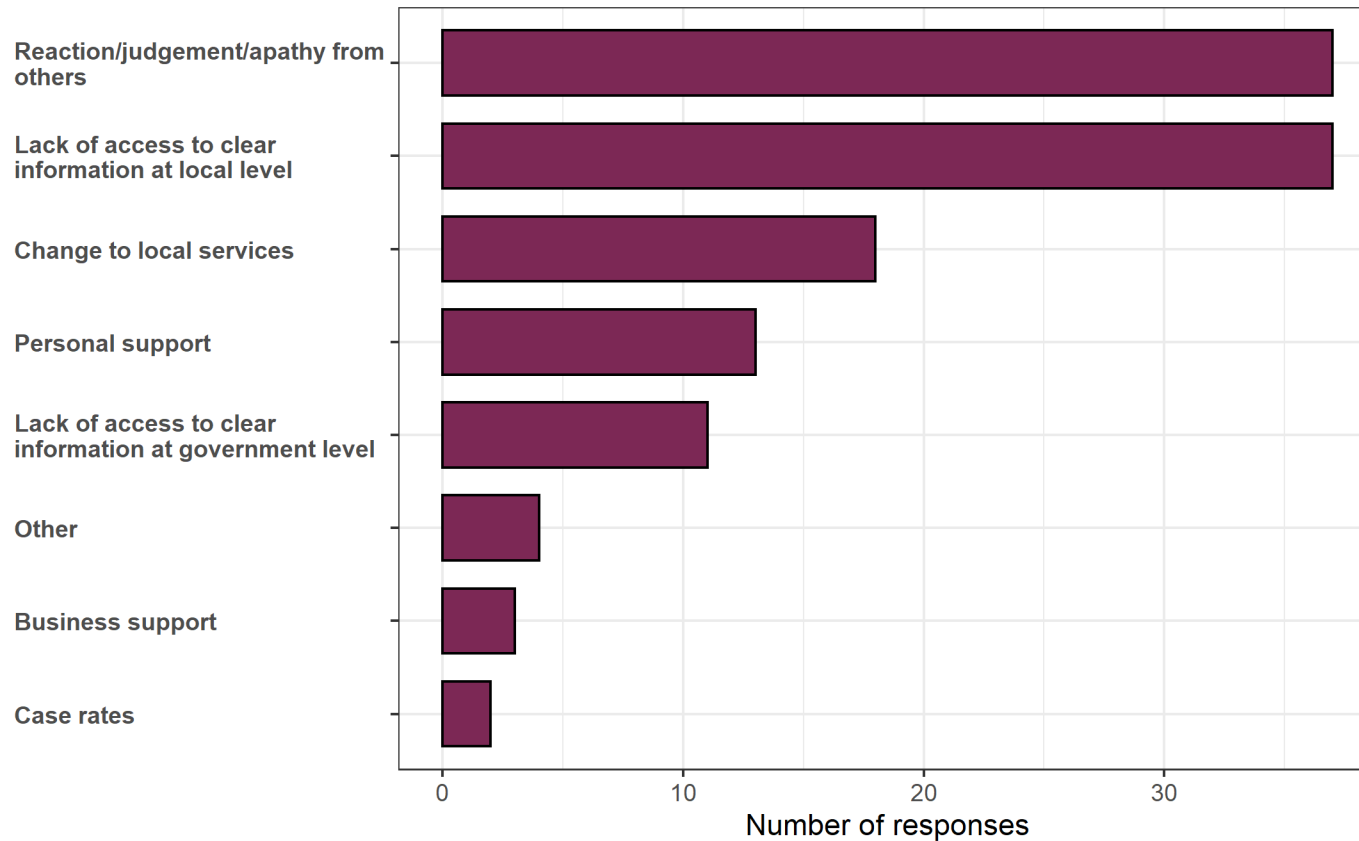
- Slightly more than half of participants were satisfied with Swindon's wider community response to the pandemic, compared to 22% who were dissatisfied. This represented a slight increase in the proportion of those who expressed their satisfaction (43%) in the summer of 2020 survey.
- There were differences by subgroup, for example, females, people with a long term health condition, people who were aged over 35 years and people from the other ethnic group were more likely to be satisfied.
- However, significant differences* in the way the different subgroups responded existed in (i) the employment subgroup: those unemployed, who lost their job and those few who were employed being previously unemployed expressed higher levels of dissatisfaction and (ii) the vulnerable or those living with someone who is clinically extremely vulnerable were also dissatisfied to a greater extent.

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

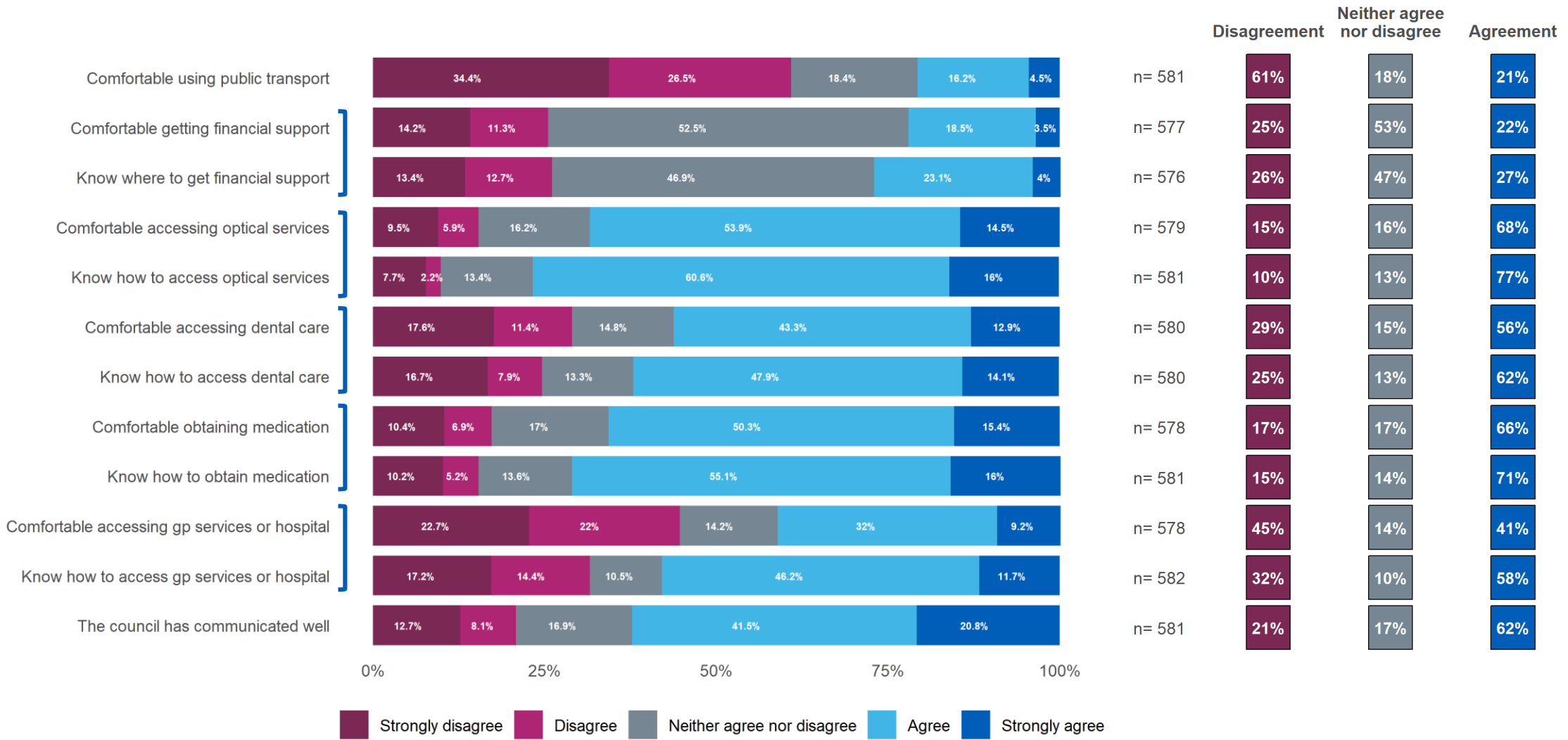
Main causes of dissatisfaction



The themes formed from the expressions of dissatisfaction were consistent with last year's responses:

- Nearly half the responders expressed dissatisfaction with the response from either local or national government, because of a **lack of access to clear information**. For example, lack of awareness of the work being done to support schools and businesses through the pandemic. High case rates in Swindon, compared to the South West region at the time the survey was open, may also have contributed to a feeling from some responders that not enough was being done to prevent the spread of the virus, and confusion over unclear government guidance was mentioned again. In addition, some were not aware of medical or other services available when they needed help. One responder said that it was *“Unclear what was available, how to access this or how to volunteer,”* while another wrote *“Terrible loneliness. No support whatsoever.”* Responses suggest that future public health communication strategies could do more to promote a) the work that is being done and b) the help that is available.
- In line with the concerns raised and arising from the Covid-19 pandemic, **reaction/judgement/apathy from others** was a common theme. This was either in terms of others not following guidance, or in terms of being judged themselves i.e. for no longer wearing a face covering in public: *“Sick of being judged for not being able to wear a mask.”*
- **Change to local services** was a further source of dissatisfaction for some, with some services getting worse as a result of the pandemic. For example, responders reported experiencing delays in getting medical appointments or booking their Covid vaccinations.

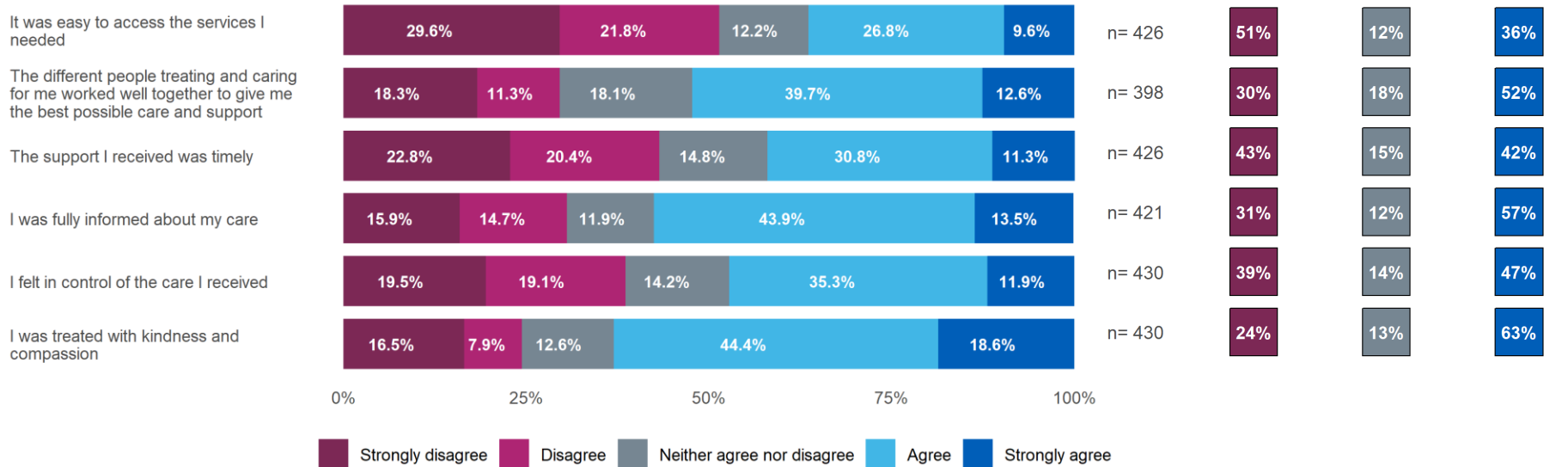
To what extent do you agree or disagree with the following:



- 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, 71% were in agreement that they had the knowledge to obtain medicines, but only 66% were in agreement that they were comfortable obtaining medicines.
- 62% agreed that they had the knowledge to access dental services, but only 56% were comfortable doing so.
- 77% were agreed that they had the knowledge to access optical services, but only 68% 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, 47% giving a neutral response. A similar division of opinion existed for feeling comfortable obtaining financial support, with 53% giving a neutral response.
- But most people, 61%, stated that they were not comfortable about using public transport.
- In general, participants were more likely to agree , when compared to the views expressed in the summer 2020 survey. This applied to common questions linked to both the knowledge about accessing services and their comfort in doing so. However, this was not the case for the **knowledge and comfort** associated with **obtaining medication**.
- We are well-advised to acknowledge the importance of the "minority statistics". For example, 45% of the sample did not feel comfortable accessing hospital and GP services and a minority, 32% of the sample **disagreed** about knowing how to access the aforementioned services. This signifies that about half of the sample expressed their **hesitation**, while 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:
 - Participants with a long term health condition and males responded more negatively to all questions, with the exception of feeling comfortable about using public transport for the latter subgroup.
 - The Non-white ethnicity subgroup felt less comfortable getting financial support.
 - Older people felt more comfortable obtaining medicines, were more knowledgeable and responded less negatively to being comfortable getting financial support.
 - Unemployed, people who lost their job, and individuals who are not working also expressed high levels of disagreement.

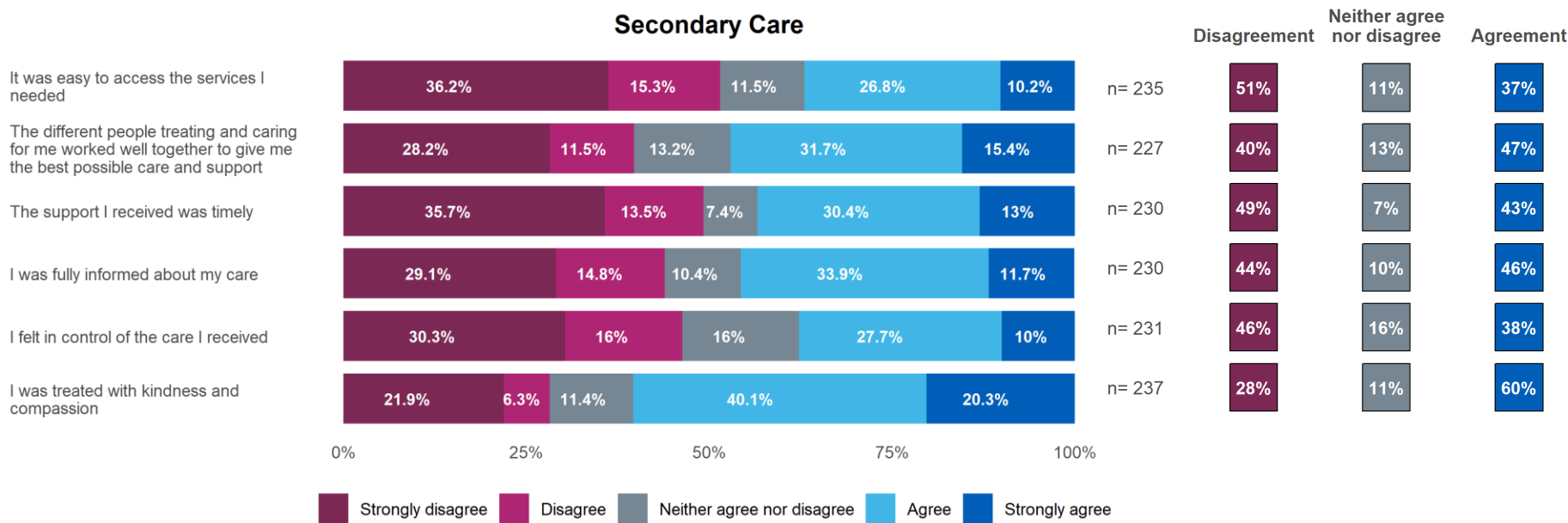
If you have accessed any of the following health and social care services since the start of the Covid-19 pandemic, please could you indicate how you found the most recent experience?

Primary Care



- The majority of participants did not find it easy to access **primary care services**, but felt that they were fully informed of the care they received, that people involved in the delivery of care worked well as a team and were treated with kindness and compassion. However, respondents were divided as to whether they were cared for in a timely manner.
- In general, males, younger people, individuals who lost their job, participants who are not working, and people with a long term condition expressed higher levels of disagreement*. Disagreement levels for specific areas amongst the aforementioned subgroups were particularly high, signalling the need to improve the holistic primary care and experience.
- Indicatively: 49% of people with a long term health condition did not agree that they were treated with kindness and compassion, but only 1 in 10 participants without such a limiting condition responded in a similar manner.

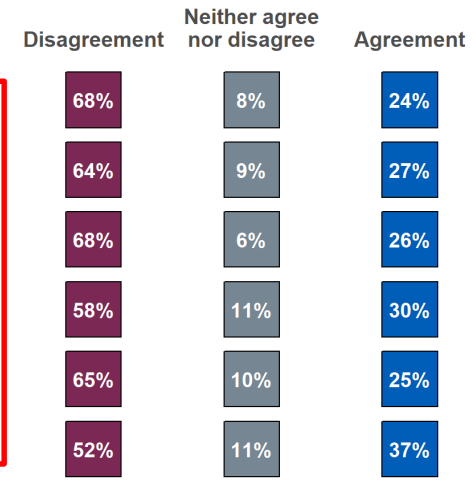
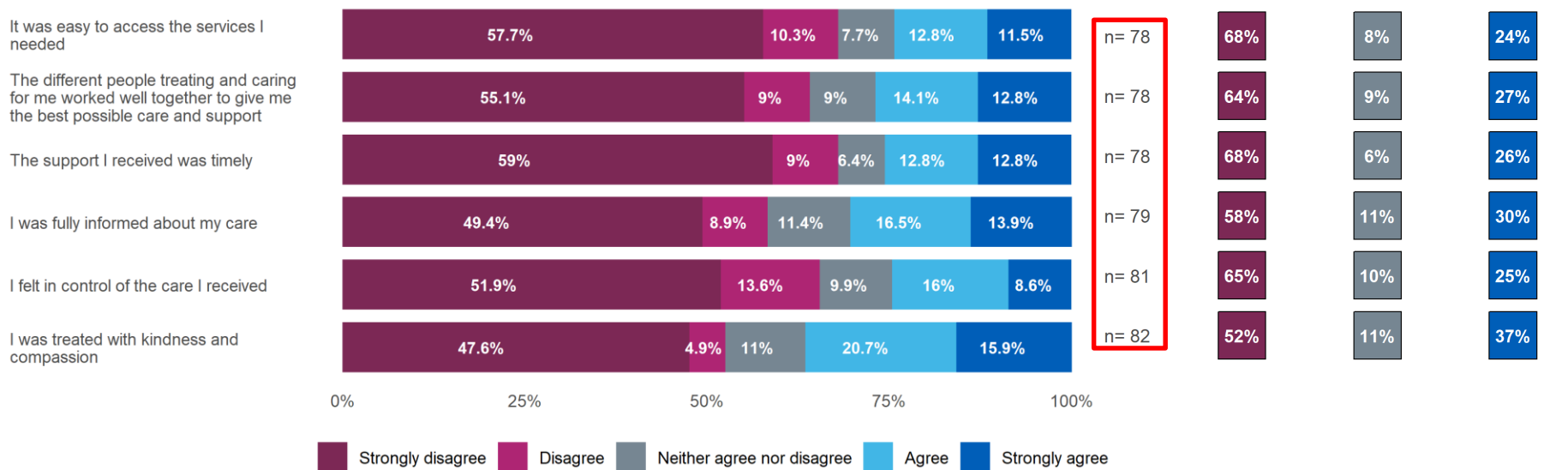
Secondary Care



- The majority of participants did not find it easy to access **secondary care services**, were not supported in a timely manner and were not in control of their care. However, 3 in 5 respondents agreed that they were treated with kindness and compassion and close to half agreed that people involved in the delivery of care worked well as a team. Responders were divided as to whether they were fully informed about their care.
- In general, males, younger people, individuals who lost their job, participants who are not working, and people with a long term condition expressed higher levels of disagreement*. Disagreement levels for specific areas amongst the aforementioned subgroups were particularly high, signalling the need to improve the holistic secondary care and experience.
- Indicatively: 61% of people with a long term health condition did not agree that they were fully informed about their care, but only 1 in 4 participants without such a limiting condition responded in a similar manner. 39% of males agreed that they were treated with kindness and compassion compared to 70% of females.

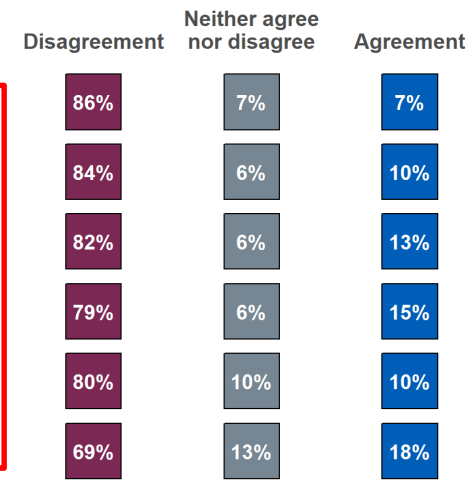
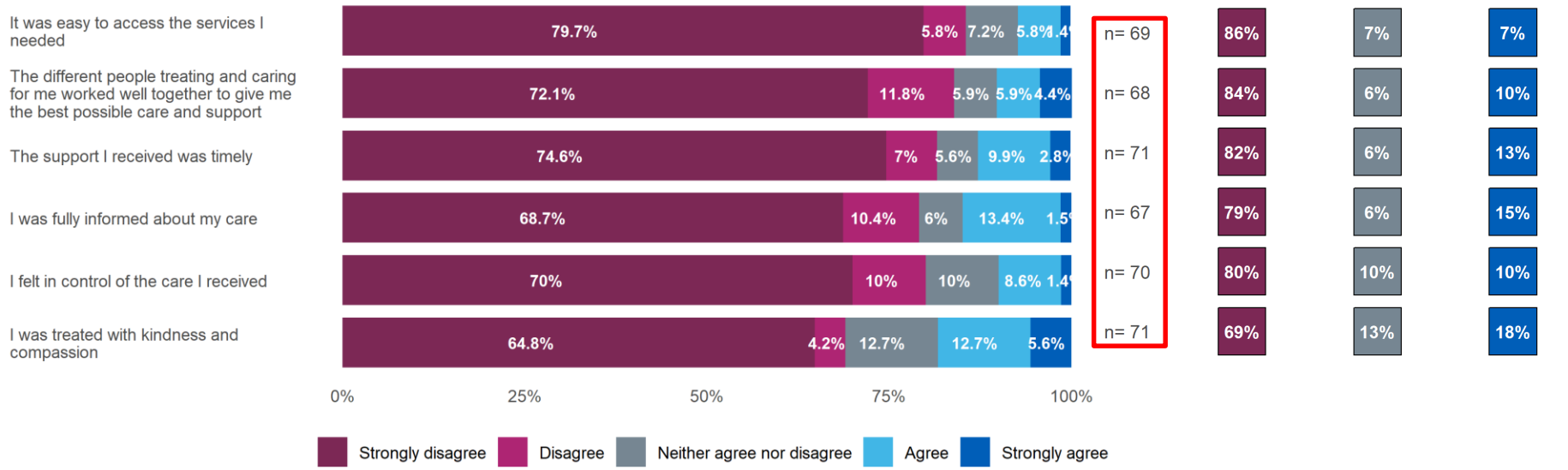
If you have accessed any of the following health and social care services since the start of the Covid-19 pandemic, please could you indicate how you found the most recent experience?

Tertiary Care



- Responses to this question were limited. The results should be interpreted with caution.
- Participants generally expressed their dissatisfaction with all aspects involved with the care they received.
- Due to limited participation, analysis was not conducted for all subgroups. A breakdown of responses for each subgroup is available for the sake of completeness*.
- Individuals who lost their job, participants who are not working, and people with a long term condition expressed higher levels of disagreement.
- However, the vulnerable or those living with someone who is extremely vulnerable expressed higher levels of satisfaction with the level of specialist care they received when compared to those who were not. More specifically: 44% agreed that they were treated with kindness and compassion, that they were fully informed about their care, and felt in control of the care they received. 47% disagreed that the support they received was timely, but agreed that people worked together well to care for them. This subgroup was divided as to whether it was easy to access the required services.

Social Care



- Responses to this question were also limited. The results should be interpreted with caution.
- Participants generally expressed their dissatisfaction with all aspects involved with the care they received.
- Due to limited participation, analysis was not conducted for all subgroups. A breakdown of responses for each subgroup is available for the sake of completeness*.
- The vulnerable or those living with someone who is extremely vulnerable expressed lower levels of dissatisfaction with the level of specialist care they received when compared to those who were not, but this cannot be perceived as encouraging or positive.

* Appendix III: Local Services-Needs

If you have accessed any of the following health and social care services since the start of the Covid-19 pandemic, please could you indicate how you found the most recent experience?

Voluntary Sector

It was easy to access the services I needed

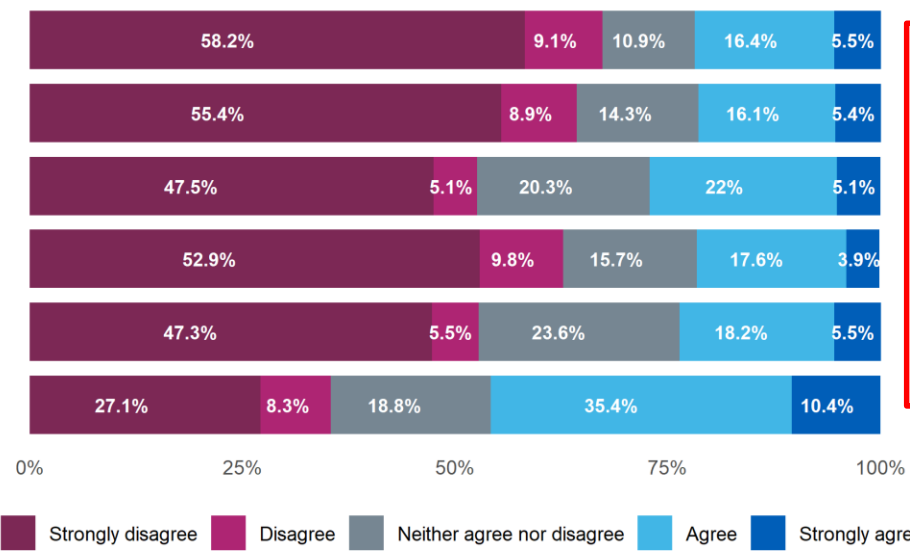
The different people treating and caring for me worked well together to give me the best possible care and support

The support I received was timely

I was fully informed about my care

I felt in control of the care I received

I was treated with kindness and compassion



n= 55

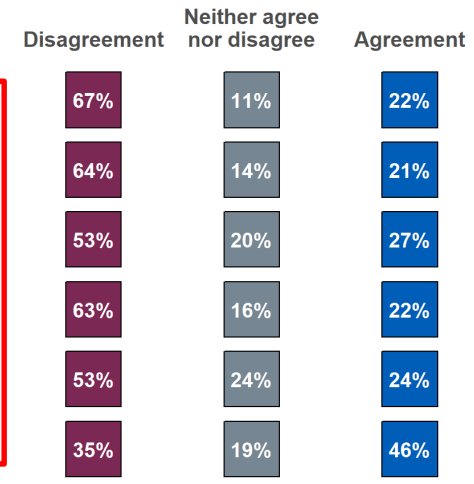
n= 56

n= 59

n= 51

n= 55

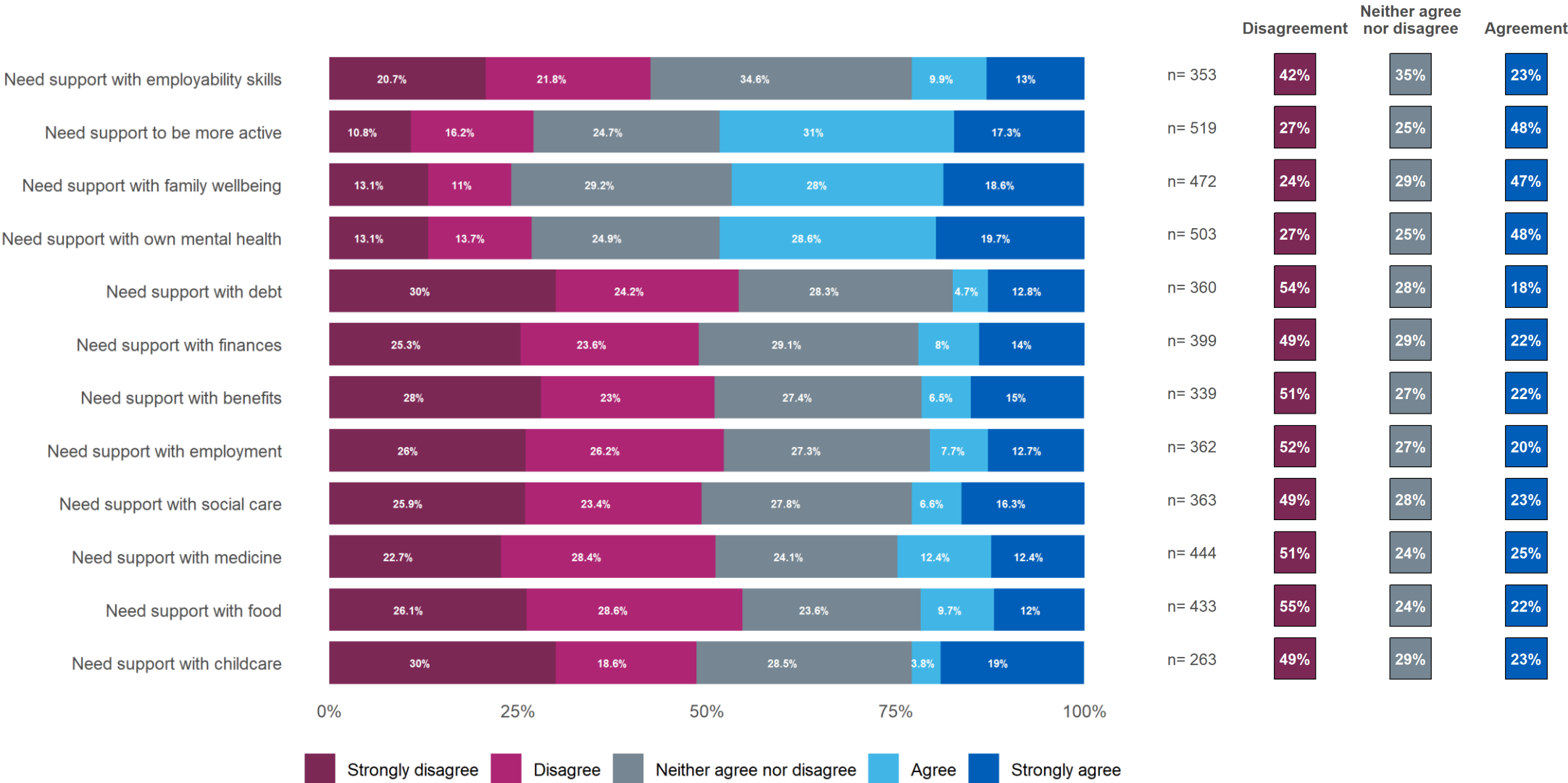
n= 48



- Responses to this question were also limited. The results should be interpreted with caution.
- Participants generally expressed their dissatisfaction with all aspects involved with the care they received except for the fact that the majority agreed to having been treated with kindness and compassion.
- Due to limited participation, analysis was not conducted for all subgroups. A breakdown of responses for each subgroup is available for the sake of completeness*.
- Participants over 65 years of age were dissatisfied to a lesser extent (10%- 25%) when asked about whether they were treated with kindness and compassion, whether they felt in control of the care they received, whether they were fully informed of the care they received, or whether they were supported in a timely manner.

* Appendix III: Local Services-Needs

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, about half of participants (49%-54%) stated that they did not need support with deliverables (e.g. childcare, food, medicines, social care), or employment or financial support. However, 18-25% of respondents did express a need for these services.
- In round terms, 1 in 2 participants identified that they needed support with being active, with their mental health and their family's wellbeing.
- The subgroups expressing these important needs varied*, and were often associated with more than one of the main need areas (deliverables; employment and financial support; and mental health and wellbeing). The middle aged group required more support with childcare, whereas younger people required more support with being active and with employability skills. Males, individuals with a long term health condition, unemployed and participants who lost their job, as well as participants who were not working, generally agreed that they required more support in multiple areas. Vulnerable or participants living with someone vulnerable needed more support with medicines.

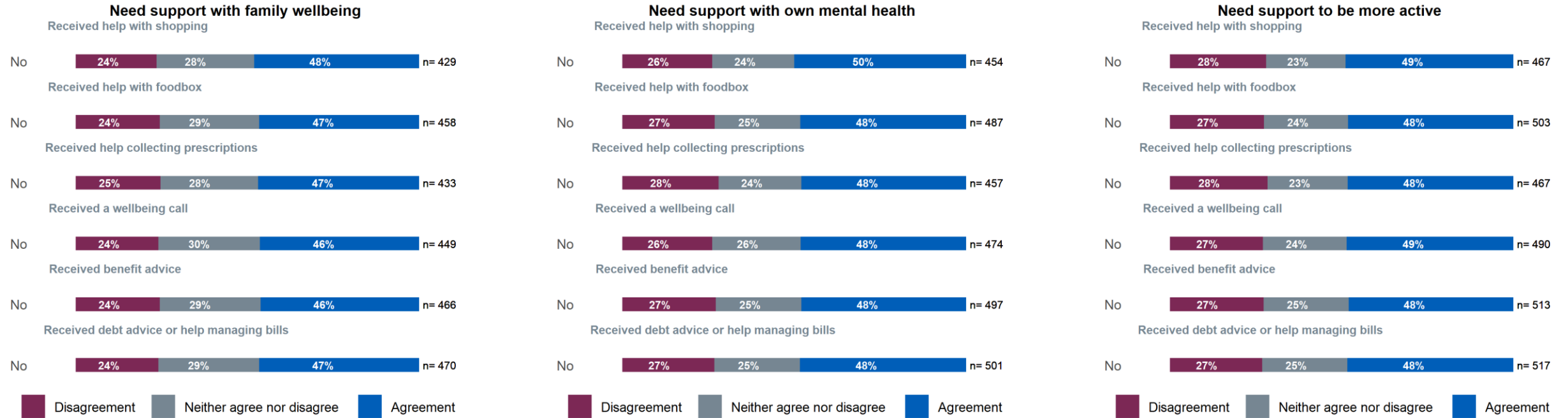
Have you received help with any of the following during the Covid-19 pandemic?



- With regard to receiving support during the pandemic, 5%-10% received help via a wellbeing call, collecting prescriptions and/or shopping.
- Only two participants received debt advice or help with managing bills, and only six respondents received benefits advice.
- 3% (n=19) received help in a form of a foodbox.

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

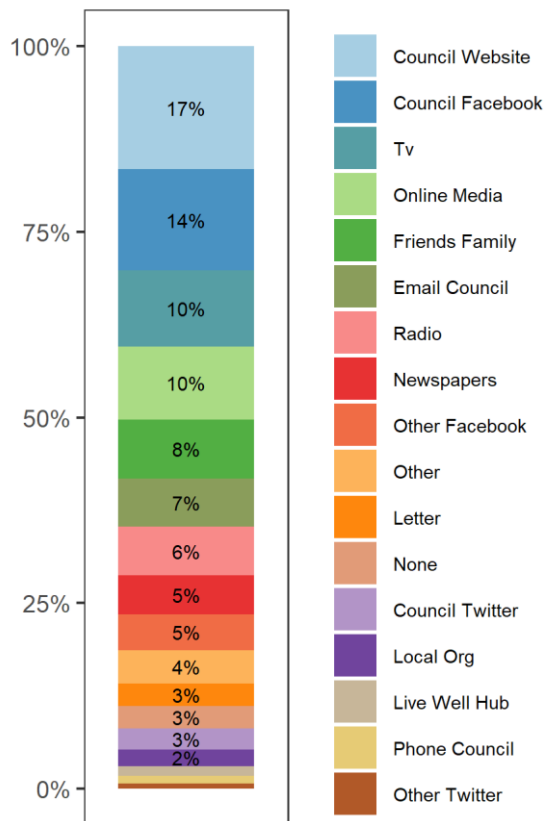
- Meaningful agreement levels amongst participants who did not receive help with debt advice or managing bills; benefits advice; a wellbeing call; collecting prescriptions; shopping; or a food box were particularly high for those needing support with their mental health, their family wellbeing and activity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



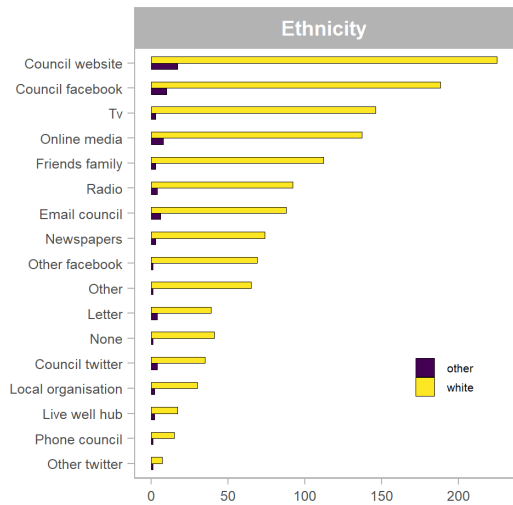
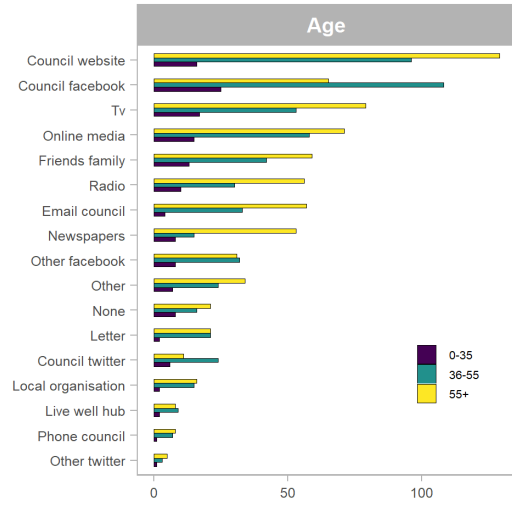
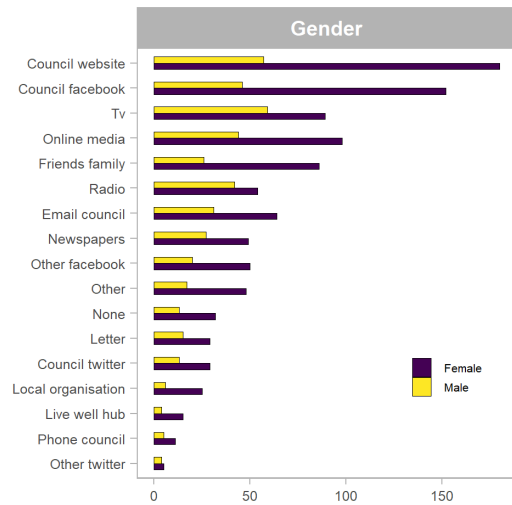
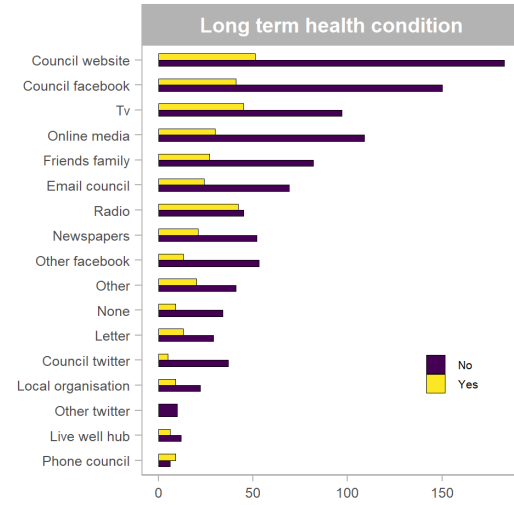
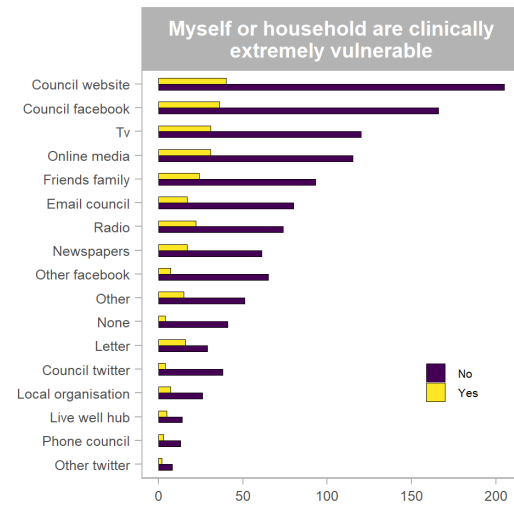
- For people who needed support with family wellbeing, their own mental health and activity levels, nearly half did not receive help with shopping, a foodbox, prescriptions, a wellbeing call, benefit advice, debt advice or bills. Support with their family’s wellbeing and their own mental health were areas that were also identified in the summer of 2020 survey.

* Appendix III: Local Services-Needs

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



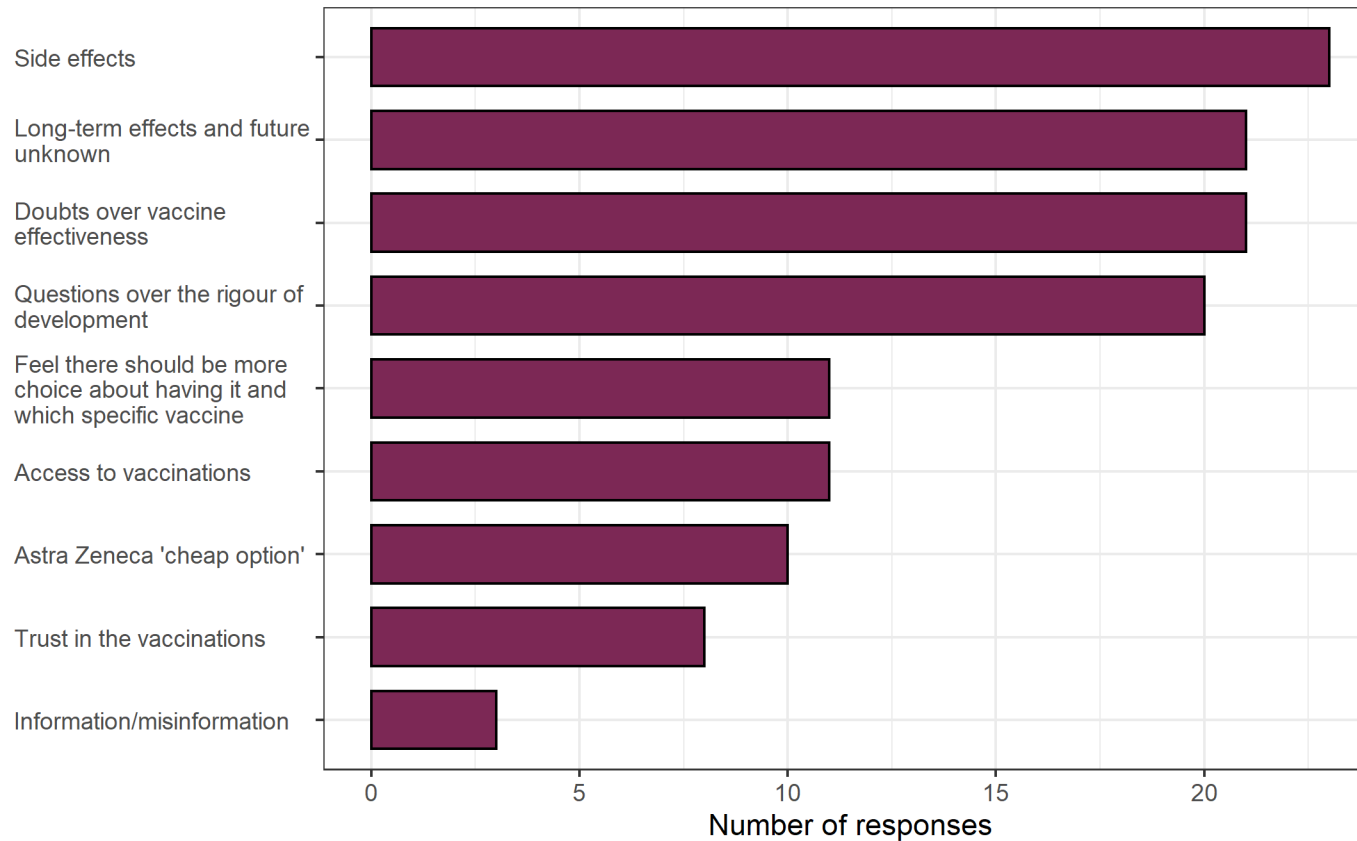
- Sizable proportions of the sample had been receiving information through digital medias, such as Facebook (SBC account), the SBC website, TV and online media.
- The most common source of information for males was TV, with radio being as popular as digital media.
- For people with health conditions, TV and radio were almost as popular as the SBC website and the SBC Facebook account.
- The SBC Facebook account was ranked highest amongst 0-55 year olds, whereas the SBC website was the most popular option for individuals aged over 55.



4. Covid-19 Vaccination programme

Do you have any doubts or concerns about the Covid-19 vaccines?

Concerns around Covid-19 vaccinations



- For many responders with concerns about the vaccine, safety was a key issue. Both vaccinated and unvaccinated responders expressed concerns around vaccine **side effects**, the **long term effects and future unknown** (its impact on fertility was mentioned several times) and **doubts over vaccine effectiveness**.
- Several unvaccinated responders were concerned about the **social stigma** they might experience in making the choice not to have the vaccine. Others who had not yet had their vaccine explained that they had been **unsuccessful** in trying to **book their appointments**.
- Full comparison between unvaccinated and vaccinated responders could not be made owing to too few responses.