

Bailiwick of Guernsey Community Survey Summary Report

Summary of the findings, which have previously been presented in a series of five separate reports.

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This summary report contains key findings from the community survey that was undertaken in June and July 2020. It identifies headlines and common themes from the five reports previously published. Respondents included those from the Islands of Guernsey, Alderney and Sark.



States of Guernsey
Data and Analysis

1.1 Introduction

This report provides a summary of key findings from the five previously published reports of findings from the 2020 community survey and identifies common themes which have emerged across all reports. These can be summarised as follows:

- The financial impact of lockdown was not evenly distributed across all respondents. It was greatest for those with health conditions, low incomes, those born in places other than the Bailiwick of Guernsey, the UK, Republic of Ireland or Jersey, the self-employed, Sark residents and those who were pregnant or had a baby in the last six months.
- The feedback from those using health services during lockdown was mostly positive. However, a fifth of respondents put off making or attending medical appointments.
- Lack of contact with friends/relatives who were in nursing/residential care homes or in hospital and/or were at or near end of life was very difficult.
- For many, lockdown had a positive impact on physical health and fitness, developing healthy habits and work life balance. However, for many, lockdown had a negative impact on mental health, anxiety and stress levels.
- Communications from the States of Guernsey on lockdown rules were well understood, but the concept of 'bubbling' required further explanation. Residents of Sark and Alderney felt that fewer or different restrictions could have been applied to them.
- Respondents thought that investing in the island's infrastructure, services and attractions as well as supporting businesses on island would present the best opportunities during the Bailiwick's recovery.

These previously published reports of detailed findings can be found on www.gov.gg/covid19data:

- Report 1: preliminary/overall findings regarding well-being, life satisfaction and island recovery
- Report 2: working, job seeking and studying
- Report 3: income, expenditure and shopping experiences
- Report 4: self isolation, bubbling and contact with other people during lockdown
- Report 5: physical and mental health and other support services

The survey was launched on 22nd June and closed on 30th July 2020. It was intended to encapsulate the community's experiences of lockdown and the coronavirus pandemic. The survey was made available online (in English, Latvian, Polish and Portuguese) and also on paper. An alternative (easy read) version was issued on the same day to Adult Disability Service users, made available on the website and promoted and distributed by the States Disability Officer to those living in specialised housing which involve some element of care. In total, 3,699 people completed one of the surveys, which equates to 7% of the population of the Bailiwick aged 16 or over. The profile of respondents did not match the demographic profile of the population of the Bailiwick, but weightings have been applied to statistically adjust for this and ensure the quantitative results provided in this report are representative. The confidence interval varies by question, but the lowest confidence interval for figures in this report is plus or minus 2.5% at a confidence level of 95%. Fuller information on the methodology is included in the more detailed reports.

2.1 Financial cost of lockdown not evenly distributed across all respondents

- The financial cost of lockdown was not evenly distributed across all respondents. Whilst overall 38% of respondents reported a decrease in income during lockdown, 17% reported an increase in expenditure, and 28% reported a negative or strongly negative impact on personal finances, there were significant differences for some groups of respondents.
- Household expenditure was more likely to have increased for respondents with physical disability or a mental or emotional health condition compared to those without.
- The age group least affected with regards to decreases in household income and increases in household expenditure were those aged 65 years and over. For those under 65, the biggest negative effect on income was experienced by those in the lowest income bands. Anxiety and stress were also related to personal finances, with a negative impact on anxiety and stress recorded most by households in lower household income bands.
- Respondents born in places other than the Bailiwick of Guernsey, the UK, Republic of Ireland or Jersey and respondents in households with children aged 15 or under were the most likely to indicate a decrease in their household income. Sark residents were also more likely to report a drop in household income and a negative impact on personal finances (albeit this was based on a small number of responses).
- Lockdown had the greatest negative impact on incomes for respondents who were self-employed, 71% of all respondents in this group reported a decrease in household income during lockdown.
- New mothers or pregnant women were more likely to have experienced an increase in household expenditure over lockdown (27%) and also more likely to have experienced a decrease in income (45%).

2.2 Positive feedback on health services used during lockdown, although a fifth of medical appointments were put off by respondent

- Feedback on health services provided by the States and other organisations and individuals (including GPs, Dentists, Medical Specialist Group, Emergency Department, Outpatients Departments and the Clinical Helpline) for those respondents who used them during lockdown was generally positive. Respondents noted they were organised, provided a good service and that they felt safe when attending in person. Negative comments mostly related to services provided by phone; some of those making contact with their GP felt it was not as personal or easy to discuss issues over the phone and some that contacted the clinical helpline and Medical Specialist Group encountered communication issues e.g. receiving inconsistent, limited and (in a few cases) what was felt to be poor advice.
- A fifth of respondents reported putting off seeing a doctor/GP during lockdown; this was particularly prevalent for younger age groups. This included respondents with: acute mental health needs, infections, concerns about suspicious moles or extreme skin conditions, limb pains, long term headaches, pregnancy, miscarriage and heart palpitations.
- Feedback regarding the Adult Disability Service, which encouraged service users to complete a survey in an easy read format, indicated that most respondents were happy with the support they had received. Those living in family homes held more varied opinions, compared to those living in a supported/group setting which were almost all positive.

2.3 Lack of contact with relatives or friends in nursing/residential care homes or hospital and/or were at or near end of life in lockdown was very difficult

- 10% of respondents indicated that someone they cared about lived in a nursing or residential care home when lockdown started. 6% of respondents had someone they cared about admitted to hospital during lockdown and 8% of respondents said someone they cared about attended the Emergency Department during lockdown.
- For those with someone they cared about in a nursing or residential care home communication was key. Where communication was good, respondents felt as though their friend/relative was safe and in the best place. For those where communication was lacking or poor, either between care home staff and the respondent or between the respondent and the person in the care home, this caused increased distress to the respondent. If the person being cared for had a degenerative condition e.g. dementia, Alzheimers or a terminal condition a lack of communication resulted in some respondents reporting that the person being cared for no longer knew who they were when visiting was permitted again. For respondents who reported a lack of communication from the care home or the States of Guernsey this caused anxiety, in some cases respondents heard about COVID-19 infections second hand or through other sources, which was damaging to the trust that they had in the States and/or nursing home.
- Where respondents reported that someone they cared about was admitted to hospital or attended the Emergency Department, the main issue for respondents was the lack of access or being able to accompany and support relatives/friends to/in hospital. For those admitted for more serious reasons there was a fear that the person would die alone. There were others who had been admitted to hospital for the birth of their babies. In this case, the experience and the lack of visitation had a particularly negative impact on both the individual and the respondent. Whilst respondents were accepting and understanding of the restrictions that were in place, this did not negate from the stressful and distressing situation they found themselves in.
- 2% of respondents had someone they cared about receive a terminal diagnosis or was in end of life care before lockdown started and 2% of respondents had someone they cared about that had received a terminal diagnosis or moved into end of life care during lockdown.
- Respondents expressed how upsetting and/or frustrating it was for themselves and their families to not visit a relative to say goodbye for those in end of life care, or to not see and support relatives/friends that were undergoing treatment in the hope to prolong their lives. There was concern that the person may die alone, which caused extreme distress and a lack of closure for some respondents. A lack of access to family (especially grandchildren) and friends was also felt to impact on the quality of life remaining for the individual. There were comments on the inability to easily leave and return to the island to visit family members or friends (sometimes to say goodbye) due to the 14 day isolation requirement.
- 14% of respondents indicated that someone they cared about passed away during lockdown. A follow-up question was asked “Were you prevented from doing any of the following by the lockdown restrictions?”. 61% of all respondents who answered this question reported they were not able to attend their funeral, celebration of life and/or wake. The impact on mental well-being due to a lack of closure and guilt at not attending was pervasive for many. Not being able to comfort or hug close family members was a cause of extreme distress for some respondents that experienced loss of family.

2.4 For many, lockdown had a positive impact on physical health and fitness, developing healthy habits and work-life balance

- For six out of ten personal life factors respondents said the impacts of lockdown had been positive or strongly positive (rather than negative or strongly negative) namely; your physical health, your fitness, your personal relationships, your personal safety/security, your personal finances and the standard of accommodation you live in. The positive impact of lockdown on these personal life factors was most prevalent for those without a health condition and those not receiving care.
- For those reporting a positive impact on physical health and fitness during lockdown, this was most apparent for those in higher income bands (household incomes over £60,000).
- 27% of respondents described at least one new activity, sport or healthy habit developed during lockdown that they plan to continue doing after lockdown these included; improved diet (through better meal planning, more home baking/cooking, preparing healthier meals), outdoor sports (walking, running, sea swimming and cycling), online exercise classes (Pilates, Tai Chi), Gardening/DIY, learning a language, craft activities.
- 44% of employed respondents reported that lockdown had a positive or strongly positive impact on their work-life balance compared to 40% of self employed respondents.
- Those who commented on the positive impacts on their work-life balance reported that working from home (for those that could) allowed more time to spend with their family or friends and also more time for relaxation. Some found working from home quieter and more productive, with time to take proper breaks and on-line meetings ensuring more efficient use of time. Enforced limits for exercise time meant that many made the most of the time, which would under normal circumstances, not be prioritised. In some cases the extra free time was due to a lack of work or loss of employment, although this was stressful (coinciding with reduced income) it had caused them to re-evaluate their priorities.
- 10% of respondents who did not regularly volunteer their time before lockdown, reported an increase in the amount of time they spent volunteering during lockdown.
- The most popular volunteering initiatives mentioned by respondents during lockdown were; shopping/calling on people who were shielding, volunteering with St Johns and assisting with meals on wheels. Other activities included craft activities, making PPE equipment and online through social media groups or video meetings. A small number of respondents mentioned they had enjoyed the quieter, safer streets and environmental benefits brought about during lockdown and had since become involved in charities and initiatives associated with them in order to continue to promote and maintain the benefits after lockdown.

2.5 For many, lockdown had a negative impact on mental health, anxiety and stress levels

- The proportion of respondents indicating a mental or emotional health condition varied by age group. Younger age groups were far more likely to report a mental or emotional health condition, around a quarter of all those aged between 15-24 years, compared to less than 4% for those aged over 65 years. The proportions reported here and throughout the Community Survey may differ from those accessing frontline services such as the Emergency Department of the hospital and Bailiwick Law Enforcement.
- For all respondents on balance lockdown had an overall negative impact on their mental health. This was particularly apparent for those employed or self employed, 39% of employed respondents and 35% of self-employed respondents reported lockdown had a negative or strongly negative impact on mental health. For those employed, 46% reported lockdown had a negative or strongly negative impact on their anxiety/stress levels.
- The employment sector with the highest proportion of respondents who reported a negative or strongly negative impact on their mental health was the information and communication sector (52% of those working in this sector reported a negative or strongly negative impact on their mental health). There was a corresponding increase in workload/hours and a negative impact on work-life balance for some workers in this sector too.
- For those respondents who self isolated, 42% reported that lockdown had a negative or strongly negative impact on their mental health. This compares to 35% of respondents who did not experience self isolation. Of those who provided a comment on their experience of self isolation, most were negative with words such as 'awful', 'horrible' and 'tough' recurring frequently. Lack of space in the home was frequently referenced as one of the main difficulties when self isolating. Mental well-being was impacted negatively for those self isolating, with respondents reporting they were unable to exercise, get fresh air or go for a walk.
- Respondents were asked to indicate where they felt they stood today on a ladder used to represent life satisfaction, with the bottom rung representing the worst possible life and the top rung representing the best possible life. Comments from those on the bottom half of the ladder included they were struggling with the cost of living/finances, they have no job/lost their job/limited employment opportunities, they had a physical/mental health condition, they felt anxious and were missing contact with friends/relatives.
- 1% of respondents accessed the States Mental Health Service and another 1% accessed Guernsey Mind, the Samaritans or another local charity during lockdown. 4% of respondents said they had accessed online mental health support resources and 5% had accessed other sources of mental health support, such as a therapist. Feedback on mental health support was mixed, with some feeling well supported and others expressing frustration relating to using video or phone calls as a means of providing support or a lack of support (in some cases based on experiences prior to lockdown).

2.6 States of Guernsey communications on lockdown rules were well understood but 'bubbling' needed better explanation

- States' media briefings were the main way respondents got information about lockdown rules (84% of all responses) and the proportion of people accessing information from States' media briefings was consistently high across all age bands. That said, use of other communication methods varied by age, younger age groups tended to receive information from the States' websites, States' and other social media accounts and from family and friends. Older age groups more often reported receiving information by watching Channel TV or BBC news, reading Guernsey Press/Bailiwick Express, listening to Island FM/BBC Guernsey or reading States' flyers/leaflets. 95% of all respondents reported that we [States of Guernsey] could not have done anything to make information more accessible.
- 83% of respondents answered that there were no particular aspects of the lockdown restrictions that they thought were unfair or unjustified. 85% of respondents answered that there were no particular restrictions they expected or wanted the States' to put in place, which weren't. This figure was lower for residents of Alderney and Sark, who suggested that there could have been less or different restrictions in those islands.
- 14% of respondents reported there were aspects of lockdown that could have been explained better. The key aspect that respondents felt could have been explained better was 'bubbling'; in particular, respondents would have liked greater clarity at the outset as to how the bubbles would evolve in order to inform their initial decisions on who to bubble with. Comments suggested the bubble system was open to misinterpretation and others felt the bubble system was confusing, especially when people were able to join bubbles together.
- At the outset the majority of respondents were fairly or very confident they understood the rules regarding bubbling, however this proportion decreased as new rules were introduced; 61% of respondents were very confident when the bubble idea was first introduced, reducing to 52% when two single households could join together and then to 43% when up to four single household bubbles could join together.
- 19% of Bailiwick born respondents did not add any people to their household bubble in phase two of the exit from lockdown, compared with 26% of respondents born in the UK, Republic of Ireland, Jersey and 38% of respondents born in other countries.

2.7 Investment on island would present the best opportunities during the Bailiwick's recovery

- The most frequently recurring opportunities for the Bailiwick related to promoting, supporting or investing in local business/services during recovery and building on the success of managing/coping with the pandemic through; promoting the island as a holiday destination (post pandemic), investing in the island as a business/work destination (post pandemic), and the inclusivity and the resilience of the community.
- Respondents were asked “Are there any ways in which you would like to contribute, that you cannot do at present?”. For those who could contribute more, the most popular suggestion was volunteering. Although a large number of respondents expressed an interest in volunteering, relatively few suggested which specific areas they would like to volunteer in. For the few specifying a preference, a number expressed an interest in volunteering initiatives relating to the environment.
- Financial means were the next most popular way in which respondents felt they could contribute more, and in particular there was interest in a States of Guernsey bond and supporting existing local businesses by shopping and spending locally. In addition, there was considerable interest from respondents in contributing more politically and strategically and also suggestions for improving and regenerating the tourism offer in the Bailiwick.
- 50% of respondents said they would like to travel in the next three months (9% by boat, 23% by plane and 18% by plane and boat). Those in full time education were more likely to want to travel in the next three months, when compared with those not in full time education.
- Regarding the longer term, compared with before lockdown, a greater proportion of people planned to travel less or a lot less for leisure (than more or a lot more) for visiting friends/relatives, business and other reasons. That said, these views were expressed between late June and July 2020 and may have subsequently changed.
- The most frequently identified threat to the Bailiwick's recovery was that of a second wave of coronavirus cases (causing the need for a return to strict lockdown). Almost half of all comments referred to this with concerns that a potential second wave could be driven by opening the borders too soon, travellers not self isolating fully on arrival and the high rates of prevalence in surrounding countries.

3.1 Contact details

If you would like any further information on the Community Monitoring Survey or any of the other States of Guernsey Data and Analysis publications, which are all available online via gov.gg/data, please contact us for further information.

E-mail: dataandanalysis@gov.gg



For more information
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