



COVID related Public Feedback Weekly Summary report 17th - 31st July 2020

In order to inform discussions in relation to Kent and Medway's response to Covid 19, Healthwatch Kent, and Kent's User Forums are actively gathering feedback from the public and other organisations. Healthwatch Medway are also publishing a report focused on Medway.

Its purpose is to enable decision makers and planners to understand how people are coping during the COVID epidemic. We are working with more partner organisations each week to hear from more communities.

Please note. This report aims to pull together what individuals are telling us directly and organisational insights on behalf of their client groups. It is a weekly snapshot. We urge you to triangulate this with other intelligence you are aware of. We will also be using this data to create more robust monthly reports, comparing with national data and reviewing themes.

What are we going to do with the feedback?

This is a fortnightly snapshot of feedback. Wherever possible we are raising issues and sharing feedback directly with relevant organisations.

You may read some worrying stories in this report. Some of these have come directly from the public and if they have given us contact details, we are following up with them and escalating if necessary. However, not everyone will give us contact details. Where organisations have shared concerns with us, they are following their own safeguarding and escalation protocols.

Comments in *italics* are direct quotes from feedback revised from the public. Other comments are anecdotal feedback from organisations

ACCESS TO PRIMARY CARE

- *"I had a problem contacting my GP for an appointment; they gave me a phone consultation even though I'm deaf and can only lip read. I have sent an email to my surgery to tell them this so I hope that I get a video consultation and I can try to lip read"*
- *"I have had 2 consultations with my GP during this period using technology. It's been excellent, no dirty waiting rooms! Let's hope virtual consults remain"*
- *"My son has been suffering from a mild, but long term, health condition so I recently phoned our GP for an appointment. The only option available is to phone up on the day and request a telephone consultation. It took a long time to get through. I rang many times before I eventually got into the call queue. I left my details and was told that a doctor would call later that morning, which*



they did, but unfortunately at that moment I was unable to answer the call in time because I am working at home and looking after two children. I phoned them back instantly and was told rather abruptly that if I did not answer the call then I have lost my place and they will not call back. I was even told that I should have sat by the phone all morning so that I didn't miss the call! The only option available to me was to phone back at midday, which is when they release the afternoon appointments, so I did this (and repeated the whole saga of trying to actually get to speak to someone)"

GP Referrals

- *"I always thought I had something "different" and couldn't understand what it was. I've been looking into ADD, and I filled out an application via my GP for an appointment regarding an ADD referral. I missed the call from the GP to follow up on my application. Because I missed the call, I got a text from the surgery saying that they have sent the referral off straight away, I didn't expect him to send the form off without talking to me about it"*
- A mental health support group told us that a service user saw their GP in May, who made a referral to the Community Mental Health Team. The service user is really struggling with their mental health and called the GP to follow up the referral, who told them to wait an additional 2 weeks.

Practice Staffing

- A mental health support group told us that when a service user contacted the GP about their medical conditions, the receptionist began to tell them about their own personal family crises that they've gone through because of COVID and the service user felt like the receptionist was having a go at them and that their problems weren't important because of everything else that was going on.

DENTISTS

- *"I was due to have 3 fillings on Tuesday, but the practice cancelled as they don't have any PPE. I don't know who should be providing it? One tooth that was due to be filled in broke in half yesterday so I doubt it can be filled now, and it's one of my front teeth, great!"*

ONGOING TREATMENT

- An organisation supporting families told us about a client who is having problems getting radiology services to respond to them. Their child is one years old, not mobile and has left sided weakness. There is a lump on the side of their head, which is growing and the child cries as if in pain. The child was seen in hospital and Padua Ward put in an urgent referral for a head scan; 5 weeks later the family have not heard anything. No one has answered the phone at the ward, ultrasound department or CT department. Messages have been left with secretaries, but the family are still waiting. The GP and health visitor said that nothing can be done until the scan is completed.
- The same organisation told us that they are supporting a family who are struggling in hospital at the moment; the child is in QEQM with an infection, and their feeding



tube is leaking. The staff on the ward are not vent trained and have no knowledge of the complex needs of the child. This means that the child's mum has to do all care and medical support on her own. They may have to go to the Evelina, where there are more trained staff.

- An organisation working with disadvantaged families told us about a child that they support who has been transferred to the PICU in the Evelina, with Kawasaki disease. The child is stable now, but very critical. The child's mum has been unable to leave the hospital ward due to the COVID restrictions.

ACCESS TO MEDICATION

- A service user of a mental health support group said that they continue to have issues with their pharmacy. The pharmacy 'mess up the dosset boxes' and they are now considering changing pharmacy as this is having a negative impact on their mental health. They said the thought of changing pharmacy is daunting, however it 'needs to be done'.

HOSPITAL DISCHARGE

- Care staff at a support organisation shared feedback about the lack of hospital discharge care packages in place for people when they leave hospital. It is difficult to quantify at the moment as the organisation say they aren't supporting that many people who have recently been discharged from hospital, but when they are involved they have noted that people are being discharged home without proper support in place.

GOVERNMENT GUIDANCE

- *"The Government said that children can have playdates must MUST NOT use paddling pools. Why then, are we now allowed to go back to using swimming pools?"*
- *"Why are so many services opening again in October but the Government are also telling us to prepare for a 2nd wave in the winter?"*
- An organisation supporting carers told us they think that once shielding stops on 1st Aug arrives, people will feel more confident about going out. A lot of the older people were worried what will happen if they break the Government's rules.

SOCIAL DISTANCING

- *"My daughter was shouted at in the supermarket as she accidentally knocked into someone; she has learning disabilities. People are so edgy at the moment and paranoid, then I got shouted at by the shopper and told not to let my daughter out of the house!"*



TRACK AND TRACE

- *“Once you enter track and trace, you commit all your friends & families details to the council and police’s new powers under public health to detain and remove people for 14 days. I don’t trust it”*

PRECAUTIONARY ISOLATION

- *“My daughter returned to school for a week at the end of term as she is in year 5 and we were advised it was safe to do so. After only 3 days we were informed that one of the teaching staff in my daughter’s bubble had tested positive for Covid-19 so now all of our household need to self-isolate for 14 days. This has impacted the whole family from a social perspective and my husband cannot go to work as he cannot work at home”*

PPE

PPE in the workplace

- *“I’ve been on furlough from my job as a care assistant in a care home as I have asthma, and I also don’t have any childcare for my toddler. During lockdown I’ve found myself in the happy position of being pregnant again. I returned to work last week but I have concerns regarding my health and new pregnancy; a lot of my co-workers in the care home aren’t wearing PPE and I was made to feel like a problem because I asked for gloves and a mask when I was at work. I just want to be safe, especially since my home did have an outbreak of COVID, but I’m now worried that if I make too much of an issue about the staff not wearing PPE then I’ll lose my job”*
- *“My physiotherapist has still not opened and is struggling to get appropriate PPE (mask, gloves, gowns, visors), but the premier league physio was on TV the other night with only gloves and a face mask. It’s a farce”*
- *A college teaching practical skills courses told us that all students are wearing gloves, masks and aprons when they come into contact with a patient. Students were surprised to learn that they might need to wear PPE for possibly another year.*

Face masks/coverings

- *“I don’t want to wear a mask. I will just say I have asthma so I can’t wear one...no one can prove it”*
- *“I have no problem in wearing a mask, but this should’ve been done 4 months ago. It’s too late now”*
- *“If you can’t wear a mask due to your own health reasons then don’t go out and put yourself at risk and others. Why would people even put themselves at risk if the virus hasn’t gone away. It wouldn’t be coming into law if it was for no good reason”*
- *“Given the complete lack of masks in Canterbury today I doubt people are going to adhere to the new facemask rules. It’s a shame because all of us who have been shielding and those key workers that have worked so hard in the last few months have done their very best to protect people”*



- *“If masks are being made compulsory then the government should be handing them out free of charge”*
- *“Other countries just accept wearing a mask, you don’t see them harking on about asthma, anxiety, autism etc. British people don’t like being told what to do. The same people who hoarded food are probably the ones refusing to wear a mask”*
- *“I’m not going to wear a mask, I haven’t done for the past 4 months so I’m not going to do so now. I follow the rest of the guidelines though”.*
- *“If faceMasks are effective (which they’re not) why has the government only now made them mandatory when the virus is on its last legs in UK?”*
- *“The prime minister must lead by example. He and the rest of the cabinet should be actively wearing masks, it’s their civic duty”*
- *“Some will have valid reasons not to wear masks, but most are hypocrites who clapped for NHS workers but don’t think it really concerns them. No wonder Ashford, Folkestone and Dover had the highest coronavirus deaths last month”*
- *“We have been told for months we don’t need to wear masks due to them being constantly touched, we are now being advised to wear them but the amount of people saying that the mask moves up the face to the eyes and then moving them back down again! People are moving masks down to still lick fingers to open carrier bags and bank notes to separate them and then handing to cashiers all the time! Social distancing is still in place too although a lot of people seem to have forgotten this already too!”*
- An Age UK centre told us that they had received many calls from service users who were concerned about their own lack of PPE. People had heard on the news that facemasks would be mandatory but they didn’t know how to access masks.

TESTING

- *“The Folkestone and Dover test sites have now closed and the nearest one is Ashford or Ramsgate!”*
- *“I had a fever and requested a test a month ago. The fever has gone now but the test still hasn’t arrived. Is that the way tests are counted? One request = a test, even when it hasn’t been completed? I don’t know if I had the virus or not, I spent 21 days in isolation for nothing”*
- An organisation supporting carers told us that their service users are more comfortable visiting A&E, they feel reassured that staff have been regularly tested for COVID.

COVID EXPERIENCES

- *“I tested positive in April and was off work for 7 weeks. It started with sinus problems, headache from hell, then aching all over. Sore throat, bad stomach, diarrhoea and then the breathing problems started. I was on 3 lots of antibiotics and steroids then ended up in the hospital. I’m asthmatic so it made me extra wheezy and couldn’t catch my breath. I never felt so ill. Now I’m back at work and feel much better but I still get very tired and wheezy. The doctor said it could take 6 months or more to fully get over it”*
- *“I suspect I had it at the end of January, I wasn’t right until the end of March. Antibiotics didn’t do much, but I think they prevented pneumonia”*



- *“I had it in February and was very ill but not hospitalised. I did end up having pneumonia as well and I still have difficulty breathing when I walk upstairs. I have extreme tiredness, bad headaches and not able to get on with things in general”*
- *“I am 28 years old and work in a GP surgery, we are still accepting some patients into our surgery who need to be seen in person. I contracted Covid at the start of June and I recovered within 3 weeks. I had breathlessness and fatigue that was very severe once I returned to work. My own GP referred me to a cardiologist who diagnosed me with dilated cardiomyopathy, he said it was a result of infected heart muscle from my stay in hospital. He is not sure if it is reversible. I’m too young to have a heart condition and I feel like my life is cursed now since this virus came along”*
- A community hub told us that one client had recently been discharged from hospital after recovering from Covid (they were over 90 years old). The client said that they needed help with some shopping and prescription collection but felt guilty about having to ask for help. The client said they were usually quite self-sufficient and had been struggling with the effects of the virus.

SHIELDING

- *“I’ve been shielding since the beginning of March. It’s very difficult to stay safe when your other half is the main breadwinner and has to go back to work in August in an environment where masks can’t be worn. I also have a son studying A-levels going back in September. We have accepted there is nothing we can do except our best to stay safe. Our support network (priority shopping slots, pharmacy deliveries) will also end soon, forcing us out”*
- A cancer support organisation told us that some families are still shielding and have been declining a visit.
- An Age UK centre told us that many of their clients are still depending on volunteers to collect their medication because they don’t want to leave the house.
- Another Age UK centre told us that many of their service users are scared to go out.

LOCKDOWN

- *“This new world, or whatever it’s called is terrifying, I just want to get back to the way things used to be, or some sort of normality”*
- *“Why is north of England, places like Manchester, in lockdown whereas I’m from Kent and we can celebrate Eid?”*
- An organisation who support ethnic minority groups told us that service users have been telling them that they are starting to relax their attitude towards Covid; they have stopped wiping down the food that they buy in supermarkets and they are trying to get elderly parents out and about again.
- A mental health support group told us that carers reported that when visiting clients during lockdown, many were very edgy about the visits and did not understand exactly what lockdown meant. Each visit took longer in the early stages as explanations were needed and given. Some clients continued to feel uneasy about it. As lockdown got longer, the clients started to realise that they could go on with life and go out for a walk as daily exercise and for food shopping.
- A Community Hub told us that over half of their service users would like to continue with ongoing welfare checks. Many people who didn’t want a welfare



check told the Hub that they had left the house to go to the hairdressers or the supermarket for the first time and things weren't as bad as they expected. They are now ready to do their own shopping and collect prescriptions themselves. The service users do want to keep the Hub number close by in case they need anything.

CARE HOMES

- *“My mother-in-law died of COVID-19 after being in a care home. She died in hospital and they put her on end of life care on day 4. We thought the care home could have done a lot more to help, and she was in a reputable home. We weren't allowed to go to hospital with her and we didn't get to be with her when she died”*
- An organisation that support carers told us that some of their service users have considered removing their family member from their care home and bringing them back to their own home. The support group told us that the carers don't understand how much help they will need, and the wrap around care that they assume they will have is not available.
- One person told us that *“at the end of the day it's down to the care home to accept or refuse entry into their homes. Accepting without testing is a failure of their duty of care.”*

SERVICE COORDINATION

- *“I currently access a number of services including GP, Older mental health services, respiratory services, social services, help at home, carer, and I notice the system is not joined up. No one person is taking responsibility for my care and I have had to hire a private advocate to oversee and co-ordinate my care because no-one is overseeing it. In the past it would have been the GP”*
- A Community Hub told us that a “meals on wheels” driver identified a client who had fallen at home. They were helped after pressing their lifeline, but it shook their confidence. The Hub carried out a welfare check the next day and contacted the Intermediate Care team (ICT) because the client asked for more assistance. The ICT arranged for a community nurse to visit and establish what support was needed.

COMMUNITY SERVICES

- A mental health support group told us that a KCC Community Warden came to visit one of their clients following a short stay in hospital and the client said it was quite an unpleasant experience. The client said that the warden didn't really explain who they were, why they were there and asked what the client feels were irrelevant and probing questions about family without explaining why these questions were being asked.



INCREASED NEED

- One Age UK volunteer took an 80 year old client out for a walk in the park; they barely managed because their mobility had decreased so much during lockdown.
- A Community Hub told us that they made a welfare call to a client, who was reciting their poetry down the phone. 10 minutes after the call finished, the client called back to ask for hearing aid batteries (the client hasn't been able to get any for a while). The client called back again after another 5 minutes to chat about their sunflower, which has grown during lockdown. Many people in the area are depending on these welfare calls, and will continue to use them for some months.

COMMUNITY SERVICES RESTART

- A voluntary organisation in Thanet, providing support to elderly clients, told us that 99% of clients want to have home visits reinstated. Following a risk assessment and polling of volunteers, the organisation has ruled out doing home visits at present.
- An Age UK centre told us that their service users are questioning why the centres are not back open again, but pubs, shops and restaurants are.
- Another Age UK centre told us that clients were calling because they need help with their benefits, getting a TV licence and other issues. They need centres to open again so that they can access the help provided by volunteers.

MENTAL HEALTH

- *“The crisis team have been amazing since I had an episode a month ago. They have been to my house every day since. Some of the workers are better than others, but the ones that are good are amazing. They really listen to me. The only thing is that I don't know how they're actually going to help me. They helped with my medication and are listening to see if I need to go into hospital which is good”*
- An organisation supporting carers told us that carers are having difficulty getting mental health help; they cannot get a passive referral from the GP because they do not meet the needs of the Single Point of Access. Carers told the support group that they feel that their mental health is declining week by week.

IAPT

- A service user with a mental health support group spoke about their experience with IAPT services; they said that the cognitive behavioural therapy (CBT) that they received was not what they expected for ASD. They said that they felt that the psychologist understood them, but that the communication skills that make all the difference for their condition were not recognised. The service user said they felt manipulated and deflated, and that there was no ASD awareness. They described the psychologist as “amazing” however nothing in the outcome report was about ASD and how it affects the service user's life.

CAMHS

- *“One of our neighbouring local authorities are no longer taking autism diagnosis referrals for over 5 year olds. This is apparently due to chronic underfunding and*



based on the idea that all but “mild” autism will show up before a child is 5 years old. It seems to be a way to prioritise resources for the most severe cases. It disadvantages girls, who are likely to mask for many years and remain undiagnosed. Is this going to be a common process across other local authorities? Kent already has a huge waiting list and I am concerned that they will be more strict and have tighter control about accepting referrals”

- An organisation supporting families with special needs told us that 4 new families have contacted them with children under 8 years who have had ASD assessments put on hold. Three of these children are due to start school in September. The organisation gave all of the families a copy of the new handbook for families.

Community Teams

- A mental health support group told us that one service user was told in March that they would be receiving weekly phone calls from the CMHT for support during lockdown. This has been sporadic and, as of mid-July, they haven't been contacted for 3 or 4 weeks.
- A mental health support group told us that one service user was seen every 3 months at their CMHT usually. The service user had not had any contact with the CMHT so called for an appointment, the doctor told them that they were doing video calls at present, but the service user wasn't given a video appointment or any dates for the future for a video appointment.
- *"I've been in the system for a couple of years and I don't think I've seen the same person twice. It's incredibly distressing having to go through the same issues with each of these people and having to relive the trauma that caused my PTSD over and over again."*
- A service user of a mental health support group said that they were meant to have an appointment at XXXXX but due to shielding they couldn't attend so cancelled the appointment. The service user has been chasing them up, but no one has got back to them to rebook.
- A service user in a mental health support group said that their first appointment with the psychiatric nurse at XXXXX was good; they felt heard, listened to and understood. The service user felt as though someone believed them for the first time in 40 years.
- We heard from a mental health support group that one service user is struggling to get through to their designated support worker through the 1-1 phone support at XXXXX. The service user is particularly anxious during this Covid period and needs support.
- *"I need help to contact XXXXX because I get too nervous. Some of the duty team are scary and I can't get hold of my care coordinator. Sometimes they phone me and sometimes I don't get the call when I'm meant to and I'm feeling some suicidal thoughts at the moment"*
- A mental health support group told us that following a diagnosis of EUPD and PTSD, a service user was instructed by XXXXX to stop taking all but one of their medications as they were not used to treat these conditions. There was no weaning period, they only informed the service user that they would experience some withdrawal symptoms. Fortunately, the service user's GP's was very supportive and weaned them off the medication properly with support.



ADDICTION SUPPORT

- A mental health support group told us that one service user has been being supported by an addiction support group for quite some time. Once lockdown began, they were getting weekly welfare calls with their support worker. This then went to once a fortnight until the service user didn't hear anything from them for some time. They were then called by someone else to inform the service user that their support worker was on long term sick leave and that, because of that, they would no longer be supporting the service user as they felt that they were doing okay and didn't need the support. The service user was left feeling let down and left hanging because of this and is currently not accessing any support for their addiction.

ACCESS TO FOOD

School vouchers/meals

- *“My son’s school have been offering hampers instead of free school meal vouchers; I collected one on Monday and it’s all a bit stupid really. I received 2 cloves of garlic, 5 mini cartons of apple juice, 3 apples, 1 potato, 2 tins of chopped tomatoes, a tin of soup, a jar of jam and 6 morning rolls. What am I supposed to make him with that combination?”*

Supermarket Shopping

- *“The only way to get a priority slot at the supermarket was to register with the government as not having support and needing a “Boris box”. Then I registered with the supermarkets to get my shopping slot. Then I cancelled my Boris box because I don’t want their food”*
- An Age UK centre told us that they are still using volunteers to go out to buy shopping for their service users who cannot manage to do it themselves.

Foodbanks

- A mental health support group told us that one of their service users contacted the foodbank to ask for a food parcel during lockdown as they had no money due to being unemployed and their benefits being stopped. The service user was refused a food parcel due to having a couple of bags of pasta in the house which therefore meant that they had food and would not go hungry (in the foodbank’s words).

DOMESTIC

- An organisation who support ethnic minority groups told us that their helpline is hearing less covid-related issues, but are receiving stories about workplace problems, domestic violence and planning permission.
- An organisation supporting families with special needs told us that the end of the school year was very emotional for families as there is a lot of uncertainty about what will happen in September with schools going back, and they are also concerned about the isolation that the summer will bring. The fear of having no support is massive, with schools closed and support groups only funded to provide help during term time. The group told us that this has caused a new level of panic



in the last couple of weeks of July with families realising how isolating the next few weeks will be.

FINANCE

- *“My housing provider wrote a letter demanding more rent. My benefits have been reduced since a PIP assessment last year. This PIP assessment failed to recognise the debilitating effects of my mental illness, and my benefits income was reduced. I am barely managing to survive on my current benefits. I rely on food from the foodbank. I am trying to communicate with my housing provider about how to get through this, by paying what I can realistically afford. This is yet another worry about things I have no control over”*
- A group supporting disadvantaged families told us that many of the families that they support have been hit financially by the COVID situation. Some people, who were on zero hours contracts, have lost jobs altogether. A few families have had their hours reduced (in one family their working hours went from 17 to 10 per week). The impact on the families is huge, and over half of the families can't claim any benefits due to their partner's income. Their financial situation means that they can't cope on one income alone. One family has run up a credit card bill of over £6k to get their child diagnosed, and are unable to repay this without two incomes.

EATING OUT/RESTAURANTS/HIGH STREET

- *“I went to a restaurant on Friday, trying to support local businesses. There was a “sign in” sheet by the front door, diners were asked to give their name and telephone number (for tracing purposes). Sensitive information was on full view to anyone who walked in the door, isn't that a breach of data protection?”*
- *“I would love to get out and “eat out to help out” but I'm still furloughed until October and I'm on the brink of redundancy”*

TRANSPORT

- *“I asked KCC for a partial refund of my son's bus pass because he hasn't used it since March, and it was a huge expense for us. I haven't had any response back from the department yet, but I did get an email asking for next year's payment!”*
- A voluntary organisation in Thanet told us that their transport team are restarting their service for medical appointments, due to demand
- An Age UK centre told us that clients have been calling to ask if public transport is safe enough to use.
- A Community Hub told us that one client took a bus journey that lasted 15 miles. They were the only passenger there and back. The client felt that people are still unsure of taking a risk by using public transport.



MATERNITY & POST NATAL CARE

- *“I had my baby right before lockdown started. I was still able to visit my GP surgery for her to have her jabs at 9 weeks old. My family still hasn’t met their new grandchild, but she’s kept me so busy that the last few weeks have flown by. It would have been better if I was able to get out to baby groups and visit the local children’s centre, I feel that we’ve both missed out on something but I know that we’re safe at home”*
- *“I’m meant to be under the consultant due to having multiple miscarriages but I don’t have a clue, I’ve not heard from anyone and when I do try chasing it up I just get the ‘someone will ring you back’. I’m not fussed but I’ve already been made aware I have a bleed around the sack, and I’ve bled twice already during this pregnancy...”*
- *“I’m a first time mum. I had loads planned for my maternity leave but it’s all cancelled now. I’m finding the time at home alone with a newborn tough”*
- *“There are no local baby groups running at the moment and I don’t know when it will be safe enough to start them up again. I’m climbing the walls at home, and my baby is now 7 months old, we need to get out!”*
- *“The first 6 months of parenting are the hardest, and yet the most precious. It has been completely changed by Covid, we didn’t get to do our antenatal classes, visit the hospital where I was going to give birth, meet any new expectant parents. Now that the baby is here, we haven’t been to any new mum groups”*
- *“I’m 13 weeks pregnant on Saturday and I’ve yet to hear from a midwife. I had my booking appointment at 5 weeks and that’s the last I heard from anyone... I’ve had my 12 week scan but I’ve had to refer myself for the scans etc.”*

IMPACT ON YOUNG PEOPLE

- *“My 18 year old daughter is having difficulty with all this COVID-19 pandemic and the guidance (she’s on the spectrum). She has become somewhat of an expert in this but now has not gone with the latest guidance so she is now petrified of doing anything, which includes going out. What makes it worse is that she expects us to do the same. This has led to tears and major meltdowns. Her mental health is really poor and she panics if we open the front door, she is absolutely refusing to leave the house”*
- An organisation supporting families with special needs told us that the end of term is always a busy time for them, as they have lots of queries about transitioning. Lots of children have not had the chance to meet their new teacher or classmates. This has resulted in a high number of calls to the organisation seeking advice on how to manage anxiety.

EDUCATION

- *“My daughter is in her 4th week back before summer break. It’s been great for her, she’s not traumatised, her mental health has improved, and she’s been doing actual work and learning. The school managed to have a little sports day which all the children loved. My older child is dying to get back to school too, but I think the separation has been good for them after months together with no time apart”*



- *“I think the Government are putting us all at risk with the way they have downplayed the virus. They tell us that schools are safe and threaten us with fines if we don’t send them back in September, however they still won’t hold their own conference in a large hall because of the risk. Why should we accept this contradictory message? We can pack kids back into a classroom but they won’t get together in a hall? We are being led by people who don’t wear facemasks and openly admit to shaking hands and caught the virus themselves. I won’t put my child at risk. I won’t put myself at risk”*
- *“My daughter’s school have been extremely slow with reacting to everything, the home learning has been poor/non-existent and for some reason the school are closing on a Wednesday for a deep clean. Surely they can do this after school closes on an afternoon? The Government are not providing any additional funds for extra cleaning so schools are struggling to find the money in their budget to pay for a cleaning firm to do these deep cleaning shifts”.*
- *“As a teacher, I have to accept that children are safer at home. My assumption is that parents are doing a great job with their children at home, much more than I can do with 30 at a time in the classroom with no support”*
- An organisation supporting families told us that they had spoken to 2 primary school SENCOs and both have said that from September to October half term they will be calling these terms nurture terms and focusing on settling the children into their new classes, supporting mental health and doing a lot of pastoral care work instead of focusing on academic work so much. There is also a plan to carry out teacher assessments and see where children are now.
- A teaching college have reduced the number of students allowed in a treatment room with a patient; they are live streaming consultations so that few people are in the room and the students continue to learn that way.

Nursery Settings

- An organisation supporting families with special needs told us that they are finding that nurseries have been giving out incorrect information around DLA and EHCPs, which has led to children starting school without the support they need in place. In one case the nursery had provided 1:1 support through the nursery manager and had not documented the child's challenges as SEN so when mum said her child has 1:1 support at all unstructured times because of their SEN needs, there was no supporting evidence in the transitions pack, no high needs funding applied for and no reports to support the behaviour issues. The impact on this has meant school have said they don't have staffing capacity to meet the child's needs so would need to put part time schooling in place until high needs funding granted. The Mum works and can't manage a part time timetable.

Special Needs

- *“My son couldn’t return to school before the summer holidays started; he has ASD but doesn’t have an EHCP. He has been overlooked, as have many other children who don’t meet the “criteria” for an EHCP but have an additional need or disability”*
- An organisation supporting families with special needs told us that two schools within their catchment area have said that they can’t take reception children in nappies as they have no care facilities to change the child, or no place to offer dignity for changing. The advice from the schools to the families was to contact the



organisation and ask for support for toilet training or at least get the children into pull ups and teach them how to change themselves with prompting. The other proposal was a parent comes into to school to change the child. The organisation told us that no referral was made to the school nursing team or to look outside the box in terms of using a first aid room or buying a screen to allow privacy in the toilet etc. One child has a diagnosis of ASD, the other child is awaiting diagnosis.

- The same organisation told us that 6 children with SEN have had school suggest part time attendance from September. Some parents are happy with this suggestion, but for those who work, it is causing concerns. The schools had various reasons but the main one was that there were not enough staff to meet need.

IMPACT ON THE WORKFORCE

- *“I’m a teacher and been working throughout lockdown. I’ve been called horrible things on social media; told I’m a crappy mum because I had no choice but to go to work. I was told I’m putting kids in danger by not socially distancing from terrified, traumatised children who are scared that their parents might get sick and die (I was working when only key worker’s children and vulnerable children were in school).”*
- *“I line manage staff at work and since the pandemic I am spending a lot more time emotionally supporting the staff that I manage. The extra strain that lockdown has placed on households has led to a marriage breakdown and her husband has moved out of the marital home. This has severely impacted the mental health of my team member as she is now juggling child care as a single parent whilst also working at home to fulfil her work commitments (as well as dealing emotionally with the breakdown of her marriage). As we have to work remotely due to our office being closed, supporting this individual has been more difficult than it would have been in other times. We use Microsoft Teams but my team member does not like to use the video call function, so from a safeguarding perspective, it is more of a challenge to truly make sure that she is coping ok as you can gauge a lot about someone’s wellbeing when you can see them”*
- A charity in North Kent told us that they have referred some members of staff to local mental health services; the strain of lockdown and an uncertain future has exacerbated a pre-existing health condition for one person. Another worker feels like they are just going from one emergency situation to another.
- *“I work for KCC and they have released a policy this week that states that if you travel to a foreign country that requires a 14 day quarantine upon return, despite the fact that I am currently working at home (and have been for 4 months now), I will NOT be allowed to work at home during the quarantine period and MUST take it either as annual leave, or unpaid leave. I find this ridiculous as there is no good reason that I couldn't work upon return from holiday especially if I continue to be in good health, but I am being made to not work. I do not have sufficient annual leave to take three weeks off work, nor can I afford to take unpaid leave”*
- A voluntary organisation in Thanet told us that 50% of volunteers were happy to loosen restraints and start to visit clients again, but the other 50% said they were uncomfortable doing this.



FUTURE PLANNING

- A wellbeing centre told us that many of their service users have expressed anxiety and concerns about the future after Covid. People have been unclear about what the future holds, including job security, financial stability, relationship problems, and ongoing support from the Department of Work & Pensions.

Thanks to everyone who shared data and feedback with us this fortnight which includes:

SOURCE	TYPE OF DATA	Number of respondents
Healthy Living Centre Dartford	Anecdotal themes	feedback received based on incoming calls
Good Neighbour Service Thanet	Anecdotal Themes	feedback received
Romney Marsh District Council	Anecdotal Themes	Feedback received based on wellbeing calls
SNAAP (Special Needs Advisory & Activities Project)	Anecdotal Themes	Feedback received
Kent Equality Cohesion Council (KECC)	Anecdotal Themes	Feedback received from helpline calls
Carers Support East Kent	Anecdotal Themes	Feedback received
Crossroads Care	Anecdotal Themes	Feedback received from clients
European School of Osteopathy	Anecdotal Themes	Feedback received
Age UK Hythe	Anecdotal Themes	Based on client contacts
Age UK Faversham and Sittingbourne	Anecdotal Themes	Feedback received
Healthwatch Kent Helpline, Mental Health User Voice, Social Media comments and Surveys	Qualitative and Quantitative data	80