Bailiwick of Guernsey Community Survey Report

Findings relating to self-isolating, bubbling and contact with other people

Issue date 18th December 2020

This report contains the fourth batch of findings from the survey that was undertaken in June and July 2020 to quantify how the community was impacted by lockdown. Respondents included those from the Islands of Guernsey, Alderney and Sark.

States of Guernsey
Data and Analysis

Contents

1.1 Introduction

This is the fourth in a series of reports that is being published containing the results of the 2020 Community Survey. It focuses on the experience of households with regards to self-isolating, bubbling and contact with other people during lockdown. It follows on from the previous reports on income, expenditure and shopping experiences (December 2020), working, job seeking and studying (October 2020), and the report on preliminary overall findings (August 2020). The survey was launched on 22nd June and closed on 30th July 2020; during phase five of the exit from lockdown (which is described in **gov.gg/phase5**). It was intended to encapsulate the community's experiences of lockdown and the coronavirus pandemic. Analysis covers responses to key questions that were asked within the survey.

The analysis has been undertaken topic by topic, enabling quicker publication of shorter reports. This helps ensure the information provided by the community is reflected back within a timescale that means it can be used to inform the early thinking regarding the recovery strategy and associated action plans.

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 and was also made available on the website and promoted by the States Disability Officer.

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. More information on how the survey was promoted, the profile of respondents and the weights applied is provided in the methodology section at the end of this report.

Respondents were not asked for any information that would personally identify them and were able to answer as many or few questions as they wished. As such, 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%. Questions that had 2,300 or more respondents have a confidence interval of 2%.

All the data presented in this report is sourced from the 2020 Community Survey unless otherwise stated. Please note that some of the numbers presented may not appear to total to 100% due to rounding.

1.2 Headlines

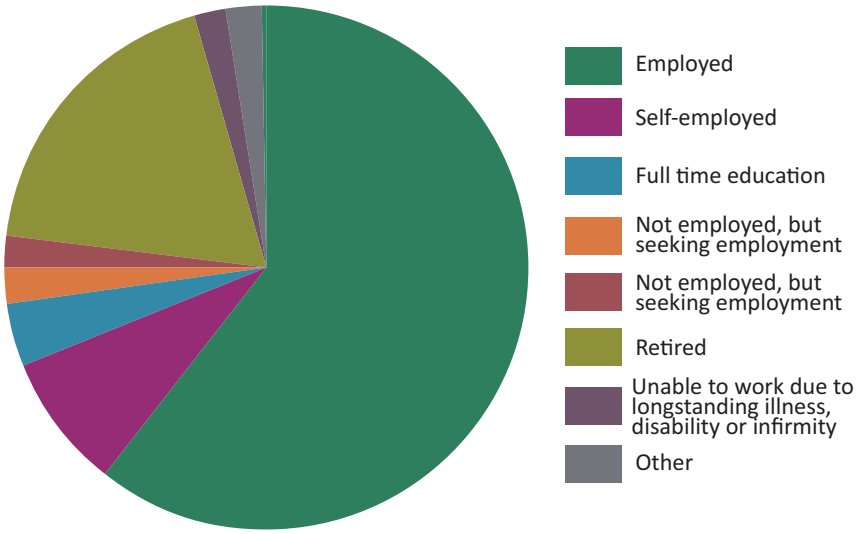
- Overall, 23% of respondents indicated that they, or other members of their household, experienced self-isolation at some point during lockdown. Self-isolation is needed when someone travels into the island from outside the Bailiwick, is tested for COVID-19, has a confirmed infection, symptoms or is a close contact of someone with a confirmed infection.
- Respondents born in either the UK, Republic of Ireland or Jersey were more likely to have self-isolated, or had a member of their household self-isolate, during lockdown (27%) than those born in the Bailiwick (20%).
- 42% of respondents who self-isolated 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.
- 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.
- 5% of respondents usually received care from a family member, partner, friend or paid carer. Of those, 47% continued to receive help throughout lockdown.
- 14% of respondents were a carer for a friend, partner or relative. Of those, 48% had the person they care for within their household bubble throughout lockdown.
- Before lockdown, 25% of all respondents regularly volunteered their time for a registered charity or another organisation like a youth or community group. Of those who regularly volunteered before lockdown, 68% indicated that they spent less time volunteering during lockdown.
- 10% of survey respondents indicated that someone they cared about lived in a nursing or residential care home when lockdown started and 1% indicated that someone they cared about had moved into a nursing or residential home during lockdown.
- 6% of respondents had someone that they cared about admitted to hospital during lockdown and 8% of respondents said someone they cared about attended the Emergency Department during lockdown.
- 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 that they cared about that had received a terminal diagnosis or moved into end of life care during lockdown.
- 14% of respondents indicated that someone they cared about passed away during lockdown. Of those, 61% were unable to attend the funeral/celebration of life and 22% were unable to see them in person before they died.

2.1 Profile of respondents by employment status

All survey respondents were asked the question, "Which of the following best describes your work situation just before lockdown?" Lockdown began on 25th March 2020. The responses of those that provided an answer (3,438 respondents) are shown in **Figure 2.1.1**.

As shown, overall 59% of respondents were employed, either full-time or part-time, 8% were self-employed and 18% of respondents were retired. The information presented in this bulletin shows the responses of all respondents represented in **Figure 2.1.1**. These figures for the different islands in the Bailiwick vary in proportion but are relevant in relation to the resident population.

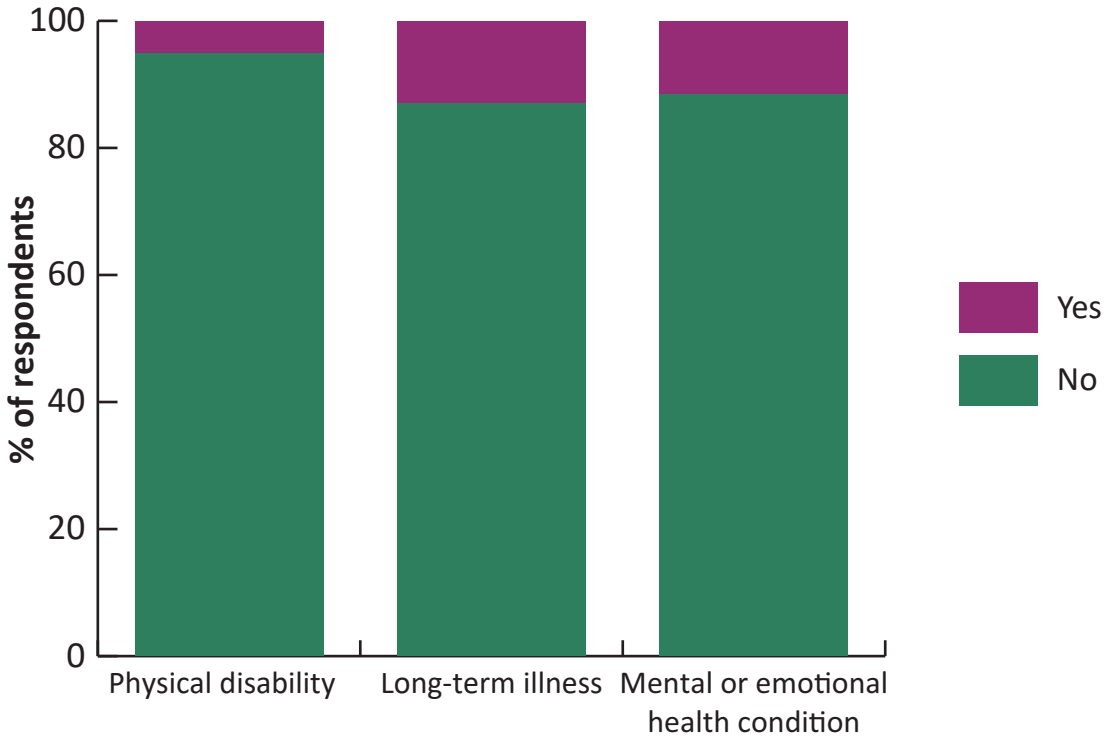
Figure 2.1.1 Responses to the question, which of the following best describes your work situation just before lockdown?



2.2 Profile of respondents by health condition

All respondents were asked if they had any long-standing illness, disability or infirmity (including problems related to old age). They could select one or more of the following options: a physical disability; a long-term illness; a mental or emotional health condition or 'other'. 24% of respondents indicated that they had a condition that met one of these descriptions. Of those that responded 'yes', over half indicated that the condition was over 12 months in duration. When determined by type of long-term condition, 5% of all respondents had a physical disability, 13% a long term illness and 12% a mental or emotional health condition.

Figure 2.2.1 Responses to the question, do you have any longstanding illness, disability or infirmity? By longstanding illness, we mean any condition that has lasted (or is expected to last) at least 12 months? By description of condition



When disaggregated by age group the following patterns emerge; generally respondents registered increasing rates of long-term illness and physical disability by increasing age (**Figures 2.2.2** and **2.2.3**). In comparison, rates of reported mental or emotional health conditions decrease with increasing age (**Figure 2.2.4**).

Figure 2.2.2 Respondents indicating a physical disability by age group

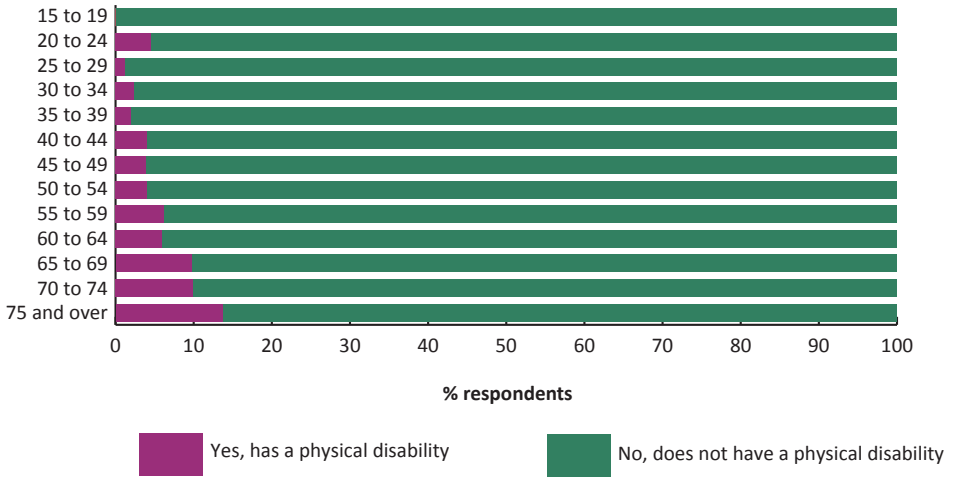


Figure 2.2.3 Respondents indicating a long-term illness by age group

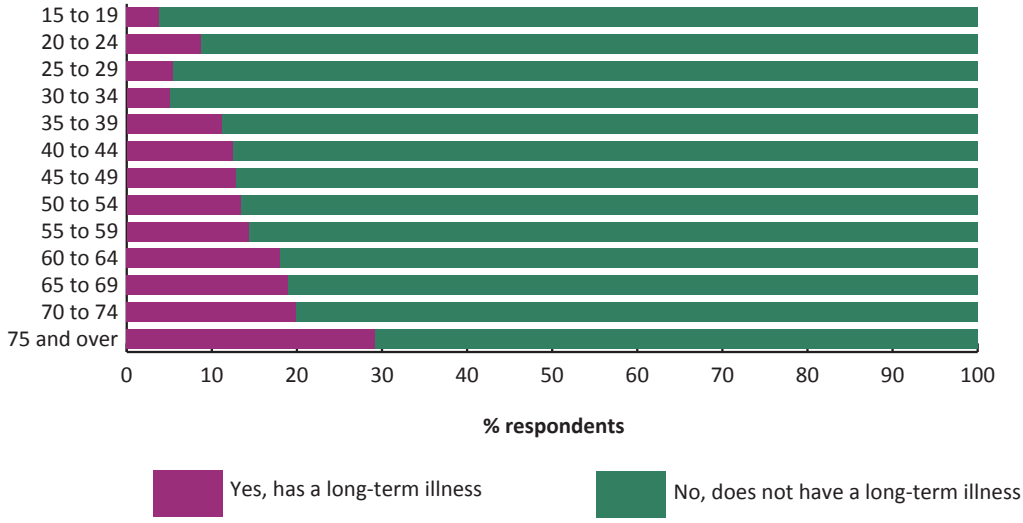
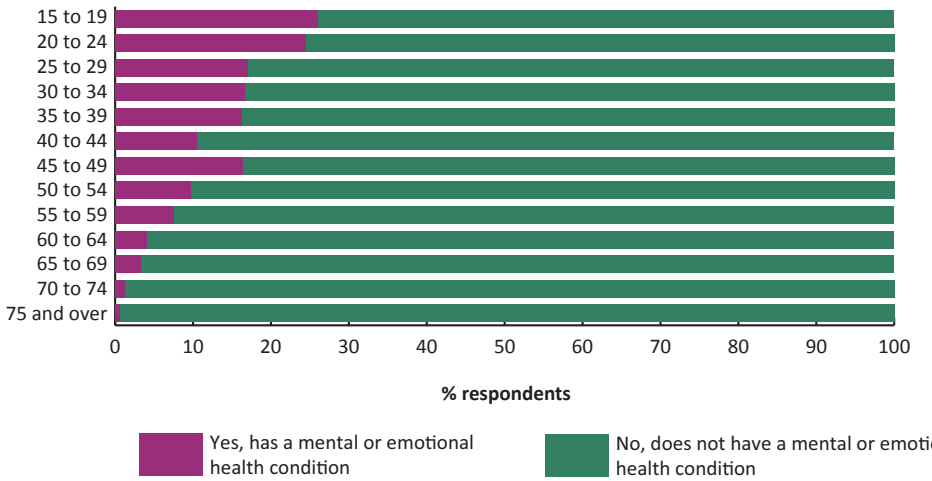


Figure 2.2.4 Respondents indicating a mental or emotional health condition by age group



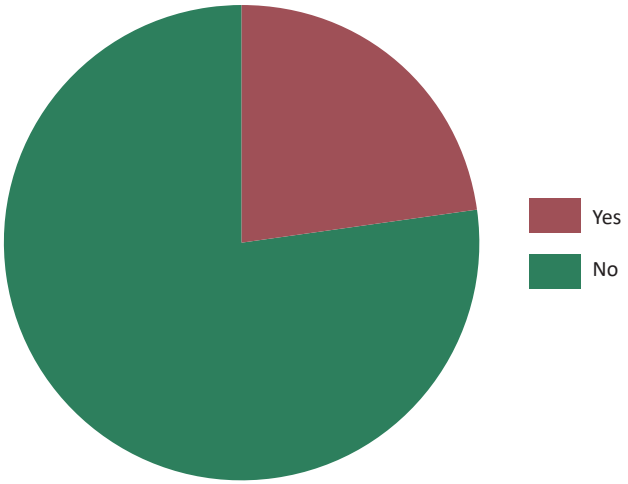
3.1 Self-isolating - prevalence and duration

Throughout this report, the term 'self-isolating' (also known as quarantining) refers to staying away from all other people, including members of the same household. It is needed when someone travels into the island from outside the Bailiwick, is tested for COVID-19, has a confirmed infection, symptoms or is a close contact of someone with a confirmed infection. This should not be confused with 'shielding' - a measure used during lockdown to protect extremely vulnerable people who were at higher risk of serious illness and complications from COVID-19. Nor should it be confused with social distancing, which all other members of the population were asked to undertake in order to limit their contact with others in order to slow the spread of COVID-19 and any other contagious conditions. More information on self-isolation, social distancing and shielding can be found at **covid19.gov.gg**.

The survey was launched on 22nd June and closed on 30th July 2020. Between 19th March and 17th August 2020, anyone travelling into the Bailiwick of Guernsey was required to self-isolate for 14 days regardless of any symptoms or port of origin. See **page 9** for more information on the rules and advice surrounding self-isolation for different circumstances.

It was apparent when analysing the free text comments in relation to self-isolation that some respondents had mis-interpreted 'self-isolating' to include 'shielding'; this should be borne in mind when interpreting the results presented in **Section 3**.

Figure 3.1.1 Responses to the question, did you or other members of your household need to self-isolate during lockdown?



Respondents that opted to complete the full survey were asked the question, "Did you or other members of your household need to self-isolate during lockdown?" The responses of those that provided an answer other than "prefer not to say" and "don't know" (2,754 respondents) are shown in **Figure 3.1.1**. Overall, 23% of respondents indicated that they, or other members of their household, experienced self-isolation at some point during lockdown. Respondents born in either the UK, Republic of Ireland or Jersey were more likely to have self-isolated, or had a member of their household self-isolate, during lockdown (27%) than those born in the Bailiwick (20%). A greater proportion of respondents residing in Alderney and Sark experienced self-isolation than those living in Guernsey.

More information on self-isolating by age, employment status and for respondents with a health condition, as well as the impacts on mental and physical health are provided on **pages 10 to 16**.

3.1 Self-isolating - prevalence and duration

Over 650 respondents answered 'yes' to the question "Did you or other members of your household need to self-isolate during lockdown?" and gave an answer to the question "How long did you need to self-isolate for?". The unweighted responses are listed in order of how frequently they recurred with the most frequent appearing at the top of the list. Please note that respondents completed the survey between 22nd June and 30th July 2020.

14 days: 40% of those who experienced self-isolation reported that they had isolated for 14 days. Between 19th March and 17th August 2020, anyone travelling into the Bailiwick of Guernsey was required to self-isolate for 14 days regardless of any symptoms or port of origin. Moreover, when an individual tested positive for COVID-19, they had to self-isolate and were tested again after 14 days.

3 to 13 days: 17% isolated for between 3 to 13 days. Anyone with symptoms was advised to self-isolate for the duration of the symptoms and for 48 hours after the resolution of the symptoms; the length of time varied for each individual. Before on-island testing was introduced at the end of March 2020, it sometimes took longer than 2 days for the results to be made available. In addition, some respondents were included in the 7 day isolation trial period for returning travellers which ran between 5th and 10th July 2020.

More than 14 days: 15% of respondents indicated that they had isolated for more than 14 days. Some may have experienced symptoms for longer than 14 days. If an individual with COVID-19 remained symptomatic on day 14, they were required to self-isolate until Public Health deemed they were no longer a risk to the community. It was apparent when analysing the free text comments in relation to self-isolation that some respondents had mis-interpreted 'self-isolating' to include 'shielding', which usually lasted longer than 14 days and, in some cases, respondents were shielding for the whole of lockdown.

1 to 2 days: 11% had to self-isolate for either one or two days. After on-island testing was introduced at the end of March 2020, test results became available between 1 to 2 days after the intial test - if an individual was no longer symptomatic and their test result was negative, they were not required to self-isolate.

Multiple: 3% of respondents indicated that they completed more than one 'block' of self-isolation during lockdown (i.e if they had travelled to the island more than once or if they had to have multiple COVID-19 tests).

More information on respondents reporting self-isolation broken down by age, employment status and for respondents with a health condition, as well as the impacts on mental and physical health are provided on **pages 10 to 16**.

Figure 3.1.2 Responses to the question, did you or other members of your household need to self-isolate* during lockdown? By age

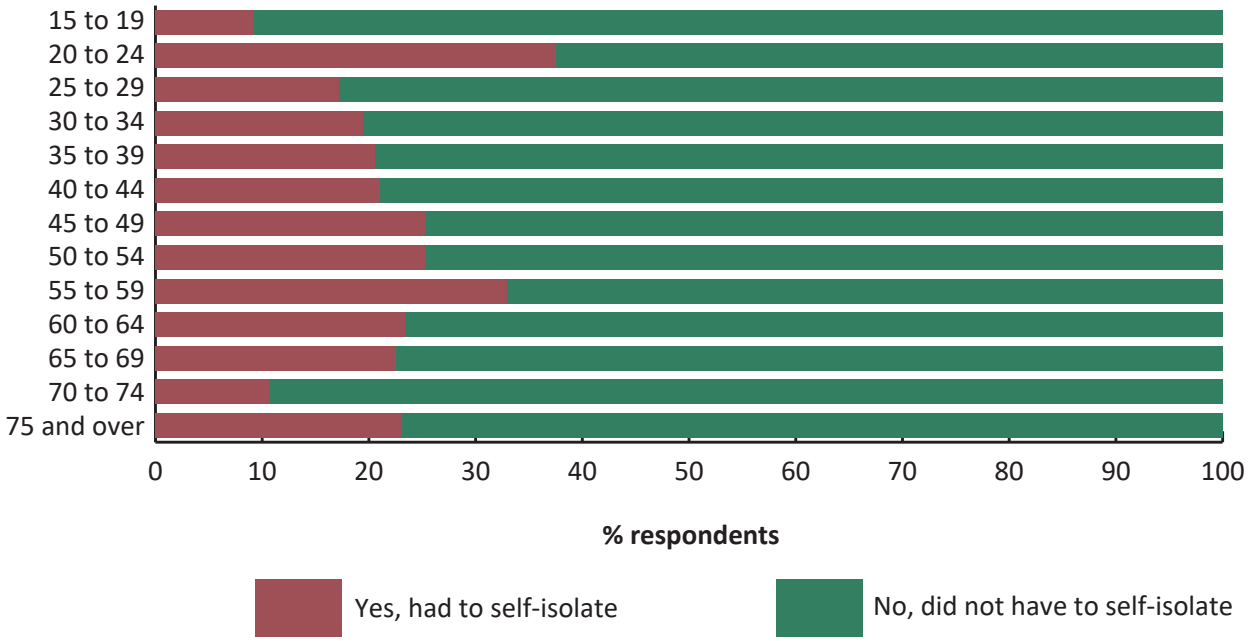


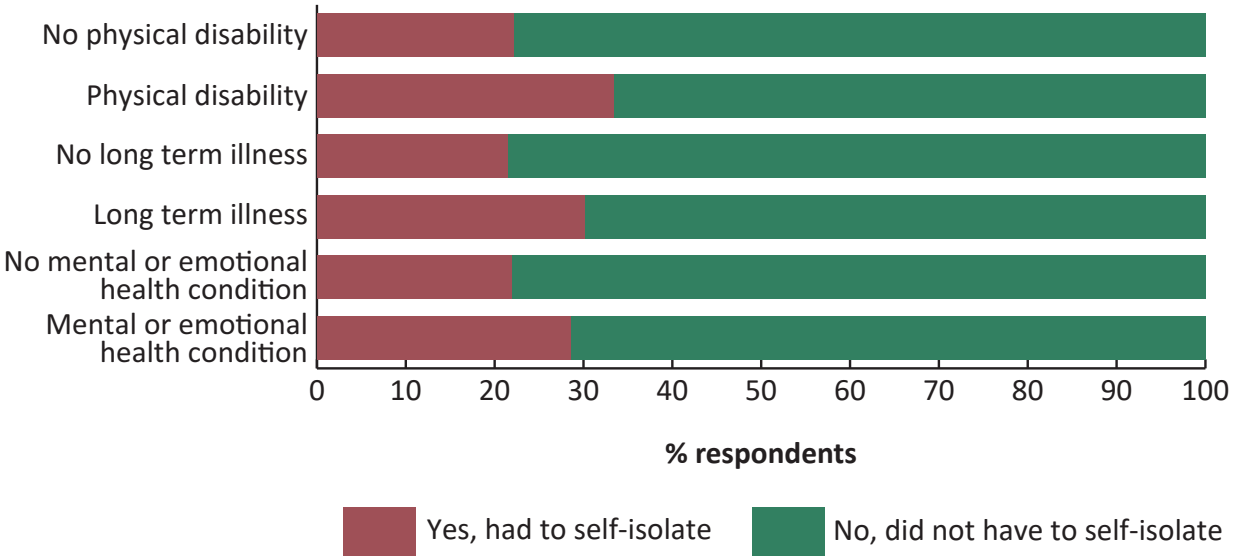
Figure 3.1.2 shows that the 20 to 24 and 55 to 59 age groups contained the greatest proportion of respondents that experienced self-isolation during lockdown (38% and 33% respectively). Just 11% of respondents aged between 70 and 74 and 9% of those aged 15 to 19 self-isolated.

24% of respondents with no people aged 65 or over in their household experienced self-isolation during lockdown. This reduced as the number of people aged 65 or over in the household increased; 20% of those with one person aged 65 or over in the household self-isolated during lockdown and 18% of respondents with two or more people aged 65 or over in the household.

*As mentioned on **page 8,** the term 'self-isolating' (also known as quarantining) is required when someone travels into the island from outside of the Bailiwick, is tested for COVID-19, has a confirmed infection, symptoms or is a close contact of someone with a confirmed infection. This should not be confused with 'shielding' - a measure used to protect extremely vulnerable people who are at higher risk of serious illness and complications from COVID-19, including those aged over 70 (see **covid19.gov.gg/guidance/vulnerable** for more information on shielding).

It was apparent when analysing the free text comments in relation to self-isolation that some respondents had mis-interpreted 'self-isolating' to include 'shielding'; this should be borne in mind when interpreting the results presented in **Figure 3.1.2**.

Figure 3.1.3 Responses to the question, did you or other members of your household need to self-isolate* during lockdown? By health condition



Respondents with any of the reported health conditions shown in **Figure 3.1.3** were more likely to have self-isolated during lockdown than those without these conditions. 33% of respondents with a physical disability indicated that they experienced self-isolation at some point during lockdown compared to 22% of those without a physical disability.

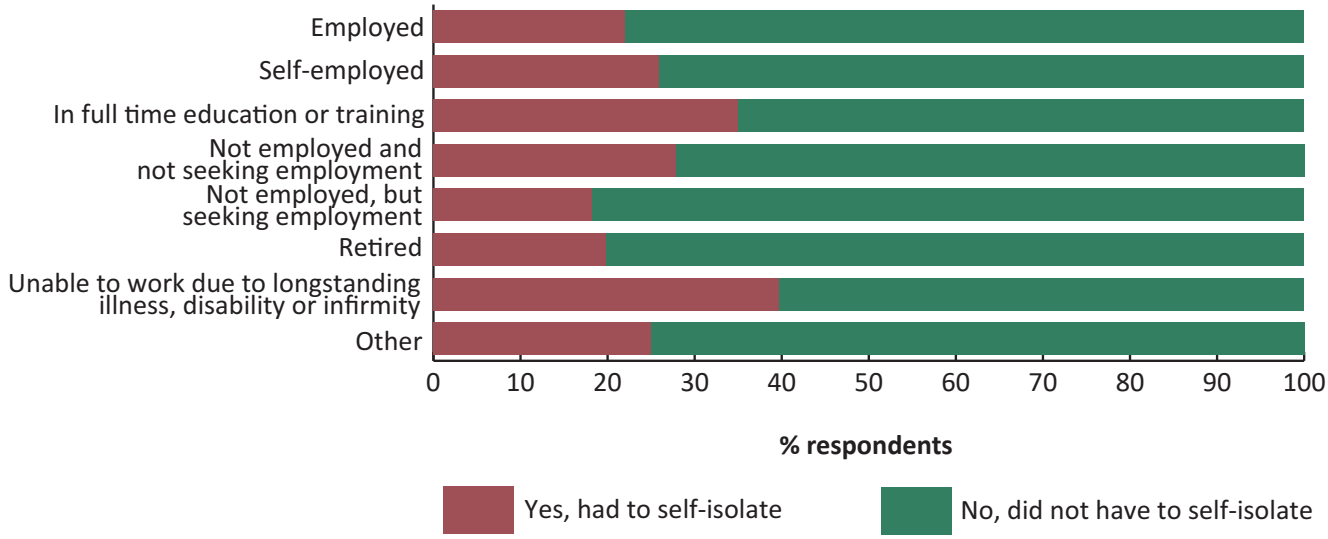
38% of those receiving care indicated that they self-isolated at some point during lockdown compared to 22% of those who were not receiving care. Respondents that were providing care were less likely to have self-isolated, at 26%, but were more likely than the rest of the survey population (those not providing care), at 22%.

The impact of lockdown on the mental and physical health of those who experienced self-isolation is shown on **page 13**.

*The term 'self-isolating' (also known as quarantining) is required when someone travels into the island, is tested for COVID-19, has a confirmed infection, symptoms or is a close contact of someone with a confirmed infection. This should not be confused with 'shielding' - a measure used to protect extremely vulnerable people who are at higher risk of serious illness and complications from COVID-19, including those with a physical disability and long-term health condition (see **covid19.gov.gg/guidance/vulnerable** for more information on shielding).

It was apparent when analysing the free text comments in relation to self-isolation that some respondents had mis-interpreted 'self-isolating' to include 'shielding'; this should be borne in mind when interpreting the results presented in **Figure 3.1.3**.

Figure 3.1.4 Responses to the question, did you or other members of your household need to self-isolate* during lockdown? By employment status



Respondents who were unable to work due to longstanding illness, disability or infirmity were the most likely to have experienced self-isolation during lockdown (40%, **see Figure 3.1.4**) which correlates with the figures presented in **Figure 3.1.3** on **page 11**. 35% of those in full-time education or training experienced self-isolation, which may reflect returning students and corresponds to the high proportion seen in the 20 to 24 age group in **Figure 3.1.2** on **page 10**. Those not employed but seeking work were the least likely to have self-isolated, at 18%.

Critical workers were more likely than non-critical workers to have self-isolated during lockdown; 27% of critical workers indicated they, or a member of their family, had experienced self-isolation compared to 20% of non-critical workers.

Respondents who were employed or self-employed in the Human health, social and charitable work activities and Transport and storage sectors were the most likely to have experienced self-isolation during lockdown (34% and 32% respectively). Respondents employed or self-employed in the Wholesale, retail and repairs and Construction sectors were the least likely to have self-isolated (13% and 14% respectively).

*The term 'self-isolating' (also known as quarantining) is required when someone travels into the island, is tested for COVID-19, has a confirmed infection, symptoms or is a close contact of someone with a confirmed infection. This should not be confused with 'shielding' - a measure used to protect extremely vulnerable people who are at higher risk of serious illness and complications from COVID-19 (see **covid19.gov.gg/guidance/vulnerable** for more information on shielding).

It was apparent when analysing the free text comments in relation to self-isolation that some respondents had mis-interpreted 'self-isolating' to include 'shielding'; this should be borne in mind when interpreting the results presented in **Figure 3.1.4**.

Figure 3.2.1 Impact of lockdown on mental health by self-isolation

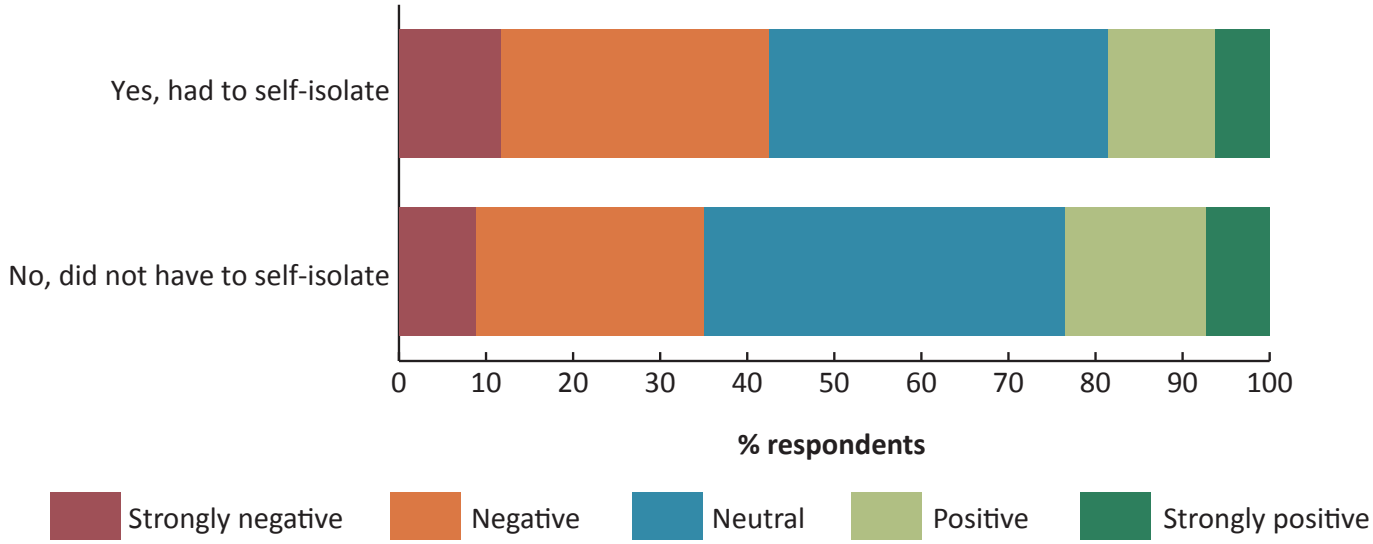
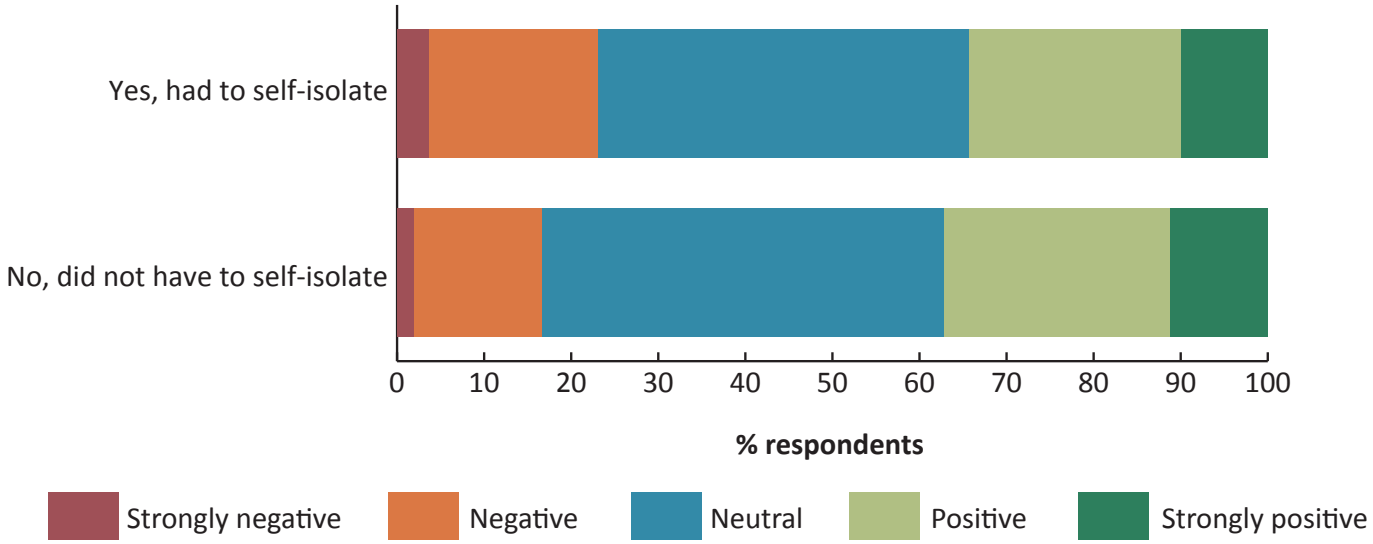


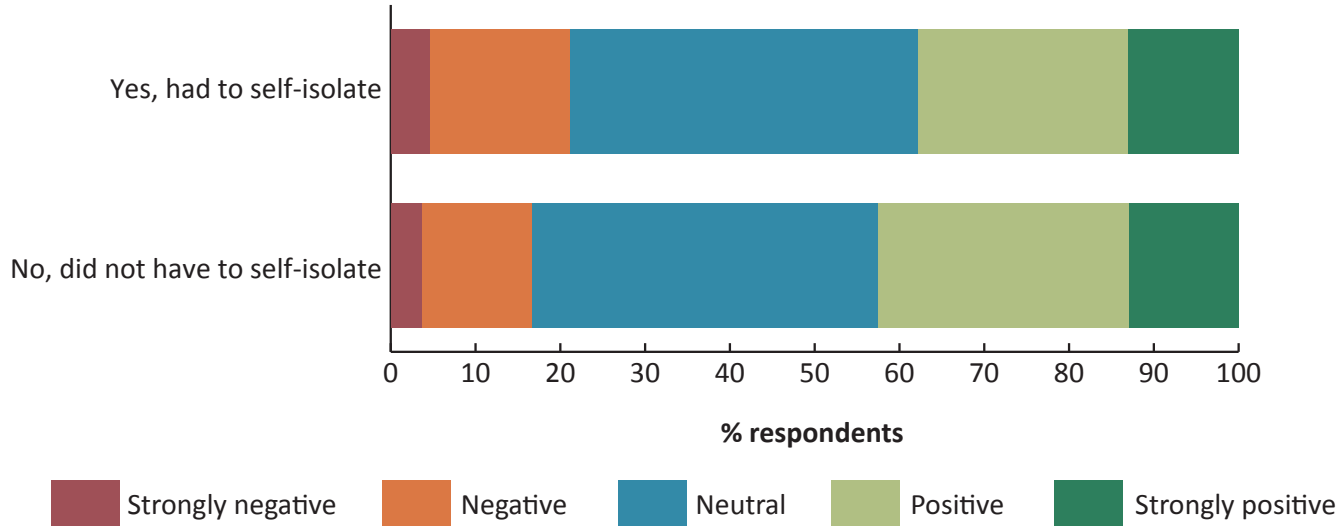
Figure 3.2.2 Impact of lockdown on physical health by self-isolation



Figures 3.2.1 and **3.2.2** show the impact of lockdown on the mental and physical health of respondents who experienced self-isolation compared to those who did not experience self-isolation during lockdown. It can be seen that 42% of respondents who self-isolated reported that lockdown had a negative or strongly negative impact on their mental health (see **Figure 3.2.1**). This compares to 35% of respondents who did not experience self-isolation.

A similar trend can be seen for the impact on physical health (see **Figure 3.2.2**). 23% of respondents who experienced self-isolation reported that lockdown had a negative or strongly negative impact on their physical health, compared to 17% of those who did not. Similar results are seen for the impact on anxiety and/or stress levels and fitness. It must also be noted that some respondents who self-isolated reported that lockdown had a positive impact on their mental and physical health, although lower in proportion when compared to those who did not experience self-isolation. For more information on respondents' experiences of self-isolation, see **page 16.**

Figure 3.2.3 Impact of lockdown on personal relationships by self-isolation



As seen in **Figures 3.2.1** and **3.2.2** on **page 13**, there is a correlation between whether an individual experienced self-isolation and the impact of lockdown on mental and physical health. **Figure 3.2.3** shows that respondents who self-isolated were slightly more likely to report a negative or strongly negative impact on their personal relationships; 21% compared to 17% of those who did not experience self-isolation. Lockdown had a positive or strongly positive impact on personal relationships for 38% of respondents who self-isolated, however this was a lower proportion than those who did not experience self-isolation, at 43%.

More information on respondents' experiences of self-isolation can be found on **page 16.**

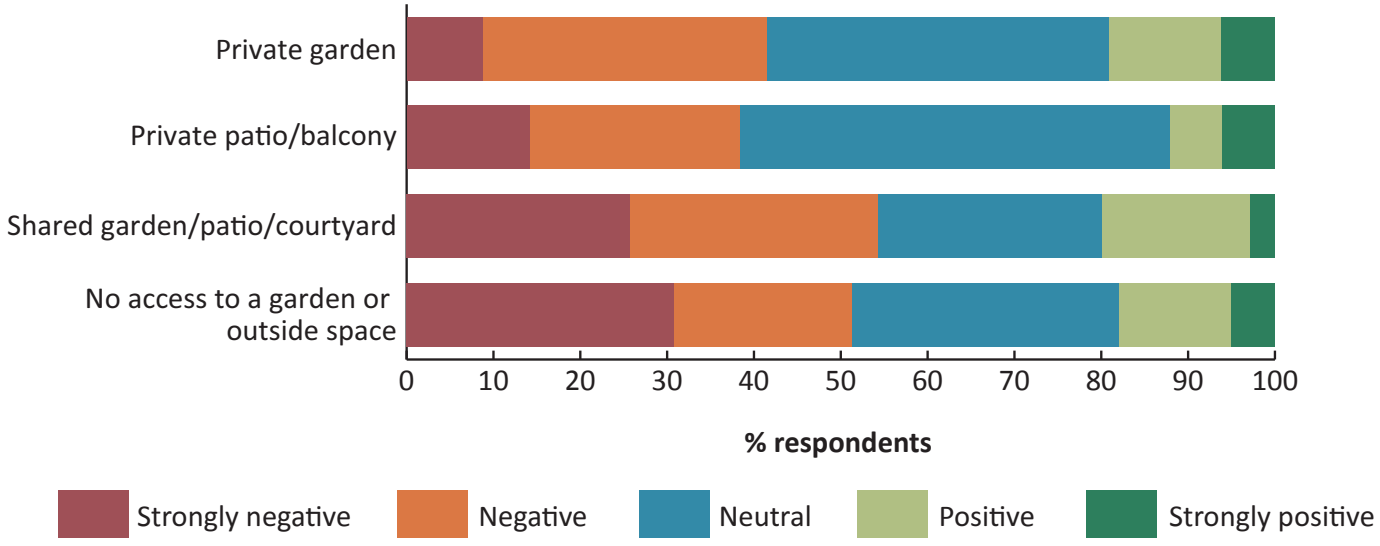
It was apparent when analysing the free text comments of those who experienced self-isolation that having an outside space or garden helped to make self-isolating a more positive experience (see **page 16** for more information on respondents' experiences of self-isolation).

The majority of respondents who indicated that they, or a member of their household, experienced self-isolation had a private garden (74%) and 16% had a private patio, balcony or similar outdoor space. Just 6% of respondents indicated that they had no outdoor space at home, whilst 6% had access to a shared garden and/or patio or courtyard. Please note that respondents could choose more than one option which is why the figures do not sum to 100%.

Figure 3.2.4 shows that, generally, respondents who experienced self-isolation and had a private garden and/or private patio or balcony reported a less negative impact on their mental health than those with a shared outside space or with no access to a garden or outside space. Just 9% of respondents who experienced self-isolation and had a private garden reported that lockdown had a strongly negative impact on their mental health. This compares to 31% of those who self-isolated and had no access to a garden or outside space.

It can also be seen that there is little difference in the positive impact of lockdown on mental health for those with a private garden compared to those with no access to any outside space whilst self-isolating (19% and 18% respectively). This suggests that factors other than having access to outdoor space may have had a greater impact on respondents' mental health, as detailed in the previous reports in this series (see **gov.gg/covid19data**).

Figure 3.2.4 Impact of lockdown on mental health by outside space at home (for those who self-isolated)



3.3 Self-isolating - feedback

Over 350 respondents answered 'yes' to the question "Did you or other members of your household need to self-isolate during lockdown?" and gave an answer to the question "You can provide feedback on this experience here if you wish". A summary of the unweighted comments is shown below.

Reasons for self-isolating:
The majority of respondents (51%) indicated that they were self-isolating either because they had travelled from outside the Bailiwick and/or because they were waiting for COVID-19 test results, had symptoms or were a contact of a positive case. A small proportion of respondents indicated that they were self-isolating because they were a critical worker (2%) and 6% indicated that they were shielding. The remainder did not give a reason for their self-isolation.

Experiences of self-isolating:
Of those who provided a comment on their experience of self-isolation, most were negative with comments such as 'awful', 'horrible' and 'tough' recurring frequently.

Some respondents stated that they had felt lonely which consequenlty had a negative impact on their mental wellbeing. Others mentioned feeling frightened and anxious whilst feeling 'cut off'.

Lack of space in the home was frequently referenced as one of the main difficulties when self-isolating. Some respondents mentioned the stress associated with having to distance themselves from other members of the household whilst others stated that it was diffcult to explain the situation to children and the subsequent upset and confusion this caused. For some respondents, the lack of space in their home resulted in family members having to relocate to a hotel or self-catering accommodation. Some mentioned the expense associated with this.

Several respondents expressed frustration at being unable to exercise / get fresh air / go for a walk. For some, this impacted negatively on their mental wellbeing as well as their general fitness.

For those who had a COVID-19 test, most were pleased with the efficiency of the testing process. A few however, expressed frustration at the length of time they had to self-isolate whilst waiting to receive their result and some mentioned that there was a delay in being told they were a contact of a positive case. This difference in views may be due to the point at which the respondent was tested (i.e. on-island testing was made available at the end of March 2020 and samples were sent off-island prior to this).

Respondents who self-isolated for a short period of time expressed how they would have struggled if their self-isolation had been longer.

Some respondents felt a general lack of support during their self-isolation period and that they were not followed up correctly, whilst others were impressed with the service provided. Those travelling from abroad, where the self-isolation requirements could change at short notice, expressed how they would have appreciated more warning.

For those who reported a positive experience, many appreciated having an outside space/garden and/or large home. Some also expressed how self-isolating with others and relying on family or friends for essential deliveries made the experience easier. Some had found self-isolation relaxing. Others expressed that although self-isolating was difficult, it was 'do-able' and accepted that it 'had to be done'.

4.1 Bubbling - preparation

The Bailiwick of Guernsey went into lockdown on 25th March 2020 where members from different households were not permitted to mix. The announcement was made on the evening of the 24th March and the restrictions came into force at midnight that evening. Respondents that opted to complete the full survey were asked the question, "Did you or anyone else do any of the following in preparation for lockdown?" All responses (3,127 respondents) are shown in **Table 4.1.1**. It can be seen that the majority of respondents did not move into or out of a household bubble in preparation for lockdown. For the few that did alter their household bubble in preparation for lockdown, respondents were more likely to have temporarily or permanently moved into a household bubble than temporarily or permanently moved out, both at 4%, although this is still a small proportion of the total respondent population.

In **Section 4.1**, information has only been included where results differ from the overall average indicated in **Table 4.1.1**.

Table 4.1.1 Responses to the question, did you or anyone else do any of the following in preparation for lockdown?

Temporarily moved out to other accommodation in order to be separate to your household bubble		Temporarily moved in to join your household bubble		Permanently moved out of your household bubble		Permanently moved into your household bubble	
% No	% Yes	% No	% Yes	% No	% Yes	% No	% Yes
98	2	96	4	99	1	96	4

Respondents had the option to state whether they had made a change to their living arrangements prior to lockdown that was not already included in the list in **Table 4.1.1**; 1% of respondents chose this option. Of those unweighted comments, nearly half referred to a family member, in most cases a student, who returned to Guernsey earlier than expected. A few mentioned that a family member had decided not to return to Guernsey. Others indicated that they were living in temporary accommodation due to non-covid related reasons, such as a house renovation. A few respondents separated their house to create separate household bubbles or moved into the wing of their house, whilst others referred to a change in their custody or child care arrangements.

More information on those who temporarily moved out of or into a household bubble and those that permanently moved out of or into a household bubble before lockdown can be found on **pages 18 to 20**.

Temporarily moved in to join household bubble:

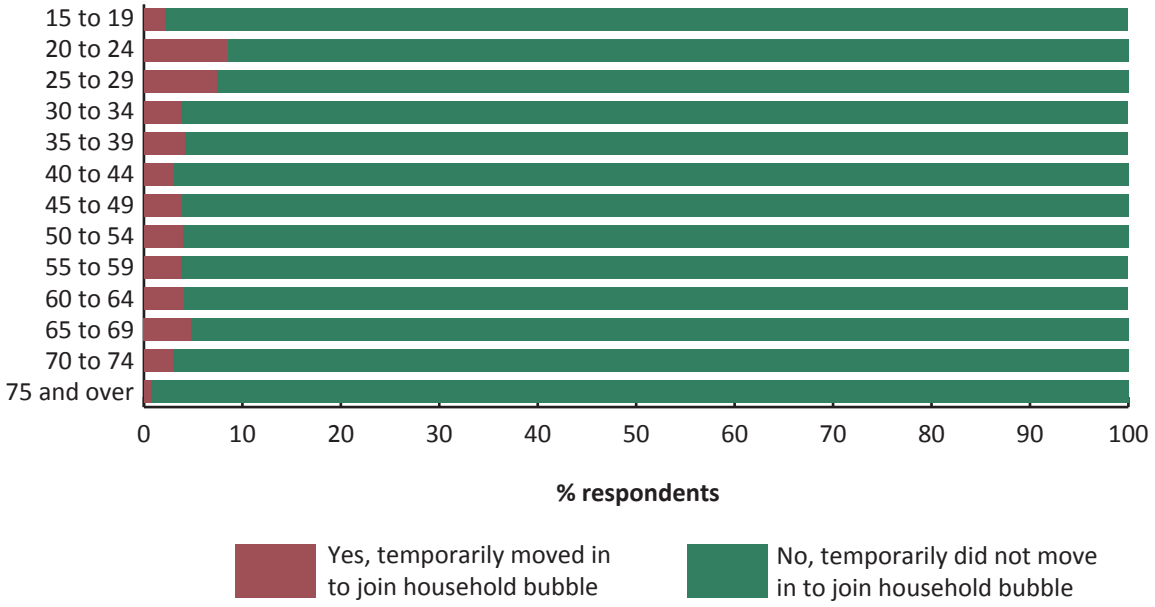
Figure 4.1.1 shows that respondents in the 20 to 24 and 25 to 29 age groups were the most likely to temporarily move in to join a household bubble in preparation for lockdown (8% and 7% respectively) whereas those aged 75 and over were the least likely, at 1%. This compares to the overall average of 4% (see **Table 4.1.1** on **page 17**). In line with the figures presented in **Figure 4.1.1**, those in full time education or training had the greatest proportion (13%) of respondents that temporarily moved into a household bubble before lockdown.

Respondents with a gross household income of between £20,000 and £39,999 were the most likely to have temporarily moved into a household bubble (6%), whilst those with a household income of less than £20,000 were the least likely, at 2%.

19% of respondents living in accommodation provided with their job temporarily moved to join a household bubble before lockdown, as did 7% of those renting from a private landlord. It must be noted that there are a small number of respondents in some categories.

6% of respondents who were pregnant or had a baby in the last six months temporarily moved in to join a household bubble compared to 4% of the rest of the respondent population. Respondents with one child aged under 15 in the household were more likely to temporarily move into their household bubble, at 5%, compared to 2% of respondents with two children aged under 15 in the household.

Figure 4.1.1 Responses to the statement, did you or anyone else do any of the following in preparation for lockdown - temporarily moved in to join your household bubble? By age group



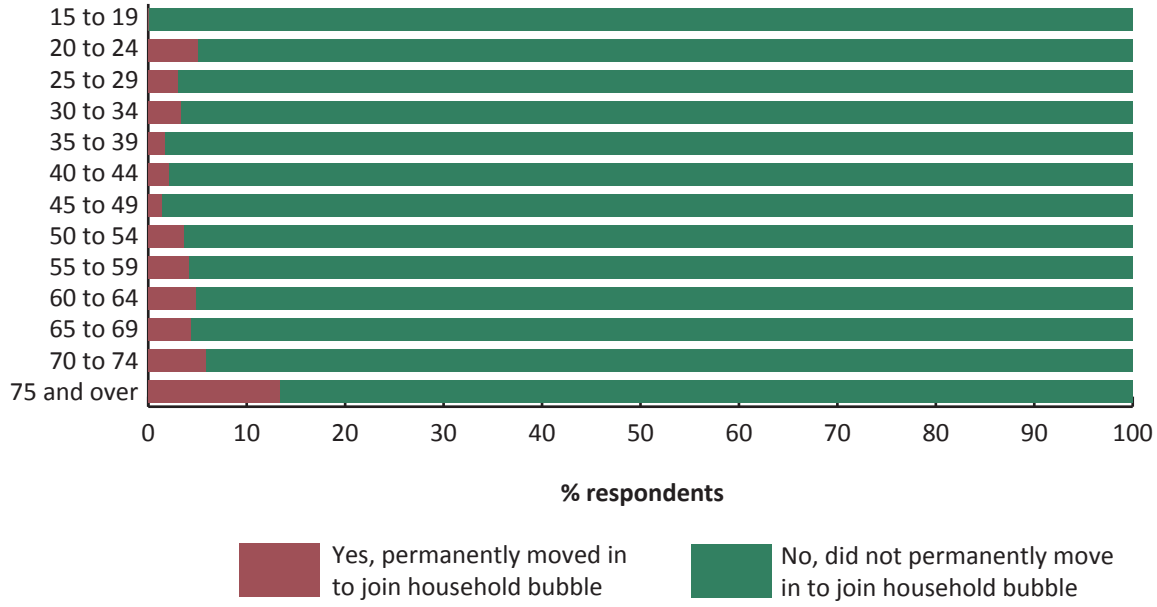
Permanently moved into household bubble:

As shown in **Figure 4.1.2**, 13% of respondents aged 75 and over indicated that they had permanently moved into their household bubble in preparation for lockdown. The 70 to 74 age group showed the second highest proportion, at 6%. The proportion of respondents who permanently moved into their household bubble increased as the number of people aged 65 or over in the household increased, which corresponds to the results displayed in **Figure 4.1.2**.

In line with this, respondents who were retired were the most likely to have permanently moved into their household bubble (7%) when compared to other employment statuses. There was also a correlation between gross household income and whether a respondent had permanently moved into their household bubble or not; the proportion of people reporting having permanently moved into their bubble before lockdown decreased as household income increased. Retired respondents are more likely to be in the lower household income bands.

Respondents living in Alderney were more likely than those living in Guernsey to permanently move into their household bubble before lockdown.

Figure 4.1.2 Responses to the statement, did you or anyone else do any of the following in preparation for lockdown - permanently moved into your household bubble? By age group



Respondents with a physical disability were more likely to permanently move into their household bubble in preparation for lockdown (8%) than those without a physical disability (3%) and those with a long-term illness and/or mental or emotional health condition, both at 4%.

6% of those who were receiving care permanently moved into their household bubble, compared to 4% of the rest of the population.

Temporarily moved out to other accommodation in order to be separate to household bubble:
When analysed by age, there was little variation from the overall average presented in **Table 4.1.1** on **page 17** across all age groups for respondents who temporarily moved out of their household bubble in preparation for lockdown. Those aged between 55 and 59 were the most likely to have temporarily moved out of their accommodation, at 4%.

Critical workers were more likely than non critical workers to have temporarily moved out of their household bubble (4% and 2% respectively). Respondents with a gross household income of £80,000 to £99,999 had the highest proportion of respondents that temporarily moved out (5%), as did those living rent free or paying a small rent (8%).

Permanently moved out of household bubble:
Respondents born in either Latvia or Portugal were more likely to have permanently moved out of their household bubble in preparation for lockdown than those born in the Bailiwick or other countries; 23% of respondents born in Latvia and 8% of those born in Portugal indicated that they had permanently moved out. It must be noted that there were a small number of respondents within these categories.

Analysis by age showed that each age group showed little variation from the overall average of 1%, however, 4% of those aged between 20 and 24 and 3% of those aged between 55 and 59 indicated that they had permanently moved out of their household bubble before lockdown.

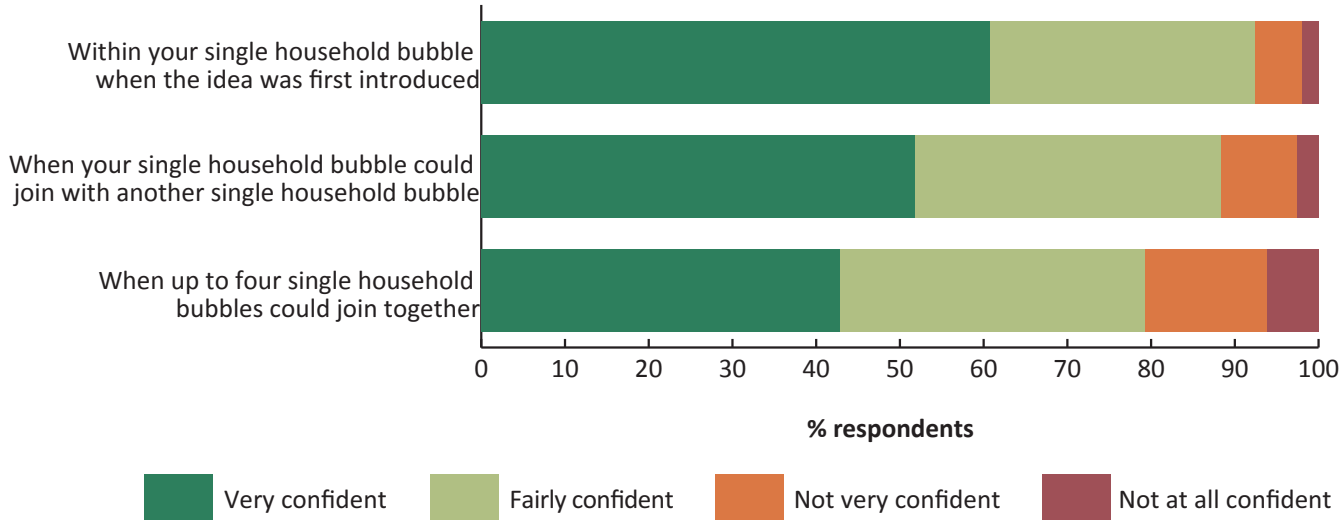
Respondents that cared for a family member were more likely to permanently move out of their household bubble (3%) when compared to rest of the respondent population (1%), as were those unable to work due to longstanding illness, disability or infirmity (4%) and those living in a residential or nursing home (17%). Please note that there were a small number of people in this latter category.

4.2 Bubbling - understanding

On 25th March 2020, the Bailiwick of Guernsey went into lockdown. This meant that people were required to stay at home except for very limited purposes and were only permitted to mix with members of their immediate household, also known as a household bubble. The Bailiwick entered phase two of the exit from lockdown on 25th April which allowed for a household bubble to pair with another household bubble. People were permitted to freely socialise only with members of the household bubble they were paired with. Phase three of the exit from lockdown began on 16th May and allowed for further expansion of the household bubble. Household bubbles (containing up to two households) were permitted to pair with another household bubble (containing up to two households). Consequently, this further expanded household bubble could contain up to four households. At each stage, it was emphasised that all households must agree on who to pair with. On 30th May 2020, Phase four of the exit from lockdown was introduced which saw the disappearance of bubbles, as gatherings of up to 30 people were permitted.

Respondents completed the survey between 22nd June and 30th July 2020. Those that opted to complete the full survey were asked the questions, "How confident were you that you understood what you could and couldn't do, within your single household bubble when the idea was first introduced, when your single household bubble could join with another single household bubble and when up to four single household bubbles could join together?" Respondents that provided an answer other than "don't know" and "prefer not to say" (at least 2,702 respondents for each question) are shown in **Figure 4.2.1.**

Figure 4.2.1 Responses to the question, how confident were you that you understood what you could and couldn't do...?



It can be seen that 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. There were corresponding increases in the proportion of people who were not very confident or not at all confident in the rules as household bubbles were expanded.

More information on the clarity of the bubbling system can be found on **page 22.** Information has only been included where results differ significantly from the overall averages indicated in **Figure 4.2.1**. Respondents' experience of bubbling can be found on **page 28**.

4.2 Bubbling - understanding

Further analysis was undertaken in order to better understand if there were any particular groups of the population that were less likely to answer very confident or fairly confident and more likely to answer not very confident or not at all confident to the questions listed in **Figure 4.2.1** on **page 21**. A summary of the findings is provided below.

Respondents living in Alderney and Sark were less likely to be very confident in understanding the bubble system when the idea was first introduced (55% and 50% respectively) in comparison to Guernsey respondents (61%). It must be noted that there were a small number of respondents from Sark.

Respondents in the 15 to 19 age group and the 75 and over group were the most likely to indicate they were not very confident in understanding the bubbling system when it was first introduced (14% and 8% respectively, compared to the overall average of 6%). People aged between 45 and 74 were generally more confident they understood the bubbling system than those aged under 45. As household bubbles expanded, this pattern largely remained the same with 15 to 19 year olds most likely to indicate that they were not very confident they understood, although no-one in this age group reported that they were not at all confident.

Respondents who were pregnant or had a baby in the last six months were more likely to indicate they were not very confident or not at all confident they understood the bubbling system than the rest of the population. This was most pronounced when the system was first introduced; 48% were very confident compared to 61% of the rest of the population and 10% were not at all confident, compared to 2%.

Those with a mental or emotional health condition and/or a physical disability were more likely to indicate they were not at all confident they understood the bubble system when it was first introduced, both at 5%. The difference in confidence between those with a mental or emotional health condition and those without was particularly pronounced when four household bubbles could join together (just 36% were very confident, compared to 44% of those without this condition). In contrast, a greater proportion of respondents with a long-term illness were very confident they understood the rules than those without a long-term illness.

A greater proportion of respondents who were carers indicated they were not very confident or not at all confident they understood the bubbling system when it was first introduced than those who were not carers (12% and 7% respectively). This trend continued as household bubbles were allowed to expand. Those in receipt of care were more likely to report feeling not very confident or not at all confident than those not receiving care, particularly when one single bubble could pair with one other single bubble. 32% of those receiving care were not very or at all confident of the rules in phase two, compared to just 10% for the rest of the population.

41% of respondents who were not at all confident they understood the bubbling system when it was first introduced reported a strongly negative impact on their anxiety and/or stress levels during lockdown, compared to 11% of respondents who were very confident of the bubbling rules.

Respondents unable to work due to longstanding illness, disability or infirmity were the most likely to report not feeling very or at all confident as to the bubbling rules when compared to other employment groups, at 13%. A greater proportion of critical workers reported not feeling very confident and not at all confident than non-critical workers, as did those in the Transport and storage and Hospitality sectors and, as household bubbles expanded in phase three, the Wholesale, retail and repairs sector.

4.3 Bubbling - expansion

On **pages 23 to 27**, responses to the questions "How many people did you add to your bubble when we went into phase two of the exit from lockdown (when two household bubbles could join together)?" and "How many people did you add to your bubble when we went into phase three of the exit from lockdown (when up to four household bubbles could join together)?" are analysed simultaneously. There was a minimum of 2,597 respondents for both questions.

A greater proportion of respondents born in the UK, Republic of Ireland, Jersey and other countries did not add any people to their household bubble in phase two than Bailiwick born respondents (26%, 38% and 19% respectively, see **Figure 4.3.1**). In phase three, respondents born in the UK, Republic of Ireland and Jersey were the most likely to not add any people to their bubble, at 35%, and least likely to add more than four people, at 21% (see **Figure 4.3.2)**. More information on respondents' experience of bubbling can be found on **page 28.**

Figure 4.3.1 Responses to the question, how many people did you add to your bubble when we went into Phase two of the exit from lockdown? By country of birth

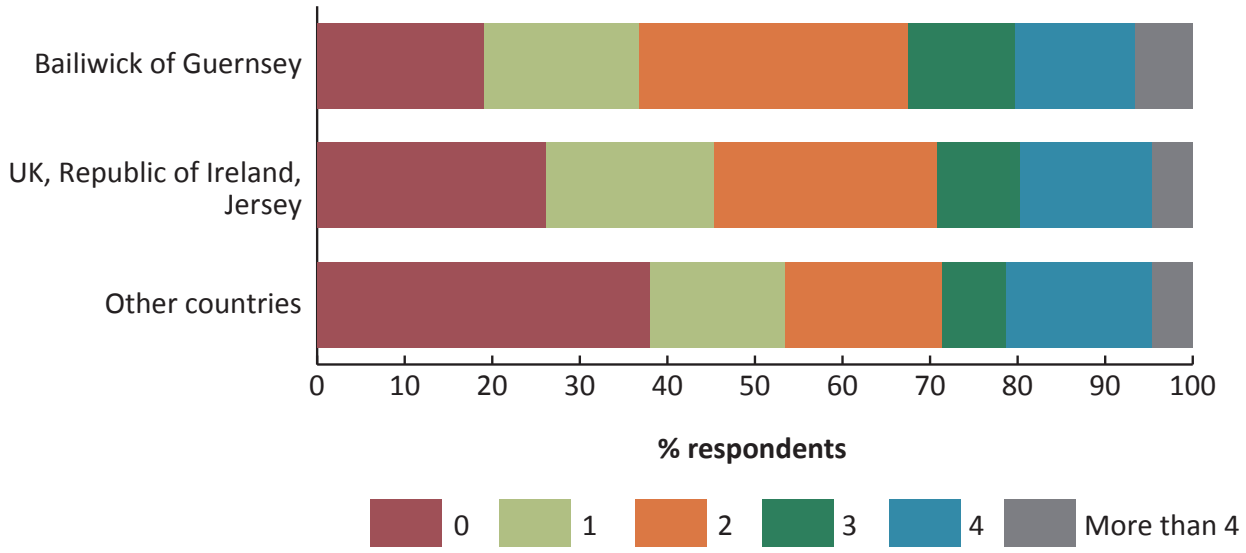
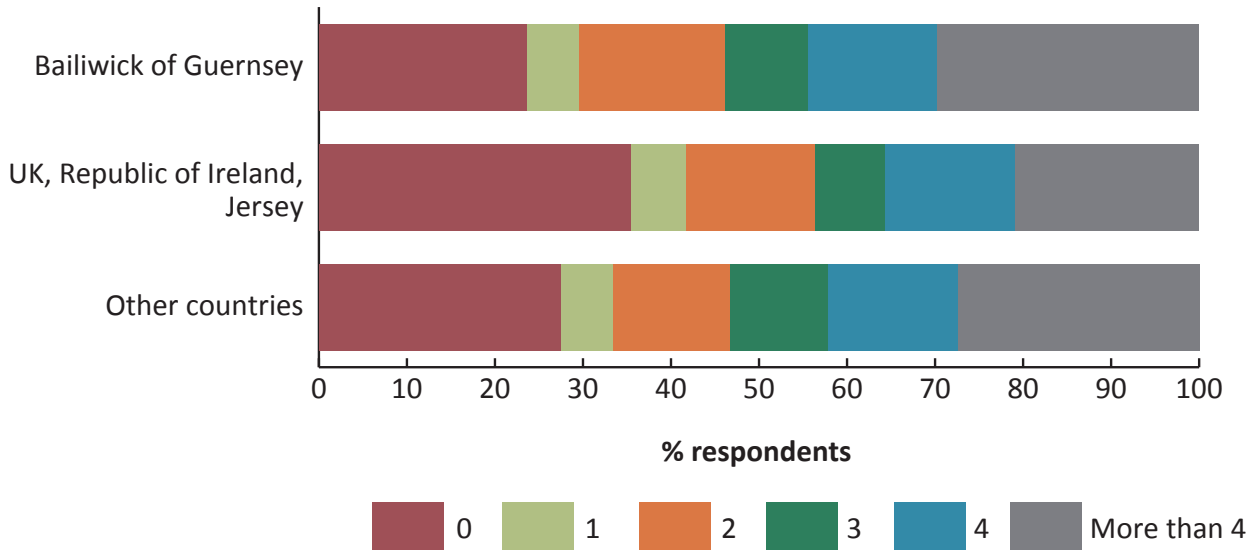


Figure 4.3.2 Responses to the question, how many people did you add to your bubble when we went into Phase three of the exit from lockdown? By country of birth



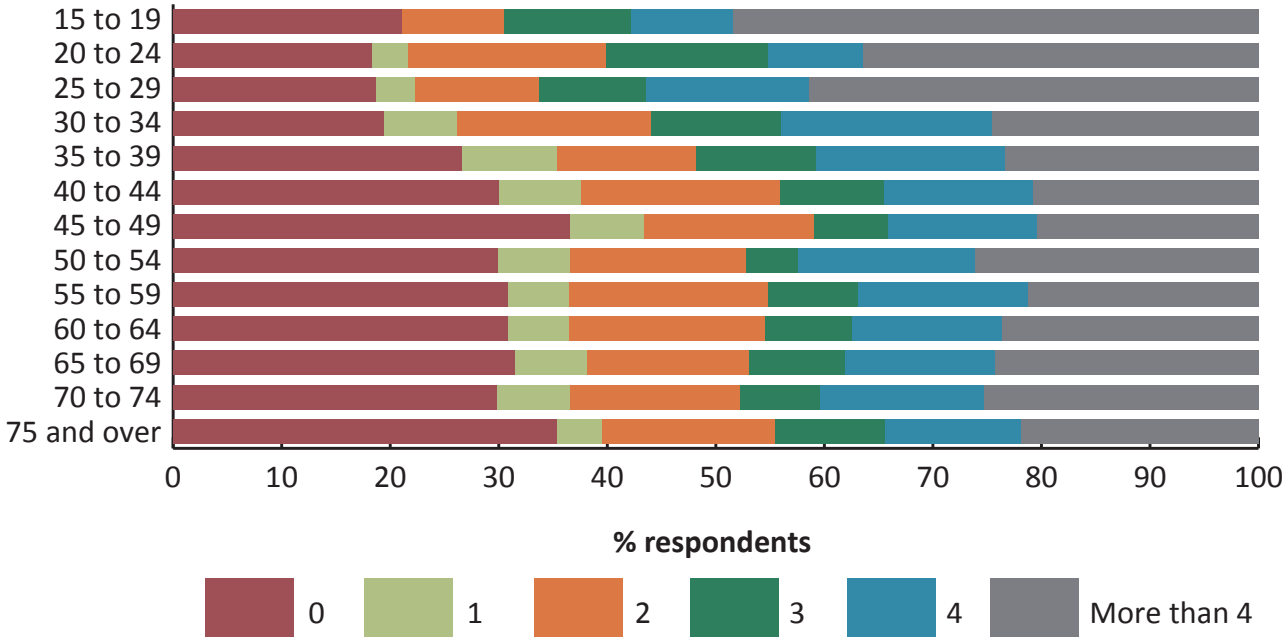
4.3 Bubbling - expansion

When analysed by age, a correlation can be seen between the age of the respondent and the number of people added to their household bubble. This trend is particularly noticeable when phase three was introduced (when up to four single household bubbles could join together, see **Figure 4.3.3**).

Respondents aged 40 or over were more likely to not add anyone to their houshold bubble in phase three than respondents aged under 40. The 15 to 19 age group had the greatest proportion of respondents adding more than four people to their household bubble in phase three (48%), followed by the 25 to 29 age group (41%) and the 20 to 24 age group (36%).

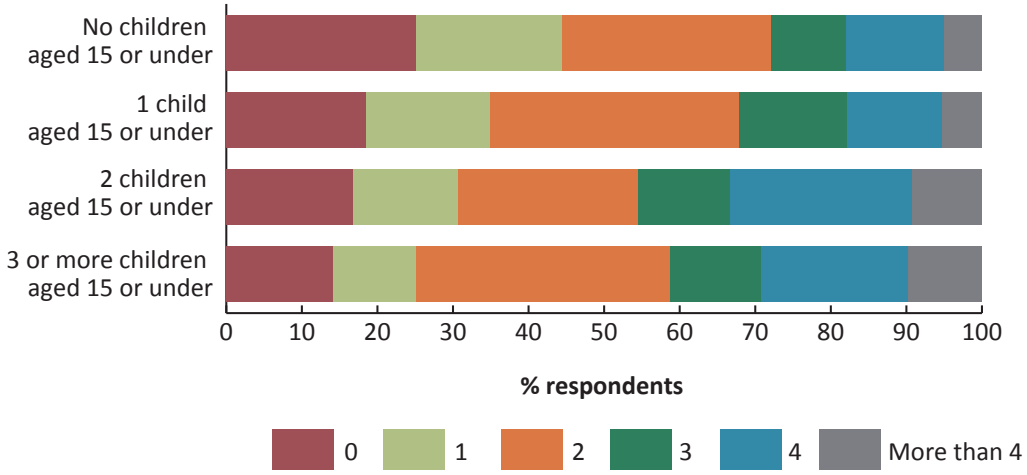
More information on respondents' experience of bubbling can be found on **page 28.**

Figure 4.3.3 Responses to the question, how many people did you add to your bubble when we went into Phase three of the exit from lockdown? By age group



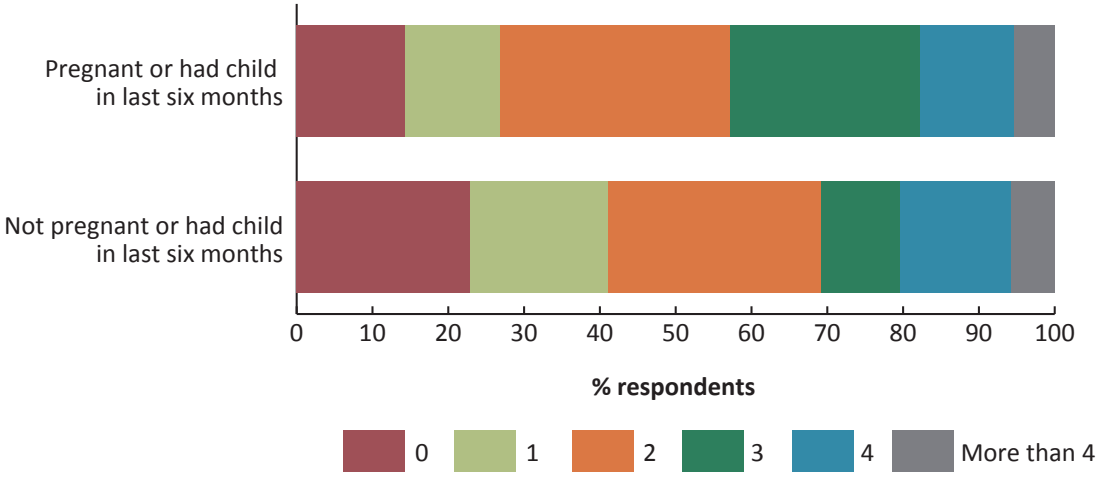
It can be seen that respondents were more likely to add a greater number of people to their houshold bubble as the number of children aged 15 or under in their household increased. This trend was particularly pronounced when phase two of the exit from lockdown began (when two household bubbles could join together), as shown in **Figure 4.3.4**. 25% of respondents with no children aged 15 or under did not add anyone to their bubble in phase two, compared to 18%, 17% and 14% for those with one, two or three or more children in the household, respectively. Respondents with two children in the household had the greatest proportion who added 4 people to their bubble (24%) and 10% of respondents with three or more children in the household added more than four people.

Figure 4.3.4 Responses to the question, how many people did you add to your bubble when we went into Phase two of the exit from lockdown? By number of children in household



Respondents who were pregnant or had a baby in the last six months were also more likely to add a greater number of people to their houshold bubble than the rest of the population. This trend was particularly pronounced when phase two of the exit from lockdown began (when two household bubbles could join together), as shown in **Figure 4.3.5**. Just 14% of respondents who were pregnant or had a baby in the last six months did not add anyone to their bubble in phase two, compared to 23% for the rest of the population. They were also significantly more likely to add three or more people to their bubble (43%) than the rest of the population (31%).

Figure 4.3.5 Responses to the question, how many people did you add to your bubble when we went into Phase two of the exit from lockdown? By new/expectant mothers



Respondents who were carers were more likely to add one person to their household bubble than the rest of the population and less likely to not join with another household. This trend was particularly pronounced when phase two of the exit from lockdown was introduced (when two household bubbles could join together, see **Figure 4.3.6**.) It can be seen that 28% of carers added one person to their household bubble in phase two compared to 17% who were not carers.

In contrast, those receiving care were more likely to not add anyone to their household bubble than those who were not receiving care. Again, this was particularly pronounced when phase two of the exit from lockdown began (when two household bubbles could join together, as shown in **Figure 4.3.7**). 32% of those receiving care did not bubble with another household during phase two, compared to 22% of those not receiving care. A greater proportion of those receiving care added one person to their bubble (23%) than the rest of the population (18%).

Figure 4.3.6 Responses to the question, how many people did you add to your bubble when we went into Phase two of the exit from lockdown? By carer status

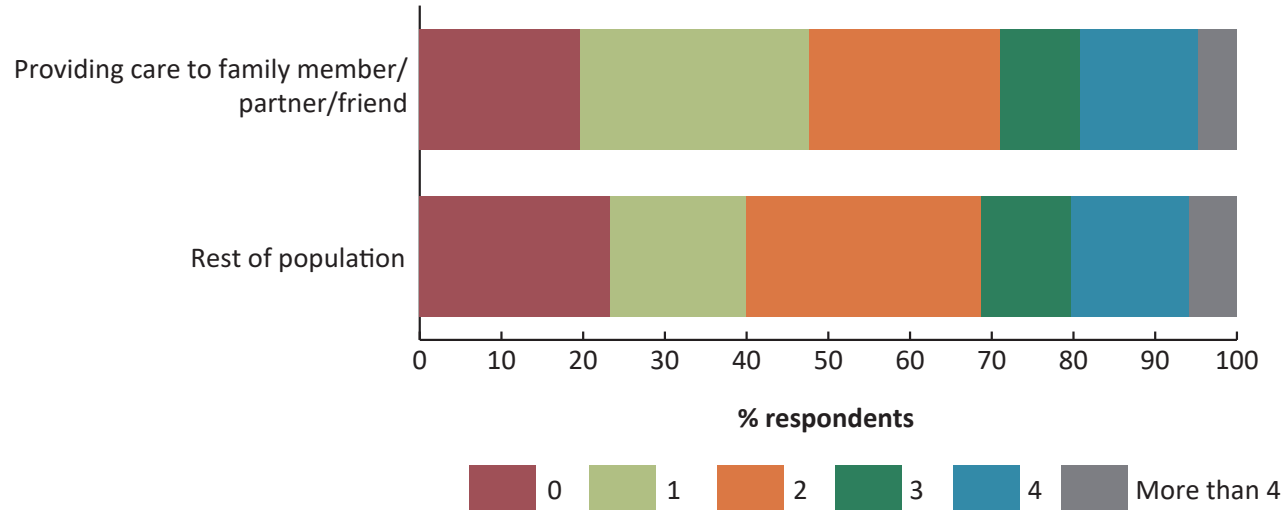
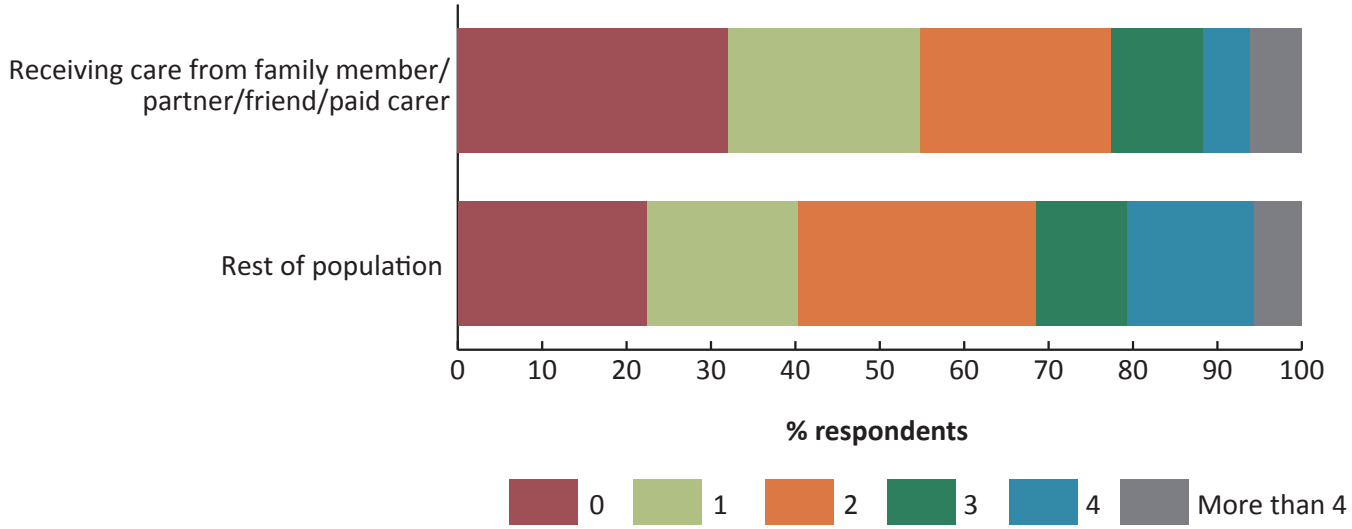


Figure 4.3.7 Responses to the question, how many people did you add to your bubble when we went into Phase two of the exit from lockdown? By those receiving care



Respondents with a physical disability, long-term illness or mental or emotional health condition were less likely to add people to their bubble. This trend is especially pronounced when two household bubbles were allowed to pair with another two bubbles in phase three of the exit from lockdown. As shown in **Figure 4.3.8**, it can be seen that 42% of those with a physical disability did not join with another bubble, compared to 27% of those without. Similarly, 35% of those with a long-term illness and 32% of those with a mental or emotional health condition did not add anyone to their bubble compared to 27% and 28% of those without these conditions.

In line with this, respondents who were unable to work due to longstanding illness, disability or infirmity were more likely to not join with other households, particularly in phase three of the exit from lockdown (45%) than those in other employment groups (see **Figure 4.3.9**). There was a high proportion of those not employed and not seeking work that added no-one to their bubble in phase three and that added more than four people (37% and 30% respectively).

Figure 4.3.8 Responses to the question, how many people did you add to your bubble when we went into Phase three of the exit from lockdown? By health condition

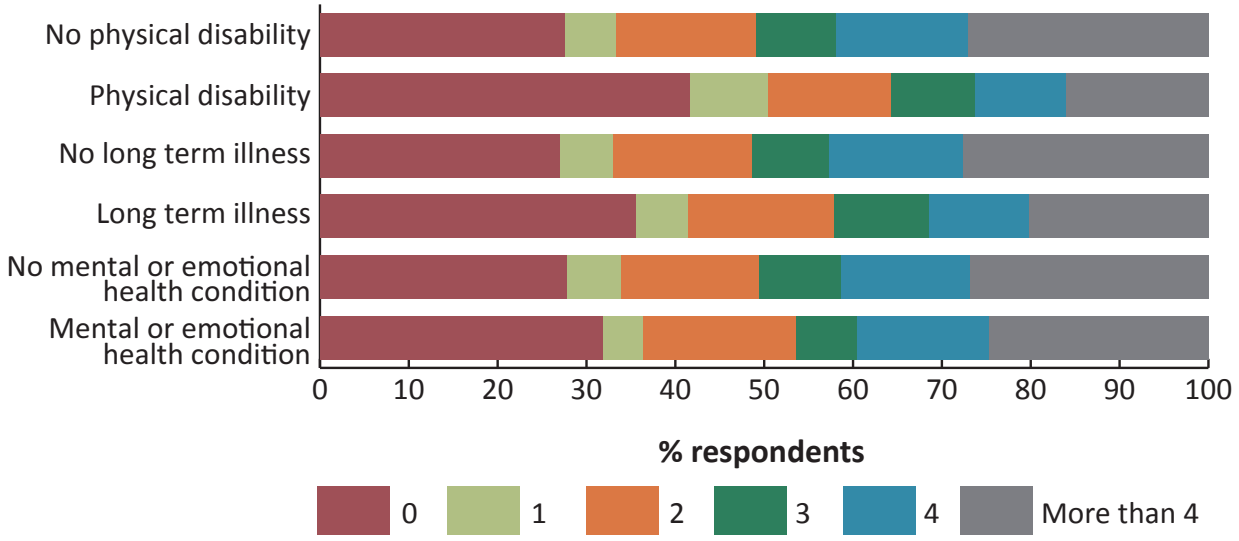
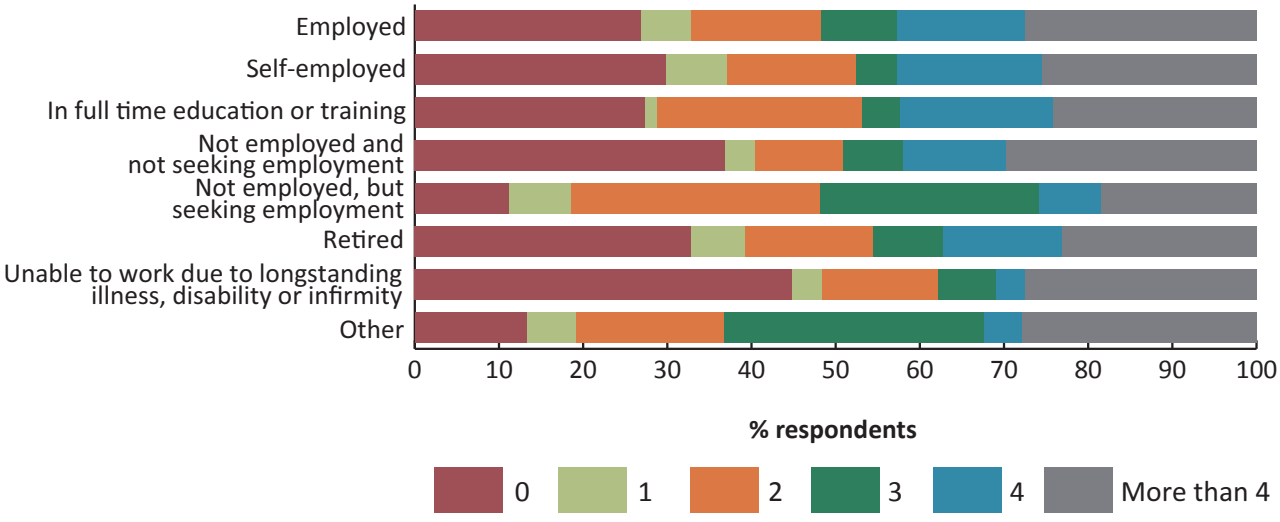


Figure 4.3.9 Responses to the question, how many people did you add to your bubble when we went into Phase three of the exit from lockdown? By employment status



4.3 Bubbling - expansion

Respondents were given the option to expand on their experience of the bubbling system; 669 comments were received. Of the unweighted response, the most frequently stated comments referred to not joining with another household bubble, confusion about the bubbling system and difficulties in deciding who to bubble with. A summary of those comments is provided below.

Respondents who were new to the Island and those who had no family in Guernsey and/or lived alone found the bubbling system particularly difficult. Some felt excluded and isolated whilst others found it awkward to approach people to ask to be in their bubble and felt as if they were imposing. This intensified the feeling of loneliness for some respondents and had a negative impact on their mental health.

It was apparent from those who did expand their bubble in phase two and/or three that many joined with immediate family members. A few respondents indicated that they had chosen to bubble with a friend or family member who was living alone or with someone who was particularly struggling with lockdown.

Some vulnerable respondents did not feel safe to join with another household bubble and decided to continue shielding. Several key workers expressed how they didn't want to pose a risk to their extended family and/or friends. Other key workers indicated that some of their friends and family were reluctant to bubble with them due to the nature of their job.

Phase three, when two groups of two household bubbles were allowed to join together, was particularly confusing for some respondents. Uncertainty around how many people in your bubble were allowed to go for a walk and exercise outside the home was mentioned. There was also confusion in regards to what could and couldn't be done for families with separated parents.

Bubbling rules appeared to be particularly confusing for older people and for those who did not use social media or the internet. Several suggested that promoting a visual representation of the bubbling system earlier in the process and across different types of media would have been helpful in avoiding confusion.

Many expressed how it was difficult to decide who to bubble with, particularly during the first round of bubbling in phase two, and would have liked more time to decide who to bubble with. Several mentioned that having to choose between children / grandchildren etc. caused stress and anxiety and resulted in arguments for some. A few respondents expressed how this was the worst part of lockdown for them.

Some respondents indicated that it would have been helpful to be told how the phase three bubble plan would operate at the same time as the phase two bubble plan was implemented; this would have affected their decision as to who to bubble with initially. A few indicated that they were not given a say in who they wanted to pair with when two groups of two household bubbles were allowed to join together and therefore did not know some of the people in their bubble. Those living in multiple occupancy housing expressed how the bubble system did not work for unrelated people living in shared accommodation.

Having a smaller, close circle of friends/family was enjoyable for some respondents. Several expressed that they felt the bubbling system was explained clearly and could not understand why others were confused or 'deliberately mis-interpreted' the rules.

Table 5.1.1 Responses to the question, do you usually receive care or help at home from a family member, partner, friend or a paid carer?

% Yes	% No
5	95

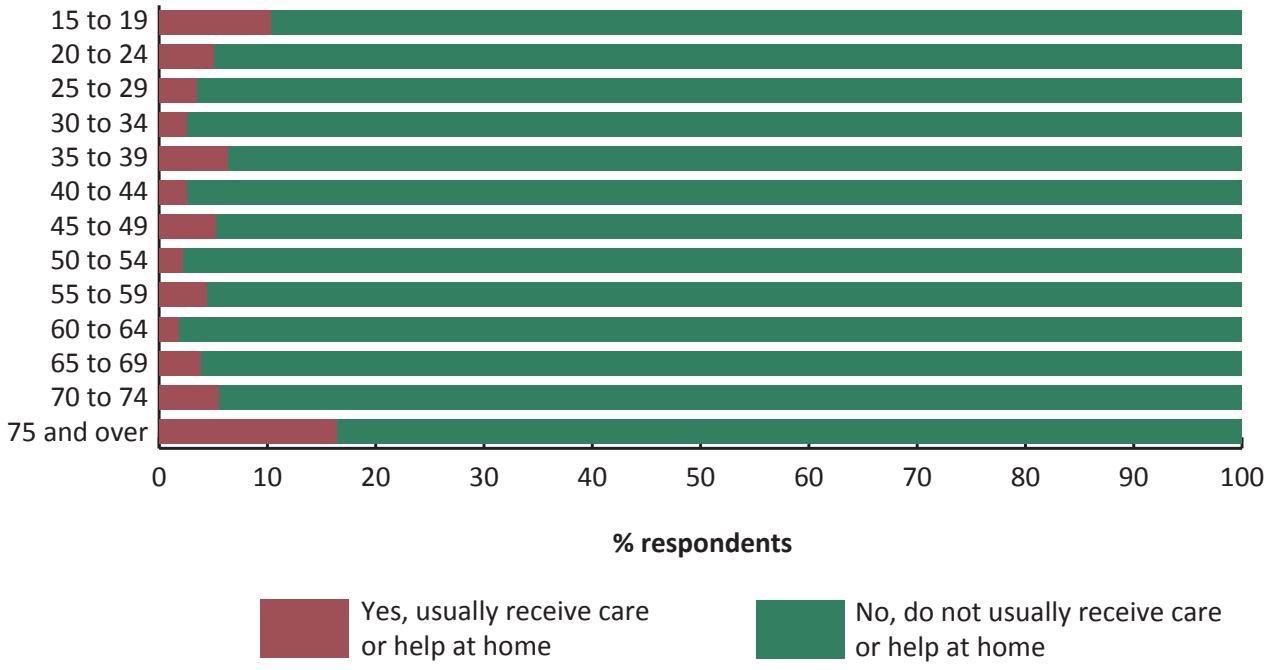
Respondents who opted to complete the full survey were asked the question, "Do you usually receive care or help at home from a family member, partner, friend or a paid carer?" The responses of those that provided an answer other than "prefer not to say" (2,709 respondents) are shown in **Table 5.1.1.** It can be seen that 5% of respondents usually received care from a family member, partner, friend or carer, either due to long-term illness, problems relating to age or help with child-care.

There appeared to be a high proportion of Latvian-born respondents receiving help or care at home (43%) but this was from a very small sample size. Otherwise, there was a similar split for those born in the Bailiwick, UK, Republic of Ireland or Jersey with regards to those in receipt of care. There was no significant difference in results by gender.

As shown in **Figure 5.1.1,** the age group receiving the most care or help at home were those aged over 75 (16%). 10% of those in the youngest age group indicated that they received care. Respondents with one person aged 65 or over in their household were also more likely to be receiving care.

Respondents who were pregnant or had a baby in the last six months were more likely to receive care or help at home, at 9%, in comparison to the overall average of 5%.

Figure 5.1.1 Responses to the question, do you usually receive care or help at home from a family member, partner, friend or a paid carer? By age group



As indicated in **Figure 5.1.2**, a higher proportion of respondents who have a physical disability (29%), or a long term illness (12%) were in receipt of care than those without these health conditions. There was less of a difference with regards to those with a mental or emotional health condition.

15% of respondents that receive care or help at home were also carers for others (i.e. family member, partner or friend). This was also reflected in some of the comments where the help they received was missed over the lockdown period, and the physical strain told on them as they also tried to help others.

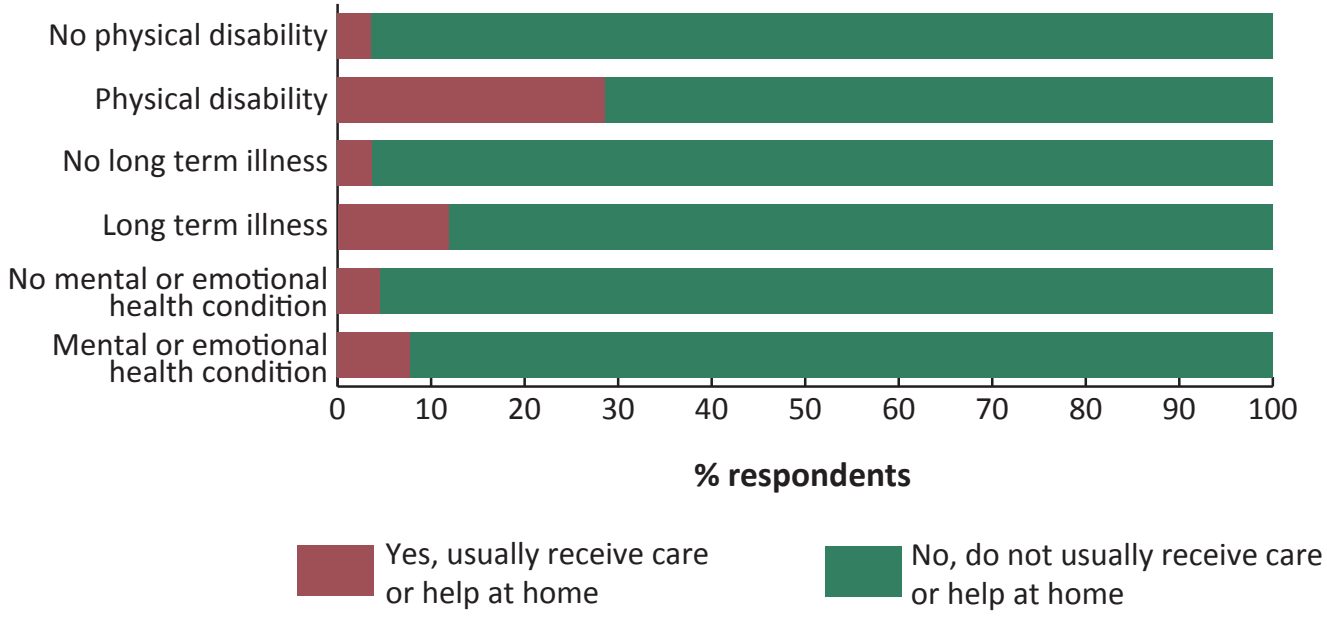
Respondents who were unable to work due to longstanding illness, disability or infirmity had the highest proportion of those receiving care (30%) when compared to all other employment groups.

Those in the lowest gross household income category were the most likely to be in receipt of care (19%) followed by those with an income between £20,000 and £39,999 (5%). 44% of respondents living in a residential or nursing home stated that they were in receipt of care, as were 23% of those in States of Guernsey , GHA or AHA accommodation.

Most of the free text comments received from those in receipt of care were reporting a negative impact. The majority experienced loneliness from shielding and felt isolated. The increased anxiety and physical demands of receiving less care and help at home took its toll on many of the respondents.

A couple of respondents indicated that the reduced care they received over the period resulted in them having to use the hospital services in order to directly seek the services and facilities they needed.

Figure 5.1.2 Responses to the question, do you usually receive care or help at home from a family member, partner, friend or a paid carer? By health condition



5.1 Receiving care

Respondents who indicated that they were receiving care were asked the question, "Did you continue to receive that care or home help as usual throughout lockdown?" The responses of those that provided an answer other than "prefer not to say" (130 respondents) are shown in **Table 5.1.2**. Nearly half (47%) of those in receipt of care continued to receive help throughout lockdown. 41% did not receive care or help at home at the start of lockdown but it resumed since then.

Table 5.1.2 Responses to the question, did you continue to receive that care or home help as usual throughout lockdown?

% Yes	% Not at the start, but it has resumed since then	% No and it has not resumed	% Other
47	41	8	4

It must be noted that due to the small number of respondents, the margin for error is far greater and therefore comments are passed with regards to general trends for groups where the number of respondents is very small.

Generally, there was an increasing tendency for care to have continued throughout lockdown with increasing age. Male respondents were more likely to have received help as usual throughout lockdown than female respondents (58% and 42% respectively).

Overall, care was less likely to have continued throughout lockdown if the respondent was pregnant or had a baby in the past 6 months. Respondents that were carers but also in receipt of care were as likely to have continued receiving care as others that were not carers, but were less likely for that care to have resumed (if it had stopped at the start of lockdown); 38% indicated that they did not receive care as usual (in comparison to 44% of those who were not also carers themselves), whilst 11% indicated that as at the time of completing this survey (22nd June to 30th July 2020) it had not resumed.

Some respondents were appreciative that their care continued as usual over lockdown, however some noted that fees were increased.

Many respondents who received care throughout lockdown reported that this had had a positive impact on them, whereas those that did not receive private home help over lockdown indicated that they struggled to cope by themselves and/or found it tiring.

The key points raised by respondents whose care did not continue as usual were that they experienced increased anxiety, they were exhausted and experienced feelings of loneliness and isolation. There were also a number of respondents indicating feelings of frustration with the situation. For some respondents, although care had not continued throughout, family members within their household bubble had cared for them instead of their usual carer.

The types of the care provided included parents and/or grandparents looking after children. Many respondents who had more than one child or recently had a baby indicated increased anxiety, stress, and tiredness. This effect was enhanced by comments received from respondents who indicated they were single parent households.

Respondents that opted to complete the full survey were asked the question, "Do you usually care for a family member, partner or friend, who has special needs or who requires help because of long-term ill health or problems relating to age (other than as part of your job)?" The responses of those that provided an answer other than "prefer not to say" (2,720 respondents) are shown in **Figure 6.1.1**. As shown, overall 14% of the survey respondents were a carer in some capacity for a friend, partner or relative. There were a greater proportion of respondents in Alderney and Sark who classed themselves as carers, most notably for Alderney residents (22%).

Figure 6.1.1 Responses to the question, do you usually care for a family member, partner or friend, who has special needs or who requires help because of long-term ill health or problems relating to age (other than as part of your job)?

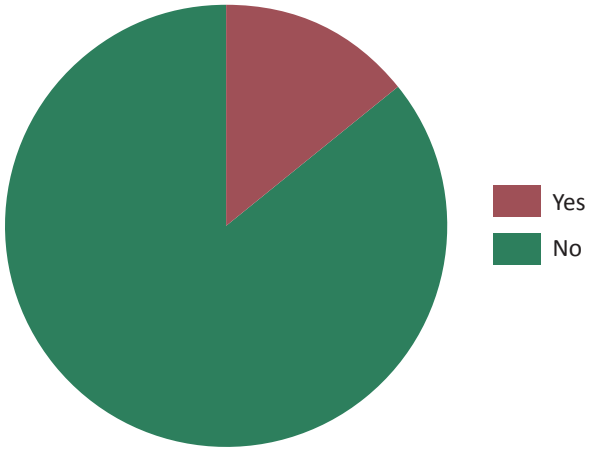
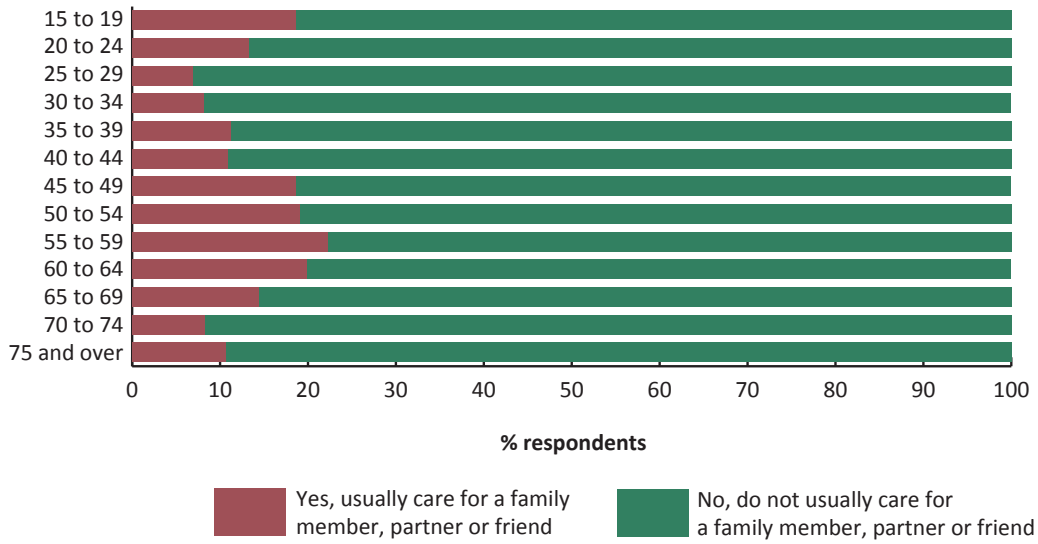


Figure 6.1.2 Responses to the question, do you usually care for a family member, partner or friend, who has special needs or who requires help because of long-term ill health or problems relating to age (other than as part of your job)? By age group

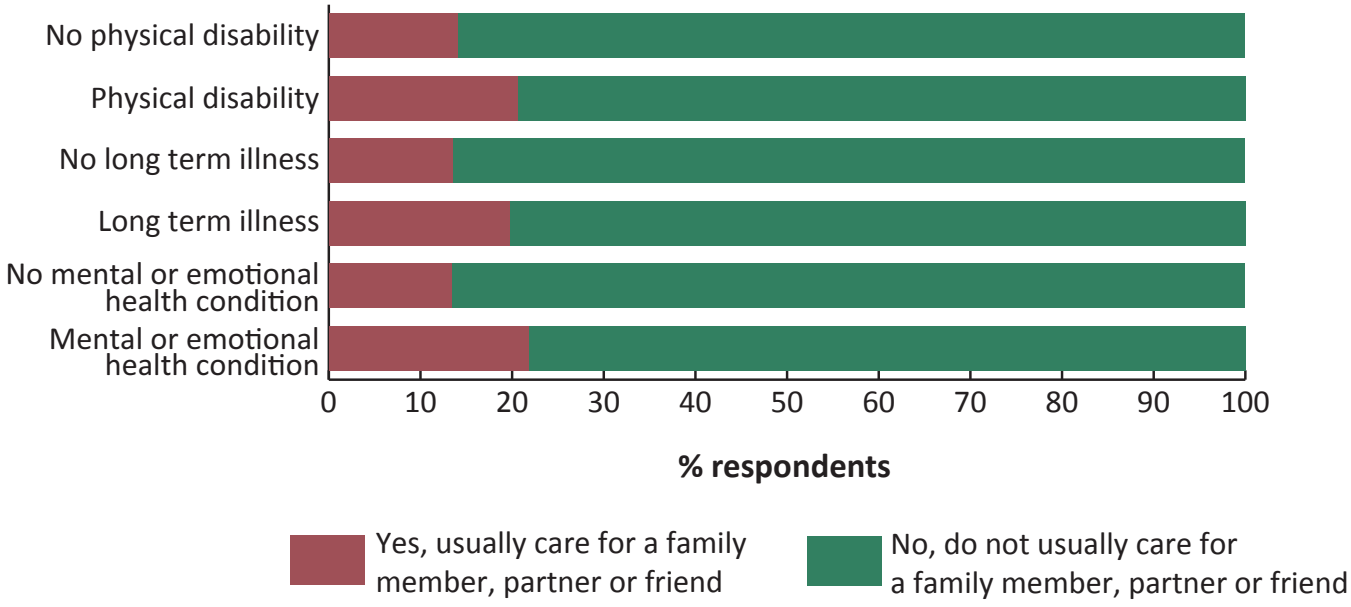


The overall trend, aside from a high proportion of 15 to 19 year olds indicating that they were carers (19%), was that respondents in the 45-64 age groups were the most likely to be carers, with a peak of 22% occurring in the 55-59 age group (see **Figure 6.1.2**). Across all respondents, there was little difference with regards to likelihood to be a carer by gender, but those who were pregnant or had a child in the last six months were much less likely to be carers, at 4%, and (as seen in **Section 5.1**) were more likely to be in receipt of care themselves. There was a slightly increased likelihood to be a carer if there was someone aged over 65 in the household (20%).

As shown in **Figure 6.1.3**, respondents who had a health condition were more likely to be a carer for someone else than respondents without a health condition. A similar proportion of those with a physical disability, long term illness or a mental or emotional health condition indicated that they were carers (21%, 20% and 22% respectively).

45% of respondents who were carers also received care themselves, whilst 13% of respondents who were not in receipt of care were carers. There is some correlation with both of these results when considered by respondents who indicated they were unable to work due to longstanding illness, disability or condition, who were the most likely of all employment groups to indicate they were carers (33%) followed by those not employed and not seeking employment (19%).

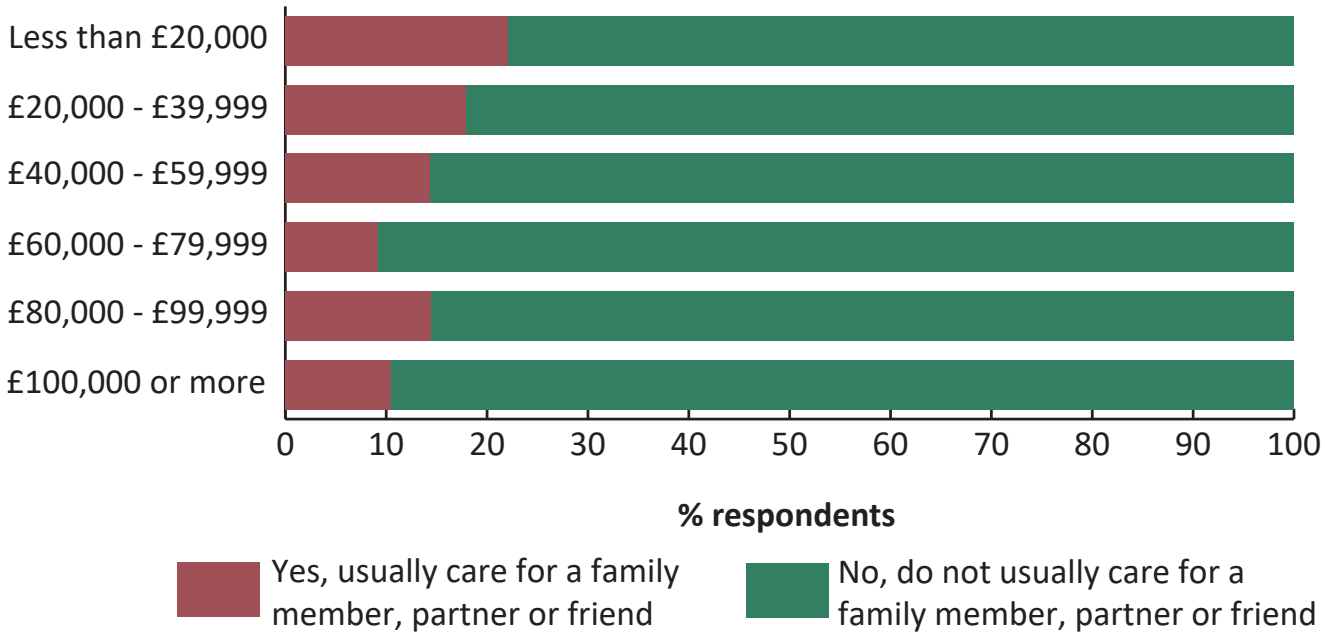
Figure 6.1.3 Responses to the question, do you usually care for a family member, partner or friend, who has special needs or who requires help because of long-term ill health or problems relating to age (other than as part of your job)? By health condition



As indicated in **Figure 6.1.4**, there was a higher proportion of carers in the lower gross household income bands; 22% of respondents with an income of less than £20,000 and 18% of those with an income of £20,000 to £39,999 indicated that they were carers. This did not appear to be influenced by retired respondents who were the least likely to indicate that they were a carer, at 13%, and yet comprise the majority of this household income bracket.

The highest proportion of respondents who were carers were residing in States rental accommodation (24%) or in residential or nursing homes (19%). There was also an increased trend of caring for respondents who were living rent free, or paying a small rent e.g. to parent(s) or friend(s) (17%). Caring for another was least likely for those who were in accommodation provided with a job (4%) owner occupiers with a mortgage (11%) or renting from a private landlord (11%).

Figure 6.1.4 Responses to the question, do you usually care for a family member, partner or friend, who has special needs or who requires help because of long-term ill health or problems relating to age (other than as part of your job)? By gross household income



6.2 Caring - bubbles

Respondents who indicated that they were carers were asked the question, “Was the person you usually care for within your bubble throughout lockdown?” The responses of those that provided an answer other than “prefer not to say” (388 respondents) are shown in **Figure 6.2.1**. It can be seen that, for the majority of respondents (48%), the person they care for was within their household bubble throughout lockdown. 28% added the person they care for when the bubbles could join together and 20% did not have the person they care for within their bubble at all during lockdown.

There was a decreased tendency for respondents born in the Bailiwick of Guernsey (44%) or in the “other “ country (33%) category to have the person that they would usually care for in their bubble throughout lockdown, whilst they were more likely to join at a later stage (31% and 33% respectively) or not at all (21% and 33%) for these respondents.

Figure 6.2.1 Responses to the question, was the person you usually care for within your bubble throughout lockdown?

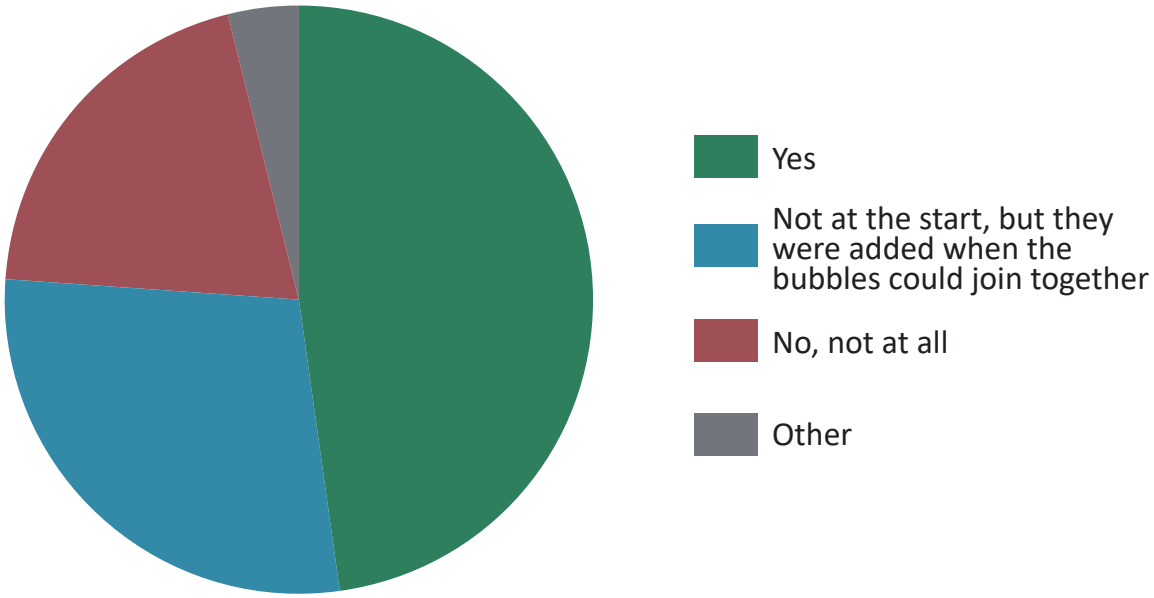


Figure 6.2.2 Responses to the question, was the person you usually care for within your bubble throughout lockdown? By age group

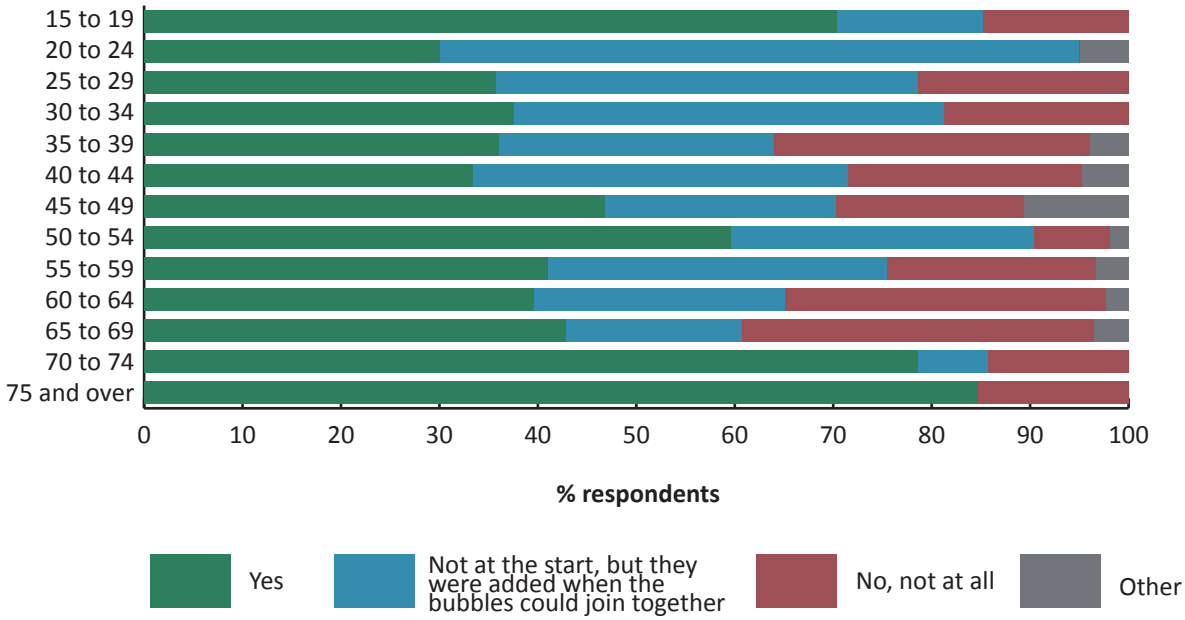
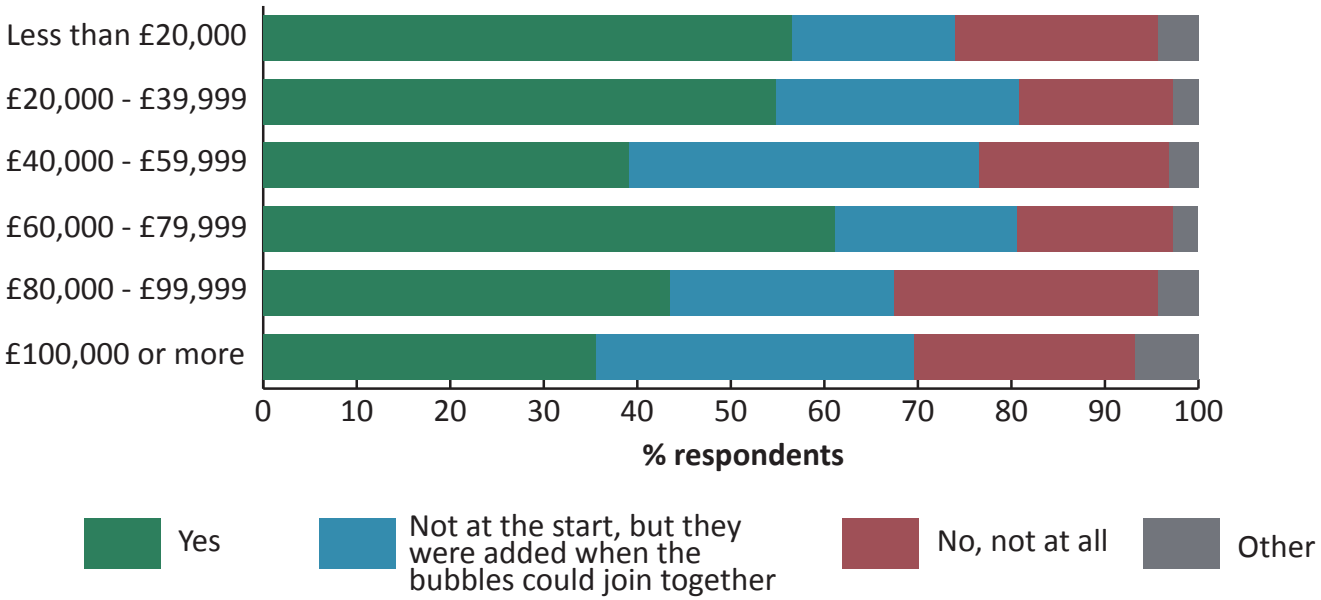


Figure 6.2.2 shows that 85% of respondents aged 75 and over and 79% of those aged between 70 and 74 had the person they care for within their household bubble throughout lockdown. Respondents in the 20 to 24 age group were the most likely to add the person they care for to their household bubble when this was allowed later in lockdown (65%) and those aged 65 to 69 were the most likely to not have the person they care for in their household bubble at all during lockdown (36%). Please note that there are a small number of respondents in some age categories. See **Figure 4.1.2** for the proportion of respondents who indicated they were carers by age group.

Over half of respondents who were carers and critical workers (51%) indicated that the person they cared for was in their household bubble throughout lockdown, however, numbers increased from 40% for non-critical worker carers to 77% once bubbles could join together, the gap decreasing by 5% to 82% for critical worker carers.

The two highest income bands had a lower proportion of respondents who stated that the person they care for was within their household bubble throughout lockdown or were added when the bubbles could join together (67% and 69%) than the other household income bands (see **Figure 6.2.3**).

Figure 6.2.3 Responses to the question, was the person you usually care for within your bubble throughout lockdown? By gross household income



A number of respondents indicated that they would have liked to have joined bubbles when this was permitted in phase two and three of the exit from lockdown but, due to the vulnerable health of the person they were caring for, they decided not to join bubbles or make physical contact. They did, however, continue to deliver essential goods.

Providing care to more than one household caused issues for some respondents (i.e. if they were caring for two sets of parents or separated parents) as they had to choose which household to join with when this was first permitted in phase two. This created stress and anxiety for respondents. Overall, many respondents that were caring for someone who was not in their household bubble throughout lockdown reported a negative impact on them personally.

See **Section 4** for more information on the bubbling system.

6.3 Caring - feedback

Just under half of all carers that provided comments indicated that they experienced increased stress or anxiety over the lockdown period, some indicated that this was concurrent with increased workload or tiredness but a good proportion of this was also due to the worry about the impact on the person that they were caring for. Feelings of guilt were prevalent even if there was nothing they could do about the situation. The added risk of family members being critical workers meant there was an increased burden for some.

Almost a quarter of all carers that provided comments indicated that there was no additional impact on them as they were already full-time, home-based carers.

Respondents providing care to those with either special educational needs or Alzheimers reported difficulty explaining the situation to those they were caring for. There were also additional issues with regards to the person being cared for not wanting to cooperate with restrictions, often due to lack of understanding and/or struggling with the situation. Although, conversely, some respondents indicated that the person they were caring for (particularly with special educational needs or on the autistic spectrum) flourished in lockdown.

Some of those being cared for passed away during lockdown or their carer felt that their condition deteriorated rapidly due to reduced treatments or lack of exposure or stimulation by family visits (see **Section 8.6** for more information). A large proportion of comments indicated that the emotional impact of this was notable, particularly when combined with increased pressure / workload / stress.

Respondents who were caring for more than one other household found that they had difficulty with shopping, especially when there were limits placed on certain products which could be purchased from supermarkets. This resulted in the carer needing to make increased visits to different shops, increasing both time and financial pressure on the care giver.

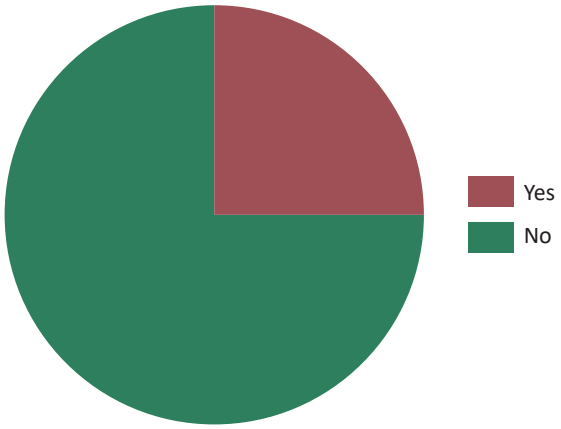
Some comments related to the impacts on family relationships e.g. where grandparents would normally provide care for grandchildren.

Other more frequent comments passed also covered the lack of respite support for those who were carers, as some services were shut (e.g. for those with special educational needs). Some respondent carers indicated feeling exhausted and that there were impacts on their own state of health (mental and physical) due to constant strain and pressure.

7.1 Volunteering - prevalence

Respondents that opted to complete the full survey were asked the question "Before lockdown, did you regularly volunteer your time, either for a registered charity or another organisation like a youth or community group?" The responses of those that provided and answered other than "Prefer not to say" (2,875 respondents) are shown in **Figure 7.1.1**. It shows that 25% of all respondents regularly volunteered their time for a registered charity or other organisation like a youth or community group before lockdown.

Figure 7.1.1 Responses to the question, before lockdown, did you regularly volunteer your time, either for a registered charity or another organisation like a youth or community group?



The proportions of respondents who volunteer regularly varies with demographics and employment status. Notably. respondents born in the UK, Republic of Ireland and Jersey were more likely to answer yes to having regularly volunteered before lockdown (29%), as were those residing in Alderney (36%). Households without children were more likely to have answered yes (27%) compared to 21% of households with one or more children. By employment status, those answering yes to regularly volunteering were highest amongst those who were retired (36%), those not employed and not seeking employment (34%) and those who were self employed (31%). By employment sector, volunteering before lockdown was most prevalent for those working in the Information and Communication (39%) and Arts, entertainment and recreation sectors (34%).

Figure 7.1.2 reveals by age there is a clear pattern to those who volunteer regularly. Younger respondents were less likely to volunteer regularly, with 21% of 15-19 year olds and 14% of 20-24 year olds regularly volunteering. By contrast between 31% and 41% of over 65 year olds responded yes to regularly volunteering.

Figure 7.1.2 Responses to the question, before lockdown, did you regularly volunteer your time, either for a registered charity or another organisation like a youth or community group? By age group

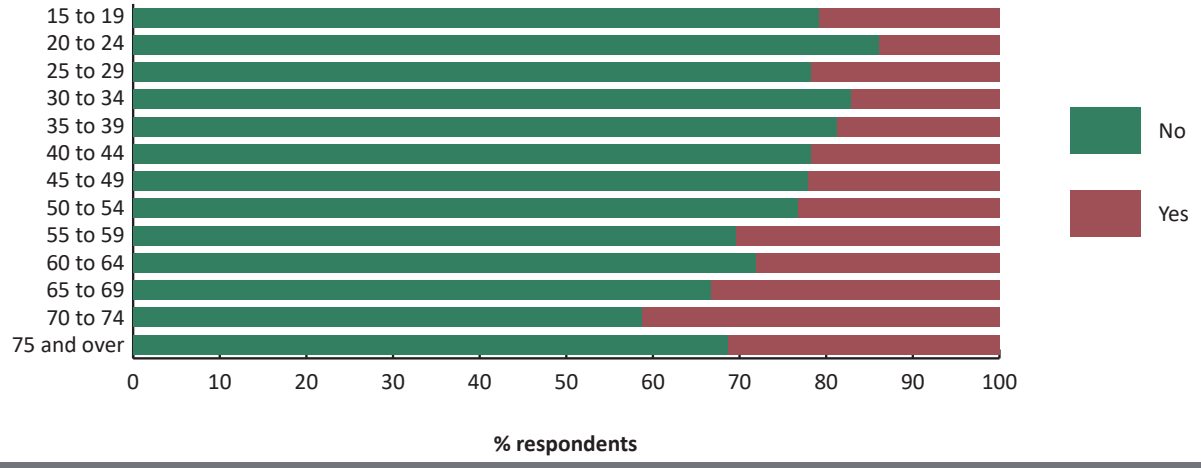


Table 7.2.1 Responses to the question, was there any change to that during lockdown?

% No, the amount stayed the same	% Yes, I spent more time volunteering than before	% Yes, I spent less time volunteering than before
56	11	33

Table 7.2.2 Responses to the question, was there any change to that during lockdown? By those that said yes they regularly volunteer their time

% No, the amount stayed the same	% Yes, I spent more time volunteering than before	% Yes, I spent less time volunteering than before
20	12	68

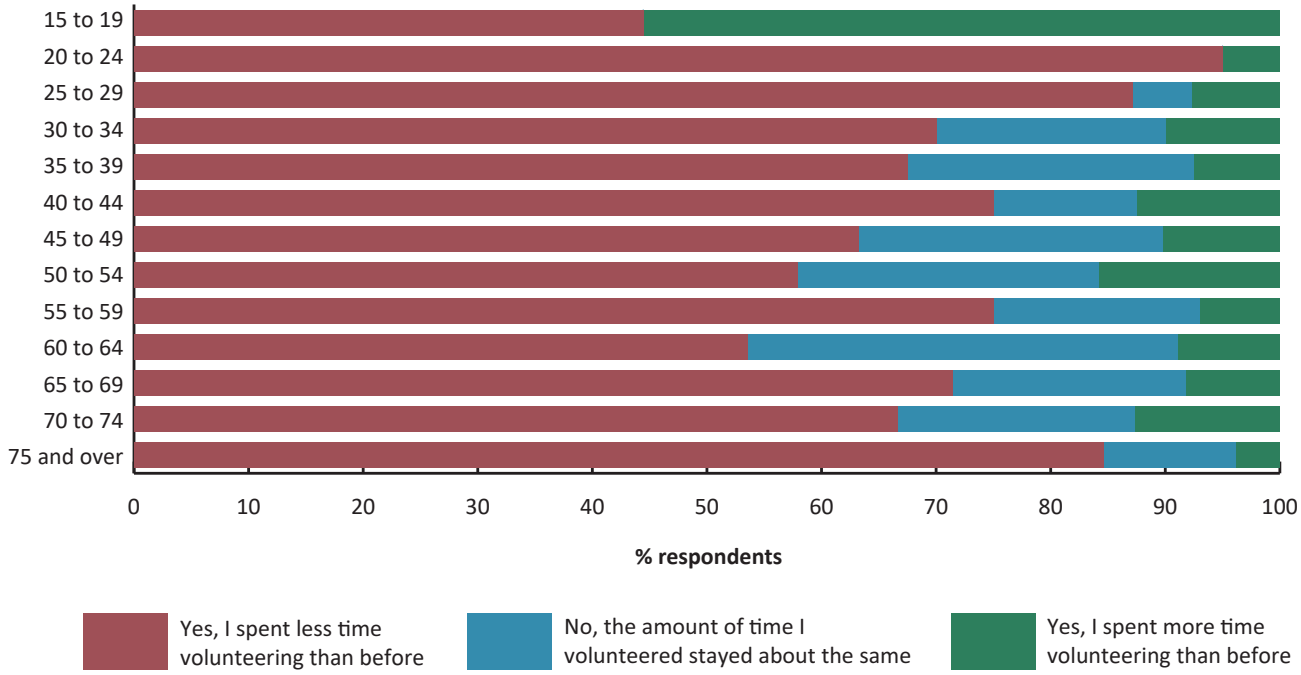
Respondents that opted to complete the full survey were asked a follow-up question "Was there any change to that during lockdown?" The responses of those that provided an answer other than prefer not to say (1,510 responses) are shown in **Table 7.2.1**. Overall, two thirds of respondents reported they volunteered either the same amount or more during lockdown, with a third reporting that they spent less time volunteering than before.

Looking at the overall response conceals the disparity that exists between those who regularly volunteer and those who do not. For those who answered yes they did regularly volunteer before lockdown, there was a marked reduction in the amount of time they spent volunteering during lockdown, with over two thirds (68%) indicating they spent less time volunteering during lockdown, as shown in **Table 7.2.2**. Only a fifth of respondents stated there had been no change in the amount of time they spent volunteering during lockdown, with a further 12% reporting they spent more time volunteering.

The reported decrease in the amount of volunteering during lockdown, from those who regularly volunteer, is likely to be a result of a combination of factors; reduced opportunities to volunteer during lockdown with many premises closed or operating with limited visitors/staff, the message of "stay home, save lives" to ensure health and social care services were not overwhelmed, and some volunteers shielding as they are more vulnerable and at risk from COVID-19.

When analysed by age, there were some differences between the amount of time spent volunteering during lockdown for those who said yes they regularly volunteered their time before, as shown in **Figure 7.2.1**. 20-24 year olds, 25-29 year olds and those aged over 75 years, who regularly volunteered before lockdown, were the age groups with the highest proportion of respondents reporting they had spent less time volunteering during lockdown at 95%, 87% and 85% respectively. Whereas 15-19 year olds were the age group which reported, by far, the highest proportion of respondents that had spent more time volunteering during lockdown, at 56%.

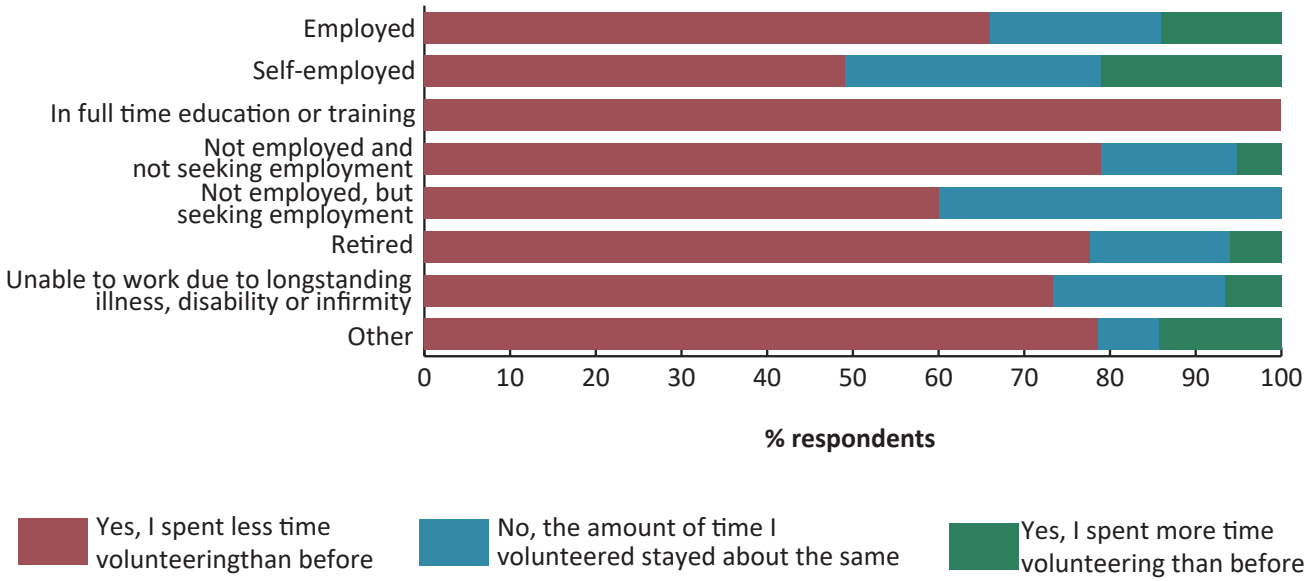
Figure 7.2.1 Responses to the question, before lockdown, was there any change to that during lockdown? By those that said yes they regularly volunteer their time and age group



For those who answered yes to regularly volunteering before lockdown there were some differences across demographic groups. By gender, females were most likely to report they spent less time volunteering during lockdown than males, 77% and 61% respectively. Conversely, a higher proportion of males increased their time spent volunteering during lockdown, 16%, when compared with females 7%. Those with children spent less time volunteering during lockdown than those without children, 73% and 67% respectively. The reason for this difference may in part be due to the home schooling and child care obligations for those with children during lockdown.

By employment status, as shown in **Figure 7.2.2**, those who were self employed and regularly volunteered their time before lockdown, recorded the highest proportion of respondents who spent more time volunteering during lockdown, at 21%. Those in full time education or training, recorded the highest proportion of respondents who spent less time volunteering during lockdown (100%).

Figure 7.2.2 Responses to the question, before lockdown, was there any change to that during lockdown? By those that said yes they regularly volunteer their time and employment status

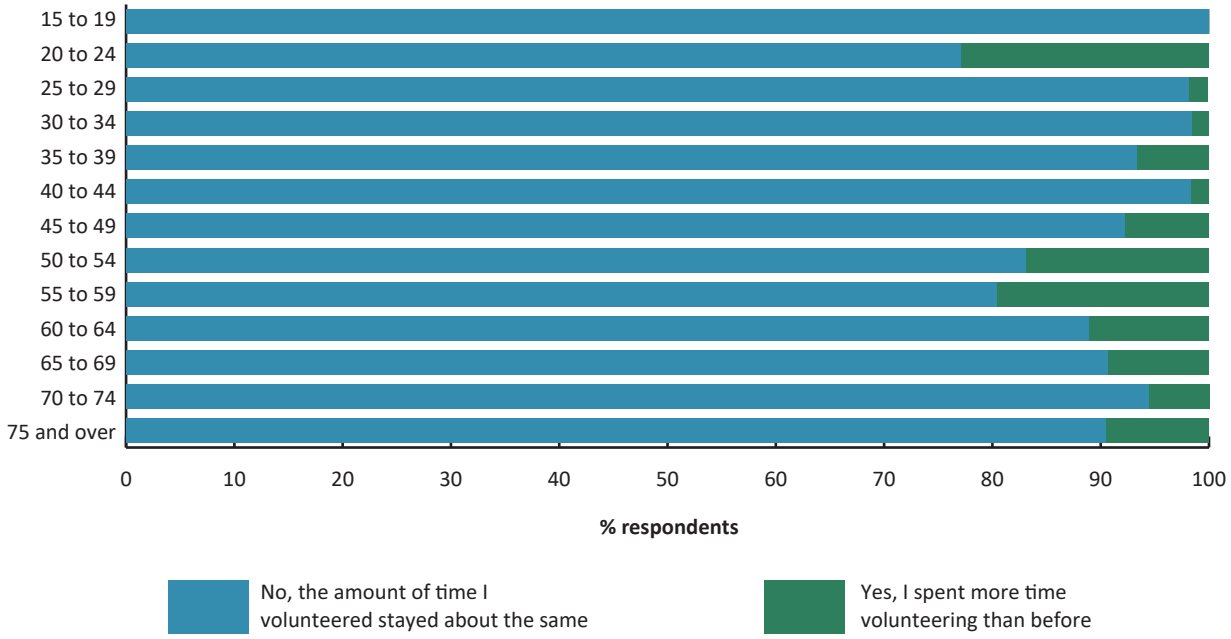


By employment sector, those working in the Information and Communication sector and regularly volunteering before lockdown were the most likely to have increased the amount of time spent volunteering during lockdown, with 47% of respondents reporting this. Conversely, those working in Wholesale, retail and repairs recorded the highest proportion of respondents who spent less time volunteering during lockdown, at 79%.

For those who did not regularly volunteer their time before lockdown, around 10% reported an increase in the amount of time they spent volunteering during lockdown.

As shown in **Figure 7.2.3**, the majority of respondents across all age groups, who did not regularly volunteer before lockdown, reported that they spent the same amount of time volunteering during lockdown, ranging between 77% and 100%. That said, with the exception of those aged 15-19 years, all age groups reported an increase in the amount of time spent volunteering during lockdown, with the highest proportions found in those aged 20-24 years, 55-59 years and 50 to 54 years.

Figure 7.2.3 Responses to the question, before lockdown, was there any change to that during lockdown? By those that said they do not regularly volunteer their time and age



Households with children or one or more adult aged 65 and over, were less likely to report they spent more time volunteering during lockdown, both just 6%, compared with those households without children or households with no adults aged 65 and over, both at 11%.

By employment status, for those not regularly volunteering their time before lockdown, those in full time education and those not employed and not seeking employment saw the highest proportion of respondents spend more time volunteering during lockdown, around a quarter of all respondents in these groups. By employment sector, around a third of those working in transport and storage reported that they had spent more time volunteering during lockdown, which was in contrast to the finance sector where only 4% of respondents increased the amount of time spent volunteering during lockdown.

7.3 Volunteering - feedback

Respondents that opted to complete the full survey were asked a follow-up question on whether they had discovered any new charitable or community initiatives during lockdown which they would like to continue supporting in the long term. 507 respondents answered this question and unweighted 150 of these reported that they had discovered new initiatives and these were very wide ranging.

The most popular initiatives mentioned by respondents were; shopping/calling on people who were shielding, volunteering with St Johns and assisting with meals on wheels, 13, 12 and 9 respondents mentioned these respectively.

A number of respondents volunteered with organised initiatives which directly supported the coronavirus effort such as making PPE equipment, contact tracing and making hand sanitiser.

Craft activities were another way respondents were able to continue to volunteer their time during lockdown with some respondents knitting, sewing and crocheting various items including face coverings, blankets etc.

Others helped those in their community by online means either via 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, such as Living Streets and Guernsey Conservation Volunteers in order to continue to promote and maintain the benefits after lockdown.

For those respondents who did not discover any new charitable or community initiatives during lockdown, the vast majority did not expand on their answer. Those respondents that did give reasons cited; they were already committed to existing charities, were unable to volunteer due to their age or were finding the process of volunteering time consuming and bureaucratic.

7.4 Volunteering or contributing in other ways

An additional open-ended question was asked at the end of the survey "Are there any ways in which you would like to contribute, that you cannot do at present? For example, financially, volunteering, through work etc." 1,045 people responded.

Of the unweighted response, almost a third, 30%, reported that they could not contribute more than they do at present. For those who could contribute more, the most popular means was through volunteering, 292 responses. Although a large number of respondents expressed an interest in volunteering, relatively few suggested which specific areas they would like to volunteer in. For those few specifying a preference, a high proportion of these expressed an interest in volunteering initiatives relating to the environment with comments such as "I would like to volunteer more to work to a greener Guernsey. It was lovely having more people growing their own and having less cars on the road" and "I would volunteer to assist with green initiatives if they were to give long term positive changes". The other recurring areas where respondents expressed an interest in volunteering were helping young people (either in school or through after school activities), mental health charities and supporting elderly and or vulnerable persons.

Financial means were the next most popular way in which respondents felt they could contribute more, with 52 respondents expressing an interest in this, and in particular there was interest in investment in a States of Guernsey bond. Comments on this included "Potentially financial through a States Backed savings/investment opportunity designed to build a better island future" and "Invest in the bond which is being spoken about to raise funds for Guernsey now and in the future".

In addition, there was considerable interest from respondents in contributing more politically and strategically, with 46 respondents expressing views in this area. Comments relating to political and strategic contributions included "Happy to join steering groups or committees", "Please ask the public for more ideas on the islands future", and "I would consider standing as a Deputy".

Other areas respondents felt they were able to contribute post lockdown included through work, either through employing more people in their business or setting up a new business, supporting existing local businesses by shopping and spending locally and there were several ideas suggested for improving and regenerating the tourism offer in the Bailiwick.

8.1 Contact with nursing or residential care home residents

Table 8.1.1 Responses to the statement, someone I care about lived in a nursing or residential care home when lockdown started

% Yes	% No
10	90

Respondents who completed the full survey (3,126 respondents) were asked if the statement, "Someone I care about lived in a nursing or residential care home when lockdown started" applied to them. The information presented in **Section 8.1** is sourced from the free text comments received in relation to this statement and is not weighted.

10% of survey respondents indicated that someone they cared about lived in a nursing or residential care home when lockdown started. Of these respondents, almost two thirds reported that the impact on themselves had been negative. Most frequently, these comments were associated with feelings of sadness, worry and guilt.

Knowing how their loved ones were feeling and/or coping during lockdown was key to how this separation impacted the respondent. Some respondents had positive experiences at certain care homes with good communication and they felt as though their friend/relative was safe and in the best place. This experience varied between individual homes.

For those that had a more negative experience and/or experienced heightened anxiety, this was mainly due to lack of communication between either care home staff and the respondent or between the respondent and the person in the care home. It was felt that in lieu of not being able to visit in person, there should have been increased provision of communication devices or enabling mechanisms (in the case where residents were too weak to hold a phone/tablet themselves) to ensure that contact was maintained with those who would have otherwise visited.

There was increased distress to the respondent if the person being cared for had a degenerative condition e.g. dementia, Alzheimers or a terminal condition. Lack of communication and/or access to the person being cared for during lockdown resulted in some respondents reporting that the person being cared for no longer knew who they were when visiting was permitted again.

A small proportion of respondents were accepting of the situation.

Anxiety experienced by respondents was exacerbated when there was poor communication from the care home or a lack of communication from the States of Guernsey. The effect of hearing about cases second hand or through other sources was damaging to the trust that they had in the States and/or nursing home.

The reported negative effect on some loved ones due to their own confinement in their residential home was also a chief concern. After the lockdown eased, and self-isolation of the individual also eased, the negative effect resulted in some being too scared to conduct everyday tasks like shopping and required more support.

Table 8.2.1 Responses to the statement, someone I care about moved into a nursing or residential care home during lockdown

% Yes	% No
1	99

Respondents who completed the full survey (3,126 respondents) were asked if the statement, "Someone I care about moved into a nursing or residential care home during lockdown" applied to them. The information presented in **Section 8.2** is sourced from the free text comments received in relation to this statement and is not weighted.

There were far fewer respondents who indicated that someone they cared for had moved into a nursing or residential home during lockdown (see **Table 8.2.1**).

Survey respondents reported heightened stress and anxiety due to not being able to visit and, in the case of some partners or relatives, a feeling of loneliness and helplessness. As the move happened over lockdown, there was also a feeling for the respondent of not being in control as they could not visit the care home themselves to ensure they were happy with it prior to the admission of the new resident.

Others were happy with the high standard of care offered, but acknowledged the fact that there was also potential for increased confusion and/or likelihood of displaying symptoms in cases where the person moving into care was suffering from a long term degenerative condition.

If the person had moved into the care home for end of life care, this was also very distressing for the respondent as they knew that they would not be able to visit them in person, and the individual would be isolated from friends and family at this time.

Table 8.3.1 Responses to the statement, someone I care about was in hospital when lockdown started

% Yes	% No
1	99

Respondents who completed the full survey (3,126 respondents) were asked if the statement, "Someone I care about was in hospital when lockdown started" applied to them. The information presented in **Section 8.3** is sourced from the free text comments received in relation to this statement and is not weighted.

There were very few responses indicating that there was someone that the respondent cared about in hospital when lockdown started; 1% as indicated in **Table 8.3.1** . As per the previous sections, the overarching area of concern was lack of access (no visitation) to the individual that was in hospital and the anxiety surrounding the current situation at the beginning of lockdown.

Several comments were not necessarily linked to the local hospital but to UK hospitals; some for parents or friends that were located in the UK and others for locally resident patients that were undergoing treatment or surgery elsewhere.

There were also some that were in hospital at the beginning of lockdown for the birth of babies, the experience of being in hospital at this time was more negative in comparison to later on in lockdown.

Communication was a pivotal aspect to the experience of the respondent, with regards to both communication from the staff/team in the hospital department to the respondent/ family and from the patient in hospital to the respondent.

Table 8.4.1 Responses to the statement, someone I care about was admitted to hospital during lockdown

% Yes	% No
6	94

Respondents who completed the full survey (3,126 respondents) were asked if the statement, "Someone I care about was admitted to hospital during lockdown" applied to them. The information presented in **Section 8.4** is sourced from the free text comments received in relation to this statement and is not weighted.

As reported in **Table 8.4.1**, 6% of respondents had someone that they cared about admitted to hospital during lockdown.

The main issue for the majority of respondents was the lack of access to see relatives or friends that had been admitted to hospital. These admissions were for a variety of reasons, from age related conditions or injuries/breakages, to diagnoses including cancer, heart attack, and COVID-19. Some admissions involved further onwards transfer to UK hospitals for treatment, therefore there was no possibility of visiting at this time.

The main fear about those that had been admitted for more serious reasons, was that the person would die before being seen by a relative or friend or that they would die alone. Due to the timing of the admission, this was exacerbated by following a period of social distancing / bubbling.

There were also 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 respondents who passed comment.

Comments provided by those that answered 'yes' to this question indicated that they found it stressful or distressing; there was a feeling of helplessness and guilt at not being able to visit or provide close support. There was also acceptance and understanding from many of the situation.

8.5 Contact with Emergency Department attendees

Table 8.5.1 Responses to the statement, someone I care about attended the Emergency Department during lockdown

% Yes	% No
8	92

Respondents who completed the full survey (3,126 respondents) were asked if the statement, "Someone I care about attended the Emergency Department during lockdown" applied to them. The information presented in **Section 8.5** is sourced from the free text comments received in relation to this statement and is not weighted.

Overall, 8% of respondents said someone they cared about attended the Emergency Department during lockdown (see **Table 8.5.1**).

There were attendances for a variety of reasons from small accidents to road traffic collisions, broken limbs, mental ill health, and emergency treatments. The most frequent comments received were that they found it difficult not to accompany the individual at a time when they needed their support.

The respondents comments received in descending order of frequency were as follows:

- It was difficult not to accompany/support the person they cared about into the Emergency Department or visit
- Due to COVID-19, they suffered additional worry/stress about the person attending the Emergency Department
- The Emergency Department was efficient and well run during lockdown and the experience was positive / reassuring / they were well looked after
- The experience was ok/neutral
- The experience had a negative impact
- Some respondents found that they felt helpless
- The person cared about had a poor experience / delayed treatment

Generally, most respondents indicated that they had a positive experience regarding the care or treatment received, it was not being able to support or accompany those attending the Emergency Department and the additional anxiety over the COVID-19 situation that were the main issues raised.

There were only a couple of very negative comments, in these cases they were associated with being turned away or needing to visit more than once before receiving a treatment that helped. For these few there was also a feeling as though the care that was, or was not, administered was affected due to fear of the risk of contracting COVID-19 by the staff/hospital.

There was an increased tendency for respondents aged between 20 (13% of 20-24 year olds) and 54 to know someone who attended the Emergency Department during lockdown.

Table 8.6.1 Responses to the statement, someone I care about was given a terminal diagnosis or was in end of life care before lockdown started

% Yes	% No
2	98

Respondents who completed the full survey (3,126 respondents) were asked if the statement, "Someone I care about was given a terminal diagnosis or was in end of life care before lockdown started" applied to them. The information presented in **Section 8.6** is sourced from the free text comments received in relation to this statement and is not weighted.

Overall, 2% of survey respondents had someone that they cared about that had received a terminal diagnosis or was in end of life care before lockdown started (see **Table 8.6.1**).

Respondents expressed how upsetting and/or frustrating it was for themselves and their families to not visit a relative to say goodbye, or to not see and support relatives/friends that are undergoing treatment in the hope to prolong their lives.

There was concern by respondents that the person may die alone during the isolation period, as some respondents indicated that they knew people that had died without anyone by their side over this time and had been distressed by the way in which it happened. It was felt that lack of access to family (especially grandchildren) and friends also impacted on the quality of life remaining for the individual.

There were general comments on the heartbreak caused to families as well as feelings of isolation and increasing distance for those in care homes and for those caring at home for someone with a terminal condition.

There were comments passed on the inability for some respondents to easily leave and return to the island to visit family members or friends (sometimes to say goodbye) due to work commitments and the 14 day isolation requirement.

Table 8.6.2 Responses to the statement, someone I care about was given a terminal diagnosis or moved into end of life care during lockdown

% Yes	% No
2	98

Respondents who completed the full survey (3,126 responses) were asked if the statement, "Someone I care about was given a terminal diagnosis or moved into end of life care during lockdown" applied to them. The information presented in **Section 8.6** is sourced from the free text comments received in relation to this statement and is not weighted.

As shown in **Table 8.6.2**, overall, 2% of survey respondents had someone that they cared about that had received a terminal diagnosis or moved into end of life care during lockdown.

The impact of lockdown was particularly telling on this group of respondents. Not being with the person to support them at this time and, for some respondents, not being able to be there in person for a friend or relative's final days was a cause of extreme distress. This resulted in a lack of closure and prolonged emotional distress for the respondents in addition to feeling unable to comfort any other close relatives. There were also feelings of guilt about the person who was terminally ill (and in some cases passed away during lockdown) without anyone by their side. There were feelings of helplessness with regards to the situation.

This feeling of not being able to be present was the same whether the respondents relatives were in Guernsey or elsewhere during the initial stricter regulations surrounding lockdown, however as the phases progressed, there was increasing frustration at not being able to easily access friends or relatives elsewhere or vice versa, especially with the 14 day isolation requirement. The impact and frustration of not being able to see relatives at the end of their lives is covered more fully on **page 53**.

It was perceived in some cases that the terminal diagnosis resulted from delayed appointments with specialist consultants and/or delayed treatment. The way in which terminal diagnoses were given (for example, over the telephone, since face-to-face was not possible) added to the negative feelings about the situation.

Access to friends or relatives in care homes or end of life nursing care was made very difficult for some respondents; this exacerbated an already painful situation, increasing associated anxiety and stress.

Table 8.6.3 Responses to the statement, did anyone you care about pass away during lockdown?

% Yes	% No
14	86

Survey respondents were asked the question, "Did anyone you care about pass away during lockdown?" The responses of those that provided an answer other than "prefer not to say" (2,436 respondents) are shown in **Table 8.6.3.** 14% of respondents indicated that someone they cared about passed away during lockdown.

Table 8.6.4 Responses to the question, were you prevented from doing any of the following by the lockdown restrictions?

% Seeing them in person before they died	% Being with them at their death	% Attending their funeral, celebration of life and/or wake	% Observing other religious or spiritual rituals	% All or more than one of these options	% Other
22	2	61	1	6	8

Respondents who indicated "yes" to the question displayed in **Figure 8.6.3**, were then asked the question, "Were you prevented from doing any of the following by the lockdown restrictions?" The responses of those that provided an answer other than "prefer not to say" (336 respondents) are shown in **Table 8.6.4**.

As indicated in **Table 8.6.4**, the most frequently indicated action that people were prevented from doing out of the list of statements was "attending their funeral, celebration of life and/or wake". Not being at the funeral to show their respect and supporting the family members in person was very concerning for the respondent. The impact on mental wellbeing due to a lack of closure and guilt at not attending was pervasive for many across the comments received.

Not being able to comfort or hug close family members at this time was a cause of extreme distress for some respondents that experienced loss of family.

Friends or relatives dying alone and not being able to properly visit them at this time was one of the main areas of comment. 22% of respondents indicated that they were prevented from seeing the person who had passed away. The respondent, in some cases, was willing to wear PPE and isolate for 14 days if it had meant that they could have visited close family members, or be by the side of their loved one when they passed away.

There were comments on the effect of shielding, not only on the isolation and impacts on mental health and well-being of the individual that died in their last days, but also potentially missed opportunities for life-saving care.

The main reason for respondents indicating "other" was that they could not travel as the person who died was located in another country or island, preventing respondents either from seeing the person they cared for in person before they died or attending their funeral or celebration of life. Respondents reported missing the final days of parents or close friends and their funerals, when they were located off island.

9.1 Methodology

The Community Survey was commissioned as part of a research project aimed at understanding how the wellbeing of the community has been impacted by the global coronavirus pandemic and the measures put in place in the Bailiwick to control the spread of the virus locally. It was undertaken in-house with costs kept to a bare minimum (with £10,000 spent on analysis, translation, advertising and printing). Data collected via this survey is intended to be combined with data from a wide range of States' sources and research undertaken by other organisations in order to understand the full picture.

The Survey was launched on 22nd June and closed on 30th July 2020. The questionnaire was made available online (in English, Latvian, Polish and Portuguese) and also on paper. Participation was voluntary but encouraged via media releases and briefings, on social media, via a fieldworker in town and the bridge and by email to those that had registered with the Community Monitoring Tool and the States' notification system **mynotifications.gov.gg**. In total, 3,699 people completed one of the surveys, which equates to 7% of the population of the Bailiwick aged 16 or over.

An alternative (easy read) survey was issued on the same day to Adult Disability Service users and was also made available on the website and promoted by the States Disability Officer. 51 people completed that survey. PDF copies of both survey questionnaires are available from **gov.gg/communitysurvey**.

Respondents were not asked for any information that would personally identify them and were able to answer as many or few questions as they wished. There was an option to skip the more detailed questions and 295 respondents selected that option. Results are presented as percentages of those that didn't skip the question and provided a response other than "prefer not to say". Some questions were only applicable to some of the respondents (identifiable via responses to earlier questions); the results of these questions are presented as percentages of respondents to whom the question applied and are described as such in the report. As a result, the lowest statistical confidence interval for figures presented in this report is plus or minus 2.5% at a confidence level of 95%. Questions that had 2,300 or more respondents have a confidence interval of 2%. However, these confidence figures should be read in the context of the information above regarding the raw nature of the data used.

The profile of respondents did not match the demographic profile of the population of the Bailiwick, but weightings have been applied (relating to age, gender and household income, as described on the next page) to statistically adjust for this and ensure the quantitative results provided in this report are representative. All the results in this report are based on the weighted data.

9.1 Methodology

The profile of respondents was compared with Bailiwick population demographics in terms of age, gender, economic status, household income, household composition and housing tenure. It was apparent that the raw profile of respondents was not representative, but a good match was achieved after weighting by age and gender and, subsequently, household income. The effect on the age and gender profile is shown below in **Tables 8.1.1**, **8.1.2** and **8.1.3** ("other" includes those that left the question blank, selected "prefer not to say", "non-binary" or "prefer to self-describe".

Table 5.1.1 Bailiwick population age and gender

	% female	% male
15 to 19	3	3
20 to 24	3	3
25 to 29	4	4
30 to 34	4	4
35 to 39	4	4
40 to 44	4	3
45 to 49	4	4
50 to 54	5	4
55 to 59	5	4
60 to 64	4	4
65 to 69	3	3
70 to 74	3	3
75 and over	6	5
None	0	0
Total	51	49

Table 5.1.2 Unweighted survey respondents age and gender

	% other	% female	% male
15 to 19	<1	1	0
20 to 24	<1	2	1
25 to 29	<1	4	1
30 to 34	<1	5	1
35 to 39	<1	6	2
40 to 44	<1	7	3
45 to 49	<1	8	3
50 to 54	<1	9	3
55 to 59	<1	8	3
60 to 64	<1	8	4
65 to 69	<1	5	3
70 to 74	<1	5	2
75 and over	<1	3	2
None	1	1	1
Total	2	69	29

Table 5.1.3 Weighted survey respondents age and gender

	% other	% female	% male
15 to 19	<1	3	3
20 to 24	<1	3	3
25 to 29	<1	3	4
30 to 34	<1	4	4
35 to 39	<1	4	4
40 to 44	<1	4	3
45 to 49	<1	4	4
50 to 54	<1	4	4
55 to 59	<1	5	4
60 to 64	<1	4	4
65 to 69	<1	3	3
70 to 74	<1	3	3
75 and over	<1	6	4
None	<1	1	1
Total	1	51	48

10.1 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 at **gov.gg/data**, please contact us for further information.

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