

Bailiwick of Guernsey Community Survey Report

Findings relating to physical and mental health and other support services

Issue date 15th January 2021

This report contains the fifth and final 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

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1.1 Introduction

This is the fifth and final report in a series that has been published to provide the results of the 2020 Community Survey. It focuses on the experience of households with regards to health care (both physical and mental) and associated support services during lockdown. It includes feedback on health services provided by the States and other organisations and individuals. It also reviews the range of communication channels used by the States to provide information during lockdown.

This report follows on from previous reports on self isolation, bubbling and contact with other people during lockdown (late December 2020), income, expenditure and shopping experiences (early December 2020), working, job seeking and studying (October 2020), and the report of 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 has helped ensure the information provided by the community was reflected back within a timescale that meant it could 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, made available on the website and promoted and distributed by the States Disability Officer to those living in specialised housing which involve some element of care (the results of this shorter survey can be found in [Section 5](#)).

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

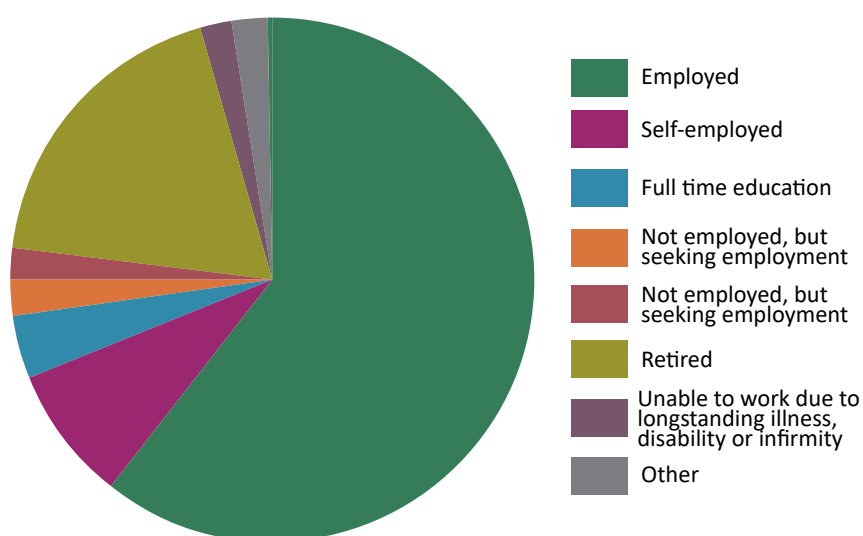
- Respondents with a long term illness or physical disability (which were more common for older respondents), or who were pregnant or had a baby in the last 6 months were more likely to have attended the Emergency Department or Outpatient Department during lockdown compared to average. Those respondents in older age groups and those respondents with a health condition were more likely to have had a phone call, face to face consultation or visit with a GP or the Medical Specialist Group during lockdown, when compared to the overall response.
- Feedback on health services provided by the States and other organisations and individuals during lockdown was generally positive. Respondents noted they were organised, provided a good service and that they felt safe when attending in person. Negative comments mostly related to services provided by phone; some of those making contact with their GP felt it was not as personal or easy to discuss issues over the phone and some that contacted the clinical helpline and Medical Specialist Group encountered communication issues e.g. receiving inconsistent, limited and (in a few cases) what was felt to be poor advice.
- A fifth of respondents reported putting off seeing a doctor/GP during lockdown; this was particularly prevalent for younger age groups. This included respondents with: acute mental health needs, infections, concerns about suspicious moles or extreme skin conditions, limb pains, long term headaches, pregnancy, miscarriage and heart palpitations.
- 1% of respondents accessed the States Mental Health Service and another 1% accessed Guernsey Mind, the Samaritans or another local charity. 4% of respondents said they had accessed online mental health support resources and 5% had accessed other sources of mental health support, such as a therapist. Feedback from these respondents was mixed, with some feeling well supported and others expressing frustration relating to using video or phone calls as a means of providing support or a lack of support (in some cases based on experiences prior to lockdown).
- Feedback regarding the Adult Disability Service, which encouraged service users to complete a survey in an easy read format, indicated that most respondents were happy with the support they had received. Those living in family homes held more varied opinions, compared to those living in a supported/group setting which were almost all positive. When respondents were asked “What could people have done to help you more?”, respondents mentioned more activities, alongside practical support such as assistance with phone calls and help to keep in contact with others.
- There were differences in how respondents accessed information during lockdown by their age and as a result, the feedback on the clarity and accessibility of information also varied by age. Younger age groups tended to receive information from the States’ websites, States’ and other social media accounts and from family and friends. Older age groups more often reported receiving information by watching Channel TV or BBC news, reading Guernsey Press/Bailiwick Express, listening to Island FM/BBC Guernsey or reading States’ flyers/leaflets.
- 14% of respondents reported there were aspects of lockdown that could have been explained better. The key aspect that respondents felt could have been explained better was bubbling; in particular, respondents would have liked greater clarity at the outset as to how the bubbles would evolve in order to inform their initial decisions on who to bubble with. Other areas respondents felt could have been explained better were: rules on exercising, phase 4, travel restrictions, the rationale for decision making and the advice for those shielding or self isolating. Some expressed frustration that some of the information and briefings were only available via social media.

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. These figures for the different islands in the Bailiwick vary in proportion but are relevant in relation to the resident population.

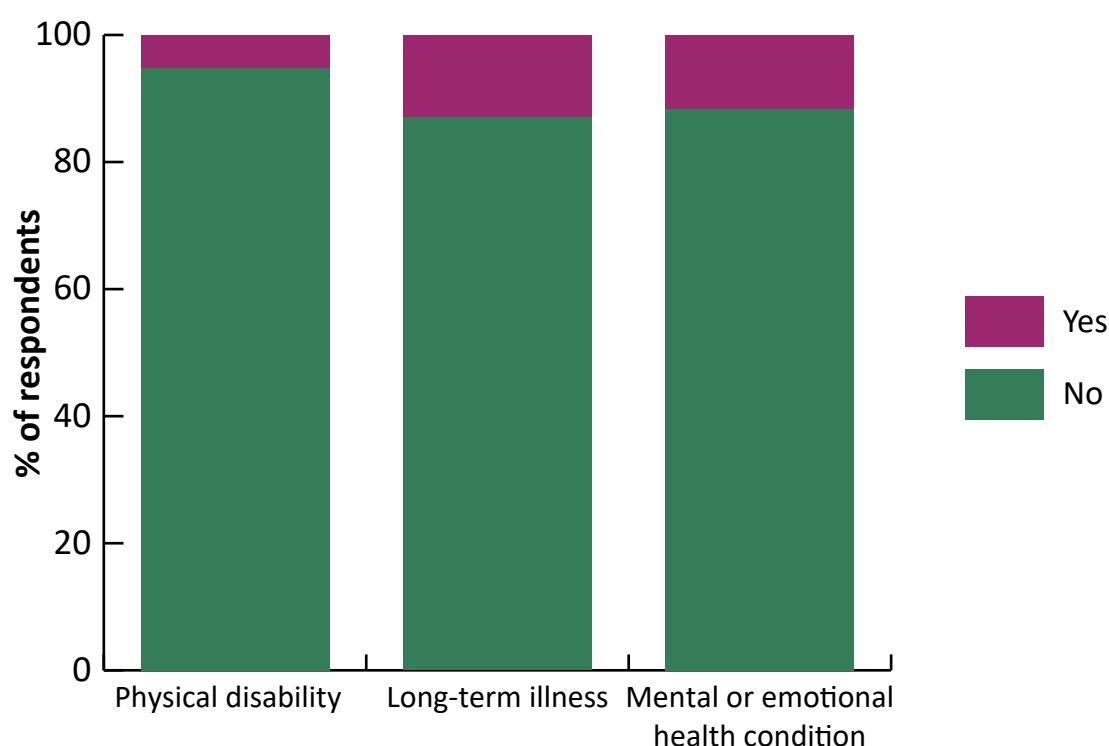
Figure 2.1.1 Responses to the question, which of the following best describes your work situation just before lockdown?



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 included within this description, 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



2.2 Profile of respondents by health 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

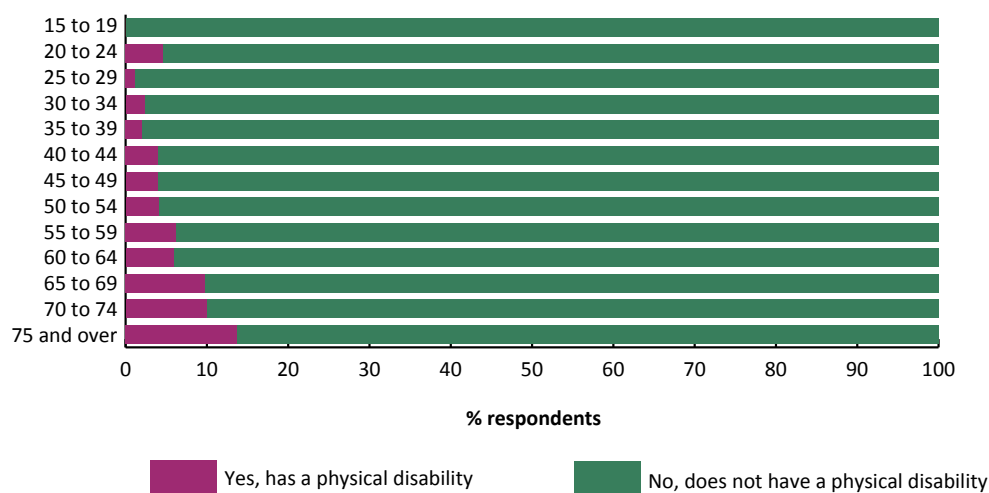


Figure 2.2.3 Respondents indicating a long-term illness by age group

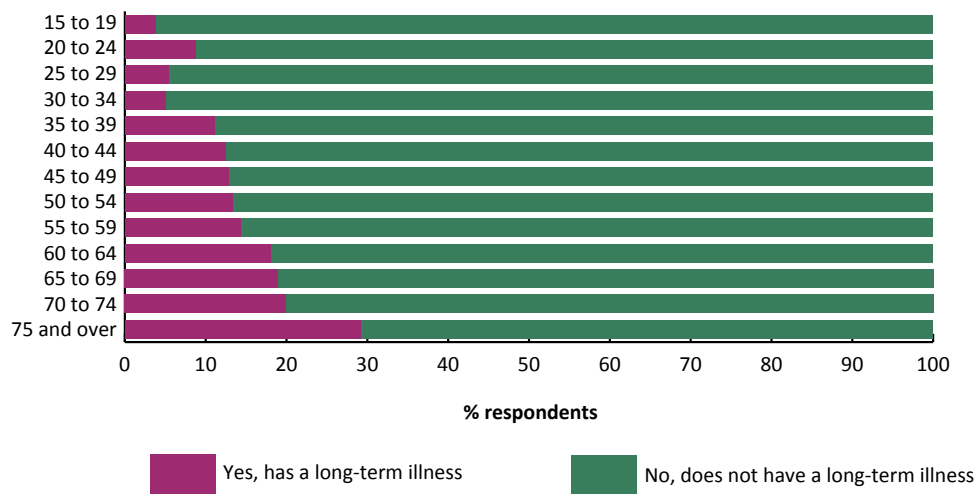
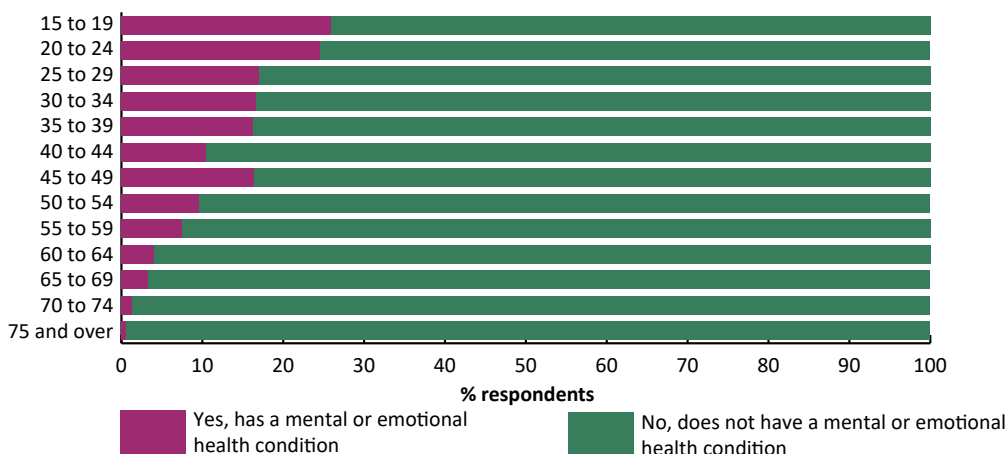


Figure 2.2.4 Respondents indicating a mental or emotional health condition by age group



3.1 Health Services – in hospital when lockdown started and/or admitted to hospital during lockdown

Table 3.1.1 Responses to the statement, I was in hospital when lockdown started and/or admitted to hospital during lockdown

% Yes	% No
1	99

In **sections 3 and 4**, summarised results are presented in a table at the head of the section. Graphs and comments by age, gender, economic status, housing or household income have only been included where results differ significantly from the overall average indicated in the table.

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I was in hospital when lockdown started and/or admitted to hospital during lockdown” applied to them. All responses (3,125 respondents) are shown in **Table 3.1.1**.

Analysis of the comments received from the limited number of respondents that were in hospital or admitted to hospital during lockdown was that the experience was overall a positive one. Some comments also included respondents who had to attend hospitals other than the Princess Elizabeth Hospital (PEH) for specific treatments or procedures.

3.2 Health Services – I attended the Emergency Department of the hospital during lockdown

Table 3.2.1 Responses to the statement, I attended the Emergency Department of the hospital during lockdown

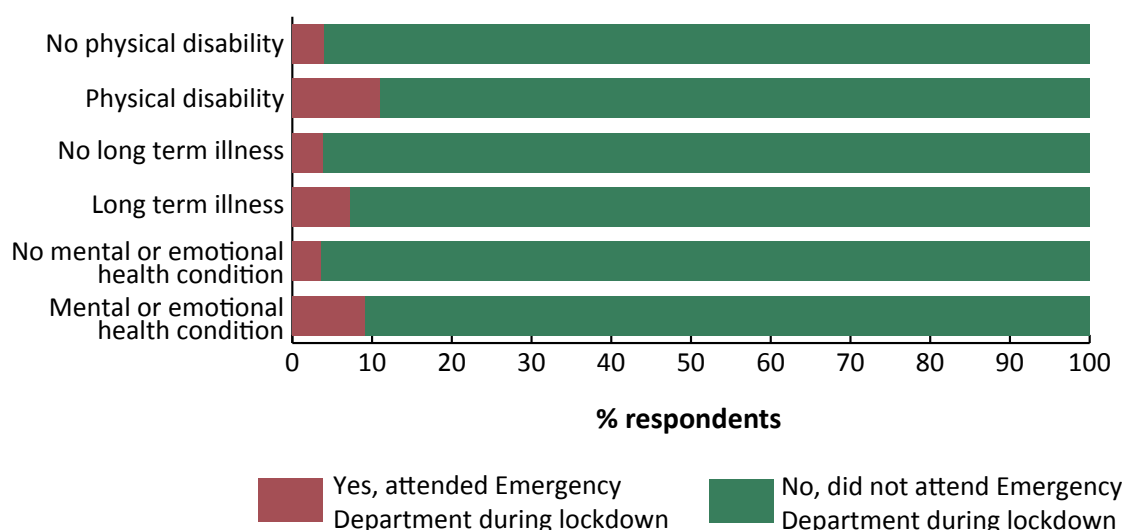
% Yes	% No
4	96

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I attended the Emergency Department of the hospital during lockdown” applied to them. All responses (3,125 respondents) are shown in **Table 3.2.1**. 4% of respondents attended the Emergency Department during lockdown.

Respondents in the 15-19 age group and 35 to 39 age group were the most likely to attend the Emergency Department during lockdown (8% and 7% respectively). It must be noted that there was a small number of people who attended the Emergency Department within each age group.

As can be seen in **Figure 3.2.1**, respondents with a health condition were more likely to have attended the Emergency Department during lockdown. 9% of those with a mental or emotional health condition attended the Emergency Department and there were overall proportionally more negative comments received from these respondents on their experience. 11% of those with a physical disability attended the Emergency Department during lockdown. For more information on the proportion of respondents with a health condition, see **Section 2**.

Figure 3.2.1 Responses to the statement, I attended the Emergency Department of the hospital during lockdown. By health condition



Respondents who were pregnant or had a baby within the last six months were also much more likely to have visited the Emergency Department over lockdown, with 13% reporting this in comparison to 4% not in this situation.

Feedback from respondents on the experience of the Emergency Department was generally good – those who attended indicated that the staff and service received was very good and reassuring, and patients felt they were in a safe and well organised environment.

The negative comments were mainly associated with the assessment of symptoms and service received. There were only a couple of comments that were specific to hygiene or COVID prevention measures in place.

3.3 Health Services – I attended the Outpatient Department of the hospital during lockdown

Table 3.3.1 Responses to the statement, I attended the Outpatient Department of the hospital during lockdown

% Yes	% No
3	97

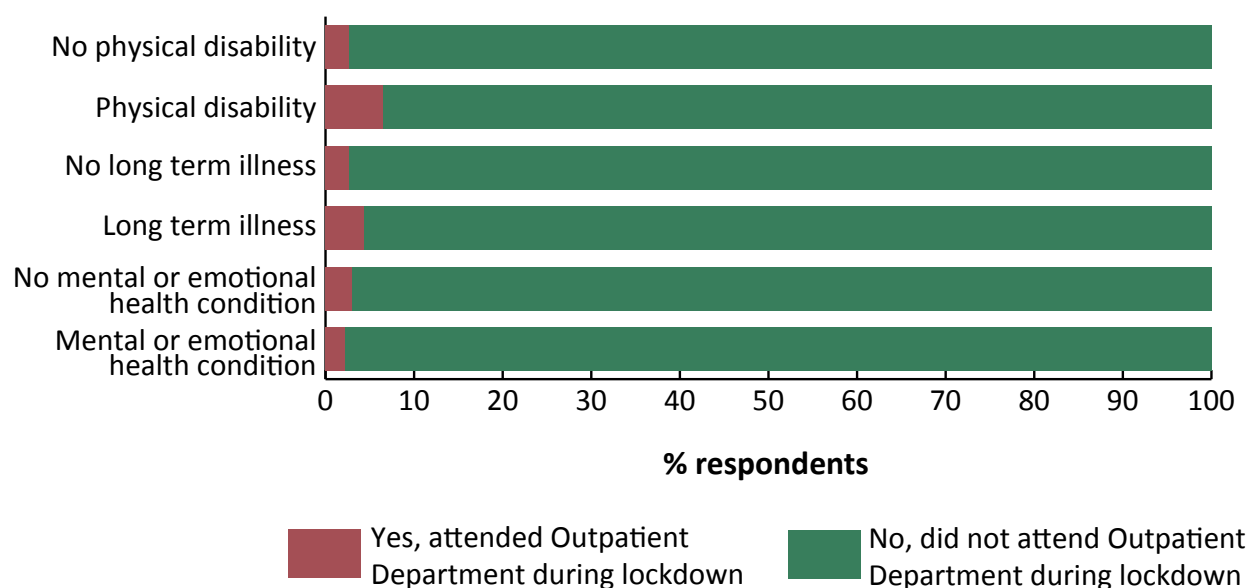
Respondents who opted to complete the full survey were asked to indicate whether the statement, “I attended the Outpatient Department of the hospital during lockdown” applied to them. All responses (3,126 respondents) are shown in **Table 3.3.1**.

Overall there were very few respondents that attended the Outpatient Department of the hospital over the lockdown period, the age group that used this facility the most were those aged 75 or over (8%).

As shown in **Figure 3.3.1**, respondents with a physical disability were most likely to have visited outpatients (6%), many of these were in the older age groups. 8% of respondents that had a baby within the past six months or were pregnant also had attended outpatients.

The majority of comments provided by respondents on their experience of the outpatient department were very positive.

Figure 3.3.1 Responses to the statement, I attended the Outpatient Department of the hospital during lockdown. By health condition



3.4 Health Services – I had a phone call or a face to face consultation with a GP, or a GP visit during lockdown

Table 3.4.1 Responses to the statement, I had a phone call or a face to face consultation with a GP, or a GP visit during lockdown

% Yes	% No
30	70

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I had a phone call or a face to face consultation with a GP, or a GP visit during lockdown” applied to them. All responses (3,127 respondents) are shown in **Table 3.4.1**. It shows that 30% of respondents had contact with a GP, either face to face or over the phone during lockdown.

Figure 3.4.1 shows that respondents in older age groups were generally more likely to have a phone call or face to face consultation with a GP, with 48% of those aged 75 or over contacting a GP. 36% of female respondents had a phone call or visit with a GP, in comparison to 24% of male respondents. Those who were pregnant or had a baby within the past six months were more likely to have had a phone call or face to face consultation with a GP, with 39% indicating this was the case. Respondents with one person aged 65 or over in the household were also more likely to have had a phone call or visit with a GP (36%).

Figure 3.4.1 Responses to the statement, I had a phone call or a face to face consultation with a GP, or a GP visit during lockdown. By age group

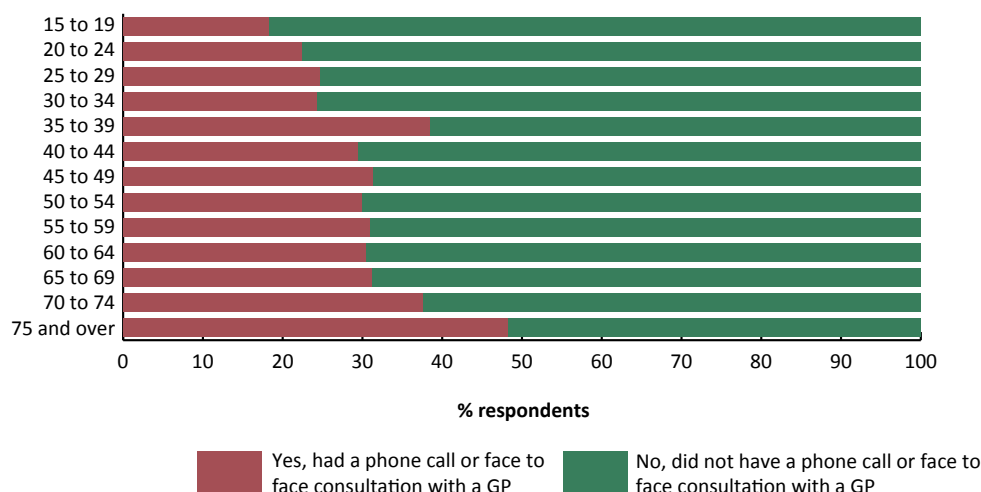
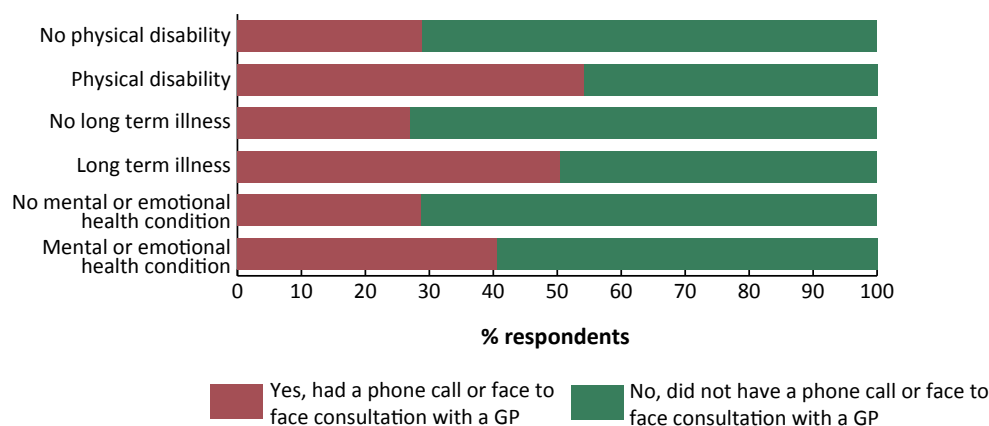


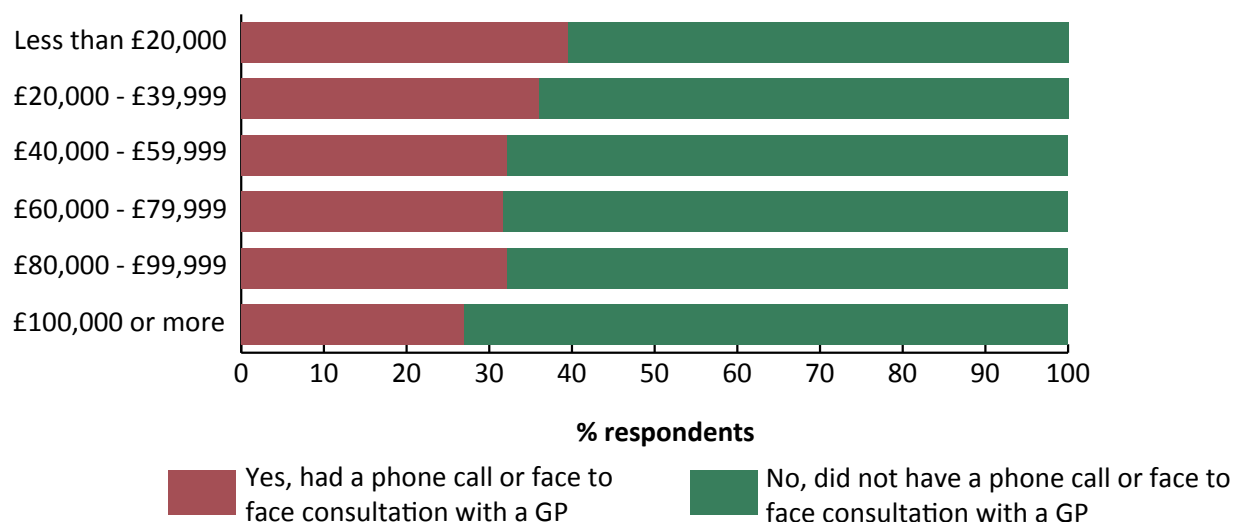
Figure 3.4.2 Responses to the statement, I had a phone call or a face to face consultation with a GP, or a GP visit during lockdown. By health condition



As shown in **Figure 3.4.2**, respondents with a physical disability or long term illness were approximately twice as likely to have had a phone call or face to face consultation with a GP during lockdown than those without.

3.4 Health Services – I had a phone call or a face to face consultation with a GP, or a GP visit during lockdown

Figure 3.4.3 Responses to the statement, I had a phone call or a face to face consultation with a GP, or a GP visit during lockdown. By household income



A greater proportion of respondents in the lowest household income bracket reported having a phone call or face to face consultation with a GP during lockdown than other household income bands (see [Figure 3.4.3](#)).

There were many comments due to the high volume of respondents that had attended surgery or had a phone call consultation. For those that had attended the surgery, the majority of positive comments indicated that the surgery was very well organised, provided a good service and felt very safe. For those that had a phone call or online consultation, there were many positive responses. They appreciated the efficiency of not having to attend the surgery (especially related to repeat prescriptions).

Negative comments often related to the cost of the phone call related to a repeat prescription, how it felt less personal, how respondents' felt less able to discuss issues over the phone and or with a GP they were not familiar with.

3.5 Health Services – I had a phone call or a face to face consultation with the Medical Specialist Group during lockdown

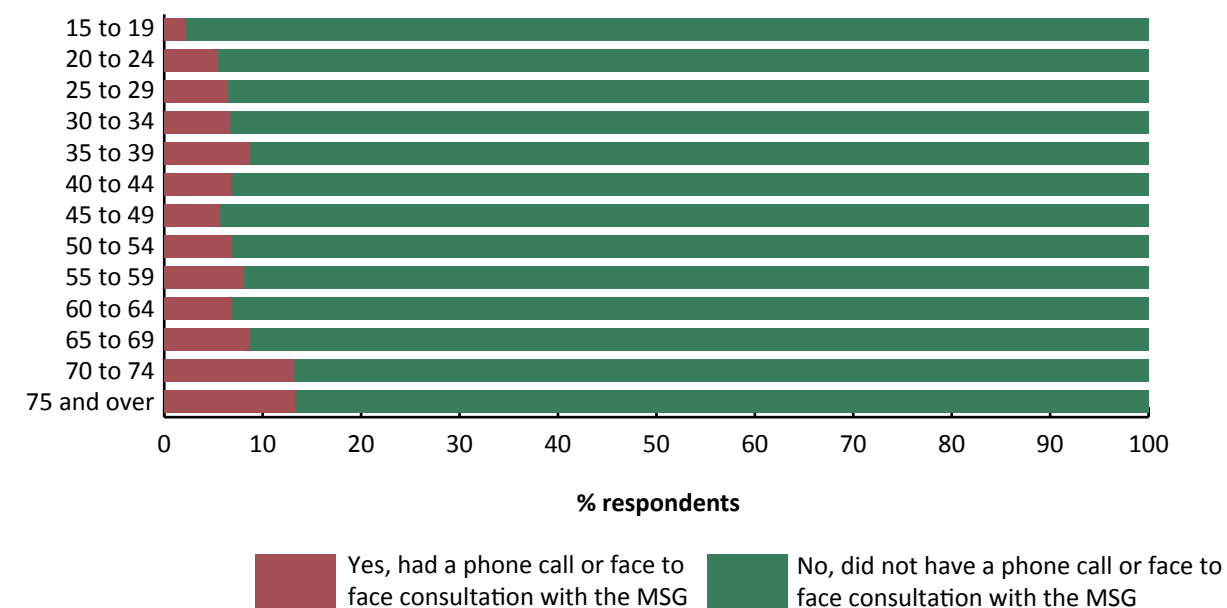
Table 3.5.1 Responses to the statement, I had a phone call or a face to face consultation with the Medical Specialist Group during lockdown

% Yes	% No
7	93

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I had a phone call or a face to face consultation with the Medical Specialist Group during lockdown” applied to them. All responses (3,126 respondents) are shown in **Table 3.5.1**. 7% of respondents had a phone call or face to face consultation with the Medical Specialist Group (MSG) during lockdown.

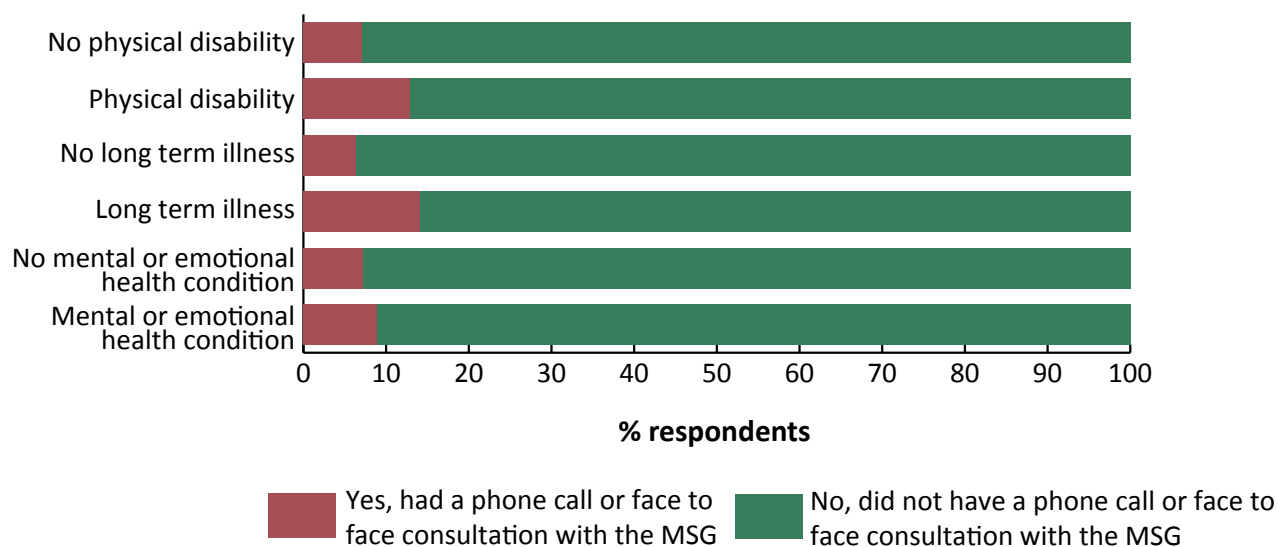
The likelihood of having a phone call or face to face consultation with the MSG was much higher in the older age groups (13% for people aged between 70 and 74 and 75 and over), but there was also a high rate of uptake from those in the 35-39 age group (at 9%, **Figure 3.5.1**). This is also replicated in **Figure 3.4.1**, with the same age group having an increased rate of GP consultation over the lockdown period.

Figure 3.5.1 Responses to the statement, I had a phone call or a face to face consultation with the Medical Specialist Group during lockdown. By age group



3.5 Health Services – I had a phone call or a face to face consultation with the Medical Specialist Group during lockdown

Figure 3.5.2 Responses to the statement, I had a phone call or a face to face consultation with the Medical Specialist Group during lockdown. By health condition



As shown in **Figure 3.5.2**, respondents with a physical disability or long-term illness were almost twice as likely to have had a phone call or face to face consultation with the MSG over lockdown (13% and 14% respectively) than respondents without those conditions (7% and 6%).

There was a very high likelihood of MSG consultation over lockdown if the respondent was pregnant or had a baby within the past six months, with 21% reporting that they had a phone call or face to face consultation. Respondent households with more than 3 children were also more likely to have had a consultation or phone call with the MSG (13%). MSG consultations over the lockdown period were also more likely when there was a 65 year old or over in the household.

Overall, the majority of comments received on the service were positive, respondents felt that they had a good experience and if they had a face to face consultation they felt safe and the situation was well managed. Some respondents actually preferred the medium of telephone/online especially for some consultations that would otherwise have been conducted off island.

There were few negative comments received, these tended to centre around communication issues between either the MSG and the service user or the MSG and specialist consultants in the UK. There were also comments with regards to follow up communications post-procedure or due to the delay of a procedure – these are covered in **Section 6** on delayed medical appointments or procedures.

3.6 Health Services – I was given a terminal diagnosis before lockdown started or during lockdown

There were a very limited number of respondents that indicated that they had received a terminal diagnosis before lockdown started or during lockdown. The comments received indicated that respondents did not feel that treatment was compromised by the lockdown, but that the experience was different to what it otherwise might have been. One patient expressed frustration that questions on treatment options couldn't be answered or that they received different answers from different people.

Further comments from respondents who knew someone who was diagnosed with a terminal illness can be found in the fourth report of findings which can be found here gov.gg/covid19data.

3.7 Health Services – I had a visit from a community nurse during lockdown

Table 3.7.1 Responses to the statement, I had a visit from a community nurse during lockdown

% Yes	% No
1	99

Respondents who opted to complete the full survey were asked to indicate whether the statement, "I had a visit from a community nurse during lockdown" applied to them. All responses (3,126 respondents) are shown in **Table 3.7.1**.

Of respondents who were pregnant or had a baby within the past six months, 10% had received a visit from the community nurse in comparison to 1% of the rest of the respondent population.

Feedback was neutral or positive.

3.8 Health Services – I sought advice from a pharmacist during lockdown

Table 3.8.1 Responses to the statement, I sought advice from a pharmacist during lockdown

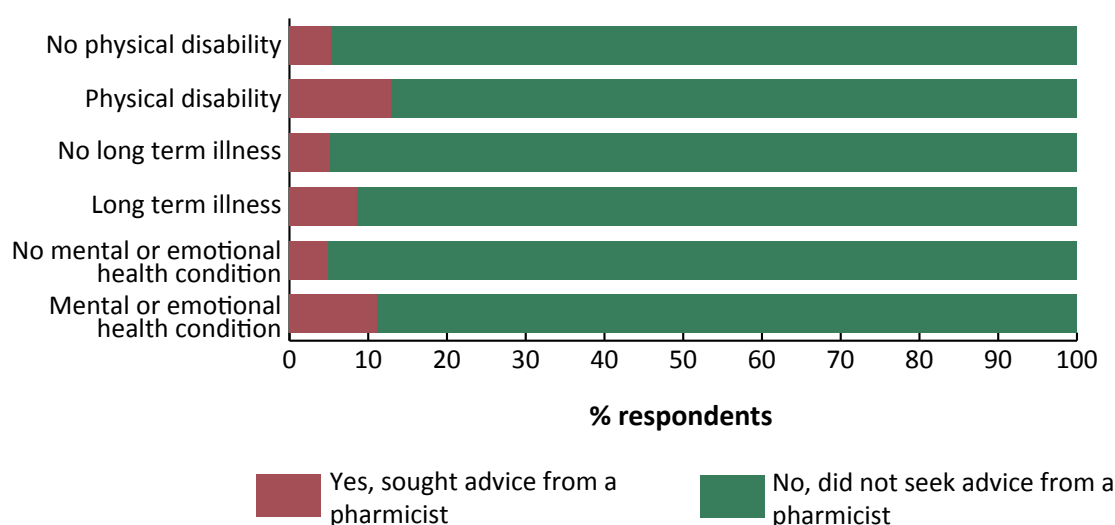
% Yes	% No
6	94

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I sought advice from a pharmacist during lockdown” applied to them. All responses (3,126 respondents) are shown in **Table 3.8.1**. It shows that 6% of respondents sought advice from a pharmacist during lockdown.

Respondents who were pregnant or had a baby within the past six months were less likely to have sought advice from a pharmacist during lockdown (3%). Although, as shown in earlier sections of this report, these respondents reported having more contact with the MSG, community nurses etc.

Figure 3.8.2 shows that respondents who had a physical disability or a mental or emotional health condition were more likely to have sought advice from a pharmacist over lockdown, at 13% and 11% respectively. 14% of respondents who were unable to work due to a longstanding condition or illness indicated that they had consulted a pharmacist over lockdown.

Figure 3.8.2 Responses to the statement, I sought advice from a pharmacist during lockdown. By health condition



12% of survey participants that were in a residential home or renting from the States/GHA or AHA indicated that they had contacted a pharmacist for advice. This was also true of 8% of respondents in the lowest household income bracket (with an income less than £20,000).

Generally comments were positive with respondents indicating that the majority of pharmacies/pharmacists were helpful and efficient. The delivery service for prescriptions was highly regarded. If attended in person, respondents felt safe although found the situation was strange in comparison to “normal” circumstances.

3.9 Health Services – I went to the dentist during lockdown

Table 3.9.1 Responses to the statement, I went to the dentist during lockdown

% Yes	% No
3	97

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I went to the dentist during lockdown” applied to them. All responses (3,126 respondents) are shown in **Table 3.9.1**. Just 3% of respondents went to the dentist during lockdown. Information on those who put off going to the dentist can be found in **Section 6.2** and **Section 6.4**.

Survey respondents in all age groups had visited the dentist over lockdown, but the 75 and over age group had the largest proportion, at 6%.

Respondents who indicated that they had a physical disability were twice as likely to have gone to the dentist over lockdown (6%) than those without a physical disability (3%).

Respondents who were unable to work due to longstanding illness, disability or infirmity were more likely to have visited the dentist over lockdown (7%) than other employment groups.

Feedback was that the experience of visiting the dentist was generally good and felt safe. However, delayed dental treatment and/or temporary fixes caused distress for those with painful conditions.

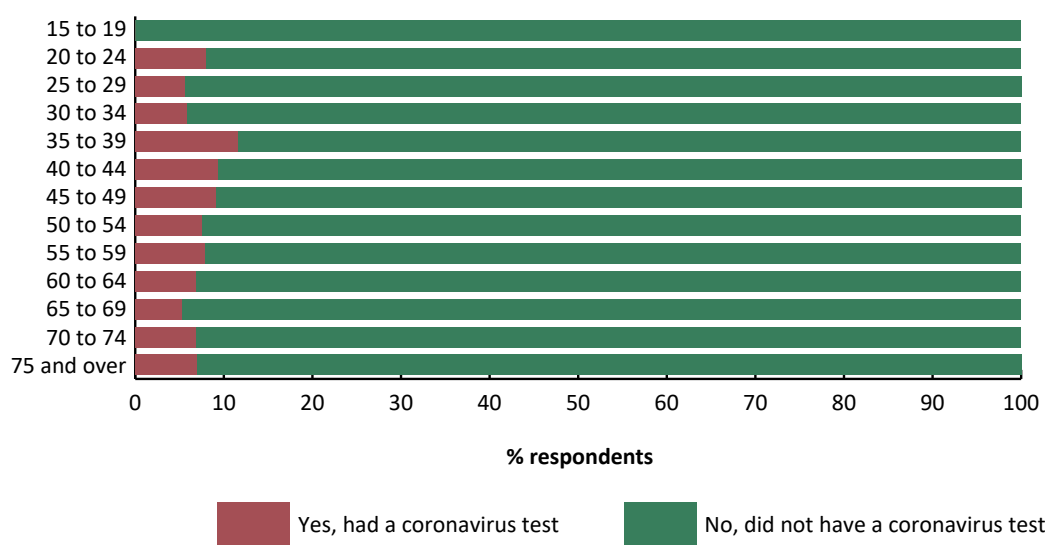
3.10 Health Services – I had a coronavirus test during lockdown

Table 3.10.1 Responses to the statement, I had a coronavirus test during lockdown

% Yes	% No
7	93

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I had a coronavirus test during lockdown” applied to them. All responses (3,127 respondents) are shown in **Table 3.10.1**.

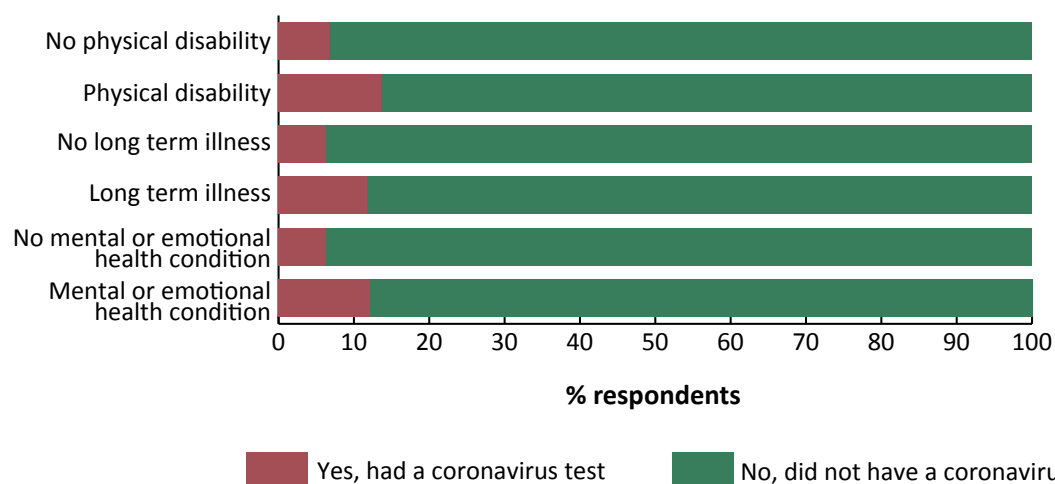
Figure 3.10.1 Responses to the statement, I had a coronavirus test during lockdown. By age group



A broad spectrum of age ranges had a coronavirus test during lockdown. The 15-19 age group was the only group to not contain any respondents that had a coronavirus test (see **Figure 3.10.1**). Those aged 35 to 39 were the most likely to have had a test, at 12%.

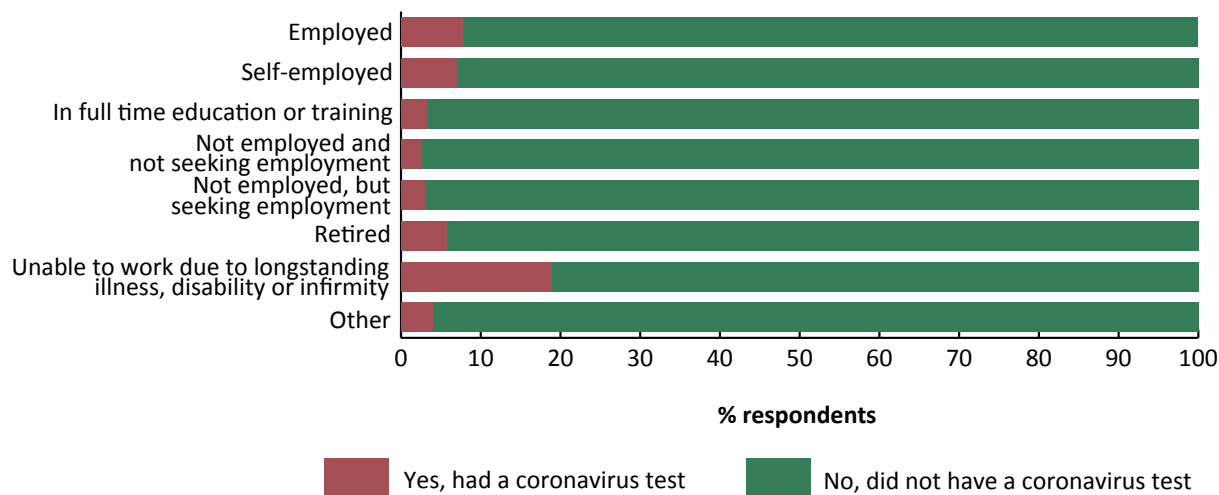
Respondents with the health conditions indicated in **Figure 3.10.2** were almost twice as likely to have had a coronavirus test than survey respondents without the condition. Pregnant respondents or new mothers were slightly more likely to have had a coronavirus test than the general population (9% compared to 7%). Respondents that were in receipt of care were also more likely to have had a coronavirus test over lockdown, at 11%.

Figure 3.10.2 Responses to the statement, I had a coronavirus test during lockdown by health condition



3.10 Health Services – I had a coronavirus test during lockdown

Figure 3.10.3 Responses to the statement, I had a coronavirus test during lockdown. By employment status



As shown in **Figure 3.10.3**, respondents that were unable to work due to a longstanding illness, disability or infirmity were more likely to have had a coronavirus test during lockdown (19%).

As expected, critical or essential workers were more likely to have had a coronavirus test, at 10%, in comparison to 6% of the rest of the surveyed population.

The feedback from respondents that had the coronavirus test and passed comment was generally very positive; there was a far higher ratio of positive to negative comments. Many had good experiences of the testing process and staff. Negative comments were generally related to the time it took before a test could be undertaken.

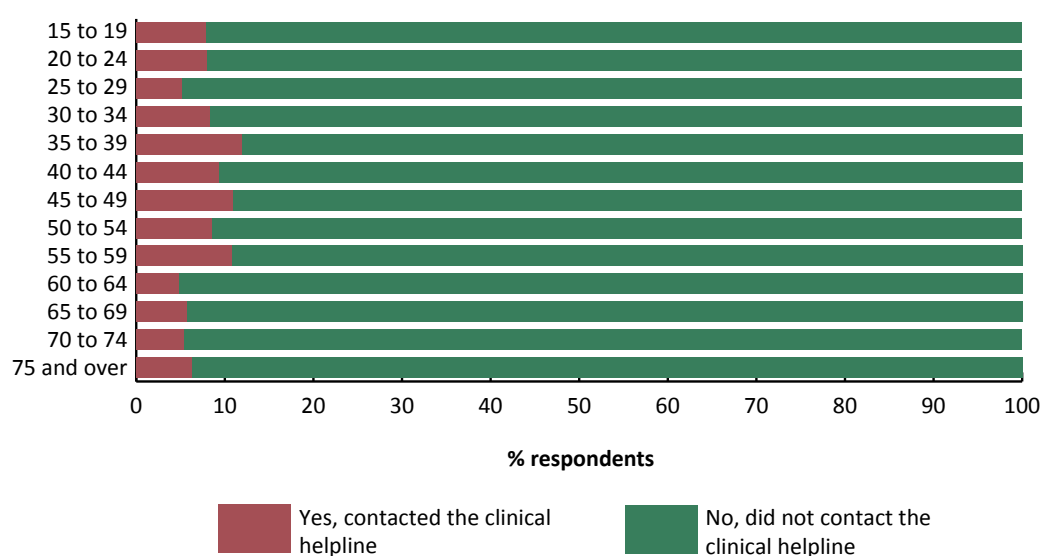
3.11 Health Services – I contacted the clinical helpline (by phone or email) during lockdown

Table 3.11.1 Responses to the statement, I contacted the clinical helpline (by phone or email) during lockdown

% Yes	% No
8	92

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I contacted the clinical helpline (by phone or email) during lockdown” applied to them. All responses (3,127 respondents) are shown in **Table 3.11.1**. It shows that 8% of respondents contacted the clinical helpline during lockdown.

Figure 3.11.1 Responses to the statement, I contacted the clinical helpline (by phone or email) during lockdown. By age group



Respondents in all age groups had contacted the clinical helpline during lockdown but the highest proportion was seen in the 35 to 39, 55 to 59 and 45 to 49 age groups (see **Figure 3.11.1**).

10% of female respondents had contacted the clinical helpline (by phone or email) during lockdown, in comparison to 6% of male respondents.

Respondents were more likely to contact the clinical helpline if there were children in the household. 11% of respondents with one child or more in the household contacted the clinical helpline, as did 11% of respondents who were pregnant or recently had a baby.

Critical workers were also more likely to have contacted the clinical helpline, at 11%, than non-critical workers (7%).

There were a third more positive comments than negative regarding the clinical helpline. Positive comments were full of praise, reporting the service was outstanding, they received good support, were professional, knowledgeable and were advised quickly and efficiently. Negative comments related to not receiving a reply to emails or receiving inconsistent, limited and, in some cases, what they felt was poor advice.

4.1 Mental Health Services – general comments

As shown in the earlier reports of findings (available from gov.gg/covid19data), overall more people reported that lockdown had a negative or strongly negative impact on their mental health and on their anxiety and/or stress levels than the number that reported it had a positive or strongly positive impact. This differs to responses regarding physical health, where more reported a positive or strongly positive impact than a negative or strongly negative impact.

Over the entire respondent population, a greater proportion of respondents indicated that they had relied on online resources (4%) or other sources (5%) for their mental health support than the States Mental Health Service (1%), the non-clinical helpline (1%) or Guernsey Mind, the Samaritans or another local charity (1%). It should be noted that in order to access the States Mental Health Service, as a new service user, a respondent would either have needed to self refer online or obtained a referral from a GP. In contrast, online resources will have been aimed at a broader audience and available to all.

Women were overall more likely than men to have reported accessing some help from any of the listed sources over the lockdown period. Respondents who were unable to work due to longstanding illness, disability or infirmity were more likely to use the mental health services that were listed in the survey than respondents in other employment groups.

Many noted suffering heightened anxiety or stress as a result of the situation and the continual news feed. Others reported their mental health becoming increasingly fragile as lockdown went on. Feelings of isolation contributed to this for some respondents who were living alone and those living with family but who did not feel that they could turn to them for help at this time.

Being unable to see and/or support family members who lived outside the Bailiwick was also a cause of anxiety and/or depression, especially when online means of communication were not suitable (for family members in care homes or for those with dementia, for example). This effect was not necessarily during the strict lockdown period, as many respondents indicated that they were understanding of those rules, but more during the later phases of the exit from lockdown.

Respondents who had recently had a baby or were pregnant commented that they were also feeling the impact of not being able to see family members face to face.

Many also noted concerns for the mental health of others e.g. their children and elderly family members.

There were a number of respondents that indicated that they found the mental stress of lockdown extremely difficult but did not access any of the services listed. Some respondents also indicated that although they did not access these services over the lockdown period they intend to in future due to increasing stress on exiting lockdown because of redundancy or escalating feelings of anxiety.

Some found it difficult to understand how to access mental health support over the lockdown period and others cancelled appointments due to them being via a phone call or online rather than face to face. More details are provided in [Sections 4.2 to 4.6](#).

4.2 Mental Health Services – consulted with Mental Health Service

Table 4.2.1 Responses to the statement, I had a phone or face to face consultation with the Mental Health Service (Healthy Minds) during lockdown

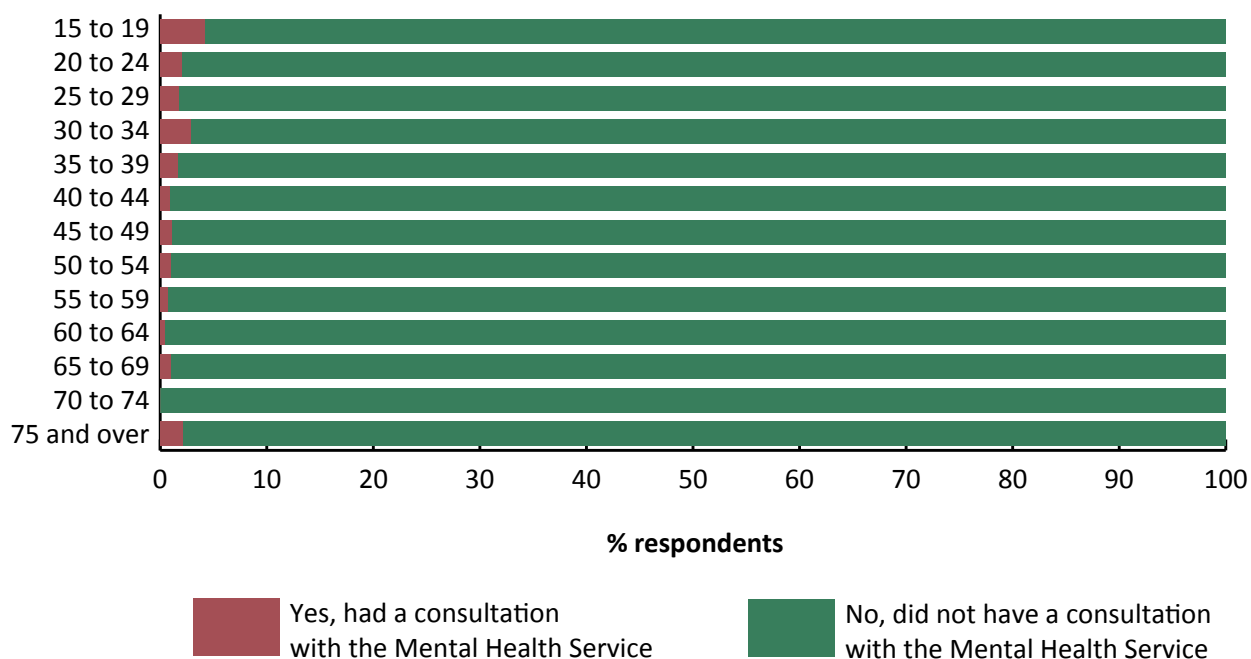
% Yes	% No
1	99

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I had a phone or face to face consultation with the Mental Health Service (Healthy Minds) during lockdown” applied to them. All responses (3,126 respondents) are shown in **Table 4.2.1**. It shows that overall, 1% of respondents indicated that they had a consultation with the Mental Health Service (Healthy Minds) during lockdown. In order to access the States Mental Health Service a respondent would either have needed to self refer online or obtained a referral from a GP.

Respondents in younger age groups were more likely to have a consultation with the Mental Health Service during lockdown; the 15-19 group had the highest proportion, at 4%. There were less frequent indications of use in the older age groups, with the exception of the 75 and over group where 2% had a consultation with the Mental Health Service (see **Figure 4.2.1**). However, there were people using the service within every age group.

Family members also indicated that they had phone calls with Healthy Minds for advice on behalf of their children. Respondents who were pregnant or had a baby within the past six months had a higher rate of contact than the rest of the population, at 3%. However, it’s worth noting that women were overall more likely than men to have reported accessing help from any of the listed sources over the lockdown period.

Figure 4.2.1 Responses to the statement, I had a phone or face to face consultation with the Mental Health Service (Healthy Minds) during lockdown. By age

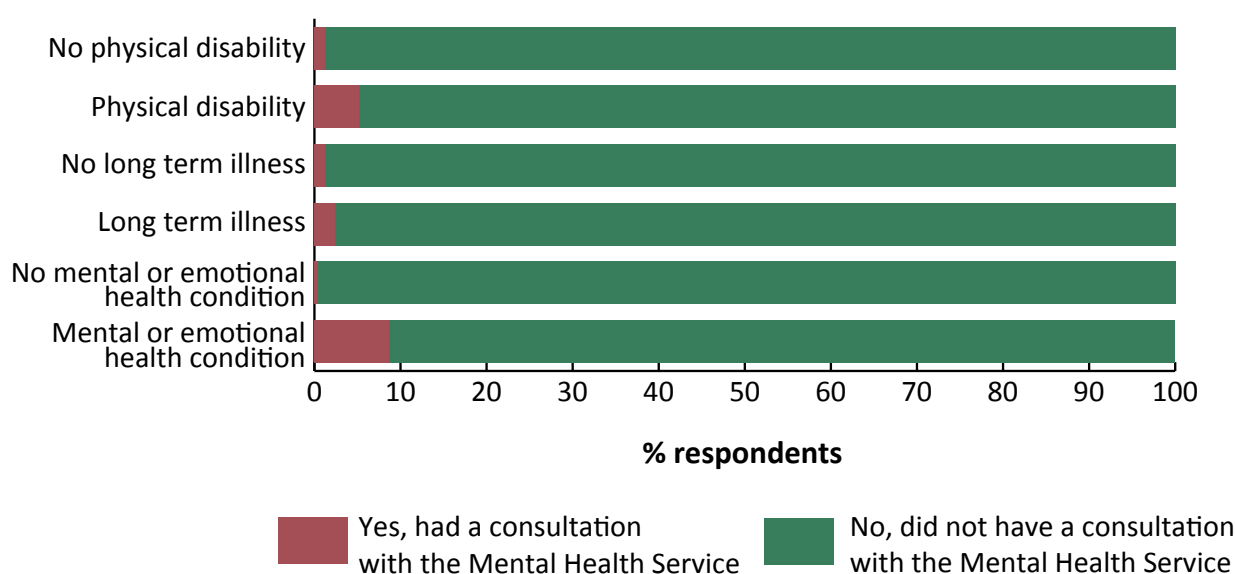


4.2 Mental Health Services – consulted with Mental Health Service

As expected, respondents with a mental or emotional health condition were more likely to consult with the Mental Health Service during lockdown than respondents without this condition (9% and <1% respectively, see **Figure 4.2.2**). Those with a physical disability were also more likely to access the Mental Health Service, at 5%. In line with these results, 20% of respondents who could not work due to longstanding illness, disability or infirmity consulted with the Mental Health Service during lockdown.

Respondents within the lowest household income bracket were most likely to access this service, at 4%.

Figure 4.2.2 Responses to the statement, I had a phone or face to face consultation with the Mental Health Service (Healthy Minds) during lockdown. By health condition



Frontline services such as the Emergency Department of the hospital and Bailiwick Law Enforcement are other routes through which people may access mental health support from the States. The profile of respondents accessing States support through those routes may differ from those presented here, which relate specifically to those who were in contact with Healthy Minds.

There were more positive than negative comments received from respondents that had a phone or face to face consultation with Healthy Minds. Several reported appreciating being phoned or being able to access support via video calls. However, others noted a reduction in the frequency of contact and issues with accessing therapy via video link.

Some respondents that had sought other forms of mental health support during lockdown noted that this was because they had a poor experience with Healthy Minds prior to lockdown.

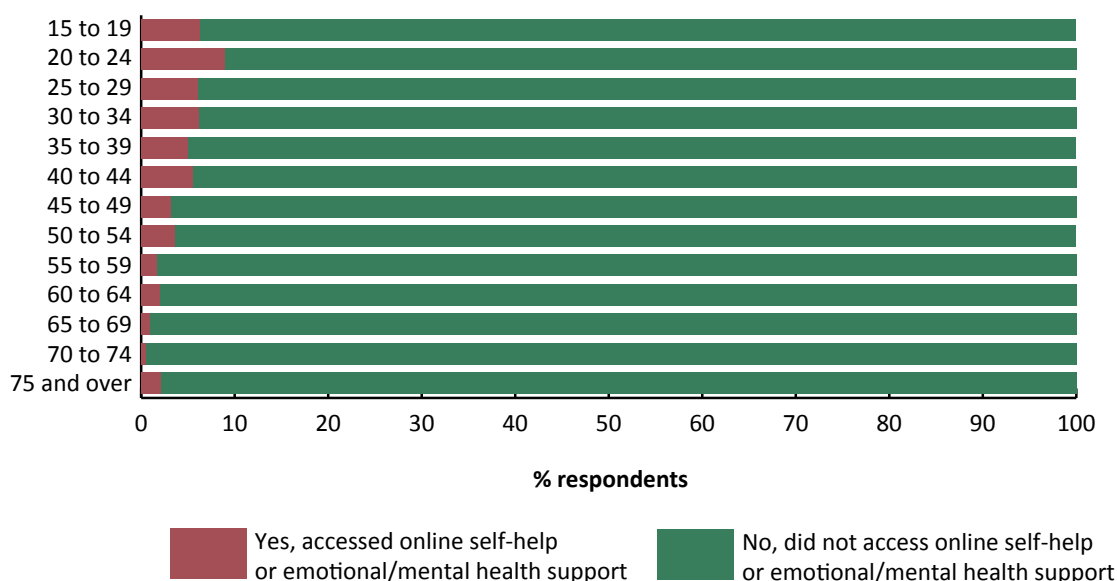
4.3 Mental Health Services – accessed online self-help

Table 4.3.1 Responses to the statement, I accessed online self-help for emotional or mental health support during lockdown

% Yes	% No
4	96

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I accessed online self-help for emotional or mental health support during lockdown” applied to them. All responses (3,128 respondents) are shown in **Table 4.3.1**.

Figure 4.3.1 Responses to the statement, I accessed online self-help for emotional or mental health support during lockdown. By age group

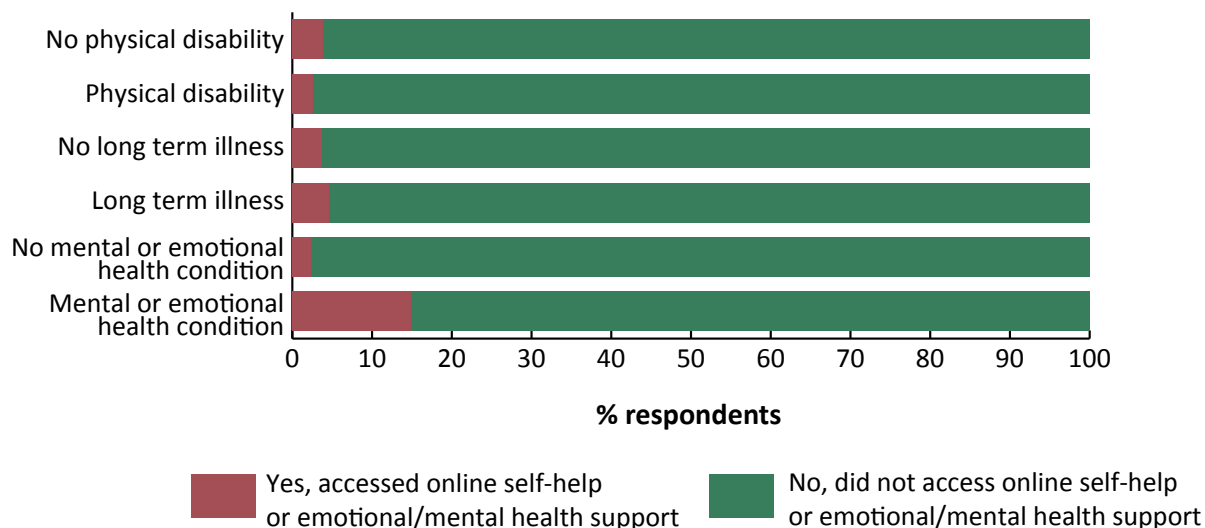


As shown in **Figure 4.3.1**, indications of accessing online self-help during lockdown were greatest for the youngest age groups, in accordance with the frequency of those indicating a pre-existing mental or emotional health condition (see **Figure 2.2.4**). The 20-24 year age group indicated the greatest use of online self-help tools. It should be noted the age profile of those accessing online self-help for emotional or mental health support during lockdown may not be reflective of those accessing online self-help post-lockdown.

Respondents who had a baby or were pregnant were twice as likely to have accessed online resources for emotional or mental support (8%), this is above the rate for females generally at 5% which were also higher than men at 3%.

4.3 Mental Health Services – accessed online self-help

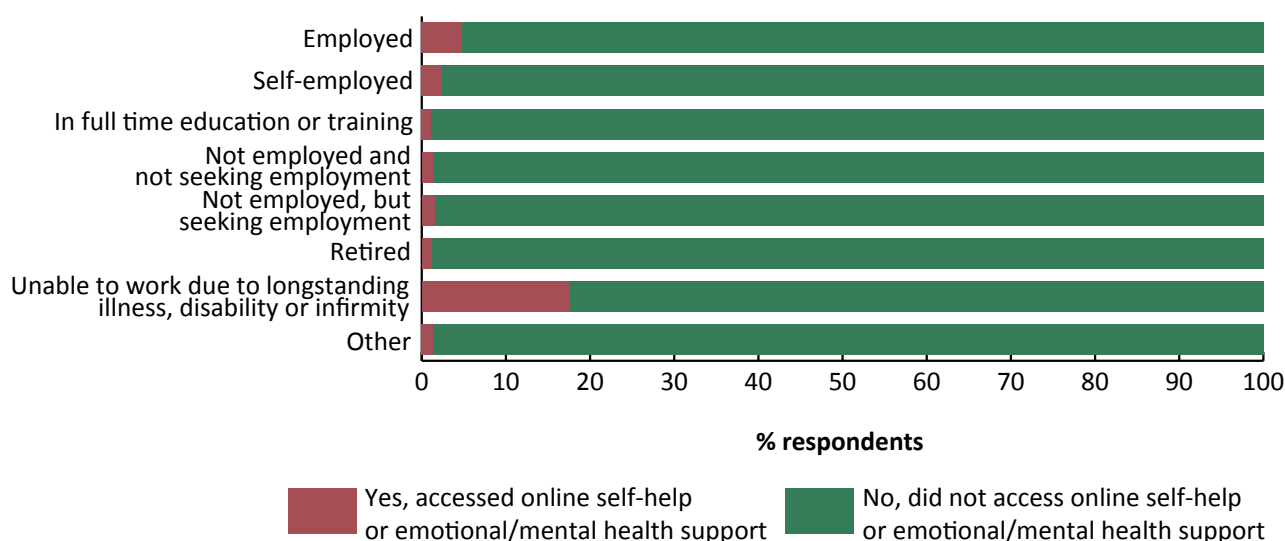
Figure 4.3.2 Responses to the statement, I accessed online self-help for emotional or mental health support during lockdown. By health condition



As shown in **Figure 4.3.2**, online self-help was most frequently used by respondents who reported having a pre-existing mental or emotional health condition (15%).

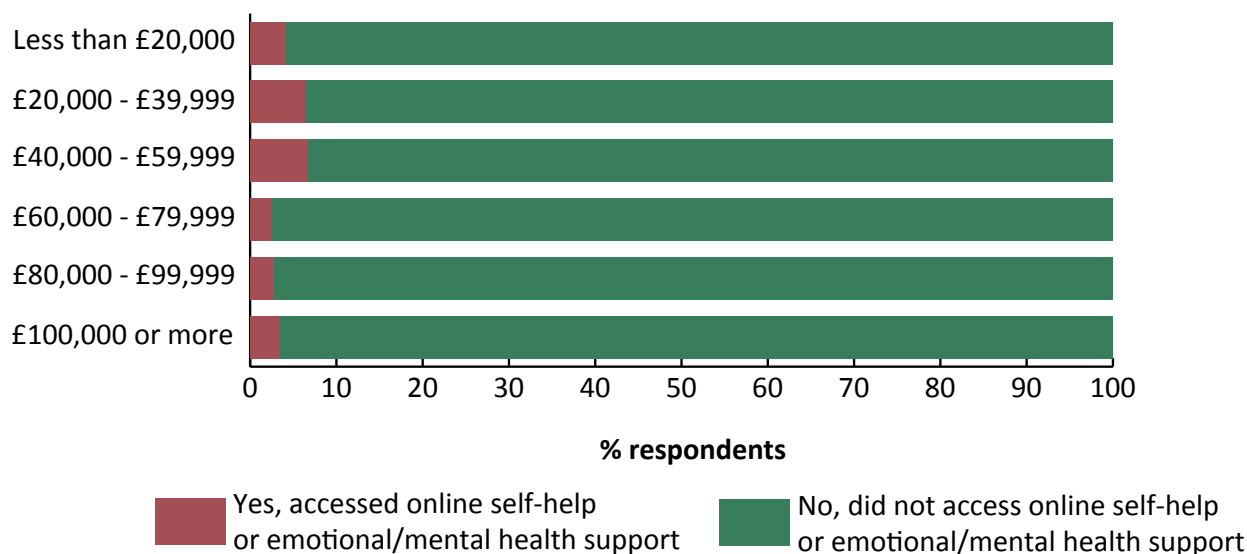
18% of respondents that were unable to work due to a longstanding illness, disability or infirmity used online self-help (see **Figure 4.3.3**).

Figure 4.3.3 Responses to the statement, I accessed online self-help for emotional or mental health support during lockdown. By employment status



4.3 Mental Health Services – accessed online self-help

Figure 4.3.4 Responses to the statement, I accessed online self-help for emotional or mental health support during lockdown. By gross household income



As shown in **Figure 4.3.4**, there was greater use of online resources by respondents with a gross household income of less than £60,000 (7% of respondents with a gross household income of £40,000-£59,999).

Online self-help and resources was a more frequently accessed option by respondents, particularly for those who were seeking assistance for someone other than themselves, such as on behalf of children, as they were worried about the effect a lack of social interaction might have.

Some struggled with their mental health and tried to find support in many different areas including online resources, there were also respondents who indicated that they were struggling with coming out of lockdown and felt scared about it.

Online resources were also used by respondents dealing with gender identity issues, who indicated that they were struggling to find out how to source support locally over lockdown.

Some respondents used this mechanism to access information on the support available from the States of Guernsey and local charities, whereas others accessed specific apps or support groups.

Although it was felt that the medium of online was less suitable than face to face for some individuals for therapy, it did help some respondents with feelings of isolation. Virtual contact was indicated as being important in helping to reduce feelings of isolation, especially for those for whom work is their main social environment.

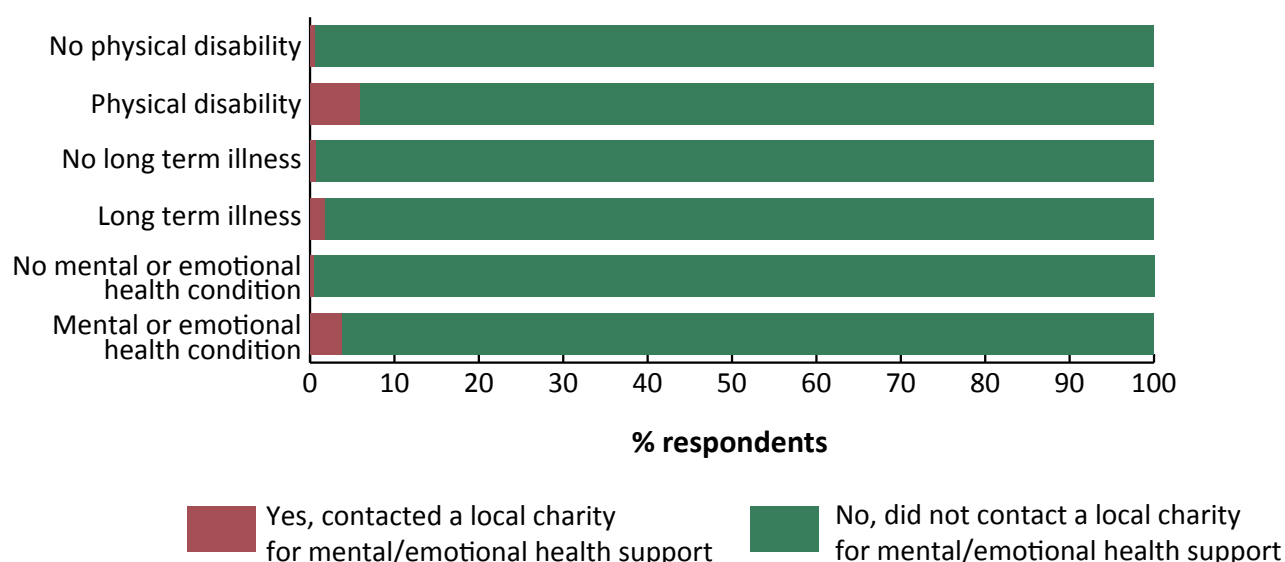
4.4 Mental Health Services – contacted local charities

Table 4.4.1 Responses to the statement, I contacted Guernsey Mind, the Samaritans or another local charity for emotional or mental health support during lockdown

% Yes	% No
1	99

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I contacted Guernsey Mind, the Samaritans or another local charity for emotional or mental health support during lockdown” applied to them. All responses (3,127 respondents) are shown in **Table 4.4.1**. The overall average number of people that contacted local charities for emotional or mental support was 1%.

Figure 4.4.1 Responses to the statement, I contacted Guernsey Mind, the Samaritans or another local charity for emotional or mental health support during lockdown. By health condition



As shown in **Figure 4.4.1**, the group that used these resources most frequently were those with a health condition, especially with a physical disability (6%).

Alderney based respondents had the highest indicated rate of contact with local charities, at 6%, when compared to respondents living in other Bailiwick islands.

Survey respondents in receipt of care (5%) were more likely to have contacted charities for mental health support than those not in receipt of care (1%).

There was decreased likelihood of having used a local charity for support with increasing gross household income; respondents with an income less than £20,000 at 3%, decreasing to 1% or less for households with over £40,000.

Some respondents indicated they sought charity support in addition to the support provided by the States (in particular, those that indicated zoom or similar online meetings did not help them). Other respondents reported trying to access support through as many routes of as possible.

4.5 Mental Health Services – contacted non-clinical helpline

Table 4.5.1 Responses to the statement, I contacted the non-clinical helpline (by phone or email) for emotional or mental health support during lockdown

% Yes	% No
1	99

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I contacted the non-clinical helpline (by phone or email) for emotional or mental health support during lockdown” applied to them. All responses (3,127 respondents) are shown in **Table 4.5.1**.

Overall 1% of respondents contacted the non-clinical helpline for emotional or mental health support during lockdown **Table 4.5.1**.

4% of respondents in the lowest household income bracket had contacted the non-clinical helpline. This is also reflected in the pattern by employment status; 4% of respondents that were not employed and not seeking employment and 5% of respondents that were unable to work due to longstanding illness, disability or infirmity contacted the non-clinical helpline.

Respondents of a range of ages had contacted the non-clinical helpline, although overall there were fewer in the older age groups of 60 plus.

Reasons for contacting the non-clinical helpline were generally with regards to the regulations. People were seeking confirmation as to whether they could consult a professional face to face or socialise (from a safe distance e.g. walking with friends) as they felt they needed to do this for emotional or mental health support.

Others were raising safety concerns (and associated anxiety and stress) for example relating to critical or essential workers who may have been exposed to the virus, but were living with more vulnerable family members.

4.6 Mental Health Services – support from another source

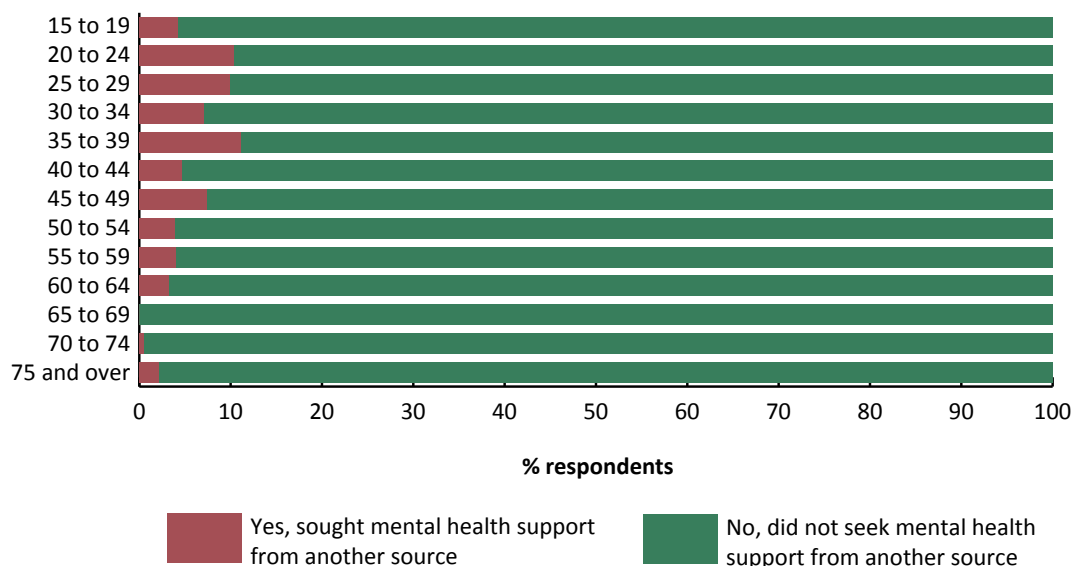
Table 4.6.1 Responses to the statement, I sought mental health support from another source during lockdown

% Yes	% No
5	95

Respondents who opted to complete the full survey were asked to indicate whether the statement, “I sought mental health support from another source during lockdown” applied to them. All responses (3,127 respondents) are shown in **Table 4.6.1**.

As indicated in **Table 4.6.1**, more respondents sought mental health support from another source than any of the specific ones listed in **Section 4**. This was most frequently in the 20 to 39 age groups (see **Figure 4.6.1**).

Figure 4.6.1 Responses to the statement, I sought mental health support from another source during lockdown. By age



10% of pregnant or new mothers sought mental health support from other sources in comparison to 5% of the rest of the survey population.

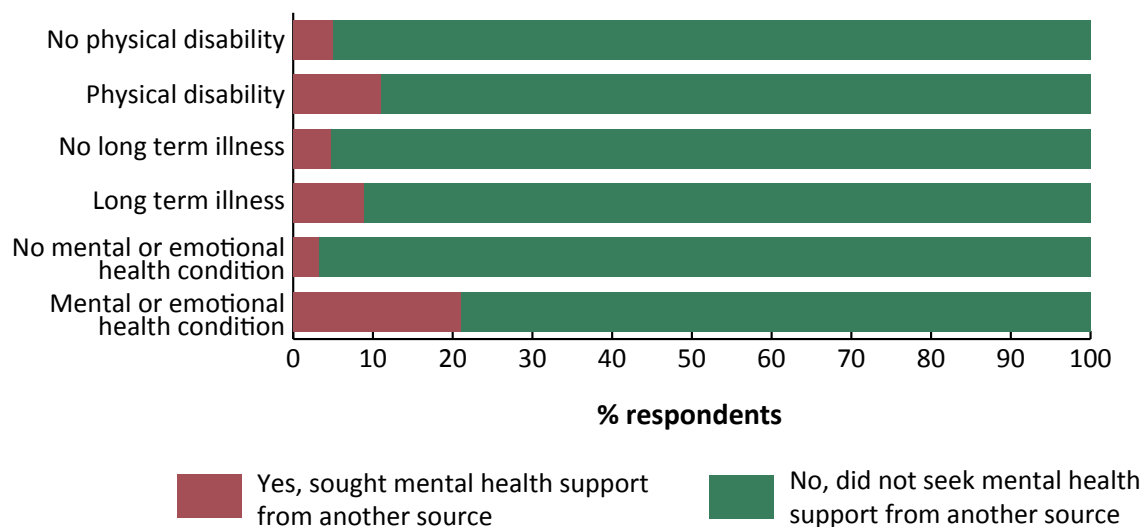
If there were children in the household, respondents were almost twice as likely to have sought support from elsewhere. In comparison, if there were any people aged 65 or over in the household respondents were less likely to have sought any alternative support sources.

Carers and those respondents in receipt of care were both more likely to have sought mental health support from other sources (9%).

Whilst numbers were low, respondents born in countries outside the Bailiwick, e.g Latvia, were more likely to rely on other sources for mental health support.

4.6 Mental Health Services – support from another source

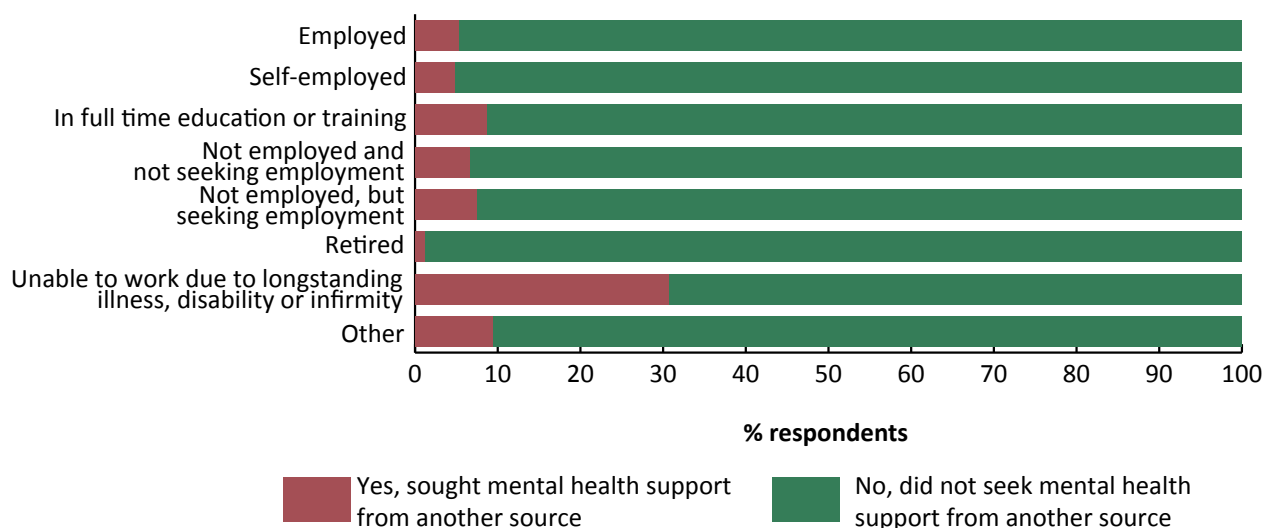
Figure 4.6.2 Responses to the statement, I sought mental health support from another source during lockdown. By health condition



As shown in **Figure 4.6.2**, respondents were more likely to have sought mental health support from other sources than those listed if they had a physical disability or a long term illness. Survey respondents who reported having a pre-existing mental or emotional health condition were seven times more likely to have sought support from other sources than those listed than those without.

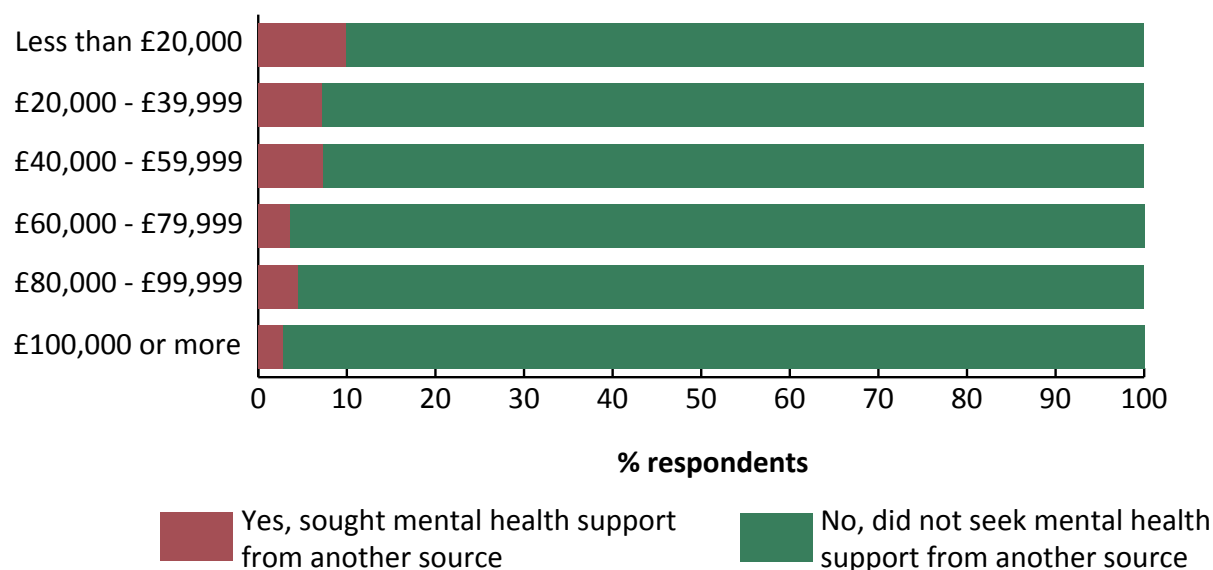
This is also reflected in the results displayed in **Figure 4.6.3**, however it must be noted that respondents from all employment statuses sought mental health support from another source than those listed, with only those that were retired not using this to the same extent, in line with results presented by age group in **Figure 4.6.1**.

Figure 4.6.3 Responses to the statement, I sought mental health support from another source during lockdown. By employment status



4.6 Mental Health Services – support from another source

Figure 4.6.4 Responses to the statement, I sought mental health support from another source during lockdown. By gross household income



10% of respondents with an income of less than £20,000 sought mental health support from another source than those listed during lockdown, this compares to 3% in the highest income band.

Accessibility of information, knowing where to go and the right source to contact appear to be some of the main reasons for using alternative sources of information. This related particularly to people seeking support for the first time or respondents who were not existing Healthy Minds service users.

Lack of face to face support offered through the official channels pushed some respondents to seek support from elsewhere as they felt that their needs were not being met online.

Private therapists, counsellors, partners, family members and friends were the most frequently used forms of support.

Some respondents utilised employer based information and support tools to help their mental well-being over the lockdown period. This appears to have been a valuable means of access to mental health support.

Some respondents that had sought other forms of mental health support during lockdown noted that this was because they had a poor experience with Healthy Minds prior to lockdown.

5.1 Adult Disability Services

During strict lockdown, the nature of the support provided by the Adult Disability Service changed markedly. A survey was sent in June 2020 to all people who had contact with the service during lockdown. An alternative version was made available to other (non Adult Disability Service users) via the website and also distributed to those living in specialised housing which involve some element of care, such as residential and nursing homes. These surveys were both easy read, shorter versions of the 2020 Community Survey but many of the questions on their experiences of lockdown are comparable. 39 surveys were returned to the Adult Disability Service and an additional 13 surveys were completed by those who had accessed the easy read version online or were living in specialised housing. As such, the analysis below is based on the 39 responses from people who had contact with the Adult Disability Service and the 13 responses completed online or from those living in specialised housing. The analysis is more qualitative in nature than the other sections in this report.

Respondents who had received input from the service during lockdown were asked where they live. Of the respondents, 22 (56%) lived with their families, 9 (23%) in a group home and 7 (18%) in a supported living setting.

Overall, 22 (56%) of the respondents indicated they were happy with the help they got during lockdown. A further 9 (23%) were neutral in their response to this question, whilst 8 (21%) indicated they were unhappy with the support they received. No overarching link between response to this question and the type of care setting a person lives in could be identified; responses seemed to be based more on personal experiences.

Although most people reported feeling well supported during lockdown, some reported insufficient support and communication / information available from the Adult Disability Service: “More info / updates... as we moved through different phases” [would have been helpful], “It wasn’t here for the first several weeks of lockdown”, ‘You were and still are silent’.

People who live in a supported living or group home setting almost all expressed positive views of the support received from Adult Disability Services. These views were more varied from people living in family homes, and it is people from this group who highlighted some of the most negative opinions of the support received.

Respondents were asked “How did you feel in lockdown?” and asked to select all the feelings from a list of five options that applied, results are shown in **Figure 5.1.1**. The most selected response was ‘safe’ (29 responses), followed by ‘happy’ (23 responses) and ‘calm’ (20 responses). Six people selected ‘lonely’ and eleven people selected ‘worried’. Over half (4/7) of the respondents from a supported living setting indicated that they had been worried. In addition, although not provided as an option, a number of respondents stated that they had also felt bored during lockdown. The responses from other (non Adult Disability Service users) that completed the easy read survey mirrored this pattern.

5.1 Adult Disability Services

Figure 5.1.1 Responses to the question, how did you feel in lockdown? For those who were in contact with the Adult Disability Service during lockdown



Respondents were also asked “What helped you feel okay in lockdown”? Overwhelmingly interaction and contact with others helped most respondents feel okay in lockdown, be that talking to family, friends or staff through phone calls, video chats and face to face.

The final question asked was “What could people have done to help you more?”. It was notable that functional support during lockdown was not highlighted as a key issue for most people. This may well be in part because essential care needs were prioritised and met. The majority of other (non Adult Disability Service users) responded to this question by suggesting they had all the help they needed. That said, some felt they needed more stimulation and would have liked more activities and to get outside more, whilst others needed more practical support such as help keeping in contact with friends and family and more assistance with phone calls.

6.1 Postponed or deferred health appointments – medical appointments

Table 6.1.1 Responses to the statement, a medical appointment or procedure that I was due to have was postponed.

% Yes	% No
11	89

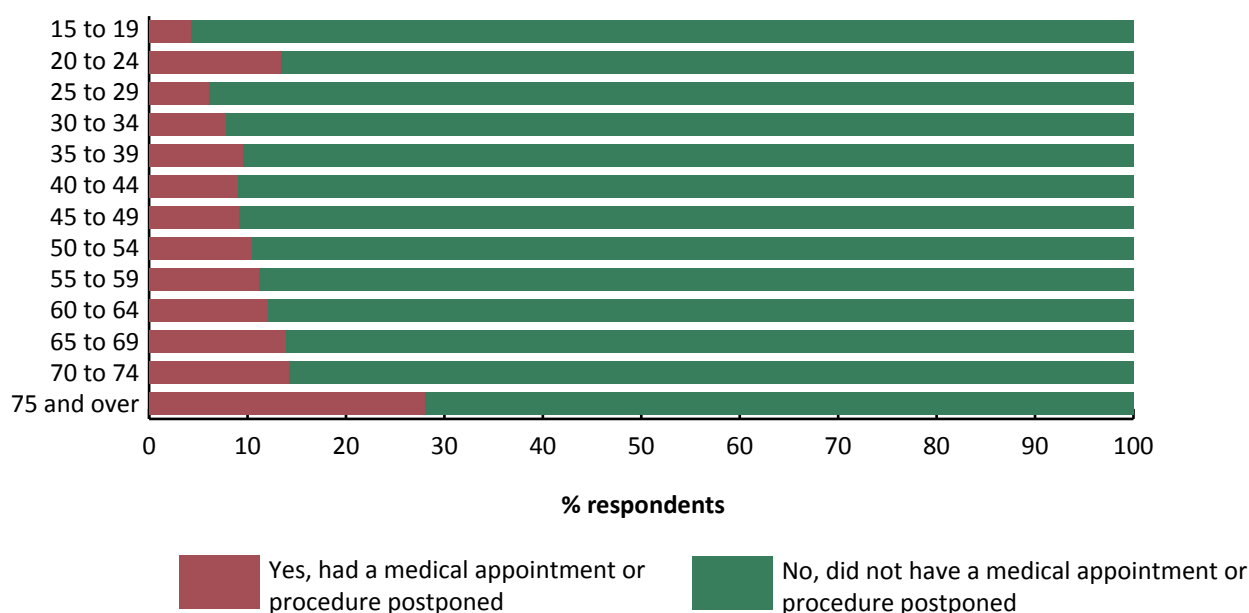
Respondents that opted to complete the full survey were asked to indicate whether the statement, “A medical appointment or procedure that I was due to have was postponed” applied to them. All responses (3,128 respondents) are shown in **Table 6.1.1**. Overall, 11% of respondents indicated that they had experienced a medical appointment or procedure that they were due to have being postponed.

Medical appointments were more likely to have been postponed for respondents normally residing in Alderney, with 27% indicating that this was the case.

The older the age group, generally, the more likely it was that they would have had a medical appointment or procedure postponed (28% of the over 75 age group) in comparison to the average (see **Figure 6.1.1**).

Female respondents (14%) were twice as likely as male respondents (7%) to have had medical appointments or procedures cancelled. This also held true for any respondent that had a baby in the last 6 months or were pregnant, 13% indicated that they had a medical appointment or procedure cancelled. There was little difference in responses for those with children aged 0 to 15 in the household in comparison to the average.

Figure 6.1.1 Responses to the statement, a medical appointment or procedure that I was due to have was postponed. By age group



6.1 Postponed or deferred health appointments – medical appointments

Respondents who were carers were more likely to have had an appointment cancelled (17%) however it was far more likely for those in receipt of care (26%).

As indicated in **Figure 6.1.2**, respondents with a long term illness (22%) or physical disability (28%) were more likely to have had a medical appointment or procedure cancelled, this was less for those with a mental or emotional health condition, at 13%, in comparison to the 10% recorded for those without this condition.

Lower household income brackets reported a higher frequency of postponed appointments, as shown in **Figure 6.1.3**. It must be noted that a large proportion of respondents in this lower household income bracket are retired respondents, as indicated in the third report in this series on Household Income (see gov.gg/covid19data) therefore results are in line with the figures presented in **Figure 6.1.1**. There was increased incidence of cancelled appointments for respondents residing in States/GHA/AHA rental properties (20%), partial ownership properties (19%) or residential homes (17%).

Figure 6.1.2 Responses to the statement, a medical appointment or procedure that I was due to have was postponed. By health condition

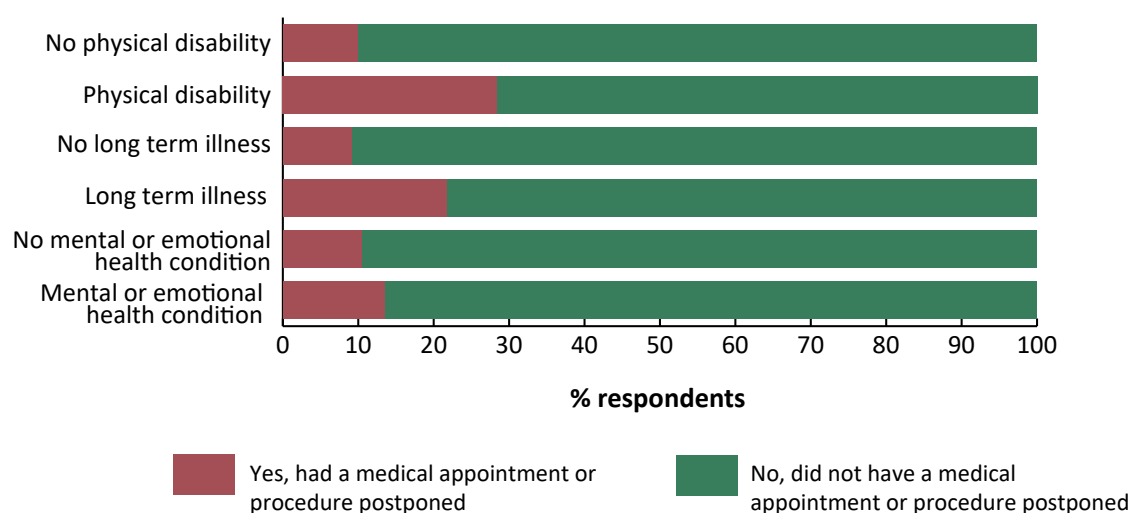
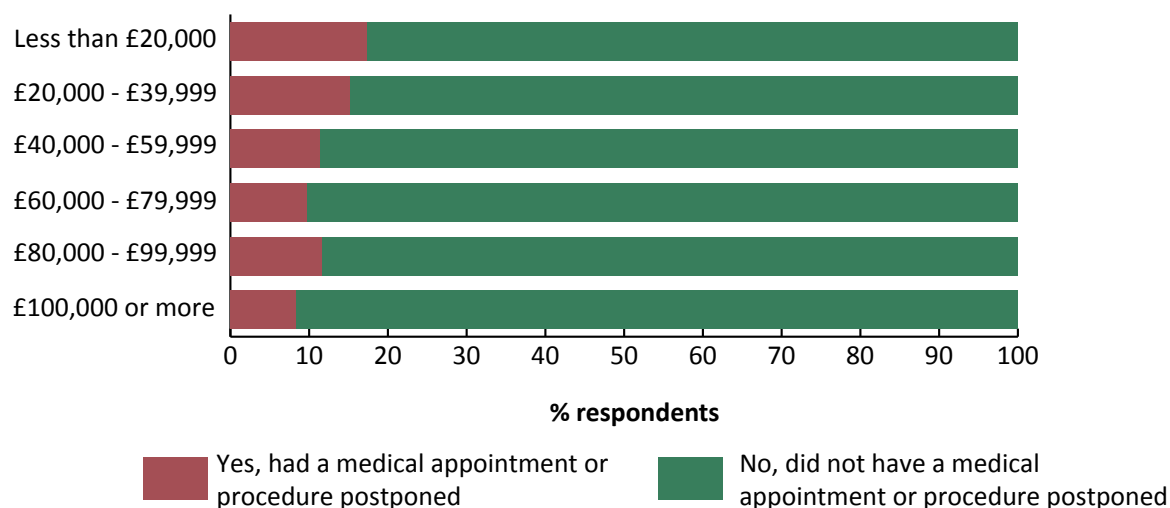


Figure 6.1.3 Responses to the statement, a medical appointment or procedure that I was due to have was postponed. By gross household income



6.1 Postponed or deferred health appointments – medical appointments

Generally, respondents indicated that their postponed appointments were for check-ups. There were, however, numerous references to specialist appointments with oncologists or psychologists being postponed (often for several months) and other specialists including fertility, physiotherapists, rheumatologists and ophthalmologists. Some of the cancellations of these appointments resulted in impacts on everyday life such as driving license renewal not being possible, due to an ongoing condition needing to be signed off, or continued pain.

There were a number of investigative procedures indicated as delayed, these included heart scans, CT scans, MRI scans, gastroscopy, abdominal scans, mammograms, x-rays, bone-density scans, cervical smear tests.

General issues indicated included communications to the service user, not knowing when the appointment could be rearranged, concerns about the urgency of the situation (especially in the case of children requiring more urgent investigation or where a life-threatening illness was indicated). With regards to procedures there were a variety that were indicated as postponed – some of which may be undertaken away in the UK. These ranged from: hip replacement, knee replacement, heart catheters, kidney stone removal, herniated discs, and other elective surgeries to more routine procedures including hernia operations, epidurals, bladder injections and Vitamin B12 injection treatments which although minor were still indicated as affecting the quality of respondents daily life.

6.2 Postponed or deferred health appointments – dental appointments

Table 6.2.1 Responses to the statement, a dental appointment or procedure that I was due to have was postponed.

% Yes	% No
11	89

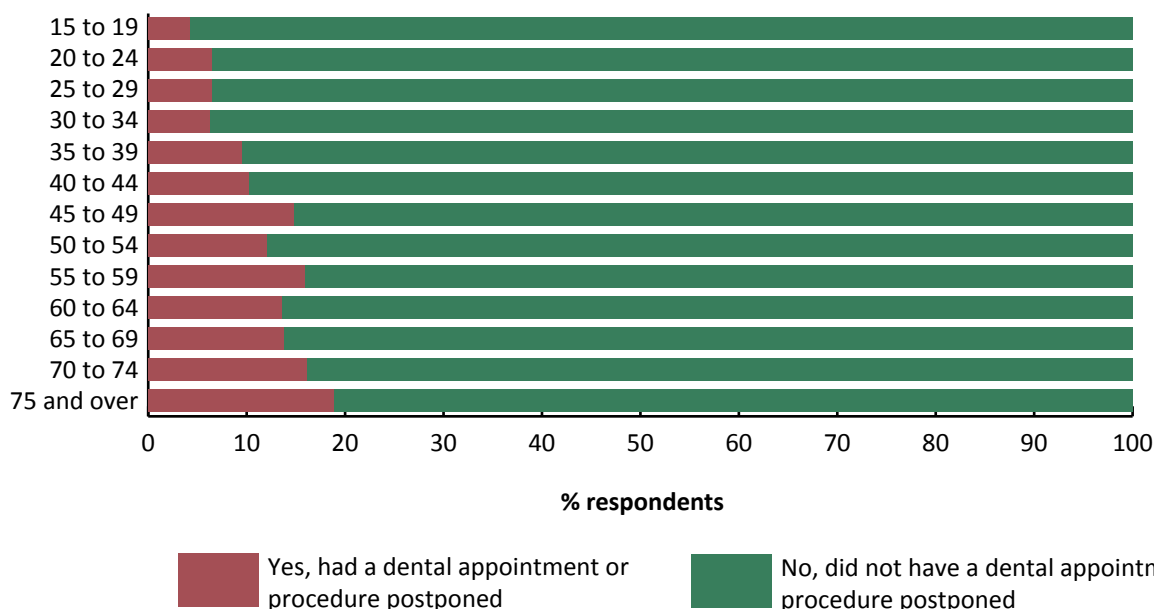
Respondents that opted to complete the full survey were asked to indicate whether the statement, “A dental appointment or procedure that I was due to have was postponed” applied to them. All responses (3,128 respondents) are shown in **Table 6.2.1**.

Dental appointments for Alderney respondents were more likely to have been postponed than for those living in Guernsey (15% and 11% respectively).

As shown in **Figure 6.2.1**, respondents in the older age groups more frequently indicated that they had a dental appointment postponed over the lockdown period. For respondents aged 65 or over, an average of 16% indicated a postponed dental appointment.

Women were more likely to have had dental appointments or procedures postponed (13% compared to 10% for men). In contrast, 8% of those who had had a baby within the last 6 months indicated they had experienced a dental appointment or procedure postponed, in comparison to 11% of the general population average.

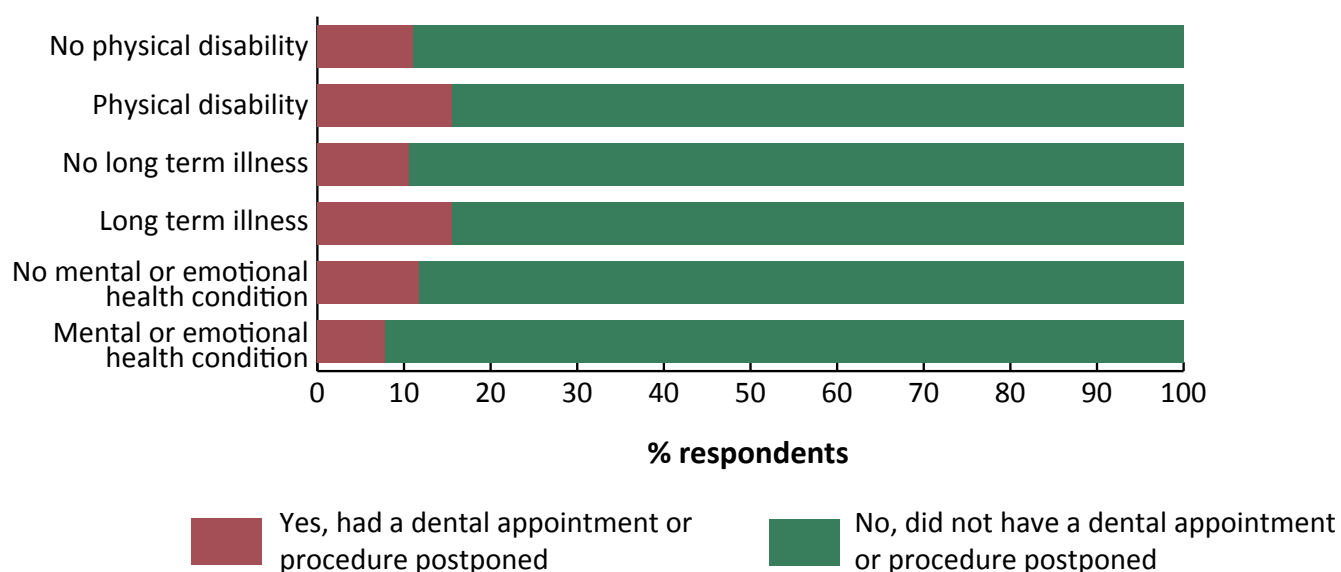
Figure 6.2.1 Responses to the statement, a dental appointment or procedure that I was due to have was postponed. By age group



6.2 Postponed or deferred health appointments – dental appointments

Respondents who had a physical disability or long-term illness were more likely to have had a dental appointment or procedure postponed (15% and 16% respectively), than those without these health conditions (both 11%). Respondents with a mental or emotional health condition were less likely to have experienced a postponement (8%) than those without (12%, see [Figure 6.2.2](#)).

Figure 6.2.2 Responses to the statement, a dental appointment or procedure that I was due to have was postponed. By health condition



Respondents in the lowest household income bracket indicated the least frequency of dental appointment postponement (9%) whilst the highest income bracket recorded the highest (14%). Dental appointment or procedure postponement was more frequent for respondents who owned their property outright (16%) and lowest for respondents who had either accommodation provided with their job (3%) or were living in a residential or nursing home (6%). This contrasts to the results by age ([Figure 6.2.1](#)) which indicates that older respondents were more likely to have experienced a postponed dental appointment or procedure.

Over half the comments referred to postponement of dental check-ups or scale and polish or brace fittings, however there were a number of respondents who were in pain (i.e. had a broken tooth) over lockdown and were unable to access dental help. As at the time of completing this survey (22nd June to 30th July 2020), there were still some respondents indicating that they were awaiting further treatment for some of these issues, some of which were delays beyond local control (i.e. a crown being made in the UK).

A small number of respondents indicated that, due to the problem with their teeth not being attended to quickly, there were now ongoing problems and subsequent appointments to deal with these. One respondent was advised that even if they had an emergency dental need, they could not be seen due to PPE restrictions.

There was particular mention by some respondents about the fact that their children's school dental assessments or treatments were postponed and they had not yet been contacted to reschedule.

6.3 Postponed or deferred health appointments – put off seeing the doctor / GP

Table 6.3.1 Responses to the statement, I put off seeing the doctor / GP.

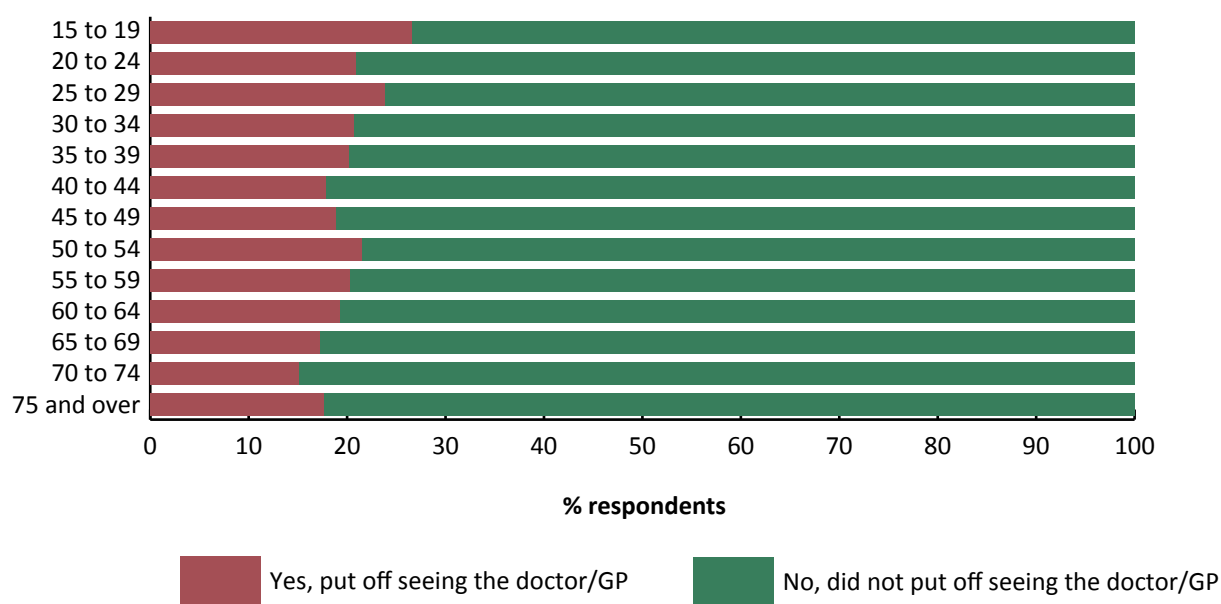
% Yes	% No
20	80

Respondents that opted to complete the full survey were asked to indicate whether the statement, “I put off seeing the doctor/ GP” applied to them. All responses (3,126 respondents) are shown in **Table 6.3.1**.

As shown in **Figure 6.3.1**, younger age groups were more likely to have put off seeing the GP. This was particularly high in the 15-19 age group, at 27%, in comparison to the overall average (20%).

Female respondents were more likely to have put off seeing the doctor/GP in comparison to male respondents (22% and 18% respectively). If a respondent was pregnant or had a baby within the last six months they were more likely to have put off seeing the doctor or GP, with 25% indicating that this was the case.

Figure 6.3.1 Responses to the statement, I put off seeing the doctor / GP. By age group



6.3 Postponed or deferred health appointments – put off seeing the doctor / GP

There was an increased tendency to put off seeing the doctor/GP by respondents with a health condition, as indicated in **Figure 6.3.2**.

The types of appointment that were put off are outlined below:

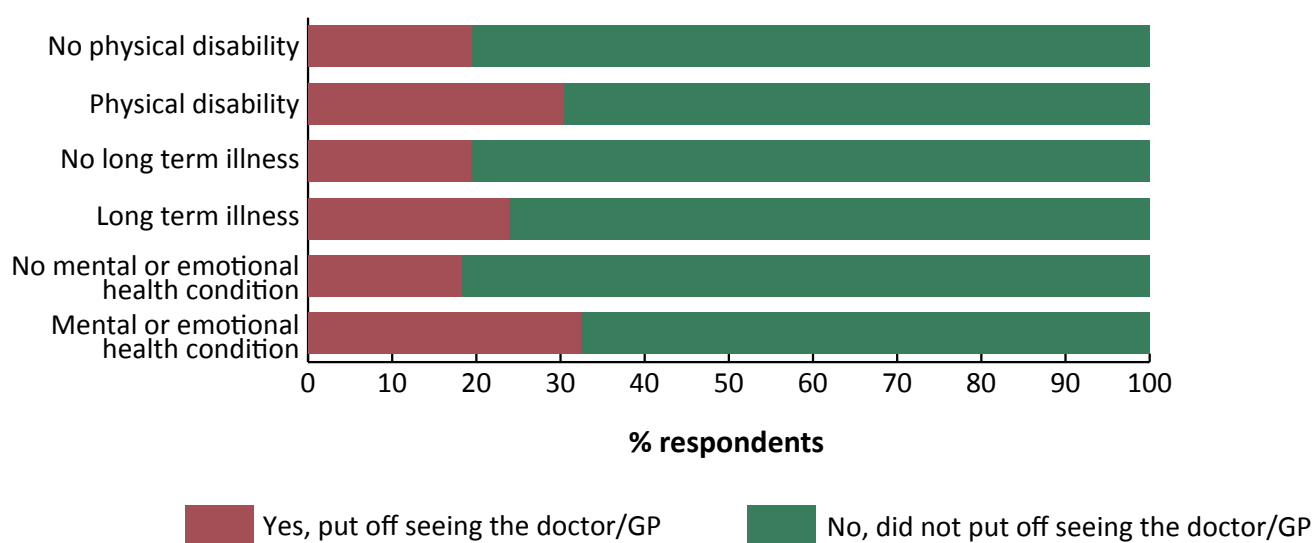
- Repeat prescription
- Regular check up
- Physio referral
- Travel (vaccination) related appointment
- Other services that would be provided at the doctors surgery eg. blood test, smear test, physio appointment, hearing test.

Reasons for putting off seeing the doctor/GP included; respondent saw their condition as non urgent/ could not have treatment due to restrictions, safety/fear of COVID, too expensive/ could not afford to pay for appointments, cancelled UK appointment due to travel/risk.

From the comments received, the most frequent reasons for cancellation were that the condition was perceived by the respondent as non-urgent, that treatment would not have been possible due to restrictions and not wanting to visit the GP/ Doctors surgery due to the risk of exposure to COVID-19. A number of respondents cancelled appointments due to the cost and some indicated that their practice had not picked up that they had not booked a regular appointment.

Some respondents indicated that they had put off contacting their GP/ Doctor for help with the following, seemingly significant issues; acute mental health needs, infections, concerns about suspicious moles or extreme skin conditions, limb pains, long term headaches, pregnancy, miscarriage and heart palpitations.

Figure 6.3.2 Responses to the statement, I put off seeing the doctor / GP. By health condition



6.4 Postponed or deferred health appointments – put off seeing the dentist

Table 6.4.1 Responses to the statement, I put off seeing the dentist.

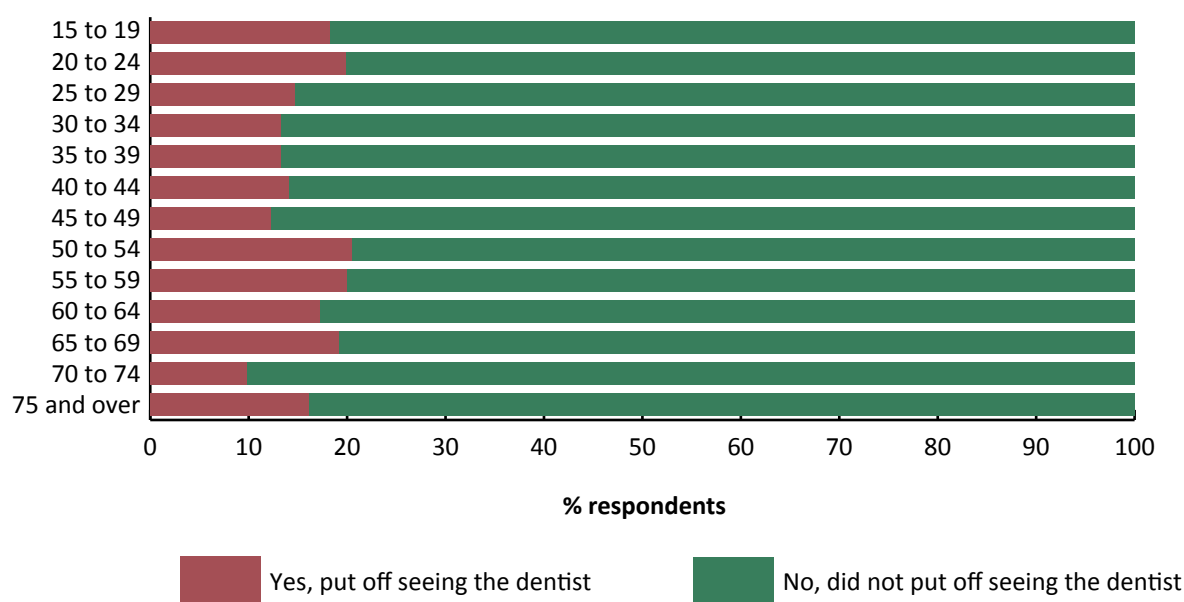
% Yes	% No
16	84

Respondents that opted to complete the full survey were asked to indicate whether the statement, “I put off seeing the dentist” applied to them. All responses (3,126 respondents) are shown in **Table 6.4.1**.

Respondents residing in other islands in the Bailiwick indicated a greater tendency to have put off seeing the dentist than those residing in Guernsey, at 16% (Alderney 21%, Sark 50%).

As shown in **Figure 6.4.1**, 20% or less of respondents in all age groups had put off seeing the dentist over lockdown, but respondents in the 25-49 age groups were less likely to have put off seeing the dentist than other age groups.

Figure 6.4.1 Responses to the statement, I put off seeing the dentist. By age group



Respondents that were not employed and seeking employment had the least propensity to have put off seeing the dentist (3%), in comparison to respondents that were unable to work due to a longstanding illness, disability or infirmity (23%).

There were significant differences for respondents in the lowest and highest gross household income brackets with regards to putting off the dentist. 21% of respondents with a gross household income of £100,000 or more per year indicated that they had put off seeing the dentist in comparison to 13% of respondents with a gross household income of less than £20,000.

Respondents living in a residential or nursing home were the most likely to have put off seeing the dentist (28%). In contrast, respondents who were in partially owned accommodation were least likely to have put off seeing the dentist (7%).

6.5 Postponed or deferred health appointments – put off seeing the nurse

Table 6.5.1 Responses to the statement, I put off seeing the nurse.

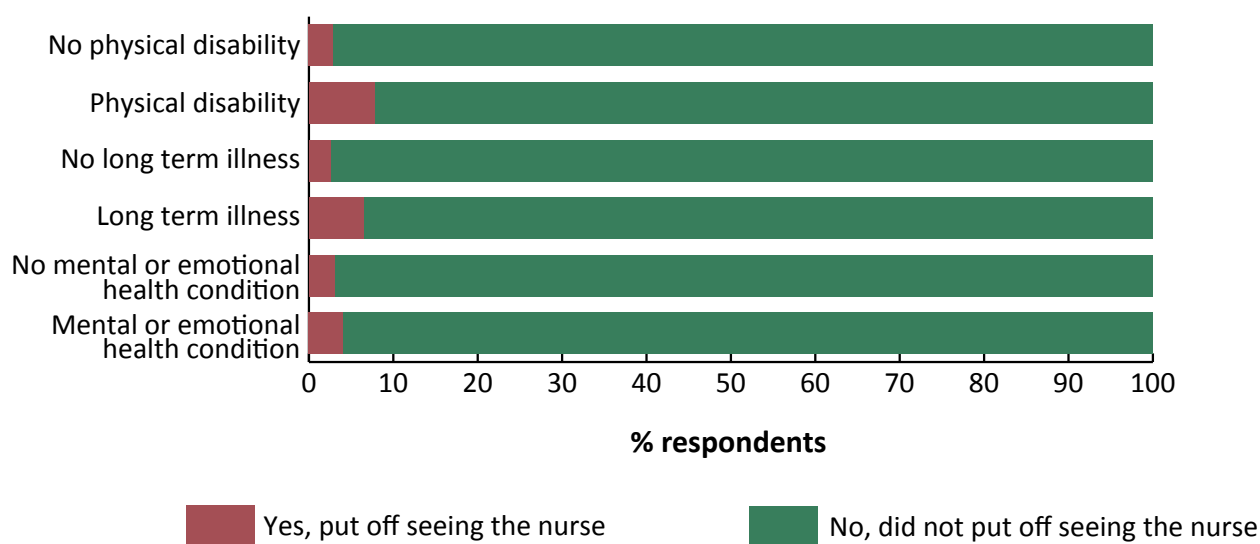
% Yes	% No
3	97

Respondents that opted to complete the full survey were asked to indicate whether the statement, “I put off seeing the nurse” applied to them. All responses (3,126 respondents) are shown in **Table 6.5.1**.

There were similar results throughout all age groups regarding putting off seeing the nurse, and this was also reflected in the results by gender.

Respondents in receipt of care were more likely to have put off seeing the nurse (6%) and, as shown in **Figure 6.5.1**, respondents that had a health condition were also more likely to have put this off.

Figure 6.5.1 Responses to the statement, I put off seeing the nurse. By health condition



Respondents that were not employed and not seeking employment and those unable to work due to longstanding illness, disability or infirmity reported a higher frequency of putting off seeing the nurse (7% and 5% respectively).

Respondents indicated that the main reason for cancellation was not wanting to attend the surgery, being in a high risk category already or not feeling that the treatment was a priority and did not want to take up resources.

Nurse appointments that were deferred included (with the most frequent appearing first): smear tests, blood tests, vaccinations for travel, and other treatments requiring injection.

6.6 Postponed or deferred health appointments – put off going to the Emergency Department

Table 6.6.1 Responses to the statement, I put off going to the Emergency Department of the hospital

% Yes	% No
2	98

Respondents that opted to complete the full survey were asked to indicate whether the statement, “I put off going to the Emergency Department of the hospital” applied to them. All responses (3,127 respondents) are shown in **Table 6.6.1**.

There was a slightly increased likelihood to have put off going to the Emergency Department in the younger age groups; 4% of 20-24 year olds, 3% of 30-34 year olds and 4% of those aged between 35 and 39. It must be noted that, overall, there were very few respondents indicating “yes” to this question.

Although there is not enough of a difference to be indicated as statistically significant (due to the small numbers involved) there is an increased likelihood to have put off going to the Emergency Department of the hospital if the respondent had a pre-existing health condition.

Respondents that put off going to the Emergency Department had a range of conditions; some had acute injuries or pain and/or acknowledged that they thought they should have gone but didn’t due to concerns regarding risks of going to the hospital.

6.7 Postponed or deferred health appointments – put off calling an ambulance

Table 6.7.1 Responses to the statement, I put off calling an ambulance

% Yes	% No
<1	>99

Respondents that opted to complete the full survey were asked to indicate whether the statement, “I put off calling an ambulance” applied to them. All responses (3,127 respondents) are shown in **Table 6.7.1**.

There were very few respondents in the sample that indicated that they had put off calling an ambulance.

Of the few comments provided, the reasons for not calling an ambulance were due to cost (and having no medical insurance), not wanting to trouble the emergency services and being too scared due to the COVID-19 situation to go to hospital.

6.8 Postponed or deferred health appointments – put off booking another kind of medical appointment or procedure

Table 6.8.1 Responses to the statement, I put off booking another kind of medical appointment or procedure

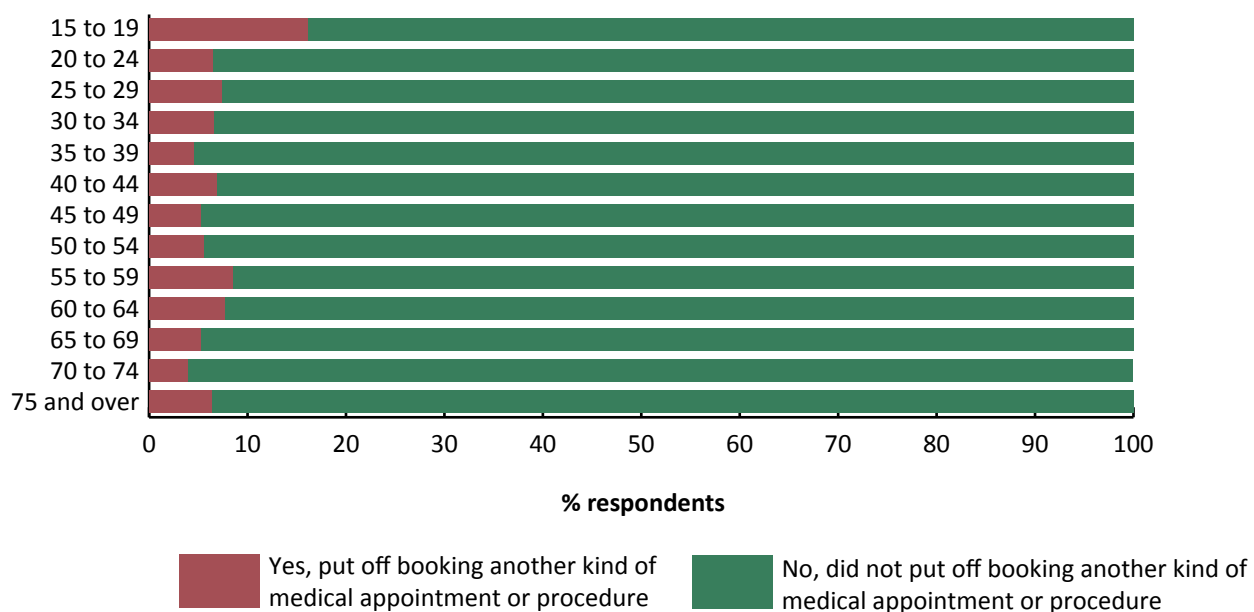
% Yes	% No
7	93

Respondents that opted to complete the full survey were asked to indicate whether the statement, “I put off booking another kind of medical appointment or procedure” applied to them. All responses (3,126 respondents) are shown in **Table 6.8.1**.

Respondents in the 15 to 19 age group were most likely to have put off booking another kind of medical appointment or procedure, 16% (see **Figure 6.8.1**).

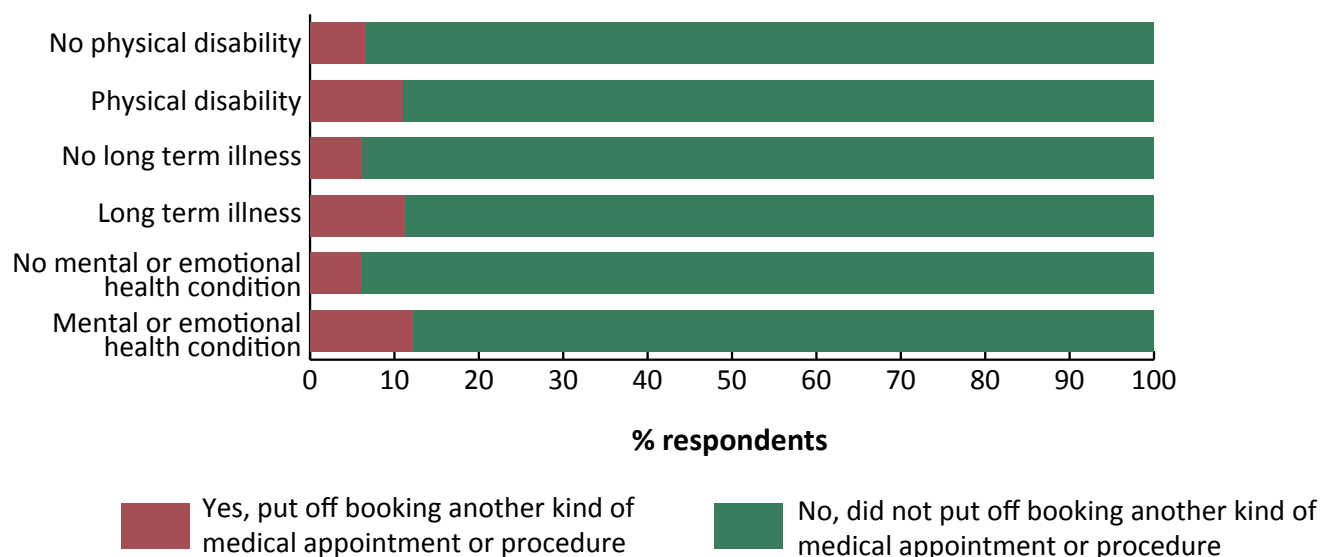
If a respondent had had a baby within the last six months they were almost twice as likely (13%) to have put off booking another kind of medical appointment than the rest of the population (7%).

Figure 6.8.1 Responses to the statement, I put off booking another kind of medical appointment or procedure. By age group



6.8 Postponed or deferred health appointments – put off booking another kind of medical appointment or procedure

Figure 6.8.2 Responses to the statement, I put off booking another kind of medical appointment or procedure. By health condition



As shown in **Figure 6.8.2**, respondents with a physical disability, long-term illness or mental or emotional health condition were more likely to put off booking another kind of medical appointment than those without.

For the respondents that provided a comment on putting off another kind of appointment or medical procedure, the most frequently indicated were smear tests, physiotherapy appointments or blood tests. These were followed by opticians, osteopath, chiropractor and chiropodist appointments.

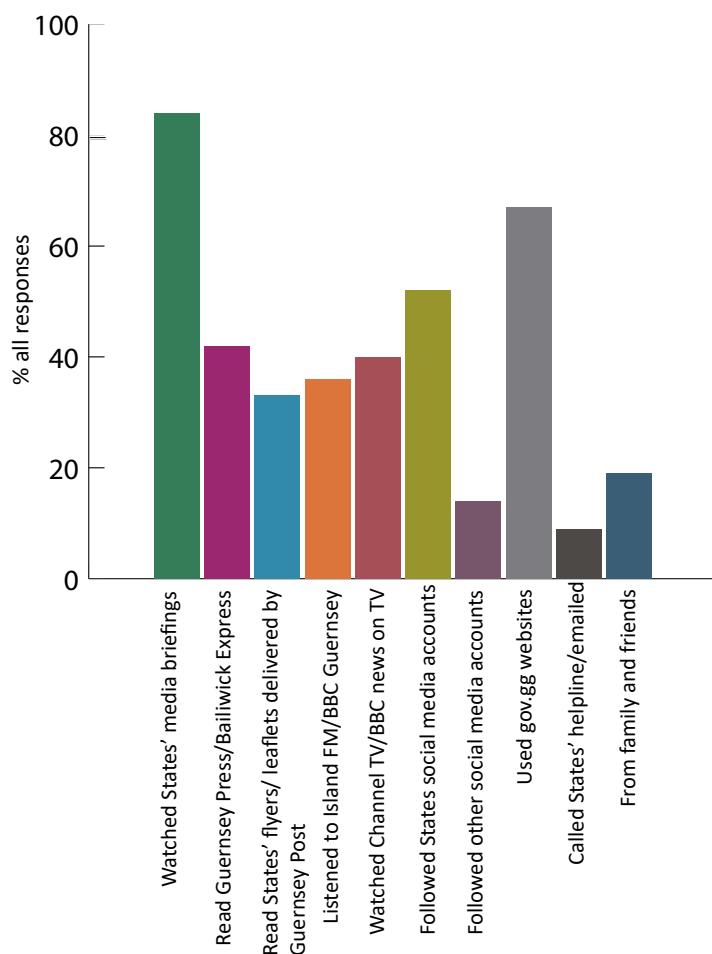
The majority of reasons given for postponements or cancellations were covered by either the health professional not working over the lockdown period or because the respondents were trying to avoid attending surgeries/ clinics due to risk of exposure to the virus.

Other treatments postponed included; allergy appointment or fertility treatments which were not able to be conducted as these involved travel to the UK, scans in the UK delayed due to not wanting to quarantine due to the practical implications for their family, accommodation and work. Cosmetic treatments were also postponed.

7.1 Experience of lockdown - communications

This aspect of the report considers how respondents were communicated with during lockdown. Respondents were asked the question “How did you get your information about lockdown rules?”. Respondents were able to select more than one option to answer this question. All responses are shown in **Figure 7.1.1** and **Table 7.1.1**.

Figure 7.1.1 Responses to the question, how did you get your information about lockdown rules



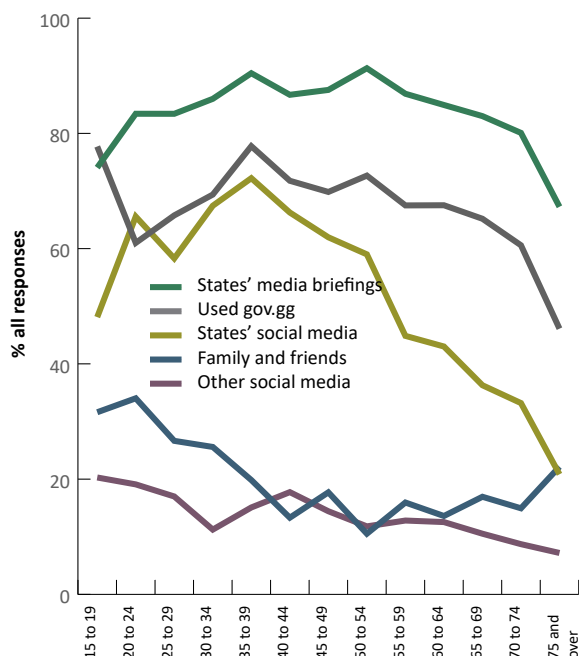
Respondents received their information through a wide variety of means during lockdown. Overall, the three most popular methods were through watching States' media briefings, using gov.gg websites and following States' social media accounts at 84%, 67% and 52% of all responses. The least popular means were calls or emails to the States' helpline and following other social media accounts, 9% and 14% of all responses respectively. A very small number of respondents suggested they received information during lockdown using other means (these are excluded from **Figure 7.1.1**). The most commonly specified source of other information was from work or an employer.

Table 7.1.1 Responses to the question, how did you get your information about lockdown rules

	% of all responses
Watched States' media briefings	84
Read Guernsey Press/Bailiwick Express	43
Read States' flyers/leaflets delivered by Guernsey Post	33
Listened to Island FM/BBC Guernsey	36
Watched Channel TV/BBC news on TV	40
Followed States' social media accounts	52
Followed other social media accounts	14
Used gov.gg websites	67
Called States' helpline/emailed	9
From family and friends	19

7.1 Experience of lockdown - communications

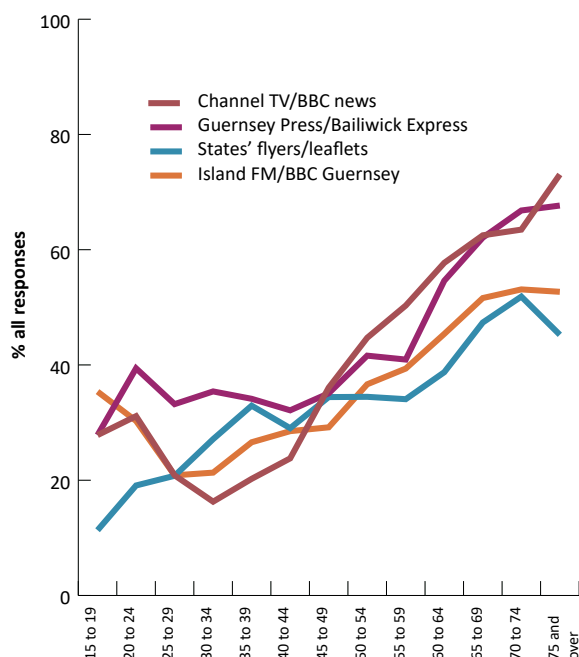
Figure 7.1.2 Responses to the question, how did you get your information about lockdown rules? By age



The overall response as to how information was received during lockdown conceals differences. By age some clear patterns emerge. For younger age groups a higher proportion received information during lockdown by following States' social media accounts, using gov.gg websites, following other social media accounts and from family and friends as shown in **Figure 7.1.2**, when compared to older age groups.

It should be noted that the proportion of those watching States' media briefings remained consistently high across all age bands, although did drop for those aged over 75 years to just 67%, compared to the overall response of 84% as shown in **Table 7.1.1**.

Figure 7.1.3 Responses to the question, how did you get your information about lockdown rules? By age



For older age groups (60 years and above), a higher proportion of respondents reported they received information during lockdown by watching the Channel TV or BBC news on the TV, by reading the Guernsey Press or Bailiwick Express, listening to Island FM/ BBC Guernsey and reading States' flyers/leaflets delivered by Guernsey Post as shown in **Figure 7.1.3**.

7.1 Experience of lockdown - communications

Significant differences in how respondents accessed their information were also observed by other groupings. In this section, only notable differences from the overall response will be reported. By country of birth, those born in Poland were more likely to read the States' flyers/leaflets delivered by Guernsey Post (71%) compared to the overall response of 33%. Whilst those who stated their country of birth was Portugal were more likely to listen to Island FM/BBC Guernsey (59%) compared to the overall figure of 36%. Furthermore, those born in Latvia showed a much greater tendency to get information during lockdown from other social media accounts, 23% compared to the overall figure (14%).

By tenure, the main differences in response were observed from those living in residential or nursing homes. Responses from those based in residential or nursing homes indicated they were most likely to get information by:

- watching Channel TV or BBC news on the TV (83%), compared to the overall average (40%)
- listening to Island FM or BBC Guernsey on the radio (70%), overall average (36%)
- from family and friends (65%), overall average (19%)

By employment status, the main differences in response was from those not employed, but seeking employment who were more likely during lockdown to receive information by:

- listening to Island FM or BBC Guernsey on the radio (66%), compared to the overall average (36%)
- from family and friends (36%), overall average (19%)

Furthermore, those not employed, but seeking employment were less likely to receive information by reading the States' flyers/leaflets, 14%, compared to overall average of 33% or watch States' media briefings, 59% compared to the average of 84%.

By health condition there was little discernable difference across groups, with the exception of those with a mental or emotional health condition. Respondents with a mental or emotional health condition were more likely to state they received information during lockdown by following States' social media accounts 66%, compared to those without 51%. Respondents with a mental or emotional health condition were less likely to state they received information by reading the Guernsey Press or Bailiwick Express, 30%, compared to those without 45%.

Respondents who were pregnant or who had recently had a baby reported they were more likely to follow States' social media accounts, 61%, compared to those who were not, 53%, but were less likely to watch the Channel TV or BBC news on the TV, 16%, compared to those who were not 41%.

7.1 Experience of lockdown - communications

Table 7.1.2 Responses to the question, were you able to access information in your first language?

% Yes	% No
99	1

Respondents were asked “Were you able to access information in your first language?”. Overall, of the 3,196 people who responded to this question, 99% reported that they were able to access information in their first language, with just 1% unable to as shown in **Table 7.1.2**.

Across all demographic and socio-economic groupings the majority of respondents reported that they could access information in their first language. That said, for certain groups, a much higher proportion of respondents reported that they were not able to access information in their first language. Notably those whose country of birth was outside the Bailiwick, UK, Republic of Ireland and Jersey, where 16% of all respondents reported communications could not be accessed in their first language. Specifically those born in Poland and Portugal reported the highest proportions, although this is based on a small number of responses.

Higher proportions unable to access information in their first language were also apparent for those living in accommodation provided with their job and those employed in the hospitality sector, albeit these figures are based on a small number of responses. Nevertheless, there is a correlation between a higher proportion of hospitality sector employees and those living in staff accommodation being born outside the Bailiwick and this may help explain these figures.

7.1 Experience of lockdown - communications

Table 7.1.3 Responses to the question, could we [the States of Guernsey] have done anything to make information more accessible to you?

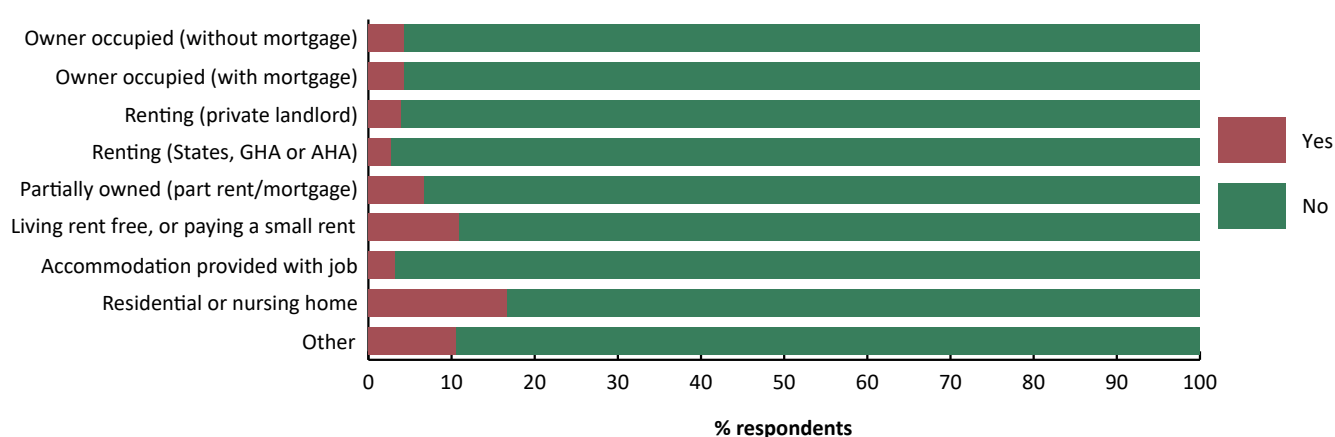
% Yes	% No
5	95

Respondents were asked “Could we have done anything to make information more accessible to you?”. Overall, of the 2,932 people who responded to this question, 95% reported that we [the States of Guernsey] could not have done anything to make information more accessible.

There were differences observed across specific groups. Those whose country of birth was Portugal reported the highest proportion of respondents who suggested that we could have done more to make information accessible, 27% of all responses, although this is based on a small number of responses. Furthermore those whose main island of residence was not Guernsey were more likely to indicate that yes more could be done to make information more accessible. 29% and 11% of respondents from Sark and Alderney respectively replied yes to this question, compared to only 5% of Guernsey residents.

By tenure, those living in residential or nursing homes and those living rent free, or paying a small rent reported the highest proportion of respondents stating that more could have been done to make information more accessible 17% and 11% respectively. By contrast, those renting from the States, Guernsey Housing Association or Alderney Housing Association or living in accommodation provided with their job were least likely to suggest that more could have been done to make information more accessible, both just 3%.

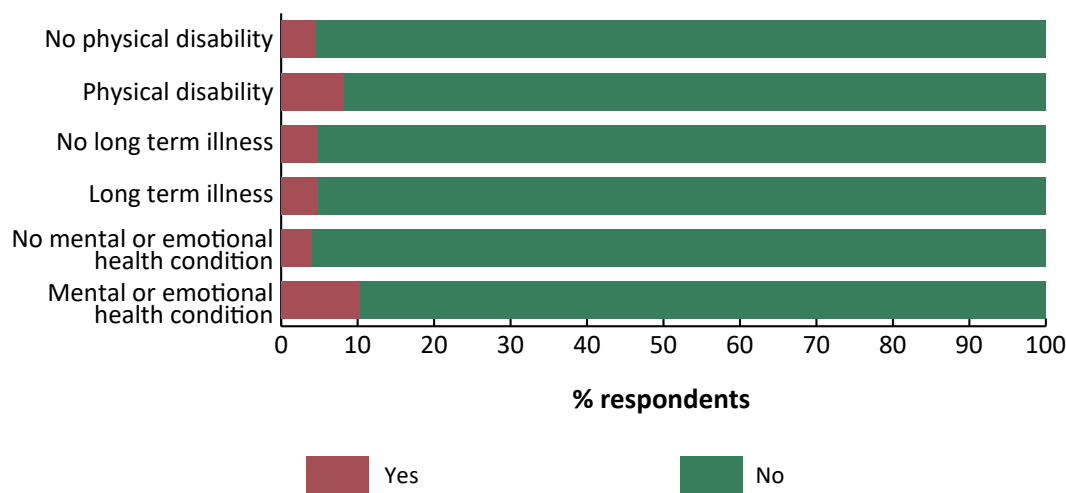
Figure 7.1.4 Responses to the question, Could we have done anything to make information more accessible to you, by tenure



By employment sector, a very high proportion of respondents based within certain sectors reported that they did not think anything could have been done to make information more accessible. Specifically those working in Wholesale, retail and repairs (98%), Arts, entertainment and recreation (98%) and Hospitality (97%). The only exception to this is the Information and communication sector, where only 76% suggested that no more could have been done, with 24% replying that yes more could have been done to make information more accessible.

7.1 Experience of lockdown - communications

Figure 7.1.5 Responses to the question, Could we [the States of Guernsey] have done anything to make information more accessible to you? By health condition



For those with a health condition, there was a slight increase in those who responded yes more could have been done to make information more accessible for those with a physical disability (8%) compared to those without (5%) and for those with a mental or emotional health condition (10%) compared to those without at 4%, as shown in [Figure 7.1.5](#).

Other groups, which also reported a higher proportion of respondents who stated yes more could be done to make information more accessible to them were those who were pregnant or who usually received care or help at home from a family member, partner, friend or a paid carer, 11% for both groups.

This question was also analysed by whether respondents had access to the internet at home. For those who did not have access to the internet, 14% responded yes more could have been done to make information more accessible, compared to 5% for those with access to the internet.

This question was also analysed by how people received information during lockdown. With the exception of States' media briefings there was very little variation in terms of whether more could be done to make information more accessible by how respondents received information during lockdown. A lower proportion of those that watched States' media briefings (4%) responded yes more could have been done to make information more accessible, compared to 12% for those who did not watch States' media briefings.

7.1 Experience of lockdown - communications

For those respondents who answered yes, we could have done more to make information accessible, a follow up question was asked for them to please state. 127 responses were received.

Unweighted, the criticism of communications during lockdown was focussed on four main areas:

- Criticism of media briefings, 24 responses mentioned this. Comments in this area focussed on the fact that media briefings were too long and people would have liked to see a summary or edited highlights of the main points raised instead or in addition to the briefing. Furthermore, the timing of the briefings was found to be unsuitable and inconvenient for those working office hours. Some respondents had difficulties accessing the media briefings through the internet, as the internet was too unreliable or slow to stream the briefings. There were also some comments made on the format of the briefings with subtitles, larger print and a signer all suggested for the future.
- Criticism of use of social media, 23 responses mentioned this. A lot of the comments in this area criticised the use and what they perceived to be the prioritisation of social media over other communications during lockdown. Comments included "Communication was too skewed to Facebook - many people don't use it", "Initial over reliance on social media was wrong", "Although I am IT literate, I do not use social media (Facebook/Twitter) and initially I felt the States was prioritized on those platforms and struggled to access briefings. Please take into account there are people of all ages who do not wish to sign up to social media either now or in the future."
- Improve communications regarding media briefings, 15 responses mentioned this. Suggestions included sending texts for all media briefings (rather than just some briefings), setting up an email alert system to notify people of briefings and timings, sending text messages to notify everyone when there are significant changes and what they are, announcing the time of media briefings by other means such as in the newspaper or on the radio. In addition, some respondents mentioned that they would like to see a more formal or consistent timetable for media briefings, as they found the day and time to be quite variable.
- Criticism of Covid-19 and gov.gg website, 15 responses mentioned this. Respondents frequently reported that although the information was on the website and was very comprehensive, they had trouble finding it. Comments included "I find the States of Guernsey website difficult to navigate and find what you are looking for", "Gov.gg could have been clearer. There was a lot of information available but it was difficult and time consuming to wade through it all to find what I needed", "Sometimes the gov.gg site was confusing to navigate, for example when something was in the media briefing section and when latest updates etc". There were also some suggestions for improvements with comments such as "Include a 'new this week' section to save reading everything again", "A quick reference overview with links to more details of relevant sections would be helpful".

Other areas mentioned by respondents were; they would like to see more coverage on television and radio channels of any proposed changes during lockdown, there was insufficient information for those who were shielding and/or in care homes, they would like to have seen communications translated into more languages and others would like to have seen more details and better presentation of the coronavirus statistics on the website.

7.1 Experience of lockdown - communications

Table 7.1.4 Responses to the question, were there any aspects of the lockdown restrictions that we [the States of Guernsey] could have explained better?

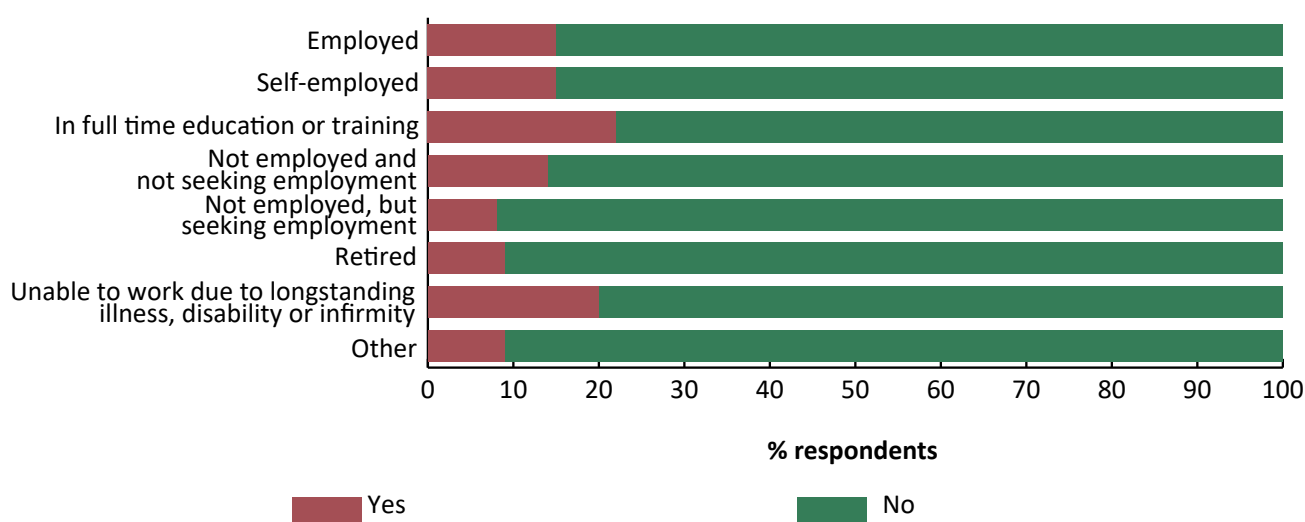
% Yes	% No
14	86

Respondents were asked “Were there any aspects of the lockdown restrictions that we could have explained better”. Overall, of the 2,953 people who responded to this question, 86% reported that there were no aspects of lockdown restrictions that could have been explained better, as shown in **Table 7.1.4**.

There were differences observed across specific groups. Those whose country of birth was Poland and those whose main island of residence was Sark / Breghou reported the highest proportion of respondents who stated yes there were aspects of lockdown that could have been explained better, 50% and, 29% of all responses respectively, although these statistics are based on a small number of responses.

By tenure, those living rent free, or paying a small rent reported the highest proportion of respondents stating that there were aspects of lockdown restrictions that could have been explained better, 21%. By contrast, those renting from the States, Guernsey Housing Association or Alderney Housing Association or living in accommodation provided with their job were least likely to suggest that more could have been done to make information more accessible, at 6% and 7% respectively.

Figure 7.1.6 Responses to the question, were there any aspects of the lockdown restrictions that we [the States of Guernsey] could have explained better? By employment status



By employment status, **Figure 7.1.6** shows those respondents who were in full time education or training and those who were unable to work due to longstanding illness, disability or infirmity recorded the highest proportions of respondents who stated yes, there were aspects of lockdown restrictions that could have been explained better, at 22% and 20%. By contrast those not employed, but seeking employment and those who were retired were least likely to respond that aspects of lockdown could have been explained better, 8% and 9%.

7.1 Experience of lockdown - communications

By employment sector, the highest proportions of people reporting that there were aspects that could have been explained better during lockdown worked in the Real estate sector, at 29% and the Public administration sector at 25%. By contrast those working in the Construction, Manufacturing and Wholesale retail and repairs sectors were least likely to suggest there were aspects that could have been explained better, 5%, 6% and 8% respectively.

By health condition, and for those who were carers or received care themselves, there was very little difference between the proportions reporting aspects could have been explained better, than the overall response as shown in **Table 7.1.4**. However, differences were observed for those who were pregnant or who had a baby in the past 6 months, this group of respondents recorded a higher proportion that suggested there were aspects that could have been explained better during lockdown, 19%.

In terms of how people accessed communications there were three noteworthy elements. Firstly, those who had internet access but did not use it at home were much more likely to report that aspects of lockdown restrictions could have been explained better, 38%. Secondly those who called the States' helpline or emailed were also much more likely to report that aspects of lockdown restrictions could have been explained better, 22%. Finally, by contrast those who watched the Channel TV or BBC news on the TV were less likely to report that aspects of lockdown restrictions could have been explained better, 11%.

7.1 Experience of lockdown - communications

For those respondents who answered Yes, there were aspects that could have been explained better during lockdown, please state, 430 responses were received.

Unweighted, the aspect that could have been explained during lockdown better was predominantly focussed on:

- Bubbles, 171 responses mentioned these, representing almost 40% of all comments. Some respondents suggested they would have liked more clarity at the outset when selecting their bubbles and how these might evolve during lockdown, as this would have helped influence their choice for future bubbles. Others felt the bubble system was confusing, especially when people were able to join bubbles together. Comments suggested the bubble system was open to misinterpretation and respondents were unclear on whether you were able to go out in public in your bubbles, whether you needed to social distance in your bubble when you were outside, if you could have different bubbles each day. There was also a lack of clarity for those parents who were separated with children. The diagram/infographic released showing how the bubble system worked did help some respondents but more guidance was required as to what you could or couldn't do within your bubbles and different scenarios that might arise. Further information on the experiences of households with regards to bubbling can be found in the fourth report of findings, which can be found here gov.gg/covid19data.

To a lesser degree other areas which respondents reported could have been explained better included:

- Rules on exercising, 24 responses mentioned these. Confusion in this area centred upon how far people were able to travel for their exercise, how long they were allowed to exercise for, whether people were allowed to sit on the beach, could people meet up with others to exercise together (including those under 18 years) and the ambiguity behind which sports were allowed during lockdown and which were not. Comments on this included "We kept close to our home. Other people were walking headlands, coastal pathways and going to the beach, which involved a car journey to those places. Did we misunderstand this". "It was unclear about the exercise rule. Lots of people were gathering at beaches with families for their exercise. I feel there needed to be more information regarding how to use certain places e.g beaches as lots of people had different perspectives". "I was unclear about the rules for going out and exercising, and whether or not this could include things like photography". "When you could socially distance exercise, it wasn't made clear if young people (under 18s) that would usually be trusted to go out were able to socially distance walk/ride with a friend, this would have helped a lot of young people who were feeling isolated".
- A lack of consistency, 21 responses mentioned this. Comments on this included that statements made at media briefings contradicted advice on the website. For example the rules on exercising. The media briefing suggested this could only happen within your immediate bubble, whereas the website suggested you could exercise with those outside your bubble. There were questions asked as to why some shops were allowed to open but not others, why some hotels were allowed to offer take away food but not all, why hospice visits were stopped for end of life patients then reinstated 36 hours later and why visitors were allowed on wards but not Loveridge ward and how key worker families were defined, which varied depending on the school attended.
- Other aspects mentioned by a number of respondents requiring better explanation were; Phase 4 which appeared unclear, travel restrictions, providing more rationale behind decisions taken, improve advice for those who were shielding and increase clarity on self isolation.

8.1 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 weighted data unless stated otherwise.

8.1 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 8.1.1 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 8.1.2 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 8.1.3 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

9.1 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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