Case Studies

OUR CHANGING WORLD

A series of case studies illustrating the experiences of disabled people and people with mental health challenges in Gloucestershire during the Covid-19 pandemic

barnwood

Our Changing World | Case Studies

Case studies to illustrate the impact of COVID-19

Below is a series of case studies which illustrate the experiences of disabled people and people with mental health challenges in Gloucestershire during the COVID-19 pandemic. Any names provided in the following case studies are not the real names of the people featured. Names of organisations have also been removed.

Case Study: Douglas

Douglas lives in the Cotswolds. He is registered blind, since having a brain tumour a few years ago, and he experiences mental health challenges. Douglas lives alone.

"I felt ok at the start. I didn't expect how long it would last or how restricted I would be. My initial concerns were around shopping, food, and speaking to friends and family, but that's been ok. I started on 'Slimming World' the week before lockdown. The meetings have continued as Zoom calls which have been a boost to get the support online. The weekly Zoom calls and messages from the group leader have been a great source of support. June is an especially tough time for me as it is the anniversary of my Dad's death and being in lockdown has given me a lot of time to think. This support, texts and calls from the 'Slimming World' group leader has been very important.

I have been walking every day; either combining it with a trip to the shops or going past friends' houses to speak from doorways. I have found it really helpful to get human contact. I have daily phone calls from a friend, to check in that I'm ok. I live alone without a garden.

I have had a few issues keeping socially distanced. One incident was when I was trying to put my prescription in my bag, and someone tried to help me but I told them they couldn't touch me or come close and they were rude about it. I have had issues with people walking across me, going the wrong way down one-way systems in shops, shelf-stackers not staying 2-metres away etc. I had a positive experience at a chemist's where the staff were very helpful, they stopped me at the door and told me when it was safe to enter and then took me to the check-out to help me pay.

Re: getting food delivery slots, it's been difficult. I got a letter from the CEO of a supermarket saying they were making slots available for me but whenever I checked there wasn't anything available. Someone told me I had to check after midnight as apparently this is when they release more delivery slots, but this didn't work for me either. There has been no information available as to how vulnerable people access these delivery slots. I gave up in the end."

(Continued below)

Case Study: Douglas (continued)

"A local financial support organisation has been in touch. I was referred to a local community charity and I think that financial support organisation got my details because I filled out a request with the help hub. I was asked if I needed anything urgently and had bread and milk delivered the same day. Friends have also done my shopping for me. It was hard at the start as I didn't know how to access help, but that has got easier.

Lots of voluntary organisations have been a big help and I have felt supported by my local community. The local Community Response is a Facebook group that my friend set up. I was approached to see if I needed help, but I also offered to help others through this. I was helped to fill out the form over the phone. I offered to help with teaching children who are off school, and with languages as I am fluent in French and Spanish, and I have tried to think of other skills I can offer, as well as offering to do printing for people.

I received a letter to say I was on the 'shielded list', my doctors surgery followed this up with a phone call to check I had the letter and understood. They had to check the reason for me having to be shielded and this was confirmed as being due to me having blood clots on my lungs in the past. The communication with my doctor has been good and I'm very happy with my GP surgery.

I have had hospital appointments cancelled or moved to be phone appointments. I was due to have nerve conductor tests and an MRI which have been cancelled, I am waiting for new appointments. Communication has been good although I do have to keep requesting that letters are sent in large print for me.

Being in touch with friends on the phone and over Facetime, Skype etc. have helped. My friends who live locally walk round and wave and ask after me. My immediate neighbours who I talk to have invited me over to their split-level garden which I have felt safe to do.

I hope things will change soon, as I am desperate to be able to socialise and interact with other people. I don't want it to go back to how it was before though, and I won't stay in all the time; I want to make the most of life. I have realised what I've missed by staying in and I want to make the most of life and freedom. I also want to try and participate more in local groups etc. I used to do lots of things but since Dad died two years ago, I've become more reclusive (it's only been 2 years). On the anniversary last year, we did a memory walk around villages where my dad used to live. I don't know what will be possible this year but hopefully a socially-distanced picnic."

(Continued below)

Case Study: Douglas (continued)

"I feel that the community around me has been very helpful and supportive. I felt on my own at the start but the more people I spoke to, and the more I found out, I realised how much support is out there. I only feel isolated by the fact that I live alone."

This case study was provided by a Gloucestershire resident.

Case Study: Harriet

Harriet lives in Cheltenham. She has cerebral palsy, is in her fifties and lives alone.

"At the moment I'm trying to get access at the back of my flat. Before the pandemic, the NHS had given me an electric wheelchair to get out and about, but I need a ramp. A voluntary organisation has been helping me get access but we're waiting for the committee here to give approval. They will give me a grant for the door, but they won't give me a grant for the walkway, as it's a communal grant.

I've been in this flat for about 16 years, I have cerebral palsy. My mobility isn't as good as it used to be, that's why I need an electric wheelchair, I felt like it was time to have one, to give me more independence. I got the wheelchair about 2-3 weeks before the lockdown. The voluntary organisation has been supporting me, and they've been fighting my case. That's one of the things they've been helping me with, they've been wonderful.

When the lockdown happened, I started to get symptoms, I was very poorly for about 6 weeks. I had to call a doctor; I was getting a lot of pains in my chest and had 2-3 weeks of hardly any sleep. The voluntary organisation were so good and kept in touch with me, and one of their volunteers checked up on me and would call me to see how I was getting on.

I had a holiday booked, and that was another problem I had. There's a company who take disabled people on holiday. Last year I went with them to Wales, and I decided it was time to book a holiday abroad. I was due to go in April but unfortunately it was cancelled. I've had a lot of problems getting a refund. I wanted to get out there and meet new people, because I'm quite isolated, but when that happened, I spoke to the company they said they can't give a refund for a couple of months. I was getting quite upset. The voluntary organisation spoke to them on my behalf. After 2-3 weeks of chasing I got my money back. Getting hold of these companies is not accessible for disabled people, there's a communication barrier."

(Continued below)

Case Study: Harriet (continued)

"One of the good points about what has happened recently is virtual meetings. For someone like me it's a new way of working, we can see one another – if you're speaking to someone on the phone it can be quite difficult, so one of the things that maybe should come out of this is that companies should have a link to arrange a meeting. The credit card company did have links for people who are hard of hearing, but it helps for people to be able to see me, it would be good if banks could offer that service.

Another organisation that I'm involved with is a local college. I was a student there in the '80s. I'm a part of their advisory board, and we have virtual meetings now and I try to make suggestions on how to improve things.

The biggest frustration of it all has been the food deliveries. The local hub, they've been doing shopping. Before lockdown I always did my online shopping from one supermarket, but since lockdown I've been unable to get an online delivery slot. I wrote to them, but because I'm not classed as 'at risk' I can't be a priority. I think that's wrong.

I've spoken to my GP surgery about it. One supermarket does a delivery; you can ring them up but it's only on certain items and that's no good for me because of my physical disability. I like to choose ready-made meals, or fresh fruit that is already prepared, but that's not on their list.

At the moment, I get a volunteer from the Council, they ring me up and I give them a list of things to get me. The Council phone me once a week, although sometimes they forget, recently they haven't been reliable. They delivered me some frozen ready-made meals, but they sent me 3 of the same, so there's not much variety but going back 4-5 weeks there was more variety. I noticed on Deliveroo that another shop is now doing Deliveroo food slots. I'm very worried, because you have to be careful with the packaging in case you catch the virus.

I live on my own, and when I had the symptoms, they wouldn't test me, because at the time they were only testing people who went into hospital, so it's been frustrating because I don't know if I've had the virus or not. I'm quite isolated and I haven't been out since the lockdown, apart from in my garden.

I have good days and bad days. I've been working for a user-led organisation. I read a lot of books through Audible, I do exercise and watch TV. I do get very lonely, but I'm trying desperately to make sure I have a structure to my day. At least I'm a lot better now."

(Continued below)

Case Study: Harriet (continued)

“Unfortunately, I haven’t had my cleaner come in, so I’ve been trying to do a bit at a time, I slowly do my housework. Normally I have a duvet cover, but because I can’t put the cover on my duvet, I bought some fleece blankets online, and I can just about manage to put a clean sheet on the bed.

Before the lockdown, a local voluntary organisation has tried in the past to see if I can get a carer, but they say I don’t meet the criteria, because I can do my personal care by myself and can warm things in the microwave. Because I’ve been coping for many years, I have found ways to overcome things. Before my Mum died 4 years ago, she would help me a lot and support me, but I don’t have her anymore. I need a cleaner, but I have had to accept that, unless I need personal care, the care provider won’t help.

I think it’s going to be very tricky for me after lockdown. Social distancing is going to be the problem. Before I would go to the cinema, meet a friend, go to the pub. What’s really important to me is I need to get this access for my wheelchair, but the lockdown has delayed that result. I feel very isolated and I haven’t been out since the end of March, which everyone says, ‘Why don’t you get in the car and go somewhere?’, which I will do but I’m being very careful, and if I break down anywhere I have to make sure I have a mask. When the shops open, I don’t know if Shopmobility in Cheltenham will open, what the shops’ guidelines will be, and how accessible it will be to get around in a wheelchair and maintain social distancing. Some shops have special times for certain people to go in, that could be one way to help accessibility.

Maybe if local organisations could have online meetings. I know there are a lot of quizzes at the moment but that’s not my thing, I need something a bit more fun. Maybe exercise, like meditation, or just having a conversation. Another thing is maybe having online dating for disabled people, or maybe like an online disco or something. My achievement whilst in lockdown was a virtual job interview. I am delighted that I am successful in gaining a new job at a user-led organisation. My new role is to support people on one to one and group sessions. I desperately need to get wheelchair access to my flat so I can carry out my new role independently.

The lockdown has taken my independence away. Volunteers are very good, but it’s not the same as doing it myself.”

This case study was provided by a Gloucestershire resident.

Case Study: Jenny

Jenny lives in Cheltenham. She has cerebral palsy, epilepsy and needs oxygen on a regular basis. Jenny is a teenager and lives at home with her family.

"Jenny's parent made a request for support via our Covid-19 response service, requesting support with Personal Protection Equipment (PPE). Jenny has cerebral palsy, epilepsy and needs oxygen on a regular basis but at the time of making the request the family had not received confirmation that Jenny should shield.

The family had a great care package in place from their complex care team who supply PPE to their own care staff, but Jenny also has care from a nurse once a week. This nurse is employed by the parents and paid for via a personal independent payment, and they had no PPE for her.

The NHS does not supply PPE for the nurse, as she is a private carer. Without the PPE we provided, Jenny may not have been able to receive care from her nurse. We provided the family with plastic aprons, surgical masks, gloves and hand gels.

Jenny's parent said, "The PPE is like a security blanket; I feel much more confident when my daughter's carers can wear it, as she is potentially very vulnerable to the virus."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Mary

Mary lives in Cheltenham. She has a learning disability, dyslexia, problems with balance, severe arthritis associated with psoriasis and may be experiencing mild depression. Mary is in her forties and lives alone.

"Mary was unable to read the information sent to her to tell her to shield for three months. She takes medication which means her immune system is compromised. She eventually received a phone call from the GP's surgery to make sure she understood.

Mary is very conscientious and tries hard to follow rules. She gets very anxious about domestic issues, for example: how to replace a light bulb; whether she should leave the flat to go to another part of the building to check her electricity meter; whether she has enough money to manage." *(continues below)*

Case Study: Mary (continued)

“Ordering food is not easy for Mary as she is used to going to the local shop. She was promised a hamper, but she did not receive one. There was also a problem with Universal Credit – she usually has a part time cleaning job in the summer, but this was cancelled this year.

Mary spends much time watching television and listening to Coronavirus stories. The Warden of the flats speaks to her on the phone occasionally and she talks to her parents who I think are elderly and in need of support themselves. She has a volunteer friend through our organisation who contacts her at least three times a week and who provided food parcels at one point. She has also been contacted by a disability employment support service.”

This case study was provided by a volunteer at a VCS organisation.

Case Study: Zoe

Zoe lives in Cheltenham. She has physical impairments and a learning disability and requires 24hr care. Zoe is a teenager and lives at home with her parents and siblings.

“As a family their lockdown experience has been stressful at times, they have experienced a lack of physical support as they have had no carers since before the lockdown, and the only respite care they and Zoe receive, provided by a local hospice based in Worcestershire, was cancelled because of the global pandemic. This has left the family in a situation where they are providing for all of their daughter’s 24/7 care needs and looking after their family; all with no opportunity for a break to recharge their ‘batteries’

However, on the positive side their respite provider has been in regular contact with them via text and telephone calls, making sure they are feeling ok and providing them with an outlet to talk if needed; this was provided for siblings too. The respite provider has been delivering regular food parcels to the family to help prevent them from needing to go to the supermarket.

The family have been without a PA to help care for Zoe since October last year. Due to the lockdown situation, even if this had been in place they would not allow a carer to come into their home as Zoe is ‘shielding’ and they are protecting their daughter. During this time, it is also worth noting that they have been unable to recruit any such carer and will not be able to do so until lockdown is lifted.“

(continued below)

Case Study: Zoe (continued)

"Zoe's Occupational Therapist (OT) has been very supportive about their need to not have any people in their home, unless absolutely necessary. When recently facing an issue with a repair that was needed in a vital piece of equipment (Zoe's chair), the OT organised a video call with the repair company who then guided them through installing a new part onto the chair, enabling Zoe to sit comfortably. They also had issues with another piece of vital equipment (sling) which was too large and therefore unsafe to use; by using video call they could show the OT exactly what the issue was and get it remedied quickly. Both instances were extremely helpful to the family.

Zoe has outgrown her wheelchair (she has had it for 8 years) both in size and as her needs have changed because of changes in her conditions. Wheelchair services were in the process of trying to arrange appointments to try new chairs, unfortunately, lockdown has prevented that happening leaving Zoe with a chair that is too small, uncomfortable and unsuitable. It could be months before they get to see anyone about this which also means months not being able to leave the house even into the garden as Zoe is completely dependent on her wheelchair.

If lockdown continues and if they were able to leave the house for walks with their daughter, they would be comforted knowing there was a safe, local area they could visit without putting their daughter at risk, i.e. no other visitors. Maybe a garden or parkland or open space that could be booked in advance where you are the only family there. At present there is no such safe space for them to go where they can get some fresh air and relax together.

As members of our organisation's support network, they have been receiving support from us in the form of peer to peer support from other families who are also shielding; helping to reduce the feeling of isolation they are experiencing. They also feel reassured in the knowledge that they can post any questions they have about the current situation, their daughter's health, and any challenges they are facing, even if just to vent any frustrations they may have and receive support from other families who understand the stresses they face."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Fred

Fred lives in the Forest of Dean. He has a brain injury and severe tinnitus. Fred lives as a lodger with his landlady.

"I suffered from a brain injury and I have very bad tinnitus which makes my life very difficult, especially in these troubled times of COVID 19 virus. I was on holiday in Malta when the virus hit the UK. All tourists were sent home early when Malta became infected. I returned home only to find that my landlady would not allow me into the house for 14 days. I was forced to stay in a local hotel which closed the day of staying there. Luckily, I knew the manager and he let me stay longer, as I would have been on the streets with my suitcase.

I have since returned back to my home and life here is unbearable. I need to move out asap. My landlady works from home with a high-pressure job. The kitchen has turned into an office and I am forced to stay in my tiny bedroom to avoid the receiving end of her stress.

I am on benefits and declare my part-time business as a photographer and greeting card manufacturer. The extra income has ended due to no sales or work and now my bank is pressurising me to pay off my overdraft, which of course I cannot do because of the Covid-19 virus restrictions.

I have a book publishing deal which has to be completed by December. It involves visiting locations in Great Britain and due to the loss of sales, no access to Scotland or Wales, no campsites open for accommodation etc. I am also unable to repair my best camera and fear that I will be unable to complete the deadline.

I am strong and have been through far worse. It's hard to deter the depression but I try to always remind myself to stay strong and keep believing that one day all this bad luck will end. Karma will return for all those good things I have done and will change my life at present for a better one.

I have had no support whatsoever and nothing is available. I can't answer about life after lockdown until it happens, but I know my life will be much better when I have a new home with new surroundings, being able to travel with a new camera and no debts."

This case study was provided by a Gloucestershire resident.

Case Study: Megan

Megan lives in Hucclecote. She has an acquired brain injury and subsequent mental health challenges. Megan is in her fifties and is a single mother.

"I have a brain injury following a sub arachnoid haemorrhage 5 years ago and since then I have suffered with mental health problems.

When the pandemic hit, I was working 32 hours a week for an aerospace engineering firm carrying out a sometimes very stressful job and for a company that didn't really understand how my hidden disability affected me on a daily basis. Before lockdown we were advised to work from home, and this in itself filled me with dread: How would I manage my already stressful job without friends and colleagues to bounce ideas off! Each day became progressively harder, my mood slumped, and I became withdrawn, to the point that my children began to notice.

I had no contact from work until one day I had a phone call advising me I was at risk of redundancy; I felt physically sick and hit an all-time low, I found myself sitting in my car at 2am wondering what I could do to make it all stop, for everything to stop being so hard, and for people to "get" what it felt like to be me. I have been having counselling for my anxiety and depression on a weekly basis for most of this year and a text to my counsellor was all I could bring myself to do.

I somehow got myself to the doctors and was faced with a sea of masks which was even more daunting and was prescribed the medication which I have managed to avoid for so long. But this pandemic has made it impossible for me to avoid any longer, I can't have the hugs off friends that I so desperately need and the thought that I don't know if I ever will be able to again is quite hard to comprehend.

So Covid has taken my job, the one part of my life I could control, and it has thrown me into despair. Without two support workers, I'm not sure I would get through each week. I probably come across to them that I'm doing ok and coping day on day, but the truth is this event has just made me scared of everything and losing my job has made me unable to trust colleagues and friends. Covid has made the world with a brain injury an even lonelier place."

This case study was provided by a Gloucestershire resident.

Case Study: Samantha

Samantha lives in Gloucester and has a physical disability.

"I have a progressive neurological disability that is carefully managed by a team of specialists in London. As it affects my body in a range of ways, I have a complex treatment plan with inputs from different teams. Much of this treatment, aside from regular medication, has stopped during lockdown. As a result, my condition has progressed more in the last 3 months than in the last 10 years. I have a job that I love and am fiercely independent, but that is all now jeopardized as I am losing the ability to type and do basic tasks like feed myself.

I am aware of the support available – Access to Work, care and support at home etc. I am also hopeful that some of the damage done will be reversed when I can access treatment such as Botox and neurology appointments again. I know however, given the trajectory of my condition, that some will be permanent or take a long time to undo. I also understand why I have not been able to access treatment and am nothing but supportive of the work the NHS are doing. My case is typical of individuals who have conditions that are usually well managed but have been far more disabling during lockdown."

This case study was provided by a Gloucestershire resident.

Case Study: Jean

Jean lives in Cheltenham and has a mental health challenge.

"One of our project participants, Jean, has a talent for baking and going forward she is looking to start up her own cake-making business. Throughout the lockdown period it has been difficult for Jean to obtain certain ingredients including self-raising flour, caster sugar and icing sugar. By working together, members of the project team were able to source the ingredients required and deliver them to the participant's door. We have since received impressive photographs of the resulting Chelsea buns, peanut butter cupcakes and strawberry sponge made with fresh cream!"

Jean said, "Whilst lockdown restrictions have been in place, I have continued to engage with the project worker and remained focussed on my goal of self-employment. It was great to receive the delivery of ingredients from the project which enabled me to continue baking and try out a new recipe too! Cake-making is something I really enjoy, and it helps me to maintain good mental health and wellbeing."

This case study was provided by a member of staff at a VCS organisation..

Case Study: Fiona

Fiona lives in the North Cotswolds. She had an accident at home during COVID-19 and she lives alone.

"We received a referral from a town councilor regarding Fiona who had just been discharged from hospital following a fall at home. Fiona had been triaged at hospital and discharged with no fractures but lots of bruising. Fiona lives alone and was unable to access upstairs and so she has been sleeping downstairs.

The GP surgery assessed Fiona as needing careline and instigated the provision of this which was installed within 3 days. Fiona had swollen heavy legs with no footstool. A plea went out to friends and volunteers for a stool and a volunteer provided one, keeping to all current distancing restrictions. Fiona's was very grateful for this.

The GP surgery gave our emergency help card to Fiona for her to access all the services on offer during COVID-19. She is now receiving telephone befriending; she gets a call weekly. She feels well supported and safe."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Joe

Joe lives in the Forest of Dean. Joe has a learning disability and works for a user-led organisation as an Expert by Experience.

"I had a chat with Joe this morning on friendships, I told him how much I appreciate the weekly calls he is making and the difference weekly contact from a friend makes.

I asked him to explain how this makes him feel and his thoughts on friendship since lockdown. He said having friendships with the hub members has helped him make the phone calls, it has really helped his confidence talking to everyone and it gives him a boost. He said it is important to him to make the calls because some people do not have many friends and the calls keep them going. He said, "A little phone call makes them happy". Not being able to see everyone makes him sad so this is a way he can keep in contact and still be friends with people."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Toby

Toby lives in Gloucester. He has Congenital Central Hypoventilation Syndrome and Hirschsprungs Disease. Toby is of primary school age and lives at home with his parents. Toby's mum Sheila, in her thirties, also has Congenital Central Hypoventilation Syndrome.

"The family has been shielding since the 17th March; Mum and Dad were both working from home initially and then Dad was furloughed. Both Sheila and Toby have needed to shield, and both received letters to confirm this.

After about 3 weeks the family were given access to priority delivery slots and emergency food parcels which meant they no longer needed to go to the supermarket. The family have also been receiving food hampers from a children's charity.

Prior to lockdown Toby was attending school and since lockdown his parents have found home-schooling along with working from home tough at times. Toby used to attend a drama class at the weekend which provided him with an outlet to express himself, interact with more children socially and provided some respite for Mum and Dad. Since lockdown these classes have been provided over Zoom but it's not the same and unfortunately their son is missing the actual class.

Toby requires 24/7 care and as a family they have a care package that provides night-time carers. Throughout the lockdown the family have continued to allow the night-time carers into their home, as they felt they simply would not be able to manage all his care needs themselves.

Sheila and her husband don't have a lot of time to themselves or to relax but when Toby was a baby, he spent long periods of time in hospital which they feel has prepared them well for lockdown and the isolation it brings with it.

Sheila likes being in our organisation's support network as she can watch and follow what other parents are doing during this time. She is missing the social aspect of taking her son to school and chatting with the other parents and so being in the network is giving her a way to access that 'conversation' with other parents, helping ease her isolation."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Joanne

Joanne lives in the North Cotswolds. She is in her sixties and lives alone.

"Due to a disability (and being confined to a wheelchair for a few years) I had lost confidence in my ability to safely leave my home. With my children being in work and university, I was often home alone for days on end. Volunteering at the lunch groups has increased my confidence massively in my ability to get out. I thoroughly enjoy my time at the groups and really look forward to them. I now consider many of the clients friends and I am also enjoying calling them during this time of lockdown. It makes me, and them, feel a little less isolated."

This case study was supplied by Joanne via her volunteer manager at a VCS organisation.

Case Study: Jacob

Jacob lives in Cheltenham. He has memory difficulties as a result of a brain injury in his twenties and experiences health anxiety. Jacob is in his fifties and lives alone.

"Before the pandemic, I attended a disabled swimming club once a week, swimming and supporting others. I acted as a volunteer at a computer club twice a week and attended Slimming World once a week. I stayed in touch with friends by phone or met them when out and about and regularly saw my GP.

After lockdown I still use the phone to contact people but do not bump into them when out and about. I think my health has deteriorated, I am not exercising as much. I can't see my GP face to face regularly, I have had to ring 111 and the GP surgery at on average twice a week as I feel ill but my GP says I am OK. I don't agree.

I have had more contact with family than before. I have been able to do my own shopping. I have found it hard places not being open and having less places to go to. I like to keep busy."

This case study was provided by a Gloucestershire resident.

Case Study: Jeremy

Jeremy lives in Cheltenham. As a result of a brain injury, he has limited mobility, is registered blind, has communication difficulties, and experiences nerve spasms and poor memory. Jeremy is in his fifties and lives with his wife Sarah.

"In February 2011, Jeremy and Sarah were on holiday in France, when Jeremy was taken ill with a stomach complaint. He was being treated in hospital when he had a cardiac arrest and experienced a hypoxic brain injury. Jeremy spent many months in recovery. As a result of his brain injury, Jeremy's life now is very different and relies on Sarah and Personal Assistants for all of his needs. He is dependent on using a wheelchair and is unable to self-mobilise.

Jeremy was referred to our support service in 2013. He started to attend the enablement centre, 2 days a week to support with activities around brain injury recovery. Sarah and Jeremy have been spending their time over the last year organising renovations and adaptations to their home, for Jeremy's needs. They purchased the house next door and have knocked through from one house to the next.

When lockdown was announced, they decided not to have the support of Jeremy's Personal Assistants, as they felt the risk was too great in terms of the spread of coronavirus. His usual Personal Assistant is also 'at risk' when it comes to the virus. This has meant that Sarah has been Jeremy's sole carer during this time.

Since lockdown Jeremy has not been able to attend the support service on his usual Wednesday and Friday.

In the street where they live, the residents have set up a 'Help the Neighbours' scheme through Facebook. Jeremy and Sarah have used this on occasions to leave messages for things they need. Sarah has been going out to do the shopping once a week at the local supermarket.

Jeremy has had support from our service as follows: Once a week on a Monday he receives a phone call from staff, which is a general well-being call, where he can talk about how his week has been. The staff also facilitates Jeremy's speech therapy exercises. The call usually lasts about 40 minutes. Jeremy likes to talk about what's been happening with his week and this forms part of the general conversation, which encompasses his speech therapy. Once a week Jeremy takes part in a Zoom group with several of the survivors in his social group, who would normally attend a session on a Wednesday. The Zoom group is hosted by staff and ranges from 3-5 participants and can last around 40 minutes. During the Zoom group each survivor tends to spend time talking about their week and how the lockdown is affecting their lives. They share information in this group. The staff who hosts may offer support and signposting or pick up a conversation privately at a separate time." *(Continued below)*

Case Study: Jeremy (continued)

"Jeremy has also taken part in one off event Zoom groups, for example a day when all survivors have been invited to make a hat or decorate an existing one. This is a national fundraising event, which would normally take part during 'Action for brain Injury week'. Jeremy took part in this event and a similar Zoom event, which was held for volunteers, during Volunteer week.

Jeremy reports that he did find it difficult to hear because of the number of people taking part, he nonetheless was glad to be taking part. Jeremy has support from his wife to join all Zoom meetings. Jeremy reports that he uses this time, to be able to keep in touch with those people he would normally have contact with on a Wednesday. And this is important to him.

Jeremy receives bi-weekly 'Activity Packs' from our organisation, which consist of a mixture of activities to aid brain injury support and recovery, such as quizzes, word puzzles, simple recipes, craft activities, spot the difference, seated exercises. He reports that the support he receives from our service during this time has been important to him and he looks forward to receiving the activity packs.

Jeremy reports that he always notices the difference in his speech after his speech therapy exercises each week and he enjoys having that weekly chat as well as being able to listen to others in his social group.

Jeremy reports that the 'knock on effects of lockdown' have meant that he has been unable to continue the renovations and adaptations to his house. He has not been able to get his driveway tarmacked and this means he has not been able to get his Sunbeam Alpine out of the garage. He reports that he loves to be able to go out in this, as it was renovated by the team from Car SOS, TV programme.

Jeremy has also not been able to use his outdoor adapted bike for the same reason. He reports it would have made a big difference to him, if he were able to use his car and bike during lockdown. Being able to use his indoor adapted bike and outdoor hot tub, have been of benefit to him during this time.

Sarah and Jeremy use technology and the phone to keep in touch with family and friends and have regular quizzes with family over Zoom. They could have benefitted from priority supermarket deliveries at the start of lockdown, but because Jeremy is not on the 'extremely vulnerable' list, it's been difficult to get deliveries."

(Continued below)

Case Study: Jeremy (continued)

"Sarah has been doing the shopping at the supermarket but reports that in some ways this has been useful, as she needs to be able to get out. She does not use other services as she feels she can 'just get on with it'.

Sarah reports that supporting her husband with all his care during lockdown has been hard. She has painful arthritis in her thumb. They are currently discussing whether to go back to using Jeremy's Personal Assistant to help with some of his personal care needs."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Neil

Neil lives in Cheltenham. He has short term memory difficulties, dysphasia, epilepsy, balance difficulties, pathological fatigue verbal disinhibition and feelings of anger and frustration as a result of an acquired brain injury. Neil is in his fifties and lives independently.

"Neil is active and usually volunteers two days a week, and visits our service one day a week. During a regular weekly welfare phone call, we were made aware by Neil that he was experiencing feelings of isolation, heightened emotions, including feelings of loneliness and feelings of suicidal ideation.

He told us he felt his children do not care about him because they socially distanced during a visit on Father's Day, where he visited his children in the garden. He told us he understood this was a necessary measure due to Covid - 19. He also told us he didn't think he was being rational when thinking about it. He described feeling "us and them" and that he was left out. He observed his daughter take her daily 1-hour exercise independently past his home. He said the impact of maintaining social distance from his children in addition to not seeing others in person was resulting in his feelings.

We supported Neil by creating a plan to stay safe with him. We increased the welfare contact from weekly to daily for an initial 5 days, using Zoom. He was also invited into a weekly Zoom peer meeting which he says has helped him feel connected to others. During private Zoom welfare meetings, we had general conversations and discussed his protection measures; we reaffirmed the positive impact he has on others' lives and his importance as a father. We raised a concern regarding his feelings of suicidal ideation with his GP." *(Continued below)*

Case Study: Neil (continued)

"Neil told us these measures had a big impact on him feeling supported and cared for and requested daily Zoom calls continue, which it did for a further 5 days. By the end of this period he told us that he no longer needed the calls and felt a once a week peer Zoom meeting in addition to receiving an activity pack would be the most helpful tool for him.

Several weeks later we were informed by a volunteer who was making contact that Neil had expressed a greatly reduced motivation to carry out daily tasks: cleaning, cooking, washing clothing and that he was not preparing meals for himself.

We contacted him and enquired how he was managing with tasks. Initially he told us he was not experiencing difficulties, we continued to be curious and he expressed his feelings of lack of motivation to complete daily tasks. He told us he felt he should be able to manage his daily living independently and that not doing so made him feel a lack of self-worth. We discussed the impact that Covid- 19 is having on people, physically and emotionally. We discussed asking for support was important and a strong and brave thing to do.

We supported him to access daily subsidised meal deliveries and he agreed to a safeguarding concern being raised with the adult social care team to explore ways they may be able to support him. We helped him think about a manageable plan to do basic daily living tasks. For example, planning to do the washing up on one day and the clothes washing on the subsequent day. He tells us that the meals have been incredibly helpful to him.

We continue to remain curious with him via weekly peer support Zoom meetings and offer our support."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Rebecca

Rebecca lives in Stroud. She has brain aneurysm – fatigue, depression, some mobility issues and concentration difficulties. Rebecca is in her sixties and lives alone.

"Rebecca lives alone, so she has found the company of her dog extremely valuable and has enjoyed walking it daily. Regular phone calls from our support service have 'been great' and the activity packs 'cheer me up.'"

(Continued below)

Case Study: Rebecca (continued)

"Rebecca has found the meals from one organisation very useful as they remove the hassle of cooking for one. Neighbours have offered help, but she has done her own shopping during the quieter times.

She has found that keeping busy with catching up on household jobs, gardening and crafts have kept her mind occupied and helped her to cope. She has felt very lonely during lockdown and finds it very difficult to use her mobile phone and is wary of social media. She has been writing letters to people on her Christmas card list and was delighted when she started to get replies.

She telephones other people regularly through her volunteer work. She is unable to drive and relies on a friend for lifts and as lockdown has eased a little, he now takes her to the garden centre.

When calling Rebecca every week, I have noticed that she always asks after me and the rest of the community before telling me how she is. She is highly motivated to keep herself occupied and is always concerned for others."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Lucy

Lucy lives in Gloucester. She had a haemorrhagic stroke and resulting surgery led to significant issues with balance, spatial awareness and fatigue. Lucy is in her sixties and lives alone.

"Lucy is very well supported by friends and family. Her apartment block set up a 'buddy' system to provide friendship, shopping and collect prescriptions. She has got to know her neighbours through telephone calls and planning to hold a proper meet up post-covid.

Lucy developed use of various social media to keep in touch with friends, family and our service's community. She is proactive in maintaining contact and uses Zoom for weekly interactive family quizzes and writes a blog that has been helpful for her own mental health."

Lucy is very creative and enjoyed making masks for family and planning lockdown birthday parties for grandchildren.

When experiencing a low mood, Lucy has tried to set herself a target to achieve each day. She has found that it helps as she feels worse if she has done nothing. *(Continued below)*

Case Study: Lucy (continued)

"Not being able to drive has been an issue as she has been confined to the same area until she was able to form a bubble with her family. She found travelling in a car outside of Gloucester a little unnerving after so long. It also took some adjustment to go from being alone to staying with a family with young children. Whilst she loved the company, the noise and pace were a challenge at first.

She is reluctant to go to the GP about a medical problem as she is very afraid about needing to go into hospital and becoming infected with the virus. I reassured her that medical staff are taking every precaution to keep people safe and that it might be better to get it checked for peace of mind.

Lucy has noticed weight gain during this time so has gradually increased her walking and now walks 5k at least two times a week. Careful planning goes into each day to ensure the balance between doing enough and doing too much.

I am amazed by the determination shown by Lucy. She not only looks after herself but even remotely shares special times with her grandchildren, telling them stories through the Carabu App and helping them with their homework. She is in regular contact with members of our service's community both socially and as an extra 'check-in'. She is a proactive, positive and engaging person."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Elliot and Abigail

Elliot and Abigail live together in the Cotswolds. Elliot has a physical impairment and Abigail has a learning disability and cerebral palsy..

"**Elliot:** "The village has a population of around 3,000, it's one of the largest villages in Gloucestershire. The village fair was cancelled this year. I haven't been out much in the last 10 days I haven't been able to go out.

I am Tetraplegic spinal C5/C6 challenged with my hands but can move below my chest. This comes with many different problems and issues. A few years ago, I was standing and walking with stick but because of the decline of my health it's too painful. All of my hospital appointments have been cancelled because of Covid-19. I'm just waiting to hear."

(Continued below)

Case Study: Elliot and Abigail (continued)

"I'm on Facebook as a PC support service. As I can do my work online, the Covid-19 hasn't really affected me; more and more people using their computer and I can fix them, I'm busy online.

There have been lots of concerns with me getting assistance, getting things that we need without people having to come in and be too close. Getting help has sometimes been challenging. One example was when the clocks changed, how were we going to get the clocks changed, we didn't want them to be wrong for the next few months. Our next door neighbour came and changed them with lots of precautions and avoiding as many risks. We felt comfortable asking our neighbour. We can communication by phone, leave a message and we bacterial wiped the phone and left it on the fence, he wiped it and left it on our fence post.

Getting shopping was a problem. As soon as the crisis arose there were no deliveries from any supermarkets, so I signed on with all of them. I eventually got hold of one supermarket and was added to a priority slot so I cancelled all the others. I am now on the ball, so when they change at midnight I can log on and get the next slot. You have to book slots 5 weeks in advance.

Our first delivery we got as much as we could. We can get most things from a local shop so we can get most things to survive. Abigail was able to get to the shops, from when the crisis started, but I have only been able to get out for the last week.

Being inside for that long was really strange, I didn't really go out anyway because of how I felt, it hurt too much getting in and out of the car. I haven't been in the car since mid-February. We were due a new car at the end of April but all new cars for motability are on hold and there is nothing happening at the moment; all on hold. We have a car that's fine and they have just extended the insurance and the insurance will be swapped to the next car. It would have been nice, but we wouldn't have been going out in it anyway.

My hospital appointments have been a bit of a nightmare and I was due for an operation a week before lockdown, so they all got postposed, I have not heard anything, they are on hold. That's a bit of a pain because it's not nice sitting here and not feeling right, feeling more vulnerable because my immune system is not where it should be and I don't want people in the house because they may give me the' lurgy.' We had someone to do an annual gas check but luckily we were outside setting up the hot tub and he had free run of the house.

I still have a district nurse once a week but we don't have other carers. Before Covid we had a carer 2 days per week every other week to allow Abigail a break, but we haven't had a carer lately."

(Continued below)

Case Study: Elliot and Abigail (continued)

"When the crisis first started, we had some letters through the door from a mutual aid group and we could ring them up and get them to shop, but we never rang them up because we managed ourselves. We had a few challenges – which kept me going, solving problems. We ran out of baked beans and I thought can I get that online? I managed to buy some beans online, on eBay; typically now beans are back in the supermarket. We did it with tomato ketchup and we managed to get it on eBay. We were so annoyed without the beans and ketchup – basic items! It was great to turn these into a challenge. Also, we are so lucky with our neighbours.

It's a bit weird because I went out in my chair, headphones on blaring music on my first walk. I went to where it was empty, it was a bit surreal being on my own. As I came back Abigail was saying how few people we saw on the walk; really strange.

Nobody really knows what's going on, so we are going to play the next few months by ear. We have everything we need now, and Abigail has her hot tub, that's keeping her happy. We have lots of games, play station, films on the hard drive, mosaics too. Lots of stuff to keep ourselves occupied. When I get my hospital appointment, I may venture a little further but can't venture too far as we don't want to expose ourselves. It would be nice to have people round in the garden and when lockdown lifts we can have a hot tub and barbeque party. We have had a garden makeover.

It was so strange when Abigail went to see her friend, I had the house to myself, so strange there was no TV, so quiet.

It's difficult to understand what is going on and the impact of things on people. If you want to keep safe stay away from people. You watch the announcements and what do they mean? They are contradicting themselves. It can be confusing. I tend to read the summaries of the public announcements which gives me a clearer picture.

Cleaning the house has gone downhill – same for everyone.

We lost a bit of money on the stock market in an ISA, nothing significant and that has bounced back. Because of having more computers to fix, in that respect I have been busier but that means spending more money to be online.

Abigail has been asking for years about getting the hot tub and it was our 5-year wedding anniversary, we couldn't even get cards. Then we had our 'being together' anniversary of 16 years, our holiday was cancelled, rescheduled for next year."

(Continued below)

Case Study: Elliot and Abigail (continued)

"We had booked a holiday park chalet, but the one we wanted was not available next year, so they offered us a 3-bed chalet and 100 quid off with priority service. The hot tub was a consolation and a double anniversary gift.

I joined a Facebook group about a game called Angry Birds which has been running for the last 8 years. I have made good friends around the world and have been visited by friends from USA and India. The online community has been really important to me during the crisis."

Abigail: "I have cerebral palsy and learning difficulties. I have tremors in my hands and spasms in my legs. I sometimes have difficulties understanding money. For instance, this conversation may be a bit difficult for me to understand but Elliot can understand it fine and he may talk to me about it a bit later. In a long conversation I may not take in everything that's said.

Before all this, I went out with my friends to craft groups, I used to play guitar a little bit. Since all of this I haven't been able to do any of that. I usually go to all my groups and be with my friends, so I've not been doing a lot. I have a hot tub so spend time in that each day. Someone in our community comes around sometimes and weeds one of our flower beds.

Craft isn't on at the moment. It's normally a big group but not coming back yet. I've seen a friend once in the garden. I don't know when any of my groups are on, there nothing really to do. No tea shops are open and I used to go to the community centre to get a cup of tea, that's not open. So, it's a bit annoying. No point paying a carer if I can't go out. We look after each other.

Family and friends and some really good neighbours have kept us strong during this time. We don't really know the lady next door, but she has been staying indoors because she is vulnerable. We have seen a lot of our neighbours who live just on the corner. We can sit by our front door and others can sit out at the front and all have a chat. The kids have been playing in the paddling pools when it has been hot, so we've been sitting and chatting while they play.

I can't see my friend as she lives in Worcester and we can't take public transport. My mum said I need to avoid it so I don't know if I can use it. Nothing's open so there's no point for me to go in. I think there's a reduced service. I used to take the bus practically every day: a bus ride into Cirencester."

This case study was provided by two Gloucestershire residents.

Case Study: Simon

Simon lives in the Forest of Dean. He is in his eighties and nearly totally blind.

“What has caused challenges is the fact that I’m supposed to not be going out, and although I am nearly totally blind, I’ve got the skills to use a long cane and get about. Generally speaking I have activities in Gloucester which I go to, but they’ve been cancelled. The activities I go to in the Forest of Dean have also been cancelled, so it’s social contacts have disappeared, except for talking to someone on the phone. I’ve been talking to organisations, friends and family.

The walking group, which I meet up with for walks in the Forest, has shut down, so I miss getting out into the fresh air; apart from my home help who helps me get out and do little walks around a few lanes to the church yard and back again, but that’s only once a week. I don’t think people distance themselves properly. Walking in woodland is so pleasant, leaves being rustled by the wind. I don’t think people realise that it’s doing them good until they miss it, it helps with my psychological and physical state. My legs aren’t being used. Other friends I know of at my age, they aren’t going out and it’s not doing them any good.

I listen to the radio, and I email on my computer, so there’s plenty to do but I don’t want to be doing that all day. I have books on order but they’re slow to arrive, it’s been well over a week since I ordered any. I don’t have a garden, but have a back door with a window box, and I like growing something; I have something to look after.

I’ve been able to receive the care I need. I belong to a local sensory impairment charity in the FOD, and quite often I get help with money. About 20 years ago I got a grant from another disability charity actually. I got some money for a new fridge and a new cooker.

I order food from the local shop by phone, and from the local butchers and chemist too. One of the local churches have a group who pick up and deliver it for me. I miss going around the shops but in my state it’s probably a good idea not to bother. I’ve heard that not many people are wearing face masks or distancing properly, and for people over 70 their chances of surviving aren’t good, so you have to be careful. I’m looking forward to a quiet easy death! A COVID-19 death isn’t something anyone wants.

From listening to the radio, eradication of this virus may not be 100% and I think people look forward to having a vaccination or something that would lessen it. So, until that comes out, and they say the chances are a lot less, people will be a bit wary of coming into contact with people. If you sit in a pew at church, you’re touching elbows with the person next to you, so will they make us sit 3 feet apart? It’s going to be a problem as to what people do.”

(Continued below)

Case Study: Simon (continued)

"I go to the U3A in Gloucester and listen to the music group in the old cinema; are people going to do that, leaving one seat space between them? Some friends who are over 75, they are the least likely to survive and there may be a difference in how we conduct our social life.

People are in a habit of shaking hands but I'm not quite sure about this nudging elbow thing. They might just wave, but I can't see people wave. They used to give me a hug, but whether that can happen again is a bit of a mystery. If we could get back to 99% normality next spring that would be ok.

At the moment, I am paying for my food and medicine by credit card, but on principle I don't like using credit, I usually use cash. The government wants us to do away with cash, which I don't think is a good idea. This might push the government to do away with cash, which would be a disadvantage."

This case study was provided by a Gloucestershire resident.

Case Study: Sandy

Sandy lives in Brockworth. She has cerebral palsy and some impairment in her vision. Sandy lives at home with her husband.

"One major ongoing concern for us is that of maintaining good relationships and communication between ourselves and our PAs at this unprecedented time.

There has, at times, been an increased sense of pressure and polarization between both parties in these unusual circumstances. For one, we have a large team and so there's always a change of face; and two, we are used to the freedom to access activities independently when we need headspace. We truly underestimated the importance of these activities in maintaining relationships prior to the lockdown.

Our PAs have struggled just as much, and in some cases more, in regard to having their freedom restricted. This has in some cases lead to an increase in the emotional support we are offering them, which can be tricky when negotiating the balance of them caring for us.

Although having a PA team can be a challenge this is also one of our biggest blessings as we have chosen who we share our life with and we are still constantly collaborating with them on all decisions made moving forward." *(Continued below)*

Case Study: Sandy (continued)

“Prior to the lockdown we were both embarking upon a healthy eating and exercise regime. Due to the lack of delivery slots at supermarkets it has been very hit and miss what healthy food we can get. In terms of exercise, my husband has been seeing a personal trainer on a regular basis who is normally one of the very few males he has the opportunity to interact with and provide some companionship. As with everybody, the circumstances are leading to problems with his weight and subsequently potential health issues.

Maintaining a supply of gloves has been practically impossible in the early days and so we have modified and used marigolds as an adequate reusable alternative.

Personally, in the early days I found the exposure to media very negative. The damning media reports regarding care support for a large majority of our disabled community resulted in me having a mental health decline, as I felt guilty for being, by comparison, in very positive circumstances.

This leads me on to what keeps us strong. At the risk of sounding soppy, I’ve really liked being locked down with my husband (I appreciate having someone to share the experience with). We are chalk and cheese but it works! Interaction with our pets has provided reasons to go outside and enjoy the sunshine. Thankfully we have access to technology, allowing us to speak with and spend time with our friends on multiple social media platforms.

Having a garden and access to entertainment such as Netflix, jigsaws, and arts and crafts have been positives in my life, and things that I understand not everyone can always afford or have access to. For me personally my mental health has remained good because I still have a sense of purpose in working, and I’ve been doing several online courses to supplement this. Having a reason to get up and get dressed and be motivated has kept me going.

We have a direct payment as our main line of statutory support which we have not yet experienced any technical difficulties with (as it is primarily an online service). We have also been able to obtain necessary new care-related equipment. However, I did try to instigate this myself but sadly, as is often the case, I needed a PA to assert authority and justification before this was rectified.

We did not receive any documentation regarding the need to be shielded (regardless of being on the list), and in the outset this was very anxiety provoking. We did not have direct contact with any statutory services until the week after the UK passed the peak of the virus; this did at times feel disconcerting, but because of all our networks mentioned above we remain safe. We also received our PPE the week after passing the peak.” *(Continued below)*

Case Study: Sandy (continued)

“From the outset, the local parish council posted offers of support through our door. I am part of the local noticeboard, which is an online forum for local residents where lots of relevant information is shared, such as the Clap for Key Workers (which happens weekly on our street) and the Social Distance Garden Party for VE Day celebrations, both of which have provided us great opportunities to catch up with our neighbours.

I have joined in virtual classes to do dance and drumming (I was only happy to do this as I knew Tom who runs them, otherwise going onto a virtual platform that I have never been that confident with can cause increases in my anxiety). I have also utilised the online resources of another voluntary organisation and another online directory.

As there may well be for everybody, we fear a second lockdown or subsequent lockdowns as we enter the winter months.

Regardless of restrictions being eased, we are resigned to this being our way of life for the seeable future and I do see that potentially causing more and more disparity, as those with fewer health problems can return to more and more of their usual freedoms. I am passionate that it does not become a step back for the disabled community, of which both myself and my husband are a part.

For me personally, I am reticent about the time it will take me to rebuild my confidence using my chair in the outside world, for example negotiating curbs etc., which sounds very minor but it’s taken me repeated efforts to grow confident and to some extent this process will have to begin again.

I cannot stress enough how grateful I am to be living in our home with our support when the outbreak began. I quite literally had nightmares about being back in previous settings that we have lived in. I have no doubt whatsoever that my mental health would not have survived if the networks and opportunities I have described above did not exist, such as when we were living in our previous residential/supported living settings.

As a result of this, my passion is being reaffirmed to help others gain their own support networks and connections, which are vital for general day-to-day existence.

Finally, I want to share the observation of how much people dislike their freedom being taken away so quickly on multiple levels. It could be argued this has happened for disabled people and people with mental health challenges long before the lockdown. Will there be learning from this experience that is taken forward into influencing policies and practices?”

This case study was provided by a Gloucestershire resident.

Case Study: Ray

Ray lives in Cheltenham. He has a history of depression and anxiety due to multiple chronic conditions. Ray is in his sixties and lives alone.

"I began shielding in lockdown on 16th March. Shortly afterwards I became quite unwell with a variety of symptoms, some of which were common with Covid-19. I contacted my GP via their website 'Ask a Doctor' page as I felt that I did not want to 'bother the doctor' with relatively minor symptoms at this time of crisis. The stated response time for this type of query was 48 hrs. The GP receptionist rang 5 mins later to inform me that a GP would call me in the next hour to assess my condition. Within 30 mins the GP rang on my landline & we discussed my collection of symptoms. He needed to see my neck & throat so sent me a link on my iPhone to a video calling app (Whereby). Following installation of the app & joining the video call I held the phone camera up to my neck so that he could assess it. He then asked to see down my throat, so I held my mobile phone in my mouth! He was able to determine the state of my throat apparently.

He diagnosed a mild viral infection and reassured me that it was not CV-19 and recommended paracetamol and loads of fluids to treat the symptoms. A few weeks later I was down to just a few minor symptoms so used the same mechanism to contact the GP with a query about my remaining symptoms. Within 1 hour of my sending the question I received a call from the GP receptionist to inform me of the doctor's diagnosis and that a prescription had been sent to my local Chemist

I cannot fault this level of service at this difficult time. Not only did I get a speedy diagnosis, but I was also reassured thereby reducing my anxiety levels considerably."

This case study was provided by a Gloucestershire resident.

Case Study: Julie

Julie lives in Gloucester. She has depression and anxiety. She is an asylum seeker currently on a visa and has a young son.

"Julie's pandemic experience has been very challenging. Her son's Dad left their relationship and family home just before the start of the pandemic. This has had a huge financial blow to their household income. I supported Julie to apply for Universal Credit, but she unfortunately wasn't able to claim due to a rule within her visa." *(Continued below)*

Case Study: Julie (continued)

Julie does also work on a zero-hours contract with a care home however the work can sometimes be inconsistent and it's also reliant on Julie being able to access childcare for her son. Julie started to get behind with her rent and other utilities, as well as starting to become concerned about even being able to put food on the table for her and her little boy.

Unfortunately, things became worse – Julie then lost her childcare arrangement, meaning she was now not able to work. She was then informed of a case of Covid-19 at the care home she had been working at, which meant she would now need to isolate and it also further limited her work options as staff were now required to stay over at the premises to protect residents – Julie can't do this due to having a young son.

I've been working with Julie closely for a long time and can really see and hear the impact of this current situation on her mental health. Julie often becomes very emotional, teary and often feels desperately hopeless about her situation. I have been able to support Julie to get access to regular meals to be delivered and access to some funding for some gas/electric, however these have been temporary solutions to her ongoing and steadily worsening situation.

Julie and her son now have a social worker, which has meant additional support. She's also been allocated a family support worker and a mental health worker. This has started to provide the wrap around support that the family desperately need.

Julie previously regularly attended our centre however we have been in regular and ongoing contact by phone which has ensured Julie has had somewhere to process her difficult feelings so that she can continue to prioritise her son."

This case study was provided by a member of staff at a VCS organisation.

Case Study: Emma

Emma lives in Gloucester. She has a diagnosis of borderline personality disorder and recurrent depression and anxiety. Emma has been supporting her dad and isolating with him in the Forest of Dean.

"Emma has been isolating at her Dad's house for 12 weeks and has been helping out around the house. Emma has found this difficult. She feels that her Dad doesn't understand her mental health issues and will often make light of these, which have impacted her greatly."

(Continued below)

Case Study: Emma (continued)

Things that Emma used to enjoy doing, such as using art materials, to process her emotions has been made difficult after comments from her Dad. This has created tension in the home. In addition, she has lost the routine she had carved out for herself in Gloucester, which included attending our centre. This has left Emma feeling very anxious and out of place.

I've been supporting Emma to create a new routine at her Dad's to help her feel more secure and safe while away from home. This has meant speaking to me every day since lockdown, it has also meant Emma has now become an avid walker, which has allowed her some time every day away from her Dad's home.

Emma has stated that being able to try and establish a new routine and finding alternative ways to access support has helped her to feel less isolated during this pandemic."

This case study was provided by a member of staff at a VCS organisation.