

KENT & MEDWAY LISTENS PROJECT

By Social Enterprise Kent

2022



SEK
Social
Enterprise
Kent

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Introduction

The Kent and Medway Listens Project focused on engaging with seldom heard communities about their mental health and wellbeing following COVID-19 in the East Kent Integrated Care Partnership {ICP} geographical area. Kent County Council (working in partnership with KMPT, the Kent and Medway CCG, the Kent and Medway ICS and a network of other partners with an interest in mental health) invited partners to submit a bid for one of four separate contracts.



Project Outcomes

Preventing mental ill health for the diverse communities across Kent and Medway starts with listening to and engaging with the real-life experiences of individuals and communities. This engagement process will serve three major purposes:

- 1) Provide strategic leaders with accurate information about the views and needs of the diverse and seldom heard communities across Kent and Medway
- 2) Fund a number of “quick win” community level projects to deliver immediate wellbeing improvements for individuals, families or communities
- 3) Build capacity within communities to enable them to co-create solutions and become strategic leaders in their own right

For the purposes of the K&M Listens Project, seldom heard communities relate to the following client groups; Older People, BAME, Care Leavers, LGBTQI+, and Men.

Social Enterprise Kent (SEK) contract geographical area was East Kent ICP: Thanet, Dover, Folkestone and Hythe, Canterbury, Ashford and Faversham.

Guidance & Overview

Kent County Council (working in partnership with KMPT, the Kent and Medway CCG, the Kent and Medway ICS and a network of other partners with an interest in mental health) was looking for partners to deliver a major public engagement process in each of four ICP areas in Kent and Medway. These listening processes will help those who take decisions about preventative mental health services to hear from residents and express their views and thoughts on mental health and wellbeing.

They wanted to hear residents reflect on the impact of the COVID-19 pandemic and related restrictions on their mental health and wellbeing. They especially wanted to hear from seldom heard communities - meaning individuals or communities not motivated to engage with existing public consultation processes or those who feel decision makers do not hear their voices in existing processes.

A number of different engagement processes had previously been completed or are currently underway regarding mental health and wellbeing in Kent and Medway. However, because of the methodologies that they use, or because they only invite feedback from a small section of the population (e.g. existing service users or people with a particular condition), Kent County Council (KCC) believe it is appropriate to supplement existing processes with this proposal.



Kent and Medway
NHS and Social Care Partnership Trust



Guidance & Overview

The focus was for the 4 successfully funded partners of this KCC project to ask seldom heard communities 7 questions to explore:

1. How residents are feeling?
2. What do residents currently do to support their own wellbeing?
3. Who do residents currently talk to about how they are feeling?
4. What is putting pressure on their own mental wellbeing?
5. What is putting pressure on the mental wellbeing of their friends, family and community?
6. What needs to happen to improve their own mental wellbeing?
7. What needs to happen to improve the mental wellbeing of their friends, family and community?

KCC said that they would welcome new, experimental approaches that could involve:

- training community representatives to facilitate conversations
- using creative arts to explore the most effective ways in which individuals contribute
- using pro-active in-reach through existing groups or organisations
- neighbourhood listening events
- digital technology (however this needs to be supplemented with other approaches to take account of digital poverty).

KCC expected that methodologies would build in opportunities for people to participate where English is not their first language to allow for maximum engagement.

As this process is encouraging individuals to reflect on their mental health and wellbeing, all engagement activities must ensure that measures are taken to ensure that no individual's mental health is negatively impacted by participating. At a minimum, this will include signposting to established mental health and wellbeing services.

Guidance & Overview

This work forms part of Kent and Medway's implementation of Public Health England's national Prevention Concordat for Better Mental Health, which is to be known locally as the Kent and Medway Better Mental Health Pledge/Network. The Concordat represents a public mental health informed approach to prevention of mental ill-health, as outlined in the NHS Five Year Forward View, and promotes relevant NICE guidance and existing evidence-based interventions and delivery approaches, such as 'making every contact count'.

The national Prevention Concordat framework also highlights how preventative action helps tackle health inequalities and wider social determinants that impact mental health and wellbeing.

National studies tracking people's mental health and wellbeing during COVID-19 pandemic national lockdowns (via UCL study and ONS study) suggest that some population groups had a greater negative experience than others. Studies also reflect the disproportionately greater risk that some ethnic minority groups have from becoming seriously ill with COVID-19. It is suggested that the impact of many of those stressors will not be immediately apparent in terms of impact on mental health.

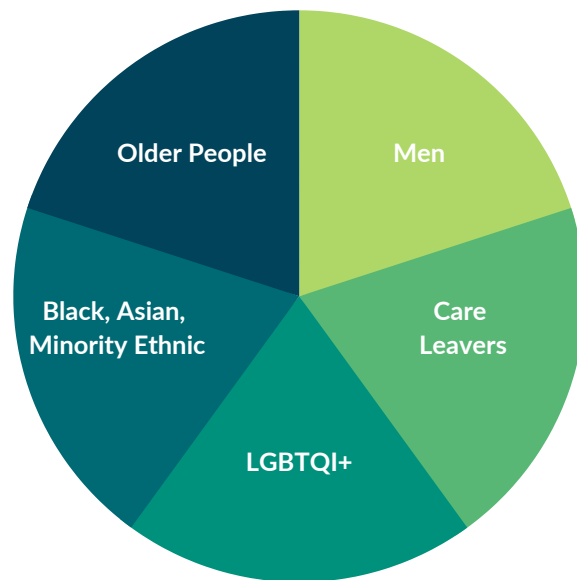
Kent Public Health data analysis prior to COVID-19 highlights inequality between, and within, the different geographic areas of Kent and Medway (via Mental Health Needs Assessment for Kent and Medway). This data analysis also suggests that populations groups with greater exposure to unfavourable circumstances (e.g. poor housing, existing health conditions) are at greater risk of reducing their personal resilience - which enables good mental health and wellbeing.

KCC and Public Health want to use the results of this major engagement process - along with other sources of information - to understand how these national findings are reflected across and within the large, diverse population of Kent and Medway.



Engagement Proposal

SEK had previous background knowledge of the K&M Listens Project client groups, through preceding engagement success with these groups whilst implementing other projects and pieces of work. Below evidences some of these, including proposed engagement opportunities through this project;



Older People

Using our vast experience and excellent connections through Ageless Thanet, Connect Well East Kent, and Older People's Wellbeing Service, all delivered in East Kent, SEK will engage with the 30k+ people already linked in with these programmes.

Our Wellbeing and Active Citizenship teams already puts on over 50 events that we would tap into.

LGBTQI+

People who identify as LGBTQI+ are more likely to have suicidal thoughts, and attempt suicide. Discrimination, homophobia or transphobia, social isolation, rejection, and difficult experiences of coming out all contribute. Around one in eight LGBTQI+ people have experienced unequal treatment from healthcare staff because they are LGBTQI+. One in seven have avoided treatment for fear of discrimination.

We aimed to work with existing trusted intermediaries, such as Margate Pride, Folkestone Pride, Canterbury Pride (and others in East Kent), asking how they would like to be engaged.

Engagement Proposal

Men

According to the Mental Health Foundation, men aged 40-49 have the highest suicide rates in the UK. They are also less likely to seek help than women or engage in existing mental health and wellbeing services. Societal expectations and traditional gender roles play a role in why men are less likely to discuss or seek help for their mental health problems. Some research also suggests that men who can't speak openly about their emotions may be less able to recognise symptoms of mental health problems in themselves, and less likely to reach out for support, more likely to use drugs and alcohol as coping strategies. However, there is research to suggest that men will access help when they feel it meets their preferences and is easily accessed, meaningful, and engaging. We will ensure we have times for forums that fit around work and life, building in activities so that there is less pressure to talk about how they are feeling in a direct way. Activities where men are kept busy, such as "Pie Club", where men learn to cook next to each other, or gaming days. A place where men will feel comfortable to talk without pressure or stigma.

Care Leavers

At the age of 18, many looked-after young people move into independent living, often with little emotional, financial, or personal support. It is reported that within the first two years of leaving care, one third of care leavers become homeless. In 2019, it was reported that 63% of children in care in England were there due to abuse or neglect. Many situations that lead to a child being placed in care can have lasting impacts on their mental health and emotional wellbeing. In 2012 the Department of Health reported that looked-after children and care leavers were between four and five times more likely to self-harm in adulthood. After years of authorities stepping in to help, there is often a distrust of intervention in this age group, and we will work with local organisations (social services, Carers' Support, etc.) to see if we can break down these barriers. We have held listening events, to help those who are 18 with practical support about their rights, advise on who to get help and support from, through our social prescribing team, asking them the engagement questions.

Engagement Proposal

Black, Asian & ethnic minority (BAME)

Research shows BAME people can face barriers to getting help, including:

- Not recognising they have a mental illness because mental health was stigmatised or never talked about in their community
- Not knowing that help is available, or where to go to get it
- Language barriers
- Turning to family or friends rather than professional support, especially for people who don't trust formal healthcare services
- Financial barriers, such as paying for private counselling
- Not feeling listened to or understood by healthcare professionals
- White professionals not understanding their experiences of racism or discrimination.

We work closely with existing groups, such as Beyond the Page, Cliftonville Community Centre and the Roma community, through our community social prescribers. From our experience, we know that we need to work within those communities to get engagement, not ask them to come to us. We aimed to put on workshops about something seemingly unrelated to mental health, such as arts/crafts; mental health discussion comes from being comfortable and opening up. In addition, we would access East Kent Mind's regular BAME sessions

In Summary

SEKs proposal was to engage with the above client groups using the following techniques:

- Activity totally unrelated to mental health (craft, gardening, leisure, etc.)
- Listening events; tap into existing groups and activities
- Micro funding partners to identify opportunities to undertake listening events
- Zoom/Teams calls
- Provide Active Citizenship training (Community Engagement Training) to partners
- Providing FREE Mental Health First Aid Training to partners (one free space per partner)



Project Reporting

SEK made the decision to present our report, findings, and recommendations to KCC in a variety of formats. This way of reporting would enable SEK to formulate a more holistic and transparent overview report, capturing more distinct views and feedback from the client groups. Our final Kent and Medway Listens Project Report contains a timeline of the project journey, a record of projects we engaged with, evidence of how we engaged with partners and the client groups, a variety of case studies, and a quantitative report.

Timeline

1st September – 31st December 2021

- Identify partners to support SEK engage with identified client groups; Older People, BAME, Care Leavers, LGBTQI+, and Men, In contracted geographical areas; East Kent ICP; Thanet, Dover, Folkestone and Hythe, Canterbury, Ashford, Faversham.
- Encourage identified partners to apply for micro funding opportunity to support the project through co-ordinating listening events to ask their groups of people the 7 questions
- Provide partners the 7 questions and a demographic form in a format that's easy for SEK to analyse
- Provide partners protocols and guidance to support them to ask 7 questions and complete demographic form
- Provide partners with guidance for if something goes wrong during asking the 7 questions and completing demographic form, or signposting to other services is needed
- Create online google form version of the 7 questions and demographic form so some people can complete in the comfort of their own home, or on devices with support from SEK Digital Inclusion Officers in the community
- Share online google form version of the 7 questions and demographic form in newsletters, on SEK website, etc.
- Promote World Mental Health Day (10/3/21) and Release The Pressure campaign
- Attend listening events co-ordinated by partners
- Set timelines for partners reporting
- Identify Champions in each group to attend Active Citizenship training (Community Engagement Training)
- Identify one member of staff from partners who have received micro funding to access FREE Mental Health First Aid Level 1 Training

1st January – 31st March 2022

- Following updates on the projects progress from SEK and the 3 other funded organisations at the Kent and Medway Listens Project Halfway meeting (15/11/21), and further feedback and review of the project at Kent and Medway Better Mental Health Network (23/11/21), KCC, Kent Public Health and other attending agencies agreed to extend the listening events into the New Year. This was mostly due to the positive impact the events were having and the richness of data and information gathered from participating clients by partners.
- Share online google form version of the 7 questions and demographic form in newsletters, on SEK website, etc.
- Attend listening events co-ordinated by partners
- Facilitate Active Citizenship training (Community Engagement Training)
- Facilitate FREE Mental Health First Aid Level 1 Training
- Compile a report based on data and intelligence information of key findings and recommendations gathered by SEK, before the end of March, capturing anonymous case studies and anecdotal information too.

Partner Engagement

SEK engaged with a variety of partners across Thanet, Dover, Folkestone and Hythe, Canterbury, Ashford, Faversham, including:

Age UK Canterbury

Age UK Faversham and Sittingbourne

Age UK South Kent Coast

Ageless Thanet and partners

Ashford Volunteer Centre

Broadstairs Town Team

BSL Community

Canterbury Pride

Carers' Support East Kent

Cliftonville Community Centre

Dads Unlimited

Dover SmART Project

Dover District Council

East Kent Mind

EK360

Folkestone and Hythe District Council

Folkestone Leisure Centre

Folkestone Nepalese Community Centre

Kent County Council

**(18+ Kent Care Leavers Service, Adult Social Care,
Children's Social Services)**

Kent Libraries

Kent Police

Kent Pride

Margate Deaf Together

Margate Pride

NHS Kent and Medway Clinical Commissioning Group

Romney March Community Hub

Speak Up

Your Leisure

(Blue Wave, Hartsdown, Ramsgate, Tides Centres)



Case Study:

Age UK Canterbury

Round table discussions took place throughout December, and below are some of the key discussion points:

- It was shared that there are too many people (professionals) working with older people, each doing their little bit, but not appearing to work together.
- Contradictory to this was the view that the workforce for older people is reducing, and older people are missing the staff support, their encouragement and even signposting.
- Travel to the centre is too expensive and a barrier to attending. This restricts people to attending only once a week, even though they would like to attend more often, they simply can't afford to travel.
- Some attendees can't get out on their own and so stay in and watch television, use their tablets to complete puzzles and other activities, feeling like you can't get out put a strain on your mental health.
- Some attendees shared that they regularly wake up between 3am-4am and rely on tablets, television, and pets for interaction at these times, without these it would be very difficult.



Case Study:

Age UK Canterbury

Continued:

- Isolation and being alone is very hard, according to some attendees, the feeling of loneliness has a negative effect on people's mental health and wellbeing.
- Some would like to talk to their G.P. as they have done many years ago, but they simply do not know who their doctor is anymore.
- Some shared that they feel they are not communicated to enough about results of assessment on them, where they are going/being taken, and what for. It was felt that professionals do assessments but don't feedback, which puts pressure on their mental health and can make people feel more anxious.
- Attendees also shared that worrying about their family puts pressure on them, especially during Covid-19 when they worried about their relative's own health and wellbeing.
- Interacting (socially) with other people is very important for people's mental health and wellbeing, the feeling that you are supporting each other.
- Some shared that daily contact with relatives is very important, checking in on the phone at agreed times for instance.
- Others said that spending time with relatives during weekends is also an important part of their weekly routine.
- Activities that make attendees feel good include walking around their village and meeting people to talk to along the way, listening and dancing to music, playing bingo and gardening.
- Some shared how important their local Church is to them, and how they have always attended church. The ladies shared that their church has a lady's group, activities in the church, and currently some church activities are on Zoom due to Covid and people not feeling safe. This also enables them to see the same people regularly.

Case Study:



Broadstairs Town Shed

We visited the Broadstairs Town Shed, led by Broadstairs Town Team, in December and after some initial negative feedback about what the 7 questions were asking, we experienced a very positive listening event with about 15 attendees. Below are key findings from our visit:

The biggest issue at the moment is feeling lonely and isolated – Covid made things harder to talk, so the shedders met outside during lockdown to support each other. They also had a phone circle in which everybody would receive contact from at least one of the other shedders to help reduce loneliness and isolation.

- It was shared that attending the Broadstairs Town Shed fills a void. Attendees feel it aims to value the generation of skill and not waste it. It's not about woodwork, it's all about meeting each other, replacing the 'void' of working after retirement and provides face to face interaction.
- Plans are in place for the Town Shed to hold a workshop to talk about how they can cope when there is a family illness/crisis, etc.
- Many 'shedders' children live elsewhere now, not within close proximity of attendees, in fact only 3 attendees have children who live near them. The Town Shed often receive calls from children/grandchildren of attendees who are concerned about their elders and want something and somewhere for them to go to talk to someone.
- Meeting each other at the Town Shed to socialise and laugh is what helps some attendees get up in the morning.



Case Study:

Broadstairs Town Shed

Shedder 1: Gentleman divorced, living alone, hard to resist going to the pub. Started attending the Town Shed 3 days a week which helped turn his life around. He didn't talk to anyone when he wasn't feeling great before the Shed, because he had no one. He was living alone, post-divorce, not long back from living in France. At this point, his support mechanism was no longer about. A lot of his original Broadstairs friends had left or died, so he had no support. His own children are living away in various parts of the country. It was very easy to go to pub; the pub became his support mechanism. He would sing folk songs in the pub to help with his mental health. The last 6/7 years since going to the Town Shed, he still goes to the pub, but the Shed has helped to reduce this and given him a place to talk. He is meeting ex-colleagues for Christmas dinner today, who he has met once a month since 1977.

Shedder 2: Used to work at a power station, he meets up with ex-colleagues now and again for a dinner or a drink to keep in touch; this helps with his wellbeing, but the Town Shed gives him more of a routine and consistent contact with others. My wife often comments "isn't it time for you to go to the Town Shed ha ha!"

Case Study:



Broadstairs Town Shed

Other anecdotal comments captured during the listening event included:

- *Women are better at talking to each other, men don't feel like talking as much.*
- *There is a barrier about initially 'going in' to a community group, due to nerves. However, you meet people from different backgrounds and learn things about people and their different perspectives.*
- *An attendee highlighted how great it is that he can facetime/WhatsApp his kids and children to keep in touch, however it is not the same atmosphere as meeting in person.*
- *Retirement can be difficult for people 55+ as they go from frequent face to face communication with large groups, to retiring and seeing barely anyone, which can be overwhelming and stop people from socialising in the future.*
- *Doctors; no relationship with doctors anymore no 'family doctor'. Shedder explained he has never seen his doctor, he doesn't know who to ask for when he calls the doctors.*
- *The Town Shed have an annual Christmas lunch - shedders bring their partners or a plus one, everybody comes together to socialise.*
- *It's very difficult to talk to people you are close to like family and friends.*
- *Depression experienced by other family members can make it difficult for the individual also as they don't have anyone to talk to either at times.*
- *An attendee explained his brother has Alzheimer's and he finds it very difficult visiting him weekly because he doesn't know what to say; he always has the same conversation which can be very upsetting.*
- *The art of socialisation is listening and asking back'. Most people work on broadcast and not receive.*

Case Study:



Broadstairs Town Shed

Kerry Millett who is a volunteer that manages the Broadstairs Town Team shared a couple of things they are planning to do in light of the Covid fall out at The Town Shed:

- Feedback from the last open meeting we had to re-visit 'extra-curricular' activities shows that feedback from members of established support and community groups (when pushed) is valuable in terms of understanding what positive pro-active things they feel will help with their wellbeing and navigating the road to healthier ageing.

- I am hoping for a more formal programme of activities for 2022, here's the summary:

The Shed's focus will always be to combat isolation and loneliness via the provision of a state of the art woodworking and metalworking facility. As the project has evolved, so have the opportunities to support Shed members and other members of our community with other skills, activities and support, all focussed on their health and wellbeing of course. We require funding to allow us to re-launch our programme of broader activities which have been so successful in the past.

Here's what I have scoped out for;

Wellbeing and Learning: We have provided monthly workshops and talks about other aspects of physical and mental wellbeing. These have included foot care, financial planning, health checks, staying safe online, nutrition and cookery, dementia awareness etc. Some we manage to obtain at no cost, but there are some 3rd party specialist tuition associated costs to this programme, which is needed more than ever in a Covid world. Our plans and topics include budgeting for healthy eating, meditation and mindfulness, wills and power of attorney, falls prevention, journaling, oral histories, and hearing and eye health.

Digital Inclusion: Many members are hampered by lack of support, knowledge, skills and tuition. We have run successful IT classes in the past, but lack of funding precludes us from offering that at the moment. There is a huge need and demand for this, particularly the re-enforcing of those skills learned, as short-term memory issues affect all our members. Our plans for 2022 include a 4-week course for the terrified and a year-long programme of scheduled and drop in top up and reminder sessions.

Art and Creative Activities. We have run very successful classes in our breakout space at The Shed. We were successful in a bid for equipment in 2019, which we still have. We were fortunate to have had a volunteer to run the classes, but that person moved away, therefore the classes had to be put on hold. Our plans for 2022 included pottery, print making, watercolour, sculpture, and oils.

Case Study:



BSL Community

Deaf Together

Deaf Together was originally launched in Gravesend 3 years ago to provide a safe and social space for deaf people who live in Kent. Deaf clubs all over Kent have been closing down, due to reasons such as funding, lack of members or lack of venues. This left deaf people with nowhere to go to socialise or receive support.

Deaf Together arranges day trips, workshops and activities such as Bingo, Quizzes and games. However, lockdown happened before they could expand so they resorted to virtual weekly zoom sessions. Many deaf people struggled during this time, losing face to face contact, and leaving them feeling restricted and isolated.

When Government restrictions eased, they began to meet in Margate, Ashford and Gravesend. Members felt relieved, to have the support and information they needed again. As time went on, numbers increased as more people were made aware of this project, and another location was identified in Tunbridge Wells. Deaf Together has noticed the same issues in all four areas; communication access such as booking Interpreters through NHS services or getting Coronavirus updates. They are understandably frustrated by this and hope that it will change.



Case Study: B.S.L. Community

BSL Community

Listening Event

At the end of January, a listening event with a difference was co-ordinated by Charlotte Riddell of B.S.L. Community Project, which involved the attendance of two B.S.L. Interpreters. The two British Sign Language Interpreters facilitated B.S.L. and English translation, meeting the communication needs of deaf participants at the event. Below are views of those in attendance as interpreted and translated by the two British Sign Language Interpreters:-

When lockdown first started it was my daughter who told me about lockdown and I was expected to shield, I felt trapped - I couldn't go out, so started doing different things at home like sewing. Hard to explain what was going on at the time, was facetimeing other deaf people and eating a lot more through boredom. But my daughter came to see me and explained I couldn't go outside. My daughter was bringing my shopping. After lockdown when I was allowed out, I felt overwhelmed and a bit lost, like I had stayed at home too long. I feel fine now and back to normal.

Bit confused over the last 2 years, sometimes masks are on, sometimes they are off - I didn't know which to do. Sometimes went to an appointment and didn't know how I could sign with a mask on. I am confused - not wearing a mask now, does that mean it is safe?

Walking to the shops - can't put a mask on because I can't breathe, have a badge to show that I don't have to. Have had jabs, boosters, all these tests are a waste. Speaking to people in shops who are wearing masks. Have asked them to put masks down because I can't understand, they are reluctant to, until I explain I am deaf. Clear visors are much better, but masks are useless for deaf people. I can't lip read people when masks are on, how I communicate with others is mainly through lip reading.

When I go out, I have a badge that says I am exempt and deaf. I went to one place and a woman was wearing a mask, she refused to take her mask down, so I couldn't lip read - her attitude was so bad. There was another man nearby, asking what the problem was. I explained this woman wasn't helping. It is silly and frustrating that she wouldn't take her mask down, we were at a distance.



Case Study: B.S.L Community

BSL Community

Which services and groups have been useful for this community after lockdown – where did you get help and how has it worked?

2 years ago, I had a big problem, and I needed a doctor. I can't phone and waiting for a doctor to get back to me. Finally received a letter saying I needed to see a specialist. It got cancelled and then another appointment was booked. KCC helped provide an interpreter to come to the hospital which was helpful. I have Parkinson's and Diabetes and I didn't know this before, which took a long time to be diagnosed.

Most of the time, people chat on Facetime - but that's about it. There is no real help, but the deaf community help each other. BSL community have really helped – I would be lost without them. Using zoom to have chats with people through covid.

My daughter has really helped me, all my children know sign language so I have that family support, I know everything that is going on.

Sarah Martin, Social Worker for the Deaf has been really helpful and taught me things over zoom. Also, the church has prayer readings and services over zoom. Zoom has really helped in general and allowed me to contact people further afield. Neil Robinson – Deaf Minister set up prayer meetings and services over zoom.

What gaps are there in support services for deaf people – particularly to support mental health and wellbeing?

When I went to hospital at Ashford, there was no Interpreter, I was really upset about this, no sign language at all, just a doctor getting it on a tiny phone. Canterbury were ok, they have a big screen which they can see, Ashford have nothing.

When picking up my prescriptions from the doctor, it says about the flu jab. Asked at reception and they just talk to me, instructions say I have to phone to book, so I had an argument about that – what do they think deaf people are meant to do?

I was born in London, there were 24 deaf clubs in London but now there are only 5. I have moved back to Kent, living in Ramsgate and have been looking for deaf clubs – they have all closed now due to Council cuts, you cannot see them anywhere now.

RAD used to have several deaf clubs in the area, but RAD has now closed in the area. I was a chairperson and asked why, they said due to money problems. I suggest they find another building and they refused – felt like we were thrown away. We are a community and need support. BSL Community has really helped to create networks again.

Things have got less and less; deaf clubs have gone. Young deaf people don't meet like we do. Where is the young deaf community?

Case Study: B.S.L Community

BSL Community

If you have mental health difficulties, how would you make contact?

Via text message. Mental health has been ok, so I haven't had to find support or help. Doctor told them they had to stay at home.

The barrier a lot of people have is accessing GPs. You must phone, which is a massive hurdle as the deaf community can't phone – they have to rely on hearing family members or neighbours. A lot of Doctor's surgeries refuse to set up text messages, they can't even get to see their GP as a result of this.

I managed through lockdown, by contacting friends for chats. To contact my GP, I would have to use my hearing friend. She would contact the GP/hospital on my behalf and relay back to me. We have to rely on friends and family.

In Parliament tomorrow is an important day in the deaf community – the BSL Act is being discussed – legally recognising BSL as a language. It must be recognised as there is a law and rights against this.

I regularly take my friend to the hospital – we expect an interpreter to be provided and it never happens, we are fed up. We ask every time, and it is never provided.

I had an operation due on my hand in the hospital which had to be stopped as there was no interpreter for pre appointments and aftercare. Hospital wanted to carry on with the procedure and I refused until I had an interpreter. Lockdown happened and I still haven't had the OP, I'm in pain.

At the start of covid, I had tablets that needed picking up from the chemist and I was told I had to phone. I have to email every single month so that my medication is there for me. They didn't accept email before.

In Canterbury hospital there was a professional Doctor who said I need an operation on my finger. It was too painful to sign language. They initially bought in an interpreter and then stopped – even the Doctor was getting frustrated.

A friend of mine went in for an eye operation and they said they had booked an interpreter – arrived at the appointment and the interpreter never turned up. Rescheduled and interpreter never turned up again. Asked if I could bring my friend to interpret, NHS said no. So, I'm still waiting to get procedure done. NHS said it must be a registered interpreter, but they never turn up.

How many interpreters are there in the Kent area? 35 – 40. There needs to be about 1000 interpreters for any area this size. They should be able to be around regularly. More are needed, we are asking them if they are available, and they are getting fully booked up. I've been to hospital in Canterbury as I have cancer in my leg. No interpreters at the hospital so I didn't know what was going to happen, but I carried on with appointments and procedure was done. Doctors were trying to explain to me through pen and paper. They were telling me to look at the screen and I didn't know why. Asked the nurse to switch it off and asked them to look at me and be more visual and communicate directly to me, don't rely on a system that isn't working. Huge demand for interpreters, it is difficult. Deaf people are suffering. If we look back in history, this discrimination has been going on for decades and it is still happening. Put yourself in our shoes, how would you feel? We are a small representation of the deaf community. We are getting angry, we are victim blamed, and we are not receiving the service. We have been telling people this for decades. People have come in like you and asked us the same thing for decades, we have told them, and nothing has been done at all. We have also been in contact with Karen a KCC worker. She has had all this info from us and passed it on, nothing has still been done about it. So tomorrow for the BSL Act, all we can do is hope that the government put it into practice.

Last December. I was in Whitstable for an eye op. Asked for an interpreter and there wasn't one available. Friend took me there and I had my mobile connected to a service called interpreter now. There was a long queue for this. The interpreter was from Liverpool. Using this service, I had it all explained to me. When I went into the other room, I had to have my phone off. Went to another room for the procedure and reconnected – it was a different interpreter. I had to go online and search for the same person as before – it is important to have the same interpreter for each appointment to keep things consistent.

Case Study:



BSL Community

When things work well around supporting the deaf community – what works well?

This group – the chance to chat and socialise.

Social Worker in the area, really helpful for us in this area (Sarah Martin). She is great but really busy. There are too many people to cover in the area. She needs more support.

I moved a couple of months ago, so I didn't know about all this and what to do about socialising. I met somebody who put me in contact with Charlotte, she came to support with all things you need in the house, locks, fire alarms, bus passes.

During lockdown, Charlotte visited people in their homes, funded only through covid lockdown. Before BSL community there was nothing for us – where would we go? We didn't want to go to the pub. We needed a group to talk to each other. Without things like this, I would be stuck at home with nothing to do.

Was there anything else you would like to feedback?

The council office, the local government - we feel like we are forgotten about and are too difficult to deal with.

Wife has dementia – I want to know more about it in depth. But there aren't many services for people who are deaf with dementia.

Everybody needs to listen to the deaf community – and listen to us and our experiences, not thinking they know themselves.

I'm concerned about the older deaf community experiencing Alzheimer's and dementia – what happens if they are the only person in that care home. We need a care home specifically for those who are deaf. Dementia is bad enough, let alone being deaf around people who can speak. Am I going to be put in a care home where I am completely isolated? It will make me depressed. I want to be around deaf people.

Friends were put in a care home after suffering a stroke. We went to visit them and were shocked at the conditions. They were isolated with no one to talk to and nothing to pass the day. It would be fantastic to have a care home for those who are deaf, so they could all communicate via sign language – but where would it be put? As numbers aren't high enough, so somebody may be placed miles and miles away from their family and friends.

Signing needed more on television – it's really good, but why is it on at 1-2 in the morning? Why can't we have it in the day?

We are not against hearing people. My wife was hearing, and she could sign. We all have hearing friends with positive experiences. But we also have a lot of bad experiences from hearing people. We are 1 in 50 or 60 people. I would like to think positively, but in the back of my mind, I wonder will the younger generation be receiving any help.

Case Study: B.S.L Community

BSL Community

Following on from the listening event, there is information one of the British Sign Language Interpreters added to some of what particular individuals said. Different situations with NHS / medical information and appointments:

1. Waiting for consultant appointment re hip. Appointment was made for July 2021 and I was asked to check that interpreter had been booked. I managed to get through to someone who said no, nothing booked. So, they had to cancel that appointment and rearrange - this repeated in October, until November, when (having interpreter confirmed) the person met the consultant. But no interpreter! Deaf person tried to make contact with me via WhatsApp video call, so I could help with interpreting, but signal problems. Consultant tried also to get remote interpreting but there was an issue with hospital firewalls. Next appointment was made for January when an interpreter did arrive. However, this has meant, in addition to the "normal" waiting time, he's had an extra 6 months of pain.

2. PALS are aware of this and have agreed that we could contact them so they could get the confirmation of interpreter having been booked and confirmed. There's something wrong with the booking system, as the department will state they have booked an interpreter (through "Big Word" agency) but Big Word don't find someone and it's left too late to notify the Deaf person. Example - last week I had a notification of an interpreting booking for the next day at Kent and Canterbury Hospital. I recognised the time and department as being someone I know, and I had confirmed with the specialist nurse that she had indeed booked an interpreter back in November! In the end, no interpreter could be found - but why was it left until the day before? Big Word sub-contract to other agencies, which is how I received the notification; are Big Word holding on to see if they can fill the job themselves?

3. Another major issue is Type 2 Diabetes. Diagnosis is one thing but the information and support which does not come after that has led to a number of premature deaths from diabetes amongst the deaf community. There is a huge need for a deaf-led diabetes group, totally in BSL. Social Worker for the deaf in East Kent has said on a number of occasions that the group really desperately need healthy eating/cooking sessions. This applies to much younger deaf people as well as the older people who were at the meeting.

Case Study:

Care Leavers

Care Leavers

Through the implementation of this project, SEK liaised with Stephen Gray, CEO of Young Lives Foundation. Stephen echoed what some members of the 18+ Kent Care Leavers Service had told us at the commencement of the project, which was that carer leavers had been 'surveyed to death' during and post Covid-19 already. We were advised not to undertake any more surveys with care leavers until in the New Year at the very least. Indeed Stephen Gray shared the following published report with us to support the Kent and Medway Listens Project:

Young Lives Foundation | NHS & Medway CCG Project
18 -25 Wellbeing Feedback Report

"Exploring what good wellbeing support looks like for young people aged 18-25 in the Kent & Medway area"

Project Aims & Objectives:

To conduct a feedback exercise as part of the scoping project, to look at what good wellbeing support looks like to 18-25-year-olds in the Kent & Medway area. Through the findings and with professional knowledge define and develop a gold standard (scalable) support offer, by:

- Identifying how young people aged 18-25 want to be supported with regards to their wellbeing
- Understand how support is currently given
- Analyse and evaluate any barriers to young people seeking support and how these can be overcome
- Review other research and findings about what young people say they want and the role of Peer support in Mental Health & Emotional Wellbeing support
- Use this feedback and evaluation to develop a gold standard emotional & wellbeing support model for 18-25yr olds in Kent and Medway and present this to the NHS & Medway CCG



Case Study:

Care Leavers

A short survey was developed to gain an understanding of the experience and preferred support for wellbeing and mental health from people across Kent and Medway. The target audience for this was young people aged 18-25, who represent a wide variety and cross-section of groups and backgrounds, issues, and viewpoints, including disadvantaged groups such as care leavers. They also asked the same questions to a group of young people who were part of a MIND project, these young people ranged from 11 – 18, as they felt it was useful to gather views of young people who may need continue to need wellbeing and mental health support into adulthood.

In total there were 66 responses which although the data cannot be taken as 'statistically significant', it does provide a useful indication of what young people's experiences have been and ideas about support for their wellbeing and mental health going forward. When reading the results apply some caution as, due to the sample size, it is not fully representative but highlights the clear themes and patterns that are emerging. Focus groups were also carried out which allowed a more in-depth view amongst a smaller sample.

The survey asked a range of questions about past experiences, preferences for people to support them and ideas of what good wellbeing and mental health support looks like to them.

Cohorts Wellbeing and Mental Health experiences

75% of survey responders to date feel they have previously struggled with their Wellbeing & Mental Health, the top three were as expected:

- Anxiety over 26 %
- Depression over 36%
- Low Mood 22%

This split and top 3 has been consistent as responses increased. 75% is also as we expected and is consistently noted in other research and data as the amount of people who have experienced wellbeing and mental health struggles or will by 25yrs of age. <https://www.gov.uk/government/news/new-research-to-improve-treatment-for-adolescent-mental-health>.



Case Study:

Care Leavers

Summary of what young people participating in this and other projects are telling us:

- Young people do not want to retell their story over and over.
- Young people were very clear that if they do not seem visibly upset or traumatised when telling their story, this doesn't mean they are ok or over it. They are just desensitised from retelling their story.
- They do not want to feel they are a burden or not important, they want to feel support services, workers or mentors value getting to know them and their individuality and needs.
- Positive a one size fits all approach is unhelpful, they have told us they do not want to feel pigeonholed into issues or categories for support.
- Young people told us they want services to understand some young people do not know how to ask for help or would not be able to reach out for help and that it is up to support services and professionals to make it an easy process to speak to someone for help and advice. That services should not assume that a lack of contact from a young person means they are ok.
- Regarding peer mentoring there are mixed feelings about whether being a similar age (67 % of participants of the survey were yes or maybe for this) or having a similar experience of issues (77% of participants of the survey were yes or maybe for this) is more helpful. With Peer Mentors, the young people would like very clear guidelines about their age and training and felt the matching process would be important. From the focus groups, it came back a combination of a Peer and another mentor/support worker could be a more robust model.
- A large proportion of young people who took part in the survey and focus groups value 1:1 Mentoring and/or a combination of 1:1 Mentoring and Group Mentoring. Therefore, a model of 1:1 and group Mentoring seem the most popular – this accounted for 90% of survey participants.
- Young People have a good idea of the type of person they would like to support them and who they would open up to, the top 5 characteristics noted were: Friendly, Honest, Calm, Understanding, Good Listener.
- Young people want to feel there is a safe place they can go to find out what is available to them, to feel supported with their journey to finding the right support and there for them whenever it is needed and not for a short periods of support. They want to be able to easily find what services and support there is available to them.




Case Study: Care Leavers

Summary Continued

- Young People want something that is easy to access, both in its location and where there are not long waiting lists and referral systems. We will explore this in our model and look at where young people are already going or feel comfortable accessing, for example avoiding certain buildings with Mental Health or Statutory Services links and think more about areas of towns young people are comfortable going to including considering a pop-up model, for examples in vacant shops.
- Face to face support is still young people's preferred support, but they were happy to receive online contact and support, when necessary, as a way to make sure the relationship and support continues. The focus groups and the Care Leavers and other research noted several times it is good to keep in touch, rather than be left alone and possibly have support withdrawn. This appreciation of online intervention when needed could be useful when reaching out to young people with extreme anxiety or isolation issues etc.
- Young people want a better transition between not only receiving support but also being on the waiting lists of Children's and Adults services. The focus group talked about how you may be high on the children's services list for getting support (possibly after years of waiting) and then turn 18 so are pushed down the list again or dropped off for adult services (from their perspective). One young person made a suggestion of a weighted transition approach so you may be placed higher up the Adults Services lists if appropriate. This may already be in place, but if it is the young people we spoke to are not aware of it.
- Young people want age-appropriate groups and activities, language and support.
- Young people value being a part of developing the services and support they will access.
- Some feedback was for better communications from services.

SEK recommend that these findings be taken into consideration when reviewing the outcomes and findings of the Kent and Medway Listens Project.





Case Study: Care Leavers

Virtual Listening Event

with 12 Care Leavers was conducted at the end of January, co-ordinated by Amelia Kury, Youth Engagement Support Officer, Virtual School Kent at Kent County Council.

First discussion was asking how everyone is feeling since the initial post Covid period and now that there has been new Covid variants found?

Fed up with it and we need to move on (frustration).

Not happy with government but has accepted this is our life for now.

I want it to be over. Not happy with Boris!

Happy to stick with rules. Though governments behaviour made people not want to follow what they were saying based on their behaviour.

I feel I'm being pressured into having the jobs. I have friends and relatives that can't take job and feel bad for them. I don't watch the news anymore, it's all bad news. I try to keep safe.

Next discussion topic was what support has everyone had to support their mental health and wellbeing, what have they done to keep them going?

Stay in touch.

Put a list of objectives together to complete.

Had good support from NHS for mental health. This was face to face with the Adult Mental Health team, they encouraged me to get out the house for walks, etc. I struggle with anxiety so was a difficult time.

Went to gym to ensure I could sleep as Covid affected my sleep. Exercise and getting back in touch with old friends and my foster family really looked after me. I got back into rugby after moving house and stopping, this has helped



Case Study:

Care Leavers

Next, we explored who attendees talk to about their mental health and wellbeing?

Closest friends, good friends and friends.

Boyfriend helps as they have had similar experiences.

I feel supported as we all get along so well and have a boss like a mum.

Parents provide support. During lockdown and Covid, my father suggested he was there for me, and we actually talked and got on for the first time ever.

We then discussed what attendees currently do to support their own wellbeing?

Being able to go out more feels “normal”.

Play on the Xbox with friends.

Sports activities, anything that gets me connected with other people.

I like to stay at home, I feel safe there.

Next, we explored what is putting pressure on their own mental wellbeing?

The what ifs of next steps of going back to normal. Almost got used to this weirdness.

I moved into flat on my own for the first time post-Covid. This has been a new pressure for me. I now have financial pressures and worry about getting stuff done. I don't always feel supported.

I find it hard going out. During lockdown I lost my hair, and it still hasn't grown back properly, so I have lost confidence. I want to go to the gym and that, but people will look at this girl with no hair!

Change in situation with new job and instability caused stress.

Case Study:

Care Leavers

We then asked what support has been given to everyone?

My husband and family provide me support and taking the dogs out.

It was nice to meet people in my first year at university, this support helped me get over covid. I was really nervous that the course would be online and there would be no opportunities of meeting people and making new friends.

We then explored what support is available in the community?

I've found dog walking groups in my community, but you have to pay!

I found youth groups and youth centres helped me, but the Government don't seem to fund local venues close by. Venues seem to be far away from where communities are now and they take ages to get to and from.



Case Study:

Care Leavers

We then asked those who have engaged with health services, are there improvements that they would like to see in these services, have they experienced any challenges themselves?

They need to be more proactive in identifying issues sooner, rather than later diagnosis leading to surgery.

I was passed around the system and wrongly diagnosed. Paperwork I sent in was judged to have been wrong as it had different addresses on and I nearly got accused of fraud. I have been assessed as having a personality disorder after a video call with the G.P., so not ideal as I would rather meet them face to face.

Better assessment of individual needs rather than judging what else is going on in your home. I couldn't get meds in due to my parent's medical issues, even though I didn't live with them anymore.

It took months to get referred and then I moved and now can't get my appointment because I've moved out of area. I was also diagnosed over the phone with borderline conditions.

Mental health service needs a shakeup as also wrongly diagnosed me; they need help with appointments. Also, some health workers seem poorly trained in wider health-related issues.

There should be more support for sexual health and general life skills for young adults. I went to A&E and felt judged as a young person and got told to deal with it at home with my parents. I was bleeding and actually having a miscarriage, which my parents (foster) didn't know about. This has really stuck with me.

I think there should be people in health services who tackle and provide guidance for 18+ to provide a more holistic support to young people.

Case Study:



Cliftonville Community Centre

Cliftonville Community Centre completed approximately 200 Questionnaires face-to-face with clients. They also hosted a Festive Listening Event the weekend before Christmas, which was well attended and provided the opportunity to talk to some of the community about their mental health and wellbeing. Each of the people attending the listening event disclosed that they had been negatively affected during Covid. Some had lost relatives and loved ones, including siblings, parents and husbands to Covid. A snapshot summary of five attendees responses to the 7 questions attached to this project are captured below:

Attendee 1.

1. How are you currently feeling?

I cry every day after dropping my child to school as I lost my sister, who was also a mother, last year.

2. What activities do you currently do to support your own wellbeing?

Listen and dance to all sorts of music. Spending time with my daughter. Going to work makes me feel well.

3. Who do you currently talk to about how you are feeling?

My daughter's school, G.P. helps with medication and on the waiting list for counselling, Early Help Worker who has been really good helping me and my daughter.

4. What puts pressure on your own mental wellbeing?

Not being able to get out and do things.

5. What puts pressure on the mental wellbeing of your friends, family, and community?

Feeling like I'm locked in and not able to go out.

6. What would you like to happen to improve your own mental wellbeing?

Not sure, I feel alone so just to feel loved.

7. What would you like to happen to improve the mental health and wellbeing of your friends, family and community?

To spend time together without fear of lockdowns and illness.



Case Study:

Cliftonville Community Centre



Attendee 2

1. How are you currently feeling?

I am very up and down, very unpredictable from one day to the next.

2. What activities do you currently do to support your own wellbeing?

I attend the church now that it is back open, just get out after Covid.

3. Who do you currently talk to about how you are feeling?

Beacon, doctors although always a queue.

4. What puts pressure on your own mental wellbeing?

Lots lately, too much to talk about.

5. What puts pressure on the mental wellbeing of your friends, family, and community?

Instability, I worry about my sister.

6. What would you like to happen to improve your own mental wellbeing?

Free music and movement groups in the community.

7. What would you like to happen to improve the mental health and wellbeing of your friends, family and community?

More free sessions and more opportunities to meet people as I'm lonely.

Attendee 3

1. How are you currently feeling?

Since the first lockdown, I now find it difficult to stay at home, I feel better but am much quieter than before when life was 'normal'.

2. What activities do you currently do to support your own wellbeing?

I go shopping, attend the gym, and go swimming. Opportunities to do this in Ramsgate are much better now and the exercise makes me feel better.

3. Who do you currently talk to about how you are feeling?

Close friends, speak to my mum on the phone and now my brother after 40 years of not talking.

4. What puts pressure on your own mental wellbeing?

Risk of the past (Covid) happening again, think of the positive future and new beginnings.

5. What puts pressure on the mental wellbeing of your friends, family, and community?

Same as the above really, move forward and leave the past behind.

6. What would you like to happen to improve your own mental wellbeing?

More access to free swimming and spa sessions, also cooking lessons.

7. What would you like to happen to improve the mental health and wellbeing of your friends, family and community?

Change my diet and eat good food for my body.

Case Study:



Cliftonville Community Centre

Attendee 4

1. How are you currently feeling?

I am in a lot of pain and am not being supported by my G.P., I feel unable to talk to the Doctors as the door is shut and they are full. I feel anxious and my daughter is now experiencing mental health.

2. What activities do you currently do to support your own wellbeing?

Cardmaking, tie-dye, sewing and online learning.

3. Who do you currently talk to about how you are feeling?

My one close friend.

4. What puts pressure on your own mental wellbeing?

Not being able to solve the Covid crisis, can't be positive as a result.

5. What puts pressure on the mental wellbeing of your friends, family, and community?

Not enough support available when needed. Community is everything to these people.

6. What would you like to happen to improve your own mental wellbeing?

Me myself healing! I like to help people.

7. What would you like to happen to improve the mental health and wellbeing of your friends, family and community?

More support and for services to understand more where we are coming from, our backgrounds.



Case Study:



Cliftonville Community Centre

Attendee 5

1. How are you currently feeling?

Since Covid, I'm really cheesed off with people not taking the vaccine. I lost my husband to Covid and feel impatient about this. I have had no support from the hospital and no offer of bereavement support, apart from a 3-week block.

2. What activities do you currently do to support your own wellbeing?

I attend the centre and church who both offer a mixture of support. I also offer my support and focus to others, putting others first as it feels good doing positive things.

3. Who do you currently talk to about how you are feeling?

Close friends, people who have known me for years and know about me. If I need to, I talk to the doctor as a last resort.

4. What puts pressure on your own mental wellbeing?

Coping with many things at once, especially my blood pressure which is checked regularly.

5. What puts pressure on the mental wellbeing of your friends, family, and community?

Their own mental health and there not being enough mental health support, especially for disorders. Doctors don't appear to have enough training on mental health issues, so more training needed for doctors and nurses. Drugs do not fix people; they should cut back on the medication and provide more talking therapy opportunities.

6. What would you like to happen to improve your own mental wellbeing?

More people coming forward to explore the reasons behind individuals' addictions. More lifelines, more staff, more funding, more befrienders needed for all ages.

7. What would you like to happen to improve the mental health and wellbeing of your friends, family and community?

For the government to pull their socks up!

Case Study: Dads Unlimited[®] Advice · Support · Community

Dads Unlimited

SEK supported a listening event with Dads Unlimited at their 'Dads Café' (Support Group Meeting), at Repton Connect Community Centre in Ashford, in November 2021. During the first listening event we asked the 7 questions and during the second we had a more open discussion forum. A record of November's visit is captured below.

Audience Demographics:

- Locations: Dover, Folkestone, Hythe, Canterbury, Ashford, Tonbridge, Tunbridge Wells, West Malling, Bromley, Maidstone, Medway, Whitstable, Swale and Outside of Kent
- Gender: Majority Men, 2 Women, and 1 Transgender person.
- All are Parents



Case Study: Dads Unlimited[®]

Advice · Support · Community

Dads Unlimited

1. How are you currently feeling?

- I was previously staying in bed before I had the opportunity to come to a physical support group (not a zoom one).
- Positive, optimistic, I'm realising what's important.
- It's been a rollercoaster, concentration is hard.
- Feel sick with anxiety and worry.
- Up and down.
- I'm in a much better place now – "I had picked a tree out"
- I don't feel alone now.
- I'm on a high general trajectory, getting there.
- I've felt panic.
- Life is very tough.
- I feel pretty low.

2. What activities do you currently do to support your own wellbeing?

- Gym
- Work out
- Counselling
- Gardening
- Get some air
- Escape for a few hours
- Reading
- Team sports
- Running
- Getting outside
- Giving back

Case Study: Dads Unlimited[®] Advice · Support · Community

Dads Unlimited

3. Who do you currently talk to about how you are feeling?

- Dads Unlimited
- Parents
- Friends
- Trusted friend
- Brother
- Line Manager
- Employer – but it depends on the person
- Mental Health First Aider
- It's difficult as men because we have a high level of self-employment so we don't have anyone at work to talk to, but at the same time being self-employed gives a level of control so I can take time off if I need to.
- It's about finding shared experiences.
- It's about focusing on control.

4. What puts pressure on your own mental wellbeing?

- Me
- Court
- My ex-partner
- Expectations from self
- Society and the stigma
- Work
- Family
- Children – I want to protect them
- Delays in the court system and social services



Case Study: Dads Unlimited[®]

Advice · Support · Community

Dads Unlimited

5. What puts pressure on the mental wellbeing of your friends, family, and community?

- Worrying about us
- Not knowing how to respond when we need help
- Feeling helpless [in regards of supporting me]
- Mutual friends feel awkward [following family separation]

6. What would you like to happen to improve your own mental wellbeing?

- Being believed
- Being able to trust the system
- Fixing the system
- Having contact with children
- Seeing my children face to face
- Reality meeting expectation
- Facing less controlling behaviour



Case Study:

Dover SmART Project

Local Charity transforming lives through Art and Creativity

Founded in 2013 to provide opportunities for disadvantaged children, mainly Young Carers, living in Dover to take part in a wide range of creative activities and experiences to boost their confidence, enhance their wellbeing, raise their aspirations and widen their outlook on the world.

With a small pot of funding, the charity started running groups for Young Carers aged 5 to 18, so they could support children like Amy, who came to Smart when she was just 11 years old. She was caring for her brother with learning difficulties and her mum who has a heart condition. Amy was an exhausted, withdrawn young girl, who was struggling at school. With the help of Smart giving her the opportunity to relax and just be a child for a few hours a week, she now attends university where she is chasing her dream of being a Vet.

As the charity evolved it began similar work with other age groups, setting up a weekly group for older people who may be isolated in the community and those living with dementia, like Michael who is living with the advanced stages of Alzheimer's disease. His wife Sarah cares for him and they both come along to the group, it has given them new friendships, relaxation through the art activities they take part in and confidence to be part of their community so Michael can live well with his condition.





Case Study:

Dover SmART Project - Age of Art Group

SEK visited the Age of Art Group at the start of March and was able to gather the below information during the listening event:

- The participants in the SmART Project ART of Age group are currently regrouping after the difficult period following Covid. They are anxious, have felt socially isolated and feel they are facing an uncertain future. They still attend Dover Smart ART of Age Project on a weekly basis and aside from the fun art activities, they use this as a form of community support group.
- One of the participants also participates in community Tai Chi and visits Age UK weekly for Sunday lunch with another participant. Both are active on social media, and both live in sheltered accommodation with good community spaces, where they meet with friends. However, these two are the exception to the rule. All other participants at Dover Smart Project don't take part in any other organised community activities away from the Smart Project.
- Attendees have anecdotally told the ART of Age facilitators that SmART is their lifeline and that without it Covid would have been a whole lot worse.
- None of the current SmART participants feel their own wellbeing is a priority, although they do speak about being lonely and isolated. They feel that other people are worse off than them. When they are at the group, they support each other and have friendships with each other away from the group.
- At the SmART Project the participants will talk to staff, the SmART Angels and each other about their feelings.
- They all reported that no one from their GP surgery or mental health team contact them regularly to check on their wellbeing. One lady reported she gets more support from the checkout lady at Asda than her own doctor.



Case Study:

Dover SmART Project

Continued...

- Their inability to get face to face doctor's appointments is putting pressure on their own mental wellbeing. Also, the confusing system to speak to someone at their surgery e.g. press 1, press 2 etc.
- Consultants are keen to do video consultations with older people, but attendees reported that they find this difficult, intrusive, and just plain weird. The group facilitators shared that 90% of group participants do not have access to computers or the internet. Friends and family report that trying to get emergency care and mental health support is virtually impossible for the same reasons.
- Another major part of what's putting pressure on their own mental wellbeing is uncertainty in the world with things like fuel poverty, increasing food costs, Covid, poor public transport, rising crime, inadequate housing, and the current war in Ukraine.
- All participants said better access to GP services, not necessarily GP's themselves, but nurses, foot specialists and physios would help to improve their own mental wellbeing.
- Better community care, for example, when carers visit, they have very limited time, and this might be the only person attendees see all day or all weekend. They also said that when somebody doesn't ring them back when they say they are going to increases anxiety and uncertainty.
- Views of what needs to happen to improve the mental wellbeing of their friends, family and community included better and more accessible local services. Also knowing who to contact for certain things, and health professionals returning phone calls and emails would help. Lastly more community led local services for young families, carers and older people, and these services need to be affordable and not short-term interventions.

Case Study:

East Kent Mind

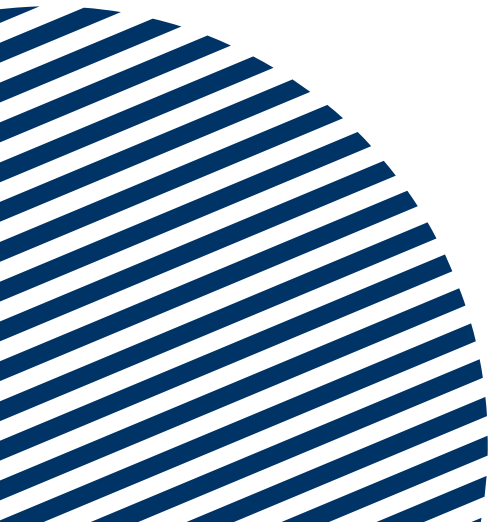
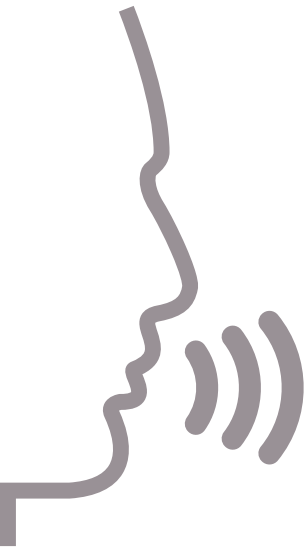


SEK jointly led a listening event in December at the Riverside Centre, alongside East Kent Mind's already established Men's Group and their own group 'lead'. A record of December's listening event is captured below:

Do you go anywhere for support if you feel you need it?

Man 1

"I get help at work at BT, engineers. AP, employment helpline, always on phone to them, can call at 3am, basically 24/7. Only problem is that you don't always speak to the same person. I actually had a breakdown in a shop a few years ago, the music and noise in the shop got too much for me and I just started shouting and going crazy basically! My manager got me help that was available through the company. It was an unknown resource to me, which I wasn't aware about until I needed it. As a result I give new people a leaflet on the support to spread the word about the service. Occasionally I talk to a psychiatrist - not regularly. The second week I attended this group made me feel so good, I just opened up on social media and received so many calls and messages of support in which I encouraged other people to reach out for help. This made me feel really good like I was giving something back. This group gave me the courage to do so."





Case Study:

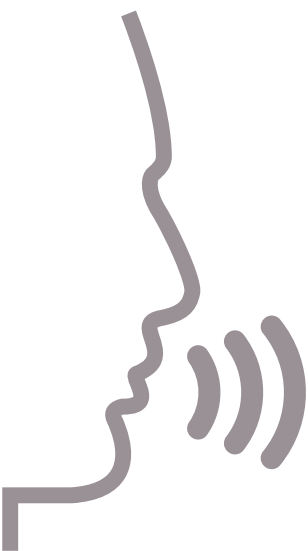
East Kent Mind



Do you go anywhere for support if you feel you need it?

Man 2

“I have a long-term mental health condition, it’s severe, spent a lot of time in hospitals. Using mental health services but don’t feel I have the support I need. I speak to psychologist once a month or fortnight – whole system has changed so much, funding wise. Care coordinators are now more like directors – If it wasn’t for the psychologist I talk to, I just don’t know where I would be. Mentality of health is that I have 12 weeks to get better, and if I don’t, then services don’t know how else to help. Process cycle starts over and over again. I get more from groups like this one. I have recurrent depressive illness, not a depressive episode – but there always seems to be a time factor and emphasis on exiting rather than the treatment. I haven’t been discharged for 10 years, and I don’t feel I am receiving the support I really need. If I could stop people getting as unwell as I am, I’d like to – this is where I would like the focus to be, more early identification and prevention, and men talking. The group don’t always talk about mental health, it’s the social interaction that matters, however if somebody wants to talk, then they can. I do feel angry because this issue isn’t being fixed, I want the bigger problem to be solved (lack of funding). The only real support I get is from organisations like this (East Kent Mind) and individual professionals.”



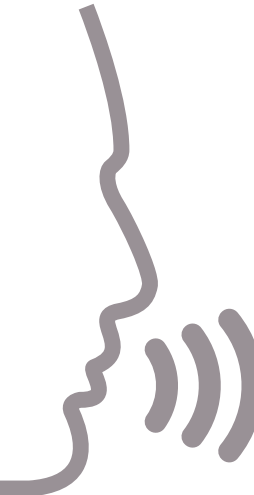
Case Study:

East Kent Mind



Do you go anywhere for support if you feel you need it?

Man 3



"I'm relatively new to this group. I developed anxiety and depression during lockdown. I also separated from my wife who had to go back to Thailand when she was 6 months pregnant, my mum has terminal cancer, my wife's dad has terminal cancer. Combination of all things, I didn't know whether to watch my son be born or watch my mum die. Biggest issue was I didn't know who I could contact, I was scared, and no immediate support was available. I took out a private health policy to try and get resources through BUPA. All they did was send a list of people and job roles that I could talk to, nothing else. I had no idea what was going on or who to speak to, was just thrown a generic response. I had a few counselling sessions, and felt it was good to talk to someone, but asking if I had thought of committing suicide actually put the idea in my head. As soon as I was off the phone, I wondered what was next and was left thinking every day was I going to go mad, was I going to kill myself. The one thing that did help was when I got through to the NHS months later, someone was calling to give me an assessment, to finally find out what was wrong with me. I was offered CBT but didn't know if this was what I needed. It was someone in their final year of uni that was delivering the CBT. To be honest, I didn't take a lot of confidence from a 21-year-old graduate - I appreciated it, but it did not help. I received a scripted conversation every week at CBT. Everything is scored and scripted, no tailored help. Eventually I found faith, started attending church, reading books, found out that mental health issues were potentially down to PTSD from a previous near-death experience I had. In that moment of blind panic, the service wasn't available immediately. Meeting the guys at this group give me a lot of strength, listening to their stories gives me comfort, knowing I'm like them."



Case Study:

East Kent Mind



Do you go anywhere for support if you feel you need it?



Man 4

“I was originally put in contact with Abbey Visits Garden in Faversham – I spend a lot of time with them. I found out about them through my mental health nurse, I hadn’t been out of the house for 18 months. Mental breakdown prevented me from leaving my house, I couldn’t even be bothered to get up out of bed. The garden showed me a lot of love and care.”

What activities make you feel good?

Man 1

“Football, watching my son play football. All sports, I go boxing and swimming. Kids are growing up, so I’m missing out on things. Going out and socialising with friends, used to go once a month. Lockdown made me feel trapped, hit me hard because I wasn’t able to get out and socialise.”

Man 2

“95% of people suffering from mental health issues are lovely people, they are just ill and there is a misconception. There is a misconception in the services, that it is the person suffering’s fault, I’ve heard conversations between nurses which are quite judgemental.”

Man 3

“Meditation really helps, however, I feel embarrassed to say I’m going to meditate in front of my wife. Mental health is an illness, but it isn’t seen like that in society. Services think there is a set ‘procedure’ to fix the problem.”

Case Study:

East Kent Mind



What support do you think is missing?

Man 1

“People got to the point where they felt they were a burden on the NHS, as the NHS had a lot to deal with during lockdown. So, people don’t ask them for help, something before then is needed.”

Man 2

“When I feel bad, I can’t even leave my house. Lockdown was stopping me from everything I was told to do to help with my mental health issues (i.e. socialising with friends). I went out to help with building which kept me sane. Otherwise, I would have reverted back into my shell. People don’t want to be a burden. I had a phone call every month from secondary mental nurses. I feel it was only for their own records to say they have ‘done something’. Mental health needs to be talked about from a young age. There isn’t enough staff to go round to all the people who are struggling. I have had depression through most of my adult life, but just ‘got on with it’. Awareness needs to be made available in schools with children and adolescents.”

Man 3

“Already a time frame from the start date ‘you have 12 sessions’. I want support to be open ended, not set a deadline to get better. Statistics stating suicide rates in a certain age bracket – this needs to be prevented before people get to that age. I want to be able to speak to someone to know if what I was thinking is ok or normal? Struggled when my son was born, I love him but I’m also resentful for how much of my life I feel I’m missing out on. Best advice I have been given is that it’s ok to think bad thoughts and talk about them, as you’re not acting on them, and actually find other men are thinking the same things and feeling the same too. This helps destigmatise things.”

Case Study:

East Kent Mind



How did you find out about East Kent Minds?

Man 1

"My wife knows the people who run it."

Man 2

"First started during lockdown through zoom, didn't enjoy staring at a computer all day. Use social media to spread the word about the group to local fb groups in the area. The church has helped to spread the word, which is how most of them found out about this group."



Case Study: East Kent Mind



East Kent Mind also spoke to members of their BAME Group between the Christmas and New Year period and below is a summary of their feedback to the questionnaire:

How are you currently feeling?

- Alright not too bad
- Anxiety, PTSD, needs help with pain in stomach
- Unsure, maybe a mixture of gratefulness, anxiety in terms of the future because of covid, will we shut down? What goals can we set for 2022? Don't feel can trust things.
- I retire tomorrow and feel positive about this. Left everything, started afresh and my divorce has finally come through, relief. New beginning, can make my own decisions.
- Isolated

What activities do you currently do to support your own wellbeing?

- Walk, busy, plus daughter
- Church is supportive
- Diet, used to go to gym, currently anxious all the time
- Listening to music, practising gratefulness, prayer and meditation. Took myself off social media due to racism.
- East Kent Mind worker fantastic. Introduced me to Chill water swimming which is amazing. Had to stop due to covid. Will return. Fabulous group.
- Having a bath

Who do you currently talk to about how you are feeling?

- GP
- East Kent Mind worker, occasionally to friends but feel isolated since covid
- Me myself and Jesus! husband, sisters
- Mentor from East Kent Mind, a blessing. Joined town sheds. Age UK were good but now being rejected and I can't be part of groups as only for new people. A more elderly black person also told there were no vacancies in groups and feels very upset and turned to me for support. I feel rejected and very disappointed as had several groups I was looking forward to going back to. Very happy with Mind and NHS.
- My family



Case Study: East Kent Mind



What puts pressure on your own mental wellbeing?

- Overwhelmed at times, no support, working, goes up and down
- Hard to get appointments, stomach painful, anxiety started with covid, isolated so unable to talk, pain in chest
- Unknown future with covid, own business impacted with goods stuck in China as shortage of electricity there because of covid
- Being rejected from groups, thought I found somewhere I belonged. Covid had huge impact, very isolated, physical illness.
- Harassment from neighbours

What puts pressure on the mental wellbeing of your friends, family and community?

- Same thing – feeling overwhelmed, covid means things are not so good now
- Friends feel the same, isolation of covid
- Finances, a lot of friends are trying to find different avenues of income, things no longer safe and normal, businesses struggling. Child now 1 year born in lockdown, stressed when meets strangers and although goes to play groups just goes to 1 now as worried re covid. Black Lives Matter – country inconsistent when dealing with people of colour, unanswered questions re Grenfell, Windrush scandal, how deal with Megan Markle compared with Prince who is allegedly a paedophile, reaction to statue in Bristol of slave trader, Piers Morgan found not guilty on mental health comments re Megan Markle’s mental health. This all spits in the face for people of colour. Government report on racism unbalanced. Issues not dealt with. This has impacted me even more than covid. Feel disappointed, anxious and don’t trust society, increases agoraphobia/social phobia which previously had as a child – this has resurfaced. Huge issues and no one talks about it. Too many issues regarding racism not dealt with. Makes you question everything, undermines trust.
- Covid

Case Study: East Kent Mind



What would you like to happen to improve your own mental wellbeing?

- Be more normal, everyone is cautious because of covid
- No lockdown
- Certainty but everything is uncertain, cannot expand business. Racism being addressed would help.
- I enjoy people and activities in person. Very disappointed re Age Concern, loves learning
- For Local and National Government to tackle anti-social behaviour

What would you like to happen to improve the mental wellbeing of your friends, family and community?

- Be more normal like before covid
- Counselling, people to listen
- NHS have done well re Space/Face/Hands, good messaging to keep us safe but NHS also need to focus on mental health. Inconsistencies of messaging and the government increase anxiety, unsure if we can trust information, government unreliable, doesn't make sense, incongruent. Unsure re booster vaccine. Two young children, couldn't have older child visit hospital when had baby due to covid, complications with baby and in hospital for a week, felt let older child down. All while the government were having parties. Regrets not seeing daughter now.
- If I improve, I can be a support to others
- End of Covid



Case Study:

Folkestone Nepalese Community Centre

“

“We have recently taken over the Community Centre and run a weekly schedule consisting of the following; Gardening Group, Nepalese Library Day, Digital Inclusion Programme, Digital Activity, FNC Senior Citizens Chatterbox, Bingo, Quizzes and Games, FNC Nepalese Tradition Stitch and Chat, Armed Forces Veterans Support Group, FNC Senior Citizens Seated Exercise.”

”



Case Study:

Folkestone Nepalese Community Centre



After an initially arranged listening event was postponed due to Covid, a rearranged listening event took place at the start of March at the Folkestone Community Centre. Just under 50 men and women from the Nepalese community attended to participate in the event, with 3 translators.

Below are summaries from the discussions that were had through these translations on attendee's mental health and wellbeing:

- Gathering feels good, initially the Nepalese people attending felt sad and as time went on people felt happier as groups started to get busier.
- Some are finding it difficult as services are accessible mainly online and not in person.
- One man spoke of his sick wife and that he contacted the G.P. via phone and also had to have an interpreter. He was advised to take his wife to the William Harvey Hospital, then an hour later was advised to call for an ambulance which arrived another 3 hours later. They waited all night at the William Harvey Hospital and were eventually seen at 3pm the following day.
- Another gentleman mentioned that a friend of his has dementia, it was quite mild before Covid, but he feels that Covid hasn't helped with his situation, and he seems much worse now.
- Feedback was that the Track and Trace system was helpful to the older Nepalese generation who aren't great with technology.
- Although attendees shared things seem better, they would still prefer seeing the doctor face to face but it seems this is still not possible even though Covid seems to be on the way out.



Case Study:

Folkestone Nepalese Community Centre



Continued...

- Currently to support their mental health and wellbeing the older generation are cooking and eating, gardening, walking, doing sitting exercises and the younger members of the community use gyms and sports clubs.
- One lady mentioned it would be nice to have ladies only meetings as their culture can be quite reserved in terms of sharing personal problems between sexes. The Community Leader in attendance mentioned this is possible here at the community centre but wasn't aware if it could be available in other community venues such as leisure centres.
- The Folkestone Nepalese Community also have guest speakers visit their community centre such as Kent Fire and Rescue, wellbeing services, and have had talks on mental health, but currently don't have an interpreter. These services are important as a combination of so many things back in Nepal are putting pressure on their mental health; grandchildren and because of Covid the economic situation (inflation and economy).



Case Study:

Margate Pride

MARGATE PRIDE

"Margate Pride CIC is a culture and arts-led pride, a celebration of LGBTQIA+ life and a platform to continue the fight for equality and to challenge prejudice".

- Set up in 2016 as a Community Interest Company (CIC).
- Organised by a team of year-round volunteers.
- Weeklong queer culture and arts festival leading up to Pride weekend with year-round activity and partnerships.
- Arts programme to provide a platform for celebrating and nurturing the best LGBTQIA+ artists.
- Margate Pride is not just a parade for the day, it's an expression of the whole community.
- Legacy building activity in Margate and Thanet.
- Community partnered projects including Ageless Thanet, BeYou Project.



Case Study:

Margate Pride



A listening event eventually took place at the Margate Arts Club at the end of February, after an earlier planned event was postponed due to Covid. We started the listening event with just two attendees but as the night went on and finished with a group representation of 12 and some really open and open discussions. Below are records of individual's comments from the discussions that were had about attendees and their mental health and wellbeing:

How are you currently feeling?

- Like I've been on a roller coaster ride for the past two years, I even got a cat to help me through lockdown as I live on my own.
- I've found it difficult to reengage after lockdown and socialise. I'm more able to self-evaluate self-feelings and not feel forced to go anywhere.
- As a self-confessed recluse and an introvert, I felt ok in lockdown and a bit weird after Covid and when socialising began again.
- I feel rubbish due to the war situation again (Ukraine), it's bringing back feelings of when Covid started. It's hard to carry your own problems on your shoulders and now I'm feeling I'm taking other problems onboard. There doesn't seem to be enough action.
- I feel like people are trying to figure out life again, and it's so hard to find space that is good for your mental health and make time for you. The one thing that is best for you is the first thing you drop like exercising, reading, meditating, etc.
- Currently, I feel that no matter how hard I work or how many jobs I have, I never have money. This is not a good feeling as everything is going up in cost.
- I've come out of lockdown more selfish than before, putting me first and others second.

What do you currently do to support your own wellbeing?

- Exercise more and trying not to work so hard. I like going for walks and go out to socialise.
- I try to see friends and have in-person meetings, I make myself be with other people.

Case Study:

Margate Pride

MARGATE
PRIDE

Who do you currently talk to about how you are feeling?

- I talk to my close friends and a therapist once or twice a month.
- I actually have regular sessions with a therapist to stop me panicking, it's not cheap but it is really worth it and needed.
- I try to mix with creative and craft people and talk with them.

What do you currently do to support your own wellbeing?

- I recently moved from London and feel quite isolated. I am actually a therapeutic gardener so understand the importance of mental health and wellbeing but have struggled myself since moving. I have found it hard understanding the difference between an associate or being a friend when meeting people here since moving.
- For me, it's money and cost of living for my son and grandson and trying to look after myself and not feel I have to look after them financially.
- I was parenting a toddler during lockdown, and it has been tough on the relationship with my partner. We are only just becoming a couple again after becoming a parent.
- My biggest pressure, even as someone in their thirties is being queer in a straight household that doesn't understand the inequalities I face and how hard it is to be queer. There is also a lot of ignorance from the NHS on the queer community and GPs are refusing to do blood tests for example.

What is putting pressure on the mental wellbeing of your friends, family and community?

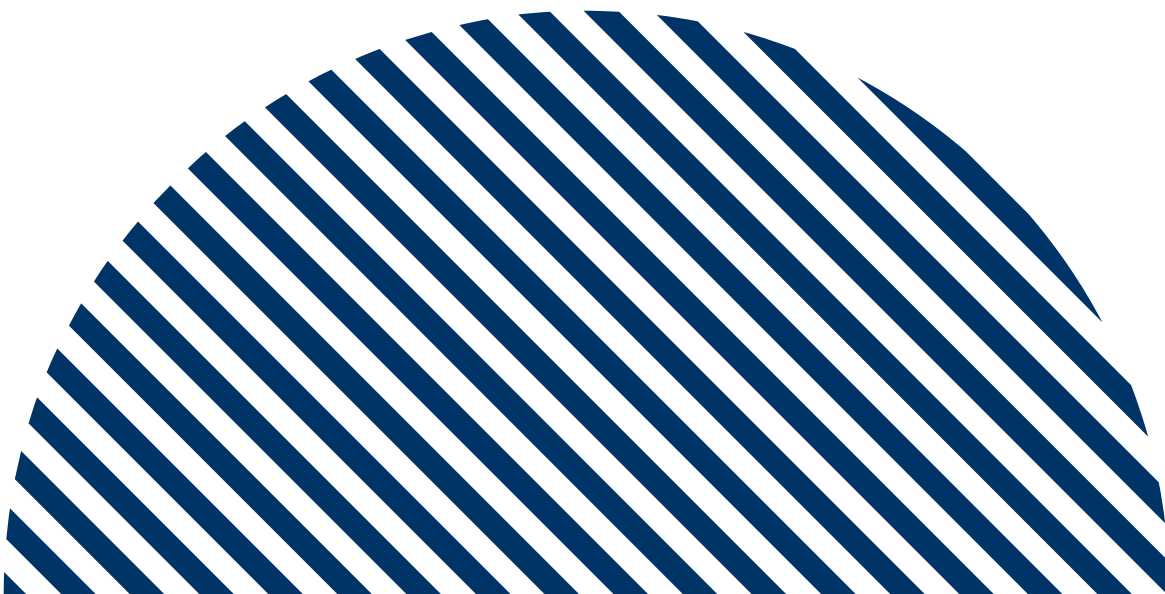
- Having to commute again, the time and cost of going to and from work.
- Being judged, by the community, employees, health professionals and relatives.

Case Study: Margate Pride

MARGATE
PRIDE

What needs to happen to improve your own mental wellbeing and of your friends, family and community?

- I would like to see more opportunities to socialise in an informal way as there are too many 'party vibes' in the pride scene.
- I want to see more queer spaces and less places that are where you get threatened or attacked, less toxic places. More full-time venues for queers e.g. cafes, bars, social centres.
- More entrepreneurs events for queers and FREE workshops.
- There should be accessible spaces for mental health support not in clinical spaces, not activities, something in between to empower you to talk more and break the stigma.
- There needs to be more staff and volunteers to run these activities.
- I think there needs to be more done to counter isolation, more proactive approaches.
- There should be more awareness and consciousness around mental health and more people looking out for each other, like a buddy scheme.
- More awareness of alternative support such as books to read, etc.
- Mental Health First Aid Training and triage opportunities.
- We need to be normalising mental health discussions and take awareness of this into schools.



Case Study:

Your Leisure



Your Leisure supported the circulation of our Kent and Medway Listens Project online google questionnaire and short demographic form to their members and invited SEK in to their four centres to speak to members face to face. SEK were able to conduct approximately 60 face-to-face questionnaires undertaken by SEK at Your Leisure Centres in various environments including gyms, spas, café areas, and receptions areas. The people SEK spoke to were mostly 'older' people (men and women) and men (of all ages) from a variety of cultural backgrounds. Below are summaries from some of these individuals who we were able to speak to about their mental health and wellbeing:

"Before lockdown I started to attend the gym on recommendation from the hospital; I was morbidly obese, weighed 27 stone, and had been drinking heavily throughout the day and night. When I first attended, I felt uncomfortable about my size, I was too big to go through the turnstiles and couldn't fit into some gym equipment. I started attending nearly every day of the week and lost 7 stone.....lots of weight pre-Covid but put some back on during lockdown, over 2 stone. I am attending again now but it is very difficult as I returned to old habits during lockdown and didn't receive any support from health services."

"I am a carer (foster carer) of a 27-year-old who is deaf, and she is in need of mental health support, as well as counselling support and signing support. Since the first lockdown in particular she has developed additional needs around her mental health and wellbeing. I also need more specialist training that I am not getting, including safeguarding and confidentiality."

"I lost my husband due to Covid. He was in hospital with Covid and the hospital called saying that we could finally visit and see him. They then called on the same day and said we couldn't now visit; he died the next day. The staff showed me no compassion, I have had no explanation as to what happened, I have had no closure. I haven't been offered any counselling.....no-one cares! My G.P. has been very helpful via email, but I would prefer face to face support or even a phone conversation. I am suffering from long-term Covid, and I feel angry about my poor treatment. I have been given mixed messages by health professionals, had little meaningful communication, I've just been left after being told my husband was coming home but never did. I've been left to confide in friends who are now impacted by my lack of bereavement support due to me sharing how I feel and my experience."

Questionnaire

When taking into consideration the results of the online google form responses to the 7 questions that SEK created as part of this project data collection, and the feedback captured at the listening events co-ordinated in partnership with community partners, we are left with some rich and varied data to analyse.

In summary here are some key achievements and methodologies of the project:

1. *We heard residents in the East Kent ICP (Thanet, Dover, Folkestone and Hythe, Canterbury, Ashford, Faversham) reflect on the impact of the COVID-19 pandemic and related restrictions on their mental health and wellbeing.*

2. *We heard from seldom heard communities - meaning individuals or communities not motivated to engage with existing public consultation processes or those who feel decision-makers do not hear their voices in existing processes. Specifically, we heard from Older People, BAME, Care Leavers, LGBTQI+ and Men.*

3. *We had 473 people complete the online questionnaire and short demographic form that we created.*

4. *We completed approximately 40 listening events across East Kent communities, during weekdays, weekends and evenings; these were attended by 400 people.*

- *Some were conducted alongside existing community activities and events such as gardening clubs, walking groups, bingo, woodwork shed projects, and leisure activities*
- *Some at community venues within social gathering spaces such as cafes and reception areas*
- *Some within leisure activity environments including gyms and spas*
- *Some were undertaken virtually*
- *Some were implemented at specifically created listening events to support the project*

5. *We were supported by British Sign Language Interpreters and Language Interpreters and some listening events, as well as other 'community leaders'.*

6. *We provided Digital Inclusion support to those who may be digitally excluded, through SEK Digital Inclusion Officers.*

7. *We microfunded some partners to identify opportunities to undertake listening events*

8. *We provided FREE Mental Health First Aid Training Level 1 to partners.*

9. *We are offering Active Citizenship Training (Community Engagement Training) to partners.*

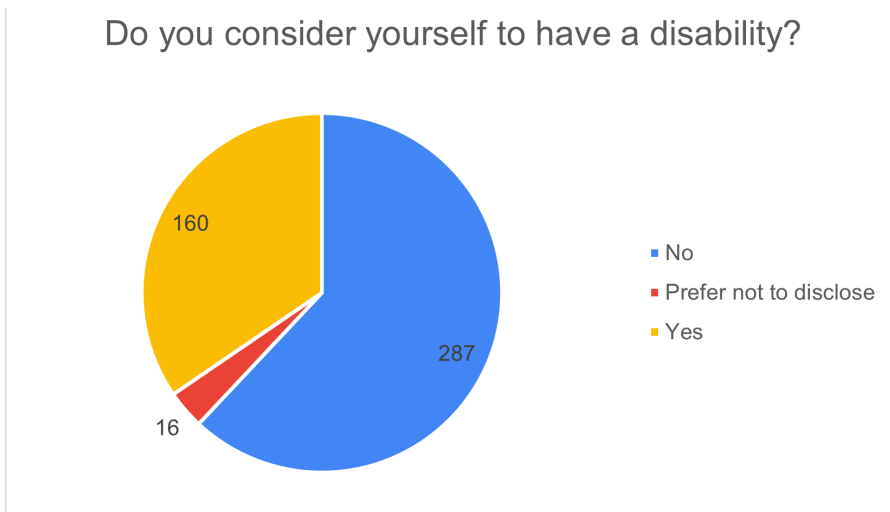
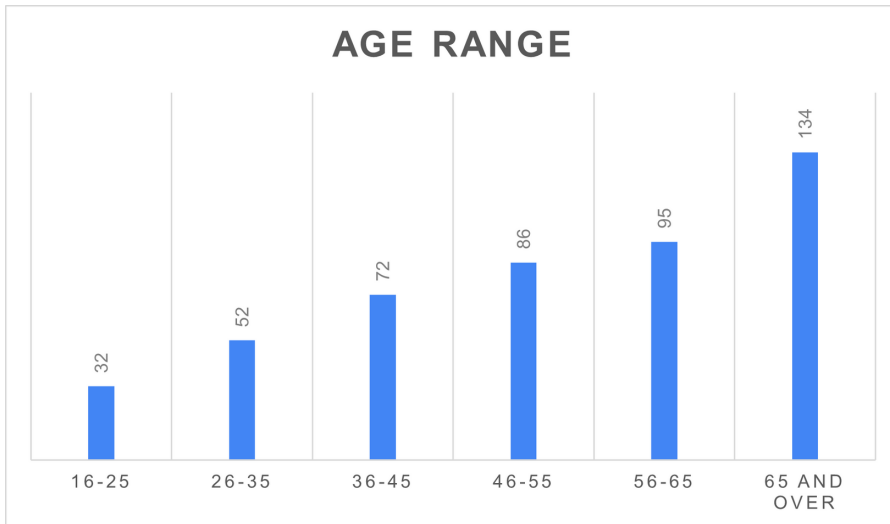
Questionnaire

Key findings from completed online Questionnaires:-

We had 473 people complete the online questionnaire and short demographic form that we created.

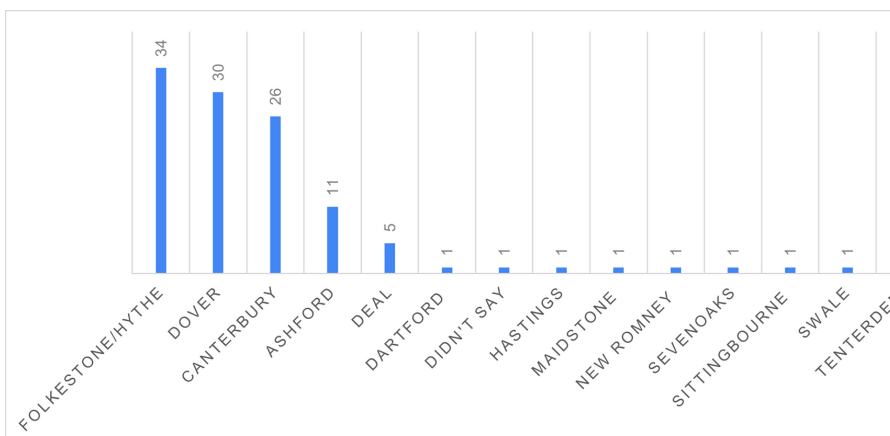
Demographic Form Summary

When populating the demographic data responses the results are as follows:-

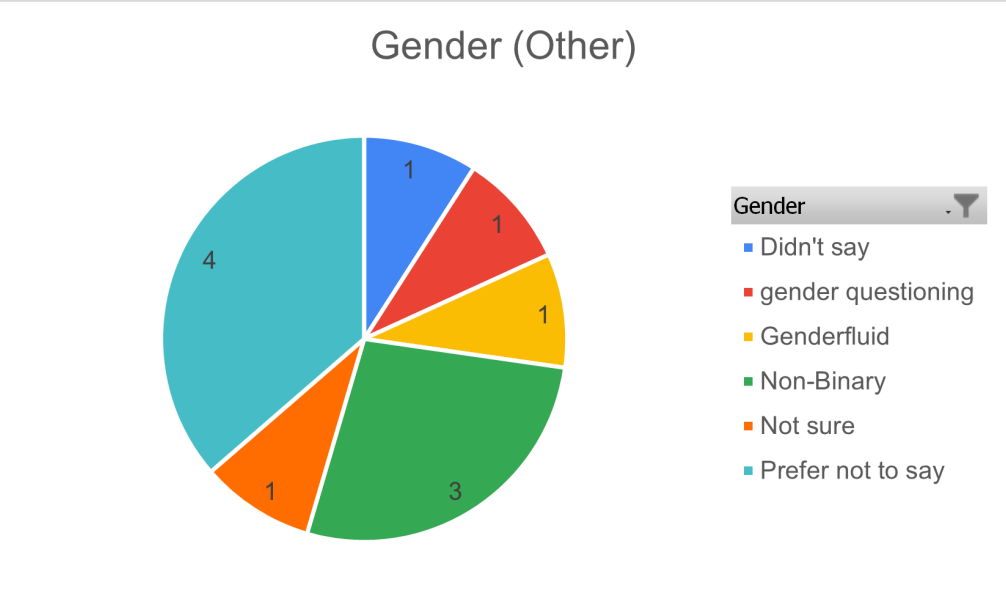
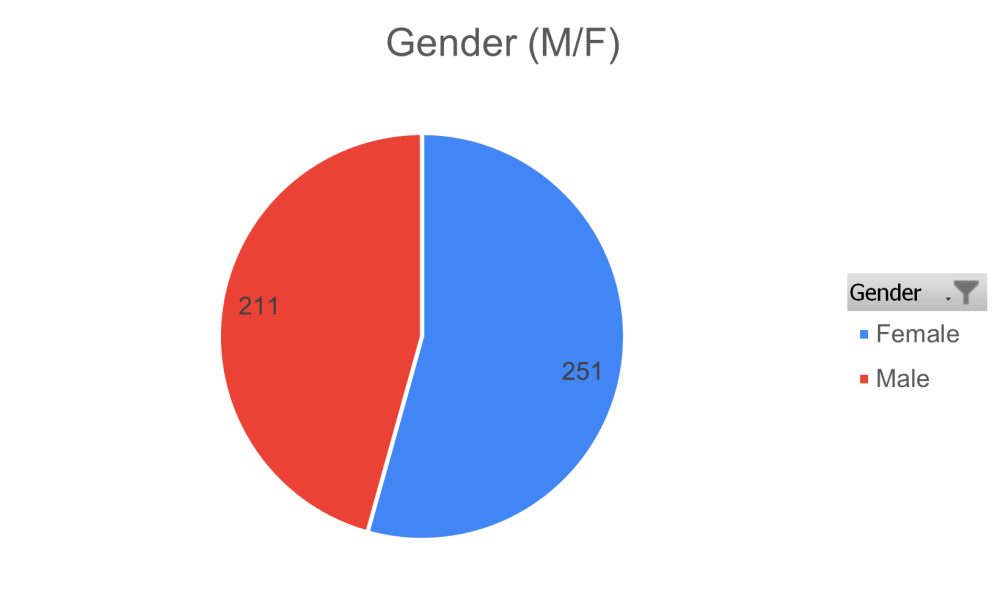


For the location of where people live, the vast majority of the online questionnaires were completed by Thanet residents, with 348 people.

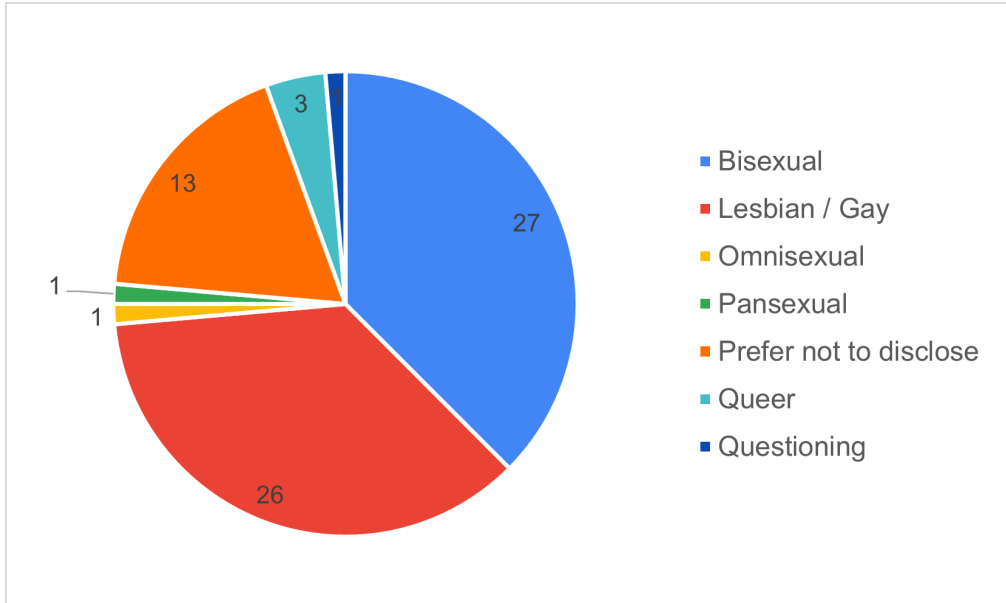
The remainders are represented on the graph below.



Questionnaire



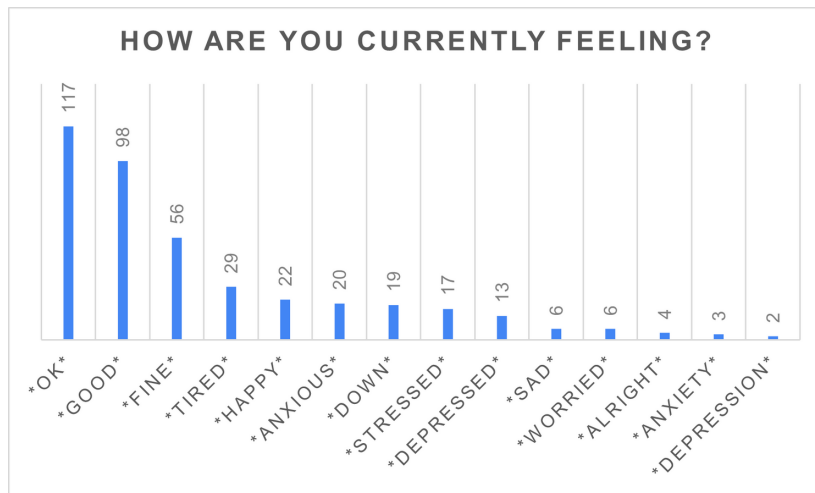
The majority of people who completed the online survey listed themselves as Heterosexual, with 387 responses. The remaining selections are shown below.



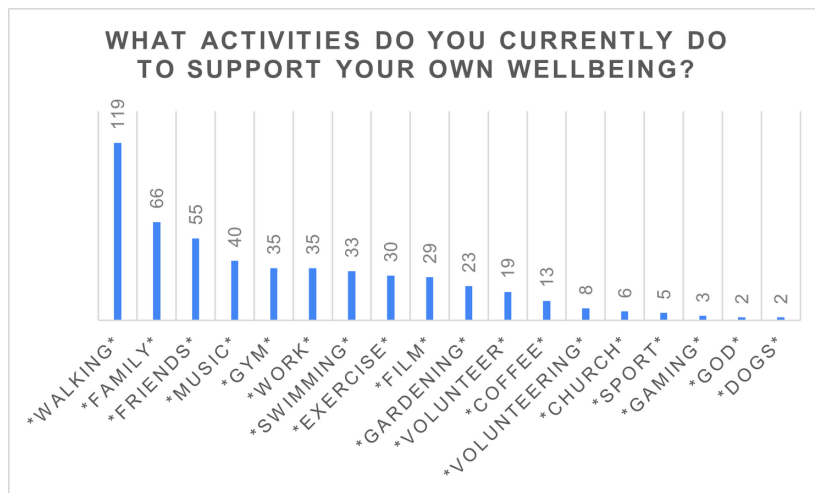
Wellbeing Questionnaire Summary

When evaluating and reporting on the responses to the online questionnaire 7 questions, we used a 'coding' methodology among other reporting methods. For the coding reporting, we have identified key words in individuals responses and totalled repetition of these words.

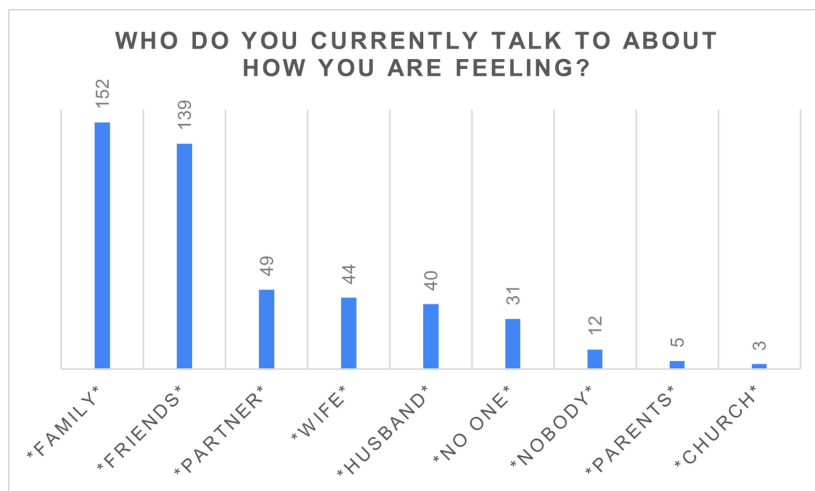
1.How residents are feeling?



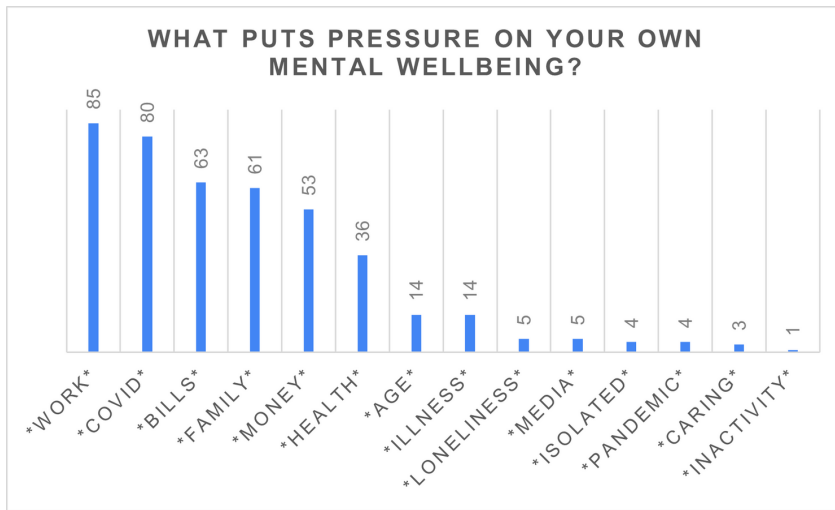
2.What do residents currently do to support their own wellbeing?



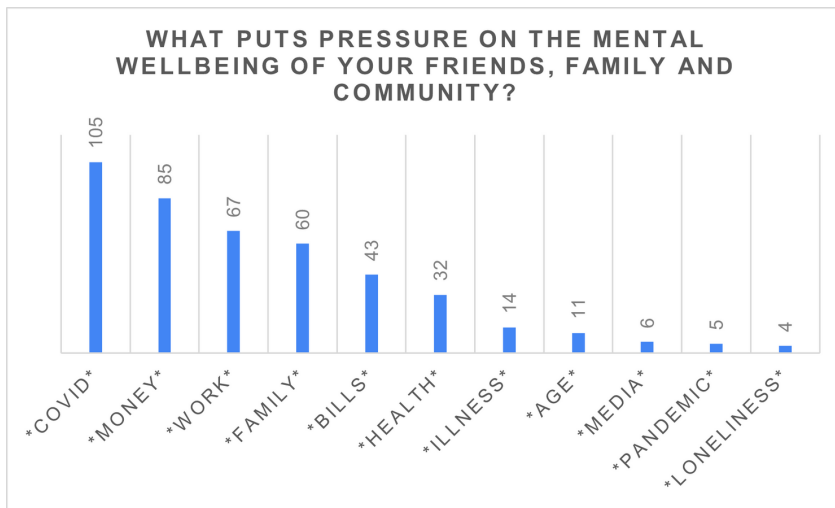
3.Who do residents currently talk to about how they are feeling?



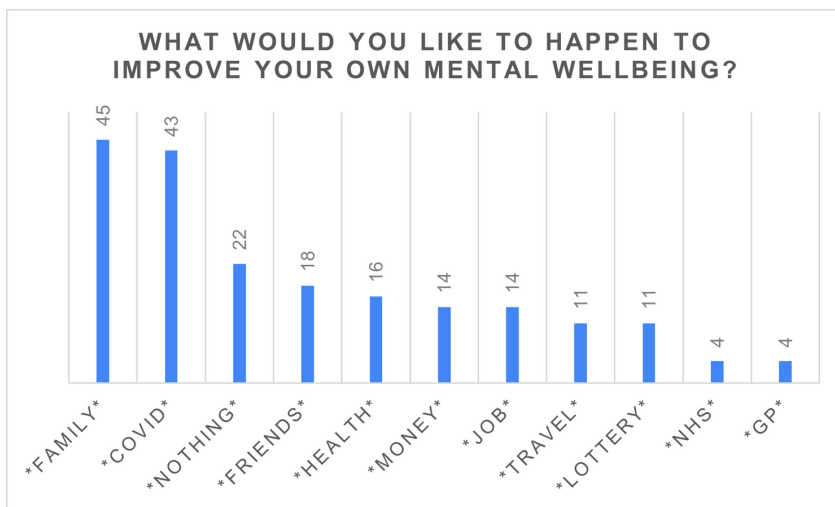
4. What is putting pressure on their own mental wellbeing?



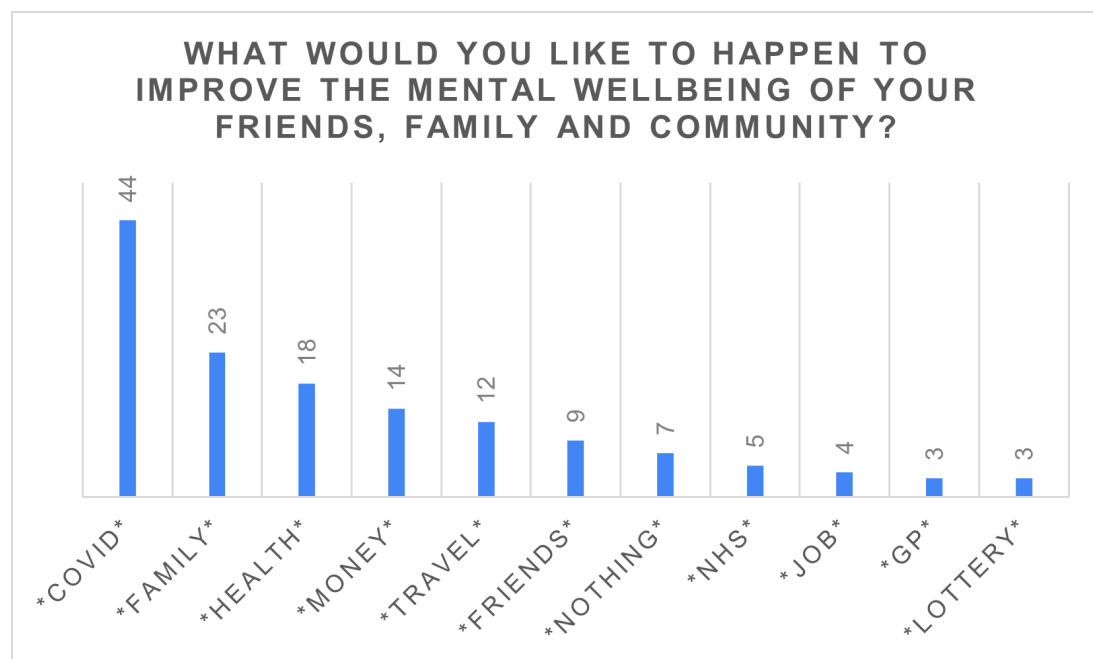
5. What is putting pressure on the mental wellbeing of their friends, family and community?



6. What needs to happen to improve their own mental wellbeing?



7. What needs to happen to improve the mental wellbeing of their friends, family and community?



Client Group Finding Summaries from Listening Events

Key findings from the 40 listening (400 people) events and the 7 questions:-

Older People

Older people that we heard from reported that their mental health and wellbeing had been affected during and post Covid. Some had initially said that they were fine, but further exploration found that some of these responses changed to feelings of depression, loneliness and worry for not just themselves but also their relatives.

One common overwhelming finding is that the majority of older people that attended our listening events reported to thrive on social interaction and are negatively affected by social isolation, this was especially the case during the first national lockdown.

For those older people that regularly attend groups and activities at community venues including leisure centres, community centres, and Age UK we heard that it is not necessarily the activity they are undertaking or the venue that they are attending that supports their mental health and wellbeing. It is the opportunity for social interaction with others, particularly those they have formed friendships and networks with. Some older people reported that their sleeping patterns had been affected due to anxiety and worry, and it was common to hear of older people waking up at 4am and 5am ready to start the day and looking forward to these social interaction opportunities.



Client Group Finding Summaries from Listening Events

Older People continued

During Covid and even post-Covid, many of these groups and activities were not accessible and the older people we spoke to found each day a struggle as they became less socially active and more isolated. They became reliant on phone calls, digital platforms and found it particularly difficult if they lived alone. Some became anxious and worried about their children and grandchildren, and the effects of Covid, how it would affect their health, wellbeing and even financial state.

Older people with dementia told us that they felt left and went 'downhill' very quickly, feeling helpless and didn't ask for help as they had been receiving help previously and didn't understand why it had stopped. This group of people appear aware that they are experiencing dementia and are undergoing regular assessments, but shared anxiety and helplessness at not knowing what they were being assessed for or receiving any results of these assessments.

Older men and women who described themselves as in need of support for health-related issues during and post-Covid reported that they were reluctant to ask for help and instead 'suffered in silence'. Feedback included feelings of sorrow for the NHS and the conclusion that they were overwhelmed as a service, as a result we heard that older people did not want to burden an already stretched service.

Some older people shared that they had friends who were doctors, nurses and health professionals, so were aware that there were/are shortages of GPs at their local health centres, and so made assumptions that they would not get appointments with a doctor. Others did in fact try to call to speak to their doctor, some have not had a response and others were told to book-in online which provided another barrier to contacting them.

We also experienced an attitude of 'we just get on with it' from older people and 'we'd rather the younger generation got the support' rather than them (older generation). Some older people we spoke to shared that even though they are resilient they do need social interaction to help them get through each day. Some older men we spoke to shared that society puts them on the 'rubbish pile' when they retire. They feel angry as they have lots of knowledge, skills and experience that their community aren't always encouraging them to utilise. They believe that there are not enough events and activities in their local communities for them to attend.

Client Group Finding Summaries from Listening Events

Black, Asian & Minority Ethnic (BAME)

Black, Asian, and Minority Ethnic (BAME) communities (used to refer to members of non-white communities) shared a mixture of emotions and feelings affecting their mental health and wellbeing. Some shared feelings of a mixture of gratefulness and feeling positive. Others felt a level of anxiety in terms of the future because of Covid, and unable to trust things, also the feeling of being isolated.

BAME contributors said that they find support from each other and in particular, those we spoke to reported that they find their local churches are supportive. When attending church, they are able to listen to music, practice gratefulness, prayer and meditation.

Some have become even more isolated and have felt marginalised due to racism. We heard reports of people removing themselves off of social media due to racism and others who are experiencing harassment from their neighbours. Others have been rejected from groups, some are groups they previously attended pre-covid and can't be part of groups as only available for new people. A more elderly black person was told there were no vacancies in groups and feels very upset and doesn't know who to turn to. They shared feeling rejected and disappointed as they had several groups they were looking forward to going back to.

Some shared they felt overwhelmed at times, with no support and inconsistent work patterns/available work putting pressure on their mental wellbeing. One person shared that their own business had been greatly affected as they had goods stuck abroad. We heard that friends of those that spoke to us are trying to find different avenues of income, things are no longer safe and normal, businesses are struggling.



Client Group Finding Summaries from Listening Events

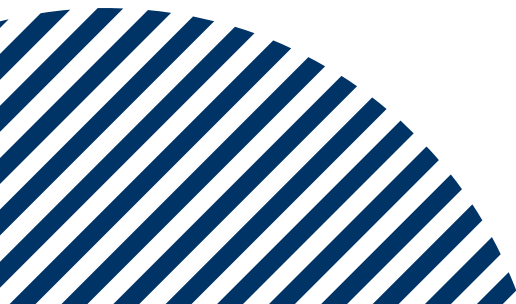
Black, Asian & Minority Ethnic (BAME) continued

On the topic of Black Lives Matter, we heard how inconsistent the BAME community feels this is being recognised when dealing with people of colour. According to some, this has impacted the BAME community even more than Covid, leaving some feeling disappointed, anxious and not able to trust society. Some shared increases of agoraphobia and social phobia, and too many issues regarding racism not dealt with, leaving BAME communities to question everything and undermining trust.

We heard that inconsistencies of messaging from the government increase anxiety, leaving BAME participants feeling unsure of if they can trust information; 'government is unreliable, doesn't make sense, incongruent'.

A common theme we heard from the BAME community was that they find it hard to get a doctor's appointment, and impossible to talk to anyone about various health issues. This has left some people in very painful situations and with increased levels of anxiety. Those who reported this also said that these were the shared views of their friends and community.

To increase wellbeing and promote positive mental health it was reported that BAME communities want the Local and National Government to tackle anti-social behaviour and address racism. They requested more access to counselling services, people to listen to them and for this to be offered in other languages. Views were that many thought the NHS have done well re Space/Face/Hands, good messaging to keep us safe, but NHS need to focus more on mental health.



Client Group Finding Summaries from Listening Events

Care Leavers

Firstly, Care Leavers told us that they have completed survey after survey since Covid and shared that they are fed up with it (Covid) and feel frustrated and the need to move on.

There were mixed experiences and views on positive and negative support Care Leavers had received from the NHS for mental health. Face to face support has proved beneficial with the Adult Mental Health team where they were able to encourage some Care Leavers who struggle with anxiety to get out the house for walks, etc.

A reliance on foster parents was evident to help Care Leavers feel supported and examples were also given of support from birth parents during lockdown and Covid, actually talking and getting on for the first time ever.

Those Care Leavers who have moved into their own properties for the first time post-Covid have felt new pressure, including financial pressures and worries about getting things done at home. Some shared that they don't always feel supported and find it hard going out and getting the right help. Some have felt isolated, forgotten and have lost their confidence. Changes in situations and lack of access to face-to-face contact has caused stress. This has included registering with a doctor to new addresses and background of being in care and unable to gain parental permissions. Other changes in circumstances such as gaining employment and starting university have not been straight forward and have been full of uncertainty during Covid.

Client Group Finding Summaries from Listening Events

Care Leavers continued

We heard that access to community settings and activities including youth groups/centres, contact centres, community centres are not close to where Care Leavers live and therefore not accessible. It was shared that the Government doesn't seem to fund local venues close by local need. Venues seem to be far away from where communities are, and they take ages to get to and from.

Health services need to be more accessible in the community and be more proactive in identifying issues sooner, rather than later diagnosis leading to surgery. Care Leavers described experiences of being passed around the system and wrongly diagnosed. Paperwork being lost, assessments being made during video calls with the G.P., leading to a formal diagnosis of disorders, has left some Care Leavers not trusting of the health system.

It was shared that assessments are not formed on individual needs during the current situation and that too much judgment was made on the fact that they were Care Leavers with a history of being a Looked After Child. Referrals take months and then are stopped once a Care Leaver is moved, leaving them to start at the beginning of the process again and without an appointment due to moving out of the area.

Recommendations were to 'shake up' the Mental Health service and to provide a wider range of training to support health workers' professional development to better support the community. One request was for there to be more health professionals trained to support sexual health and general life skills for young adults. One person said, "I think there should be people in health services who tackle and provide guidance for 18+ to provide a more holistic support to young people".

Client Group Finding Summaries from Listening Events

LGBTQI+

At several listening events and through our online questionnaire, members of the LGBTQI+ described the past couple of years as a roller coaster, and some had found it difficult to reengage and socialise after lockdown.

- One person said they had actually been able to self-evaluate feelings about them self and now have a feeling of not feeling forced to go anywhere. When they do go out, they like to mix with creative and craft people and talk with them. Another shared that as a recluse and introvert, they felt ok in lockdown and a bit weird about socialising after Covid.
- Some shared feeling 'rubbish' due to the war situation, bringing back feelings when Covid started, and a feeling of it being hard enough carrying your own problems on your shoulders and now taking other problems onboard.
- One person explained - "I'm trying to figure out life again and it's so hard to make time and find space that is good for your mental health, there doesn't seem to be enough action."
- Another person shared concerns about finances - "No matter how hard I work or how many jobs I have, I never have money; everything is going up in cost."
- Several people disclosed that they are having regular sessions with therapists to prevent them from panicking. Others feel isolated, especially some who have recently relocated to Kent from London.
- One shared that parenting a toddler during lockdown had been tough on the relationship with their partner, and they are only now becoming a couple again after becoming parents.
- One shared that being queer in a straight household that doesn't understand the inequalities they face and how hard it is to be queer was difficult. Then add to this that there is a lot of ignorance from the NHS on the queer community and GPs refusing to do blood tests for example. Being judged by a health professional was particularly alarming and hard to recover from.
- Attendees at the listening events from the LGBTQI+ community want more opportunities to socialise in an informal way, feeling that there are too many 'party vibes' in the pride scene. They want more fulltime queer spaces and centres to socialise and be accepted, and less places where you get threatened or attacked, less toxic places.
- They asked for more accessible spaces for mental health support that are not clinical spaces, and not activities, something in between to empower you to talk more and break the stigma. More awareness and consciousness around mental health and more people looking out for each other, including more awareness of alternative support such as books to read, etc. Opportunities to attend Mental Health First Aid Training and triage opportunities to help to normalise mental health discussions and take this awareness into schools.

Client Group Finding Summaries from Listening Events

Men

According to the Mental Health Foundation, men aged 40-49 have the highest suicide rates in the UK. Contrary to societal expectations and traditional gender roles play in why men are less likely to discuss or seek help for their mental health problems than women. We heard from men who had tried to seek help or engage in existing mental health and wellbeing services. These men spoke openly about their emotions and were able to recognise symptoms of mental health problems in themselves. Some also shared that they had used drugs and alcohol as coping strategies.

As evidenced in research, some of the men we heard from had accessed help when they felt it met their preferences and was accessible, meaningful, and engaging. Unfortunately, some of the men we heard from were not happy with the services that they received, some felt that health services underestimated their needs by trying to implement 'quick fixes' and short courses of treatments. In fact, some men shared that they felt better supported by their employer and others by the community groups that they attend. In both of these examples' men expressed greater trust in these environments, than within health environments. Below are a couple of examples of this:

"I actually had a breakdown in a shop a few years ago, the music and noise in the shop got too much for me and I just started shouting and going crazy basically! My manager got me help that was available through the company. It was an unknown resource to me, which I wasn't aware about until I needed it. As a result, I give new people a leaflet on the support to spread the word about the service. Occasionally I talk to a psychiatrist – not regularly. The second week I attended this group made me feel so good, I just opened up on social media and received so many calls and messages of support in which I encouraged other people to reach out for help. This made me feel really good like I was giving something back. This group gave me the courage to do so."

Client Group Finding Summaries from Listening Events

Men continued

“Mentality of health is that I have 12 weeks to get better, and if I don’t, then services don’t know how else to help. Process cycle starts over and over again. I get more from groups like this one. I have recurrent depressive illness, not a depressive episode – but there always seems to be a time factor and emphasis on exiting rather than the treatment. I haven’t been discharged for 10 years, and I don’t feel I am receiving the support I really need.”

Some of the men we heard from who shared having mental health conditions, disclosed that these are long-term mental health conditions, so severe in some instances that they had led to suicide attempts and leaving some unable to ever work again. Some had spent a lot of time in hospitals and using mental health services, but still don’t feel they have the support they need. Some have experienced whole systems changing funding wise and observed some health professionals potentially being out of their depth. Some men told us this level of service has left them feeling angry and wanting the bigger problem to be solved (lack of funding).

In many examples shared with us at listening events, men who acknowledged that they had developed anxiety and depression during lockdown found the biggest issue was not knowing who they could contact. Some disclosed that they were scared and no immediate support was available.

“I had no idea what was going on or who to speak to, was just thrown a generic response. I had a few counselling sessions and felt it was good to talk to someone, but asking if I had thought of committing suicide actually put the idea in my head. As soon as I was off the phone, I wondered what was next and was left thinking every day was I going to go mad, was I going to kill himself. I was scared!”



Client Group Finding Summaries from Listening Events

Men continued

Some men echoed the views of some of the older people and their responses of feeling like a burden on the NHS, as the NHS had a lot to deal with during lockdown. There are views that other community services are needed prior to calling into more formal NHS services. Another reason for more outreach and community services was that some men shared that when they feel bad, they can't even leave their house, one man said he didn't leave his house for 18 months.

“People don't want to be a burden. I had a phone call every month from secondary mental nurses. I feel it was only for their own records to say they have 'done something'. Mental health needs to be talked about from a young age. There isn't enough staff to go round to all the people who are struggling. I have had depression through most of my adult life, but just 'got on with it'. Awareness needs to be made available in schools with children and adolescents.”

Some men told us that they want support to be open ended, not set a deadline to get better. Some want to be able to speak to someone to know if what they are thinking is ok or normal.

“Best advice I have been given is that it's ok to think bad thoughts and talk about them, as you're not acting on them, and actually find other men are thinking the same things and feeling the same too. This helps destigmatise things.”



Takeaway Thoughts

Quotes from some of the beneficiaries who engaged with the project and received funding to support it, of what difference the funding has made to their organisation and clients.

Broadstairs Town Team

It was a pleasure to participate in the K&ML project. Thank you for involving us and we hope our input was useful.

The funding we received for participation will help us to kick start the first of our new programmes 'Nourish and Flourish' at The Shed later this Spring and Summer. That will involve the IT support we are being offered by SEK already as a follow-up to the workshop and questionnaires, but also incorporate lots of other streams of support and activity for members and non-members this year.

This we hope will include:

- Assorted tasters of a range of other Art activities (watercolour, oils, sculpture, print making)
- Wellbeing talks and workshops including Hearing, Footcare, Eye Care, Wills, LPAs, and Legal Right, plus tasters of Mindfulness and Mediation
- A chance for participants to try a range of physical activities - from seated exercise, through to boxercise and yoga
- Food, nutrition and cooking on a budget.

The funding has enabled us to approach other funders for possible match funding to supplement the money we received from the Kent and Medway Listens Project and ensure we can offer everyone a broad spectrum of activities in addition to retaining our core Shed wood and metal activities throughout 2022.

Kerry Millet on behalf of Broadstairs Town Shed

Broadstairs Town Team



Takeaway Thoughts

Dads Unlimited

Thank you for including us in this listening project - of course the funding helps, but the real impact on our clients was the fact that someone outside of our organisation wanted to listen to them. The men who come to us feel like no-one listens, no-one understands, or worse - no-one cares enough to even try. There was a huge benefit to our Dads for someone external to take the time to come and understand their challenges and validate their experiences. Thanks to your funding, we can continue to deliver the support group meetings for the rest of the financial year.

Adam Colthorpe,
Director of Mentoring and Co-parenting
Dads Unlimited



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