

Hello Everyone,

A slightly different approach to this newsletter – rather than celebrating what we, as individual Soroptimists, as well as what our regional clubs are doing to support key workers on various front lines we have a diverse range of key workers telling us what they have been doing. A real eye opener! It makes our efforts to support them extremely important.

These are all people who are doing the job they are paid to do although they are now facing risks that no one could have foreseen and risks which create fear about every day survival for them, their colleagues and their patients/clients/customers. When asked if they were frightened about going to work, some of the responses were:

'Absolutely. Every new person I speak to poses a risk; we don't know where they've come from or what they may have. We have to get up close and personal with almost everyone we speak to and only this week we received guidance that we should be wearing facemasks... up until now it was simply a pair of gloves. I worry more about going to work than I do the supermarket. I'd love nothing more than to nip up and see Mum but the job I do means I'm at risk of carrying/getting it and I just couldn't do that to her.'

'I did write about my anxiety on my way into work but thought it sounded too much! I am scared to go to work. I think I've had it, maybe not, won't know until the antibody tests come out.'

'The death of a young member of staff from Covid and deaths of some residents has had a huge emotional impact on the staff and heightened the level of fear.'

So take a few minutes of your time and read about the lives of everyday workers carrying out jobs in far from everyday circumstances.

Health and Social Care

Who will care for the carers?

PPE is readily available for **carers** working for the private company on which I have relied for several years due to disability. Their boss bought supplies at an early stage of coronavirus. Carers have always worn gloves and aprons. Now they are required also to wear masks and visors, which they find uncomfortable, especially in hot weather, and which frighten some service users. They also muffle speech making communication with many users even more difficult.

The carers' greatest fear is that they will take the virus home and infect their families as well as themselves. They dread going to calls which involve close personal contact with high risk vulnerable people, but their families rely on their earnings. Lockdown often prevents grandparents childminding. Many carers are single parents or have workless partners. Some cannot work because another member of their household is quarantined. They wish testing had been available earlier. All calls must be covered, so rotas are constantly having to be changed. In many cases, service users' family members have previously been helping with shopping, housework, personal care etc but are now in lockdown, so carers have to step in, adding extra tasks to their workload although it is not in the care plan. They accept it as necessary and do it willingly and with good humour.

The disruption caused by coronavirus is significantly affecting most carers' own lives. One said she wished a Government Minister would spend a few days shadowing a carer. They feel generally unappreciated. They are on zero hours contracts, paid a pittance, work unsocial hours in sun and snow. They never know what lies behind a service user's locked door, have no warning what they will find and need to cope with. The job is not just about cleaning bottoms, administering medication and microwaving ready meals. On a good day they may admit they like most of the people they work with! So let us all care for the carers. They deserve a better deal.

I am an **Occupational Therapist** working in an acute hospital. Part of my role is ensuring patients are discharged safely; to their home with support of equipment and/or care, a rehab bed or a more permanent residential setting, based on their current needs.

Since the pandemic began, the government has set up a new initiative for hospital discharges, meaning that patients should be discharged within 2 hours of being classed as 'medically stable' by the doctors. This ensures that patients aren't staying in hospital longer than required, minimising the risk of infection. Their care packages are being sourced quicker, equipment deliveries are being completed on the same day and community beds are more readily available. Even though we are in lockdown across the UK, the healthcare system is still working and arguably more efficiently than ever.

The main change to my daily routine is wearing PPE. This has now become the norm on the wards. At the beginning this was changing on a daily basis and hard to keep up with new guidance, but now everyone is wearing PPE where necessary to protect patients and staff. The masks can make it difficult for patients, especially those with hearing impairments as they cannot lip read or may not hear the muffled voices from behind the masks. Patients with cognitive difficulties may find the PPE frightening which may impact on their engagement with therapists and other staff members. We are currently thinking about new methods of communication to overcome these difficulties to ensure that patients receive the best care and feel safe whilst doing so.

The hospital has been a very strange place to work recently; with no visitors and empty corridors, it has been quite eerie and we look forward to normality returning.

I've had a unique experience with COVID19 as I'm a **GP** and having to isolate due to being in the 'extremely vulnerable' group. I've got a set up that resembles a NASA launch site with various laptops, phones and other devices to allow me to connect to my surgery and our phone network. My dog seems very happy with this set up and now insists that I move her bed next to where I'm working, and the cat has nearly booked himself an appointment by walking over the keyboard on numerous occasions!

When COVID19 first started to really take hold, I went full throttle on trying to get across the message regarding staying at home and social distancing, which led me to doing appearances on Radio Shropshire, Midlands Today News, BBC World Service, and then later doing Q&A sessions on Radio Shropshire, Radio London, Radio 5 and the BBC News Channel. I was also asked on to Radio 5 Question Time Extra Time as a panellist which was a real experience. I've also been working non-stop in my normal day job ensuring we have completely changed how we work to ensure the safety of our patients and staff.

Outside of work I have rigged up a paddling pool with a bungee so I can still swim, and have recently completed my Channel Swim Challenge, essentially swimming the equivalent of the Channel, but thankfully not all in one go, although definitely as cold!



The week before it all got really bad, we completed our training for putting on (donning) and taking off (doffing) PPE. It wasn't the first time I've done it, but the refresher was good. We also went through the process of intubation (inserting a breathing tube) with different equipment to reduce the risk of us catching it. As a **Senior Sister on ITU** it wasn't new but the refresher was good especially for the juniors who were clearly terrified.

It kicked off for real the next week. I did a night shift and had 2 Covid positive patients both on ventilators and both very sick. I barely stopped all night and the mask was so painful I really was terrified I'd never cope wearing it. The patients were both very unwell. One eventually died, the other spent 6 weeks on ITU and has only just gone home.



Another week in and the unit was full. Newly qualified nurses were looking after extremely sick patients, way beyond their training level and as nurse in charge I just went from nurse to nurse trouble shooting problems and helping. A big job is helping on the proning team; this is turning patients on their front to improve oxygen levels which requires 6-7 members of staff and is hard work especially in full kit.

The worst moment for me was withdrawing care on a man in his 50s. Relatives are only allowed in for 15 mins and must wear full gowns, gloves and masks. We advise them not to touch their relative as they die. So far no one has stuck to this because, how could they? Also, as relatives aren't allowed to visit, this is the first time they have seen them in weeks. We have a video calling system set up now but at first this didn't happen.

Another thing I found difficult was 2 patient relatives who couldn't stop thanking us. I was baffled that they were still grateful when we didn't save their Dad.

Things are much better now. I helped a man who had been on ITU for 2 months eat his first meal on my last shift and he couldn't believe McDonalds was closed. We still have to wear all the PPE and that is the worst bit now. Lots of staff have scarred noses but we don't complain because we are grateful to have such good kit. Team spirit has also been amazing; we have all helped each other get through and made so many friends from other departments who came to work with us. The donations from the public were overwhelming and so generous, we felt guilty! As nurses this is what we are supposed to do and I'm glad we pulled together and made a difference.

I am a **Case Loading Community Midwife** in a relatively new team which supports women with complex social needs.

It felt like we were just getting into the swing of our way of working when the pandemic hit and we had to adapt. Before lockdown, we were flexible with our visits and would often see people at home; meeting women in this environment meant that we were able to build up relationships with them and get to know the whole family. These days, we are limited to seeing the women on their own in hospitals or GP surgeries, which is safer for us but does mean they have to make an extra trip to a public place.

As a new team, we were also able to be incredibly flexible and could see the women in our care as much as they needed without adhering to a 'schedule', but new guidelines mean that all women are seeing a midwife less frequently and some face-to-face appointments are being replaced with phone calls. Understandably, we are no exception to these rules.

Thankfully, the 'case loading' aspect of our job has remained unchanged. We care for the women under our team when they are in labour as well as during pregnancy and postnatally. At a time when they are feeling most anxious, we provide a reassuring and familiar face behind the mask!

As birth partners are only allowed to stay in the hospital for a couple of hours after the birth, there is now also a focus on getting mums and babies home as quickly as possible where we can continue to support them in the community. My hope is that, despite the circumstances, the women I look after are still feeling safe and empowered on their journey to motherhood and know that, even if they can only see my eyes, I am there to support them on the way.



I am a **Cardiology Nurse** at a hospital. The hospital was cleared to make way for COVID-19 cases and all elective patients were cancelled with only urgent cases and emergencies being accepted.

We did feel apprehensive when we were at work and felt protected when the masks were on. Due to the invasive procedures we were classed as Level 4 and had to be measured for our masks and the doctors had to shave their beards off to get a good fit. The masks made me feel short of breath when we were talking, I had a headache by the end of the day which I think was because we were not drinking enough water. I was conscious of not touching my mask and was trying not to go through too many masks because of stock levels, although we had plenty of stock. One of our doctors sourced most of our supplies - she took on the role and was like a rottweiler with the suppliers. There was a guard on the hospital stock room but you always got what you asked for.

The medical and nursing tasks were carried out at a much slower pace as we were more aware of cross contamination. We had to make the assumption that all patients were COVID-19 positive. We waited in the viewing room for 10 minutes to allow for the aerosol spray to disperse following intubation and the same in reverse at the end of a procedure. We carried out a complete deep clean of the lab in between patients.

Morale and camaraderie was high amongst the team. It was strange coming home and seeing the restrictions - we seemed to be in a bubble at work. One of our nurses brought in uniform bags that her mother's local WI had made similar to the Soroptimists. We didn't need them because we wore scrubs but the ward staff were grateful and it was really good to know that people were thinking of us.

I am a **Nursing Home General Manager**

- as care providers for challenging, complex, elderly and very vulnerable residents, life under Coronavirus soon became more complex for us all. My days and working hours became even longer – 65 hours a week plus. As soon as the situation became “vaguely” apparent in late December it was obvious that my job role would need to expand into areas unthought of previously – fitting much more into my already busy schedule. Already drowning in paperwork, we now had to compile detailed contingency plans in all areas to enable us to continue to provide high quality, safe care throughout the crisis – however long that may be.

Staffing was a crucial issue as we had no idea how many staff might be off sick at any one time and we knew the agencies would be at capacity. We asked for volunteers from residents’ families and got these processed as quickly as possible. Fortunately, we have not yet had to use them.

The correct equipment was sought early on. So apart from highly inflated prices and additional man hours used in sourcing it, the staff have never gone without. I don’t think any of us anticipated the challenge that this was to become! Some items are not easy to get and I can see no end to that. All staff continue to wear masks even when no Covid has been detected. Existing policies needed to become even more vitally robust to prepare for possible dangerous spread of infection. This took many hours and sleepless nights to write, arrange and cascade to all staff.

We are immensely grateful to private clubs, associations (including Soroptimists), schools and the public for providing the staff with visors, uniform wash bags, creams and lotions and to a delightful little boy who brought Smiley Faces with motivating quotes on to cheer staff and residents! These gestures gave a great boost – particularly when we felt forgotten by the higher authorities! We need to do all we can to support the NHS to free up acute beds in hospitals – at the same time keeping up our own bed levels to enable us to remain financially viable and operational.

The focus is on safe discharge of new residents from hospitals to our homes. We need to protect existing residents from possible new sources of infection. All new residents have a 14-day isolation period – not easy for them in a new environment and with the illnesses they have. In addition, relatives are anxious as they may not have been able to inspect our home beforehand. Testing for residents was slow but in the last two weeks this has greatly improved.

The death of a young member of staff from Covid and deaths of some residents has had a huge emotional impact on the staff and heightened the level of fear.

Accelerated testing of care staff didn’t reach us – or anyone we know! We tried every avenue possible. I feel that I have failed the team in not achieving this, although tests are improving for symptomatic staff. The difference between what the media says and what is real is huge. From early on, we applied the policy of social distancing, encouraging residents to stay in their rooms as much as possible – very challenging when given the serious dementia and complex needs of most of the residents. We have had to develop innovative ways of enabling residents to connect with other residents and their families. They are becoming quite adept in their use of IT. We closely monitor the physical and emotional wellbeing of staff, residents and families. Remaining positive and cheerful is imperative in support of staff.

Not being able to say goodbye to a dying loved one will surely impact on families and others for a long time to come.

I very much need the love and encouragement of my family – even at a social distance. How I miss my grandchildren’s cuddles! I daily remind my staff that it’s ok to feel anxious, stressed, scared, sad, angry, guilty, helpless and sometimes overwhelmed. They are normal responses to an extremely unusual and challenging situation. Some staff are so dedicated that they have left their children living with grandparents - so enabling them to come to work. Everyone is doing their bit – the nation has come together. I am proud of my job and proud of those who work in our homes.



I am a **Practice Manager** in Primary Care. The GP surgery I have worked at for nearly 25 years has a very diverse mix of people, beliefs, cultures and languages, which has never caused any issues or problems; we have always managed to understand and be understood.

We have always carried a healthy stock of PPE which we buy ourselves and have started recently, since the onset of the pandemic, to receive regular small deliveries from the NHS Supply chain. We have experienced deaths of patients due to COVID-19, some elderly and some young, but all are devastating to us, as we know the families are not with them at their last breath in hospital. The biggest challenge to us is not being able to see patients face to face as some people only see us and don't, or rarely, speak to others and rely on the company we provide, especially carers and the elderly population. We have had long conversations with some of our patients, just checking in on them.

We cannot completely 'lock down' as babies still need to be immunised as per their schedule and patients still have healthcare concerns, water infections, bad ears, ulcer dressings etc. which doesn't change under COVID-19, but the consultations are different - only one person allowed in the practice at one time, at half hourly intervals and a thorough clean down of the room after every patient ensues. We have had to rapidly change the way we work, doing more triage and consultations via skype/facetime or zoom. It is thought GP Practices will be changed forever as a result of COVID-19.

I was working in a private hospital when it all started. We stopped our elective cases and all our lists were taken over by covering NHS oncology (cancer) cases. This wasn't too different from our usual work so really it didn't feel so real, but I was about to start a new job in the NHS and I was quite apprehensive about that.

As I started my new job we were just going into lockdown, I had training on how to don PPE but this I was already used to being an **Operating Department Practitioner (ODP)**. We also had training on how to care for critically ill patients as we may have been called to help with patients requiring ventilation. This was very daunting, but I felt it was manageable as it's not too dissimilar to caring for people having surgery.

The hospital I work at doesn't usually do emergency surgery; however, the acute hospital had to free up beds for Covid patients, so we took on their emergency lists. This was a new experience for me and a huge learning curve especially as I had just started a new job.

The hardest part is caring for patients who had caught Covid in a care home and then broken something so came for surgery. They were scared and confused, it was hard to communicate with them in PPE and reassure them. One particular patient that stuck with me grabbed my hand and asked me not to let them die.

As the risk of spreading Covid is very much increased when giving someone a general anaesthetic we did a lot of limb and spinal blocks which means the patient is just sedated or fully awake; this is much more challenging to ensure they are pain free and comfortable during their procedure.

I am glad I am working for the NHS during this pandemic and it makes me feel even more grateful for the incredible health service we have in this country.

Increased workload. Some anxiety that I may need to be transferred to another unit due to staff shortages. Shortages due to the Coronavirus crisis.

Neonatal Intensive Care is

specialised – I am caring for very poorly babies – some of them incredibly small and fragile. I am paediatric trained and whilst many of my skills and some of my knowledge is transferrable to adults, I would be stressed and anxious about becoming - at short notice - a fully functioning and useful member of a different team. So far I have remained in my familiar unit – but we have been made aware that in an emergency we may need to move.

The babies are not my only responsibility – paediatric nursing encompasses care of parents and families. They are naturally always anxious and distressed about their little ones – the current crisis greatly magnifies that distress. Some become very angry about changes in visiting and the strict protocols that the few visitors must observe.

Rules around the correct PPE are often vague although we are quite well equipped generally on the unit. The issue of testing is very confusing - I actually know very few who have been tested! There are discrepancies in the information from the media and the reality, also between hospitals! Conspiracy theorists and the media between them often create uncertainty about our safety and fear for the future.

Going home to my family – husband and a seven and a six-year-old - is a great healer, although I feel anxiety about them too. How is absence from school going to affect them? Are we effective home teachers? Anxiety over my normally foolproof childcare – my husband has just returned to work part time. Are the children being affected in other ways – despite trying to keep their lives as normal, happy and active as possible?

Finance is naturally a worry as my husband has, until this week, been away from work. Because I work we have no entitlement to assistance – thank goodness for the bank of my mother and grandma – although I try not to use it. NHS salaries are not golden!

I have received abuse in the supermarket for attempting to utilise the queue for NHS staff when I get off duty.

I cannot help feeling that there is an element of “unfairness” about the fact that some people are getting financial help for staying at home – even very wealthy people are making claims! - whilst others, many in a worse position than I am, are struggling to make ends meet.

There is talk of a vaccine – something that I feel will require careful consideration in terms of its safety and effectiveness. As a health care professional it is in my nature to question these issues.

I do get a feeling of gratitude and job satisfaction when the clapping occurs on Thursdays. To know that people are caring about us. In addition, we have had some lovely thoughtful gifts and goodies – so much appreciated. I also appreciate my wonderful colleagues – we are in this together.

This will all pass I am sure. It has to – if only for the future of our children and the tiny babies that we are nurturing.



Life in lockdown for a keyworker...

'What is that noise?'

'Oh, it's a phone, no it's the computer.'

Our computers can call each other through this thing called 'Teams' and we can have a video call too. So, what's that other ringing noise?

'Oh, that's the work mobile.'

...and the other beeps. 'Oh, that's Daddy's work mobile and his computer can also ring too'.

'Oh, and who is that talking'.

'That's your school video. It's loaded. That American lady is teaching you maths today. Can you please put your headphones on!'

I try very hard to remain professional whilst my daughters slope off from their schoolwork and put the television on. Quite intelligent really, to slope off when I am on a call. They know that I cannot reprimand them immediately...

Now all I can hear is their American programme that we don't really like them watching. I roll my eyes, oh how I wish we hadn't knocked out all the walls and doors – open plan is not a good idea in lockdown. I really wish there was a door to shut. I have tried working upstairs...but it really isn't helpful to my posture, besides which, that leaves one working parent with two children to teach.

You may think the parent finds this difficult – but the children dislike it too. I am dealing with a very sensitive situation upstairs on my Teams call. There is a person ready for hospital discharge and a provider needs to be found to deliver their care at home...but the person is still COVID positive and the provider staff are scared to deliver care.

Meanwhile, my attention is drawn to a piece of paper sliding underneath the door. It says...

'Mommy I am feeling very angry right now. You are taking too long. I have already tried to be

My eldest sticks her maths work in front of me...she has spent 20 minutes faffing with it. I mouth to her, 'have you checked it?' Yes, she nods. I look at it, equivalent fractions. I don't have a clue. You will have to ask your Dad. He says they are all incorrect, she cries, he shouts, I calm. Let's have a break...this repeats every day. Until she gets it, hurrah..and then forgets it the next day...

'I hate Joe Wickes now Mom, can we do something else'...'no you have to do some fitness'...I know they aren't really doing it..but I'm working..I have to let them be.

'Right', I explain to my youngest again, 'pick some rhyming words and follow the pattern'...'I can't help you. I have to do my work'. Silent, fat tears roll down her beautiful cheeks.

I'm on a call, I open my arms and cuddle her. 'Sorry', I mouth to her.

'I think school would be the best place for you. I'm a keyworker so you could go'... 'No we don't want to', they cry, 'We promise to listen, check our work and put the effort in...'

'You are such good girls but we can't continue like this...we don't know how to explain things to you.. and we are working. You will enjoy school!' They don't want to go unless their friends are.. which no one can guarantee.

Home is usually the place to switch off, now its an office and a school. It's difficult to let the schoolwork go if we want structure in the house, and we don't want the tablet or TV on all day EVERYDAY. There have been great moments too, excellent storytelling, improvement in maths, baking and coffee making. Bonding as siblings and a family...

None of it is like normal though...

'I hate Corona Mommy, it's just turned everything topsy turvey.'

'I know sweetheart, it has, but we have to learn to live with it. We will get used to it. I promise.'

Public Safety and National Security

I am a **Detective Chief Inspector** in Force Criminal

investigation Department. When the phone rang, I was posted to the 'World Pandemic Operation' to be the Mortality Bronze for the force. My role is unique being the project manager for a purpose build mortuary to cover the whole area. The support and innovation is unbelievable when you are part of a team of Police, Military, Local Authority, Coroners, Fire, Funeral Directors plus many more.

The humanitarian and faith response has shown how different communities can come together. I speak with Muslim and Jewish leaders who are an inspiration. Our Force Chaplain is unbelievable and has offered so much love and support. There is no 'I' in our Team... we are all in this mission together and that is to bring the care and compassion to everyone who has lost their life. A life changing experience and I feel very humble to have been selected to take the lead.

I work for **Border Force** at one of the busiest ports in the United Kingdom. As with the rest of the world, the last eight weeks have been somewhat surreal; however, going to work has been a saving grace for me and I count myself amongst the lucky few that can retain a bit of normality.

There has been a notable difference in traffic levels and types of traffic but no pandemic can stop the work of criminals and smugglers. There has been a huge increase in smuggling since the coronavirus hit and, personally for me, this warrants me putting my safety at risk.

My team and I have had to adapt daily to new ways of working and new procedures being put in place; however, within my job remit there is only so far a mask and the newly issued paper-thin gloves can protect you when you are arresting a smuggler, protectively searching an illegal entrant or rummaging a vehicle for illegal items. Though there have been frustrations at times

with misleading guidance, I can honestly say that there has always been access to PPE at my particular port.

I think one thing all keyworkers can confidently say is that they do what they do for a reason; we want to help our little country get through this in whatever way we can and for whatever sacrifice we personally have to make.



I am classed as a key worker as I work in the **Safeguarding Partnership**.

I work from home and have been supplied with a laptop to assist me with this. I keep in touch with my team daily via Microsoft 365. Any reports for consideration of a safeguarding Adults Review or Serious Child case review are received by me. During the lockdown I am reviewing the information and deciding whether work can be delayed. If there is still a risk to other children or vulnerable adults, I would need to ensure safeguarding is reviewed as soon as possible.

I am also chasing other partnering agencies to make sure previous actions and new procedures to protect vulnerable people, which were identified in previous reports, are being implemented and followed. I expected the work to reduce during lockdown but I am finding this has not happened.

Education and Childcare



If lockdown has taught me anything, it is how much I love **teaching** a busy classroom full of children learning. Since the beginning of lock down I have worried about the children in my class, have had to adapt and have even learnt new computer skills. I have gone from being at the front of a classroom to being sat at home in front of a laptop all day posting online lessons, giving feedback to children about the work they have been sent and answering their questions. Sometimes it is even about picking up the phone and talking to a child that is struggling or even a parent to see how everything is going. I have found that I am just as busy as in a classroom filming myself doing a maths input and working out how to keep work simple and the children still learning and engaged at home.

As well as teaching the children from a computer each day we are on a rota to help look after the keyworkers' children in school. Typically, there are 20 children ranging from reception to year 6 and only a handful of staff. This can be quite a juggling act when trying to set the children up with their work and help them. Although the children are not with their friends, it has been lovely to see new friendships form. The hardest part of the day however is trying to maintain social distancing when it comes to break time. We don't currently have any PPE so we find ourselves washing our hands frequently throughout the day.

Who knows what the next few months will hold and how schools and teachers will have to adapt?

My daughter is an **Early Years Advisory**

Teacher, normally working with settings in nurseries, childminders and primary schools. She's been working from home for the past weeks as part of a team sorting places for the children in nurseries/childminders whose parents are key workers. She tells me at the moment there is considerable concern about schools reopening and she has been fielding many enquiries from worried ("panicking") stakeholders. Just one example would be: 'what do my nursery staff need to do and what PPE do they need when a six-month old baby needs a dirty nappy changing? The mother can't come to do it as she's at work'.

So many video calls and all day on the computer. Her workstation has been moved to the lounge as her 15 year old son is glued to his computer/iPad 9am-4pm (with the usual breaks) in the study for online lessons from his school. (Dad is 'chief cook and bottle washer' and shopper and all round 'godsend')

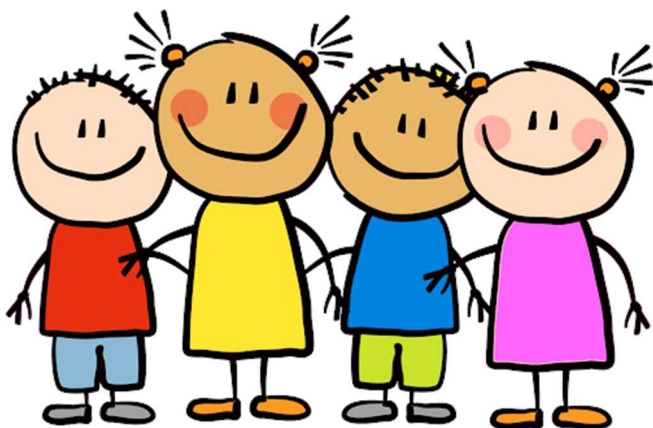
This week she has been ploughing through yet more pages of Government guidelines. She told me that one day, when her husband asked her what her day had been like, she said she couldn't bear to talk about it - her head was buzzing.

She is just one of many teachers working so hard to support children of all ages. Also concerned about whether it will be safe for her own Year 10 son to go back to school anytime soon.



I co-manage a **nursery** in Rheda-Weidenbruch, a town between Dusseldorf and Hannover in North West Germany. For the last few weeks my nursery has only been allowed to take care of children where both parents are keyworkers and only whilst they are at work. Recently, a mother was supposed to be working from home and asked me to look after her little girl. I told her I wasn't allowed to do this so she decided to go into work instead so I could have her daughter. Most people follow the rules, but if I don't I could be fined or lose my licence to work with children.

The nursery looks after children from a few weeks to 6 years old. There are only two of us working and at the moment only around 4 children are with us at any time. Obviously, we need to change the babies, cuddle and reassure them when they cry, read to and play with the toddlers and older children, so we can't keep to normal social distancing rules. This can be a worry for me as I shield for my mother who lives at the bottom of my garden and also support my grandmother who lives next door to her.



My daughter is a **Care Practitioner** at a care home for girls with learning disabilities. She completes 48 hours shifts at the home, including sleeping overnight. There is no social distancing possible as, whilst they try to educate the children, it is difficult to communicate to the girls that they shouldn't hug each other or the carers.

The girls' wellbeing and health come first in her eyes and there is no PPE available that could be used as the staff are these girls' parental substitutes. Normal washing and cleaning of both themselves and the property are the defence used.

I am a Mom of 5 and I am a **foster mother** in the Queensland state of Australia. As well as two of our children at home, I have been fostering an autistic 11-year-old since he was 5 and will do until he is 18. I also take short term foster placements.

During our lockdown with all the schools closed so everyone is home, this is a call I received from the foster office (FO):

FO - 'Can you take an emergency placement?'

Me - 'Sure, what time and what's the child's name and gender?'

FO - 'Will be there in an hour's time and there are 2 boys, aged 3 and 2 and a girl 7 months'

Me - puts the phone down and shouts to the rest of the house 'We've got three coming - all hands on deck!'

These children rarely bring any clothes or toys with them and, although I do keep a stock of items, I often have to go out and buy things before they arrive. Oh, and my husband is a police officer who works shifts!

These children stayed for 4 days, but on Thursday 14th May 2 more children arrived, a boy of 5 and a girl of 4. Life is never dull in our house!

Food and Other Necessary Goods

I'm 19 years old and I'm currently on my gap year after finishing my studies last year. For the past two months my brother, who is 17 years old and currently studying for his A-levels, and I have been working as **supermarket pickers** for orders placed online.

There has been a massive increase in demand for supermarket online orders following the government's order for vulnerable people to self-isolate and a general decrease in the public's willingness to visit shops in person and risk contracting COVID-19. In our shop alone, over 100 new staff have been urgently recruited following the outbreak of the pandemic and have been working round the clock to try and maintain the smooth operation of supermarket service.

The majority of shifts now begin at 2am to try and combat the sudden influx of online orders and workers are being asked to increase their hours and availability wherever possible. In our short time working in this supermarket environment, we have witnessed many changes and adaptations being made in an attempt to reduce contact and follow the government's guidelines on social distancing; a one way system has been implemented within the store as well as screens put up around tills to protect colleagues from droplet transmission of the virus.

We have also noted an increasing number of shoppers wearing face masks and gloves and, after 4 weeks of work and increasing tensions surrounding a lack of PPE for essential workers, a large delivery of face masks and gloves was also made available for the staff themselves.

Overall, although social distancing is difficult to implement in this environment, measures are being taken. Having the chance to work and earn money, especially at a time as economically uncertain as this, is an opportunity we really appreciate.

My son is working in a **food distribution warehouse**

whilst he is waiting to attend University in September. He works there with his girlfriend who is also living with us during the lockdown due to her parent's high-risk health conditions (and wanting to see my son!).

He states his employer is trying their best to keep them safe but some of the areas make social distancing non-existent. The PPE consists of gloves which are washable & heavy duty, like gardening gloves, and there is hand sanitizer strategically placed in the warehouse. He is not worried about Covid 19 and a few employees have been tested with negative results.

The company make them feel valued by enhancing their pay by 10% at the moment and giving them a 15% discount off shopping at the supermarkets they stock - this is an increase to normal employee discount.

Whilst it is not a glamorous or skilled job, they work 10 hour shifts and he felt it was a very important role in helping to feed the nation.

My son didn't see himself as a key worker. Following his degree in History and International Relations, and a year in Spain working on organic farms, learning Spanish and qualifying to teach English as a foreign language, he returned to Britain and qualified as a personal fitness coach. He was about to start his first full time job in a gym in central London when COVID-19 arose. His new job has had to be put on hold. Fortunately a vacancy arose in our **local butcher's**.

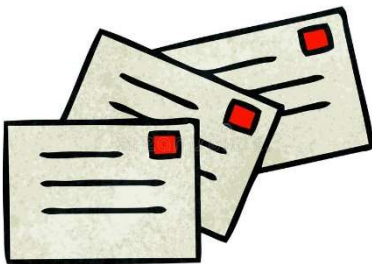
Open six days a week, it's a family business. A friendly, welcoming place, staff always 'go the extra mile', ordering special one-off things for customers, for example. The free delivery service has been expanded to meet the needs of vulnerable and self-isolating customers. Most produce comes from local farmers including delicious cheeses and meat for their own sausages. Bread flour and yeast from a local bakery provide for home bakers.

My son worked there part-time when he was in the sixth form. But now he's working five days a week, walking to work for 7.30am start until 6pm with his packed lunch. Since COVID-19, work's been non-stop. A social distancing queue forms outside the shop as it opens and then it's 'full on' all day. This shop makes a big difference to our community.

Key Public Services

I work in the **Post Office** of a small village shop close to Eastbourne. The owners of the shop are both in their 70's and have a disabled son who helps out occasionally. It is not easy for them as they are not in the best of health and it is quite a hard job running a small shop so when I am quiet I try to help them out where I can.

The hardest job for me has to be keeping socially distant from our customers. I only have a very small space in the shop to work and really need to stand at the back of my cubby hole to keep the necessary 2 metres away. I am really glad that this virus didn't strike before Christmas as this is when we work flat out sending parcels. However, we do get people coming in now to send back online shopping so I am having to touch a lot of items that other people have been holding and am washing my hands constantly. We do know all the people in the village and so try and keep track of how they are and see if there is anything we can do to help, but they can't stop and chat in the way they used to as there is not the space.



I am a **Senior Crown Prosecutor** in the Crown Court Department. My role is to advise the police which offences to charge suspects and to prepare cases for trial in the Crown Court.

Post Covid-19 involves working from home rather than commuting into the office. As our work is digital, this hasn't impacted too much on how the work is completed.

However, Crown Court trials have been suspended. This has caused issues for defendants who are in custody as there is a substantial backlog of custody cases with no trial dates listed. As a result, there is a pilot scheme operating for jury trials to see how a trial can proceed with social distancing. This is a challenge when you have a jury of twelve people, defendants, legal representatives, witnesses, and Court staff. Some interim hearings have been conducted remotely.

The impact of Covid-19 upon my career is that thankfully, whilst still working long hours, I am spending more time at home and less time commuting. On a negative side, I do not have the advantage of personal contact with my office colleagues.

It wasn't until the morning of 24th March that I realised that my career would change dramatically. As a **Solicitor Advocate** for over twenty five years, I was regularly attending upon clients in all courts, very often in close proximity to them.

Suddenly the judiciary began informing us to take measures to protect ourselves. However, that advice was not followed by court managers. Initially, there was no social distancing or PPE available for professional court users. It was down to the individual advocates to implement safety measures. Whilst things have changed for the better in that the courts have marked out social distancing areas and accept that we can take instructions by telephone, they still fail to provide any PPE. From speaking to colleagues who attend police stations to advise those in custody, it was only with some pressure that the Police Authority agreed to provide PPE at the police station, albeit three weeks after lockdown.

In terms of changes to my career, I find myself travelling all over the country to conduct video links, whilst sat at home. With the good weather upon us, Court Advocates now have the advantage of conducting those remote court hearings whilst appearing to wear full court attire, when in reality, advocates are often wearing shorts out of view of the camera. The general view of the legal profession is that court advocacy will be changed forever.

Local and National Government

"It's got a name – "COVID-19" - our Director of Nursing reported to our Executive Team meeting on 11 February regarding the disease at the centre of a global outbreak, and first cases identified in the area. One month later, final preparations were being made to ensure that all staff could work from home and one month after that I was one of only three or four people working from the office.

Working for a **Clinical Commissioning Group** is not frontline NHS work but the planning and commissioning of healthcare provision in all settings still goes on – whether in GP surgeries, community teams and acute hospitals. Good governance is still necessary around decisions made and expenditure incurred locally in response to the pandemic. I have provided secretarial support to the Strategic Commander for Health in the multi-agency Incident Control Centre and witnessed the various challenges around freeing up hospital bed capacity, the supply of PPE, the roll-out of testing capacity, the modelling of the impact of the virus and the restoration of services as lockdown is eased. Very complex – with many players, managers, officials, regulators and politicians on the pitch or issuing instructions from the sidelines!

I have operated a range of 'lean' Board and Committee meetings, all completed 'virtually' with less papers and requiring less time – unimaginable back in February. I have seen self-confessed GP 'dinosaurs' embrace and enthuse about the effectiveness of online patient consultations and seen clinicians and leaders of all NHS providers and commissioners across the area collaborate with a common purpose to ensure that essential actions are taken for our population. 'More service redesign work achieved in two days than in the last two years' another commissioning manager said to me...

I have always seen my role as 'organisational glue' and this is still the case but now with added Zoom! The context has changed, the stakes are higher and the world looks very different from where I sit but the core job is still the same, ever guided by the principles of openness, objectivity, accountability, leadership, honesty, integrity and selflessness.

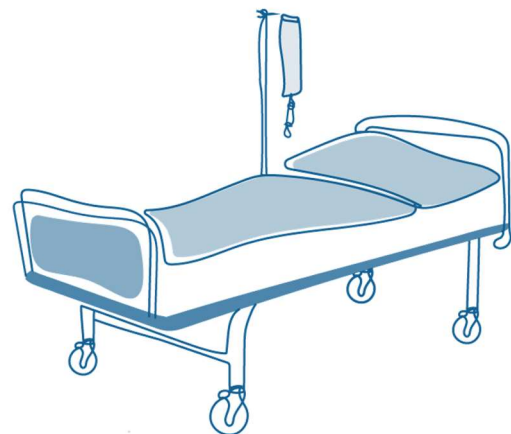
I work as **Head of Retail in the NHS** running the outlets which are striving to feed the nurses and other key workers in the hospital.

The demand on us has been huge from the outset as we had to manage the fears and anxieties of the staff when it comes to the risk of COVID-19. We had to work quickly to identify the high-risk staff to ensure they were isolated and advised accordingly.

The day to day job changed as it meant liaising with wards (especially the high-risk wards) to provide meals for them. We quickly changed our menus to suit a much higher demand and the trust also authorised a subsidised amount for the staff to spend. This doubled our usual trade and the pressure was on to find temporary staff to deal with the demand and keep the team motivated.

We had to come to terms with the fact we work in a high-risk area but, at the same time, it is probably the safest area due to the focus on infection control. We provide as safe an environment as possible in the retail outlets which removes the need for PPE in those areas. We've had team members contract the virus; this again provides an element of fear to others. Ultimately, as well as a manager of the business, I have to be a counsellor.

My own experience has reminded me of the importance of keeping my loved ones safe, including my girls at home, and I do all I can to ensure they are.



Transport

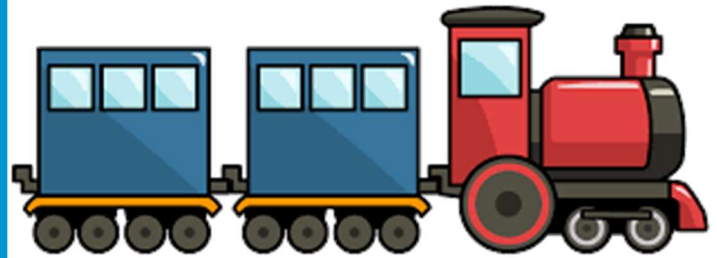
I don't really think that Coronavirus has affected my job that much.

Being in the **rail industry** and working shifts I haven't really seen the impact as much as others in other industries have.

My office is quieter, there is more work and less people able to do it due to various health reasons.

Our ability to acquire PPE when shipments are not taken for much needier people than ourselves like the NHS hasn't been that bad. I guess we are a big enough company to get what we need from other sources and we are able to get as much or little as we would like on a daily basis.

As with all maintenance industries, if it's still moving, we are still working and sometimes when it's not, we are still working as well. That's just the way it is.



**Thank you to all those who have
contributed and thank you for the
work you are all doing!**