

The impact of Covid-19 Community feedback on life during lockdown



Introduction

On 7th March 2020 Healthwatch Islington stopped visiting services to gather residents views on services. We wanted to be sure we weren't asymptomatic and spreading the virus. Already, we could see that patients in local health centres were anxious about the virus and already cautiously distancing, particularly when they saw people from affected countries.

On 24th March 2020 the country went in to lockdown. Residents were asked to 'Stay at Home, Protect the NHS'. Some residents were advised not even to leave the house for shopping or exercise. These 'shielders' were at higher risk because of underlying health conditions suppressing their immune systems.

Our usual routes to gathering resident feedback are to carry out specific survey work through partner organisations (to reach people who may use other languages) and by visiting a range of local community settings to reach people who may not be part of a particular group. Lockdown, and social distancing have meant we needed to adapt our methods.

During the lockdown we made regular contact with volunteers and partner organisations to check that people were OK and had what they needed. We also went back to some of the residents who had most recently used our signposting and digital inclusion services to see how they were getting on. From these conversations, it was clear that although the pandemic is affecting everyone, it is having a very different impact depending on our financial circumstances, living arrangements, occupation and previous health conditions. We share our observations, and the action we took provide support, on page 4 of this report.

One of those actions was to work with colleagues in public health and the NHS to survey 200 local residents to capture their experiences of lockdown and the pandemic more broadly. The results of that exercise are shared in the pages that follow. We have supplemented the survey findings with additional data drawn from other conversations we have had with residents and community organisations, and from engagement activities we have held online.

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Diverse Communities Health Voice is a consortium of Islington based organisations. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes.

Partner organisations who interviewed local residents for the research activity 'Communities, Covid-19 and You':

- ▶ Arachne Greek Cypriot Women's Group
- ▶ Community Language Support Services
- ▶ IMECE Women's Centre
- ▶ Islington Bangladesh Association
- ▶ Islington Somali Community
- ▶ Jannaty
- ▶ Kurdish and Middle Eastern Women's Organisation
- ▶ Healthwatch Islington

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Who we surveyed

What we noted	How we responded as an organisation
Some of those shielding did not need support to access food, and some of those not required to shield did need support. Food Banks closed and supermarket queues and panic buying made access more difficult.	We put people in touch with We Are Islington and offered support to the phone-line should it become overwhelmed.
Fear and confusion, particularly from residents with limited English from BAME backgrounds and those less financially secure were being more severely impacted.	<p>We raised funds through London Funders to work with our Diverse Communities Health Voice partners to ensure accurate messaging was getting in to the community in community languages</p> <p>We made sure we got information on the following to residents: payment holidays for those on metered energy, rights to not be evicted, importance of not going to work whatever bosses may be telling people. We picked up concerns about finances as those on zero-hours contracts in particular ran out of money.</p> <p>Arranged Covid specific meetings with our research partners at University College London Hospitals Biomedical Research Centre to give clear and honest information on the virus. Topics included 'Cleaning the house safely to reduce the risk of transmission of Covid-19 at home', 'Staying healthy when living under lockdown', and 'How has the coronavirus pandemic affected our mental health'</p>
Huge disparity in the impact of the virus, and our options for protecting ourselves from it	<p>We started to talk to specific organisations to understand how the needs of people with protected characteristics, and carers were impacted.</p> <p>Linked up with colleagues in public health and the NHS to develop and deliver a survey targeting some of the locations where residents were more likely to be disadvantaged. We waited until the first phase of lockdown was over, because it felt insensitive to go straight in and start asking people how they felt.</p>
Those without access to digital were really struggling	We continued our digital inclusion work virtually, and are seeking funding to extend the reach of this work and further explore the barriers residents face.

Ages of survey respondents

18-24	25-34	35-44	45-54	55-64	65-74	75+	No answer	Total
7	18	34	47	42	31	18	3	200

Sex of survey respondents

Female	Male	No answer	Total
156	40	4	200

Ethnicity

African	30	Pakistani	1
Arab	31	Philippino	1
Bangladeshi	18	Somali	34
Black British	3	White British	13
Other Black	1	Other White	3
Greek Cypriot	25	Other ethnic group (including Turkish)	25
Kurdish	2	Prefer not to say	5
Mixed	1	No answer	6
Moroccan	1	Total	200

Housing situation of survey respondents: 120 respondents were in council housing, 24 were tenants of housing associations. 12 rented privately, 25 owned their own homes either with a mortgage or outright, 1 was homeless, 1 lived in a hostel, and others preferred not to say/gave no answer. 55 respondents lived alone, 31 lived with one other person, 31 respondents with two other people, 29 had four in the household including themselves, 20 were in households of five, 8 in households of six, and 15 respondents were in households of seven or more. Others preferred not to say/gave no answer.

46 respondents lived in households where at least one person had an occupation which necessitated regular face to face contact with members of the public/close proximity to others.

Employment status of survey respondents: Full time 19, Part time 21, Self employed full time 2, Self employed part time 1, Furloughed 2, Temporary closure of own business 1, Asked to take leave 1, Redundancy 2, No paid work 68, Retired 35, Student 4, Other 30 (Unemployed/ on benefit), Others preferred not to say/gave no answer.

Religion: Christian 54, Muslim 120, No religion 10, Any other 2, Others preferred not to say.

Health conditions: None 79, Physical impairment 58, Sensory impairment 4, Learning difficulty or disability 3, Cognitive impairment 4, Mental health condition 36, HIV, cancer or multiple sclerosis 3, Other long-term illness or health condition 36, Others preferred not to say/gave no answer.

Following government advice

It was extremely difficult to shield as I was advised by the government. My wife was away overseas and couldn't return because there was no flight possible. She was my main carer and it was difficult for me to cope.

Respondent 3, 'Communities, Covid-19 and You'

There's conflicting guidance. You can do X but not Y but there's no clear rationale.

Respondent 167, 'Communities, Covid-19 and You'

Things feel the same. No one really seems to be socially distancing properly. When we clap for carers everyone's really friendly though.

Phone interview with Healthwatch Volunteer

We gathered views from 200 Islington residents using the survey, 'Communities, Covid-19 and You'. 180 respondents belonged to minority ethnic communities where English is not the first language. We asked respondents how easy it was for them to follow the latest government advice on a range of topics related to the pandemic.

▶ **Washing your hands regularly:**

The number of respondents finding this advice easy to follow was very high (180 out of 200)

▶ **Advice on staying at home, keeping distance, face covering in public places**

Slightly more than half of all respondents found the advice on these topics easy to follow, and slightly less than half found it difficult. Almost everyone was aware of the advice.

▶ **Advice on limiting contact with others, and self isolating:**

Guidance on these two topics was felt to be a little harder to follow. Slightly more than half of all respondents found the advice difficult to follow to some degree. Again everyone was aware of the advice.

▶ **Advice on shielding:**

The survey didn't ask about shielding specifically, but we know that this was an area that people were uncertain about and wanted more information on. (Based on web visits between April and June 2020, 'What does shielding mean' was the most popular Healthwatch advice and information article nationally.)

▶ **How and where to get tested:**

The response on this topic stood out in that the number of respondents saying 'don't know/not aware' was much higher (71 out of 200 as opposed to just one or two on all the other topics). This uncertainty can be attributed to the confused approach to testing from central government and/or the lack of availability of testing outside of hospital settings, during the early phases of the pandemic.

Concerns about following advice

The three biggest concerns that survey respondents had about following government guidance were that people in their area didn't socially distance (52), needing to look after their children (47), and living in a shared house/overcrowded accommodation (36). Those who had concerns not included as options on the survey form listed language barriers (18) mental health, mental capacity, stress and anxiety (10) and confusion about advice (7) as problems.

'I have early onset dementia so it is not easy for me to stay aware of the dangers and I need reminding. I also rely on my carer to keep informing me.'

[Respondent 31, 'Communities, Covid-19 and You']

Some respondents felt that the government did not do enough to make their information accessible, by making it available in other languages or in formats suitable for those with a sensory impairment. This also put unfair pressure on local organisations to accurately share this information.

They've now opened salons. I had a phone call from an eye clinic (retinopathy as I'm diabetic) and my appointment has been cancelled due to Covid-19 and postponed until 4th November, and yet I can go and get my hair done!

Respondent 161, 'Communities, Covid-19 and You'

I believe the Government handling of Covid-19 was shambolic, very confusing, contradictory. Government officials were not following the rules.

Respondent 186, 'Communities, Covid-19 and You'

I used to walk a lot but I avoid it now as the streets where I live are narrow and I see a lot of people grouping together and ignoring the social distance rules.

Respondent 37, 'Communities, Covid-19 and You'

We also reached out to staff working at our partner organisations during lockdown, to learn more about the issues they and their clients were facing. The following comment from Arachne Greek Cypriot Women's Group is helpful for understanding some of the other factors that have influenced people's behaviour during the pandemic:

'They are really frustrated that they can't be at our centre. They still go out shopping. They live at home alone and they want company. They want to talk to others. It's creating mental health problems that they are at home alone, and getting obsessed with things. Many of them have limited access to the outside world at home, one doesn't even have a TV, and those that do often just watch the pictures because they don't understand English.'

Loneliness has made some residents less likely to follow guidance around shielding and social distancing. Islington has a very high number of single occupancy homes and, because it's expensive, people's adult children are also less likely to have stayed in the borough and be living nearby.

In addition, some residents have expressed reservations about the quality of government advice. Some survey respondents felt that the advice was hard to follow not because of any language barrier or lack of capacity on their part, but because the advice itself was confused, and inconsistent across social settings.

Which information sources were most helpful?

The five most accessed sources of information on Covid according to our survey respondents were as follows:

- 1.** Friends and family
- 2.** Voluntary sector organisations*
- 3.** TV and radio
- 4.** GPs nurses and other medical professionals
- 5.** Faith groups

These were also the information sources that respondents rated as most helpful.

* The voluntary sector organisation that respondents were generally referring to was the specialist support organisation serving their community and providing reliable information in relevant community languages. Indeed, it was through these specialist support organisations that we reached most of our survey respondents. However, other voluntary sector organisations such as Healthwatch, Mutual Aid Groups, MIND, Peel Centre, RNIB, and Age UK were also mentioned.

I am a widow and the loneliness has really got to me in these last months. I have really appreciated the regular calls from Arachne staff. It was nice to be able to speak to someone in Greek who had a lot of advice at their fingertips to share with me in my own language.

Respondent 43, 'Communities, Covid-19 and You'

I was working in the child care sector and I lost my job due to Covid-19. I have three children and I was making a steady living wage to support my family. I applied for universal credit and I am struggling financially because my rent is very high and the majority of my benefits are going towards my rent.

Respondent 22, 'Communities, Covid-19 and You'

There's a lack of accessible information about changes in services.

Respondent 105, 'Communities, Covid-19 and You'

This table shows the number out of the 200 participants having an opinion on the helpfulness (so in some way engaged with) each information source listed in the 'Communities, Covid-19 and You survey'. It also shows the number of participants who found each information source either somewhat helpful or very helpful.

Information source	Number Engaged	Somewhat helpful	Very helpful
Friends or family	179	70	94
Voluntary sector organisation	178	49	128
TV/radio	170	72	69
Medical Professional GP/nurse	143	71	59
Religious organisation	136	58	47
Social media	122	66	25
Local NHS health service	102	67	26
Newspaper	101	58	27
NHS or gov.uk website	99	61	29
NHS 111 online coronavirus service	94	65	16
Local council website	88	70	5

Advice and Support

Respondents were asked whether they had accessed public services for advice and support over the previous 2 months. They were invited to indicate any and all that they had used from a list of choices.

Public service	Respondents
Voluntary sector organisations or community networks	92
GP surgery	58
Council services - housing	38
Council services - benefits	37
Hospital	33
Council services - employment	25
Other welfare advice/ support, e.g. Citizen Advice Bureau, Legal Centres	5
Council services - social care	4
Other employment advice/ support, e.g. Citizen Advice Bureau, Legal Centres	2
Other housing advice/ support, e.g. housing association	2
Other council services	1
Other	3
I have not sought advice or support from public services	36

Pandemic and daily life

I am very grateful that we have a small garden – this has been a life line. The child I care for wants to go out and see friends and doesn’t understand why she can’t do this.

Phone interview with Healthwatch Volunteer

Being outside, gaming, being creative - that's what's helping me to cope.'

Respondent 158, 'Communities, Covid-19 and You'

I contracted COVID-19 and was admitted to hospital for two weeks. I am very traumatised and have a phobia about the virus, therefore I don't go out now unless it is very important.

Respondent 128, 'Communities, Covid-19 and You'

'I now live in a very small world, and I hate the fear that comes with normal daily contact. I'm in a high risk category and I fully understand that if I develop the disease I will develop it severely. I've already done the paperwork to say I don't want to be ventilated or resuscitated, so I know I will die – but this is preferable to living with the long term after-effects of the virus. Another factor is knowing that this changed world will be with us for many years, possibly well beyond my lifetime and I'm not naive enough to think that any developed vaccine will be effective in the long term or even available very soon. And I miss hugging my friends and sitting in the same room as people.'
[Respondent 162, 'Communities, Covid-19 and You']

The coronavirus pandemic has had a huge impact on all of us. Residents who completed the 'Communities, Covid-19 and You' survey were asked how worried they were about the effect Covid-19 was having on their life right now. Of the 200 people we surveyed 120 said they were very worried and 61 were somewhat worried. It is clear that many Islington residents are very concerned.

What worries you most?

Respondents were invited to select up to five answers from a list of choices.

Main area of concern	Number of respondents
Household or personal finances	95
Physical health	94
Fear of contracting the virus	85
Decreased mental wellbeing	84
Health and wellbeing of loved ones	70
Feeling worried about the future	54
Feeling bored	47
My education/ my children's education	45
Feeling lonely	44
I am unable to make plans	28
Job security	27
Decreased access to health and care	26
Availability of food and essentials	24
Strain on my relationships	18
Access to medications	12
Finding working from home difficult	10
Life events are being affected	7
Strain on caring responsibilities/access	6
I don't have any worries	1

10 respondents suggested worries that were not options given on the list. These included homelessness, need for political change, and fear of a second wave of the virus.

Coping strategies and positive stories

'I didn't want to sit and get depressed over Covid-19. When CLSS (Community Language Support Services) contacted me about the mask-making project I was very glad and I joined in sewing masks during the lockdown. I received a mask making pack with sewing instructions and I made a lot of them. I distributed them to people in my local community that needed them, family and friends. Also, I carried on knitting and providing support via WhatsApp to those at CLSS I was teaching these skills to as a volunteer. I was also making homemade bread and delivered loaves to the priest and to my neighbour who couldn't find flour to buy during the crisis.'

[Respondent 24, 'Communities, Covid-19 and You']

'The mutual aid groups and churches have been very active in looking after the most vulnerable. Everyone locally is checking that their neighbours are ok and ensuring everyone has food etc.'

[Respondent 170, 'Communities, Covid-19 and You']

The 'Communities, Covid-19 and You' survey asked respondents a range of questions to find out how content they felt with their personal and family relationships, how connected they felt to the local community, and how confident they were in being able to support, and be supported by, people living in their local area. Responses to all these questions were quite positive overall and despite all the hardships associated with the pandemic, it is also true that there have been some benefits.

'Many Somali's are coming out and going to the parks. Men and women. They're going there to talk and to get exercise, to walk and to run. Every day I go to Finsbury Park and Hampstead Heath and sometimes Highbury Fields to exercise and to observe. This is a great thing, as they are doing more exercise than normal. One of the benefits from Coronavirus is these healthy practices. How do we keep it going?'

[Islington Somali Community, Impact of Coronavirus and Lockdown Questionnaire to local partners]

Feedback we got from all sources stressed the key role played by friends, family and housemates in helping people to cope.

'I've been doing ok but haven't been outside in many months. I have someone I pay to do my shopping, so that hasn't been a problem. I'm hoping to go and meet a friend this week - it will be nice to get out! Thankfully I have a computer that I am ok with and a friend has helped me get set up on Skype which means I've been able to see some friends. If I needed it, I know they'd help me get set up on Zoom et cetera as well.'

[Phone interview with Healthwatch volunteer]

It is important to remember that residents who live alone or who feel socially isolated do not have easy recourse to these support structures.

What is helping you to cope?

Respondents were invited to select any answers that applied, from a list of choices.

Thing that helps me cope	Number of respondents
Staying in touch with family and friends remotely	74
Religion, e.g. practicing my faith	68
Spending time with others that I live with	62
Cooking	58
Watching films or using online streaming services	40
Exercising outdoors	32
Using the internet to continue my usual activities	31
Reading	31
Exercising indoors (within my home or garden)	22
Using other online sources of support and information	19
Learning something new	19
Gardening	14
Working	8
Following lockdown tips from celebrities and athletes	1
Other	38
Struggling to find things that are helping me to cope	19

Only 8 out of 200 respondents identified 'Working' as one of their coping mechanisms. This might seem low, however most respondents were not in work. Only 43 survey respondents described themselves as being in either full time or part time employment.

The comparatively high number of respondents identifying religion as a coping mechanism shows the important role that religion has to play in times of crisis, particularly in the communities that took part in the survey with Healthwatch.

Accessing health services

I was very ill during the lockdown with a urine infection and I didn't want to see a GP because I was very anxious about the virus. In addition, I am type 2 diabetic so I am in a more vulnerable group.

Respondent 104, 'Communities, Covid-19 and You'

Thank you for making my visit feel safe and comfortable (even though I have a crippling fear of the dentist), especially as it was your first day back. I've been able to have my first decent meal since lockdown started.

Patient feedback on Pickering Dental Practice

We're avoiding the GP, so we've not had the baby weighed. We've been to the pharmacy more. We feel nervous about using services.

Respondent 165, 'Communities, Covid-19 and You'

The pandemic has placed great pressure on health services, and the need to maintain social distancing has limited the ways we can access them. Some of us have been avoiding health services, and some of us can't get to them because we haven't wanted to take public transport. Some residents report not being able to get an appointment when they wanted one, and others report having had appointments cancelled. Many survey respondents, particularly those from communities where the first language isn't English, have told us that there is a lack of accessible information about changes to services brought on by Covid.

Do any of the following statements affect the way you seek health and social care during the Covid-19 outbreak?

Factors that affect the way I (and members of my family) seek care	Number of respondents
Fear of catching coronavirus in enclosed settings	84
I don't want to use public transport	81
Difficult getting an appointment	44
My appointments were cancelled	43
A health condition, illness or impairment, or disability	32
I live with vulnerable/ high risk people	28
Didn't know how to access services	15
I have to look after my children and cannot access childcare	5
Immigration status	3
Other	10

Feedback from Healthwatch online event on accessing health services

Many people who have accessed health services during this time have commented favourably on the speed and quality of the service, finding the experience better than normal. As for the increased use of phone consultations and other forms of remote access, some say they find this more convenient, but others have found it problematic.

The event 'Accessing health and care services as we come out of lockdown' took place on 8 July on the videoconferencing platform Zoom. Local residents as well as health service providers and commissioners were invited, and 52 people attended virtually.

Although many people who had completed the 'Communities, Covid-19 and You' survey had expressed serious reservations about accessing health services, residents who took part in this online event said they had accessed services as usual when they needed to. For example, one participant had gone to Moorfields Eye Hospital. She reported a positive experience. She said that the wait was shorter and the hospital experience felt more organized and better planned than usual.

The support just doesn't seem to be available when I need it at the moment. It seems that you can only access crisis services if you've been hospitalised and they're only really hospitalising patients who are psychotic (which I'm not).

Local resident on how mental health provision has been affected by Covid

[Our clients] are going to the GP if they need to. Some have been to A & E and didn't wait long. And even the GP is much better than before, much quicker. Chemists and prescriptions seem OK. There were some issues at the beginning but it seems ok now as no-one is complaining.

Islington Somali Community, Impact of Coronavirus and Lockdown Questionnaire

I don't get out much because my hip operation has been delayed, so I find moving about a bit difficult. Just around the time lockdown started, I had an appointment at UCLH and was told I needed a replacement but I haven't heard anything since. I did expect to wait but I would really like it done before winter sets in. They have prescribed me codeine for the pain while I wait.

Phone interview with Healthwatch Volunteer

One participant was pleased that she was now having her medication delivered directly to her house. Another participant had accessed maternity services and reported a generally good experience.

A different participant had accessed support via a video call on behalf of their mother who was shielding. They sent photographs and a podiatrist got in touch. They got a prescription and a district nurse gave a vitamin injection. They found the service 'remarkable'. Another agreed that accessing services by phone worked very well, and felt that getting a prescription was easy.

However, other people reported different experiences. One participant at the same event said they found the telephone conversation with their doctor quite difficult and a bit frustrating. They were trying to explain that they could feel a lump in their breast but it was really difficult to describe the lump in a way that was helpful for diagnosis.

Feedback about in-person visits to GP surgeries was positive. Staff were described as being very careful and considerate. One patient was pleased to be quickly referred for a hospital appointment. A second participant spoke of a very good experience they had where the GP saw them very quickly. They said there was no waiting at all, and the GP was wearing all the relevant personal protective equipment (PPE). The patient felt reassured. Another patient who had also visited the GP reported finding it a 'personalised' service.

Feedback we got from local organisations and individuals who were not at the event was mixed. The feedback about in-person visits to services was again positive but some reported less positive experiences of services that could only be accessed by phone or online.

'It has not been easy not being able to speak to my doctor. They called me instead and I had to take pictures of my problem and send them to the GP who then sent back a diagnosis and prescribed me antibiotics. As there's no district nurse doing visits, the child I care for has had to do my dressings - if she hadn't been able to help me I'd have had to go to the surgery every day instead. Previously I had a similar condition and I was sent to hospital, now I've been left alone to care for myself at home. I've been concerned about my medication, I've had to ring the pharmacy and then the doctor to ensure that none of my medications have been missed. It's been stressful.
[Phone interview with Healthwatch volunteer]

'I don't have much contact with health services, but had signed up for a virtual physiotherapy session. [The hospital emailed me an appointment time and a weblink to use. At the appointment time I had to wait for nearly twenty minutes before the receptionist told me that my appointment was not until early the next month. This suggests a degree of chaos in the appointment system.] Also, I found that I couldn't access the session on my laptop and had great difficulty in extracting myself from the app at the end on my iPad. I am not at all sure that I would bother to try again after this experience. There must be other ways to access physiotherapy.'
[Comment from local resident shared with Healthwatch by email]

Case studies

During the pandemic, Healthwatch has kept in touch with the voluntary sector organisations with whom we work to find out how their clients were coping, and how they were accessing statutory health and care services. In terms of mental health provision we had heard anecdotally that it had become harder to access crisis services. The need to respect social distancing requirements also meant that face to face counselling services were no longer available. Islington Mind shared some case studies with us, showing how the support they were continuing to provide over the phone was helping prevent their clients' mental health from deteriorating during lockdown. We share two of those case studies here.

Case study one

The client is an asylum seeker. She first attended Outcome (a client-led LGBTIQ+ service provided by Islington Mind) in early March 2020. She presented as extremely distressed and suffered a panic attack during the initial referral as she talked about her historic trauma, including trafficking. She appeared withdrawn and confused. After she calmed down she was encouraged to attend the women's group.

During lockdown, the client initially struggled with her mental health due to isolation and uncertainty. She reported having insomnia, and nightmares so bad that she was afraid to go to sleep. She was frequently confused and distressed on the phone to Islington Mind, and referenced self-harm on one occasion. She was encouraged to contact her GP surgery to let them know about the insomnia so she could be prescribed sleeping tablets (which she has previously used and found worked for her). She was prescribed with sleeping medication that she says has been helping her sleep better and therefore feel better during the day.

Islington Mind were able to locate a counselling service near her that offered free, specialist support to asylum seekers and refugees. They set up a referral and encouraged her to call the practice lead. At first, the client was not able to do this as she felt stressed and suffers from what her support worker at Mind suspects is trauma-induced memory loss. However, her support worker reminded her during their weekly calls and texted her on the day of the counselling appointment to give some encouragement. She then was able to access the counselling service and is now on their waiting list.

The client has also suffered during lockdown because she was unable to access food due to the socio-economic restrictions asylum seekers often face, such as lack of income. During lockdown this was compounded, as her usual sources of support were closed off. This meant she also had limited access to internet. Her support worker helped her to complete a hardship form for food and phone data. The client said that being able to cook her own traditional food from her home country improved her mood greatly, and that she really enjoyed cooking in general. Islington Mind have spoken to the client about joining virtual Outcome LGBTIQ+ drop ins on Tuesdays and Wednesdays and she hopes to soon. There is also significant improvement in the client's ability to communicate on the phone and she says she is feeling much more positive and upbeat.

*LGBTIQ+ lesbian, gay, bisexual, transgender/transsexual, intersex, and queer/ questioning

Case study two

The client suffers from OCD (obsessive-compulsive disorder), anxiety, depression and agoraphobia. Her support worker first met her two years ago at a day centre. She was one of the members of the peer support group for hoarders which the worker used to facilitate. The support worker was assigned as the client's keyworker and started meeting her one-to-one from late January 2020.

When the day centres had to close, the client requested twice weekly contact by phone. She was struggling with her OCD cleaning routines which were adding extra stress mentally and physically. She was also extremely concerned about the possibility that she would be unable to leave her flat after the lockdown had been lifted, because she had previously isolated herself for a prolonged period of time when her mental health was in a much worse state. At that time, she received psychotherapy at home to enable her to leave the house again.

During twice weekly phone calls over three weeks, the client talked about her struggles and coping strategies. In the second week, she was feeling very down as she was comparing herself unfavourably to other service users who were engaged in crafts and de-cluttering at home during the lockdown. She blamed herself for not using the time effectively and started to feel so down she asked her keyworker not to call her because she 'had nothing positive to say'. The keyworker explained that their support is offered to people who have mental health conditions and the client did not need to worry about whether she had anything positive to say.

During the phone calls, the keyworker encouraged her to talk about she was doing to help herself get through this time of isolation. Using techniques she learnt at day centres, she created her own routine of chair yoga, self-massage and breathing exercises. The key worker tried to remind the client of her existing skills and help her think positively about what she could do.

Her daughter gave birth in early April and for about 10 days she could not visit them even though they live within walking distance. She has a very close relationship with her daughter and granddaughter. They speak every day on the phone. When it became possible for her to visit the daughter again and met the new-born baby, she started to feel more optimistic. She was able to plan de-cluttering and did some of this. She asked the keyworker to only ring once a week, as she was doing much better. The client also receives a phone call from another staff member at Islington Mind staff who runs the Women's Day service each week, as well as calls from some of other service users.

Flu vaccinations

There are some rumours that the flu jab also includes a vaccine against Covid, that you'll be a guinea pig. We need the doctors, or someone from public health, to tell [people from our community] this is not true. This is a really important issue.

Islington Somali Community, Impact of Coronavirus and Lockdown Questionnaire

I have never had any flu jab and would never have it. Some research says that people who've had the flu jab for years have a weaker immune system.

Flu survey respondent

Usually with the flu jab, some of them have it and some of them say it has given them flu in the past and that they don't want it again. Most of them will probably have it, we will really encourage them.

Arachne, Impact of Coronavirus and Lockdown Questionnaire

The Islington Fairer Together Partnership Board brings together health, council and community services. The Partnership is keen to work together to ensure that as many eligible people as possible have access to the flu vaccine this year. Whilst the vaccine doesn't protect us from coronavirus, it does reduce the risk of hospital admittances related to flu and could reduce the risk of coronavirus because a bout of flu would temporarily weaken our immune system.

We wanted to know whether residents would be more or less likely to get the jab this year, and whether they would be open to having it in the community if GP practices are too full because of the need to socially distance.

'They might be OK to go to a place in their neighbourhood, Finsbury Park, or Andover Hub, for example. If the location was not far from them they might come, but Islington Town Hall for example, is too far for some of them. It needs to be very localised.'

[Islington Somali Community, Impact of Coronavirus and Lockdown Questionnaire to local partners]

'The supermarket would work.'

Hillside Clubhouse, Impact of Coronavirus and Lockdown Questionnaire to local partners

Flu vaccination survey

In July and August we ran an online survey on attitudes toward flu vaccination.

	Yes	No	Not sure	No answer
Will you be getting the flu jab this year?	68	13	5	1
Has Coronavirus influenced your decision?	64	21	0	2

- ▶ Over three quarters of the 87 respondents said they were getting the flu jab.
- ▶ Just under three quarters of respondents said the pandemic had not affected their decision.
- ▶ Reasons given for not taking the jab included the belief that it weakened your immune system, concern about the ingredients, the jab making you feel unwell, and social distancing measures in place to fight Covid making it less likely that you would get the flu

We also discussed flu vaccinations at our 8 June event, 'Accessing health and care services as we come out of lockdown.' Participants stressed that it was important that communities were given a clear source of information about the vaccination and its ingredients, as there is a lot of misinformation on the internet. We had heard that message as well from earlier conversations with partner organisations.

Additionally, some shielded patients were particularly concerned about going out since they have kept well during lockdown by not mixing with other people. This will be a problem if they need to visit a GP surgery to get the flu jab. There was a discussion around some of the challenges for health services in encouraging people to have the flu jab this year. In the past GPs have invited people to the surgery on a Saturday for coffee and a cake, and have given many flu jabs in this way. However, that's not possible at the moment. It was felt that the key point to emphasise was that 'you should have the flu jab as it will protect you from being more vulnerable against Covid'.

Digital exclusion

I was encouraged to attend a women's exercise session online, unfortunately I was unable to join due to limited and weak Mobile Data service.

Respondent 12, 'Communities, Covid-19 and You'

Some children don't have internet at all. The schools are sending lessons to the children but there are a number of issues if they don't have supervision at home or the parents aren't IT literate so can't help them. Many homes don't have laptops or only have one, but six school-aged kids.

Islington Somali Community, Impact of Coronavirus and Lockdown Questionnaire

I offered to support him to apply for a computer tablet from the charity WaveLength. He was describing how this opportunity could be 'life changing' for him if he was able to use a tablet at home to connect with people and share his creations online.

Support worker, Islington Mind

With the country in lockdown for almost two months, and social distancing set to continue for some time, being able to connect remotely with services and social networks has been of greater importance than normal.

- ▶ During the current crisis, the internet has been a vital resource for up to date information about NHS services, and guidance about Covid-19.
- ▶ Whilst GPs are able to 'see' patients over the phone as well as using video conferencing, home-schooling, working from home, and performing some basic daily tasks has made the internet an essential service for local residents. However, not everyone is able to get online.
- ▶ Ordering on-line shopping could be of use to those shielding or self-isolating but is only accessible to those with some digital know-how, and the financial means to book orders from more expensive suppliers with restrictive minimum spends.

'Communities, Covid-19 and You' survey participants were asked about their recent digital activity.

Over the last 2 months did you access any online local support or services?

Yes 109
No 83

Of those that didn't access online support over half said they hadn't needed to.

However, 38 said that it was because they had no access to a computer/mobile phone with internet access (15) and/or they didn't know how to access online support (26).

The Office for National Statistics suggests that 1 in 10 UK residents do not have access to the internet. The percentage among our survey respondents is about twice that (38 is about a fifth of the total number of respondents). 24 of these respondents also selected the lowest number possible when asked to pick a number between one and ten to represent their confidence to access services online.

Other reasons given for not accessing online support included visual, hearing or motor impairments, language barriers and homelessness.

Social connection is really important, it's the foundation for society. Our city is being transformed. I've moved away for a bit as I needed a social network and members of mine have left London. What will happen to London if we have another year of this, and no theatre, no games, no friends?

Respondent 169, 'Communities, Covid-19 and You'

I am worried that the second spike will come again and affect BAME (Black and minority ethnic communities). Neither the government nor the health profession have yet given us advice on why the virus is particularly prevalent in BAME.

Respondent 15, 'Communities, Covid-19 and You'

The future is uncertain and I don't have the information I need to reassure me.

Respondent 104, 'Communities, Covid-19 and You'

The future

'Communities, Covid-19 and You' survey respondents were asked how they expected a number of different aspects of their life to change over the next 12 months.

Respondents were more optimistic about their physical health than their mental health. They were least optimistic overall about their financial situation.

How do you expect the following to change in your household over the next 12 months?

Aspect of life	See it improving	Staying the same	Getting worse
Physical health	89	52	44
Mental Health	66	41	82
Financial situation	24	66	94
Employment	22	65	67
Housing	22	113	48
Social connection	89	53	48

'When our clients come here they benefit from the social interaction and from counselling. Some were struggling before but it seems even worse now. Also, it's going to be hard to bring them together for the kind of activities (crafts and coffee mornings) where they can learn about the counselling service and hear about it from others. We need to work out how we will manage them coming back in. We are going to have to operate it as appointment only. But it means we need more space and more people, it will be hard. And some staff are shielding because of their own health problems.'
[Arachne, Impact of Coronavirus and Lockdown Questionnaire to local partners]

'Our clients are worried about the virus, about money, about the economy. Many are self-employed. They don't have work at the moment, or they are back at work and have no way of controlling it.' [Uber drivers for example]
[Islington Somali Community, Impact of Coronavirus and Lockdown Questionnaire]

The need for preventative healthcare measures

At the time of writing this report, only emergency dental care is available, cancer screening is not yet up and running and a range of orthopaedic treatments are delayed. As such, there will be a longer-term impact on residents health. There is the potential that obesity has increased with some residents being less able to be active during this time, and that mental health will have deteriorated based on fear of the virus, less social contact, pressures of balancing work and home-schooling and worries about the future, particularly finances.

Conclusion

- 1.** The impact of the crisis has been most severe for those who were already worse off, for those in less secure employment, with less financial resources. This is not a surprise. The UN Committee on Economic, Social and Cultural Rights reported in 2016 that social and economic policy (austerity) in the UK has had “tragic social consequences” having a disproportionate adverse effect on disadvantaged and marginalised individuals”. The Marmot review in 2020 showed that since 2010 life expectancy in the UK has stopped improving and health inequalities are growing wider.
- 2.** There has been a disproportionate impact on people from Black and Ethnic Minority background. The Public Health England Disparity report was inconclusive about the reasons for this. There have been suggestions that there could be links with other health conditions. The work of our Diverse Communities Health Voices partnership has repeatedly highlighted gaps in access for residents from Black and Minority Ethnic communities experiencing socio-economic disadvantage and exclusion.
- 3.** The digital divide widened. The need for social distancing has meant services can be more safely delivered on-line. Within our work, we find people who don't have access to equipment and connections (or had it through libraries but libraries had to close), but also who lack experience of using the internet and therefore lack confidence. These residents have been further excluded during this time. Using the internet to look up information does not necessarily mean someone can easily download an app and start accessing on-line services, there are lots of strands to this exclusion
- 4.** As lockdown has eased, the messaging on what's required has been confusing. Hand washing, something people do anyway and they needed to do it more frequently and for longer. Getting tested, people are less clear. In part this is because the communication around this is more localised (ie where to get tested) and still being worked up. Clear, multi-layered messaging is needed. Unfortunately, the policy itself is not straightforward as people can only get a test if they have symptoms, not get a test if they live with someone with symptoms. This could impact on those who are self-employed or on zero-hours contracts.
- 5.** Residents are worried about catching the virus and worried about the consequences of lockdown, in particular on reducing contact with others and potential financial impacts. But simple things have helped us cope. Spending time with people you live with, connecting with friends and family (by phone/ on-line), cooking and practising Faith.
- 6.** There has been fear and uncertainty around accessing health care services and support.
- 7.** The borough is working on communications channels in case of a second wave or a local lockdown. There will be a campaign around Test and Trace soon, once a local testing site has been confirmed. There will also be a campaign to encourage residents to get their flu jab. This will need to be targeted. Venues are being sourced to increase capacity as with greater numbers of people being eligible, and GP practices needing to follow social distancing guidelines, we may not have enough space within existing buildings.