

Covid-19 Resident Engagement

Full Report

Findings from resident survey,
focus groups and insights
gathered by both councils & VCS
partner organisations

October 2020



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1.0 Background

- A Public Health England review into disparities in the risk and outcomes of Covid-19 reported that the pandemic has exacerbated pre-existing health inequalities among specific Black, Asian and minority ethnic groups
- Nationally:
 - Black males are 4.2 times more likely to die from a Covid-19-related death and Black females are 4.3 times more likely than White males and females.
 - People of Bangladeshi, Pakistani, Indian, and Mixed ethnicities also had statistically significant raised risk of death involving Covid-19 compared with those of White ethnicity.
 - After taking account of age and other socio-demographic characteristics and measures of self-reported health and disability at the 2011 Census, the risk of a Covid-19-related death for males and females of Black ethnicity reduced to 1.9 times more likely than those of White ethnicity.
 - Similarly, males in the Bangladeshi and Pakistani ethnic groups were 1.8 times more likely to have a Covid-19-related death than White males when age and other socio-demographic characteristics and measures of self-reported health and disability were taken into account; for females, the figure was 1.6 times more likely.
 - People living in more deprived areas have experienced Covid-19 mortality rates more than double those living in less deprived areas.
- Locally:
 - Camden has had a total of 1,472 confirmed cases, as of 12th October, 2020
 - In Camden and Islington there are pockets of highly diverse and deprived communities with poor health outcomes. For example, in Islington, Black ethnic groups are more likely to have at least 2 or more long term conditions (12%) than any other ethnic groups (between 4%-11%)
 - According to local analysis (covering period between 20th March and 27th of April 2020):
 - Islington and Camden are the only boroughs in North Central London where men and women are equally effected. Generally men have been disproportionately impacted by Covid-19
 - Ethnicity data are not recorded on death certificates. Therefore deaths by ethnicity are not currently available. Analysis of North Central London deaths by country of birth shows people in Europe including UK make up a significantly higher proportion of overall Covid-19 deaths compared to those born outside of EU (64% vs 36%)
- The purpose of this engagement work is to develop an understanding on how our local communities and residents feel they have been impacted by the pandemic, and use these insights to inform our response to Covid-19 across the system

2.0 Aim and Objectives

Overall aim was to understand how the pandemic has been affecting residents, their experiences and concerns, and how they felt about different issues related to Covid-19, in order to inform how local systems can best support residents in Camden and Islington

Specific objectives:

1. To understand residents' concerns during the Covid-19 pandemic
2. To understand residents' awareness of government advice and guidance and the extent to which they are able to follow them
3. To understand the impact of the Covid-19 pandemic on residents' lives, including their wellbeing
4. To understand residents' views and behaviours around accessing services and support (e.g. GP, Covid-19 test, welfare advice, income support) during this time
5. To determine the extent to which residents feel connected with and experience kindness in the community during this time
6. To identify challenges and any unmet needs (including information needs and Covid-19 related communications) among certain groups of residents who are likely to be particularly vulnerable during this time
7. To explore how residents feel about the future following the outbreak
8. To inform recovery strategy through the identification of unmet needs and devising actions to better support residents during and after the Covid-19 pandemic

3.0 Methods: Surveys

The Covid-19 Resident Engagement work has two strands:

1. Resident surveys

- These surveys were carried out in partnership with Healthwatch Camden and Healthwatch Islington. In Camden, the resident survey was hosted by Healthwatch Camden. In Islington, it was hosted by Public Health.

Camden resident survey:

- Healthwatch Camden carried out a two-part process to gather insight from people living, working or using services in Camden:
 - A questionnaire conducted online and by phone – ran from 22nd April until 31st of July.
 - In-depth weekly interviews over 6 consecutive weeks to gather detailed personal stories from 8 residents about life under lockdown and how they were coping.
- The purpose of the engagement work was to gather insight into how people were getting information to guide them and help them stay well, their experiences of accessing health and care services under the new conditions and how people's health and wellbeing was being affected by the pandemic.
- The final report, 'Life in Lockdown' documents the experience and views of 1,590 Camden residents on life in the early phases of Covid-19.
- Read the full report 'Life in Lockdown' published by Healthwatch Camden [here](#), and find a summary of the main themes on slide 10.

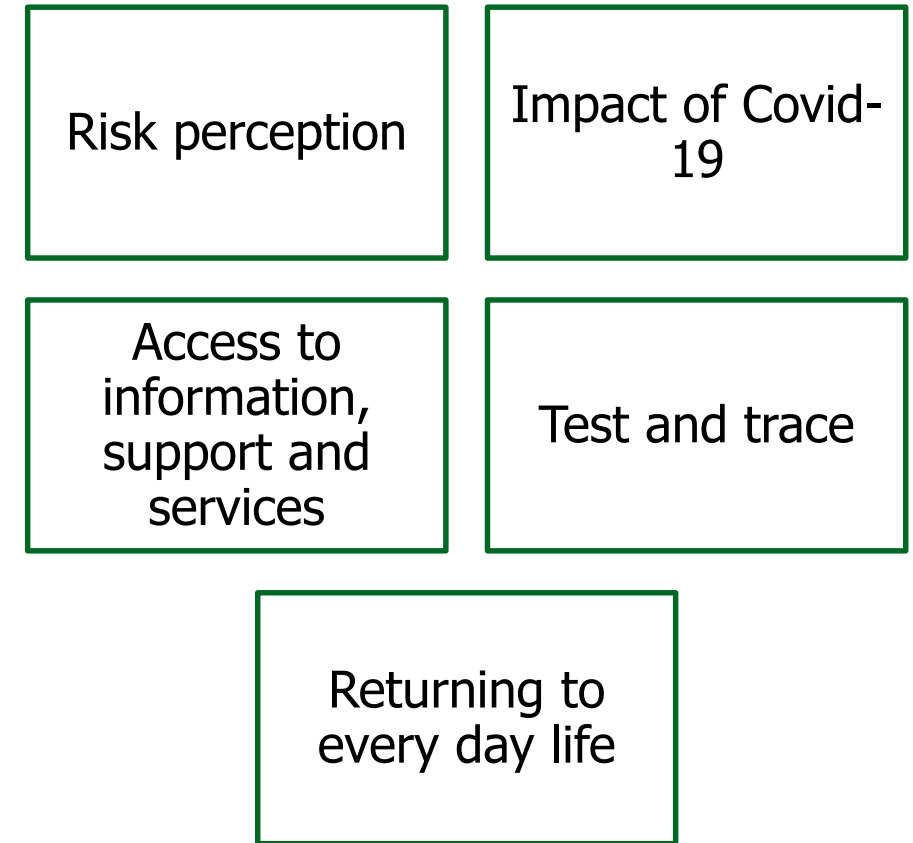
Islington resident survey:

- Population of interest: Islington residents aged 16 years and over
- Islington survey was open between 25 June-19 August 2020
- 555 residents responded to the Covid-19 resident survey and this represents 0.2% of the total population in Islington (response rate: 71%).
- Conducted in partnership with Healthwatch Islington, CCG, colleagues from different parts of the council
- Survey was promoted widely to make sure it reached as many population groups as possible, e.g. Newsletters, e.g. mutual aid groups, VAI, schools, GP bulletin, Housing associations & estate notice boards, Emails to a large number of VCS and faith groups, Social media & Yammer, etc.
- There were five sections of the survey and 18 survey questions (4 open-ended), survey sections included: Government advice and guidance related to Covid-19, Impacts of Covid-19 & concerns, Social connectedness & Community cohesion, Access to information, support and services and Perceptions of the future following the outbreak.
- Important to note that the findings from both surveys were largely similar; and both informed the actions included in this report. Further information about the Islington resident survey can be found in the Appendix on slide 56

2. Focus group sessions & 1:1 interviews with Camden & Islington residents

3.1 Methods: Targeted engagement

- Purpose of the targeted engagement sessions was to gain a deeper understanding of the concerns and issues of some of our more vulnerable residents. Participants may have had one or more of the following characteristics:
 - Black, Asian or minority ethnic
 - Those affected by socioeconomic deprivation
 - Those affected by health status/ impairment
 - Those affected by mental health and long-term conditions
 - Refugees and asylum seekers
 - Young people
 - Lesbian, gay, bisexual and transgender plus (LGBTQ+)
 - Carers
- Method: Zoom focus groups and 1:1 semi-structured telephone interviews
- Recruitment through colleagues in both councils, voluntary and community sector (VCS) organisations, North Central London Clinical Commissioning Group and North London Partners Health and care Resident Health Panel. Survey respondents could opt-in to take part in the focus groups
- Residents who wanted to participate but did not have internet access, were provided with the option to dial into the meeting using their mobile phone
- Each session had 6-8 participants; lasting around 1-1.5 hours
- Focus group facilitation guides were informed by desk research; and changes were made over time to ensure we captured residents' views on the latest guidance/ changes during the pandemic, where possible
- An information sheet was provided and informed consent was sought from all participants



3.2 Methods: Analysis

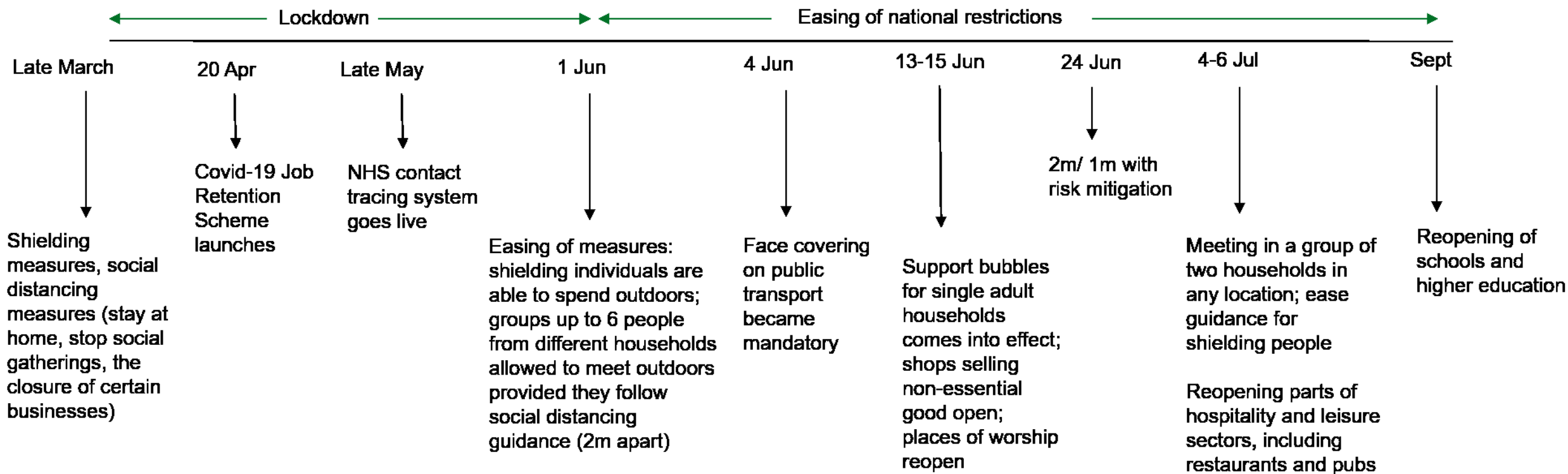
- Thematic analysis was carried out for the online focus groups. Themes unique to specific groups are highlighted in the report
- Further local reports containing key insights gathered by other council colleagues and local VCS partners are incorporated into this report to ensure this work is a collaborative piece, to cross-check and triangulate our data, and to identify gaps in our knowledge

NOTE: Black, Asian and minority ethnic (BAME) is not a homogeneous group. This report will highlight any difference(s) in experiences of different communities where possible. However when the results are consistent across different groups, they will be reported as one group.

Report title	Organisation
Healthwatch Camden Covid-19 surveys	Healthwatch Camden
The Impact of Covid-19 on Refugee and Migrant Organisations and their Service Users in Islington. A Survey Report 2020	Islington Refugee and Migrant Forum
LBGTQ+ Covid-19 survey	Forum+ (Camden & Islington)
Homelessness resident engagement (as part of a needs assessment)	Camden and Islington Public Health
Test and Trace awareness VCS engagement	Camden and Islington Public Health
Test and Trace Survey	Camden Council
Building equal foundations – Tackling inequalities in Camden (Building equal foundations in Camden)	Camden Council
Covid-19 survey with adults with learning disabilities	The Elfrida Society (Islington)

3.3 Context

Brief Covid-19 policy timeline in England 2020 *(this includes measures to limit spread and wider policies)*



- Camden survey data collection period took place between **Late April and late July 2020**
- Camden and Islington resident focus groups took place between **August and September 2020**

3.4 Targeted engagement

- A total of 9 in-depth focus groups and 20 semi-structured interviews were carried out
- We spoke to a total of 78 residents (31 from Camden; 47 from Islington) from a diverse background, of which 46 were women and 23 were men

Group	No. of focus group sessions	N	Key characteristics	Other characteristics
Young people/ young adults	2 (Camden and Islington)	12	Age 15 – 20 9 men, 3 woman 5 White English; 1 Caribbean; 2 African; 1 Black British; 1 Mixed Asian; 1 White and Black African; 1 any other black background	<ul style="list-style-type: none"> • 5 – learning/cognitive difficulty • 1 – parent • 1 – physical impairment
Carers	1 (Islington)	7	Age 50 - 75 2 men, 5 women 3 White English; 1 Indian; 3 not stated	<ul style="list-style-type: none"> • 1 – physical impairment • All parents
Black, Asian or Minority Ethnic	4 (Camden & Islington)	33	Age 33 - 67 All women 2 Arab; 3 Pakistani; 3 Bangladeshi; 3 Indian; 1 Caribbean; 1 Black/African/Caribbean/Black British; 2 African; 2 African (Somali); 1 Romanian; 1 Chinese; 2 any other black background	<ul style="list-style-type: none"> • Most were parents • 4 – carers • 2 – physical impairment
Learning difficulty/ impairment	2 (Islington) & 2 interviews	8	Age 36-54 7 men; 1 woman 4 White English; 3 Black Caribbean; 1 Black other	<ul style="list-style-type: none"> • 3 - parents • 6 - physical disabilities
Homeless (conducted as part of the homelessness needs assessment)	6 interviews (Islington) 11 interviews (Camden)	17	Age 22-66 5 men; 4 women; 8 not stated 9 interviews didn't state ethnicity, 5 White British, 1 Black African, 1 White and Black Caribbean, 1 Mixed Other	<ul style="list-style-type: none"> • 1 Carer; learning/cognitive difficulty (Dyslexia and ADHD diagnosis) • Out of the 17 participants, 8 discussed their substance misuse, 9 had mental health issues, and 9 had long term conditions or disabilities
LGBT refugees and asylum seekers	1 staff interview (Islington)	1		

4.0 Healthwatch Camden survey – summary of findings (1)

The below findings are summarised from the [executive summary report](#) (published in October 2020), for all findings see the [full report 'Life in Lockdown'](#).

- **Finding information about Covid-19:**

- All groups relied most heavily on television (regardless of age, ethnic group or disability). Only small numbers reported getting information from the council, voluntary organisations or faith groups. There was an unmet need for information in accessible formats (e.g. languages, BSL, Large Print, Easy Read).
- Although there were reported challenges of digital exclusion, use of WhatsApp groups by young and old alike challenges pre-conceptions about resistance of older people to communicating via technology.
- Many people reported finding information about Covid-19 confusing and contradictory. People with long term health conditions or disabilities were more likely to report finding information difficult to understand.

- **Changes to experience of health and care services:**

- People have delayed accessing care they need for a range of reasons. Among those who hadn't used a health or care service, one in five people told us that they needed a service but felt their needs could wait amid the crisis, and 13% chose not to access care because of fear of contracting Covid-19.
- Many people had routine or long-awaited appointments with NHS providers cancelled at the start of lockdown. People reported a subsequent lack of communication

- **Concerns during 'lockdown':**

- Levels of concern about Covid-19 were high among all people in Camden. However, Asian respondents were significantly more worried about catching the virus (67%), and Black respondents were slightly more worried (57%), compared to White counterparts (50%).
- Black respondents were significantly more concerned about job security (33%) compared to White (22%), Asian (20%) and other respondents (24%).
- People with disabilities were more likely to report concern about being lonely and isolated (54%) than the general population (31%).

4.0 Healthwatch Camden survey – summary of findings (2)

- **Impact on health and wellbeing:**
 - There is strong evidence of a significant negative impact of the Covid-19 crisis and lockdown on the general wellbeing of people in Camden. 68% of people reported a deterioration of mental health. 88% of 25 to 34-year-olds reported a detrimental impact on mental health.
 - Increased use of open green spaces, exercise, reductions in travel and staying local were all cited as positive impacts. However, working from home while caring for school age children was a significant cause of stress for parents.

- **Transitioning out of 'lockdown':**
 - Four in ten felt lockdown was easing too soon or that it would trigger a second spike. Many people reported a lack of confidence in returning to work, school and other activities, some of whom were choosing to continue self-isolation.
 - A higher percentage of Black respondents looked forward to lockdown easing (53%) compared to other groups. In contrast, only 15% of Asian respondents said they were looking forward to lockdown easing.

5.0 Findings from focus groups with local residents

5.0 Thematic areas

In this part of the report, findings of the following thematic areas are being presented:

- Understanding of, and barriers to adhering government advice and guidance
- Test and trace concerns
- Residents from Black, Asian and other ethnic minority communities
- Young people
- Those with a health status/ impairment
- Those affected by pre-existing mental health conditions
- Carers
- Refugees, migrants and asylum seekers
- LGBTQ+ and LGBTQ+ refugees and asylum seekers
- Homeless
- Clinically vulnerable residents (who were previously shielding)
- Essential workers or those with high risk occupation
- Residents who contracted the virus

Note:

- Findings mostly came from in-depth focus groups/ semi-structured interviews with local residents. Efforts were made to refer to other sources of information where relevant
- The focus group sample is likely to be different from the survey sample, particularly many of the focus group participants were more vulnerable and some may not have access to the internet therefore unable to complete the survey.

5.1 Understanding and barriers to adhering government advice and guidance

Understanding/ views of government advice and guidance

- Government advice is unclear, conflicting and confusing; losing track of the changing information and rules in different contexts; measures not enforced
- Some **young people** feel frustrated and confused with the 'changing' guidance and have 'given up' on following the rules, they admit to meeting up with friends in parks/ public areas in groups of more than 6
- **'Rule of six'** – some young people think if there is a family bubble >6 this is breaking the rules
- **Dementia** – worried about understanding situation, relying on people to inform/ remind them about the latest guidance
- Some residents from Black, Asian and minority ethnic communities felt that the guidance is constantly changing and having language barriers makes it even more challenging for them to understanding and following the guidance

"Scared I won't be doing the right thing at the right time due to confusion and language barrier."

"So much changing information or rules in different contexts it is confusing."

Face covering

- Being **visually or hearing impaired** – wearing a face mask and not being able to speak to people
- **Adults with learning difficulty** – many have medical conditions and find it too difficult to wear face covering. Some had exemption cards but others didn't know the process to get these
- **Children and adults with learning difficulty** – difficult to make them understand and wear face covering in public
- **Young people** – often forget to wear face covering on public transport; some young people with asthma – they are concerned that they will get penalised for not wearing a mask
- Face coverings are costly
- **Key workers** – provision of PPE at work place was limited; staff do not wear face covering

Social distancing

- People are not distancing in supermarkets and shops
- Bus drivers letting on too many people; seating isn't separated; bus drivers themselves set a bad example by not wearing face coverings
- Difficulties distancing in local parks and trying to get younger children to understand and follow the rules
- Not a lot of social distancing in the work place e.g. food retail chain
- Having family members they live with who work in the NHS makes them feel more vulnerable to contracting virus

5.2 Test and Trace: concerns (1)

Common concerns and barriers to getting tested and contact tracing

- Government advice and guidance related to Covid-19 testing were perceived as **“unclear”, “contradictory”, “hard to understand” and “confusing”**
- Confusion around test and hearing about different tests available
- Not confident about **accuracy** of test and its **reliability**
- Concerned about **contracting virus whilst getting tested**
- Many felt the current test and trace system was **ineffective** - impacts on residents’ lives as well as their health and care; some **do not feel safe** in the current system.
- **Accessibility** and **availability** - some suggestions around testing sites are far away or inaccessible for those who don’t drive; limited testing slots available
- Stressed the **importance of local involvement in test and trace**
- Suggestions regarding location of local test site:
 - Accessibility: Test site should be easily accessible for residents
 - Some residents may not get a test if the site is too far or difficult to get to due to poor transport links
 - Near larger estates where people are likely to have greater exposure to the virus due to overcrowding, intergenerational households, poor adherence to physical distancing
 - Places where communities feel comfortable going, e.g. car parks and other public spaces, and not places such as town hall (viewed as “institutional area”)
 - Safety of the test site: ensure the test site is made safely available for testing

"I've not been able to get to other hospital appointments: I'm due to have a procedure at Homerton University Hospital next Tuesday, which I will get to/from using Patient Transport Service. However, they're insisting that I have a Covid-19 test at the hospital 3-5 days in advance, but Patient Transport Services will not provide their service for Covid-19 tests. Therefore, I can't get to my Covid-19 test, so my procedure will most likely have to be postponed even further; I've been waiting for it since January."

"There is currently no testing sites in Islington, so you have to go to Camden, Hackney or Waltham forest, the slots limited."

"Inaccurate data of cases and no local hotspot testing... I will have to remain unofficially shielding for as long as I can practically do so"

"I cannot continue to work safely as face to face contact is such a risk and test and trace ineffective, still all these months in."

5.2 Test and Trace: concerns by group (2)

Groups	Findings from focus groups
Black, Asian or minority ethnic	<ul style="list-style-type: none"> • Some don't access information via mainstream methods and rely on getting verbal information through community groups and VCS • Language barriers – lack of understanding of the guidance; difficulty in booking a test online/ via NHS 111 • Not very clear that the test is a MUST if they develop any symptoms of Covid-19 • Poor understanding of the different tests available • Concerned about the test reliability (from BAME and young people focus groups) or if they should have multiple tests (particular confusion with antibody test) • Misunderstanding/ myths circulating around in WhatsApp groups • Some people perceive the test to be intrusive
Parents	<ul style="list-style-type: none"> • Not enough information on when parents should get their children tested, covid symptoms are very similar to that of normal cold/flu, and feeling that school is pushing the responsibility of testing to parents which puts a lot of pressure on parents. There are also concerns around children's wellbeing as they are waiting for results <i>"That's so unfair for them to go through all of that just because they have a cold and then for them to wait for the results"</i> • Process of ordering a test is heavily dependent on digital skills. If older parents/caregivers are looking after children and need to order a test, they may struggle
Young people	<ul style="list-style-type: none"> • Concerns about how much it hurts • Confusion around what the test consists of • Worried about going to the hospital to get a test and being exposed to virus • Concerns around having to pay for the test • Not having a car so limited access to testing sites • There were questions around if it's safe to get testing done and where they can get it done • Some showed lack of understanding of the test and trace system and confusion around how to use the test and trace app - <i>'How can you tell from an app that a person has covid? It makes no sense to me.'</i>
Carers	<ul style="list-style-type: none"> • Many did not know that carers were counted as 'key workers' and could be prioritised for test deliveries • One parent who looks after son at home did not know how to order a test
Adults with learning difficulty	<ul style="list-style-type: none"> • Confusion around where to access testing – suggestions including from the GP, ambulance etc. • Confusion (and misinformation) around when to get a test – some residents wanting to get them just for peace of mind even though they had no symptoms, some believing they don't need to because they get scanned by a temperature checker regularly • Government telling us the importance of getting tested – yet no one can access tests (apart from high profile figures) • Test and Trace system doesn't work – some anger that the government has not got this sorted. Causing a lack of faith in government amongst residents • Would be difficult for many people with LD (many of whom also have physical disabilities) to be able to get to the testing centres, even if they got a slot • Tests should be distributed in places where people can access them easily i.e. Elfrida Society

5.2 Test and Trace: concerns (3)

- In **Camden**, a survey¹ with 58 residents were consulted about the new NHS test and Trace Campaign. Key findings are as follows:
 - 82.8% have heard about the programme, however only half of them (51%) seemed to have a correct understanding of what the programme is about
 - Getting a test
 - 86% said they would get tested. Looking at what would prevent them from getting tested, some raised concerns around **accessibility of the test centre** and the distance to go there, the cost and if they would not be **too ill to go** to a test centre
 - Mutual Aid groups representatives were concerned that **tests could only be booked online**
 - Some wonder if it would be painful
 - Other concerns include **reliability** of the test and **waiting for test results**
 - Sharing contacts details of those who they had been in contact with
 - 75.6% would agree to share the information
 - Concerns include **use of data**, worried about what would happen with **residents who might not be in a legal situation** and would be at risk of being deported; would need to **check with their contacts first** if they were happy to be contacted
 - Self-isolating for 14 days if the test came back positive
 - Concerns to this include **a fear of not being able to provide** for themselves or their family; knowing **what kind of support would be available** and having food delivered; **difficult to isolate** as there is a lack of space in their homes and they do not live alone

¹ This survey was led by Camden Council. The data was collected via interviews by Community Researchers, via 2 focus groups by Healthwatch Camden and discussion with Mutual Aid Groups

5.3 Black, Asian and other Ethnic Minority communities (2)

- The next couple of slides present the findings of 4 focus groups with residents from Black, Asian and other ethnic minority backgrounds (including Caribbean, African, Pakistani, Bangladeshi, Somali, Indian, any other Black background, Indian, mixed Asian, Chinese and Arab)

Risk perception

Feeling high risk

- People not distancing in supermarkets and shops
- People not wearing masks in public

"It's more the other people around me who don't seem to be either ... not concerned or think they're low risk and not wearing masks and just those sorts of things make me feel a bit nervous."

- Difficulties distancing in local parks and trying to get younger children to understand and follow the rules

"We go across to the local park, there's no adults there wearing masks at all, there's no social distancing between the kids which I completely get, even my son is running all over... I can't stop the kids if I get them out, trying to make them understand but they can't, you can tell them "don't touch" but they still touch their faces outside"

Feeling low risk

- Feeling responsible for own health, accepting the risk

"I've been on the Tube, I've been on the buses, I've been around and if I get it, I'm snookered because I'm obese and I think I've done all the health checks and I'm trying to say that rather than take the risk, I think I'm responsible for my health and so I need to make sure I do everything I can."

- Having a test can be reassuring

Feedback on government guidance/mitigating measures

- General feeling that government guidance hasn't been clear which is frustrating, people are losing track of the changing guidance, and a feeling amongst some that the government wants to blame members of the public:

"I do think the government guidance has been a bit convoluted and it's been almost deliberate because to me personally, it feels like they want to put the blame on the people and they just want an easy way out to say, "we did everything that we wanted to do but it's the people who got it wrong".

"I think at the beginning of the lockdown where the guidance is basically just stay at home and protect the NHS, I think that makes perfect sense but since the lockdown, I have completely lost track of what's been eased and what kind of rules there are, it's just too much. I don't have time to go to the government website just to check "do I need to wear mask in this shop?"

- Following guidance – one participant mentioned a potential difference in the way communities are responding to the pandemic, mentioning that there seems to be one rule for 'richer' communities (Highgate mentioned) and a different rule for others, suggesting people from 'richer' communities may not be following the guidelines:

"What I've noticed is I live quite close to Highgate, it's a different rule for different people... that area's quite elite or a rich area and I notice there were certain, how can I say, there was a golf course down there, still open, I went up to the fence and there was loads of cars piled up, parked in the car park and every time you see a car go past, it's a family of five in the cars."

5.3 Black, Asian and other Ethnic Minority communities (3)

Impact of the lockdown/pandemic

Negative impacts

- Dealing with bereavement and not being able to attend funerals
- Not being able to see elderly or vulnerable family members due to shielding
- Impact on employment opportunities and the job market –

"Since this pandemic it's been near on impossible to find a job and so financially, that's quite devastating"

- Impacts of additional childcare duties have been tough, parents need alone time/quiet time for themselves sometimes –

"I'm a single parent so not having any access to the nursery or to the playgroups has been really tough."

- Some parents had to give up their jobs to look after their children when schools were closed.
- Some experienced an increase in antisocial behaviour in their local areas, especially in parks and also noise pollution on the streets at night
- Struggling with building work and noise disturbances –

"I had to endure heavy drilling from 8am till 5pm. I tried to contact my councillors, I contacted my tenant manager... I'm a council tenant and no help at all, they were pretty much allowed to do what they wanted to do."

- Concern around vulnerable communities, i.e. rise in homelessness seen in local area

- Impact on children
 - Parents worried about social impact on children missing friends and interaction
 - Active children struggled in lockdown because of the lack of access to open space and activities, i.e. playgrounds, youth clubs were closed. Some parents worry children go online and lose touch with reality, and think that it's important for children to have somewhere physical to go.

Positive impacts

- More time to 'slow down' and spend quality time with children
- Strengthened community spirit which helped to maintain good wellbeing, i.e. people sharing and delivering food to others, people checking in with each other through calls and messages
- Those who are parent champions feel well-connected to information and support, and discovered plenty of online resources. They shared information with each other through WhatsApp. Organisations mentioned: Into University, Bright Start, Company Three drama charity, ACL courses

"I have two kids who are very active and have been used to going everywhere and then all of a sudden it's just overnight disappeared. So it's been like hell and being far apart in age, they have different needs and that's not easy to facilitate in a two bedroom flat on my own. I had to give up working because there is no childcare, no-one to help, so I had to stay at home with them."

5.3 Black, Asian and other Ethnic Minority communities (4)

Concerns around children returning to school

- Parents feel on edge/worried when children get a cold, not sure if it's Covid. Feeling responsible for making decisions around sending their children back to school with coughs/colds – *'Is it my fault if I sent them back [to school]?'*
- Concern about the accessibility of covid tests for adults/children
- *'If one kid gets covid, then the whole school will be out'* – if school starts closing intermittently, parents are concerned children will miss learning time and consider if it might be better to home-school them
- Misinformation has spread, especially amongst parents who don't speak English as a first language, i.e. one participant from a BAME background mentioned a video shared through WhatsApp telling parents that if they send their children back to school and people find out that the children have Covid, the 'authorities/government' will take their children away
- Some parents mentioned not feeling comfortable sending their children with special needs back to mainstream school as there is a lack of information on how the school will support their children with additional needs during the pandemic
- A participant commented on the lack of decision-making from schools during pandemic, which leads to confusion and anxiety for parents

Coping strategies/positive experiences during lockdown/pandemic

- Finding more time for a better work/life balance:

"It's actually been very positive because I normally travel 15 days a month for work and I also had to cancel four holidays, but I've been able to just be at home, sleep better, eat better so it's actually been positive."

- Connecting with community and neighbours supporting each other:

"I was in myself, not feeling great but over time, I feel in a much better position in the sense that I've made more other mum friends in the building who have been supportive, I've got neighbours who, as soon as the pandemic started, immediately contacted me to ask if I needed anything."

"I can see the community really engaging, really coming together, I loved the clap for the NHS and frontline workers as well, I got to see my neighbours across the road."

- Faith (prayer)
- Understanding the long-term nature of the pandemic and adapting/preparing for this:

"I'm mentally preparing myself that it's going to last for at least a year, it's not a short term thing but more like a long term thing, so I'm trying to adapt my new behaviours and trying to find my new normal for myself, as well as the new normal for our society."

- Using digital technology to talk to family abroad

"My mum lives in India and one of the things I planned to do was go visit her and of course, I can't because India's on lockdown – but I talk to her every day on What's App and that way I know that she's doing okay and we can have a laugh about it."

5.3 Black, Asian and other Ethnic Minority communities (5)

Experience of accessing/using services

Positive experience

- One participant mentioned that her children had had a few accidents including a broken finger. She found the **streamlined process was amazing**, from having a video conference with her GP to being seen at UCL. They were referred to the Royal Free and she felt like they received '*VIP treatment*' as they were seen quickly, x-rays done and referred to Physiotherapist. The participant felt that '*they've had better treatment during this time than before.*'
- Parents were able to **collect free food from the school** and her children were also able to borrow electronic devices like iPads from the school and nursery to assist with their online learning.

Negative experience

- One participant found the time **difficult and depressing** as she lost a relative during lockdown and that was quite hard to deal with, particularly with the **various phone calls from the hospital, psychologist, funeral home – and none of these appointments she could attend in person**. The participant received some support from Mosaic and was referred to iCope NHS service, though her **first appointment will only take place in August after five months of waiting**.
- One participant mentioned that her **child with additional needs lost a lot of the specialist support** and services that they need over lockdown, such as speech and language therapy, and this has disrupted her child's development.

Access to education and resources in a 'second lockdown' scenario

- Parents would like to see **better use of Zoom to build up the social interaction between classmates and teacher to maintain relationships**, in the case of a second lockdown. The abrupt nature of the first lockdown resulted in some younger children losing touch with teachers and classmates.
- **Parents who don't speak English as a first language** mention that they are **worried about how they can help their children with school work**, in the case of a second lockdown.

"Because we are not, we don't study, we come from other countries, and our English and understanding, and maths, those stuff, I think if teachers can help, give them half an hour or one hour with the homework, this is important."

- One parent mentioned that **state school children don't get the same online access to resources that private school children get**. And that some families may not own laptops so this could be a potential barrier for them if there was a second lockdown.

"I think quite a lot of state primary schools and secondary schools have said that they can't do online teaching because of data protection laws and all of that, whereas private schools provided a full schedule of online lessons, and I think that's where the difference lies. A lot of parents I've spoken to struggled to get their children to do any work because the teachers' presence wasn't there. And quite a lot of people don't own laptops and stuff like that, so I think that would be another big thing, especially for older children."

5.3 Black, Asian and other Ethnic Minority communities (6)

- The survey carried out by Healthwatch Camden found that:
 - There appear to be possible differences in the information sources used by BAME residents, compared to others in Camden; BAME respondents were less likely to rely on newspapers and radio for information about Covid-19, and more likely to use the messaging service WhatsApp
 - As lockdown starts to ease, BAME residents are more likely to report anxiety about the risks associated with the changing government guidance. Responses suggest that media coverage of the disproportionate health risks and direct personal experience of the disease adds to this anxiety

"With all the news and statistics around increased risk for BAME communities we do not feel safe"

"Not only are we dealing with feeding our kids, home schooling, working, and keeping safe, now we also have to explain this [increased risk for BAME communities] to our kids who hear things on the news and they are scared."

- This emerging theme is at times accompanied by mistrust – both of government advice and of local services
- One local Somali mother feels that her ability to cope has been eroded after weeks in isolation at home. But she can't see a way out of lockdown for herself or her two children and feels it is still too dangerous to venture out.
- The decision to continue self-isolating, when others are starting to return to work or school or to use services, is being regularly reported among BAME responses to the Healthwatch Camden survey. It seems many are choosing to isolate whether or not they fall under the NHS definition of being vulnerable
- Many people have delayed seeking health and care that is not related to Covid-19 because they felt that contact with services would pose a risk of infection with the virus.

Source: ['BAME communities express fear ending lockdown' - Healthwatch Camden](#)

5.4 Young people (1)

Risk perception and responsibility

▪ What makes young people (YP) feel high risk:

- not a lot of social distancing at work (food retail chain)
- not trusting other members of the public with social distancing/wearing masks and getting too close to them in public spaces
- having family members they live with who work in the NHS makes them feel more vulnerable to contracting virus
- worried about spreading virus to friends and family members

"With my colleagues and that, I don't have faith in them, to not contract and pass COVID, and my mum works in a hospital."

"I just don't want to spread corona to the people around me, because people are vulnerable around me, like my mum or my sister, or even friends and that, friends and family, they could catch it as well, so it's more like being anxious about other people as well."

- Lack of following guidance at school/college, i.e. classmates/teachers not wearing PPE, dance facilities/studio at college not big enough to hold large numbers of people in class
- Hearing news on social media can increase risk perception, but low trust in some media

"I've got Facebook and I see loads of stuff about coronavirus, but I don't believe it until I see it on the news... I tell my friends, don't believe the stuff on Facebook, half the stuff isn't true"

▪ Perception of, and adherence to, government guidance:

- Some YP forget to wear their face coverings when they travel on public transport
- One young person felt that the responsibility is with people to safeguard themselves and others, and not necessarily with governments

"I feel it's our responsibility to safeguard ourselves and others. The government, I think they're doing their bit, but in my opinion, in school they're giving out notices, every train station has a notice and a hand sanitiser as well... they're doing their bit, but I just think we blame the government saying, it's their fault."

- Some confusion around the new guidance issued in September 2020, especially around the 'rule of six' when it concerns family bubbles (some YP think that if there is a family bubble >6 this is breaking the rules) and around the mask exemption rules for certain groups (some YP are worried or concerned for themselves or others who struggle to wear masks due to asthma or other conditions, they believe they will be penalised if they remove masks)

"Some people have six in a household, me and my family are six already, so it makes no sense"

- Some YP feel frustrated and confused with the 'changing' guidance and have 'given up' on following the rules, they admit to meeting up with friends in parks/public areas in groups of more than six.

"It's like no one cares anymore, everyone just gave up with it [following guidance]"

5.4 Young people (2)

Experience of lockdown

- Many found it difficult not to go out and do things
- Caused disruption in their education – schools/colleges stopped abruptly
- There was a feeling that they needed to contribute more because they have been home more, i.e. food, electricity consumption
- Some experienced weight gain from time spent at home

"Money at the start of the quarantine, I was saving it, it was just nice to stay home, didn't have to buy anything out, there were no temptations, most of the shops closed, so I started ordering food and the weight just kept growing."

- Overcrowded households makes it difficult to revise/do school work
"I'm trying to revise at home but it's too small and loud, I can't focus. I went to a coffee shop a few times, but they close early and the internet's not too good."
- One YP mentioned they liked lockdown because it gave them a lot of time to think/work on themselves
- One YP who is a single parent mentioned not being able to see his child due for 3-4 months during lockdown due to parenting arrangements and not living with his son
- Some YP are unemployed and struggling to find jobs in customer service/retail (sending out applications and getting no replies)

"If lockdown wasn't on I'd most likely have a job by now"

- YP seem frustrated that they cannot use open spaces like parks to see their friends, exercise/walk or socialise – some feel like they are being 'watched' by the police.

"They watch you sometimes in the park, checking how long you've been out for... and they tell you when it's time to go"

- Some YP spoke about the impact on their mental health, caused in part by the abrupt nature of the lockdown and the subsequent lack of routine. One participant described how she had a consistent routine before lockdown which included going to college and then going to a youth centre 4-5 days per week after college. When this stopped due to lockdown, she described how she felt:

"I had a couple of breakdowns, really bad breakdowns, I started crying, I literally locked myself away in a room for six months... I wasn't talking to no-one... I literally just switched off"

- She later described that she relied on two of her closest friends who maintained contact with her and went over to her house to get her out of the room.
- One participant started feeling depressed during lockdown and was referred to a mental health team through his GP and is now receiving emotional and practical support. This participant mentioned he needed the help of his parent to prompt him to speak to the doctor:

"My mum came with me which was good, because I don't usually like to speak to people about my feelings, I like to just hide it, but if I didn't speak, I knew I wouldn't get the help that I want"

5.4 Young people (3)

Access to information and support

- Most young people in the focus groups said they find the guidance/information around the pandemic to be confusing at times.
- Most said they use YouTube, Snapchat and Upday (push notification news app on phones) to view news snippets/updates to keep informed - *"We want to hear news about the pandemic on the platforms we use"*
- Some said they wouldn't access council social media, i.e. Instagram or Twitter, to get news/updates on the pandemic or services
- Potential gap in support for mental health – one YP mentions that he would like more support around relaxing, meditation. Discussion around apps he can use, mention of Headspace by others in the group

Lockdown easing

- Lockdown easing is good, but places close earlier than usual, for instance trying to work/revise in a coffee shop and it closing early or bad public WiFi connection limiting the ability to work/revise in spaces other than their home

"It's weird, it's like everyone has to be home earlier because everything's shut earlier. Because I like to revise for a long period of time, so it's like everything closes at six."

Concerns about future

Future lockdown

- Main concern around a second lockdown – *"I can't be going through that again, I've just got back to college"*

Education

- Anxiety and uncertainty about further education/work – no work experience available, not sure when they will go back to college and if it will be reduced attendance, feeling like they can't progress with their careers because there is no work experience
- University lectures might not be the same/might be online
- Exam grading issues in the media caused anxiety/concern
- Reduced chance to get university scholarship now as there are no sports competitions running

"I couldn't go out and train, so when I wanted to get my scholarship there was no competitions, so I couldn't get my scholarship anymore."

Employment

- Wishing there were more job opportunities, worried about a recession

Impact on mental health

- Concerns that if a future lockdown happens, some won't be able to cope mentally and it might exacerbate pre-existing issues/conditions

"I'm also worried about my eating because when the lockdown happened the first time I stopped eating completely and I lost a lot of weight because of it. I think it was worry.

And I'm scared that might happen again because of the lockdown. I started getting back into my usual eating habits, even though people have to keep reminding me to eat. I could eat a packet of crisps and that would last me until the next day, that's how bad it got.

In my brain I think I have an eating disorder, in my eyes I see my body as not good enough. My boyfriend has been a big help, he was telling me to eat, helping me to get out of bed."

5.5 Those with long-term health conditions or impairment

- Some experienced **difficulties accessing basic amenities** at the start of lockdown:

"Had difficulty getting food as I could only go to the local shop and quite often the shelves were empty and I am unable to carry much as I am waiting for an operation on my shoulder and need to use a walking stick on the other side as I wear a leg brace and am prone to falls."

- There's a general disregard for wellbeing and limited access to amenities:

"As someone who is housebound, I have been on 'forced lockdown' for a very long time. The environment around you is not kind or suitable for people with disabilities. When the rest of society suddenly faced a few weeks of having to deal with what disabled people are subjected to daily with complete disregard for their wellbeing; food disappeared from shops, pain medication (so vital for chronic pain/illness) was unavailable, allergy-free products were out of stock or 10 times their normal price, asthma preventer inhalers out of stock nationwide for weeks."

- Not having the same support around monitoring medication:**

"Making sure that I take my new medication and taking it in the right order etc. Not being monitored as usual."

- Dealing with **antisocial behaviour** and the impact it can have on vulnerable people:

"No-one seems to talk about how antisocial behaviour has a serious impact on vulnerable people. Groups of youths having drug parties outside your property all night long for weeks, subjecting you to abuse."

- Those with cognitive impairment can find it **challenging to recall what's in the guidance:**

"I become easily confused and have to be reminded frequently about the latest guidance."

"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."

5.5.1 Learning difficulty (1)

Feedback on mitigating strategies (i.e. social distancing, face masks)

- General consensus is that people agree with social distancing measures and face coverings
- However social distancing measures aren't always possible i.e. other people not leaving enough space, bus drivers letting on too many people
- Comments around people not wearing masks, or not using them properly
- Many of the respondents have medical conditions which means they find it too difficult to wear a mask. Some had exemption cards but others didn't really know the process to get these
- Measures not enforced – seating isn't separated, people walk within 2m of you
- Prices of masks are too expensive, especially for adults with learning disabilities (LD) who are often on a low income – agreement that masks should be issued to certain groups
- Bus drivers themselves set a bad example by not wearing masks

Perception of risk

- Many residents with LD feeling at high risk: many with long term conditions (some told by GP to shield), many feel that they abide by the rules but other people don't (makes them feel at more risk)
- Even with shielding ending, residents don't feel in a position to re-join activities
- Feeling at high risk led to some residents feeling they couldn't access needed services like foodbanks

"There needs to be accessible information, different types of information for people with all types of disabilities; there needs to be posters up with what the actual rules are on social distancing"

Access to information/guidance

- A reliance on family members to explain the guidance/soothe anxieties
- Residents often getting their information from watching news/YouTube; however, this often caused confusion and misinformation being shared
- People with learning disabilities stated they do not have the information and guidance explained in ways that they can easily understand
- Some people rely on watching the news as they can't read at all/don't have information available in Easy Read versions
- Residents didn't know how to access a wide range of guidance including getting exemption cards, knowing that they were eligible for food packages and knowing how to apply for this, knowing their eligibility for other types of support and advocacy
- Unless they have advocates or people in their family who are clued up, they don't access the support they are eligible for
- Information and guidance gets quickly distorted as people get news from social media and then it is passed on like Chinese whispers until you end up with a completely different version

Experiences of services

- Residents finding it difficult to book appointments for things like hearing aids, dental treatments etc.
- Residents not given the support they need for health issues: *"And 111 was useless. I went up the hospital because I couldn't swallow one of my tablets, my epilepsy tablets. I was told oh just stay at home for seven days. Two days later, I had a fit."*
- The feeling that NHS/GPs/DWP etc. are using coronavirus as an excuse not to deal with other issues

5.5.1 Learning difficulty (2)

Inequalities/disproportionate impact

- Schools and colleges have gone back but many of the support services for disabled residents are still closed
- Adults with learning disabilities need different levels of support and help i.e. during hospital admissions
- Information provided by government/local government is often inaccessible for this group – missing out both on info, and on available services
- A genuine sense of anger that people feel their human rights are being violated

Responsibility

- Many people living with their elderly parents – very concerned they will give the virus to family members
- Some LD residents are looking after their parents, and yet have received no support and were left alone to cope in this role through the lockdown

Impact on emotional or mental wellbeing

- Negative impact on wellbeing when contact with services/social groups is taken away – social isolation was caused by the lockdown; people having nowhere to go and no one to talk to
- People suffering from depression, stress and anxiety throughout the lockdown (two participants shared that they have been suicidal previously and still were offered no support)
- Services such as Centre 404, Elfrida, and Mencap were a lifeline for many, as they kept some services going virtually

"I'm really glad you are speaking to people with learning disabilities... you're the only person who has asked how I have felt"

Gaps in support or provision

- Lack of support from the local council for those with learning disabilities
- Not getting access to the support that they are entitled to because they don't know about it or don't know how to access it
- Emotional wellbeing represented a huge gap in support for this group
- Impact on physical health: more difficult to manage health conditions
- An overall sense that adults with a learning difficulty normally receive a lot of support and suddenly they felt they were left to their own devices

"He was at home with his parents and he didn't get any help or support from Islington Council. His mum is disabled and he got no support"

Impact on social life and connections

- A particular impact on this group was the inability to go to day centres and support groups and to access their LD peers during lockdown
- Volunteer roles that participants were doing were also taken away – residents lost their routine entirely
- During lockdown, virtual activities such as quiz nights, radio sessions, drama were organised by organisations like Mencap

Experiences of lockdown easing and anxiety about future

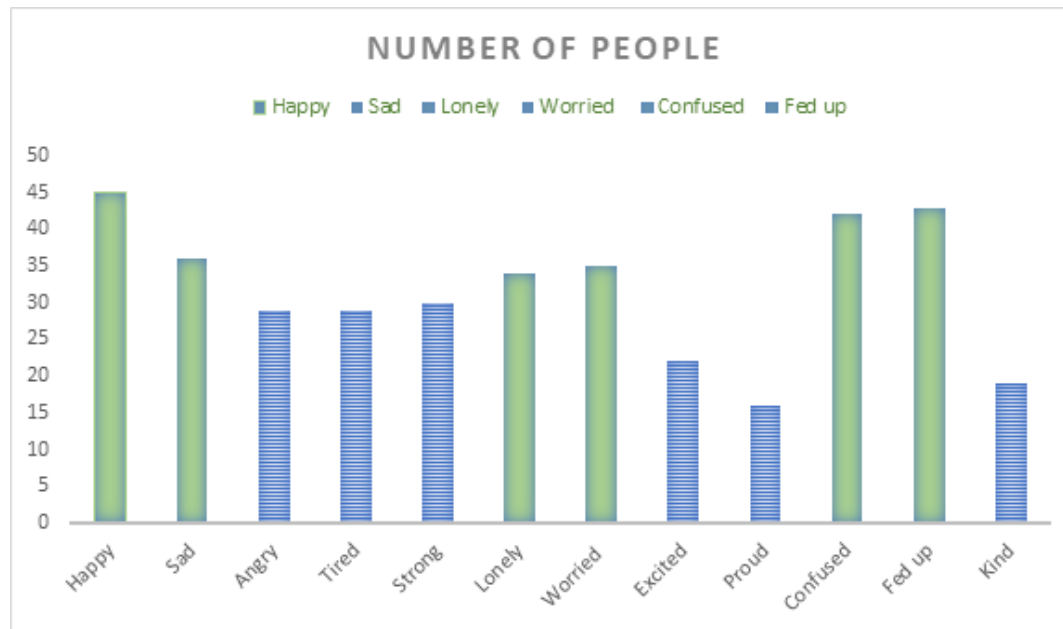
- Although residents are keen to get back to activities, there is a lot of anxiety and fear of other people's behaviour (i.e. not social distancing)
- There is fear of a second wave, fear of a second lockdown, and fear of contracting coronavirus a second time

5.5.1 Learning difficulty (3)

The Elfrida Society contacted Islington commissioned providers to gain feedback from their service users on how they have been supported during Covid-19 via an easy read questionnaire. A total of 99 service users completed the survey. Below shows a brief summary of findings.

Emotions during lockdown

- The most common feelings during lockdown include: "Happy" (n=45), "Fed up" (n=43), "Confused" (n=42), "Sad" (n=36), "Worried" (n=35), and "lonely" (n=34).



Support from staff

- Majority of the service users needed help from staff to:
 - 1) understand Covid-19 and how to stay safe;
 - 2) get food and stay in contact with people and
 - 3) talk to a doctor
- Some examples of different ways in which guidelines related to Covid-19 are communicated to service users:
 - Displaying and distributing information
 - Social opportunities e.g. coffee mornings
 - Social stories
 - Easyread versions of internal Risk Assessments

Areas of concern

- Only 47 out of the 99 service users said they had someone from the council or a charity to call them to see how they were doing (or received welfare calls)
- Five people were not supported to get food
- Over 10% were not sure if they had been given easy read information about Covid-19
- Providers found it challenging to support service users up to date with guideline changes and general Covid-19 developments

Digital inclusion

- Shared Wi-fi is not strong enough for multiple devices.
- Service users behaviour could make having a digital device dangerous to themselves and others.
- A service user who is partially sighted is supported to access a house phone instead of a device.
- A respite provider explained service users do not have their own devices but can access the staff laptops and have access to a service user computer and laptop

5.6 Those affected by existing mental health conditions

- A total of 74 survey respondents had a self-reported 'mental health condition, such as depression or schizophrenia that has lasted or is expected to last 12 months or more'
- Some respondents mentioned feeling ok at first, but now they find their mental health deteriorating and there is a struggle to cope over time
- Some people with pre-existing issues found it difficult to cope and mention that the pandemic has made their conditions worse, a few people mentioned having a relapse due to increased stress from pandemic
- Those who are affected by mental health conditions often face multiple issues/ challenges:

"I had OCD about contamination as a teenager, this is being retriggered. I've not gone in shops after being distressed by lack of social distancing so have to spend more on deliveries. I've been depressed living on my own with no garden. I don't have a car so hard to visit family. I won't use public transport. The having more food stored in flat has made it hard to control my binge eating issues."

"I have depression and anxiety, which the pandemic has made worse. In some senses lockdown was a relief because it felt safer, and also because it meant less dealing with people in person (e.g. at work) when I felt mentally unwell. But I live with two flatmates and we have had disagreements on how seriously we need to take hygiene and social distancing precautions... even now that we're allowed out to meet people, I am unable to meet many of my friends who live elsewhere. I live near a beautiful park, but it is often so crowded -- with hardly anyone wearing a mask and many people not bothering to keep social distance -- that it feels unsafe to go there."

- Some felt they could not reach out for support, as everyone is under stress from the situation

"I'm living alone, trying to cope with Complex PTSD, depression, loneliness, fibromyalgia, and the fall-out from losing the rape case, without anyone constant for support. Normally, I might be able to rely on friends for support by phone/video call, but now that everyone is suffering in the pandemic, I feel unable to burden anyone else with my problems, so I'm barely hanging in there on my own."

- Disruption of access to services and health appointments has had an impact on them

"My mental and physical health has suffered because I used to go to the swimming pool twice a week to do water based exercises which helped with my disability and my depression."

"I haven't been able to access services that I need – e.g. Mental Health Crisis services. I couldn't be referred to a Crisis house as they were only accepting referrals from hospital and the Crisis Team said they couldn't see me because I was at home."

5.7 Carers (1)

- A total of 26 carers completed the resident survey.
- Some had caring responsibilities for children/ young people/ adult with autism and learning difficulty; elderly family members/relatives/ neighbour with long term conditions.
- It is apparent that the pandemic and lock down have had a profound impact on their lives, **health and emotional wellbeing**, particularly those who are **already affected by physical and mental health problems** and **social-economic deprivation**. Many had to juggle caring responsibilities with work life. Some lost their job/ may risk losing their job.

"I found it really hard to be locked indoors as a vulnerable person plus living in an overcrowded one bedroom taking care of my sick husband and children. Lost my job . All came at once."

- Many of them said they **"became paranoid"** and **"very worried"** about catching the virus, and passing on to people they care for. This is especially hard for key workers and sole carers e.g. single parent household or those don't have family around. "If something happens to me no one can really help."
- Many felt anxious about the future and potentially another lockdown.
- Public Health have spoken to family carers - parents with adult children with learning disabilities who live in supported accommodation in the community (except one parent who cares for her son at home). The findings can be found on slides 32-33.

*"Very difficult and stressful to travel to meet caring responsibility for adult disabled son. Very pressured with such **limited finances and resources and personal transport. Increases my own stress, anxiety and long term health problems** such as heart, breathing and arthritis which were already difficult and painful to live with prior to covid pandemic so has had extreme negative effects all round."*

*"Worried about our health as I was carer and looking after **my son who has mental health issue**. One of the **vulnerable older people I was caring died for Covid-19** and a result of that I stopped my job. I am **unemployed right now**. The pandemic affected me **emotionally** as well as **financially**."*

"I am working part time from home. Carer for my son who has autism and learning disability. All of his support and education has stopped."

5.7 Carers (2)

Guidance from government and providers

- Lack of communication with providers about what was happening during lockdown and what measures they were taking and why
- Felt providers were using government guidance as a way to justify not allowing them in
- No communication about how they would replace the contact lost with their children

"I felt what would be helpful would be a fuller explanation from providers about measures taken and why. All we got was stark communication 'sorry but you can't come in'. What were they doing to compensate for lack of regular activities? We need more communication and greater clarity."

"Providers were unsure about status of guidance versus reasonable adjustments and best interests. PHE guidance doesn't have the weight of law. We need to know what the channels are for making the case for reason adjustments and best interests [for our children]."

- One parent mentioned that his son has comparatively less severe LD. But his son struggled to accept the '*deprivation of liberty*' that the lockdown brought. His son was very used to meeting a network of people with LD, and suddenly it all stopped for him and he struggled with that a lot. He thinks this is '*more difficult for him because of his comparative lack of understanding why*', and mentions that the staff that looked after his son '*were getting a lot of flak from tenants*' about the rules. And that staff and parents felt like the '*enemy*' to his son. With time, his son accepted the guidelines, etc., and he managed to persuade him to wear a mask outside.

Impact of lockdown on parents and their children's mental health

- **Parents weren't able to see their children and their children didn't know why, this was very difficult for parents who were suddenly 'banned' from seeing their children in supported living settings**

"It was traumatic. He was used to seeing me most days, and didn't understand why that had changed. His behaviour deteriorated due to the absence of normal routine."

"The attitude has been we must ban relatives from visiting, but it should be 'how can we make contact happen'. It's possible that family members are safer than the staff coming in. There's a lot of pressure on providers, and I think it's very difficult for sanity to prevail."

- One parent wanted more clarification as to why she couldn't see her son. She also delivered food to him, but sometimes couldn't come into the building, and had to drop this outside. She is worried about his health, and still wants to look after him – she still does a lot of the caring role even though he is in supported living. Struggle to find spaces where she can safely see her son, especially as she doesn't have a garden at home and can only visit the setting to see her son in the garden. She is worried that she will struggle to see him again in a second lockdown.

"I'm a carer full stop. There needs to be more clarification why I don't see him. I had to push to see him in the garden. When we deliver the food they come and collect it. It's really hard. He's in supported living but I do a lot of a caring role. I worry about him, I worry about the second lockdown, not being able to see him. He is missing the family home, he hasn't seen it for 6 months. Myself, living in a flat, we don't have a garden, and I can't take him out at all, only visit him in the garden."

5.7 Carers (3)

"There is pressure on providers and it's very difficult for them to know how to treat family carers. Mostly people are looked after very well. But what gets left out are our own feelings of loss and separation. It's quite difficult for providers to take that on board. Maybe this time around we can all do it better."

Communication with children/ use of digital technology during lockdown

- One parent talks to his daughters who live out of London in supported accommodation in Kent on Skype every week because that's what they want. He says, *'they don't want to see their father in a garden wearing a mask.'*
- Contrastingly, another parent shares that her child is **non-verbal** and **can't communicate on zoom or skype**, and this parent is very worried *'she wouldn't be able to understand why I can't be there physically'*. This parent mentions that the impact on her has been *'very traumatic'* and has impacted her health, she **couldn't communicate with her child for 12 weeks during lockdown**. This shows the diversity of experiences of family carers.
- **Maintaining informal caring responsibilities**
- One parent had to cover the work of their child's support worker, due to the **support worker having to go into isolation a number of times** – parent wants to highlight the ongoing issue with providing staff cover, meaning that the parents need to step in.
- One parent mentioned that they are *'not as young as we might be as we are in our 70s'* and felt this sent a *'message of vulnerability'* which was quite sobering for them, in relation to the amount they can support and care for their children.

One participant cares for her child at home and the below extract describes her experience during the pandemic, including her perception of risk, impact of Covid-19 on employment, access to carers and support, and access to testing

"My son lives at home and I'm a carer around the clock. He's non-verbal and has additional chronic health conditions. We were quite isolated [when lockdown started], the two carers we had stopped coming. My two sons had to provide the care instead. It's quite heavy. I also used to work full-time but can't anymore since my son's health deteriorated a year ago."

The carers are back now, but with the ongoing situation I don't know what's going to happen. I'm more worried about them [the carers] coming in, as they have their own families. I can't control what other people do. My concern is mostly about testing, where can I get tested? I would love to test carers and organise tests for ourselves but I don't know where to have it done. I'm looking into private options where I need to pay."

What would you need in a second lockdown

- Space you can safely meet with somebody as Autumn/Winter approaches – *"We had really nice weather but what happens in bad weather, how would family carers be able to see their loved ones?"*
- Help with shopping, basic tasks during lockdown became difficult. Want greater awareness of things that can help / more info and signposting on what's available. One parent who cares for her son at home didn't realise that she was eligible for priority food deliveries, it took a physio to call and check-up and she mentioned she was struggling to get shopping, and the physio managed to register them for priority deliveries.

5.7 Carers (4)

- The Covid-19 survey by **Healthwatch Camden** suggested that carers were more likely to have used services, when compared with other respondents since Covid-19 emerged. They were more likely to report having been impacted by the pandemic, particularly around their health and wellbeing.

"As carer for someone else, being lock up 24hr and meeting their need it has been stressful, I'm physically and mentally exhausted."

"Working parent with two primary school kids helping with care for elderly/vulnerable parents. Restrictions on being able to visit them freely is challenging... Loneliness, boredom and isolation is making mental conditions like Alzheimer's worse."

- Carers often reported fear of catching the virus or exposing their loved one to the virus and talked about taking extra precautions

"What do I do if I get it? Who cares for my wife? We haven't had any clear guidance around this which has left me terrified to catch it. I've broken my glasses but fear seeing doctor. I'm even scared to just open the door. I don't know how I'll be able to go to the store when this is all over."

- Frequent concerns were made about the loss of access to support or respite services that have provided invaluable breaks.

"One [carer] comes just once a week to help him shower because I cannot lift him. This is much reduced hours as before. Happy that council allows direct payments to be spent more fluidly now, especially on PPE."

Source: "We all live in fear now" – what we can learn from Camden's carers. Healthwatch Camden. 2020. [Carers perspective of Covid-19 and what we can learn article - Healthwatch Camden](#)

5.8 Refugees, migrants & asylum seekers (2)

- Twelve refugees and asylum seekers have shared their experiences with **Healthwatch Camden** via their Covid-19 survey and follow-up interviews.
- Key findings:
 - Their key concerns include a fear of contracting the virus; feeling worried about the future and “life coming to a halt”. Another common concern was related to the lack of social and community interaction.
 - The majority found understanding information and guidance from Covid-19 “difficult” or “very difficult”, compared to only 18% had difficulties understanding guidance in the overall sample.
 - Many of them expressed a lack of trust in the media
 - With information from the media about Covid-19 often seen as contradictory or false, it is maybe not surprising that some respondents preferred receiving information about risks and how to protect themselves from trusted sources and friendly faces
 - Although easing of lockdown for many means reuniting with loved ones and returning to work – creating a “new normal” – many refugees do not have families or wider social networks around or job security to rely on.
- Another important finding from the interviews with refugees was that only 1 in 4 refugees and asylum seekers used health and/or care services since the Covid-19 outbreak, compared to over 50 percent of all respondents. One of the obstacles for those who needed to access health care, but did not, was not being comfortable on the phone.
- Most refugee and asylum seeking respondents said their mental health was impacted by Covid-19, with people reporting depression, anxiety and negative thoughts.

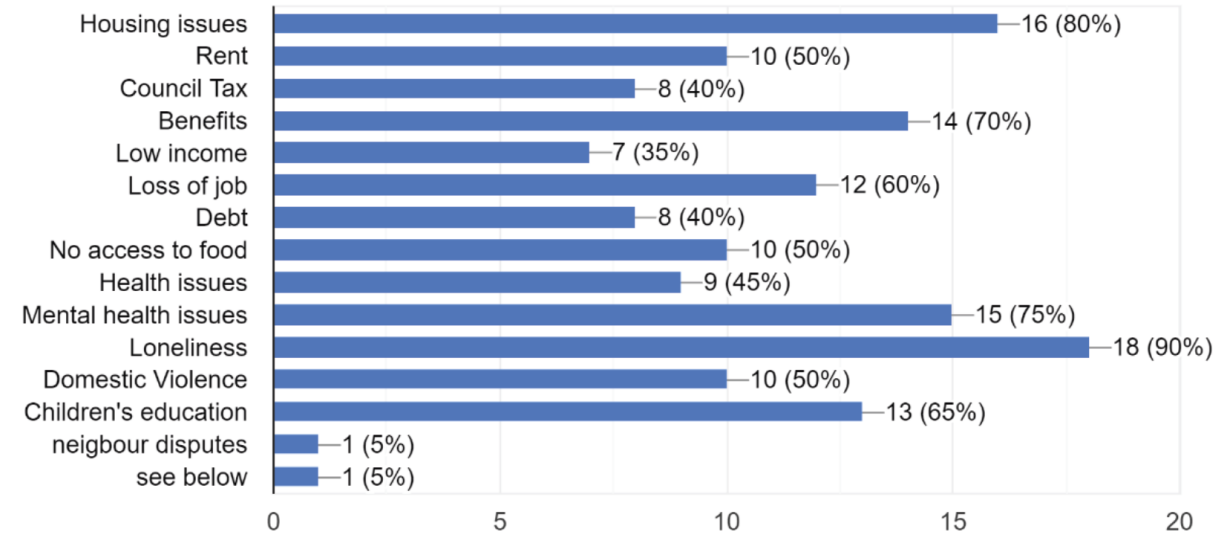
Source: Refugees finding Covid-19 information ‘very difficult’ to understand. Healthwatch Camden. 2020. [Refugees finding Covid-19 information ‘very difficult’ to understand - Healthwatch Camden blog](#)

5.8 Refugees, migrants & asylum seekers (1)

The total number of refugees (adults and children) resettled by Islington over 4 years is 63. Refugees in the UK suffer disproportionately with poor mental health. The majority of asylum seekers in the UK experience serious mental distress. The total number of households the No Recourse to Public Funds (NRPF) team has supported during 2019 was 61, lower than in 2018 when the team worked with 71 households (States of Equalities in Islington Annual Report 2020)

- **Islington Refugee and Migrant Forum** had produced a survey report on the impact of Covid-19 on refugee and migrant organisations and their service users in Islington
- The report was based on a survey to Refugee and Migrant Community Organisations in Islington (n=20), semi-structured interviews (n=5) and a focus group (n=10)
- Key findings:
 - Demand for services has increased – consisted of old and new clients
 - Type of enquiries received from service users include mental health, loneliness, domestic violence, housing and welfare support and immigration advice
 - Enquiries were complex and interrelated
 - The highest number of enquiries were related to loneliness and housing
 - Respondents reported receiving an increase in enquiries from women
 - 70% of survey respondents felt their community has been treated differently by public bodies in light of Covid-19.

What inquiries have you been receiving from service users since the start of Covid-19?
20 responses



"We have seen a range of different problems from access to basic provisions – food, phone credit, medicine, to more difficulties in the immigration and asylum process." (Room to Heal)

Source: The Impact of Covid-18 on Refugee and Migrant Organisations and their Service Users in Islington: A Survey Report 2020. Islington Refugee and Migrant Forum. 2020.

5.9 LGBTQ+ residents

- **forum+** (Forumplus.org.uk/) works to promote equality for lesbian, gay, bisexual, transgender and queer (or questioning) and others (LGBTQ+) in Camden & Islington. They support victims of LGBT hate crime, across Camden and Islington. forum+ hosts social groups and events, working to reduce social isolation and loneliness in the LGBT+ community.
- **forum+** carried out a Camden and Islington survey with an aim to understand LGBTQ+ residents' lockdown experience during Covid-19:
 - What was life like for the population group before Covid-19?
 - How has the pandemic changed how people receive local health and care support?
 - What could change to reduce the impact and help this group more in future?
- A total of 64 Camden and Islington residents completed the survey

Key findings:

- **Early concerns** during the start of the pandemic include: access to health care, continuation of prescriptions for long term health conditions e.g. HIV medications and worries about being able to buy food and essential supplies. These concerns appeared to resolve quite early on in the pandemic due to 1) the interventions delivered by the councils and VCS organisations in supporting those who had to stay at home was crucial and 2) people found out that that food supply chains and health system particularly around medications, were largely unaffected
- To varying degrees, respondents say Covid-19 has affected their lives in some way with **around 51% stating a large impact** and **81% stating it has limited their lives significantly**.
- **Mental health** – **40%** stated their mental health had **deteriorated somewhat** and 30% stated it had **deteriorated a lot**.
- **Social isolation** - **42%** felt some form of social isolation. LGBTQ+ people over 55 are more likely to be single, live alone and less likely to have children or regularly see family members than straight people. Following government guidance that over 70s should stay indoors to reduce their risk of contracting Covid-19, older residents had had to stay in their homes, with many living on their own left without their usual social network
- **Physical health** - **40%** felt their physical health had **deteriorated somewhat** during the pandemic and **6%** thought it had **deteriorated a lot**. Nearly 25% said it had improved because of exercise

Service provision and activities during lockdown/ pandemic:

- Some forum+ service users are victims of hate crime and they are met online and through phone calls during the pandemic
- Vulnerable isolated clients – weekly check in calls
- Social: monthly poetry evening and film nights and events related to the LGBTQ calendar e.g. panel discussion for the National Hate Crime awareness week

5.9 LGBTQ+ refugees and asylum seekers

"It is unbelievable. It is people that you would think how can they survive in these circumstances, and then suddenly another thing on top of that, it is really hard... but people survive" (Interview with staff at MIND)

- This group are facing a wide range of problems and many require specialist support, particularly throughout the pandemic. They face challenges discussed in the previous slides related to refugees and asylum seekers, and more.

Impact on housing

- LGBTQ+ refugees and asylum seekers were often hosted by volunteer residents. For example, charities such as Refugees at Home connects those with a spare room in their home to refugees and asylum seekers who need housing for a fixed period of time
- This means since Covid-19, some had to leave these hosts' housing (due to the hosts usually hosted them for a few weeks or months at a time) and became homeless, in housing that was overcrowded, and found themselves sharing a room with others with no access to basic amenities and needs
- A lot of their housing situation was already bad, and has become worse because of the pandemic

Impact on finances

- They found themselves struggling to access housing, money and food
- Benefits decisions suspended during lockdown

Access to services & digital exclusion

- There is a vast shift in the way services are delivered and it became a basic need to have a phone; a lot of people did not have one before
- People have found it a struggle to access health services because it has been remote and people needed phone and IT capacity

Service provision and activities during lockdown

- In MIND, virtual activities were offered including specialist forum for LGBTQ+ refugees and asylum seekers

Impact on emotional wellbeing

- Changes in circumstances (e.g. living situation), social isolation and lack of access to services has triggered their stress and anxieties. The impact was greater on this group as many often have PTSD

5.10 Homeless (1)

The findings from this section is a summary of the C&I Homelessness Needs Assessment (November 2020).

Experience of lockdown

- Residents in hotels didn't feel anxious about the virus once in the hotel –they are able to be separate from others if they wish to keep their distance
- Residents felt that there were a complete lack of activities and that this was not healthy for them and didn't give them anything positive to focus on through the pandemic
- Social isolation: social distancing measures meant residents could a) not spend time in communal areas with other residents (which for many is a key way of maintaining their mental wellbeing) b) could not have family/loved ones to visit c) there was a vast reduction in face-to-face access to case workers
- Particularly in the stricter stage of the lockdown, many residents felt more cut off and isolated than usual

Health needs

- For many, the pandemic has been a much-needed reprieve and access point with regards to sorting out physical and mental health needs or substance misuse issues
- Shortage of drugs on the streets: an incentive for people to come in off the streets and enrol in a drug treatment programme. Some residents engaging with services for the first time have been able to reduce their substance use/methadone dose
- Britannia Hotel: the fact that there was a truly holistic team on site was a huge bonus (access to clinical psychologists, nurses, sexual health screening, personal trainers, case workers, drug and alcohol services)

Access to information and support

- Staff support: there is lots of praise for homeless service staff input
- Residents were assisted in accessing other services i.e. making applications for case worker support, being helped in to temporary accommodation, help with accessing Universal Credit, or having help with home office applications
- Some residents felt it was an advantageous moment to come in off the streets due to the focus on health needs and ensuring access to the right services
- Bad communication: residents reported not receiving clear communication around the process to be housed when street homeless, where to access food, around information on the timescale of hotels shutting or on the move on process and what accommodation they would be placed in. Residents conceded that sometimes no one knows the answers but that even this wasn't communicated to them and so they felt in the dark at times

Digital exclusion

- Digital inclusion/exclusion was a core theme that came up frequently: residents who don't have access to digital devices are struggling and also lack access to services
- Access to tablets and smartphones (for those accommodations where these were provided) has been a huge bonus and a really big help for getting through lockdown (i.e. distraction, entertainment, news source, contact with loved ones, ability to access UC and to look at flats they are being offered)

"I've always believed in the mantra, why let me become an entrenched rough sleeper if you can offer early intervention and prevention. So, it shouldn't have taken a pandemic to get lots of homeless people off the streets, but in a way, it's been a blessing in disguise for lots of people in terms of getting them off the street"

5.10 Homeless (2)

Gaps in support

- Whilst residents in hotels/hostels have had access to many services, participants stated that it is impossible to get hold of their GP (they feel the only issue health services are interested in hearing about is Covid-19)
- In the initial phase of lockdown, all the day centres and food kitchens were shut and there was a severe lack of access to food on the streets.
- The process to getting off the streets did not seem straightforward to a lot of people who experienced it (from their perspective, it seemed to be luck which services residents happened to come in to contact with). There was a wide divergence in the amount of time it took people to 'get inside', ranging from a few days to 9 weeks street homeless
- 'Meaningful activities': Residents felt their wellbeing would benefit greatly from having access to online socials/classes, ongoing EET opportunities, opportunities to continue volunteering, writing/art workshops etc. It was suggested by several residents that a) this could be directed and informed by users themselves b) having this focus could also help residents struggling with health issues such as mental health problems or addiction issues

Anxieties for the future

- Residents fear the hotels shutting and what may happen to them after this. Some residents are very worried about being forced in to housing out of boroughs or ending up back on the streets again
- There is a great deal of concern about what support residents will have access to once they are 'moved on' to other accommodation i.e. will they still be able to access mental health support, EET support etc.

"For me, it's the first time I've been in drug treatment as well, I've never been on a methadone script before because I was always kidding myself, didn't think I had a problem"

Women and homelessness

- Women only 'safe spaces' need to be created within hostels/hotels during the pandemic, particularly given some of the trauma women have experienced
- During the lockdown, some women were housed in COVID-Protect sites, only to find that their perpetrator had also been housed there
- One approach doesn't fit all –homeless women benefit much more from a relationship-based approach taken with one trusted case worker
- Women who have experienced trauma can find it incredibly difficult to remain alone in a room: **"at one point I thought I could take my life...I had to get someone to ring up and do a referral to the crisis team"**
- Many staff are not trained to work with women with multiple disadvantage, so these residents do not get access to the support they need
- Provide appropriate personal hygiene products for female clients
- Consideration needs to be given to housing heterosexual couples and how to support both (especially with regards to any domestic violence)
- Initial feedback from colleagues and partner agencies is that there is little impact on the sale of sex in the light of COVID 19. For many multiple disadvantaged women, begging will have become harder so they will be forced to look for income in other ways
- Covid-19 is a risk, but homeless women are facing other threats which they need help for imminently, and can't be put on hold because of coronavirus

"They did want to put me in private rented accommodation but I said, 'No! Say, I had a depressive episode or relapse and I don't pay my bills and my rent, don't speak to anyone, then I'm back out on the streets and back on square one. I need some support still"

5.10 Homeless – a case study

This is a case study about how Emma became homeless during lockdown and how the pandemic impacted her life.

Emma is 22 and housed in a Camden hostel under the Homeless Prevention Act. She was made homeless in April when the Covid-19 pandemic caused a U.K 'lockdown'.

Emma was an informal live-in carer for her mother before she was made homeless, but was struggling to live at home due to **her mother's mental health condition**. When the situation became too difficult to handle, Emma **moved in with an elderly neighbour** who lives close-by and began caring for her, helping her with cooking, picking up shopping and prescriptions, and walking her dog. While staying with her neighbour, Emma's mother's mental health deteriorated and she was sectioned in front of Emma, which caused Emma to have a breakdown. Emma felt that she couldn't live at home or with her neighbour any longer and wanted to find somewhere to live, so through contact with [name of VCS organisation] she was put in touch with the housing team at the Council. Emma feels grateful for being housed, but she finds it difficult to be around people with **substance abuse issues at the hostel**, and she also wants her **privacy**. Emma doesn't want to be in hostel accommodation long-term and would like to one day find somewhere she can call home.

"It's fine here but it's not for me, and it's uncomfortable in lots of ways, and it's a public building, it's not a home. I still feel like I'm recovering from seeing my mum being sectioned... it's really difficult living in sheltered housing when you're a young person because there's people who are living here who have severe substance addictions. I feel like it's so hard to communicate with my neighbours and the people around me, and I like to have my privacy and be on my own."

Emma continues to support her neighbour, but worries that she is **unable to maintain social distancing** and is concerned that she may **pose a risk to her neighbour**.

"I'm going in and out of her flat, she needs me to look after her, and I can't socially distance around her because she can't really get out of bed, so it was a risk to go into her flat because I could have brought it in and infected her, and because I'm a young person, my immune system would be able to fight it off possibly, but it would definitely affect her."

Emma wants to restart counselling sessions to help her with her mental health, but is worried about the **format of the sessions** and not having face-to-face contact.

"I think it's knocked my confidence because I don't like to use technology... this is just making us more cut off from reality and connections, and we're being forced to use Zoom and email and internet... I don't know, it's much better to have group community meetings and therapy sessions face to face."

Emma is also taking part in the local job centre's Health and Work programme, and is looking for employment. Emma has been **unemployed** since graduating with an Arts degree in September last year, and hopes to find work in publishing or doing art gallery PR in future. Emma is currently on a waiting list to get a small flat of her own, thanks to the help of her social worker.

5.11 Clinically vulnerable residents (previously shielding)

- A total of 20 survey respondents mentioned either they were shielding or lived with someone who was shielding
- Those who **were shielding** during lockdown:
 - Shielding/ lockdown severely restricted one's ability to undertake their usual range of activities, e.g. volunteering
 - Inability to meet with children and grandchildren
 - Struggled to get food during the early stages of lockdown particularly if they lived alone
 - Impact on mental health due to anxiety and existing challenges e.g. physical impairment, unemployment, anti-social behaviour outside their property, overcrowding living conditions
 - Impact on their family and relationships
 - Fear of contracting the virus
 - Fear of going out even when lockdown eases
 - Concerns for their own safety and future
- Those who **lived with or required support from someone who was shielding**:
 - Fear about partner contracting the virus
"My main concern is what will happen when my daughter starts school in September, we both continue trying to work, and there is a second wave. I am very fearful of my partner contracting the virus but feel we have to continue integrating into society for our children's wellbeing, as well as our own mental health."
 - Inability to meet with family
 - Difficult when they faced challenges themselves, e.g. job insecurity, whilst shielding family members
 - Support from local groups and neighbours was perceived to be important
 - Difficult when they normally rely on this person to provide every day support/ care due to their health conditions and/or impairment
 - Experienced bereavement

"I'm self isolating if I have to go out I make sure I take all my cloths off have a shower and wash cloths so and then I self isolate for seven days"

"I am shielding and live on my own and have found it extremely hard to make decisions. I have lacked motivation and concentration to do things that would help me mentally."

"I have lost my job due to Covid-19 and upcoming BREXIT and live from my savings, I am affected and restricted to Covid-19 secure jobs as I was categorised "extremely vulnerable" to catching the virus due to immune suppressive medication I am on. Consequently it affects my job search activities."

5.12 Essential workers or those with occupations with greater exposure to virus

- Five respondents in the resident survey self-reported as **key workers**.
- Two respondents mentioned the provision of PPE at their workplace was limited and social distancing was not always possible (one of them contracted the virus)

"The Covid-19 pandemic impacts my daily life greatly as I work in the NHS. It has changed how the service provided on the ward I work is run. It was particularly difficult in the beginning as the guidance given to my ward was not clear and PPE was limited. Due to the nature of my work, it is hard to 'socially-distance' from my colleagues even though it is advised to. Staffing has also been an issue. Patients are no longer able to see their family and friends as easily which has been frustrating for them."

"I am a barista, and work during this time does not feel worth the risk of contracting coronavirus. Coffee is not essential! Yet we are incredibly busy at times, and it is impossible to ensure safety of staff and customers. Managers say we are responsible to remind customers there is a pandemic going on. Customers touch things they shouldn't, and go right behind me to reach napkins. Too close! But I'm not allowed to tell them off? There is a plexiglass screen but customers do not respect it, they reach through it to get things, and lean in ridiculously close (even without a mask!) because they think we can't hear them. I am exposed to so many people daily, but I can't afford to quit. Working 12 hour shifts with only one other person to limit spread among staff, yet my supervisor is overworked and has to work with every other member of staff, and they don't wear a mask so it could have been spread to me of another coworker got it."

- One respondent was a key worker as well as a carer:

"I am key worker and working with the most vulnerable in the community. My husband is diabetic and has a small child. It is very tough as I am carer and looking after a child."

5.13 Residents who contracted the virus

"I didn't know what was happening and they admitted me and put me on oxygen and antibiotics and I didn't think I was going to come out, because it was that scary"

- Two residents with **learning difficulty** in the focus group spoke about their experience of being in hospital with the virus and described it as a **horrible and scary experience**. One of them stated that he didn't understand what was happening and was terrified, **his family were not allowed to visit** and calm him down, he **witnessed two deaths from Covid** on his ward, he thought he was going to die himself, he believes **adults with learning disabilities need to be allowed contact/support from family members** if in hospital, even when sent home he was told it would take him 6 months to recover and he is **still ill now**, he was **offered no support, rehab or psychological support**
- **Poor living situation** can make self-isolation challenging for some residents who contracted the virus.

"When I contracted the virus, it was hard for me to self-isolate from my relatives at home due to my housing situation. I was very worried in passing it on to vulnerable individuals and I worry about the possible implications such future symptoms."

"I suffered a lot during the lockdown as I contracted the virus. It was a nightmare to isolate as there are 5 of us living a 2 bedroom property. My son would sleep in the kitchen the other with my husband in the living room."

- Not everyone would be able to ask someone else to look after the kids. For example, a council tenant with a disabled child would need social care support as friends and relatives would not be able to look after the child*. It was particularly difficult for those who contracted the virus to self-isolate with **no support from friends and family**.

"It was an extremely challenging time as my husband and I contracted the virus. We did not receive any help from our friends as they were scared they would be infected."

- **Not all feel they would be able to fully follow self-isolation rules***. For example, a mother of three has no friends or family around and would not be able to ask anyone to shop for her. So she'd need "emergency food parcels, or help with getting prescriptions filled and left on doorstep. A support programme for the kids, who aren't sick." And for some, food parcels might not be the solution. For example, a family with a disabled son depends on home cooked food.

"My son has a specific way of doing things – e.g. he only likes a specific cereal, and has set patterns. I've been planning for this. My bedroom is a stockroom."

- Some had **financial concerns** associated with self-isolation. For example, it is difficult for those in private accommodation, e.g. they don't qualify for Universal Credit. "Putting food on the table (would be my worry). We can't afford takeaways. Deliveries require minimum spend."*

*Source: Camden Test and Trace survey. 2020. Camden Council [internal report]

6.0 Conclusion

- This resident engagement work has gathered a great deal of rich local insights into the disproportionate impact of Covid-19 on a range of groups including, people from Black, Asian and other ethnic minority communities, family carers, adults with learning disabilities, those with existing mental health conditions, LGBTQ refugee/ asylum seekers and shielded residents, all of whom are affected greatly by the pandemic
- The team have engaged with many vulnerable residents and many of their personal stories and experiences have been shared
- This report has some important learning for the ongoing pandemic response and future restrictions, and about how we communicate key public health messages with different communities
- It is apparent that Covid-19 is affecting all residents across the boroughs, but the impacts are more profound among those who are faced with multiple disadvantage.
- Mental health was residents' top concern during the pandemic, and this was frequently/ consistently mentioned by all the focus groups and interviews with residents. Consequences of Covid-19 are still playing out; more residents will be exposed to the adverse mental health effects of unemployment, housing instability, and debts over the coming months
- There are differences in behaviours across different communities and their adherence to the government measures; the way in which residents access information sources related to Covid-19 is different. This indicates there is a need to tailor our approaches to communicating key public health messages to different communities
- Our findings strongly indicate the important role VCS organisations and community plays in supporting vulnerable residents during the pandemic. There has been an outpouring of kindness and community building across the boroughs. Evidently, the levels of community cohesion have been greater since the outbreak. We need to ensure that we continue to build community resilience in the coming recovery
- We must work together and address some of these inequalities, and ensure we better support our vulnerable residents throughout the pandemic
- Impacts of Covid-19 is likely to be far reaching and long-term. It is important to build on our existing partnerships and work related to Covid-19 and inequalities, and continue to engage with and listen to our communities to ensure we better understand the longer term and wider impacts and how we can, as a system, best support our residents in both boroughs and tackle inequalities.

7.0 Key findings and actions (1)

Community and practical support	Target group	How
<p>Community support/ localised support is important particularly if restrictions increase. People are doing more to help others in the community since the Covid-19 outbreak. Many local organisations were mentioned by residents as being “amazing support”. Both formal and informal models are equally important.</p> <ul style="list-style-type: none"> - VCS and faith based organisations are vital in supporting communities during the pandemic - Volunteers/ mutual aid groups offered a wide range of practical and emotional support for the most vulnerable residents and some of their conversations may be distressing - New ways of connecting and many informal local groups at street/ estate level were formed to build social connections locally and support one another 	<p>All</p>	<ul style="list-style-type: none"> • Engage residents in citizen-led, community development approaches to co-produce local solutions to local issues/ concerns that are tailored to the wide-ranging needs of our diverse communities • Keep volunteers/ VCS up to date with the latest guidance and local support offers by having regular communications from Public Health and the council. This can be achieved through a range of mechanisms including volunteers and frontline workers becoming Covid-19 Health Champions • Support volunteers/ VCS workers to deal with the often difficult and distressing conversations they come across, through actively promoting free training and support such as Mental Health First Aid training, Good Conversations in Challenging Times and Suicide Prevention training. • Promote and facilitate residents to create local support groups and ensure mechanisms exist for regular feedback to wider partners about what is working well and what isn't, as well as new emerging issues in their communities, e.g. consider using online engagement platform such as Commonplace to enable local support groups/ volunteers to provide timely feedback to Public Health/ council about new emerging issues
<p>Not all residents are able to self-isolate due to their personal circumstances, e.g. lives alone with no family/ friends around, overcrowding, financial concerns. A significantly higher proportion of Asian residents were concerned about living in shared or overcrowded accommodation compared to White residents.</p>	<p>All</p>	<ul style="list-style-type: none"> • Ensure information is shared widely about how to isolate safely when living with others and what support is available, including financial support (e.g. process in which they can apply for test and trace support payment) • Ensure these residents are linked in with key support/ services and their local support groups; and they are prioritised to have food parcels/ essential items delivered to their home • LBC is looking to provide temporary accommodation for people living in overcrowded conditions to ensure people can self-isolate safely without putting vulnerable household members at risk.

7.0 Key findings and actions (2)

Communications with residents	Target group	How
<p>A lack of adherence to social distancing in some areas therefore residents do not feel safe to go out. Residents are concerned about other people’s behaviour e.g. those who do not follow social distancing measures in their local area. This was also the most common concern across all age groups and gender.</p>	<p>All</p>	<ul style="list-style-type: none"> • Increase understanding, trust in and adoption of key public health measures and behaviours • Communicate effectively the severity of the virus (e.g. passing the virus to vulnerable family members) and consequences of not following social distancing and other government rules • Identify hotspot areas where adherence to social distancing is poor (e.g. consider using online engagement platform such as Commonplace to enable residents to provide timely feedback about areas where social distancing adherence is poor) – consider working with the police/ community safety officers • Tackle myths and misconceptions at a community level to reduce lack of adherence
<p>Residents mentioned their health is deteriorating by not having access to health and support services (fear of accessing service/ appointments and treatments cancelled/ digital exclusion). For example, respondents could not seek health or social care for themselves or their family because they were either afraid of catching the virus on public transport or in enclosed setting.</p>	<p>All</p>	<ul style="list-style-type: none"> • Use a range of communication approaches to promote the message that the NHS is ‘open for business’ to encourage and support use of and access to health and care services, highlighting the availability and safety of services as well as any potential negative consequence(s) of not seeking care (e.g. delayed diagnosis and treatment) • Continue to work with a wide range of partners, particularly VCS organisations, to support residents who may be affected by digital exclusion
<p>General feeling that the government messages are unclear and confusing. Residents found the council newsletter helpful</p>	<p>All</p>	<ul style="list-style-type: none"> • Continue sharing information via the newsletter • Work with our communities to co-design a range of communications that provide information in an accessible way that reach our diverse communities, ensuring they are culturally acceptable
<p>Young people access information and news related to Covid-19 through different social media tools</p>	<p>Young people</p>	<ul style="list-style-type: none"> • Disseminate key public health messages (e.g. explaining about testing) through social media such as Twitter, Instagram, UpDay, Snapchat, YouTube as forms of media that they may consume. This can be done with the support of youth Covid-19 health champions • Utilise networks via youth workers, colleges and universities to disseminate information
<p>Young people feel frustrated and confused with the changing guidance and have given up on following the rules, they admit to meeting up with friends in groups of more than 6</p>	<p>Young people</p>	<ul style="list-style-type: none"> • Communicate clearly the importance of following the guidance as well as the consequences of non-adherence (e.g. passing virus to vulnerable family members in the household) • Working with young people and wider partners, develop a range of targeted communication approaches to increase understanding, trust in and adoption of key public health measures

7.0 Key findings and actions (3)

Communications with residents (continued)	Target group	How
<p>Residents expressed concerns and confusion about Covid-19 test, e.g. worried about going to the hospital to get a test and exposure to be virus; unsure if it's safe to get testing done; confusion about different tests; there's a need to get multiple tests to have a reliable result</p>	<p>All</p>	<ul style="list-style-type: none"> Develop and disseminate creative comms to explain the process of testing and contract tracing that is accessible to local communities, preferably using community voices. Community representatives should develop their own script using the information provided by Public Health and disseminate the information in their own words via WhatsApp voice messages or videos
<p>People with learning difficulties stated they do not have the information and guidance explained in ways that they can easily understand. Some people rely on watching the news as they can't read at all/don't have information available in Easy Read versions. Residents often getting their information from watching news/YouTube; however, this often caused confusion and misinformation being shared. Many didn't know their eligibility for support (e.g. food packages) and about exemption cards</p>	<p>Learning difficulties/ other impairment</p>	<ul style="list-style-type: none"> Information and guidance needs to also be provided in more accessible formats i.e. Easy Read versions, British Sign Language. This doesn't only apply to government guidance, but also when advertising what help and support is available in the community Proactively provide information to all residents with learning disabilities about their rights and entitlements during this crisis
<p>Parents expressed concern around not knowing enough information about testing (when to get a test and how to access a test for themselves and/or their children).</p>	<p>Parents</p>	<ul style="list-style-type: none"> Posters/advertisements in the local area/around schools/through council communications to remind parents on when to get children tested, the testing process, where they can go Work with school nursing, parent champions and other roles to ensure families receive high quality, accessible information about testing.
<p>Residents from Black, Asian, and other ethnic minority backgrounds do not access information via mainstream methods (e.g. newspaper, website, television) and rely on 1) getting verbal information through community groups and 2) via local WhatsApp groups</p>	<p>Black, Asian, other ethnic minorities</p>	<ul style="list-style-type: none"> Work closely with VCS, community/ faith leaders and Covid-19 Health Champions to ensure accessible and culturally competent information and public health messages are disseminated in a range of community languages whilst myths and misinformation are being addressed. Creative approaches using WhatsApp, YouTube, videos and community forums should be prioritised.

7.0 Key findings and actions (4)

Test and trace	Target group	How
<ul style="list-style-type: none"> • Low awareness and understanding of the test and trace guidance across all communities (i.e. those from British, Asian and other Ethnic Minority communities, young people, carers, adults with learning difficulty). Many residents were not aware of the test and trace guidance. • Common concerns about accessibility and availability of Covid-19 test <ul style="list-style-type: none"> • Some residents need to travel to other boroughs to get tested • Not having a car limits access to testing sites 	All	<ul style="list-style-type: none"> • There is an urgency to set up local test site(s) that is accessible to residents • Comms materials (e.g. FAQ, myth buster) should clarify the following: <ul style="list-style-type: none"> • Why is it important to get tested if they develop Covid-19 symptoms • Do not get a test if you do not have symptoms – explain consequences i.e. those who really need a test can't get one • Explaining the different tests available and their differences • How/ where to get tested • Who counts as key workers and could be prioritised for test deliveries • Encouraging residents (especially young people) to download and use the NHS test and trace app • Myth buster: <ul style="list-style-type: none"> • What involved in testing – reassurance that it does not hurt or trigger gag reflex • They do not need multiple tests to get a reliable/ accurate result • Communication of risks – e.g. benefits of getting tested outweighs the risk of contracting virus at hospital
<ul style="list-style-type: none"> • Many residents/ parents from Black, Asian and other ethnic minority backgrounds were unclear about accessing testing due to language barriers • Poor accessibility – nearest test site being too far away and limited slots available 	Parents	<ul style="list-style-type: none"> • Consider: <ul style="list-style-type: none"> • Having health professionals who speak multiple languages to help explain to parents/caregivers about the testing process – use of videos via WhatsApp • Making some schools testing sites and/or providing schools with tests so that parents can take these home with them
<ul style="list-style-type: none"> • Carers wanted clarification on the testing process, when to get a test and the process for accessing tests. Carers spoken to were not aware that they count as 'key workers' and can get prioritised for testing. 	Carers	<ul style="list-style-type: none"> • Provide information specifically for carers around testing – clarification on how to get NHS tests, when to get tests, the process of testing and inform carers that they are eligible for prioritisation when it comes to testing as they come under 'key workers' – this can help to reassure family carers that they will get tests (if they are symptomatic).
<ul style="list-style-type: none"> • Parents felt pressured by childcare providers/ schools to get their children tested when they had cough/ cold symptoms 	Parents	<ul style="list-style-type: none"> • Work with schools to support them to manage the risk around Covid-19. Ensure schools and parents clearly understand when a child needs a test and provide some tools to help make decisions around testing, i.e. a flow chart around testing for teachers/parents to use as a guide.

7.0 Key findings and actions (5)

Mental health support

Social isolation is generally perceived as a challenge during the pandemic. In the survey, the most common concern residents have during the pandemic was “decreased mental wellbeing”. In general, some residents felt isolated due to not being able to see family during lockdown; dealing with bereavement. A lack of social interaction has been difficult for some people, impacted their mental health. This was frequently mentioned by the following groups:

- Those who were shielding or older/ less able to travel or socialise
- Those who live alone
- Those with pre-existing mental health issues found it difficult to cope and mention that the pandemic has made their conditions worse
- Refugees and asylum seekers
- LGBTQ+ communities
- Those with learning difficulty (LD) or cognitive impairment - Really high levels of anxiety and ill mental health; someone needs to be reaching out to LD adults to ensure they have the support they need through something like a lockdown (inability to go to day centres and support groups and to access their LD peers during lockdown)
- Young people

These groups stated that greater access to mental health/ crisis support is needed.

Target group and How

All

- Greater promotion of the mental health training offer and information about mental health support/ services to residents and key community influencers.
- Disseminate a range of wellbeing resources using creative social marketing approaches.
- Continue to monitor the impact of the pandemic on residents' mental health and wellbeing to ensure timely and appropriate responses

Young people

- Provide young people with resources and digital apps they can access to help them deal with their emotions during this time, e.g. one young person would like to know how to meditate and relax
- Acknowledge the importance of young people maintaining social connections with friends in order to cope with poor mental health, more help to facilitate these connections, I.e. establishing spaces in the community (such as covid-secure youth centres) where young people can meet up with friends/in a 'bubble' safely during the pandemic

Learning difficulty

- Proactively provide information to all residents with learning disabilities about their rights and entitlements during this crisis by working with relevant stakeholders
- Support networks and resources should be signposted to these residents so that they have someone to speak to when feeling stressed, anxious and/or depressed during the pandemic
- Develop mechanisms for proactively providing mental health resources and support in Easy-Read format to all residents with learning disabilities during this crisis.

7.0 Key findings and actions (6)

Digital inclusion	Target group	How
<p>A higher proportion of Asian residents accessed online support and/or services compared to White residents. Less than half of residents felt confident to access online support/ services, and 12% felt not at all confidence accessing online support</p>	<p>All</p>	<ul style="list-style-type: none"> Continue to work with a wide range of partners, particularly VCS organisations, to support residents who may be affected by digital exclusion
Wider impacts e.g. education, employment	Target group	How
<p>Families experienced barriers to home-schooling their children:</p> <ul style="list-style-type: none"> - Parents who have English as a second language or do not speak/write English, they felt unable to adequately support children with schoolwork - No online access/ digital equipment in order for their children to do work 	<p>Families from Black and Asian communities</p> <p>Children and young people</p>	<ul style="list-style-type: none"> Schools to be prepared to provide robust online support, such as regular Zoom lessons, in the case of a second lockdown and school closures Schools to also provide educational resources to families and further support, in terms of laptops/equipment to facilitate online/home learning for families who are struggling financially Extra support needed (such as educational material, regular check-ins with teachers) to support those parents who have English as a second language and who are supporting children with school work
<p>Young people stressed the importance of having a space outside of their homes (particularly if overcrowded) where they can go to schoolwork and revise, etc.</p>	<p>Young people</p>	<ul style="list-style-type: none"> Ensure some Covid-secure spaces are kept open for young people if there is another lockdown, spaces where they can go to revise or get away from home and spaces that are open in the evenings (spaces that don't close early such as around 5 or 6pm, i.e. youth clubs, libraries)
<p>A significantly higher proportion of Asian and Black residents chose "household or personal finances" as one of the factors that worries them most about the pandemic compared to those from White ethnicities.</p>	<p>Black and Asian communities</p>	<ul style="list-style-type: none"> Ensure residents (including those from Asian and Black communities) know where and how to access advice around money, debt and benefits

7.0 Key findings and actions (7)

Wider impacts e.g. education employment (continued)	Target group	How
<p>Concerns for the future – 27% of residents felt that their employment situation will get little or a lot worse over the next 12 months. Focus group findings also revealed that young people were struggling to find jobs and worried about job opportunities.</p>	All	<ul style="list-style-type: none"> • Work with colleagues in the council to make sure we link people into employment support and services to help them find work during the pandemic • Help them onto courses or professional learning to boost their CV/ future job prospects • Proactively signpost those who seek support/ advice related to employment/ benefits to wider support including mental health
Potential future lockdown/tighter restrictions	Target group	How
<p>This report has a lot of rich information and some important learning for potential future lockdown/ tighter restrictions</p>	All	<ul style="list-style-type: none"> • Develop coordinated preparedness plans with systems partners and community networks, building on the Covid-19 experience
<p>Residents with LD were unable to go to day centres and support groups and to access their LD peers during lockdown and many lost their routine entirely. An overall sense that they normally receive a lot of support and suddenly they felt they were left to their own devices.</p>	LD	<ul style="list-style-type: none"> • Work with commissioners, providers, parents, carers and VCS to look at developing a clear action plan to address the concerns of people with LD, e.g. exploring opportunities in terms of supporting the more vulnerable residents to attend LD services/ access help from advocates face to face (in a socially distanced way)
<p>Informal carers with adult children with learning disabilities who live in care homes or supported accommodation services shared their concern that they may not be able to see their children if a future lockdown happens. They are worried their children will need them and will not understand why they cannot visit them, due to their learning disabilities.</p> <p>Most carers in the group were not aware of their status as a 'key worker' and the extra support they could receive due to this. They also mentioned feeling unsure on how to make a case for changes to reasonable adjustments/best interest decisions regarding their children during a lockdown situation.</p>	Carers	<ul style="list-style-type: none"> • Work with commissioners, providers, parents, carers and VCS to look at developing a clear action plan to address the concerns of carers • Improve communication between services and informal carers to ensure carers are aware of plans and are part of the decision-making process around this, so that they feel informed and can maintain contact with their children in an appropriate way during a lockdown. • Better signposting to services/support that can help carers, i.e. food delivery/help with shopping (especially if they are caring for a vulnerable adult at home).

7.0 Key findings and actions (8)

Potential future lockdown/tighter restrictions (continued)	Target group	How
<ul style="list-style-type: none"> Parents need support from schools around supporting children with school work and maintaining relationships with school (parents/classmates) in the case of a future lockdown. Parents would also like good communication channels with schools, so they know what actions the schools are taking and why. Parents mentioned that they've struggled with limited access to green space/playgrounds and access to children's centres during the first lockdown for their children. 	<p>Parents/families</p>	<ul style="list-style-type: none"> Education resources provided to parents, support for parents, regular check-ins with teachers, regular lessons over Zoom so children can see teachers and classmates to maintain connections/relationships. Good information sharing between school and parents, regular news bulletins, emails to parents to keep them informed. Explore options around spaces children can go to play and for physical activity in the case of a future lockdown, e.g. possibly leaving playgrounds open. Build on the success of the "Gardens for All" Scheme set up by Camden's Children's Services to enable identified families without access to gardens at home to book time in currently closed facilities.
Future resident engagement	Target group	How
<p>This resident engagement exercise has revealed valuable insight for informing our local response to Covid-19. Through this work, colleagues had engaged with many different groups of residents including those at higher risk/ most vulnerable ("hidden voices"). It is anticipated that there will be a rise in Covid-19 cases during winter months, governmental guidance and policies may change rapidly, and the impacts of the pandemic will be long-term and far reaching. Therefore it is important that both councils and Public Health are committed to continue to engage with residents in order to better support them throughout/ after the pandemic</p>	<p>Council</p>	<ul style="list-style-type: none"> Further strengthen partnership working across the system to deliver resident engagement work throughout the pandemic, this includes the council, NHS, Healthwatch and local VCS partners Better coordination of Covid-19 related engagement activities across the system to minimise duplication of efforts and consultation fatigue Resident engagement is resource-intensive. Multiple engagement methods are required to reach different groups of residents. Therefore there is a need to: <ul style="list-style-type: none"> Use innovative online engagement and consultation tools to allow real-time feedback from residents Increase capacity and resources in order to repeat this exercise, as appropriate

8.0 Acknowledgements

With thanks to the following people and organisations for their support and contribution to this Covid-19 Resident Engagement report:

- All of the residents who took their time out to provide their invaluable views through taking part in the Camden and Islington surveys and/ or C&I focus groups
- Healthwatch Islington, Arachne, Community Language Support Services, Islington Bangladeshi Association, IMECE, Islington Somali Community, Jannaty, Kurdish and Middle Eastern Women's Organisation, to carry out outreach work to complete survey with residents
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- Survey distribution and focus group recruitment:
 - North London Partners Health and Care
 - Voluntary Action Islington and Camden
 - Food banks in Islington
 - Paul Kent, Camden Council
 - Youth clubs in Islington and Camden
 - Youth Council, Islington
 - Ellie Chesterman, Islington Council
 - Elfrida Society
 - MenCap
 - Somerstown Living Centre
 - Other VCS organisations across Camden and Islington

9.0 Contact details

About Public Health Knowledge, Intelligence and Performance team

Public Health KIP team is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health KIP team undertake qualitative research/ resident engagement and epidemiological analysis on a wide range of data sources

About Covid-19 resident engagement full report

This report was prepared by Rosa Lau, Shanti Chingen, Cassie Moore, Astrid Grindlay, Cintia Liberatoscioli and Ester Romeri; reviewed by Baljinder Heer-Matiana (Senior Public Health Strategist) and Sarah Dougan (Consultant in Public Health); and approved for publication by Baljinder Heer-Matiana

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We would also very much welcome your comments on this report, so please contact us with your ideas.

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Appendix:

10.0 Islington Covid-19 resident survey

Overall findings and analyses by age, gender, ethnicity, health/ impairment status and other demographic characteristics, where appropriate

Data source: Islington Covid-19 Resident Survey June-August 2020

10.1 Characteristics of survey respondents (1)

- 555 residents responded to the Covid-19 resident survey and this represents 0.2% of the total population in Islington (response rate: 71%).
- This is a convenience sample therefore the survey population is not representative of the Islington resident population in terms of age, gender, ethnicity and religion:
 - More women than men completed the survey (70%; 390 women vs 28%; 153 men) and are overrepresented of the Islington female population (49%).
 - Older people aged 45+ account for majority of the respondents (245 out of 555).
 - More residents from White ethnicities completed the survey (36%; n=201) compared to all other ethnic groups in Islington, but they are underrepresented compared to the population of White residents in Islington (68%) while Black people are overrepresented (17% vs 12%).
 - About 25% of respondents identified themselves as Muslim (compared to 31% Christians) which are overrepresented compared to the overall Muslim residents in the borough (10%).
 - About 80% were heterosexual, 3% bisexual, 6% lesbian & gay and 11% preferred not to say.

Key groups underrepresented

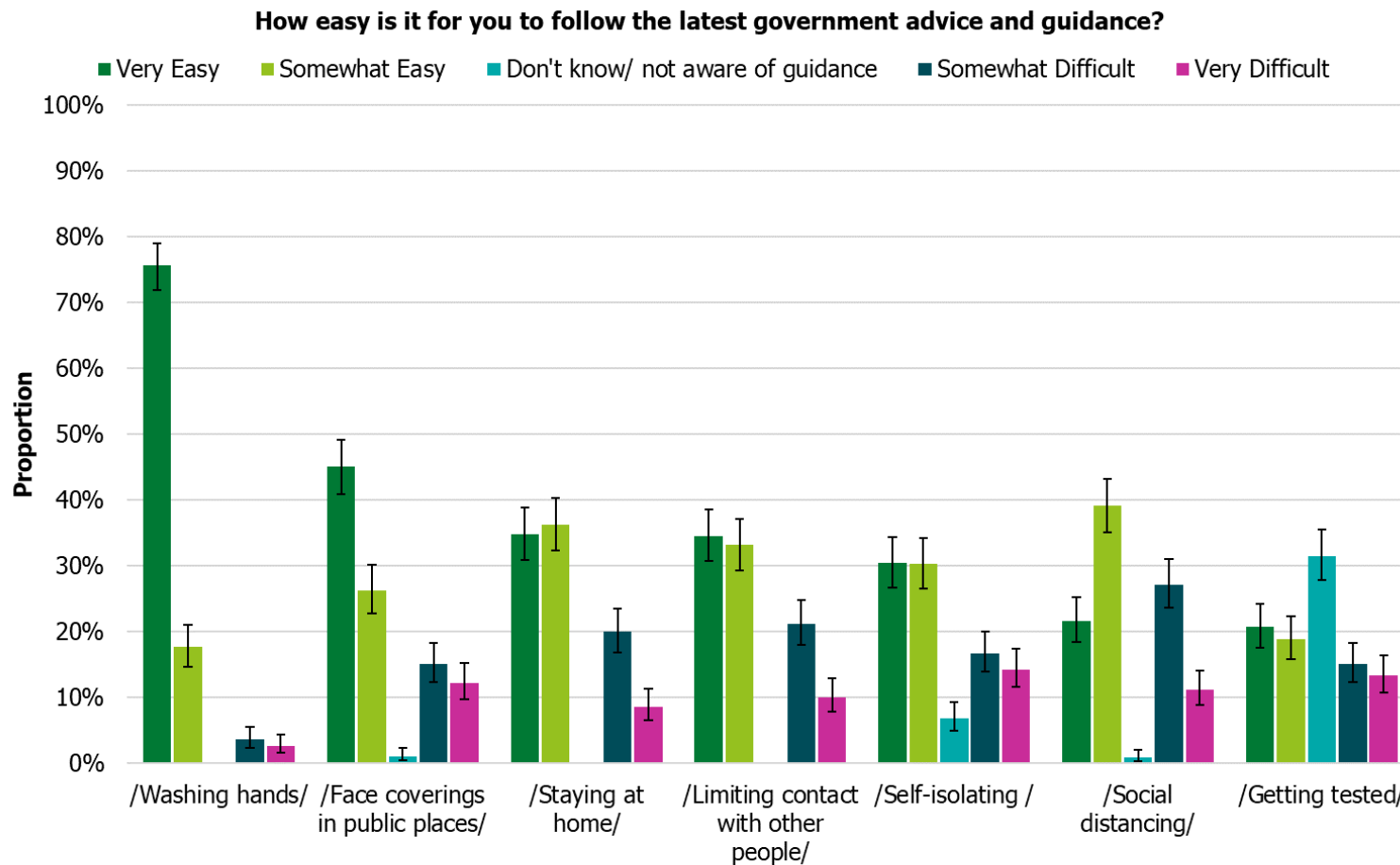
Demographic	% of the total population	% survey sample
Sex: Men	51%	28%
Age: 18-34 years olds	38%	14%
Ethnicity: White British	68%	36%
Ethnicity: Other White	20%	16%
Ethnicity: Mixed	7%	3%
Religion: Christians	40%	31%

Source: GLA, 2020 & ONS census (2011) compared to the Islington resident survey (2020)

10.1 Characteristics of survey respondents (2)

- Information was also gathered on respondents' health, housing and employment status.
 - People with a mental health condition are overrepresented in our survey sample compared to the number of Islington residents recorded to have a mental health condition (17% vs 12%).
- **Health/ impairment status**
 - No conditions or impairments: 43%
 - HIV/ cancer/ multiple sclerosis/ other long-term condition: 37%
 - Physical/ sensory impairment: 21%
 - Mental health condition: 17%
 - Learning difficulty/ cognitive impairment: 5%
 - Preferred not to say: 5%
- **Housing Status**
 - Rented (local authority, housing association, social landlord or charitable trust): 42%
 - Owned outright or with mortgage: 30%
 - Rented (private landlord): 13%
 - Other: 9%
- **Number of inhabitants**
 - Live alone: 21%
 - 2 – 3 inhabitants: 42%
 - 4 – 6 inhabitants: 22%
 - 7 or more inhabitants: 3%
 - Prefer not to say: 3%
- **Employment Status**
 - Employed full-time or part-time: 30%
 - Retired: 21%
 - Other: 18%
 - Not in paid work: 17%
 - Self-employed: 6%
 - Furloughed / temporary closure of business: 5%
 - Full-time/ part-time education: 3%
 - Redundancy: 1%

10.2 Following government guidance: how easy is it for you?



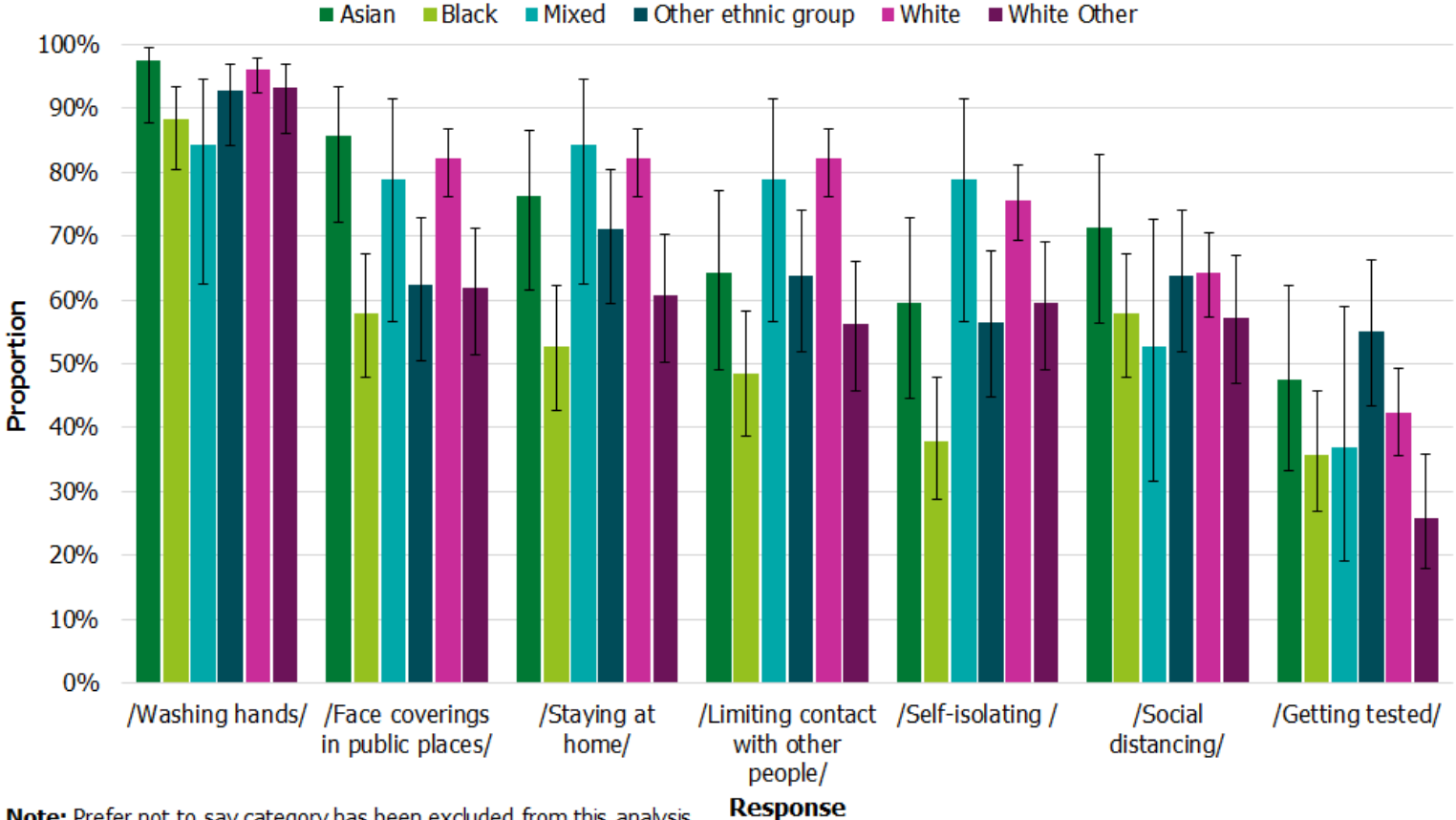
Note: Small numbers have been excluded from the analysis.
Source: Islington Residents Survey June - August 2020

- Most statements received a positive response, with very few people answering that they don't know or were not aware of the advice or guidance.
- **Washing hands** received the most positive response, with 94% of respondents agreeing that following this guidance was either **very easy** (76%) or **somewhat easy** (18%).
- For the other statements, over 60% of respondents agreed that following government advice and guidance was either very easy or somewhat easy.
- 32% of respondents either **didn't know or were not aware** of the advice/guidance on how/ where to get tested. 28% found it somewhat/ very difficult to access testing.
- A higher proportion of mixed ethnic groups found it difficult to get tested (58%) compare to White (24%) (data not shown).

"I think the Government messages are now so confused and nuanced it's very difficult sometimes to know what is allowed and what is not. I think the weekly newsletters from Islington have been great at summarising the rules and reminding people to behave in a socially responsible way."

10.2 Following government guidance: how easy is it for you? By ethnicity

How easy is it for you to follow the latest government advice and guidance? Very easy and somewhat easy categories combined, by ethnicity.

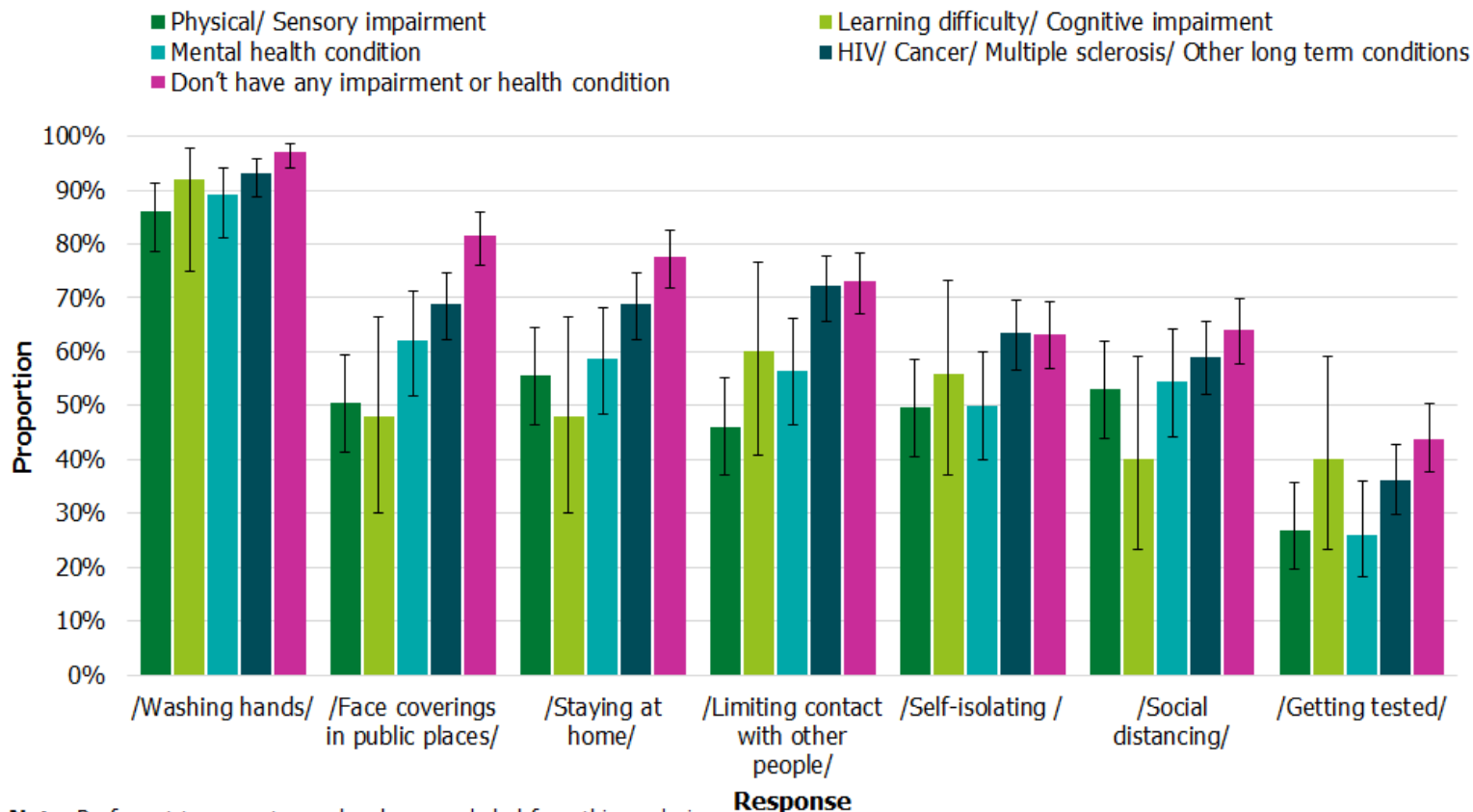


Note: Prefer not to say category has been excluded from this analysis.
Source: Islington Residents Survey June - August 2020.

- A detailed analysis on ethnicity shows differences across each category:
 - Asian and White ethnic groups** found it easier to follow guidance on **face coverings** in public places compared to Black, Other ethnic group and White Other (86%, 82% vs 58%, 62% and 62% respectively).
 - Black ethnic groups** found it more difficult to follow **stay at home** guidance compared to White ethnic groups (53% vs 82%).
 - Compared to Black ethnic groups, White ethnicities found it easier to follow guidance around **limiting contact** (82% vs 48%) and guidance around **self-isolation** (76% vs 38%).
 - Other ethnic groups found guidance around **Covid-19 testing** easier to follow compared to White other (55% vs 26%).

10.2 Following government guidance: how easy is it for you? By health/ impairment status

How easy is it for you to follow the latest government advice and guidance? Very easy and somewhat easy categories combined, by health status.



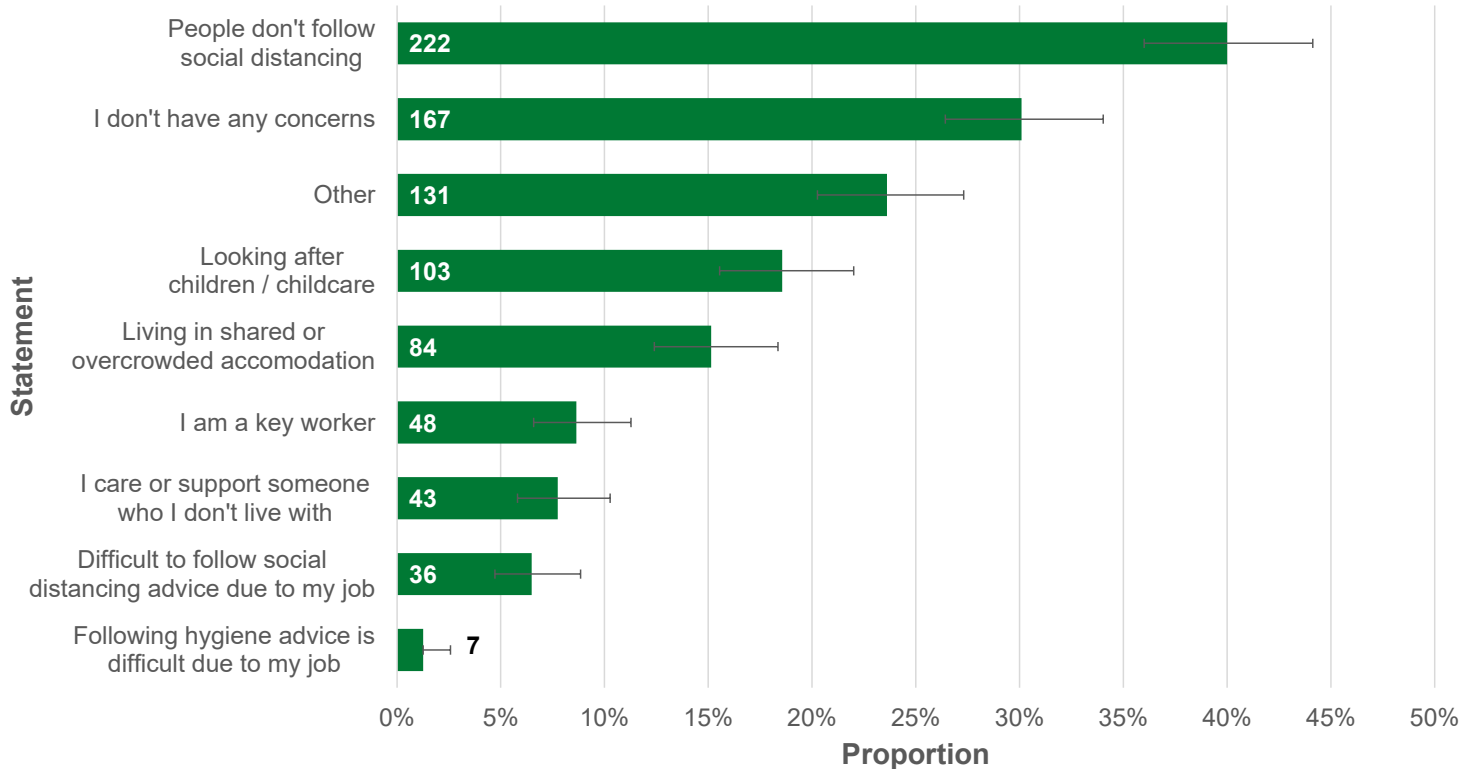
Note: Prefer not to say category has been excluded from this analysis.

Source: Islington Residents Survey June - August 2020

- A detailed analysis by health/ impairment status shows different results across each category:
 - People with **physical/ sensory impairments** are less likely to find it easy to follow guidance around **washing hands** (98% vs 86%) and **staying at home** (78% vs 55%) compared to people with no health condition(s)/ impairment.
 - People with no health conditions/ impairment or those with HIV, cancer, multiple sclerosis or other long term conditions more likely than people with **physical/ sensory impairments** to use **face coverings** in public places (81%, 68% vs 50%) or **limit contact** with other people (72%, 71% vs 47%)
 - People with **mental health conditions** and those with **physical/ sensory impairment** are less likely to find it easy to follow guidance around **Covid-19 testing** than people with no health condition(s)/ impairment (23% and 24% vs 43 %).

10.2 Following government guidance: concerns (1)

What concerns do you have about following the latest government advice and guidance?



Note: Respondents could select more than one statement. The survey was open from 25th - 19th August 2020, during this time period guidance in the UK changed.

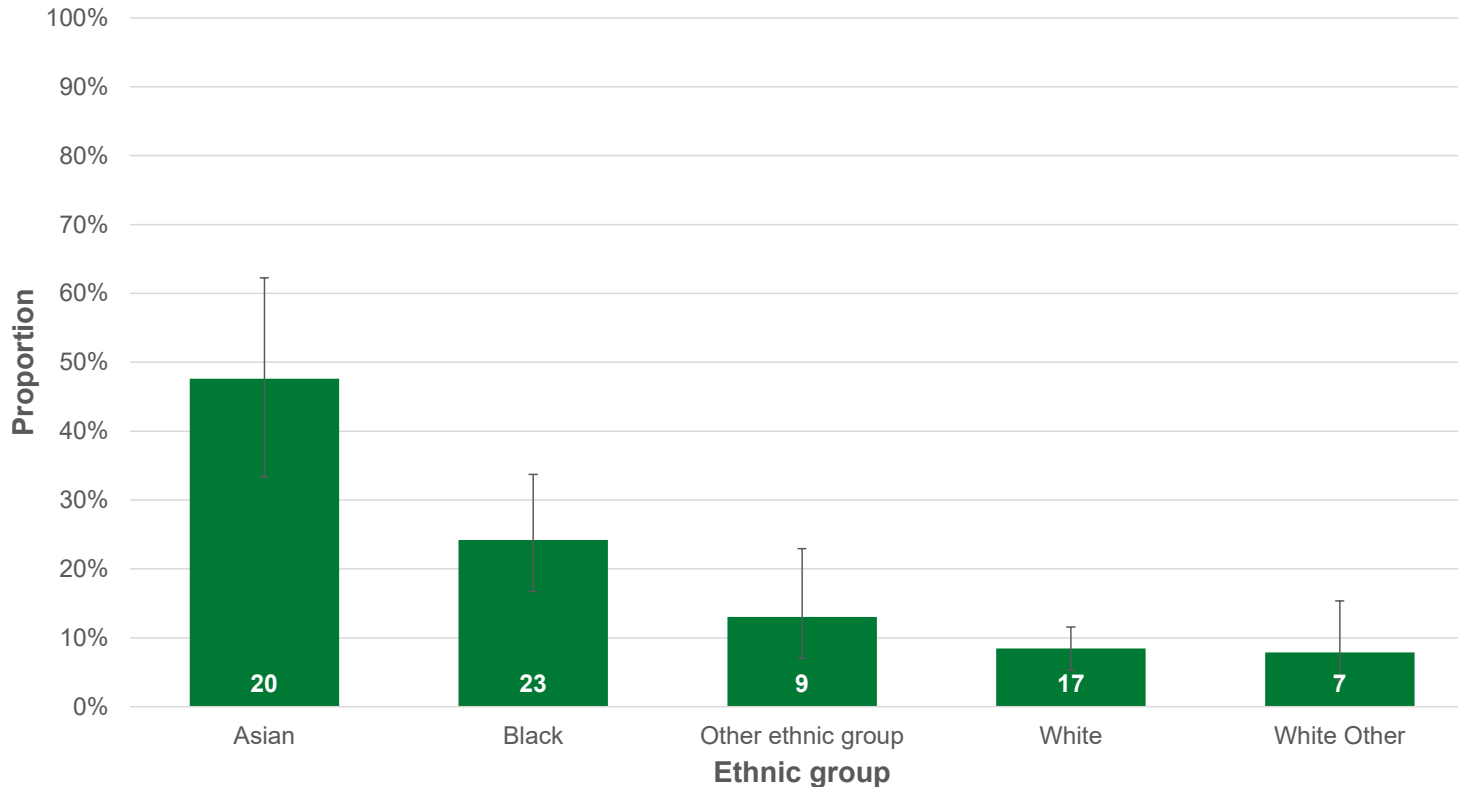
Source: Islington Residents Survey June - August 2020

- **People do not follow social distancing measures in my area** was the **most common concern**, with 40% of respondents selecting this as a concern. This was also the most common concern across all age groups and genders (data not shown).
- About 30% of respondents responded that they did not have any concerns in terms of following the latest government advice and guidelines.
- One in 5 respondents had "other" concerns, for example:
 - Language barriers
 - Certain groups, i.e. teenagers not abiding by the rules and guidelines
 - Government advice is not clear, conflicting guidance, confusion around guidance
 - Being visually or hearing impaired and wearing a face mask, and not being able to speak to people
 - Caring for children or family members with disabilities
 - Having dementia, worried about support and understanding situation, relying on people to inform them
- Respondents were **least concerned** about difficulty following hygiene guidance due to their job, difficulty following social distancing guidance due to their job and concerns about providing care and support for someone that they do not live with (1%, 6% and 8% respectively).

"I think the term social distancing is very isolating and negative for mental health especially if you live alone."

10.2 Following government guidance: concerns (2)

What concerns do you have about following the latest government advice and guidance: Shared and overcrowded accomodation, by ethnicity



Note: Respondents from mixed ethnicities and those who preferred not to disclose their ethnicity have been excluded from this chart due to small numbers. The survey was open from 25th - 19th August 2020, during this time period guidance in the UK changed.

Source: Islington Residents Survey June - August 2020

- A significantly **higher** proportion of respondents (48%) from **Asian** ethnicities were **concerned about living in shared or overcrowded accommodation** compared to respondents who are **White, White other and from Other ethnic groups** (8%, 8% and 13% respectively).

Data not shown

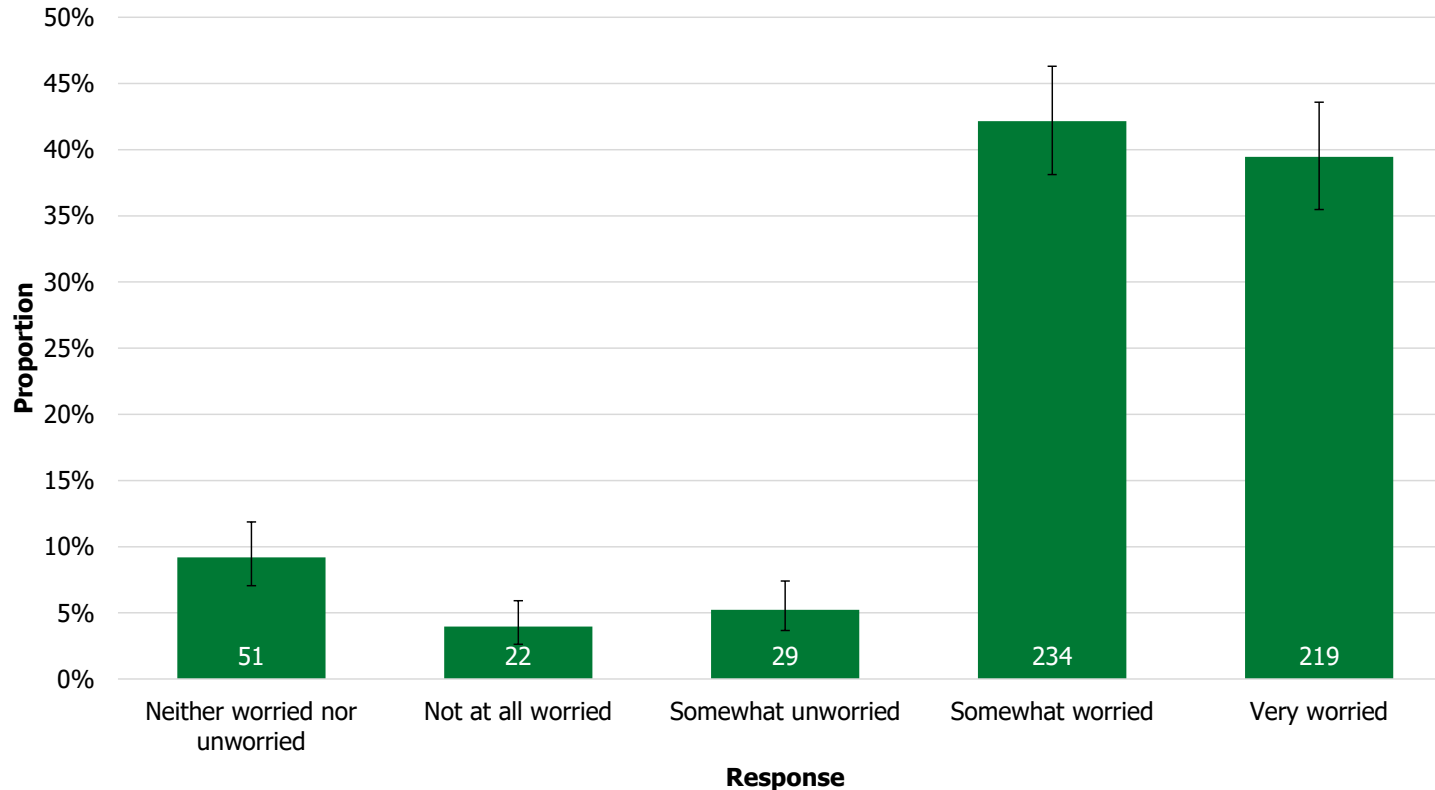
- Reasons of concerns: a more in-depth analysis shows that respondents from **Other ethnic groups (39%)** were significantly more concerned about **looking after children and childcare** compared to respondents from White and other White ethnicities (7% and 18% respectively).
- **Social distancing** was the **most common concern** for respondents from **Black, White and White other ethnicities.**

"It's more the other people around me who don't seem to be either ... not concerned or think they're low risk and not wearing masks and just those sorts of things make me feel a bit nervous."

10.3 Impacts of Covid-19 on residents' lives: How worried residents feel about Covid-19



How worried or unworried are you about the effect that Covid-19 is having on your life right now?



Source: Islington Residents Survey June - August 2020

- Most respondents were either somewhat worried (42%) or very worried (39%).

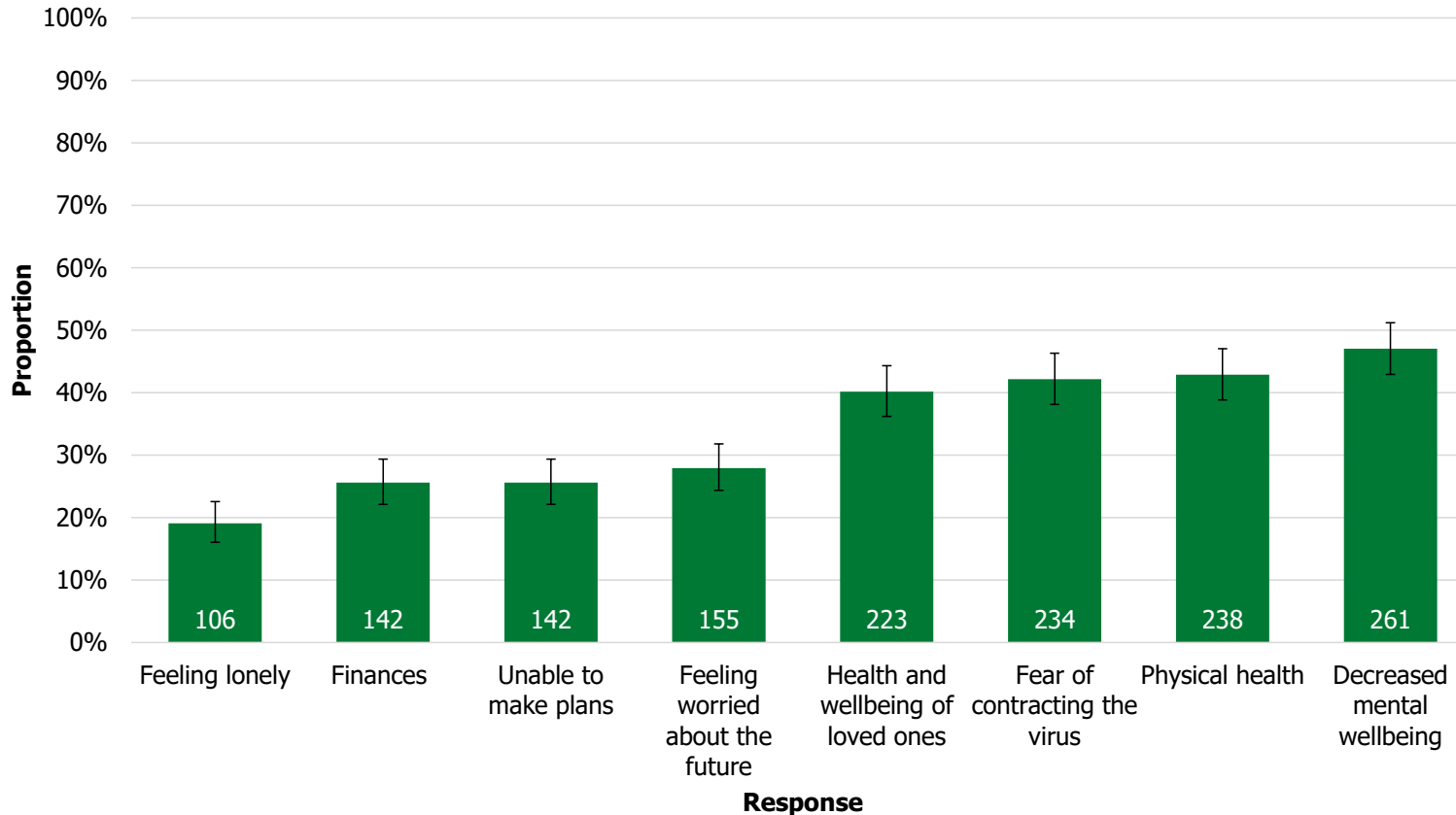
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- **Sex:** A significantly **higher proportion** of **women** feel "**very worried**" compared to **men** (44% vs. 29%).
- **Age:** About **half of over 75s** feel very worried (50%) compared to under 24s (32%).
 - Older people aged 45+ are overrepresented in the survey sample and this may contribute to the high proportion of respondents who are somewhat and very worried.
- **Ethnicity:** A significantly **higher proportion** of respondents from **Asian (92%), Black (89%)** and **Other ethnic groups (89%)** are either **somewhat worried or very worried** compared to the proportion of respondents from **White ethnicities (70%)**.

"I think because it's not enough information straight from down from the main government, so people panic, running around like headless chickens, every sneeze and cough you run to try to get tested, then you can't have the test, you panic even more."

10.3 Impacts of Covid-19 on residents' lives: Common worries

What worries you most about the Covid-19 outbreak? Most common responses.



- The top 5 most common worries for Islington residents were:
 - Decreased mental wellbeing (47%)
 - Physical health (43%)
 - Fear of contracting the virus (42%)
 - Health and wellbeing of loved ones (40%)
 - Feeling worried about the future (28%).

Data not shown

- Sex and age:** A significantly higher proportion of women feel **worried about the future** compared to men (35% and 21% respectively). A significantly higher proportion (81%) of respondents aged 75+ chose **"physical health"** as one of the factors that worried them most compared to all other age groups.
- Ethnicity:** A significantly higher proportion of respondents from Asian (60%) and Black ethnicities (40%) chose **"household or personal finances"** as one of the factors that worries them most compared to those from White ethnicities (20%).
- Health/ impairment status:** A significantly higher proportion of respondents with either a physical/ sensory impairment (70%), mental health condition (57%) or HIV, cancer, multiple sclerosis or other long-term conditions (53%) were worried about their **physical health** compared to respondents with no health condition(s)/ impairment (30%).

Source: Islington Resident Survey 2020.

Note: Respondents could select up to 5 answers.

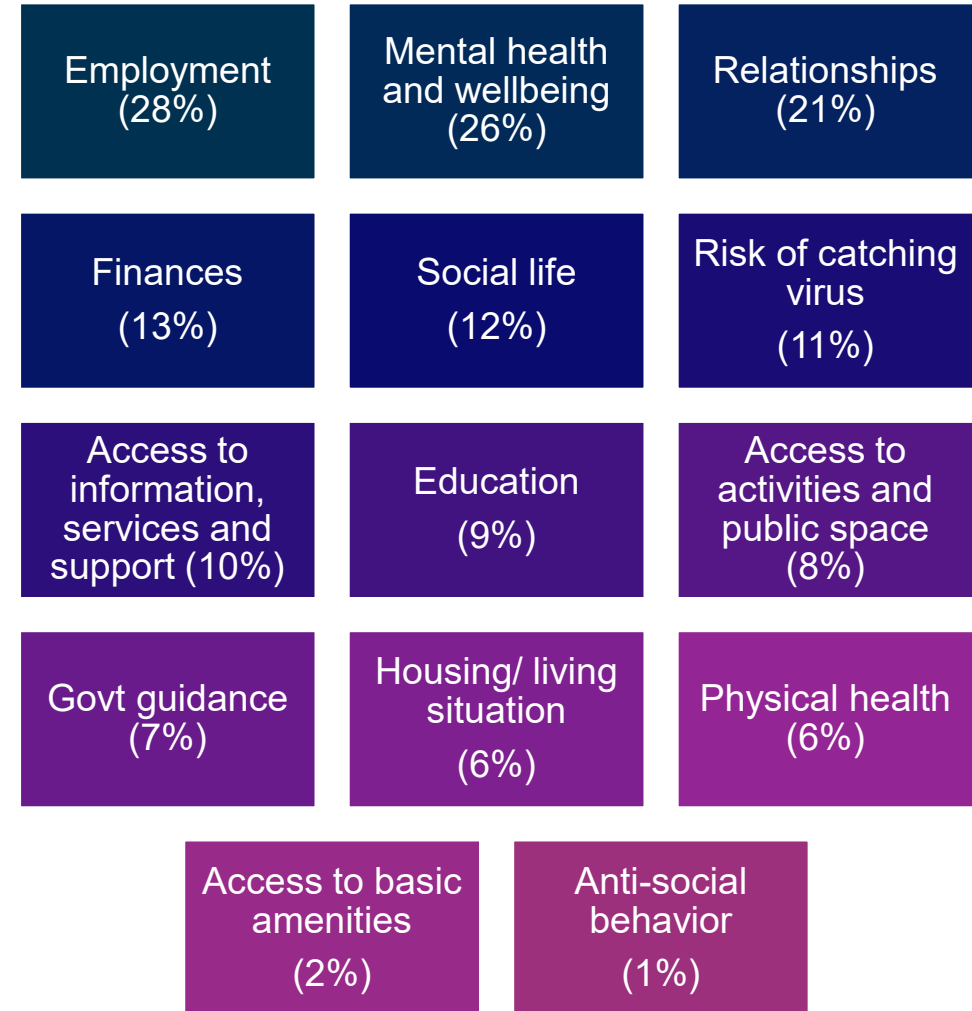
10.3 Impacts of Covid-19 on residents' lives: Free text analysis (1)

- Covid-19 has wide-ranging impacts on residents (*see diagram*)
- A total of 433 free-text comments
- Overall, the most frequently mentioned impacts were related to employment, mental health and wellbeing and relationships
- There were negative as well as positive impacts

Employment (28% responses)

- Some residents enjoy working from home as it allows them greater flexibility during their day, and some find they have more time due to the absence of a commute.
- However, some residents **find it challenging to work from home** and mention the following reasons:
 - It can be difficult when their jobs are based heavily on interactions with other people
 - Some find it can get lonely not interacting as much with colleagues
 - Some end up working longer hours as a result
 - Some are worried it can increase the chance of bad posture
- People who worked in mental health mentioned it can be particularly difficult as they don't have as much access to peer support around them when they deal more challenging aspects of their work, such as support people in distress or having emotionally heavy conversations/interactions:
- **Sector-specific concerns**, particularly for those working in the creative sector (e.g. arts, film, photography) and hospitality sectors and those who are self-employed. Residents reported uncertainty/worry as to when certain industries will restart, and/or if they would ever recover.

“I work in mental health so it's hard to be dealing with very distressed people on my own at home, I really miss the support of colleagues and the social aspect of work.”



10.3 Impacts of Covid-19 on residents' lives:

Free-text analysis (2)

Employment (cont.)

- 24 respondents were unemployed (on benefits) or furloughed in the survey
- For some, being put on furlough means that their "financial stability is highly compromised" and "every month is a struggle to get all the bills paid"
- There was a lot of fear about losing their jobs, especially if there is a second outbreak
- For those who were made redundant, there was a lot of anxiety that it will be very difficult for them to find a new job.
- Many of them mentioned this has impacted on their mental health as a result
- Impact on household/ family
- Lack of employment opportunities for those who are vulnerable/shielding

*"I lost my job due to being in my probationary period when the virus started becoming serious. My husband is now the sole source of income, putting pressure on him, and I **feel guilty for not being able to contribute to our household**. I'm wary of trying to find another job because the government doesn't seem able to give workers PPE. My depression and anxiety have gotten worse."*

*"I was working in the childcare sector and I lost my job due to covid19. I have three children and I was making 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 benefits going toward my rent."*

Mental health (26% responses)

- Feeling isolated/sad due to not being able to see family living outside of London or abroad (due to travel restrictions during lockdown)
- Feeling of uncertainty of when things will return to normal, unable to plan for the future
- Dealing with others' mental health and wellbeing (partner, housemates, friends and family)
- Chance that those with pre-existing mental health issues may relapse during this time (i.e. OCD, depression), make condition worse (a few people mentioned they had a relapse)
- Restricted travel/movement - impacts people's mental health (esp. those who don't drive, don't feel safe on public transport)
- Dealing with bereavement

"My grandfather died of coronavirus and I haven't been able to spend time with my family. We're limited to 12 people at his funeral and had to maintain social distancing. It was the hardest thing I've ever had to do and grief impacts my daily life."

Relationships (21% responses)

- Pressure on relationships, caused by:
 - Limited space/overcrowded living conditions
 - Spending too much time together/getting co-dependent
 - Financial issues – unable to earn and leaving the other person to do this
 - Guilt at not being able to support elderly parents or those in need

10.3 Impacts of Covid-19 on residents' lives:

Free-text analysis (3)

Finances (13% responses)

- Cost of food was perceived to be high during start of lock down
- A rise in utility and food bills
- Costs of good quality masks and hand gel
- Lack of financial government support for business owners who are struggling

"I rely more heavily on social care and this has impacted my finances as social care is so expensive."

"Lost all income and now relying on UC and will have to start drawing down some of my pension early just so I can pay my bills."

Education (9% responses)

Concerns for children (Mental health, childcare, home-schooling)

- Concerns around young children and adult children - social life/development/access to stimulation
- Parenting - difficult to work from home and home-school children (feels overwhelming). Home schooling particularly difficult if parents have English as a second language, they feel unable to adequately support children with school work.
- Caring for children with disabilities can be especially difficult due to the lack of access to services and support during pandemic, which can increase pressure/stress on parents/carers

"I am very worried getting the virus and not being able to look after my children, one of my children has a special needs and being unwell will be very difficult to look after him."

Access to activities and public space (8% responses)

- Poor access to green spaces in local area due to experiences of antisocial behaviour and/or people not following guidelines. This can be compounded for some people if they have no access to transport (cars/avoiding public transport) so they cannot travel further to find a green space.
- No access to public toilets is also a deterrent for people accessing parks/green space.

*"I live near a beautiful park, but it is often so crowded -- with hardly anyone wearing a mask and many people not bothering to keep social distance -- that **it feels unsafe to go there.**"*

- Older people/those who are retired reported missing out on community activities and the detrimental impact this has on their social life and physical health and wellbeing

"I'm an older person and my twice weekly exercise classes have been stopped. I'm finding it difficult to stay fit and healthy. Spending too much time doing nothing and feeling totally unmotivated."

10.3 Impacts of Covid-19 on residents' lives:

Free-text analysis (4)

Government guidance (7% responses)

- Risk of catching the virus - frustration around people in their local area not following guidance (i.e. social distancing/wearing masks in public), and an acknowledgement that not following guidance puts vulnerable people at higher risk
- No enforcement or policing of public space/distancing rules
- Those with health conditions (i.e. asthma) reported that they are struggling to wear masks as they feel it is uncomfortable and restricts breathing, which can make some feel anxious
- Uncertainty over test and trace, due to the tests not being *'that accurate'*
- Mistrust in government (confusion around information, frustration at changing guidance), residents mentioned *'poor decision-making'*, *'inconsistencies'*, and *'lack of plan'* when referring to the government.
- Some wanted lockdown extended to control the virus
- Misinformation spread can cause anxiousness and worry

"Government guidance is complex. I have little idea, especially when going out, whether I am breaching the law or not."

Housing/living conditions (6% responses)

- Cramped housing situation putting pressure on partner/family relationships - this is compounded when there is also poor access to high quality green spaces/parks and garden - major link to mental health/coping

*"I am **cooped in a one-bedroom flat which I share the bedroom with my 13-year-old son.** My son and I are home 27-4 seven. My son's sanctuary is the bedroom, whilst I work during the day. He is getting frustrated, because he needs his own room."*

- Strain on housing – adult children moving back home due to losing jobs, etc.

Antisocial behaviour (1% responses)

- People experiencing their neighbours holding parties, noise disturbance, flouting the guidance/lockdown rules
- Poor access to parks – big gatherings, litter, drug-dealing, dog excrement - difficult to use these spaces for exercise, not feeling safe or comfortable in these spaces

"It's really hard to even get simple exercise these days. It's very hard to socially distance in Islington; the parks are now pretty much out of bounds and filthy and most horrid of all there is a massive amount of drug dealing and using on my street with users shooting up on doorsteps. Highbury Fields which is my nearest park is rammed and often covered in litter."

10.3 Impacts of Covid-19 on residents' lives:

Free-text analysis (5): By ethnicity

- A total of 149 free-text comments came from those from Black, Asian and minority ethnic backgrounds.
- The impact on **'finances'** was experienced more greatly for residents from Black and Asian backgrounds (20%), and less for residents from White backgrounds (8%). This finding was also found in the earlier question related to their top 5 worries about the pandemic.
- Similarly, the impact on **'access to services, information or support'** was twice as high for residents from BAME backgrounds (14%) than residents from White backgrounds (6%); and also for concerns over impact on **'children's education'**, which was twice as high for residents from BAME backgrounds (10%) than for residents from White backgrounds (5%).
- Impacts on **'social life'** and **'access to activities and public space'** (such as recreational, community and/or social activities) was higher for residents from white backgrounds (18% and 11%, respectively) than for BAME residents (6% and 4%, respectively).

Education – home schooling/ English as a second language

"I am unable to help my children with school work due to language barriers and lack of other resources. This will of course lead my child to fall behind on school work. I was attending ESOL class, but during the coronavirus it is even more challenging to set down via virtually, especially when we don't have internet access."

Access to service and support

"On a local level I feel that there has been a lack of relevant advice and support for the army of volunteers that have worked so far and had to deal with all levels of the general public in extremely trying circumstances."

"I am currently living in a temp accommodation due to domestic violence, so I have been depressed but have had great support from my doc and Solace Women's Aid."

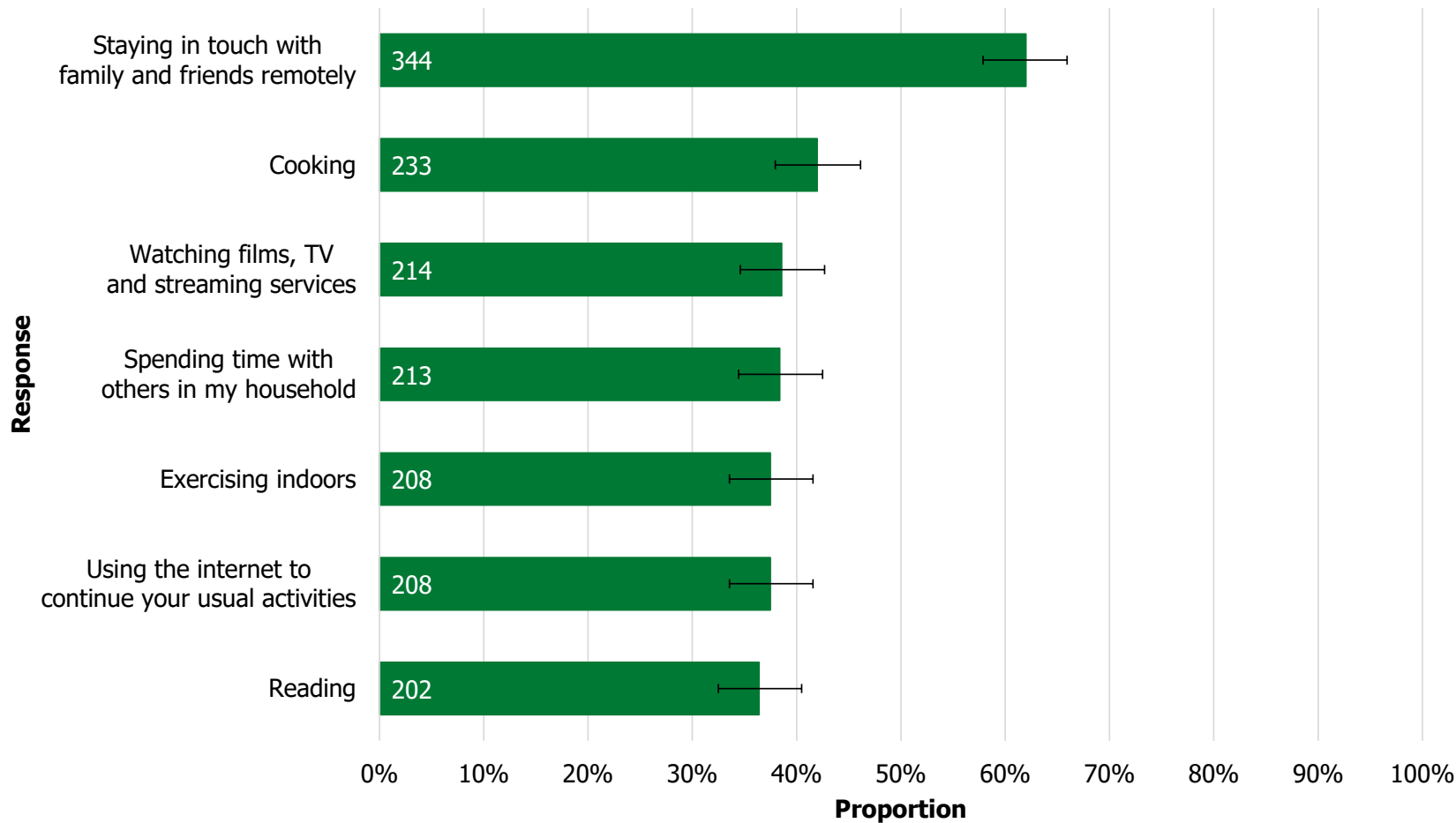
Housing/ living conditions

"We are ten people living in a 3 bedroom house and waiting for a transfer quite sometime. I asked the council due to Covid-19 if any one of us catches the virus we cannot self isolate and asked to make my case priority. I have not received a response yet."

"I am homeless and living with friends and it was very difficult for anyone to allow you stay during the crisis. My children live with their mother and I was unable to see them due to lockdown and it was so difficult and very stressful. I am not entitled to work in the UK due to my immigration status, and I have been struggling financially."

10.4 Coping strategies

What is helping you to cope during this time? Most common responses.



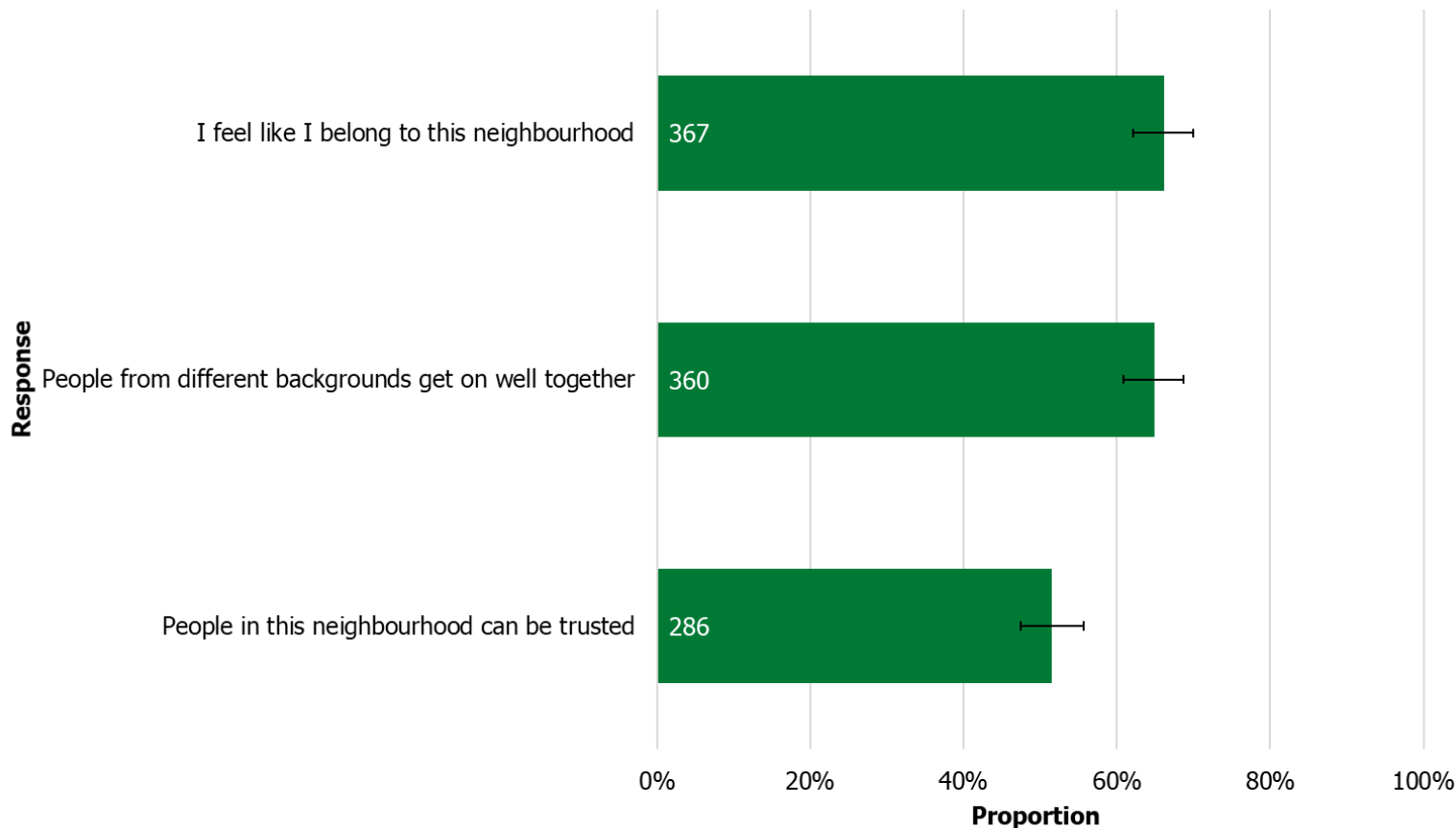
Source: Islington Residents Survey 2020.
 Note: Respondents could choose multiple statements.

- About two thirds of the respondents felt that **staying in touch with family and friends** remotely was helping them to cope during the outbreak.
 - This was a significantly higher proportion (62%) than any of the other coping mechanisms.
- A similar percentage of respondents (range between 36% and 42%) found that other activities such as **cooking, watching TV, exercising, spending time with others** in their households, using the **internet** and **reading** were helpful to cope during the outbreak.
- Other coping strategies mentioned in the survey include practicing faith, limiting news intake, being outside in the park, volunteering, getting support from charities and VCS to have regular check-ins with people, alcohol

"My whatsapp group where we share all the activities available and workshops etc... going to the park and exercising although I have put a lot of weight on. Also I have been doing some online fitness activities once a week and this has helped me mentally."

10.5 Sense of community belonging (1)

We want to know how connected you feel with your neighbourhood during the COVID-19 outbreak. Strongly agree and tend to agree combined.



Source: Islington Residents Survey June - August 2020

- Overall, there was a positive response around how people felt a **sense of community belonging** during Covid-19 outbreak.
- About 66% of the respondents felt they **belong in their neighbourhood** and 65% thought that people from different backgrounds get along well.
- Almost half of the respondents (52%) felt that people in the **neighbourhood can be trusted**.

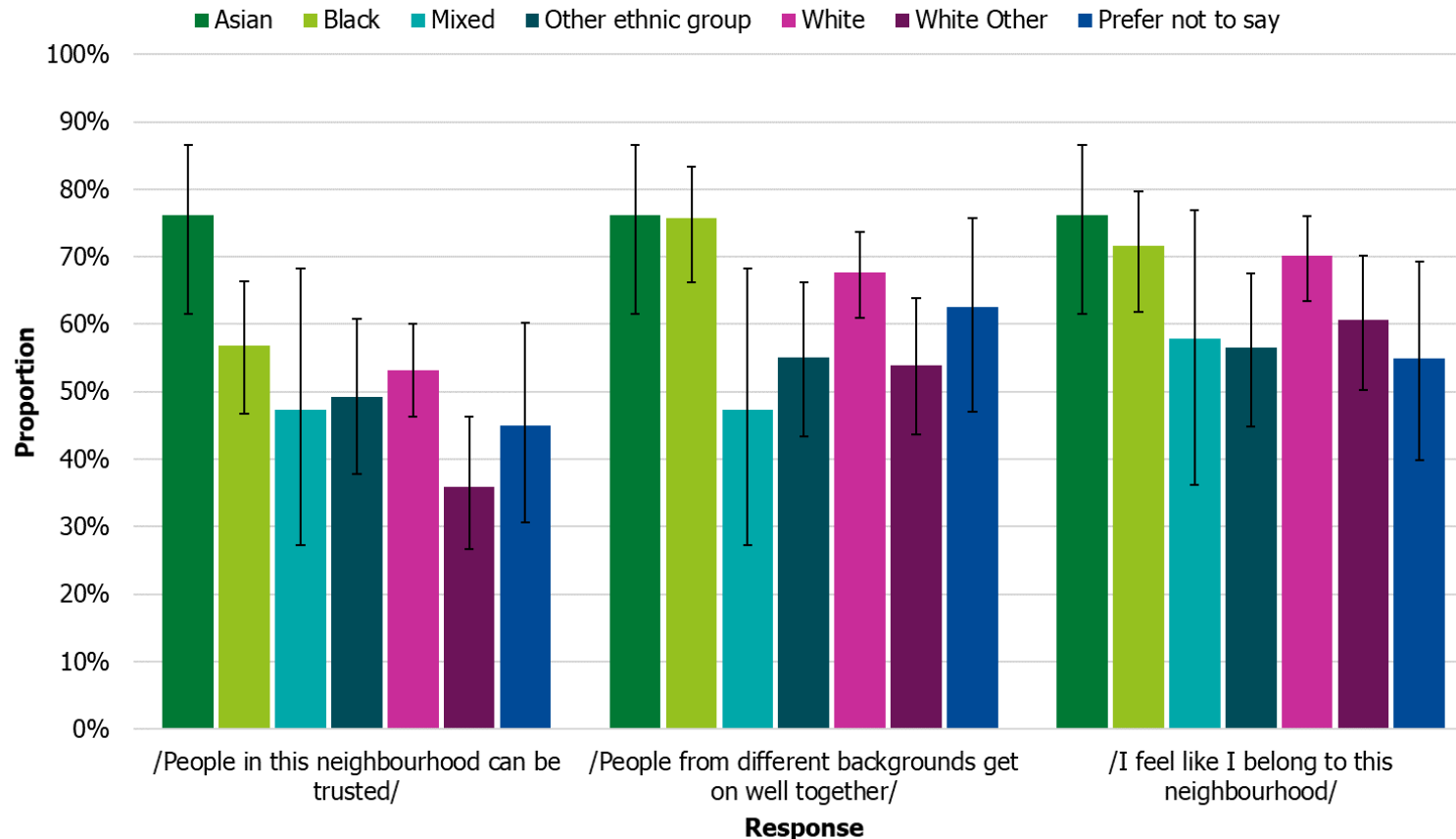
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- Free text analysis revealed that a **lack of social interaction** has been difficult for some people and impacted their mental health; especially in those that are shielding or older/ less able to travel or socialise

"My nephew used to stay with me frequently and help me out with lots of things but he hasn't been able to during lockdown and I have very much felt his absence as I suffer with loneliness and depression anyway."

10.5 Sense of community belonging (2)

We want to know how connected you feel with your friends, family and your neighbourhood during the COVID-19 outbreak. Strongly agree/tend to agree combined.



Source: Islington Residents Survey June - August 2020

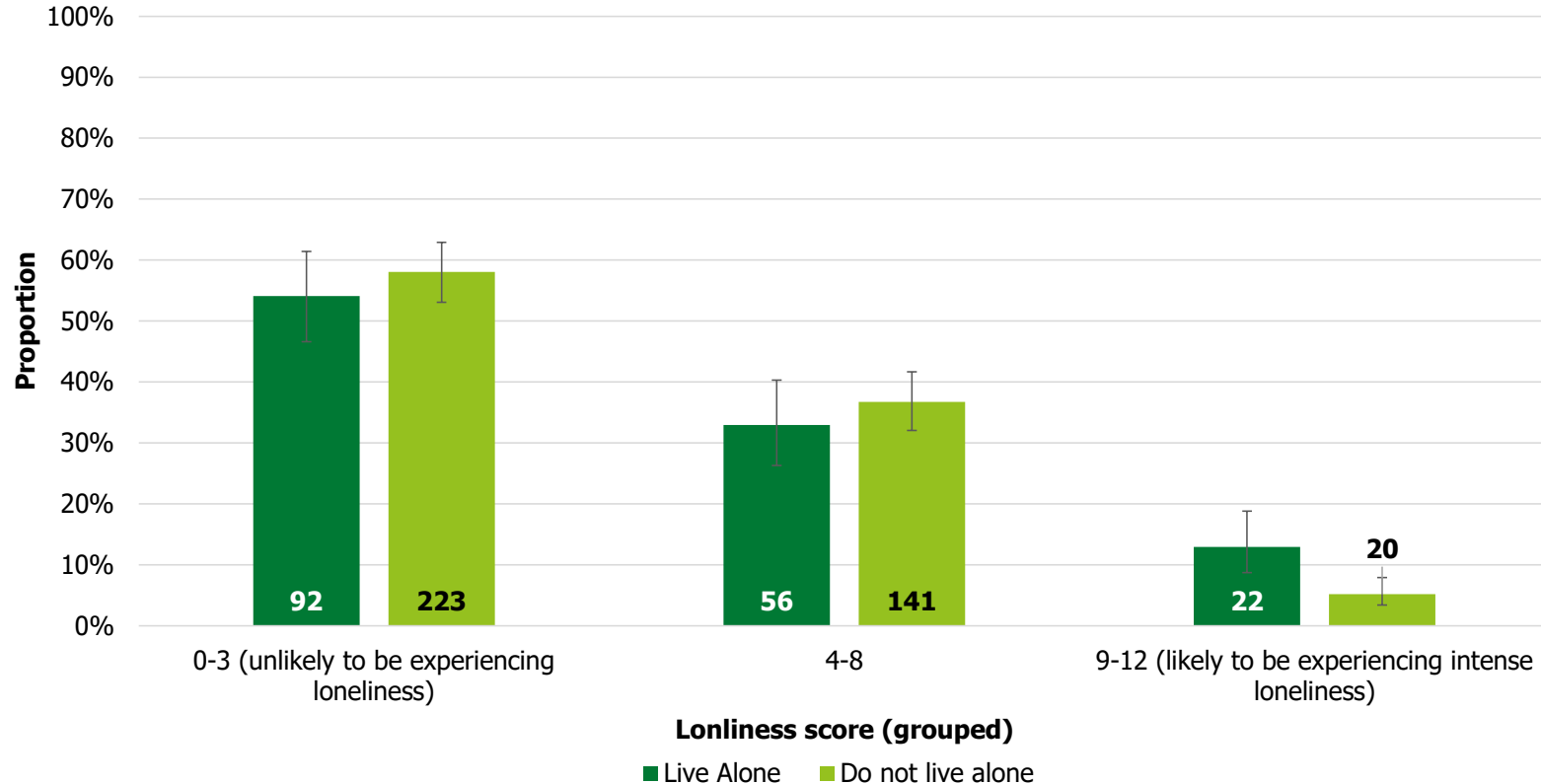
- A detailed analysis by ethnicity showed that Asian ethnic groups are more likely than Other White ethnic groups to think that **people in their neighbourhood can be trusted** (76% vs 36%).
- People from Black ethnicities are more likely to think that people are **getting on well together** compared to Other White ethnicities (76% vs 54%).

Data not shown:

- **Age and sex:** there were no significant differences across age groups and sex.

10.6 Loneliness Scale (1)

Measuring loneliness in Islington. Those who live alone compared to those who do not live alone.



Note: The Campaign to End Loneliness Measurement Tool was used to measure loneliness. A score of 0 or 3 indicates a person is unlikely to be experiencing any sense of loneliness, whereas a score of 10 or 12 indicates a person is likely to be experiencing the most intense degree of loneliness. Prefer not to say has been included in Do not live alone.

Source: Islington Residents Survey 2020

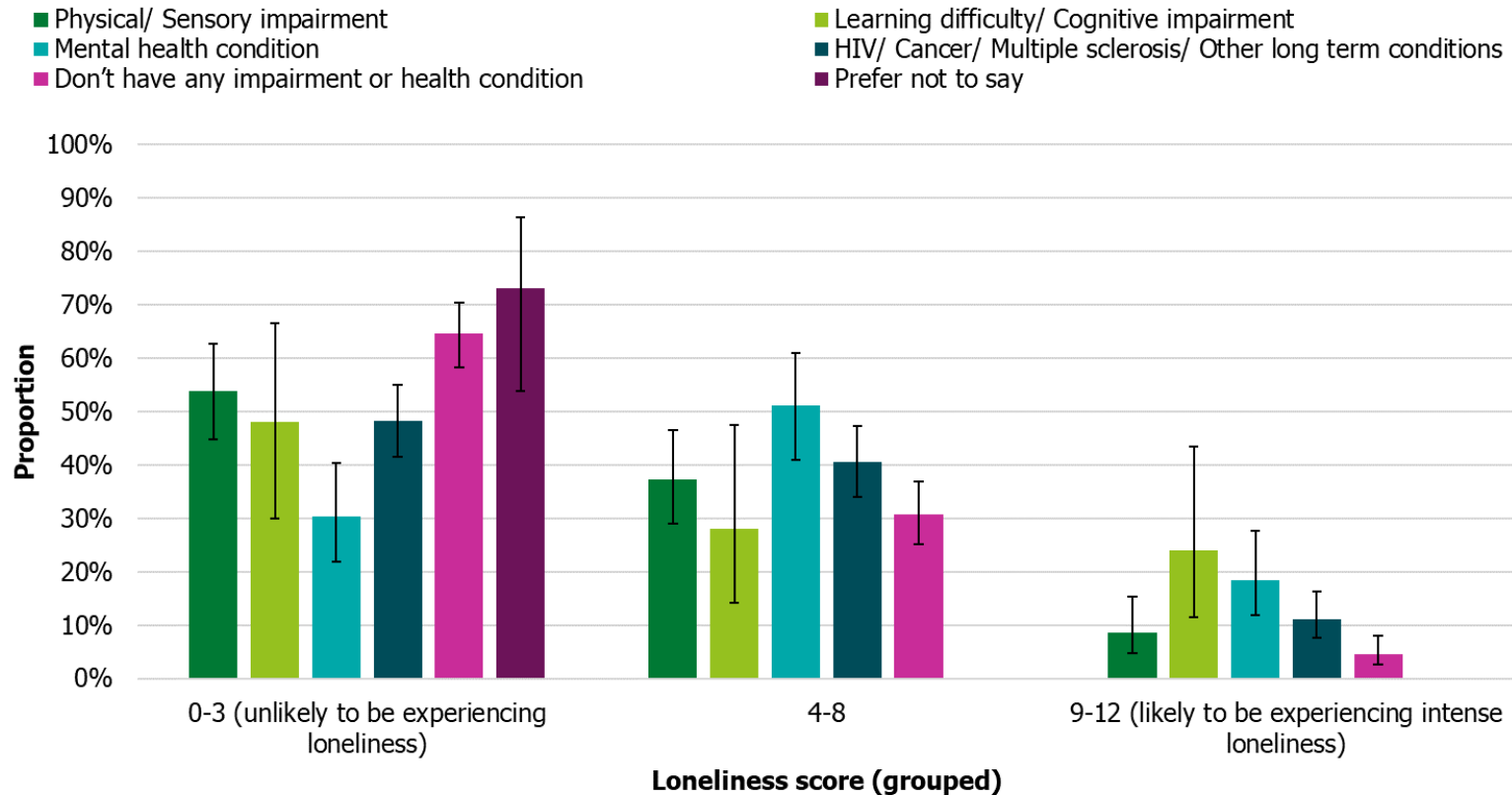
- The Campaign to end loneliness scale was used to measure loneliness. A score of 0-3 indicates a person is unlikely to be experiencing any sense of loneliness; whereas a score of 9-12 indicates a person is likely to be experience high levels of loneliness
- Those who **live alone** (13%) are more likely to experience intense loneliness (a score of 9-12) compared to those who do not live alone (5%).

Data not shown:

- The median loneliness score for the Islington residents survey was 2, indicating **low levels of loneliness** overall.
- There were no differences in loneliness scores between different ethnicities. The median loneliness scores for all ethnicities ranged from 2-3.
- Under 24s are the **least lonely** age group with 84% having a loneliness score between 0-3. This is a significantly higher proportion than those aged 45-55 of which about half (52%) have a loneliness score of 0-3.
- There were no significant differences between age groups for loneliness scores of 4-8 and 9-12.

10.6 Loneliness Scale (2)

Measuring loneliness in Islington, by health status



Note: The Campaign to End Loneliness Measurement Tool was used to measure loneliness. A score of 0 or 3 indicates a person is unlikely to be experiencing any sense of loneliness, whereas a score of 10 or 12 indicates a person is likely to be experiencing the most intense degree of loneliness. Small numbers have been suppressed from this graph.

Source: Islington Residents Survey 2020

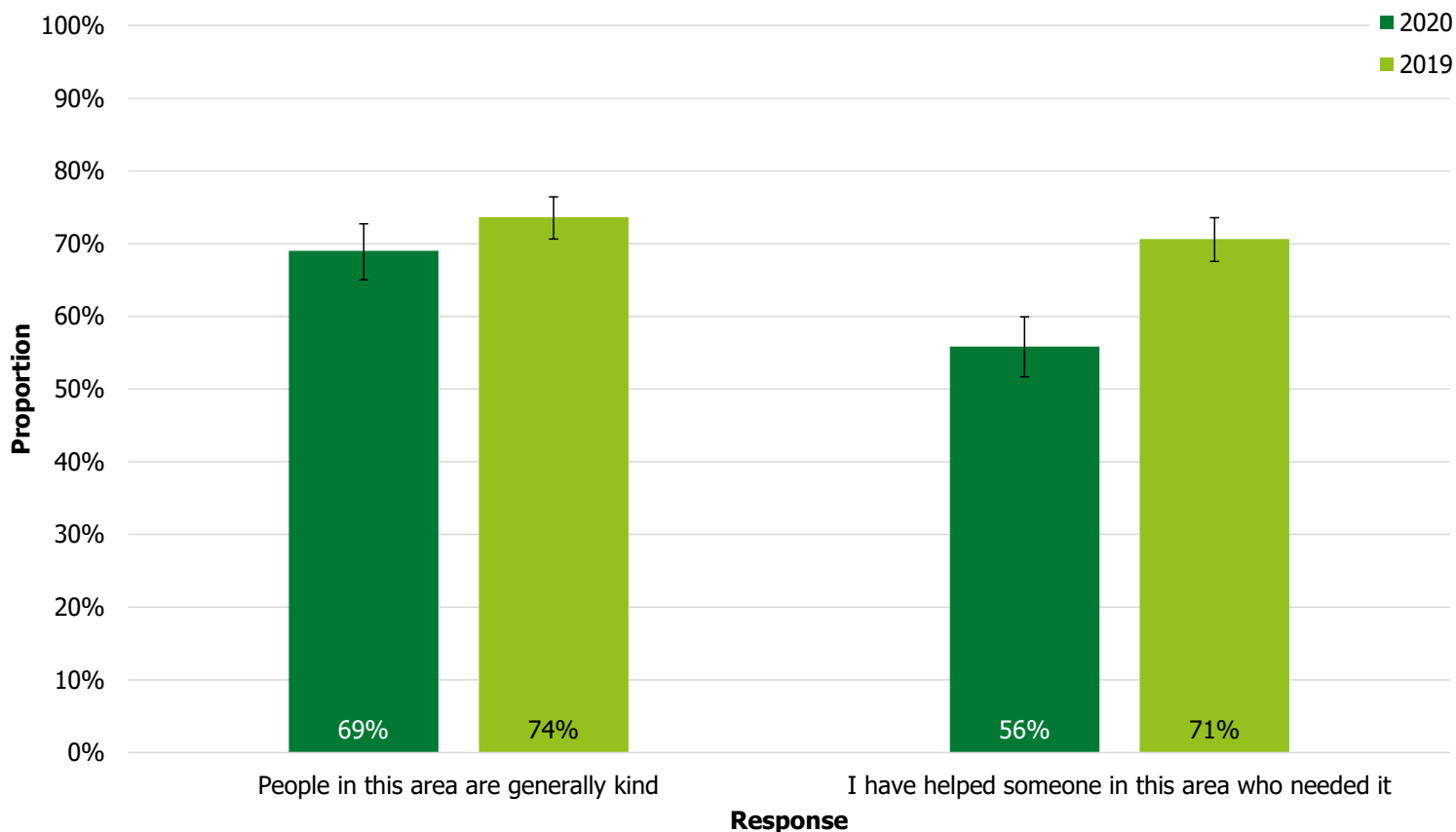
- People with a learning difficulty / cognitive impairment (24%) and people with mental health condition (18%) were more likely to experience **intense loneliness** (a score of 9-12) compared to those with no health condition/ impairment (5%).
- Only around a third (30%) of people with mental health condition were **unlikely** to be experiencing loneliness (a score of 0-3).
 - This is significantly less compared to with those with HIV/ Cancer/ multiple sclerosis/ other long-term conditions, those with a physical/ sensory impairment, those with no condition or impairment and those who preferred not to say (range 48% - 73%).

Data not shown

- Respondents with no health conditions or impairments are more likely to **feel connected** during the Covid-19 than people with mental health conditions, for example:
 - Being content with their **social network friendships** (76% vs 54%).
 - Having people to **ask for help** (75% vs 52%).
 - Content with their **friendships and relationships** (69% vs 35%).

10.7 Experience of kindness

Thinking about your local area, and not including family members or anyone you live with.
Strongly agree/tend to agree combined.



Source: Islington Residents Survey June - August 2020

- Overall, most residents in Islington (69%) think that people in their area are generally kind. This finding is consistent with what was found in the survey carried out in 2019.
- A lower percentage of people mentioned that they **have helped someone** in the area during the Covid-19 pandemic compared to the previous year (56% vs 71%).
 - This may be because of the Covid-19 restrictions in place in 2020 made it more difficult to help others via social contact.

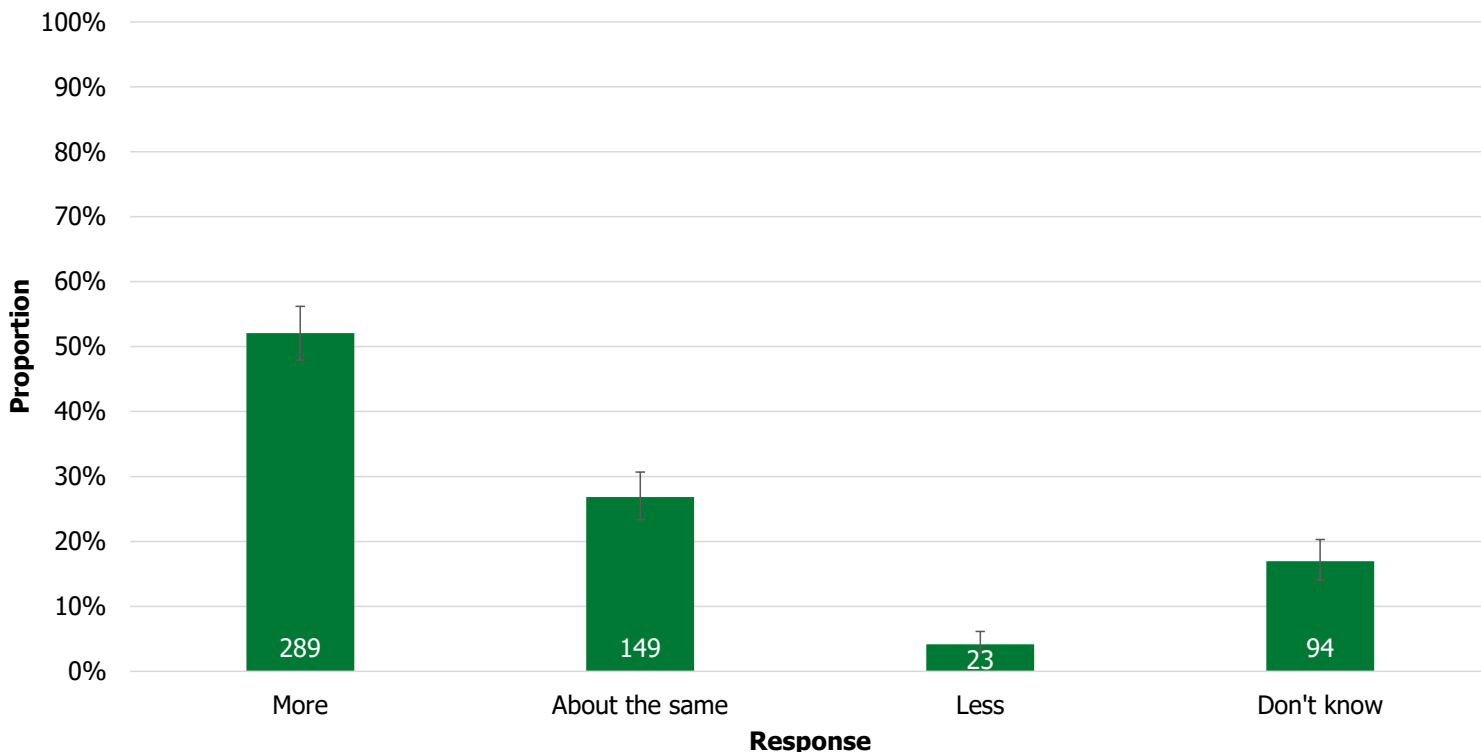
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- Sex:** More women experienced kindness during the Covid-19 pandemic than men (72% vs 62%).
- Ethnicity:** Everyone regardless of their ethnicity think that people in the area are generally kind. A higher proportion of Asian respondents (86%) were more likely to help someone in their area during Covid-19 pandemic than respondents from any other ethnic groups (range 36%- 65%).
- Age:** People aged 35-74 years old are more likely than older people (75+) to help someone in the area (range 56% - 64% vs 29%).
- Health/ impairment status:** People with physical/ sensory impairment are less likely to help someone in the area compared to those with no health condition(s)/ impairment (43% vs 62%).

10.8 Community cohesion and assets (1)

"A real community has emerged from this crisis. Something that didn't exist before on this level."

Do you think people in the community are doing things to help others more, about the same, or less since the Covid-19 outbreak?



- More than half respondents (52%) think people are doing **"more"** to help others in the community since the Covid-19 outbreak.
- About 30% think it has **been the same**; only 4% think that people has **helped 'less'** and 15% didn't know.

Data not shown

- Ethnicity:** A lower proportion of respondents from Other ethnic groups are likely to think that people in the community were doing "more" to help others since the Covid-19 outbreak compared to residents from any other ethnicity (29% vs range 48%-60%)
- Age:** No significant difference was found across age groups.
- Health/ impairment status:** People with a learning difficulty / cognitive impairment are less likely to think that people in the community were doing "more" to help others than people with no health conditions (28% vs 59%).

Source: Islington Residents Survey June - August 2020

10.8 Community cohesion and assets (2)

- Despite the wide-ranging negative (unequal) impacts of the pandemic on local residents, there has been an outpouring of kindness and community building across the borough. Evidently, the levels of community cohesion have been greater since the outbreak
- A total of 280 respondents provided free text responses for this question, of which 248 (88.6%) felt that people in the community are doing things to help others more since the outbreak, only 20 (7.1%) felt people in the community were doing less, 4 about the same, 8 don't know
- Of the 248 respondents who felt people in the community are doing *more*:
 - 26.6% said they had either **offered or received help from their neighbours**, or increased contacts with their neighbours.
 - **Practical & emotional support**: picking up prescriptions; do their shopping; help with form filling; chats with/ support for neighbours feeling lonely or struggling; checking in on each other; making tea rounds and lunch;
 - **New ways of connecting**: New WhatsApp or Facebook groups for the street/ building/ neighbourhood; coffee mornings on our doorsteps; leaflets through the door; online forum and local "Next Door" app; people put their numbers on their cards oif anyone needs help they can contact them
 - Friends and families are coming together by helping each other and communicating more often

"One of my neighbours really enjoyed meeting local volunteers who did her shopping for several months until she felt confident enough to do her own. Others have organised street coffee parties especially for a blind 92-year-old neighbour with no family of her own, no internet and most of whose longstanding friends have died."

10.8 Community cohesion and assets (3)

- 31 respondents mentioned **mutual aid groups**. These groups provide a diverse range of support to those in need which include:

Distributing
face coverings

Making free
face masks

Grocery/ pick
up
medications

Handing out
surplus herbs
& plants

Giving out
homemade
food

Donating
excess food

"Canonbury mutual aid group has completed over 400 tasks for local people."

"I'm one of the coordinators for a mutual aid group and have spoken with over 200 volunteers who wanted to help during the pandemic. People are wanting to help their neighbours when they haven't done previously. It's been amazing to see people give up their time and energy to help people that they don't know."

- More people were helping vulnerable people in the communities. People were "taking risks to help others, mainly those in most need". For example, help to buy groceries for those who were self-isolating/ shielding or elderly who live on their own or housebound

"During Covid19 I was cooking for the community and have it delivered to asylum seekers who are struggling and have no family."

"Since I live on my own and am 68, I've had offers of help from almost all my younger neighbours, to do my shopping, pick up prescriptions etc."

"I am currently helping Angel Baptist Church in providing up to 250 meals to distribute among the needy, vulnerable including those suffering from alcohol & drug addiction."

10.8 Community cohesion and assets (4)

- Many **local organisations** were frequently mentioned by residents as being “amazing support” during the lockdown/ pandemic, for example:

- Community Food Banks and gardens
- Islington Volunteer Service
- Parents and community champions forwarding information
- Bright Start – virtual sessions
- Islington Council (We are Islington)
- Healthwatch Islington
- Schools
- Scrubs Hub, Food4all
- Help on Your Doorstep
- North London Cares
- Centre 404
- Age UK
- Local businesses
- Local mosques and churches
- GPs and health care professionals
- Police
- Community centres e.g. St Luke, Elizabeth House, Arachne, Hilldrop

"I read a lot of things that the Council seem to have done well (provision for the homeless, supporting volunteer groups, promoting mental health advice/resources)."

"Estate caretaker has been getting shopping for older people on the estate."

"Experience with GP and hospital staff has also improved dramatically. All healthcare professionals I have been contact with during this period very helpful and kind- finding all possible ways to make services as accessible and very considerate of impact of covid on emotional and physical wellbeing."

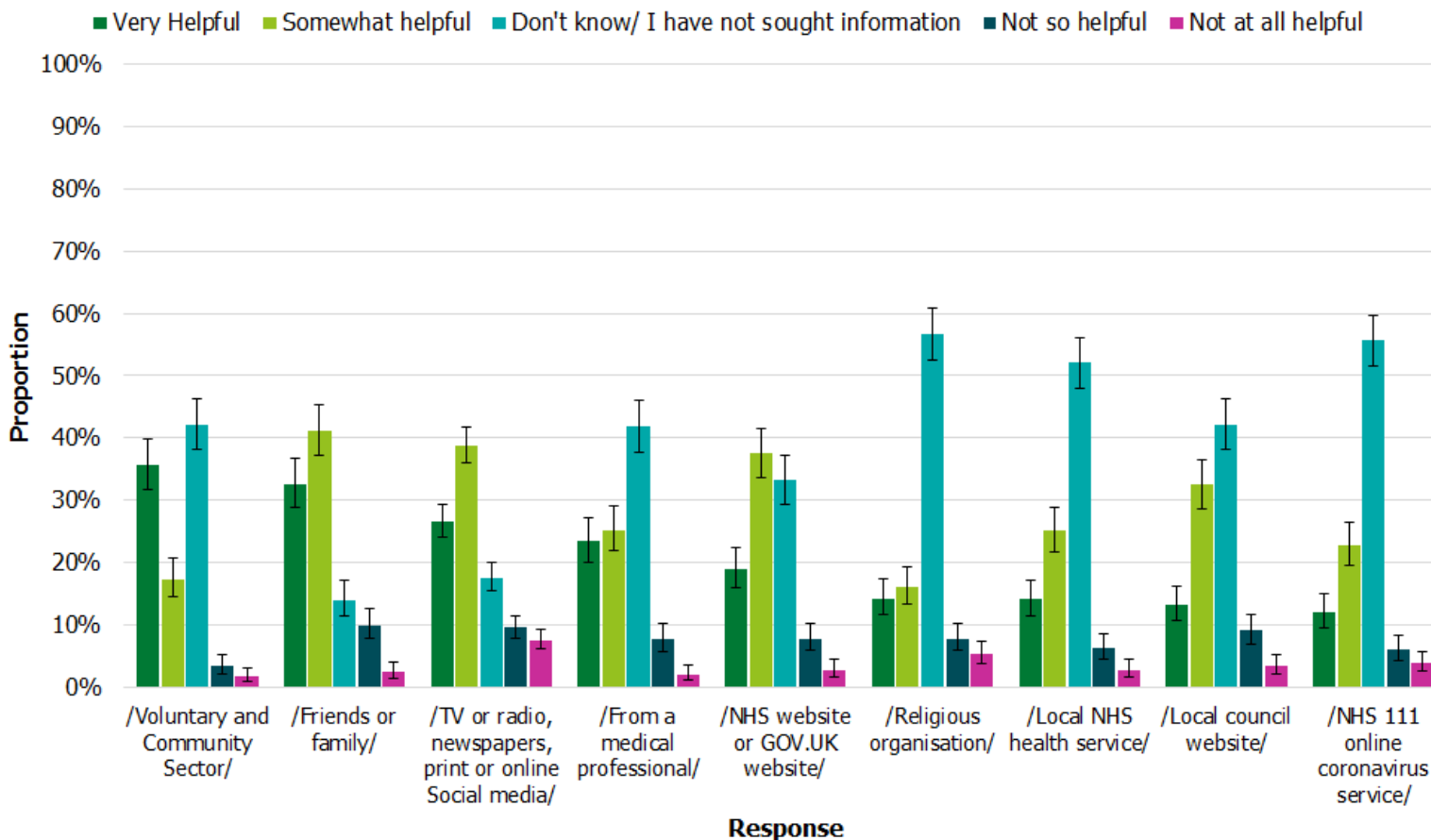
"People are wanting to help their neighbours when they haven't done previously. It's been amazing to see people give up their time and energy to help people that they don't know."

"The local food bank was immense help, thank you!"

10.9 Accessing information sources, support and services (1)

- Most statements received a positive response, (somewhat helpful / very helpful) about accessing information with few people answering that information sources were not so helpful /or not at all helpful.
- Information sources that received the most positive responses included **friends and family, voluntary / community sectors, TV/Newspaper/ radio/ social media** and **NHS/ government websites**.
- A higher proportion of respondents (about 55%) either don't know or have not sought information from religious organisations or NHS 111 online.

Which of the following information source(s) about Covid-19 did you find most helpful to you?



Source: Islington Residents Survey June - August 2020

Data not shown:

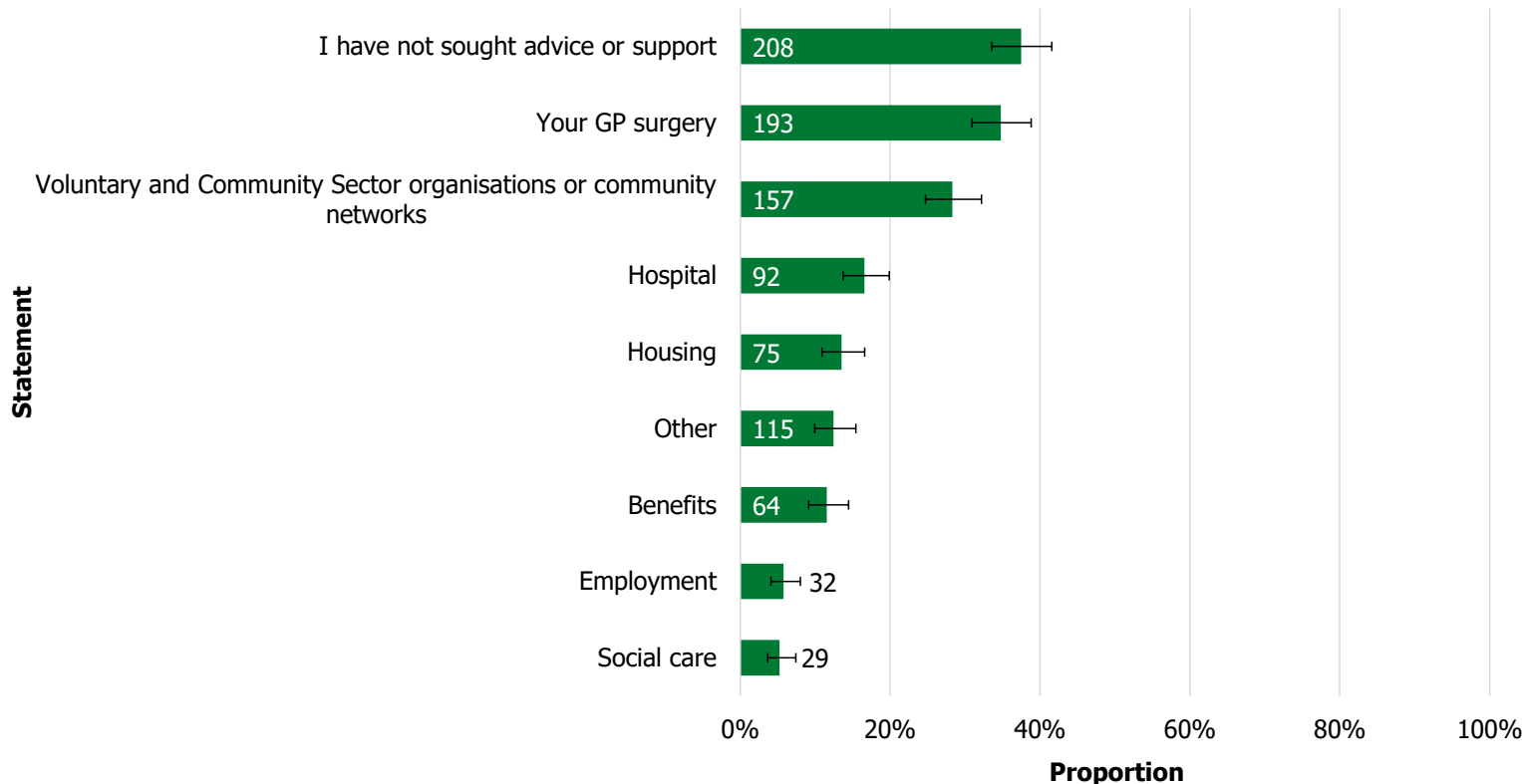
Sex: Compared to women, men were less likely to find information useful from **voluntary and community sectors** (58% vs 42%), **medical professionals** (53% vs 31%) or **NHS 111 online** coronavirus service (38% vs 25%).

Age: Under 35s (55%) were less likely to find TV and radio useful compared to people aged 55-74 years (72%). People aged 54 years and under were more likely to find **NHS online services** more useful than those aged 55 and over.

Health/ impairment status: People with a physical/sensory impairment are more likely to find information from **voluntary and community sector** and **medical professionals** useful (71% and 61% respectively) compared to people with no health condition/ impairment (45% and 40% respectively).

10.9 Accessing information sources, support and services (2)

Over the last 2 months, have you gone to get advice and/or support from the following public services?



Note: Respondents could choose multiple statements.
Source: Islington Residents Survey June - August 2020

- There are 208 respondents (37%) who have not sought advice or support from public service.
- The most frequently accessed services/ support were **GP** (35%) and **Voluntary and community sector organisations/ community networks** (28%).
- Similar proportions of respondents sought support from hospital, housing or other (ranging from 12%-17%).
- A lower percentage had sought advice from employment or social care services (5-6%).

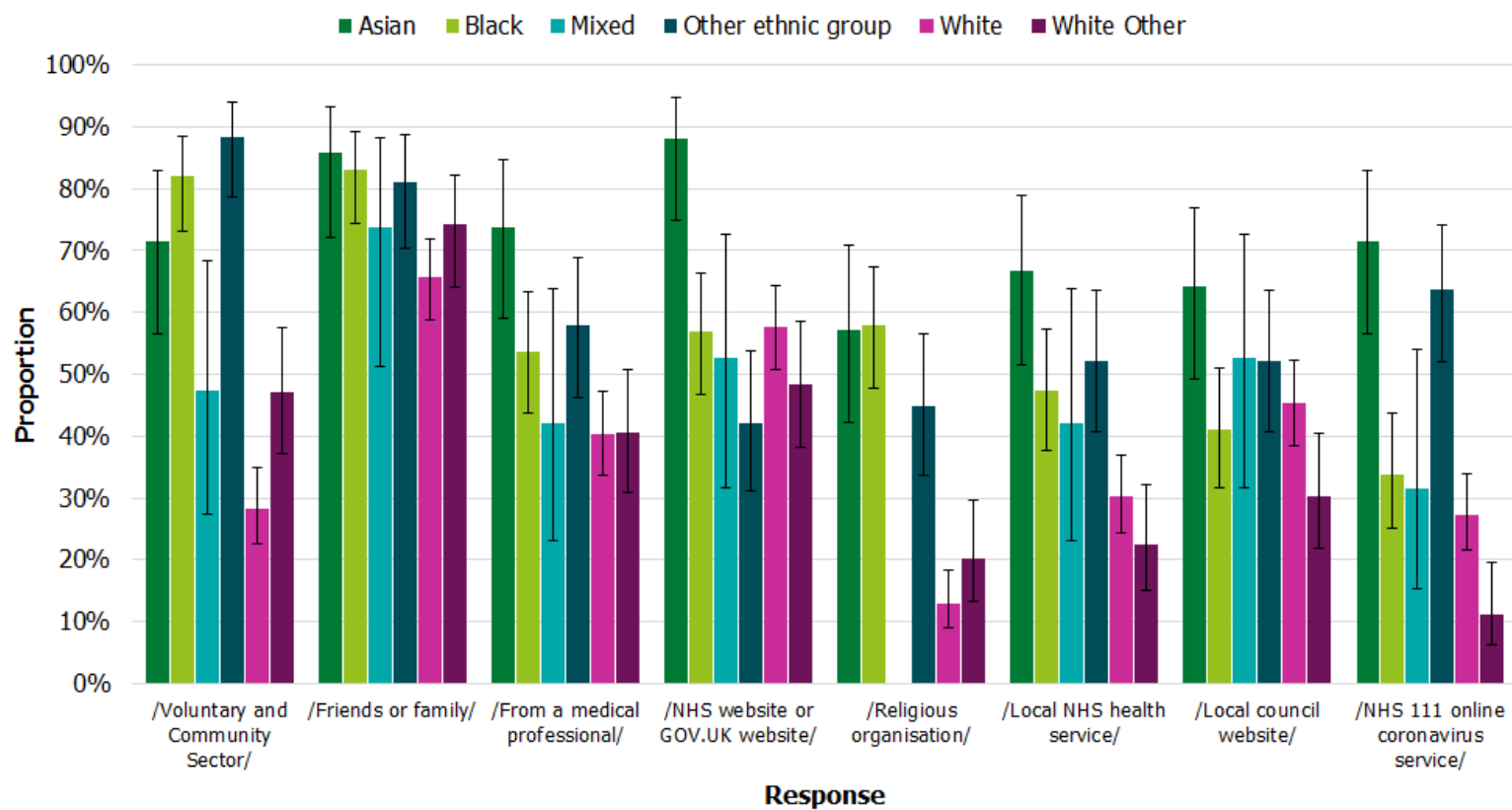
Data not shown:

Health/ impairment status:

- People with physical/sensory impairments (24%), mental health conditions (32%) are more likely to seek help or support than people with no health conditions (18%).
- People with physical/sensory impairment (55%) or HIV/ cancer/ multiple sclerosis/ other long-term conditions (41%) are more likely than people with no condition/ impairment (20%) to get advice from the voluntary sector.
- People with physical/ sensory impairments (24%), a mental health condition (26%) or those with HIV/ cancer/ multiple sclerosis/ other long-term conditions (42%) are more likely than people with no health conditions (10%) to get advice from hospital.

10.9 Accessing information sources, support and services (3): by ethnicity

Which of the following information source(s) about Covid-19 did you find most helpful to you? Very helpful and somewhat helpful combined, by ethnicity.

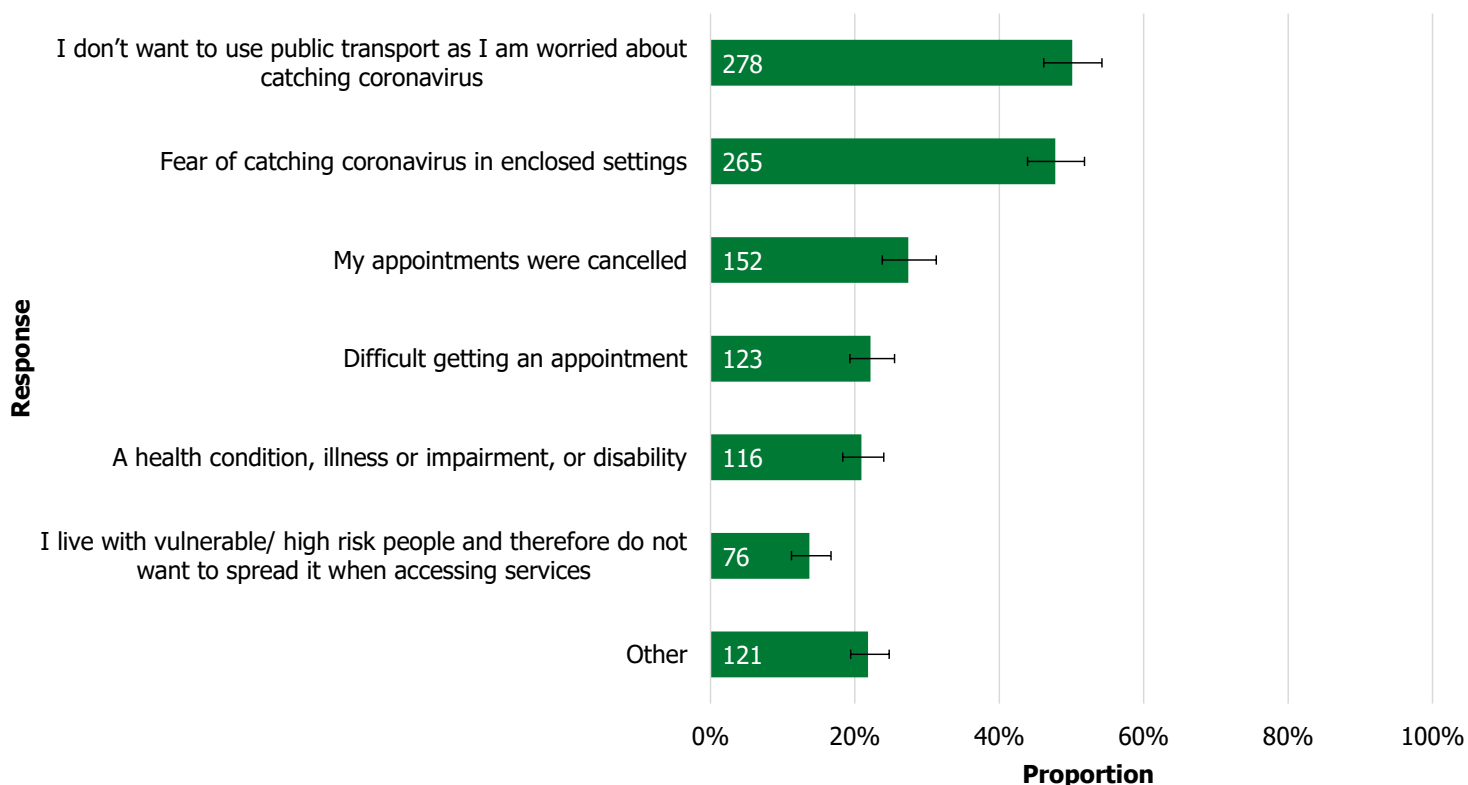


- A more detailed analysis by ethnicity showed that respondents have different preferences when following information sources on Covid-19, for example:
 - **Asian, Black and Other ethnic groups** are significantly more likely than White and Other White to find information from **voluntary / community sector** (71%, 81% and 88% respectively vs 28% and 47%) or from **religious organisations** helpful (57%, 58% and 45% vs 13% and 20% respectively).
 - **Black ethnic groups** are more likely than White people to find information sources from friends and family helpful (83% vs 66%).
 - **Asian** are significantly more likely than White and Other White to find information sources provided by **medical professionals** (74% vs 40% respectively) or **NHS website** (88% vs 58% and 48%) or **local NHS health service** helpful (67% vs 30% and 22%)
 - **Asian and other ethnic groups** more likely to find **NHS 111** helpful than any other ethnic groups (61% and 64% vs range 34%-11%).

Note: Prefer not to say category has been suppressed from this analysis.
Source: Islington Residents Survey June - August 2020

10.9 Accessing information sources, support and services (4)

Do any of the following statement(s) affect the way you or a family member seek health and social care during the COVID-19 outbreak?



Note: Respondents could choose multiple statements.

Source: Islington Residents Survey June - August 2020

- About half of the respondents could not seek health or social care for themselves or their family because they were either **afraid of catching the virus on public transport** (50%) or in **enclosed settings** (49%).
- A similar percentage (21%-27%) of residents could not seek health and social care because of **difficult getting an appointment / cancellation of appointment** or existing health conditions or other reasons.
- About 14% of respondents could not seek for care because **they were living with vulnerable or high-risk people.**
- Access to services (GPs, dentists) - some people unable to get regular treatment for chronic health conditions, feeling that they are not getting the same support in terms of monitoring of medication (survey free-text)

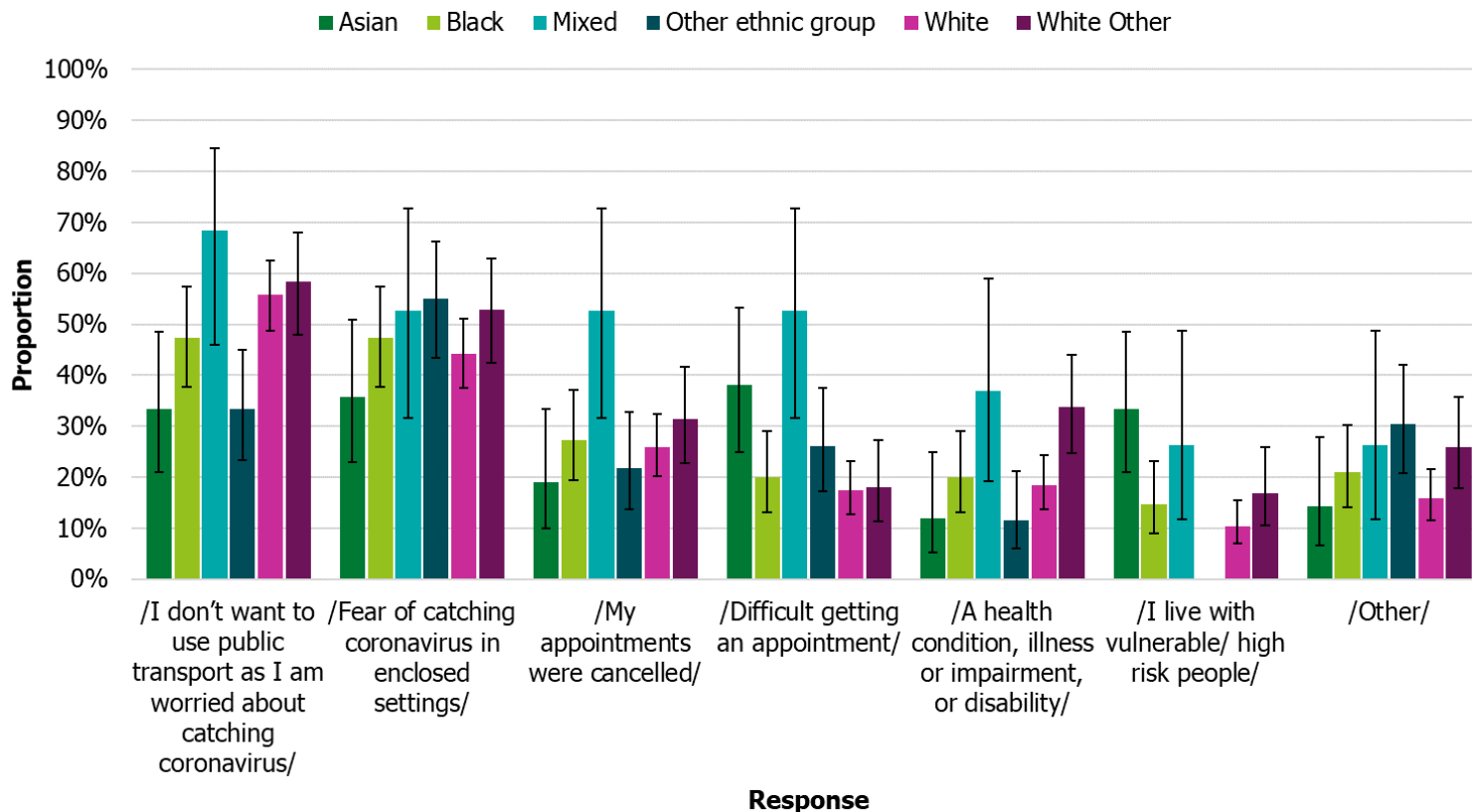
Data not shown:

Health/ impairment status:

- People with mental health conditions are less likely than people with no health condition/ impairment to use **public transport** (44% vs 64%).
- People with physical/ sensory impairments (59%) or mental health conditions (63%) are more likely than people with no health condition/impairment (42%) to be afraid of catching the virus in **enclosed settings.**
- People with physical/ sensory impairments (43%), mental health conditions (39%) or HIV/ Cancer/ multiple sclerosis/ other long-term conditions (40%) are more likely than people with no health condition/ impairment (17%) to experience **cancelled appointments.**

10.9 Accessing information sources, support and services (5): by ethnicity

Do any of the following statement(s) affect the way you or a family member seek health and social care during the COVID-19 outbreak?



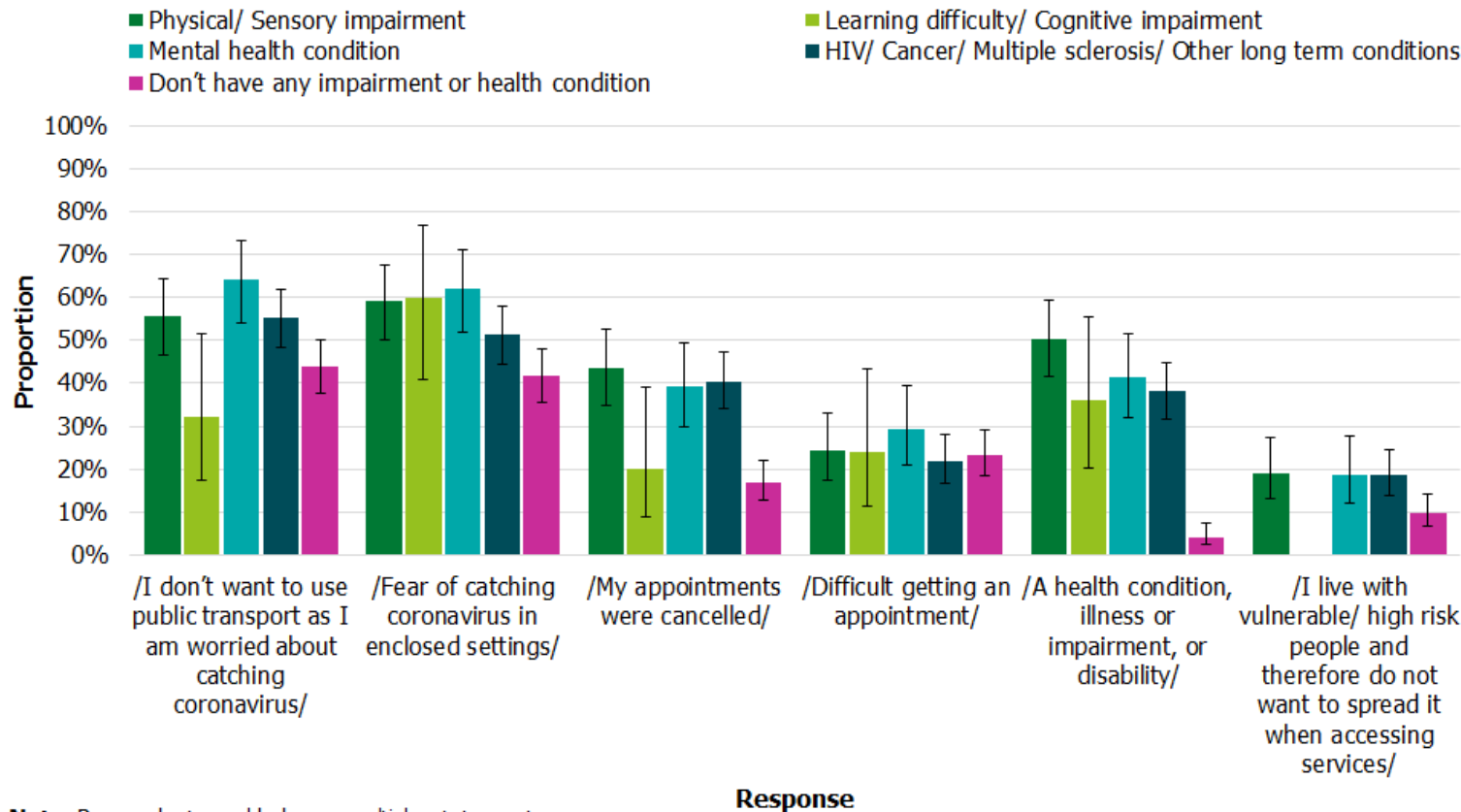
- A more detailed analysis by ethnicity showed a lower proportion of residents from Asian and Other ethnic groups (both 33%) that don't want to use **public transport** because of fear of catching coronavirus compared to White and Other White (56% and 58% respectively).
- Asian ethnic communities are more likely to be concerned about accessing health and social services because they **live with vulnerable/ high risk people** compared to White people (33% vs 10%).
- Asian and mixed ethnic groups found it more **difficult getting an appointment** (38% and 53%) compared to White or Other White (17% and 18% respectively).

Note: Respondents could choose multiple statements. Small numbers have been excluded from the analysis.

Source: Islington Residents Survey June - August 2020

10.9 Accessing information sources, support and services (6): by health/ impairment status

Do any of the following statement(s) affect the way you or a family member seek health and social care during the COVID-19 outbreak? by health status



- Only 4% of respondents without a health condition have sought health or social care related to an illness or impairment compared to all other groups with a health condition or impairment (range 36% - 50%).
- A significantly higher proportion of people with a physical/sensory impairment (43%), mental health condition (39%) and HIV, cancer, multiple sclerosis and other long-term conditions (40%) experienced **cancellation of health and social care appointments** compared to people with no health condition/ impairment (17%).
- More respondents with a mental health condition (64%) did not want to use **public transport** to access health and social care compared to those with no health condition or impairment (44%).
- Those with a physical/sensory impairment (59%) and those with a mental health condition (62%) were more **fearful of catching coronavirus in enclosed settings** compared to people with no health condition/ impairment (42%).

Note: Respondents could choose multiple statements.

Source: Islington Residents Survey June - August 2020

10.9 Support received from local organisations

(301 free-text comments)

Setting	Type of support received
GP surgeries	<ul style="list-style-type: none"> • Covid-19 information and discuss risks e.g. risks of having asthma during covid • GP helped individuals to access support from voluntary sector • Mental health support • Sick note request (due to mental health problems) • Signposting information related to getting a Covid-19 test • Helped organise food delivery • Organised medicine delivery • Other: health checks, health advice (e.g. information about medication/ health), renew prescriptions, childhood immunisations
Council services	<ul style="list-style-type: none"> • Housing – housing register, housing benefits residents support scheme, repairs • Social care advice, e.g. caring responsibility for disabled adult , personal budget • SHINE energy efficiency support workers • Benefits e.g. DWP, UC, HMRC, council tax benefits/ Covid-19 allowance • Information about local support • Other: family support teams, employment
Voluntary and Community Sector	<ul style="list-style-type: none"> • Sign-translate posts • Different aspects of covid explained in residents’ native language • Online social activities, e.g. Zoom meetings to lessen loneliness and wellbeing, Zoom women’s exercise group sessions • Regular phone check-ins • Mental health and wellbeing support • Arranged for food and basic amenities • Other: Benefits application, organising bills, immigration support
Other	Church - emotional support and telephone calls

10.9 Role of VCS in Covid-19 response

- Local VCS play a vital role in Covid-19 response and tackling inequalities
- They help reduce the disproportionate impacts of Covid-19 by supporting our most vulnerable/ disadvantaged residents in the borough and providing tailored support according to their needs
- Many of these residents face additional challenges during Covid-19:
 - Challenges related to accessing and/or understanding up-to-date government Covid-19 guidance and advice
 - Practical challenges associated with implementing the guidance, e.g. unable to social-isolate due to living conditions, costs of face masks
 - Many of the services are now delivered online; some may have limited mobile data/ internet access at home
 - Social isolation
- Examples of support:
 - 1:1 support and provide tailored advice and information about Covid-19 and non-Covid-19 related matters
 - Translating government guidance and how to keep safe
 - Practical help, e.g. food and medication delivery, translation, form-filling
 - Emotional support, e.g. due to anxiety and depression or fear of Covid-19
 - Online social activities
 - Digital inclusion workshops
 - Referrals to appropriate support e.g. getting food vouchers from Islington Resident Scheme, Islington People Rights
 - Act as advocate

"At the beginning, I didn't believe about the virus. Community Language Support Services (CLSS) staff informed the severity of the Covid19."

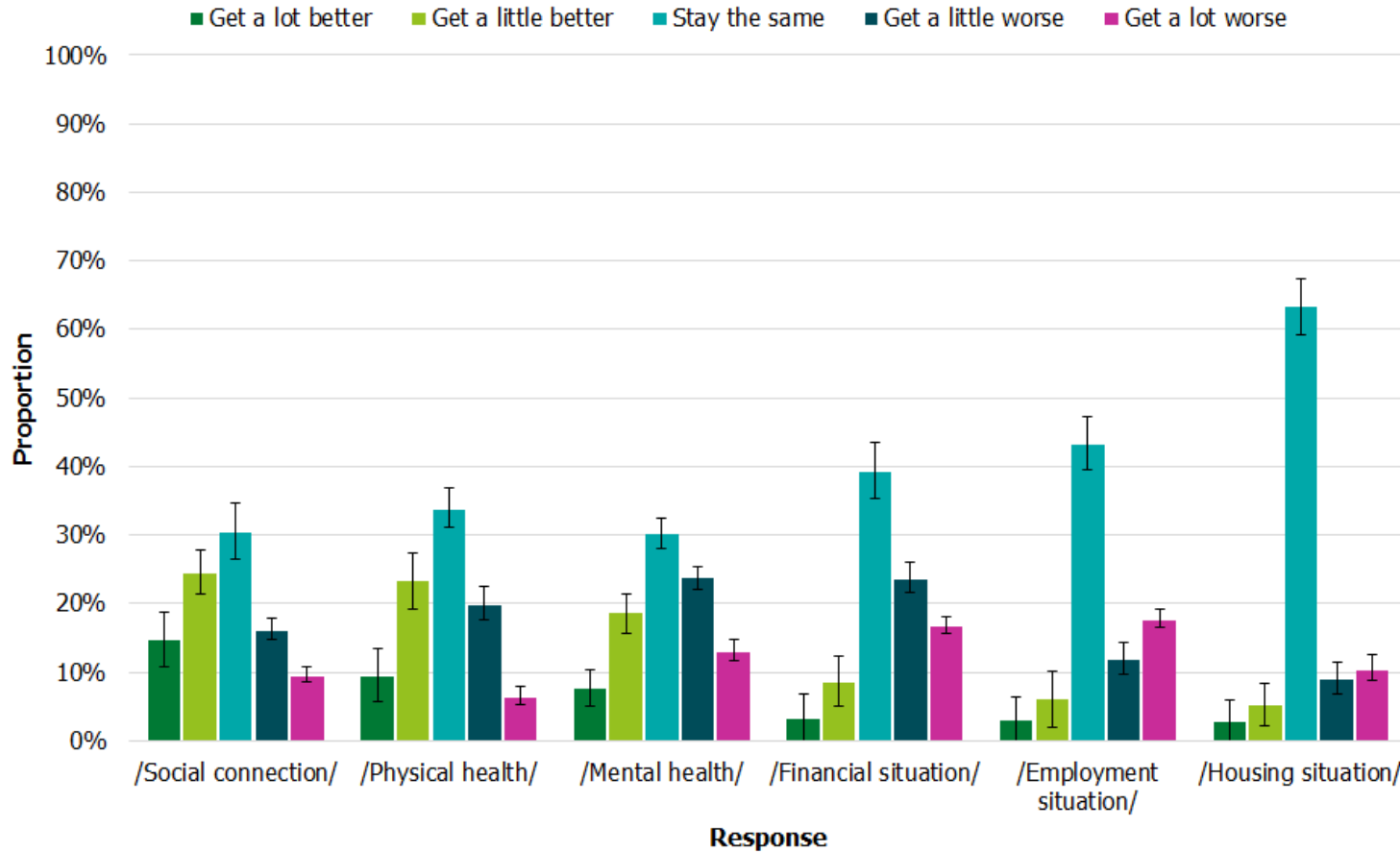
"They also encouraged me to attend women's exercises session, unfortunately I was unable to join due to limited and weak Mobile Data service."

"I was ill with sicken allergy during covid19 and I couldn't contact my doctor due to language barrier. CLSS contacted my GP and discussed my symptoms. The doctor requested me to send a picture of the affected part of my body, after which an appointment was booked with my doctor. One of CLSS staff attended at GP surgery with me to translate. I am truly grateful for their support I received. Prior to my appointment CLSS advised me to wear mask and glove."

"My brother's wife passed away due to Covid19 and CLSS helped me to apply funeral cost."

10.10 Future and 'new normal' (1)

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

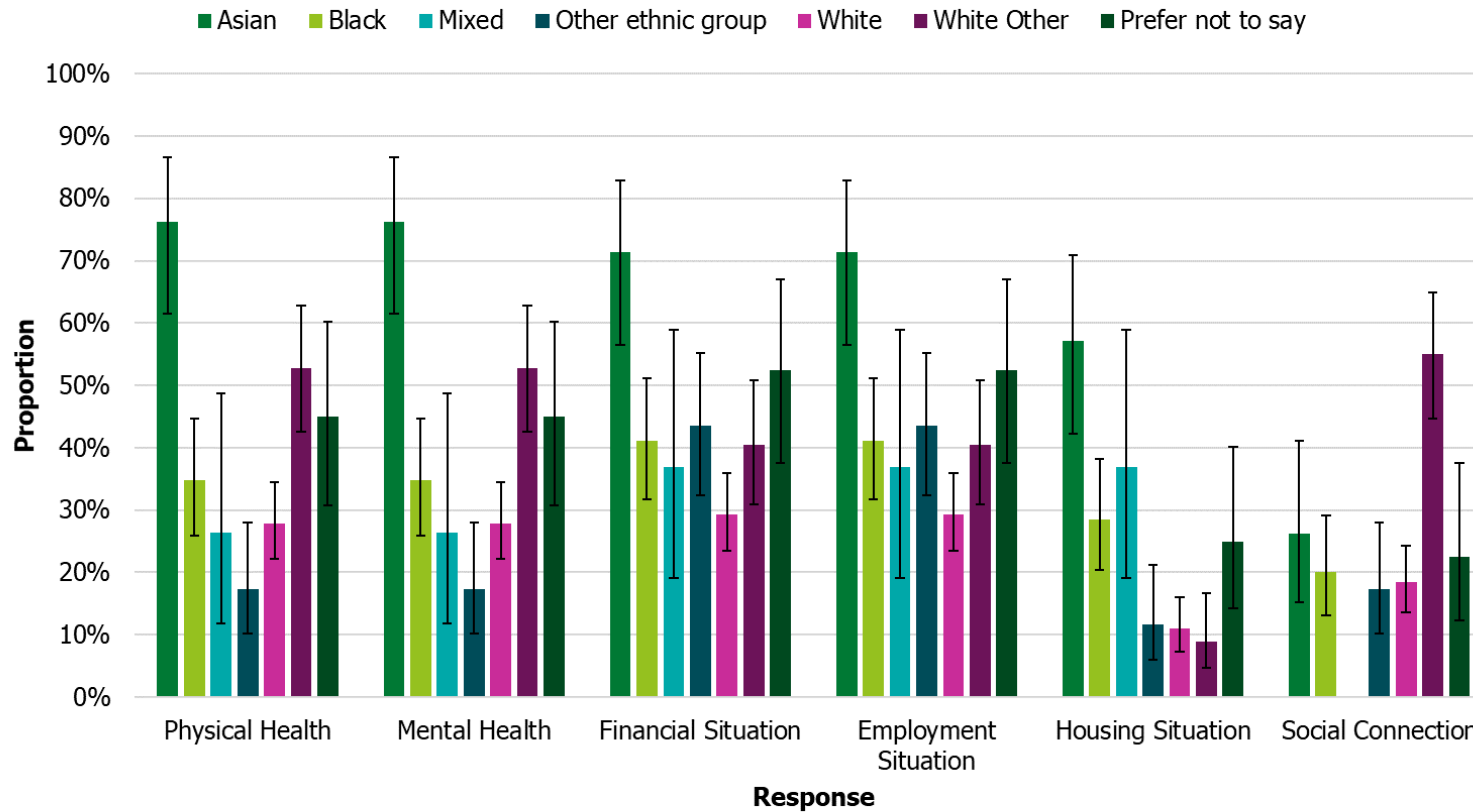


Source: Islington Residents Survey June - August 2020

- Overall, a majority of respondents believe that there will be no change, especially in their housing situation.
- About 20%-25% of respondents expect that their **physical and mental health** and **financial situation** will “**get a little worse**”.
- About 12%-15% of respondents believe that their **mental health**, and both **financial and employment situation** will “**get a lot worse**” and have an impact their households.

10.10 Future and 'new normal' (2): by ethnicity

How do you expect the following to change in your household over the next 12 months? Get a little worse and get a lot worse combined by ethnicity.



- A detailed analysis by ethnicity shows that:
 - Most of **Asian** respondents felt that their **physical health**, mental health, **financial** and **employment** situation are going to get “a little” or “a lot” **worse** over the next 12 months (range 71% - 76%).
 - **Asian** respondents were also significantly **more concerned** about their **housing** situation (57%) compared to most other ethnicities (range 9% - 37%).
 - **White other** respondents (55%) were most likely to think that their **social connections** will get a little or a lot **worse** compared to the other ethnicities (range 17% - 26%).

Note: The response Get a little worse and Get a lot worse have been combined. Small numbers have been excluded from this chart.

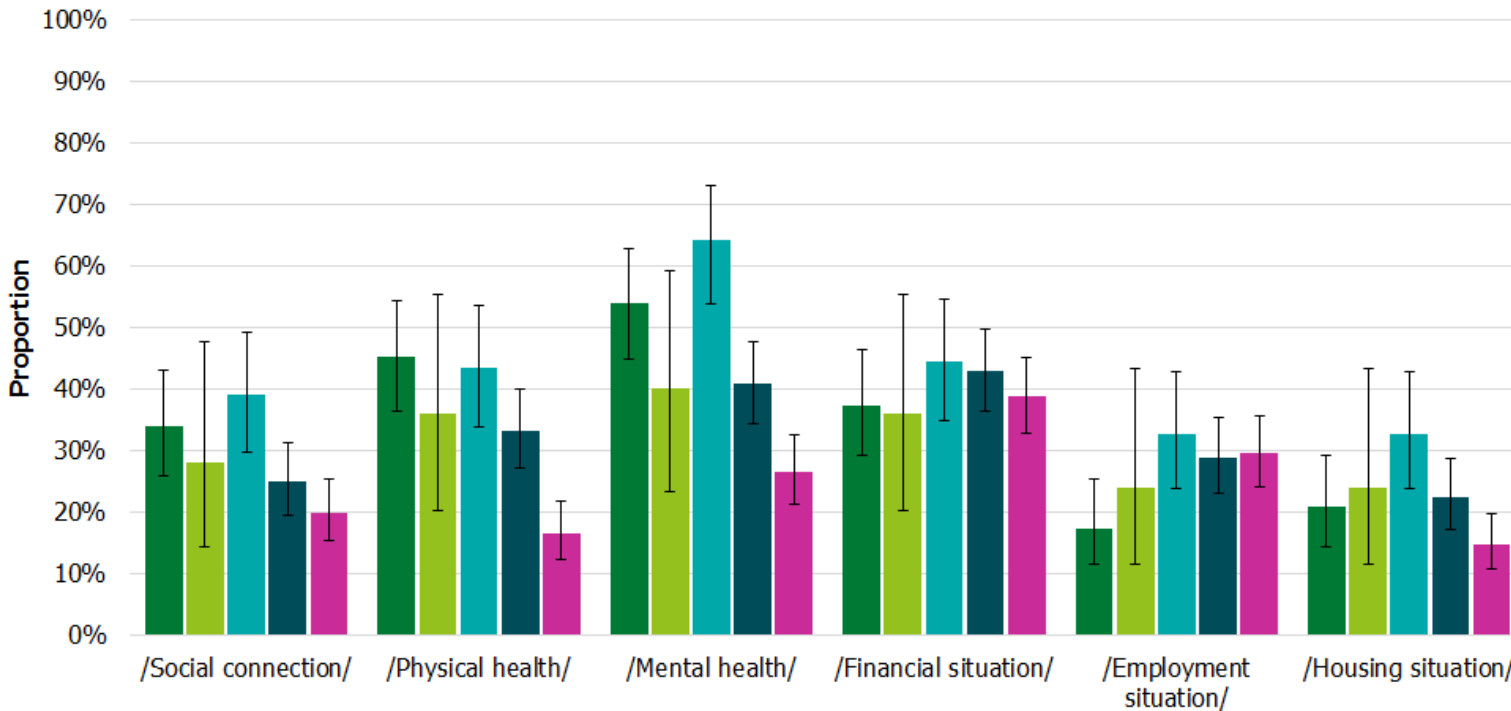
Source: Islington Residents Survey June - August 2020

10.10 Future and 'new normal' (3): by health/ impairment status



How do you expect the following to change in your household over the next 12 months? Get a little worse and get a lot worse combined by health status.

■ Physical/ Sensory impairment
■ Mental health condition
■ Don't have any impairment or health condition
■ Learning difficulty/ Cognitive impairment
■ HIV/ Cancer/ Multiple sclerosis/ Other long term conditions



A detailed analysis by health/ impairment status shows:

- Social connection:** people with a physical/sensory impairment (34%) and mental health condition (39%) are more likely to think that social connection will get worse than people with no health conditions/ impairment (20%).
- Physical health:** people with a physical/sensory impairment (45%), mental health condition (43%) or HIV, cancer, multiple sclerosis and other long-term conditions (33%) are more like to think that physical health will get worse than people with no health condition/ impairment (16%).
- Mental health:** people with a physical/sensory impairments (54%), mental health condition (64%) and those with HIV, cancer, multiple sclerosis and other long-term conditions (41%) are more likely to think that mental health will get worse than people with no health condition/ impairment (27%).
- Housing situation:** people with a mental health condition (33%) are more likely to think that their housing situation will get worse compared to people with no health condition or impairment (15%).

Note: Respondents could choose multiple statements.

Source: Islington Residents Survey June - August 2020

10.10 Future and 'new normal' (4)

- It is apparent that majority of residents are feeling anxious about the pandemic
 - There a lot of general anxiety about **feeling at risk** because of the **behaviours of other people**, who are not following social distancing guidelines, not wearing masks, gathering in groups etc. There was a general feeling that **enforcement of these guidance were weak**
 - **Fear** about what this future situation could bring with regards of their **personal finances, employment and food insecurity**. Some were worried about the impact of the pandemic will have on **government finances and funded services**
 - Some residents **felt uneasy** about **lockdown easing**, as they believe this will cause another surge in cases



"Covid-19 will not suddenly disappear so we feel anxious about the future. Also worried people are no longer taking it seriously, for example neighbours having parties with lots of friends coming over."

"I fear that every time I go out I could be contracting the virus because I have type 2 diabetes. I just want life to be normal, so I can live without worrying about the risk of the infection."