

Covid-19 Resident Engagement

Executive Summary

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

October 2020



- Colleagues from across Islington and Camden Council (Public Health, Communications and Voluntary and Community Sector (VCS) teams), Islington Healthwatch, Camden Healthwatch, and North Central London Clinical Commissioning Group have been working together to take forward a programme of resident engagement work since the summer 2020.
- The purpose of this resident engagement was to gain an understanding of how local communities and residents understand and engage with COVID-19 prevention and control measures, and how they feel they have been impacted by the Covid-19 pandemic, with a focus on inequality. This will inform how local systems can best support residents, in particular, our more vulnerable residents, throughout the pandemic.
- The work involved an Islington resident survey (which ran between late June and mid-August 2020) and targeted engagement work, conducted through focus groups and interviews with Camden and Islington residents (August-September 2020). The engagement work included a focus on the following broad areas:
 - Awareness of and adherence to specific government advice and guidance, e.g. social distancing, face covering in public spaces, test and trace
 - Impacts of Covid-19 and residents' concerns during the pandemic
 - Coping strategies
 - Loneliness and sense of community belonging
 - Community cohesion and assets
 - Access to information, services and support
 - Future and 'new' normal
- In addition, Public Health worked with Healthwatch Camden on their local resident survey; some of its findings were included in this report and used to inform our actions.
- The targeted qualitative engagement (focus groups and interviews) mainly focused on gathering insights from our more vulnerable residents, e.g. those from Black, Asian and ethnic minority communities, carers, those affected by physical/ learning disabilities, LGBTQ+, young people, refugees and asylum seekers. Many of these residents face multiple disadvantage.
- In addition, insights captured through a variety of other engagement work undertaken by council colleagues, local Healthwatch organisations and several VCS partners have also contributed to this report.
- The final Islington survey sample included a total of 555 responses (incomplete responses and entries submitted by non-Islington residents were excluded from the analysis, n= 248). In addition, the Public Health team spoke to 78 Camden and Islington residents (31 Camden residents, 47 Islington residents), through 9 focus groups and 20 interviews.
- This executive summary sets out the key findings from the research and actions for all stakeholders from across the system to take forward, including (but not limited to) council and NHS colleagues, community leaders and residents. Detailed findings specific to different communities can be found in the full report.

Overview of findings: Impact of Covid-19

- It is apparent that covid-19 is affecting all residents in Camden and Islington, but the impacts are **more profound among those who are faced with multiple disadvantage**. 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, homeless, clinically vulnerable residents (previously shielding), those with existing mental health conditions, LGBTQ+ and refugee/ asylum seekers, all of whom are affected greatly by the pandemic.
- Majority of Islington resident survey respondents were somewhat (42%) or very worried (39%) about the pandemic. A significantly higher proportion of respondents from **Asian (92%), Black (89%) and Other ethnic groups (89%)** were either **somewhat worried or very worried** compared to the proportion of respondents from White ethnicities (70%). A significantly higher proportion of **women** feel **"very worried"** compared to men (44% vs 29%).
- **Mental health** (47%) was Islington residents' **most common concern** during the pandemic, followed by **physical health** (43%), **fear of contracting the virus** (42%), **health and wellbeing of loved ones** (40%) and **feeling worried about the future** (28%).
- 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%). This finding was also found in the free-text question related to impact of covid-19. In addition, a significantly higher proportion of women (35%) feel worried about the future compared to men (21%).
- A significantly higher proportion of people **aged 75+** chose **"physical health"** as one of the factors that worried them most compared to all other age groups. Similarly, those with either a **physical disability (72%), sensory impairment (59%), mental health illness (57%) or long term condition (59%)** were worried about their physical health compared to people with no disabilities, impairments or long term conditions (30%)
- Covid-19 has wide-ranging impacts on residents in both boroughs, **most frequently mentioned impacts** were related to **employment, mental health and wellbeing, relationships and finances**. Free text analysis suggests 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 Black, Asian and other ethnic minority backgrounds (10%) than for residents from White backgrounds (5%).

*"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."*

Overview of findings: Following government guidance

- The Islington resident survey suggested majority of residents found it somewhat easy/ very easy to follow government guidance (e.g. washing hands, wearing face coverings in public places, self-isolating, social distancing), except for the test and trace guidance. However, findings from focus groups suggested **certain groups such as residents with learning disabilities, those from Black, Asian and other ethnic minorities, homeless residents, found it difficult to understand and/or follow government guidance in both boroughs.**
- 32% of people didn't know or were not aware of the guidance on **how/ where to get tested**; 28% found it somewhat/ very difficult to access testing. **Many concerns shared across groups** in both boroughs such as confusion around the test (as hearing about different tests available, i.e. antibody test), not confident about accuracy of test, concerned about contracting virus whilst getting tested (if visiting sites/hospitals), accessibility and availability (testing sites are far away or inaccessible for those who don't drive; limited testing slots available).
- More **Asian and White ethnic groups** found it easy to **use face coverings in public places** compared to Black, Other ethnic group and White Other (86%, 82% vs 58%, 62% and 62% respectively). Less **Black ethnic groups** found it easy to **stay at home** (53% vs 82%) or **limit contact with other people** (48% vs 82%) and **self-isolate** (38% vs 76%) compare to people from white background. People with **physical/ sensory impairments** are less likely to find it easy to follow the government guidance, e.g. use face coverings in public places, limit contact with other people, stay at home, compared to people with no self-reported health condition/ impairment. Less People with **mental health conditions or with physical/ sensory impairments** found it easy to get tested than people with no self-reported health condition/ impairment.
- When survey respondents were asked about their concerns about following the government guidance, 40% of respondents selected **"people do not follow social distancing measures in my area" as the most common concern.** Links with issues around antisocial behaviour, lack of access to local parks and public space. A significantly higher proportion of respondents from **Asian ethnicities** (48%) were concerned about **living in shared or overcrowded accommodation** compared to respondents from White (8%), White other (8%) and Other ethnic (13%) backgrounds.
- **Young people** in both boroughs feel **frustrated** and confused with the changing guidance and have given up on following the rules, they admitted to meeting up with friends in groups of more than 6.
- 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 or don't have information available in **Easy Read versions.**
- People with **dementia** are worried about understanding the situation, relying on people to inform/ remind them about the latest guidance.

Overview of findings: Social connection, loneliness & community cohesion

- Overall, there was a positive response around how people felt **connected with friends and family** during COVID-19 outbreak. About 70% -75% of the Islington respondents felt they were content with their friendships and were comfortable asking for help. Almost half of the respondents (52%) felt that people in the neighbourhood can be trusted. People with **mental health conditions** were less likely to feel connected during Covid-19 compared to those with no health conditions or impairments. For example, being content with their social network and friendships (54% vs 76%).
- Survey and focus groups revealed that **a lack of social interaction** has been difficult for some people and impacted their mental health in both boroughs; especially in those that are shielding, older/ less able to travel or socialise, live alone, have pre-existing mental health issues, learning difficulty, young people and LGBTQ+ communities.
- The Campaign to End Loneliness Measurement Tool (<https://www.campaigntoendloneliness.org/>) was used to measure loneliness. The Islington survey findings showed those who **live alone** (13%) are more likely to experience **intense loneliness** (score 9-12) compared to those who don't live alone (5%). **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. No significant differences between ethnicities were found. People with a **learning difficulty/ cognitive impairment** (24%) and people with a **Mental health condition** (18%) were more likely to experience **intense loneliness** (a score of 9-12) compared to those without an impairment or condition (5%).
- 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 two boroughs. Evidently, the levels of community cohesion have been greater since the outbreak. More than half Islington respondents (52%) think **people are doing more to help others** in the community since the COVID-19 outbreak.
 - **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
 - **New ways of connecting** (through digital means) and many **informal local groups at street/ estate** level were formed to build social connections locally and support one another
 - Many **local organisations** were frequently mentioned by residents as being "amazing support" during the lockdown/ pandemic

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

"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."

Overview of findings: Accessing information sources & support (1)

- Many respondents found information from friends and family, voluntary/ community sectors, media (TV/newspaper/radio/social media) and NHS/ government website somewhat/ very helpful. The most frequently accessed support/ services were GP (35%) and VCS organisations/ community (28%). People with a **physical/sensory impairment** are more likely to find information from the voluntary sector or medical professionals useful compared to people with no health condition/ impairment (71% and 61% vs 45% and 40%).
- Camden and Islington residents found it **difficult to understand and keep up to date with the changing guidance**, particularly young people, those with language barriers (e.g. those from Black, Asian and other ethnic minority communities) and those with learning disabilities.
- Under 35s (55%) were less likely to find TV and radio useful compared to people aged 55-74 years (72%). **Young people** access information and news related to Covid-19 through different **social media tools** (e.g. Twitter, Instagram, YouTube, Snapchat).
- **Asian, Black and Other ethnic groups** are significantly more likely than White and Other White to find information sources 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%). Focus groups suggested that these communities often get their information **verbally from VCS organisations** or **WhatsApp groups** through voice/ text messages.
- About half of the Islington survey respondents could not seek health and care for themselves or their family because they were either **afraid of catching the virus on public transport** (50%) or **in enclosed settings** (49%), and **difficulty getting an appointment** or **cancellation of appointment** (21-27%). About half of the respondents from **Black and Asian backgrounds** (48%) were concerned about accessing care because they **live with people who are vulnerable/ at high risk**. **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).

Overview of findings: Accessing information sources & support (2)

- People with **mental health conditions** (59%) or **physical/ sensory impairments** (62%) are more likely to be afraid of catching the virus in **enclosed settings** than people with no health conditions/ impairment (42%).
- People with **physical/ sensory impairment** (43%), **mental health conditions** (39%) or **HIV/ Cancer/ multiple sclerosis/ other long term conditions** (40%) are more likely than people with no health conditions or impairment (17%) to experience **cancelled appointments**.
- Those with a **learning difficulty** struggled with the **lack of access to day centres and support groups** during lockdown and some reported their volunteering jobs had been stopped, resulting in a feeling of social isolation and loss of routine. However, a majority reported that **virtual activities** organised by organisations like Mencap, and **really helped them stay in touch**.
- Those who are **informal carers** mentioned that during the lockdown they **struggled to see their children** who have learning disabilities and live in supported living, they felt that they were 'banned' from these settings and this caused emotional trauma for families.

Overview of findings: Future

- Survey respondents were asked how they expect their social connection, physical/ mental health, financial situation, employment and housing situation may change in their household over the next 12 months. Overall, a majority of respondents believe that there will be no change, especially in their housing situation.
- About 20%-25% of respondents expect that the **physical and mental health** and **financial situation** will “**get a little worse**”. About 12%-15% of respondents believe that **mental health**, and both **financial and employment situation** will “**get a lot worse**” and have an impact their households.
- The majority 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%).
- People with a **physical/sensory impairment** (54%), **mental health condition** (64%) and **HIV other long-term condition** (41%) are more likely to think that **mental health will get worse** than people with no health conditions (27%). People with a **physical/sensory impairment** (34%) and **mental health condition** (39%) are more likely think that **social connection** will get worse than people with no health conditions (20%).
- Focus group findings with residents in both boroughs also revealed that **young people** were **struggling to find jobs** and **worried about job opportunities** and worried about the **impact of further restrictions on their mental health**. Young people stressed the **importance of having a space outside of their homes** (particularly if overcrowded) where they can go to focus on schoolwork and revise.
- **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 who don't have English as a first language mentioned that they feel particularly in need of school support in order help their children with their work.
- Those who are **clinically vulnerable (previously shielding)** felt that unless the test and trace system is working effectively, they don't feel safe to go out and/ or re-join activities.
- Our findings strongly indicated the important role VCS organisations and community plays in supporting vulnerable residents during the pandemic. We need to ensure that we **continue to build community resilience** in the coming months.

Key findings and actions (1)

Community and practical support	Target group	How
<p>Community support/ localised support is important particularly if restrictions increase. More than half of the survey respondents (52%) think 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 • Develop coordinated preparedness plans with systems partners and community networks, building on the Covid-19 experience • 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 Islington survey 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).</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.

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. People do not follow social distancing measures in my area was the most common concern, with 40% of survey respondents selecting this as a concern. 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 (50%) or in enclosed settings (49%).</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 Islington newsletter helpful</p>	<p>All</p>	<ul style="list-style-type: none"> • Continue sharing information via the Islington 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

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.

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). 32% of survey respondents 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.

Mental health support

Social isolation is generally perceived as a challenge during the pandemic. In the survey, the most common concern Islington residents have during the pandemic was “decreased mental wellbeing” (47% of respondents). 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.

Concerns for the future - 25% and 37% of survey respondents felt their social connection and mental health will get a little/ a lot worse over the next 12 months, respectively

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.

Key findings and actions (6)

Digital inclusion	Target group	How
<p>A significantly higher proportion of respondents from Asian ethnic groups (67%) accessed online support and/or services compared to respondents from White and White other ethnicities; 33% and 36% respectively. Less than half (45%) of survey respondents 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 respondents from Asian (60%) and Black ethnicities (40%) chose "household or personal finances" as one of the factors that worries them most about the pandemic compared to those from White ethnicities (20%).</p> <p>Future concerns - 40% survey respondents felt their financial situation will get a little (23%) or a lot worse (17%) over the next 12 months</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

Key findings and actions (7)

Wider impacts e.g. education employment (continued)	Target group	How
<p>Concerns for the future – 27% of survey respondents 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).

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

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 - Youth Council, Islington
 - Ellie Chesterman, Islington Council
 - Elfrida
 - MenCap
 - Somerstown Living Centre
 - Other VCS organisations across Camden and Islington

Further Information

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 executive summary

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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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