

# How has Coronavirus affected you?

Black, Asian and Minority Ethnic Communities



August 2020

“Unprecedented impact to movement and social interactions, technology has been great.

However, have had a loss in the family due to the virus which has made it very real.”

Local resident

# Contents

	Page
1. Introduction	5
2. Background	5
3. Methodology	5
4. Limitations	6
5. Executive Summary	7
6. Physical Health and Service Access	10
7. Mental Health and Wellbeing	21
8. Personal and Family Relationships	24
9. Wider Determinants	26
10. Communication and Information	30
11. Digital Technology	35
12. Recommendations	38
13. Glossary of Terms	42
14. Distribution and Comment	43
Demographics	Annex

## Acknowledgments

First and foremost, Healthwatch Hounslow would like to thank the 3310 residents who were kind enough to take the time to complete our survey.

We would like to thank the Healthwatch Volunteers and our intern Karyna Panda for their hard work. Our thanks also go to Ranjana Selvaraj, Stuart McMichael, Fatima Abdi, Lisa Nugent, Marzena Zoladz, Darren Morgan and Mystica Burridge.

We would like to thank our partners - Hounslow Clinical Commissioning Group, Hounslow Local Authority, Voluntary sector, and many others for their continued support.

## 1. Introduction

Healthwatch Hounslow is an independent organisation that gives people a voice to improve and shape services and help them get the best out of health and social care services.

Especially during these difficult times, we wanted to hear about local people's views about the coronavirus pandemic. We quickly created a survey in response to the pandemic, with the aim of finding out how the people of Hounslow were coping during this difficult time.

The survey was developed with our colleagues from the Hounslow Clinical Commissioning Group. To ensure that the survey was produced with all in mind we engaged with various partners - CCG Primary Care Team, Hounslow Local Authority, Patient Representatives, Voluntary sector Partners etc.

The survey was launched on Survey Monkey on 26<sup>th</sup> May 2020 and ran until 1<sup>st</sup> July 2020. People were also given the opportunity to speak to us over the phone to complete the survey.

The information presented within this report reflects the individual experience of those who completed the survey and those we spoke to over the phone. Healthwatch Hounslow presents this as information to be considered and utilised to improve service provision and highlight areas of good practice.

## 2. Background

This research project took place as a result of the Coronavirus pandemic (Covid-19) and the subsequent lockdown that took effect in England in March 2020.

As a result of the Coronavirus pandemic, Public Health England have identified the negative impact of the pandemic on BAME communities.

This report looks specifically at BAME data.

## 3. Methodology

The online survey was open to all residents who lived in the London Borough of Hounslow and also those who were registered with GP Practices in the borough.

A link to the survey was shared via our Healthwatch website, through social media and word of mouth and via a network of local contacts. People were given the opportunity to call us so we could complete the survey on their behalf.

No personal data was collected, although respondents were given the option to contact us about a certain issue.

## 4. Limitations

There were a number of individuals who we spoke with, but were unable to carry out telephone interviews with. This was down to a number of factors including where people were hard of hearing and or where there was a language barrier.

In analysing the responses and comments people made it apparent that there were errors within the survey. Some of the errors were within the questions. We have taken this feedback onboard and will in future make sure these errors are not repeated.

This report is based on 3,310 responses to our survey and we appreciate it does not necessarily represent the views of all Hounslow residents. The data is not statistically significant however the information presented within this report reflects the views of residents, untainted and without agenda to ensure that the genuine observations and commentaries of the community are captured. Healthwatch Hounslow presents this as factual information to be considered and utilised to improve service provision and highlight areas of good practice.

## 5. Executive Summary

Our survey was open during May, June and July 2020 and received 3,310 responses.

In this report, we focus on responses from the 1,049 people (32%) who identify as Black and Minority Ethnic (BAME) backgrounds.

This is a summary of key themes and issues (see sections 6 - 11 for findings in full).

### Key Areas of Potential Inequality

#### Health

This survey has shown a higher proportion (37%) of BAME respondents consider themselves at high risk from Coronavirus compared with 31% of White/White British (W/WB) people. 30% care for or support somebody at high risk, comparing with 23%.

29% received a shielding letter, comparing with 24% and when looking closer at health determinants, we see that 44% of BAME respondents have a stated long-term health condition, comparing with 38% from W/WB backgrounds.

#### Anxieties on Infection

Given the rates above, it is understandable that worries and anxieties around infection will be disproportionate. 41% of BAME respondents are worried about their own health, comparing with 29% from W/WB backgrounds and 70% are worried about passing the virus to others, comparing with 62%.

#### Avoidance of Services

Those from BAME communities are considerably more likely to avoid using services. Half of respondents (50%) are concerned about infection risk at services, comparing with 33% from W/WB backgrounds - when asking if the use of face masks by GP practice staff and patients would be reassuring, 85% of BAME respondents said yes, comparing with 79% of W/WB. 57% have concerns about using public transport, comparing with 50%.

21% from BAME backgrounds live with people considered to be vulnerable or at high risk, comparing with 12%, while 9% do not have access to childcare - this compares with 4%.

#### Mental Health

It might be the case that mental health conditions are under-reported. 10% of BAME respondents have a stated mental health condition, comparing with 14% from W/WB backgrounds, however 9% cannot access mental health support and services, compared with 6%.

### Key Areas of Potential Inequality (continued)

#### Living Conditions

Those from BAME backgrounds are much more likely to experience difficulty at home. 18% report tense or strained household relationships, comparing with 11% of W/WB respondents.

### **Financial Situation**

On jobs and financial security, the BAME community has been notably more adversely affected. 40% of BAME respondents are worried about their job or finances - this compares with 28% from W/WB backgrounds. When looking at other factors related to resource, we find that 79% have internet/broadband at home, comparing with 86%. BAME respondents are also less likely to own computers and tablets.

### **Communication and Information**

BAME respondents are considerably less likely to be able to understand information, or to keep pace of changing messaging. 63% have found it 'easy' to know what to do to stay safe - this compares with 73% from W/WB backgrounds, while 65% have found it 'easy' to keep pace as information changes - comparing with 70%.

68% have found information in accessible formats, comparing with 77%.

## **Key Findings: Most Impacted Groups**

### **Those with Disabilities**

- Are by far the most at risk, with 81% in the high-risk group (average is 37%).
- Are least able to 'know what to do' to keep safe (53%, average is 63%).
- Are least confident in using technology (60%, average is 89%).

### **Those with Mental Health Conditions**

- Are lesser able to 'know what to do' to keep safe (55%, average is 63%).
- Are considerably most likely to experience an impact on mental health.

### **Those with Long Term Health Conditions**

- Are at considerable risk, with 66% in the high-risk group (average is 37%).

### **Those Aged 65+**

- Are at considerable risk, with 59% in the high-risk group (average is 37%).
- Are notably less confident in using technology (71%, average is 89%).

## **Key Findings: General Themes**

### **Shielding and Infection Risk**

- Many who expected to receive a shielding letter, did not.
- Concerns about social distancing and a 'second wave' are widespread.



## Health and Care Services

- Large numbers of people have avoided services, for various reasons.
- Those with cancelled appointments have received minimal or no information.
- The majority of feedback suggests support from GPs has been lacking.
- People were under the impression that restriction of consultations (to telephone-only) placed some patients at risk.

## Mental Health and Wellbeing

- Many people experience work-related stress.
- Those with activities and routines are more resilient than those without.
- Household relationships are more likely to have become strained.
- Parents and carers are finding the additional responsibilities to be difficult.
- People with existing mental health conditions are more likely to be impacted.

## Wider Determinants (Community, Housing, Environment, Finances)

- Social isolation is on an unprecedented scale, with many completely alone.
- Many enjoy the reduced pollution and noise.
- Those with gardens are more able to cope, than those without.
- Many have lost jobs, with some relying on savings.

## Communication and Information

- A notable number of people are not able to understand key messaging.
- Changes in messaging have resulted in confusion.
- Accessible information is not available to all.

## Analysis of Feedback

Our survey was open during May, June and July 2020 and received 3,310 responses.

In this report, we focus on responses from the 1,049 people (32%) who identify as Black and Minority Ethnic (BAME) backgrounds.

Our analysis (sections 6 - 11) presents findings around physical health and access to services; mental health and wellbeing; personal and family relationships; environment and finances; communication and digital technology.

We analyse feedback as a whole, and also look closely at age, gender, ethnic background and existing conditions, to establish any findings that may be especially relevant to certain groups.

In addition, we will compare experiences with those of White or White British (W/WB) backgrounds, to discover any notable differences or areas of potential inequality.

Before starting, we would like to note the level of uncertainty and anxiety that exists locally. While government statistics reveal that those from BAME communities are more at risk, the lack of information and clarity as to why, is concerning for many.

### Selected Comments

*“Ethnic minorities are more susceptible to catching this deadly virus. I know of 7 individuals - 1 family and 6 friends of extended family who have died from Covid.”*

*“Recent news about BAME being more at risk is very worrying especially as we have not been told the reasons why.”*

*“As a BAME person I would like to know more about how the virus affects us.”*

*“Worried about how this impacts the world in general and worsens existing inequalities.”*

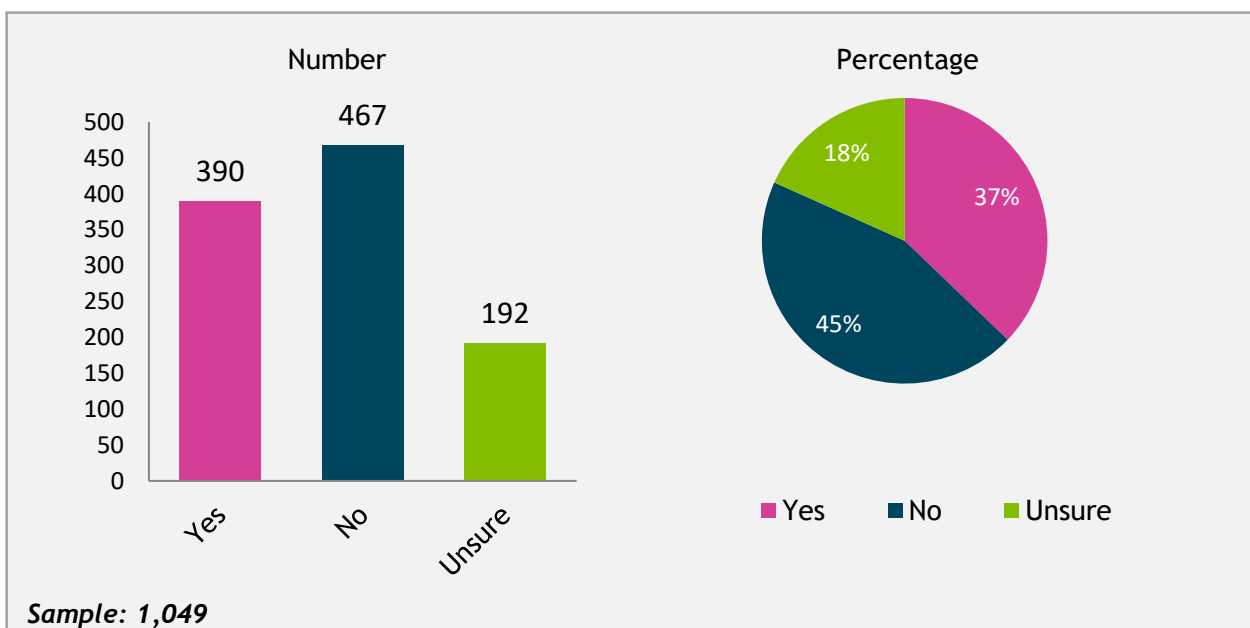
## 6. Physical Health and Service Access

In this section, we identify those who consider themselves to be at high risk from Covid-19, explore infection concerns and shielding needs, and analyse feedback on service experiences and preferences.

### 6.1 Who is at ‘High Risk’?

We began the survey by asking people whether they considered themselves to be at ‘high risk’.

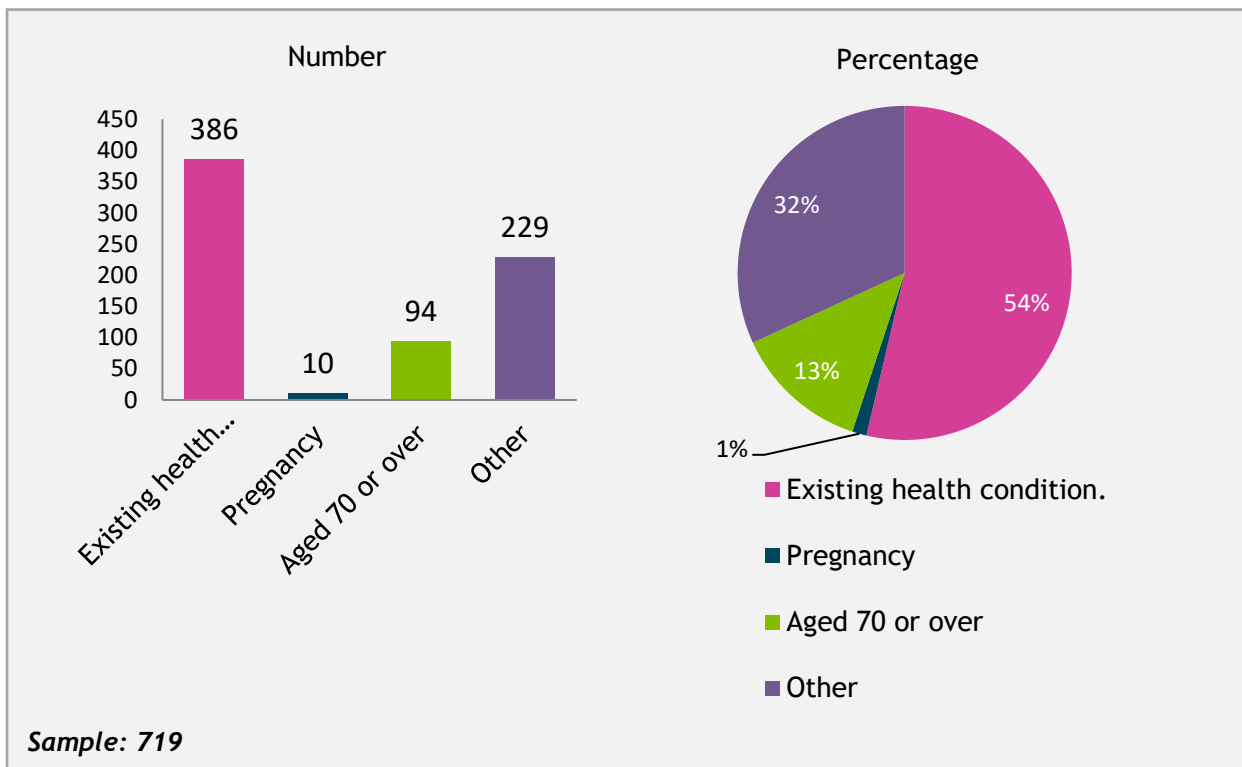
#### 6.1.1 Do you consider yourself to be at high risk from Covid-19/Coronavirus?



Over a third of respondents (37%) consider themselves to be at high risk, this compares with 31% from White/White British backgrounds.

45% do not consider themselves to be at high risk, while 18% are unsure.

### 6.1.2 Please tell us why you consider yourself to be at high risk?



Of those identifying as high-risk, 54% state an existing health condition, with common examples including asthma and diabetes.

13% consider being aged 70 or over a high-risk factor, comparing with 18% of White/White British respondents.

32% of respondents give 'other' reasons:

Some cite poor physical conditions, such as obesity, high blood pressure and weakened immunity (often as a result of surgery).

Others are concerned that their working, caring or shopping commitments may place them in a position of risk. Almost a third of respondents (30%) say that they care for, or support people at high risk (this compares with 23% of White/White British Respondents), with many fearing they may pass on the infection to their cared-for.

Frontline public sector staff, such as those working in schools or hospitals feel particularly vulnerable - as do people reliant on public transport. A significant number also say their ethnic background is a high-risk factor. It is common for people to identify with more than one risk factor - with in some cases, several cited.

### 6.1.3 Impact Scale

When looking closer at specific groups, we find that several exceed the baseline of 37%.

Those with stated disabilities, are by far the most at risk, with 81% in the high-risk category.

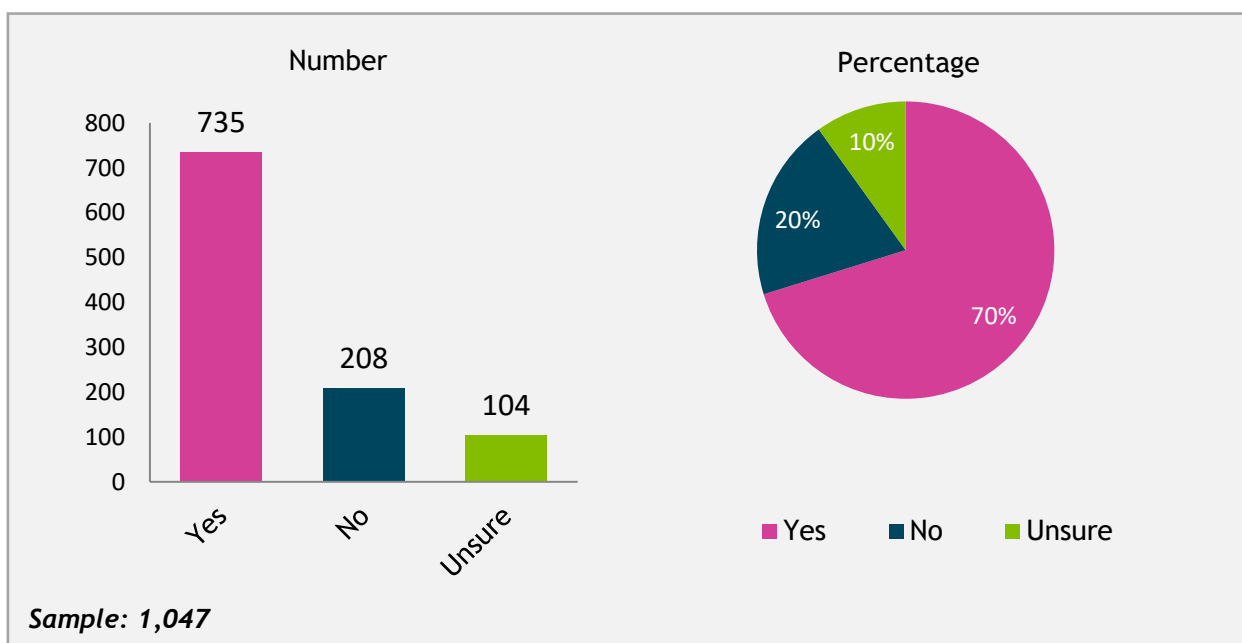
#### At 'high risk' from Covid-19/Coronavirus:

All respondents (baseline)	37%
BAME respondents	39%
Men	39%
Mental health conditions	42%
Carers of people at high-risk	44%
Aged 50-64	48%
Aged 65+	59%
Long Term Conditions	66%
Disabilities	81%

### 6.2 Infection Spread - Concerns

It is notable that just a fifth of people (20%) are 'not worried' about spreading the virus to other people.

#### 6.2.1 Are you worried about unknowingly spreading the Coronavirus to other people?



70% are worried, compared with 62% of White/White British Respondents.

A significant number of people express anxiety about contracting the virus, with many worried about leaving the house.

We hear that some within households are taking precautions, while others are not.

### Selected Comments

*“Always thinking of not going out unnecessarily. What worries me most is I don’t get it or transmit it to others.”*

*“Staying at home and then having to leave the house makes me panic as I am now so used to being at home. I find it hard to trust other people and I am scared of anyone who doesn’t wear a mask.”*

*“I was keeping myself protected. It was the men at home who would not look after themselves. If you asked them if they had washed their hands or to use tissues when sneezing and coughing, they thought we were nagging them.”*

### 6.2.2 Social Distancing

Many people commented that while some observe good social distancing, the majority of people do not - with common accounts of guidance not being followed.

Many fear that the easing of lockdown and restrictions will lead to a second wave.

### Selected Comments

*“I have noticed around my area that people are not following government guidance such as wearing masks and gloves.”*

*“Both my neighbours have broken all lockdown rules! Could have put me and my children at risk of Coronavirus!”*

*“You can be as careful as you like, yet you cannot do anything about others who invade your space.”*

*“I find people not following rules - especially in shops and supermarkets once inside.”*

*“I’m worried that opening up retail shops, pubs and restaurants, most importantly schools will lead to a second wave. Cutting down social distances is another factor. I really don’t want that to happen. I’m scared.”*

### 6.3 Shielding

29% of people received a shielding letter - this compares with 24% of White/White British respondents.

Many, expecting to receive a letter did not - this includes some people with 'severe' conditions. It is also noted that information received is not always 'clear and to the point'.

### Selected Comments

*"I want to know why I never received a letter to shield, despite my current asthma medication and the GP saying that it was advisable."*

*"Did not receive a letter to shield despite the severity of my lung condition."*

*"Shielding was not given to people with high blood pressure and diabetes."*

*"It would help if the information provided for extremely vulnerable and shielding groups was clear and straight to the point."*

## 6.4 Equality Check

When comparing survey results with those who identify as White/White British (W/WB), we find that respondents from BAME communities are notably more likely to be at, or care for somebody at high risk, have a long-term health condition, and to have received a shielding letter.

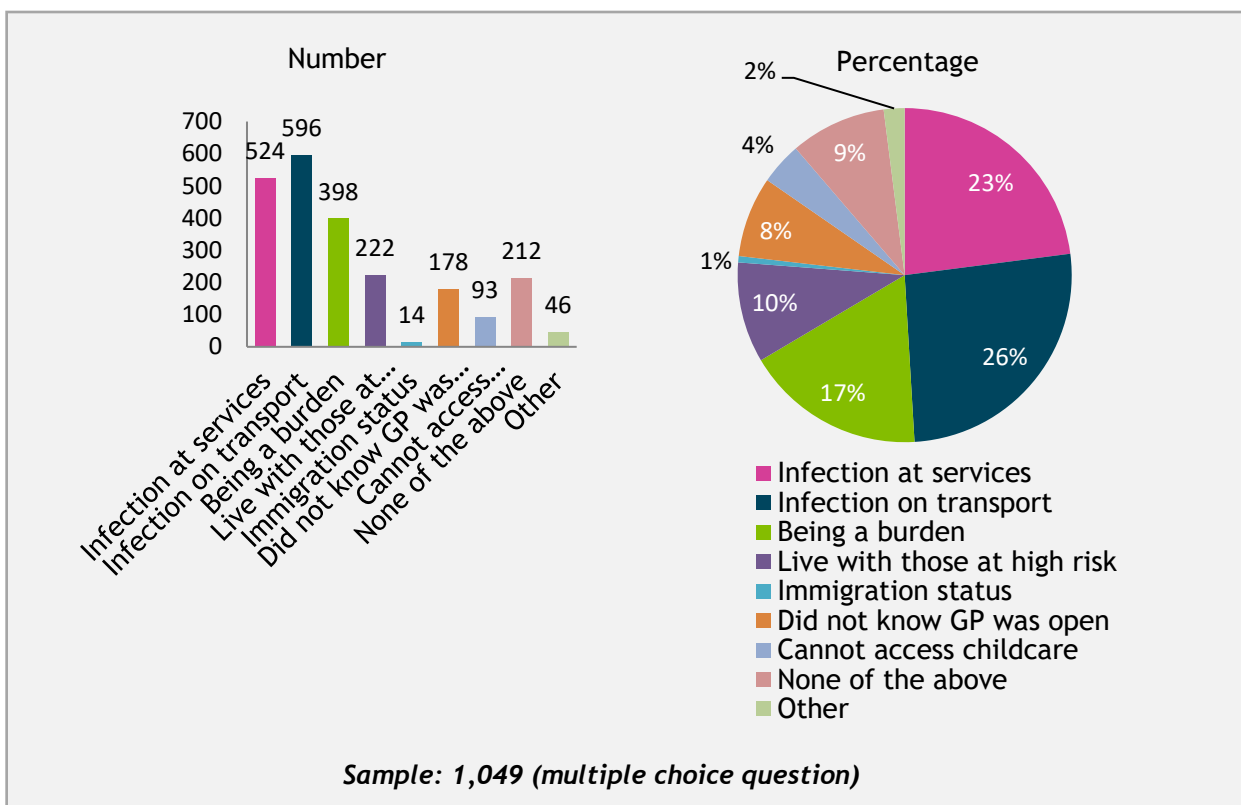
BAME respondents are also more worried about their own health, and notably more so about the health of family and friends and passing the virus on to others.

	BAME %	W/WB %
Considered to be at high risk	37%	31%
Received a shielding letter	29%	24%
Care for somebody at high risk	30%	23%
Worried about passing the virus on to others	70%	62%
Have a stated disability	5%	5%
Have a stated long-term health condition	44%	38%
Worried about own health	41%	29%
Worried about the health of family and friends	59%	52%

## 6.5 Risks Associated with Health Services

It is a known fact that people, for a range of reasons, have avoided accessing health services during the pandemic. In one survey question, we posed a series of statements, based on well-known scenarios, and report on those scoring the most.

### 6.5.1 Do any of the following statement(s) affect the way you seek health care during the Coronavirus outbreak?



With 26% of selections, using public transport is considered the greatest risk, followed by fears of contracting the virus at the GP or hospital (23%).

People are also notably fearful of ‘being a burden’ on the NHS (17%).

### 6.5.2 Equality Check

We find that BAME respondents are clearly more worried about contracting the virus at services, and notably more so about infection risk on public transport.

They are also considerably more likely to live with people considered to be vulnerable, or at high risk.

	BAME %	W/WB %
Concerned about infection at services	50%	33%
Concerned about infection on transport	57%	50%
Do not want to be a burden on the NHS	38%	36%
Live with vulnerable/high risk people	21%	12%
Immigration status	1%	0%
Did not know GP practice is open	17%	13%
Do not have access to childcare	9%	4%

## 6.6 Experience of Services

We look at experiences of services during the pandemic, such GPs, hospitals (including outpatients and elective surgery), maternity and parenting, pharmacies, social care and NHS 111.

In each case we highlight what has worked well, and what could have worked better.

### 6.6.1 GPs

While some people are complimentary about the general service, the majority of feedback suggests a lack of support from GPs. For patients, whose surgeries have closed, we hear about minimal levels of support, with some told not to attend either the practice or hospital, and others advised to “call again in June.”

A lack of physiotherapy has left some people in pain and discomfort.

#### Selected Comments

##### Positives

*“Thanks to my GP surgery for keeping in touch. First class practice!”*

*“The staff at our practice have been amazing.”*

##### Negatives

*“I couldn't go the doctor when I'm sick because they closed.”*

*“My GP has not done any follow-up calls... it's always me chasing them for answers.”*

*“I was off work with symptoms and felt very down with no support from GP who only advised me to ring NHS 111.”*



*“Cannot get help with blood tests, a heart problem and prostate gland issues.”*

*“Disappointed the GP did not do a blood test for haematology. I’m shielding and not confident to attend the hospital for a test.”*

*“I phoned my GP in March to make an appointment for my daughter and they said that to call again June.”*

*“I was advised by my GP not to come to the practice or hospital when I was in pain.”*

*“I hurt my back in November 2019 for which I was hospitalised. I was on controlled drugs up until lockdown. I have not had any physiotherapy since then.”*

*“Would like contact with my physiotherapist to ease the new shoulder and forearm pain that has developed on my right side.”*

Accessing GPs services can be difficult - some patients report that online booking systems have been disabled, resulting in congested telephone lines, while others question the practicality of telephone consultations - particularly for diagnosis and testing, and for those with mental health issues.

We hear little, if any, positive feedback on appointment booking and accessibility.

### Selected Comments

#### Negatives

*“Getting through to my GP via phone is very difficult. I normally use online appointment booking but this has been turned off.”*

*“Due to dad’s issues with technology and level of depression, telephone consultations are not effective.”*

*“At present just the telephone consultation is available. I would prefer face to face so that my vitals can be checked. With my lung condition I need to know how my lungs are doing.”*

On communication, some patients are appreciative of text alerts - however information given can be conflicting.

### Selected Comments

#### Positives

*“It has been helpful to receive information from our GP by text to alert to services that are available.”*

## Negatives

*“The GP Services would give out mixed information in terms of appointments and treatment.”*

### 6.6.2 Hospital Services

Those with cancelled appointments, referrals and tests report on minimal contact from services - this can be especially worrying for patients with serious conditions. When seeking information, some have found services to be unresponsive.

One patient notes that lengthy waits at A&E may increase risk of infection, while others have avoided the hospital because of infection fears.

We receive little, if any, positive feedback.

## Selected Comments

### Negatives

*“I am due for surgery for gall bladder stones which was postponed due to lockdown.”*

*“All my hospital appointments have been currently cancelled and have no idea when the new appointments will come through if ever. For example, I need to undergo an exercise tolerance test for my heart condition.”*

*“My appointment to see a specialist was cancelled because of Coronavirus. I would like to know when the hospitals will be available for accepting their patients.”*

*“I’m worried about my appointment at the hospital and they haven’t got back to me. I tried to follow up, but I didn’t get a response from the admin staff.”*

*“Long queues at A&E - more risk for myself and others to catch the virus.”*

*“I deferred a blood test because I don’t want to go to a hospital in case, I catch the virus.”*

### 6.6.3 Maternity and New Parents

While some people have been visited by the midwife, others - who have not been contacted feel unsupported.

## Selected Comments

### Positives

*“I had a home visit by the midwife.”*

### Negatives

*“I need up-to-date information on delivery, antenatal classes etc.”*

*“More contact from health visitors would have been useful - even just a text to find out if I was ok or if baby was ok would have been reassuring.”*

### 6.6.4 Pharmacies

Pharmacy staff are found to be ‘kind and helpful’, however delivery of medication is an issue for some.

#### Selected Comments

##### Positives

*“Pharmacy staff were kind and helpful.”*

##### Negatives

*“Pharmacy won't deliver medication even though I am shielding.”*

### 6.6.5 Social Care

Few people comment on social care. Care home staff highlight the considerable death rate, while one person in sheltered accommodation feels particularly at risk of infection.

#### Selected Comments

##### Negatives

*“I worked in a Care Setting where we lost 9 residents in 3 weeks. It was worrying and scary.”*

*“I live in shared accommodation. While I'm taking the necessary precautions, my roommates are in and out of the house with visitors in and out the house, we share one bathroom and kitchen and I fear I may get exposed to the virus.”*

### 6.6.6 NHS 111

Few people comment on NHS 111. Those who did, experience difficulties in getting through, plus advice that is generic and not personalised.

## Selected Comments

### Negatives

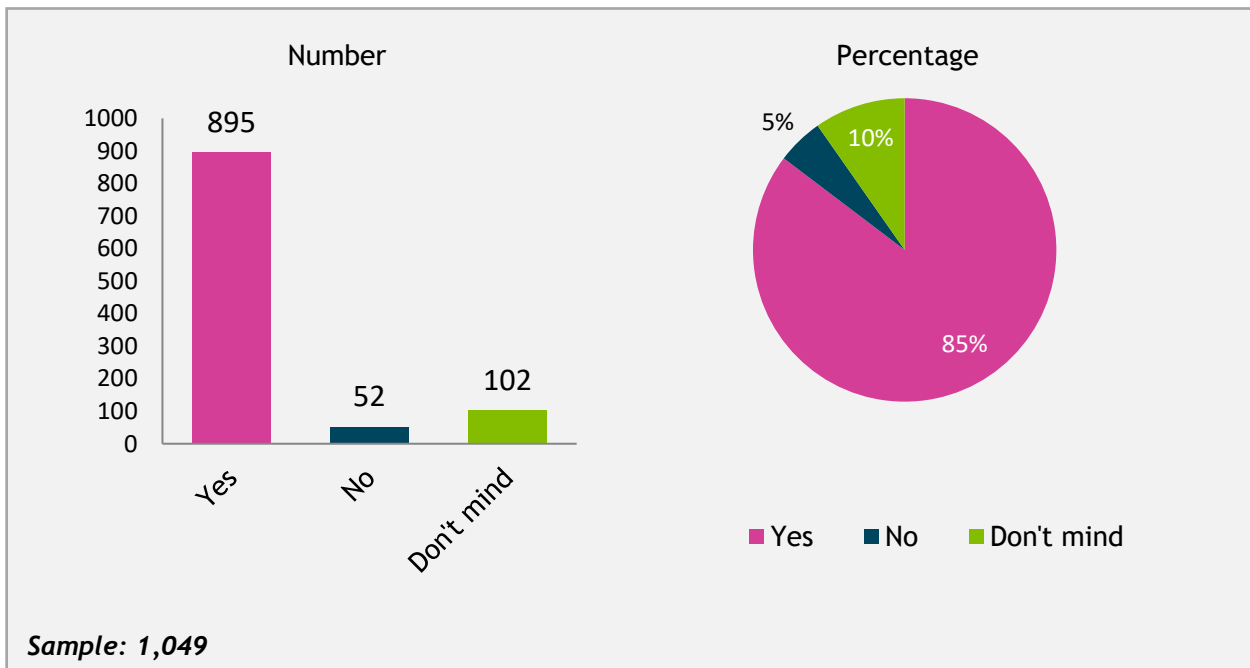
*"I had all the symptoms, plus blood in my coughs, I called 111 I was on the phone almost all day."*

*"111 weren't too helpful as they were reading from a script."*

## 6.7 Use of Face Masks at GPs

When asking if the use of face masks by GP practice staff and patients would be reassuring, the vast majority of people (85%) say it will. This compares with 79% of White/White British respondents.

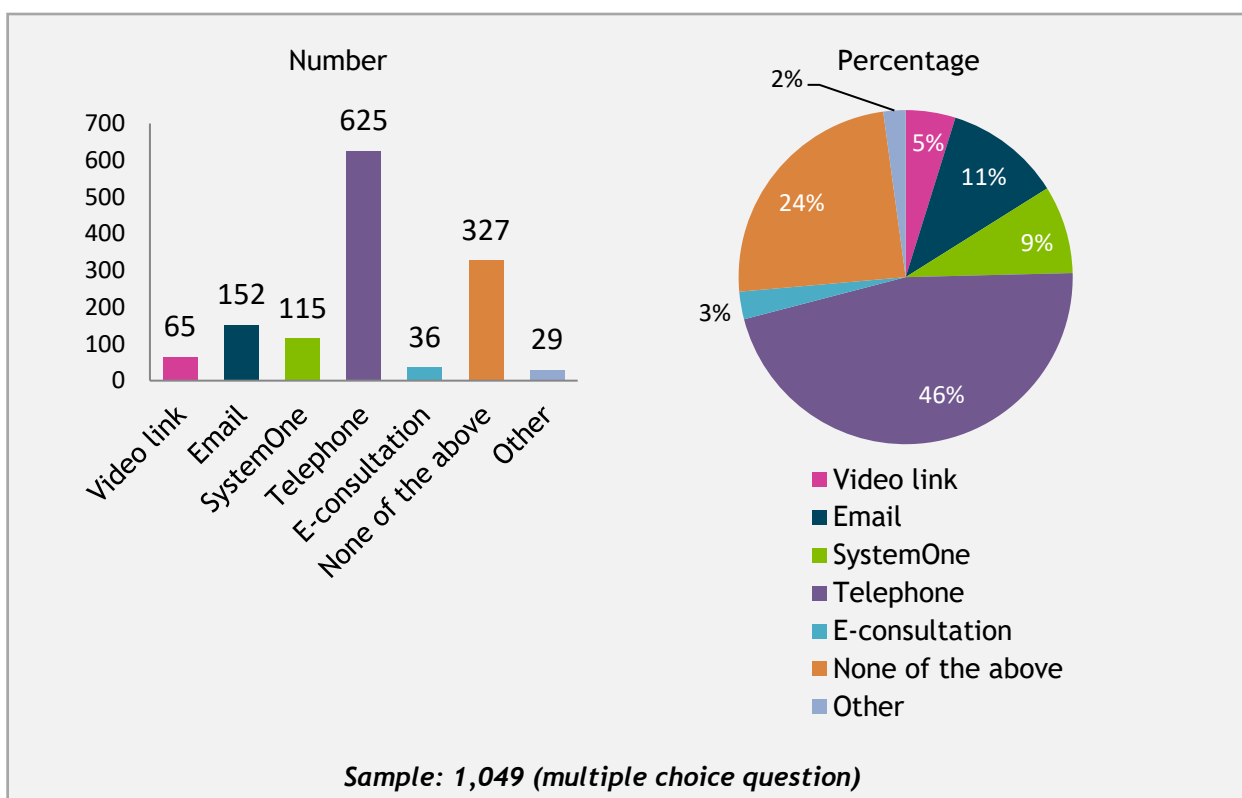
### 6.7.1 Would you be reassured if staff and patients wore masks at the GP surgery?



## 6.8 Communication Preferences

We asked people about their preferred method of communication with their GP, practice nurse or other health professional, giving a range of popular options to select (including telephone, email and various online systems).

### 6.8.1 Have you used any of the following to communicate with your GP, practice nurse or other health care professional?



The most popular method of communication, by some margin, is telephone consultation - accounting for 46% of selections. Email accounts for 11%, while SystemOne Online Messaging receives 9%. Lesser used methods include video link and e-consultation, together accounting for 8% of selections.

Those choosing 'other' give examples of using online repeat prescription services, text messaging and personal visits to the service.

## 7. Mental Health and Wellbeing

This section explores various aspects of mental health and wellbeing.

### 7.1 General Experience

As time goes on and the 'initial shock' of the pandemic recedes, some people have started to feel more relaxed. We also hear that routines and activities are beneficial. In other accounts, depression and an acute lack of motivation are reported.

#### Selected Comments

##### Positives

*"I felt down initially but then started feeling grounded later."*

*“Engaging in activities such as gardening helps me to relax. I am also de-cluttering physically and mentally.”*

### **Negatives**

*“Not motivated to carry out everyday tasks.”*

*“Depression - I feel life is dark so dark.”*

## **7.2 Employment**

When talking about mental health, a notable number of people refer to their working situations.

Those working from home, particularly parents, report increased stress and anxiety. On employers we hear mixed reviews - some have been supportive, while others not. We also hear that colleagues have mutually supported each other through the pandemic.

### **Selected Comments**

#### **Positives**

*“I have had help from work as they were concerned for my wellbeing. My employers set up wellbeing groups, which included meditation. I also have access to Workplace Options.”*

*“We kept going on and comforting each other as work colleagues.”*

#### **Negatives**

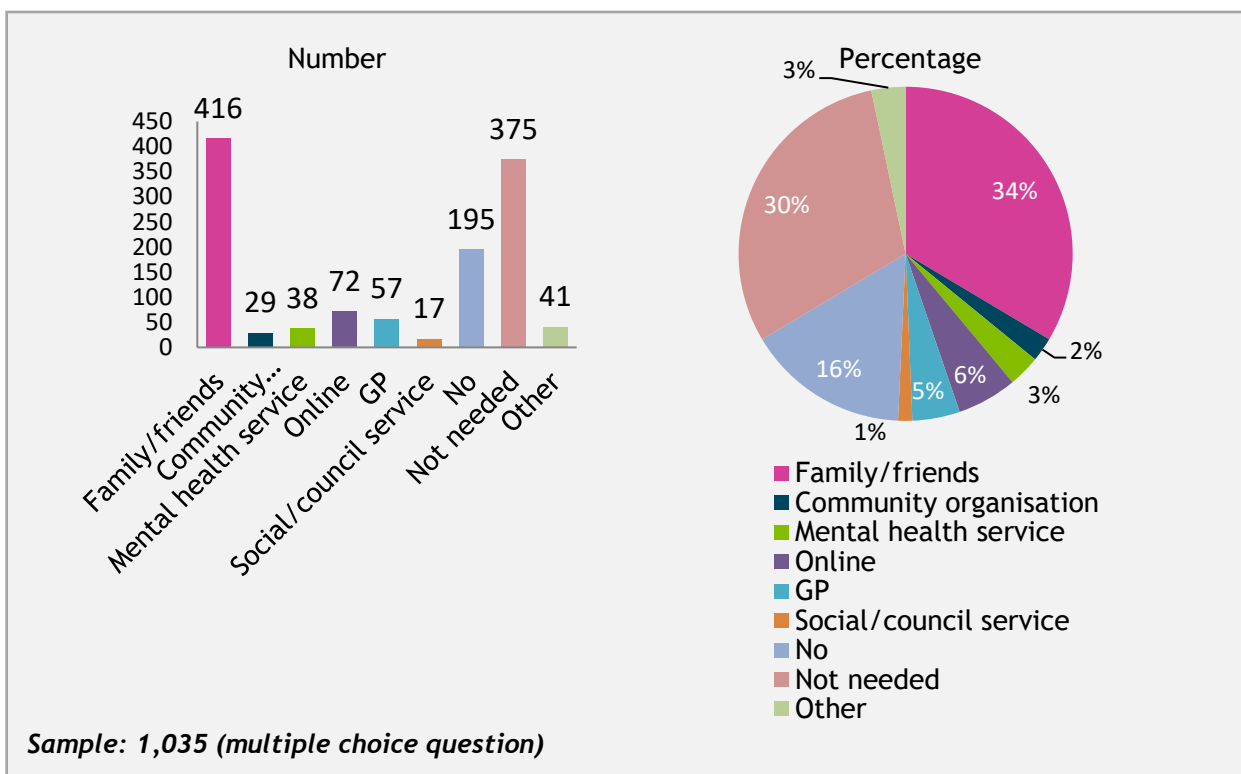
*“Work related stress alongside home schooling has been hard over such a prolonged period of time.”*

*“Feeling a lot of stress from work especially my boss, stress and anxiety levels very high, having nervous breakdowns. A lot of pressure, dealing with rude attitude and bullying.”*

## **7.3 Services and Support**

We asked people if they have been able to access support for their mental health and wellbeing during the pandemic, and if so, from where.

### 7.3.1 Have you been able to access support for your mental health or wellbeing during this time, if so from where?



Half of respondents (52%) say they have been able to - of those, 65% have sought assistance from family and friends, and just 35% have accessed services.

On mental health support services, we hear very little positive feedback. Some people have not been able to access tests and services, while in one account we hear that a person with language difficulties was signposted to an inappropriate, generic service.

#### Selected Comments

##### Negatives

*"I can't go to the GP to check if I have ADHD (Attention Deficit Hyperactivity Disorder)."*

*"I have not seen my psychologist at all for complex PTSD (Post-Traumatic Stress Disorder)."*

*"How can I manage my anxiety?"*

*"I spoke with a receptionist at the GP and they told me to access the mental health app online, but I can't because I have a language barrier."*

## 7.4 Equality Check

While BAME respondents are less likely to have a stated mental health condition, they are also less likely to be able to access support and resources for mental health needs, compared with those from White/White British backgrounds.

	BAME %	W/WB %
Have a stated mental health condition	10%	14%
Can't access mental health support and resources	9%	6%

## 8. Personal and Family Relationships

This section explores relationships, including parents and children, households and wider family and friends.

### 8.1 Parents and Children

Parent carers give very little positive feedback, especially those working at home, or with several children. New mums are also finding it difficult.

The closure of schools and playgroups is also a cause for concern - about education and also social development.

### Selected Comments

#### Negatives

*“Managing kids and work, stress of performing at work and dividing time between housework and office work.”*

*“Having all 4 of my children at home is incredibly difficult. I have just had a baby 3 weeks ago and I haven't had any support whilst I am recovering. I am so exhausted and drained. I love my children but they have me on the go from morning until night. I don't get to shower anymore, the children hurt themselves whenever I go to the toilet, I'm hungry, the list goes on....”*

*“Please help mothers who have just given birth but also have other children to look after. We need help to look after the children as well as our own wellbeing.”*

*“I worry about my children not having contact with their own age groups.”*

*“Worried about children feeling isolated, their health, their mental wellbeing, their education.”*



## 8.2 Households

Again, there is little positive feedback on household situations and relationships.

We hear that household members can be uncooperative and unsupportive of others.

### Selected Comments

#### Negatives

*"I have not had a chance because I have been too busy trying to home-school my children and other people in my household will not allow me time to do so."*

*"I don't get any support from my husband ... his attitude is your problem put up with it."*

## 8.3 Wider Family and Friends

Those able to connect with family and friends, or with strong social support networks are finding it easier generally to cope. For people without social networks it can be very difficult - we hear common accounts of loneliness and in some cases complete isolation, with nobody calling to check on welfare.

Families are missing personal interaction and there is much concern about older or vulnerable family members. People also report not being able to visit dying relatives or attend funerals in person.

### Selected Comments

#### Positives

*"Chatting to family and friends seems to 'pick me up'."*

*"My family is supporting me during this pandemic."*

#### Negatives

*"I live on my own and nobody has telephoned to see if I am okay - except two neighbours in the beginning. I am scared."*

*"For over 3 months my only personal relationships have been with checkout staff and the delivery courier."*

*"I live alone and, at the start, I felt isolated and claustrophobic, being stuck in doors all day, every day. It felt like the flat was shrinking around me."*

*"Being in isolation, being disabled passing time with no one around is tough. But it's not anyone's fault."*

*“I was not able to visit a dying relative.”*

*“It fluctuates hugely but missing my mother’s funeral was dreadful.”*

*“There has been no support for my parents. I am very concerned.”*

*“I’m a carer of my mother and I couldn’t see her for almost a month because I had Coronavirus.”*

## 8.4 Equality Check

When looking at family, friends and relationships, we find that those from BAME backgrounds feel notably less negative about missing family and friends - compared with White/White British respondents.

We also find that household relationships are markedly more strained.

	BAME %	W/WB %
Feel lonely	21%	20%
Miss seeing friends and family	61%	71%
Household relationships are tense	18%	11%

## 9. Wider Determinants

In this section, we look at wider social determinants including the environment, activities and stimulation, finances and employment, and food and shopping.

### 9.1 Living Environment

Some people comment on a much improved natural environment. On living conditions, lack of a garden or access to an outside space is problematic. Mobility is also an issue - in one experience a delay in fitting home adaptations has resulted in confinement to downstairs.

On the wider community, some complain that neighbours have added greatly to discomfort.

### Selected Comments

#### Positives

*“I hope things get better socially but remain the same if not better environmentally.”*

### Negatives

*“My son is 14 years old and I'm at home since lockdown and we do not have a garden. We live in a block of flats and social distancing is a high risk. I really want to have a property with a walk-in shower and garden for my family - it's really having a very big impact on my mental health.”*

*“My neighbours have made this time hell for us - my mental health and anxiety are suffering.”*

*“No decision is forthcoming from the council about my request for a chairlift. I find it extremely difficult to use the stairs.”*

## 9.2 Activities and Stimulation

Those with hobbies or routines are generally finding it easier, than those without.

### Selected Comments

#### Positives

*“I am okay because I have my own routine.”*

*“Also feeling at peace with stillness, taken up new hobbies, more reading, more active lifestyle.”*

#### Negatives

*“I miss attending my class for the retired.”*

*“I'd like access to my place of worship.”*

## 9.3 Finances and Employment

Many people have lost jobs and income, and some in financial difficulty are feeling extremely distressed. A lack of financial support has also meant that people are relying on savings, in some cases ‘unfairly’ so.

### Selected Comments

#### Negatives

*“With lack of money and no job it's affecting my mental health. I'm always crying, stressed out and going into depression. I can't sleep at nights thinking how will I pay my rent and bills.”*

*“My work employer has announced redundancies.”*

*“I was in forced isolation from the NHS without any financial help from authorities. Used savings which isn't fair.”*

## 9.4 Food and Shopping

For people shielding, the ability to obtain supermarket deliveries is crucial. Experiences are mixed, with in one case the government providing support.

### Selected Comments

#### Positives

*“It was very difficult to get online supermarket deliveries, but the government has helped.”*

*“My friend helps me with my food shopping.”*

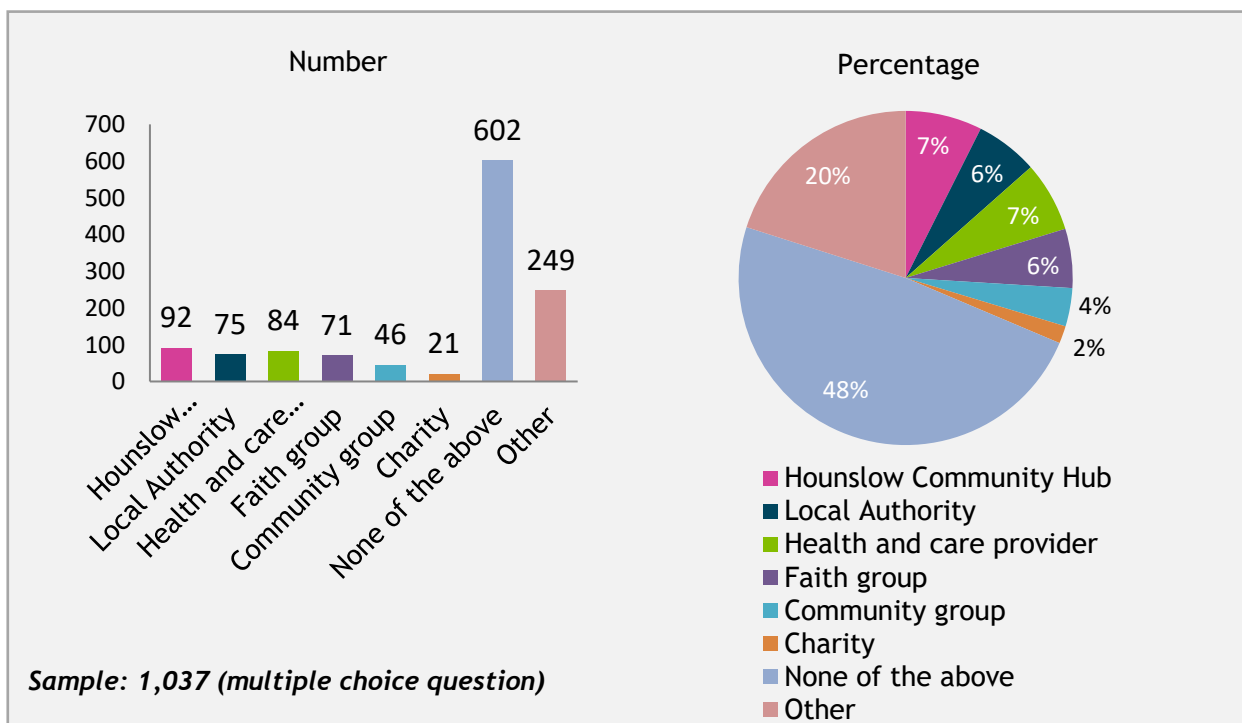
#### Negatives

*“I feel that more support could have been given in regard to priority online shopping booking slots.”*

## 9.5 Community Support

We asked people ‘who has offered the greatest help’ during lockdown, listing a range of groups and services.

### 9.5.1 Who offered you the greatest help during the lockdown?



When reviewing feedback, we find that friends, family and neighbours have been the largest single form of support, by a large margin.

The council receives mixed reviews - in some cases praised for providing support, in other cases criticised for not. On volunteering there is much appreciation, however some stepping forward to volunteer have not been able to secure opportunities.

### Selected Comments

#### Positives

*“We did receive courtesy calls from the local council asking if we were okay - this was appreciated.”*

*“Thank you to those who have checked in on us during these uncertain times.”*

*“Volunteers have made sacrifices.”*

#### Negatives

*“I am still trying to get help. Have been ringing around. I have a councillor’s number and will ring them today.”*

*“Not much support from the council at all.”*

*“No support from the council at all.”*

*“I tried to volunteer my time whilst home from work, but unable to find opportunities.”*

## 9.6 Equality Check

Comparing with White/White British respondents, we find that those from BAME communities are significantly more worried about their job or financial security, marginally more worried about missing school or college, while notably less negative, on the whole, about missing leisure activities or holidays.

	BAME %	W/WB %
Worried about job, or financial security	40%	28%
Worried about missing school or college	6%	3%
Feel sad about not having access to leisure facilities	44%	50%

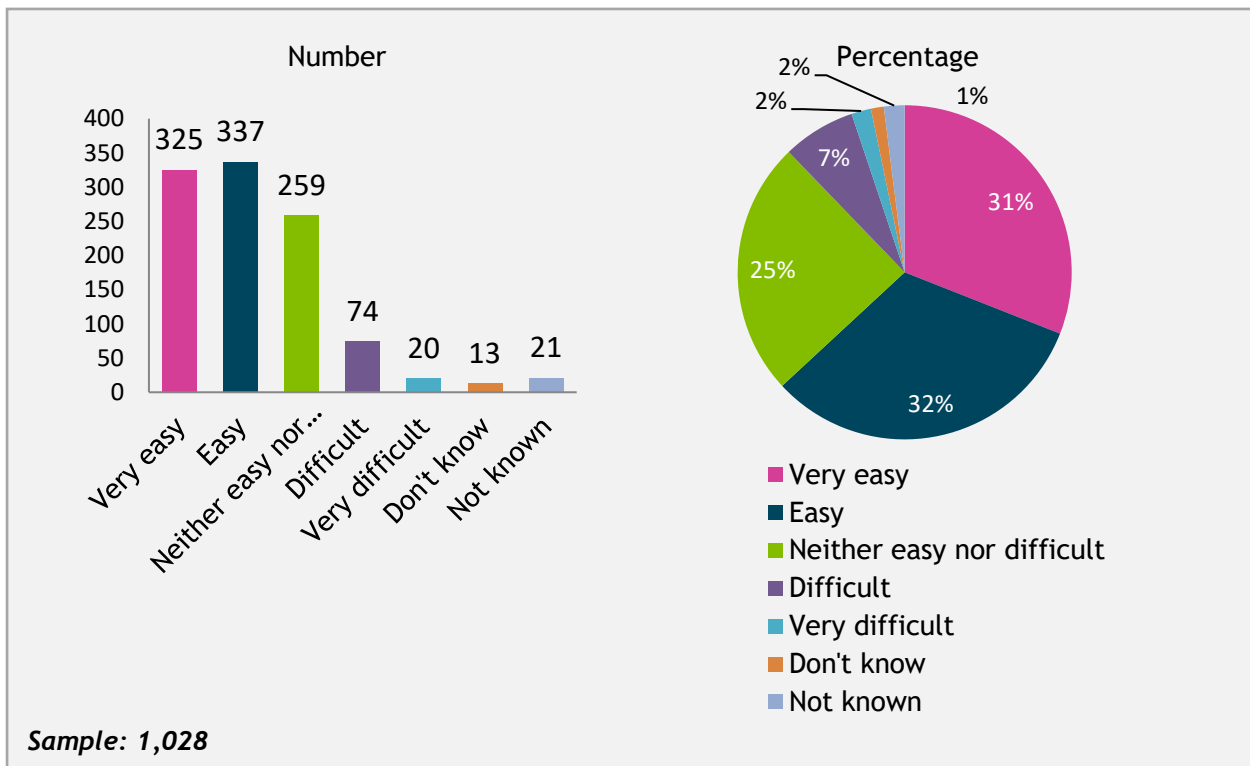
## 10. Communication and Information

This section examines various aspects of communication, in particular whether people have enough, and the right information, to keep safe.

### 10.1 Knowing What to Do, During Covid-19

We asked people how easy they find it, to ‘know what to do’ to keep themselves and others safe, during the pandemic.

#### 10.1.1 How easy have you found it to know what to do to keep yourself and others safe during the pandemic?



Just under two thirds of respondents (63%) find it to be ‘easy’ or ‘very easy’ with 9% finding it more difficult.

For some, the abundance of websites and information sources can make it difficult to obtain clear information, and it also increases the risk of finding contradictory content.

There is some level of mistrust about official government figures and statistics.

#### Selected Comments

*“If I was in need of services, I know where to go to get them.”*

*“There was too much information at my workplace and through the TV, sometimes confusing.”*

*“Too many conflicting statements.”*

*“Fed up with misleading figures from the government.”*

*“Would like updates from local authorities too rather from NHS and government websites.”*

### 10.1.2 Impact Scale

When looking closer at specific groups, we find that those with a stated mental health condition are least able to know ‘what to do’.

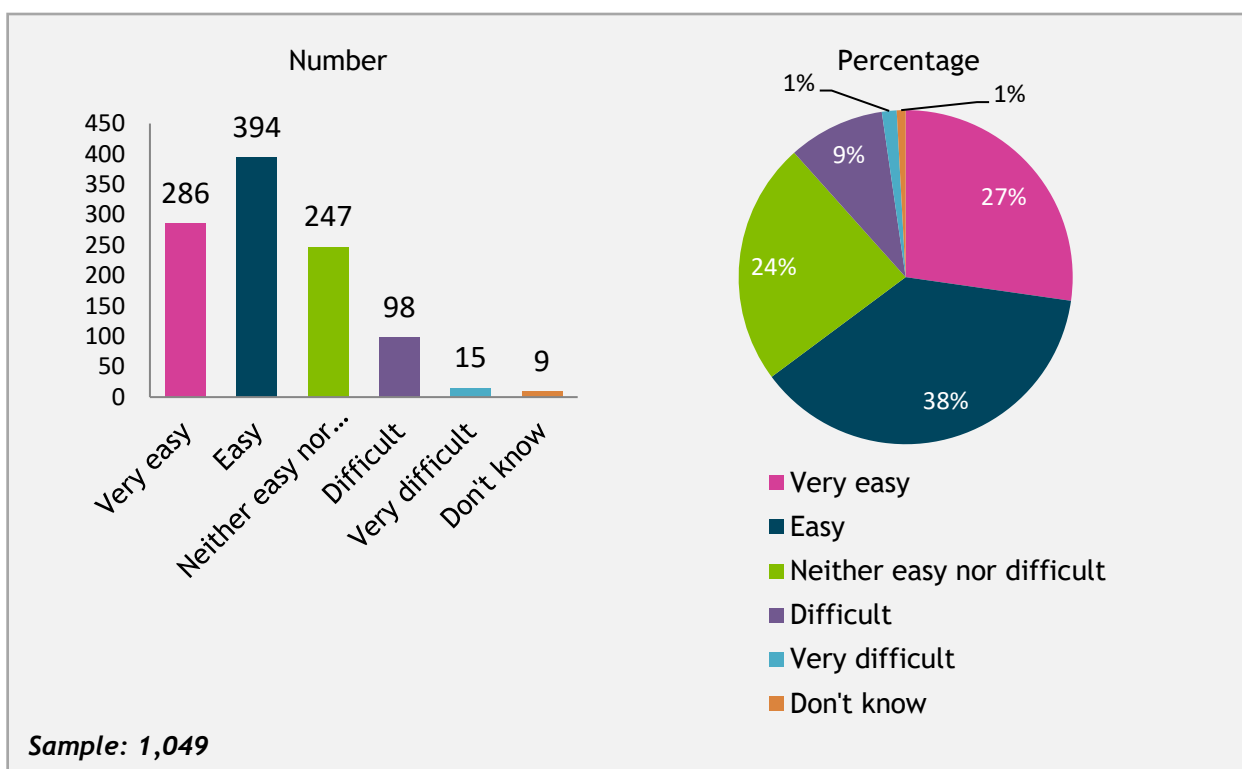
**Find it ‘easy or very easy’ to know what to do, to keep yourself and others safe.**

All respondents (baseline)	63%
Carers of people at high risk	61%
Long term conditions	60%
Aged 18-24	60%
Aged 25-49	60%
Women	60%
Mental health conditions	55%
Disabilities	53%

### 10.2 Information - Keeping Up to Date

We also asked people how easy it was, to remain up to date as information, advice and guidance changes over time.

### 10.2.1 How easy have you found it to keep up to date with the changes to information about how to keep yourself and others safe during the pandemic?



The majority of respondents (65%) find it to be ‘easy’ or ‘very easy’ with 10% finding it more difficult.

Repeated and constant use of simple slogans, such as ‘stay at home’ or ‘wash your hands’ have clearly influenced behaviour. The more complex messaging, following easing of restrictions such as on employment, schooling or shopping can lead to confusion - with complaints about ‘unclear and conflicting information’ common. It is also noted that NHS advice has changed ‘several times’ during the pandemic.

Many feel that leading by example is important - with officials breaking the rules undermining trust.

#### Selected Comments

*“It was very easy at the beginning. Clear message easily understood by all.”*

*“Initial ‘stay at home’ and hand washing messages very clear. All subsequent communications chaotically bad. Hand washing message now seems to be lost, but surely remains the most important point.”*

*“The NHS advice has changed several times during the pandemic situation.”*

*“Why are there different rules for government ministers and different rules for the public?”*

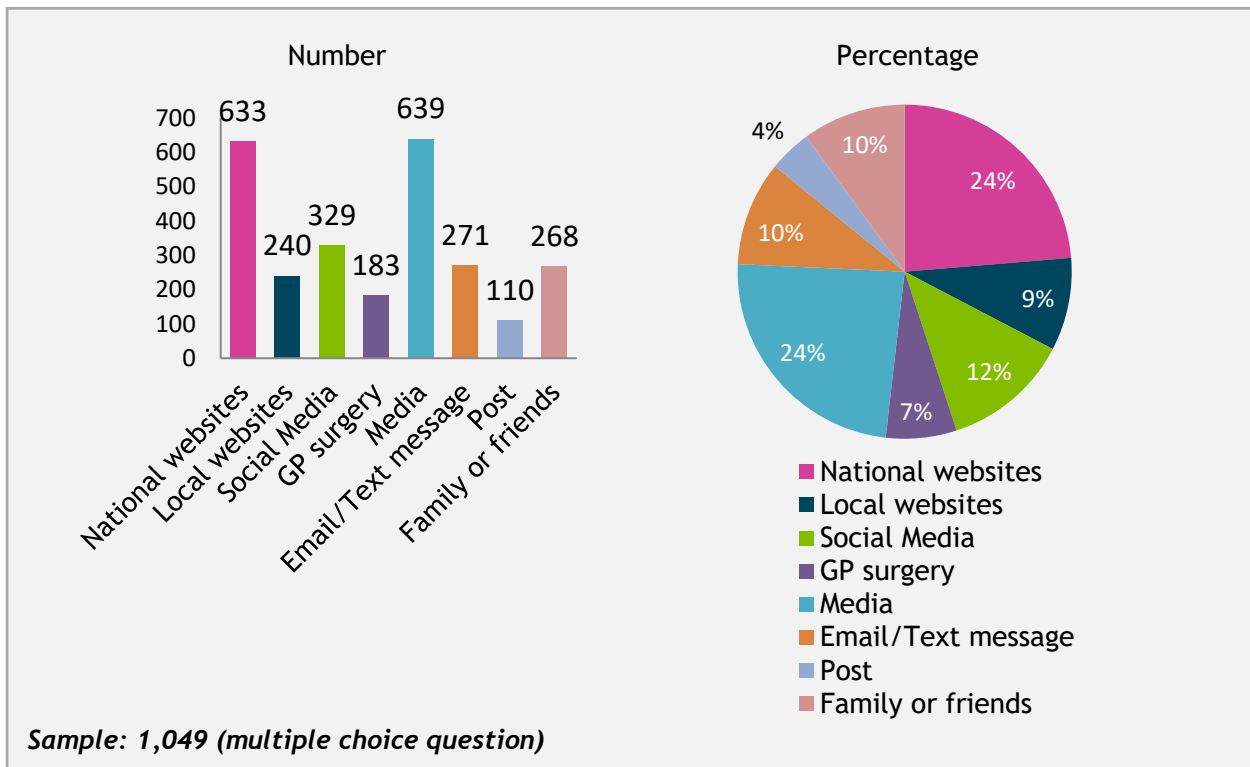


*“Once Cummings was prioritised over the rest of us the message became very unclear and I lost all confidence in what was being said.”*

### 10.3 Helpful Information Sources

We asked people which sources of information they have found to be ‘especially helpful’. A range of multiple-choice options given include online sources (national, local and social media), the GP, media (television, radio and newspaper), email or text messaging, post and family or friends.

#### 10.3.1 From these options, which information or sources of information have you found especially helpful?



National websites and the media are jointly the most popular sources of information, with 24% of selections each. Social media receives 12%, while less popular sources include email/text messaging, family and friends, and local websites.

Despite its popularity, many people complain about the ‘sensationalist’ nature of mass media, with some distrust at headlines and facts. An exception to this is the daily government press briefings, viewed as more reliable generally.

The BBC is highly praised for both its television and website content, with information from Hounslow Council also well regarded.

## Selected Comments

*“I take Covid-19 news from official bodies, over the media, as it is not sensationalist and it is fact checked. The media has been scare-mongering, plus you have the conspiracy theorists spreading false information.”*

*“A lot of information on infection prevention and control was given with daily updates plus having updated signs and symptoms relating to Covid-19 which enabled one to understand and reduce the level of anxiety and fear around this virus.”*

*“The BBC website has become the primary source of information on the basis of simplicity, clarity and reassurance. We watch the daily briefings but generally to follow up with an online summary for clarity.”*

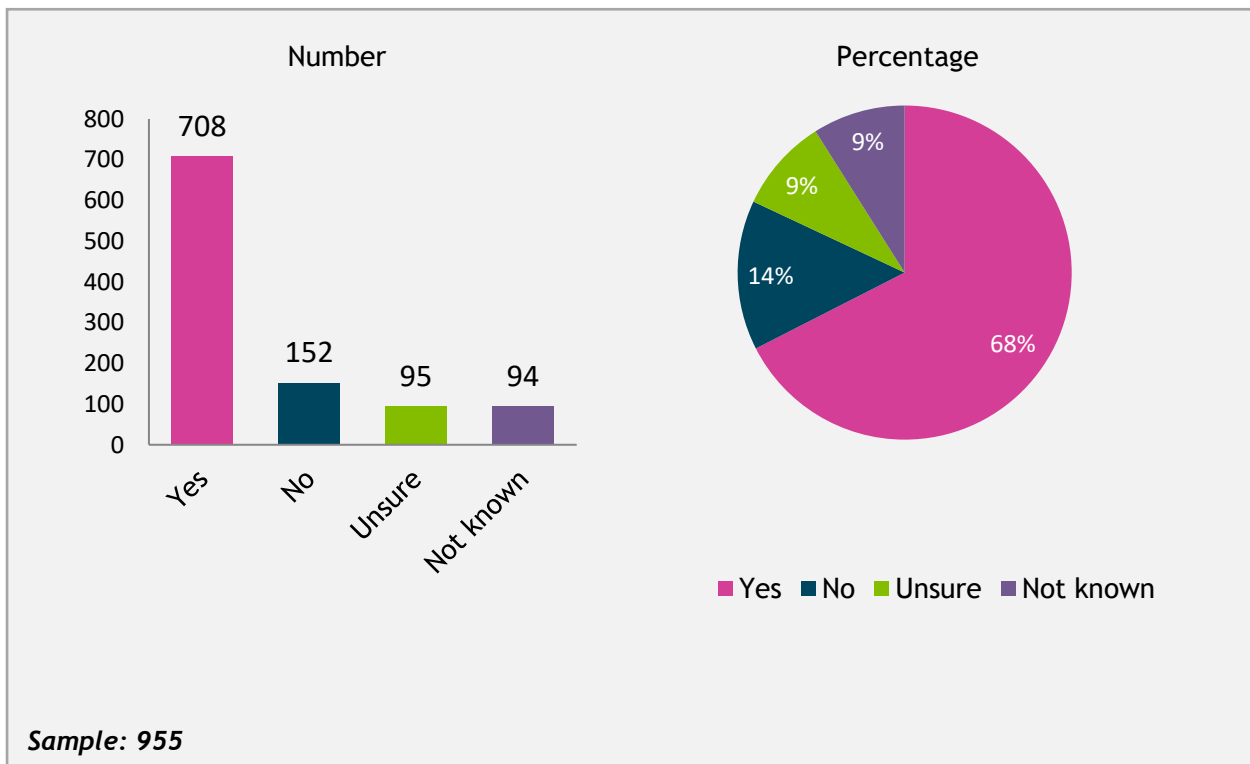
*“Watching the daily government Coronavirus briefing on the BBC was very good together with the BBC news.”*

*“I signed up for daily updates from the government website and Hounslow council. I passed the signup links to a neighbour, so that she could stay informed.”*

### 10.4 Information Formats

We also asked people if they have been able to find information and advice in formats or languages accessible to them.

#### 10.4.1 Have you been able to find information and advice in the format(s) or language(s) needed to make it accessible to you?



While the majority of respondents (68%) said yes, a sizeable minority (14%) said no.

There is some criticism about English only news sources, while the deaf community says the lack of BSL (British Sign Language) interpretation at press briefings is adding to worry and concern.

### Selected Comments

*“Others who don’t understand English have found it hard to understand the news updates.”*

*“I work with deaf people and the lack of BSL (British Sign Language) interpretation in the Downing Street briefings is adding extra worry and concern to the deaf community.”*

## 10.5 Equality Check

On communication, those from White/White British backgrounds find it significantly ‘easier’ than their BAME counterparts to obtain and understand information and advice, and to keep apace of changes in guidance and messaging.

White/White British respondents are also notably more likely to find information in accessible formats.

	BAME %	W/WB %
Have found it ‘easy’ to know what to do, to stay safe	63%	73%
How found it ‘easy’ to keep up-to-date with information	65%	70%
Have found information in accessible formats	68%	77%

## 11. Digital Technology

In this section, we look at access to digital equipment, confidence in accessing services online, and what might help in increasing use of digital services.

### 11.1 Access to Digital Equipment

We asked people which items of digital equipment they had access to at home, with multiple-choice options including desktop computer, laptop, tablet, smartphone and internet. We compare numbers (below) with White/White British respondents.

## 11.2 Equality Check

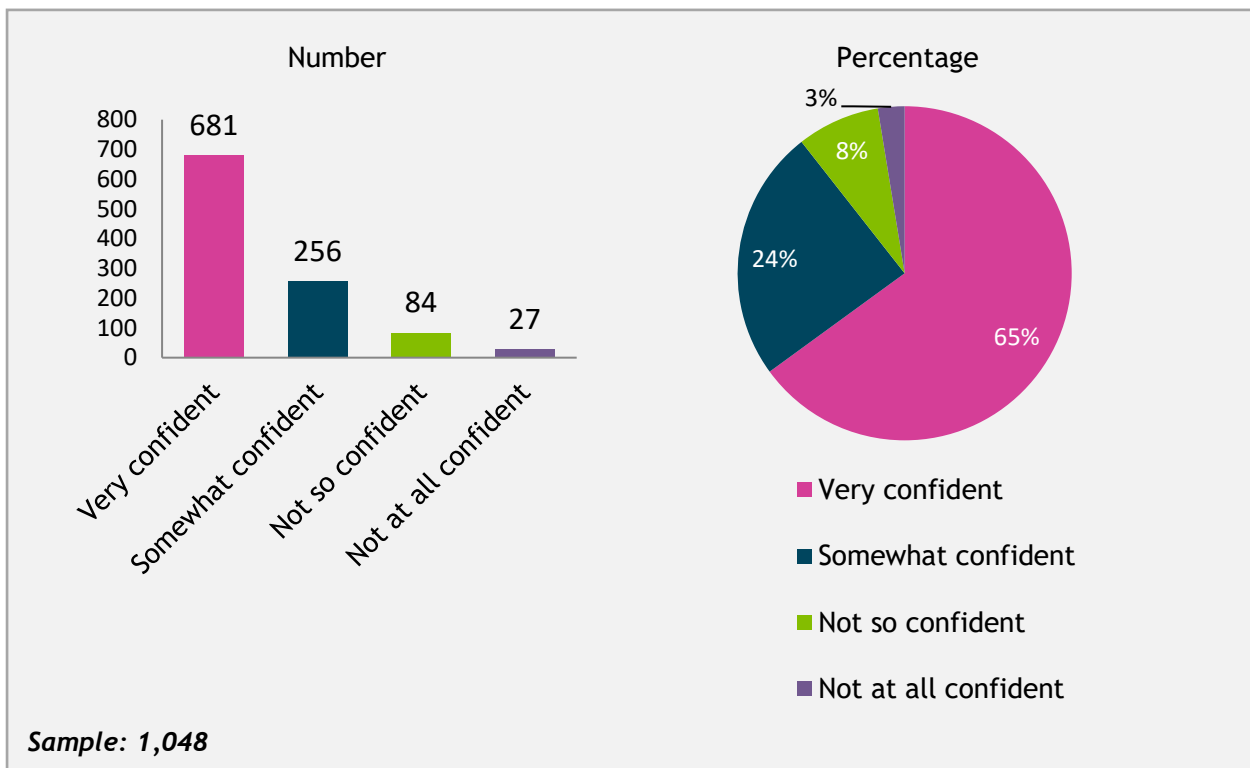
When comparing with White/White British respondents, we find that those from BAME backgrounds are notably less likely to have internet access, or own certain equipment.

	BAME %	W/WB %
Own a desktop computer	31%	35%
Own a laptop computer	70%	71%
Own a tablet	49%	62%
Own a smartphone	91%	92%
Have internet/broadband	79%	86%

## 11.3 Confidence in Accessing Services Online

We asked people how confident they felt, to access services through a computer, tablet or smartphone.

### 11.3.1 How confident do you feel using a computer, tablet or smartphone to access healthcare?



The vast majority of respondents (89%) feel ‘very or somewhat’ confident, with just 3% feeling ‘not at all’ confident.

### 11.3.2 Impact Scale

When looking closer at specific groups, we find that those with stated disabilities are least confident, by some margin.

**Feel ‘very or somewhat’ confident to use a computer, tablet or smartphone to access healthcare**

All respondents (baseline)	89%
Mental health conditions	88%
Long term conditions	83%
Aged 65+	71%
Disabilities	60%

### 11.4 What is Needed to Increase Confidence?

We asked people what is needed, to increase confidence in using a computer, tablet or smartphone, to access services online.

On reviewing respondent’s suggestions, we find the most significant trends are on guidance and training, so knowledge appears to be of prime importance.

We also detect themes on accessibility, confidentiality, and equipment and cost. All themes and sub-themes are listed below:

#### Accessibility

- Easy access
- Just to simplify some information so everybody can understand
- Making the websites and information platforms easier to use
- Simple interface with large text
- More NHS applications
- Translation

#### Confidentiality

- Assurance that my confidentiality is protected
- Clarifying if the website or link is secure
- Online security to use sites like Zoom
- Password protection
- Better understanding on how to keep my data secure.
- Safety and security and how to spot scammers
- Trusted websites

## Equipment and Cost

- A computer to start with
- Access to wi-fi
- Consistent good internet connection and mobile network
- Fixing problems with laptop and smartphone

## Instruction and Training

- A simplified guide on how to use different online platforms
- An online guide or information booklet/leaflet
- Printed step by step guidance
- Having knowledge of what to do
- Knowledge of the different systems
- Computer training
- Online courses
- More practice
- Help with the applications available
- Help others who cannot use computer

### 11.5 Equality Check

We find that BAME respondents are marginally less confident in using computers, tablets or smartphones.

	BAME %	W/WB %
Feel confident to use a computer, tablet or smartphone online	89%	91%

## 12. Recommendations

Based on the analysis of feedback, we make the following recommendations on health and care services, mental health, and wider community services.

### Areas of Potential Inequality: Wholesale Recommendation

While we do not fully understand the reasons behind the inequality, we do know where it exists.

When compared with White/White British respondents, we find that those from BAME backgrounds are:

#### More likely to:

- Be considered at high risk.

- Have a stated long-term health condition.
- Have received a shielding letter.
- Care for or live with someone at high risk.
- Be worried about passing the virus on to others.
- Be worried about their own health, and the health of family and friends.
- Be worried about visiting services or using public transport.
- Experience 'tense' household relationships.
- Be worried about jobs or financial security.
- Be worried about missing school or college.

#### Less likely to:

- Have access to childcare
- Access mental health support and resources.
- Find it 'easy' to know what to do, to stay safe.
- Know that the GP is open for routine appointments.
- Keep track of changing information and guidelines.
- Find information in accessible formats.
- Have internet at home or own a computer.

As the evidence is clear and substantial, we recommend further investigation and review, to better understand and address these issues and themes.

Healthwatch Hounslow would like to be a core partner and stakeholder, in any such undertaking.

## Health and Care Services: 5 Recommendations

1. With the perception that some GP practices closed, we hear that patients received mixed messages with some saying that they had been turned away with little, or no advice or support. Some have been advised to 'go home and contact 111' with others told to 'come back in June'. With such accounts filtering into the media, patients say they are less confident to get in touch with their GP, even if unwell.

**Suggestion:** *It is inevitable that a large proportion of those unsupported will be vulnerable, or in need of medical attention. We feel that nobody should be unsupported, and any information or signposting advice needs to be as personal and specific as possible, as generic 'catch all' information is not always reassuring, or effective.*

- *Identify BAME patients at most risk - providing ongoing clear communication.*

2. Patients with sensory conditions (such as deafness) and those less articulate, or with anxiety say that restriction to telephone-only GP appointments is not practical. In some cases, we hear that the removal of choice has also resulted in the removal of basic support.

**Suggestion:** *It is clear that a ‘one size fits all’ consultation system results in the marginalisation of vulnerable communities, and we have many, varied examples. We would like to see some level of flexibility, choice and prioritisation around appointment and consultation systems.*

- *Choice in appointment options*
- *Face-to-face appointments - if needed interpretation service to be offered beforehand.*

3. Those with cancelled medical appointments, referrals and tests report on little, or no contact from GPs and services. Patients with serious conditions are especially worried. When seeking information, some have found services to be unresponsive.

**Suggestion:** *Feedback suggests that a lack of communication on cancelled appointments is a major cause of anxiety, and a key contributor to worsening physical and mental health. We would urge services to get in touch with all patients in this situation, as soon as possible, with clear (and unambiguous) reassurance on reinstatement of appointments.*

- *Contacting all patients who have had their appointments cancelled.*
- *Sending out information suited to the patient (email/text/post) to further explain situation and who they can contact for queries.*

4. Some patients have cancelled or delayed their own treatment and tests, citing fears around infection, PPE, or of ‘being a burden’ at this time.

**Suggestion:** *Patients say they need written confirmation that services are safe and have adequate capacity - with messaging ideally coming directly from service providers. General positive messaging on a national, regional and local level will also help to restore confidence and uptake.*

- *Targeted campaigning - offering information in multiple languages.*
- *Volunteer champions who can provide advice and information in those languages.*

5. When asking people about ‘risks’ associated with health services, the most common response was infection risk while travelling to-and-from appointments, especially if public transport is involved.

**Suggestion:** *This is an interesting point - while services themselves may be safe, patients still need to travel and those in shielding groups are understandably weary. Perhaps vehicles that are ‘Covid Secure’ could be commissioned, to assist those most at risk.*

- *Working with the Local Authority to review transportation options.*
- *Offering a range of appointments - late (10PM)*
- *Focused campaigning*
- *Patients would rather have their smear/blood tests/immunisation at their local GP surgery. Therefore, a choice of options should be offered.*
- *Working with local transport networks.*



## Mental Health and Wellbeing: 2 Recommendations

1. Those with activities, hobbies or routines appear to be more resilient than those without.

**Suggestion:** *If possible, the level of social prescribing should be increased and enhanced, to reach more residents and reduce isolation. While this will have a cost implication, the subsequent reduction in physical and mental health conditions may in fact benefit services in the longer to medium term.*

- *Encouraging BAME communities to speak about mental health openly in a safe environment. Possibly accessing existing groups to set up online workshops or telephone consultations about access to mental health support and an understanding of mental health.*
- *Offering community support through Mental Health groups and specialist services.*
- *Funding projects which benefit the local community.*

2. It is noted that those with existing mental health conditions will be much more impacted and at greater risk during the pandemic. Those in need of help don't necessarily seek it.

**Suggestion:** *We would urge services, GPs in particular, to identify those with a known mental health condition and check on welfare.*

*Reviewing systems in place and regular communication with vulnerable patients.*

*Additional:*

- *Family and friends have been identified as the biggest help and are the biggest connection. Schemes and projects that connect people and build on mutual aid groups.*
- *Low level support needed.*

## Wider Community: 4 Recommendations

1. The lockdown and shielding brings with it isolation on a large scale, perhaps unprecedented. One resident says *"I live on my own and nobody has telephoned if I am ok except two neighbours in the beginning. I am scared"*. This is not an uncommon account.

**Suggestion:** *The difficulty with social isolation is, there is no single organisation with ultimate responsibility - therefore it is crucial that agencies co-produce and work together, to find solutions. Those completely isolated are extremely hard to reach, nevertheless it should be possible to offer a 'friendly knock on the door'.*

- *Developing and expanding the Hounslow Community Hub.*
- *As there are social prescribers in GP surgeries perhaps a similar role could be created in the Local Authority (speaking different languages).*

- *Local Authority reviewing their databases and information on vulnerable people.*

2. Anxiety about contracting the virus is widespread, with just a quarter of people ‘not concerned’ about passing it on to others. Those who use public transport, work on the frontline, are shielding or have regular interaction with those shielding, have particular and justified concerns.

**Suggestion:** *We need to make the working and wider environment as ‘Covid Secure’ as possible. While this is difficult, and indeed challenging to implement and police, we recommend some level of visible, ongoing enforcement and review - not least to reassure the public.*

3. While services of all kinds are moving more online, we still receive accounts of people without access to computers, or the knowledge or inclination to use them.

**Suggestion:** *While it is acknowledged that digital services are effective and resourceful, we feel there should always be an alternative. It is simply the fact that ‘one size fits all’ systems result in the marginalisation of disadvantaged and vulnerable groups.*

- *Services should be offering telephone consultations where possible.*
- *Services should be offering a variety of options considering accessibility.*

4. A sizeable minority of people (14%) say that information is not accessible to them.

**Suggestion:** *Ideally, information intended for the public should observe accessibility protocols on formatting and presentation. Any information considered to be especially important should also be offered in a range of accessible formats, as appropriate. Depending on the audience, use of plain wording, and translation into known community languages is also encouraged.*

There are many areas that need to be addressed including:

- *Income and poverty including protecting economic stability of these communities.*
- *Poor housing and social living conditions impacting health.*
- *Targeting racism, bullying and harassment at work. Giving a platform to people to voice their concerns without repercussions*
- *Providing adequate PPE.*
- *Focus on risk assessments especially for frontline workers from the BAME community. Including support for key workers.*
- *Importance of community engagement should be highlighted and using existing groups/networks including VCS engaging with and supporting BAME groups.*
- *Establishing links with faith communities.*

## 13. Glossary of Terms

ADHD  
BAME  
BSL  
PTSD

Attention Deficit Hyperactivity Disorder  
Black, Asian & Minority Ethnic  
British Sign Language  
Post-Traumatic Stress Disorder

## 14. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

Healthwatch Hounslow, 45 St. Mary's Road, Ealing, W5 5RG

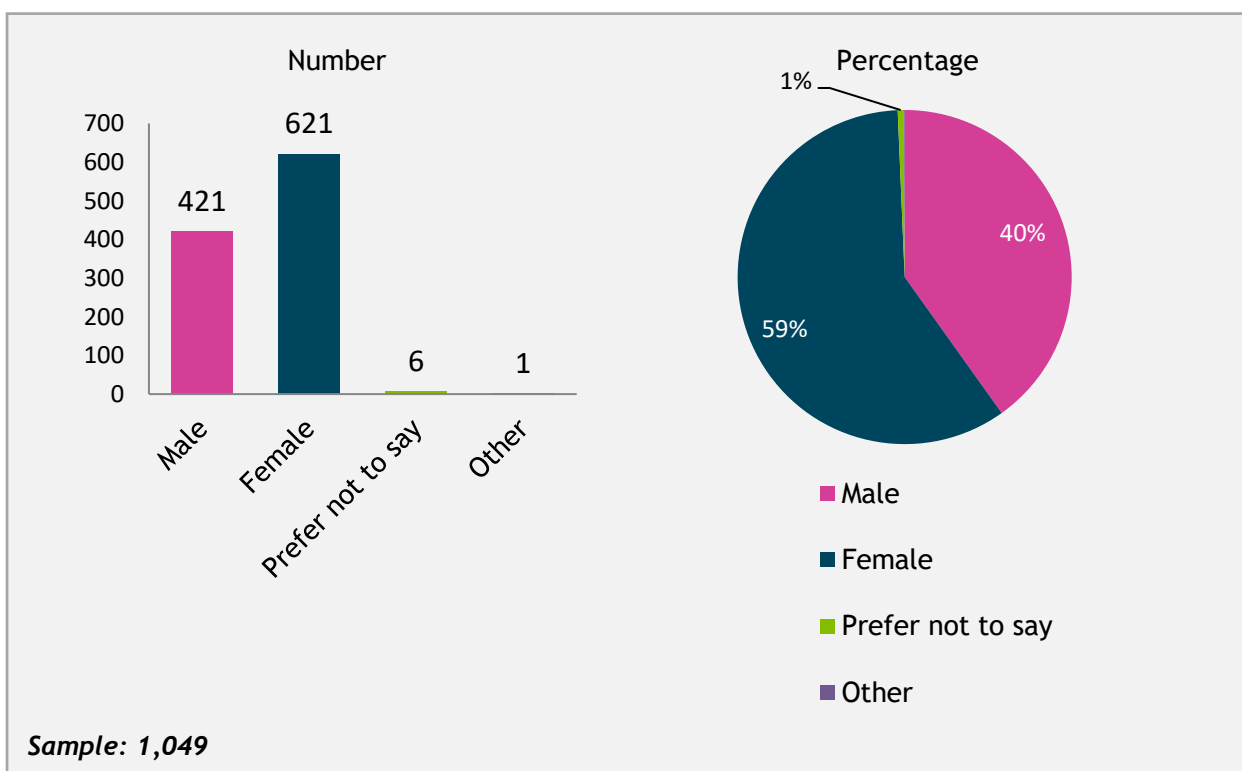
Telephone: 020 3603 2438

Email: [info@healthwatchhounslow.co.uk](mailto:info@healthwatchhounslow.co.uk)

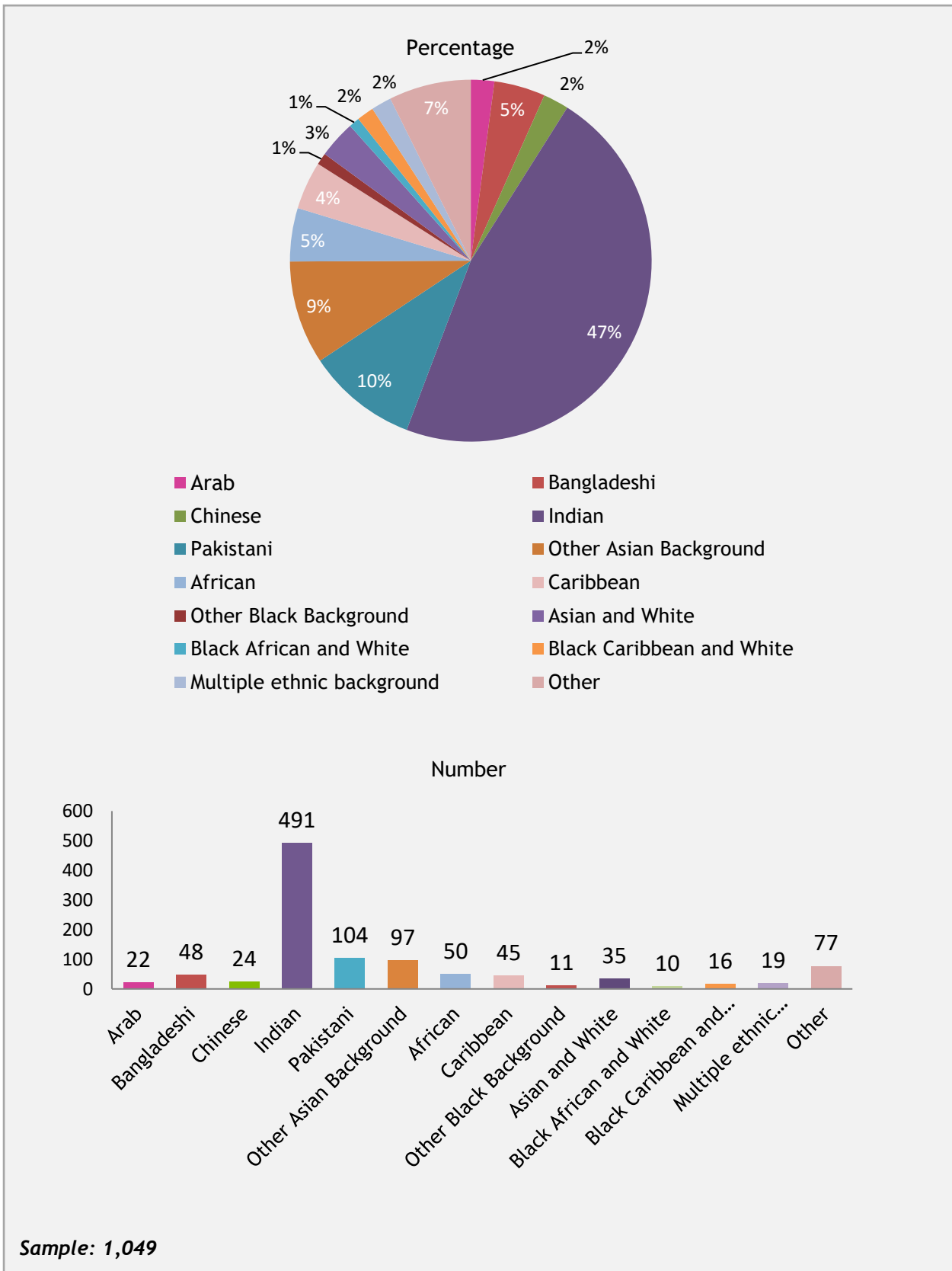
### Annex - Demographics

The stated demographics of participants are as follows.

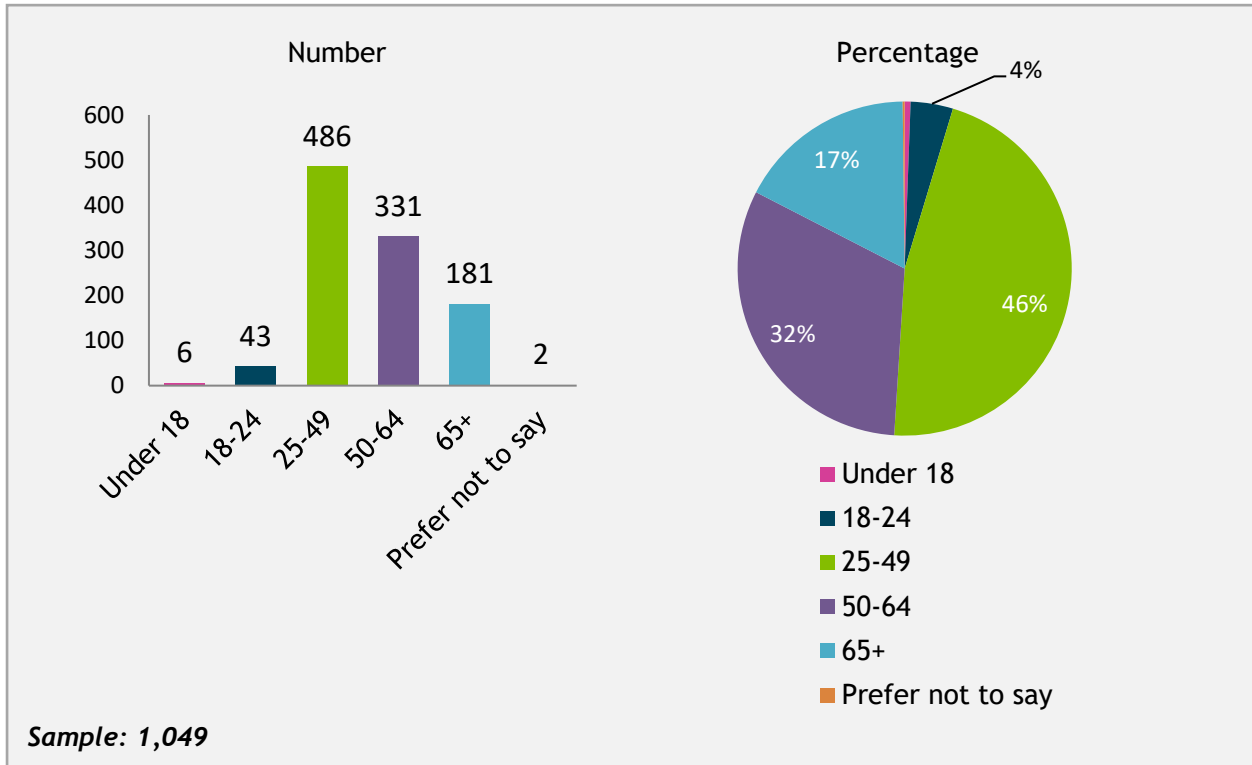
How would you describe your gender?



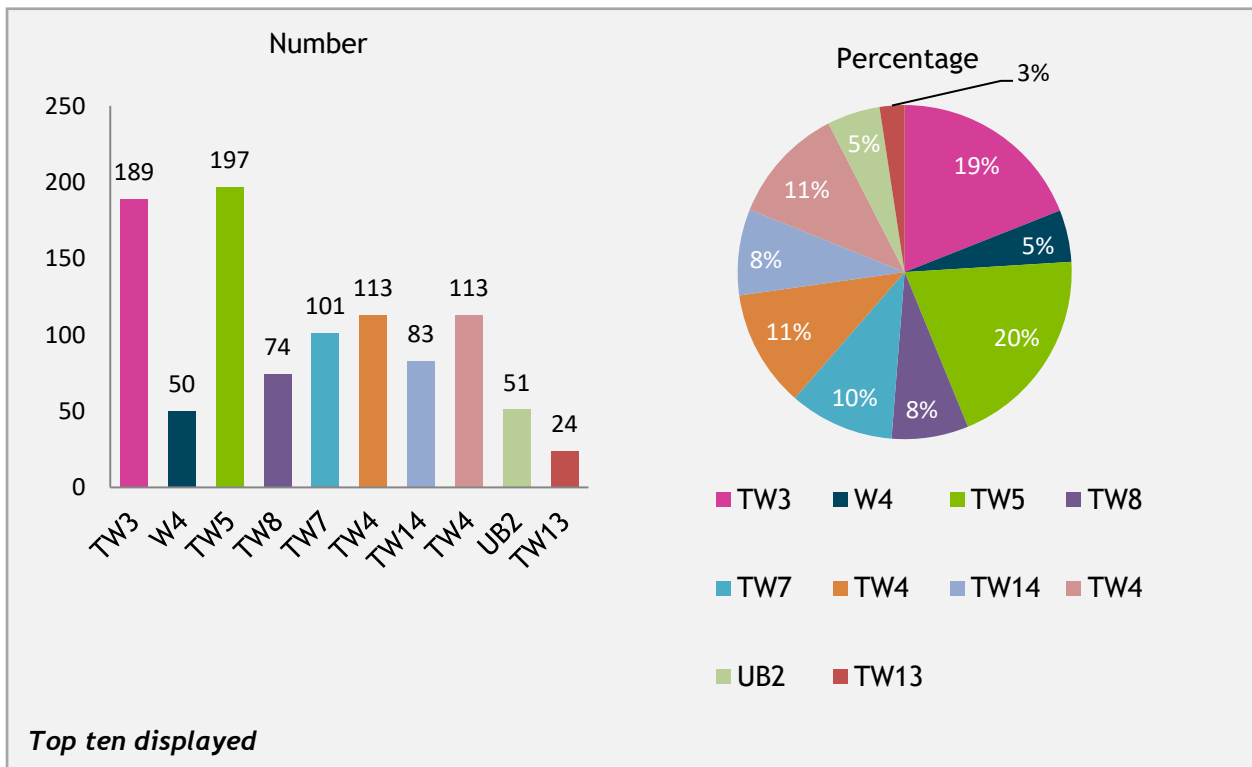
Please select your ethnic background:



## How old are you?



## Post Code Areas



“Recent news about BAME communities being more at risk is very worrying - especially as we have not been told the reasons why.”

Local resident