healthwatch Brent

COVID-19 – FOCUSING OUR ENGAGEMENT

1. EXECUTIVE SUMMARY

Engagement

During April and May 2020 Healthwatch Brent staff carried out extensive community engagement, contacting, sourcing, listening and speaking to our residents about their experience of information, support and services for Covid-19. We significantly adapted our engagement methods and found new ways to listen to seldom-heard communities and those that are not connected online/digitally. We used online, telephone, surveys and conversations to gather feedback from 270 people (including some key workers), 7 care homes and 10 organisations.

We were keen to hear from residents but focused in particular on black and minority ethnic (BAME) people, which make up 14% of the UK population, but have accounted for over a third of intensive care patients in the coronavirus pandemic so far. One fifth of the NHS workforce are from ethnic minority backgrounds, but they make up more than two thirds of the frontline health workers who have died due to coronavirus in the UK so far[1]. This picture is evolving with new data constantly emerging so the report needs to be read within that context.

Findings

Some of the key themes to emerge from these engagements included:

- Requests that information was available in easy-read and community languages
- Residents struggled to understand the government's instructions and if or how they were relevant
- Many found the support from GPs unclear or unhelpful, and they struggled with the online consultations
- Some residents received food parcels, but didn't need them as they had other support
- Some residents are experiencing food poverty and economic poverty
- Many, including care homes, praised Brent Council for the way they had responded to the pandemic
- Families experiencing 'burnout' and anxiety due to the lack of respite, as family carers or home schoolers.
- Concern that mental health services may not meet the demand for services as the crisis continues
- Concern about the provision of appropriate counselling both for adults and young people
- Young people concerned both about their future but also in their role as potential 'super spreaders' and the public messages about young people not being seriously affected by the disease

Next Steps

The following key themes were identified and proposed next steps are detailed below. We are keen to work with the Health and Wellbeing Board and our statutory and charity partners to develop our proposals going forward.

Statutory and Community Partners Next Steps

1a. Mental Health and Wellbeing: Challenges related to stress, anxiety and isolation are overriding themes that cut across all the engagement, but particularly in relation to isolation in hospital; domestic abuse; single parents or families with young children (including in relation to poverty and over-crowding); health care for non-Covid conditions; ongoing risk of infection.

[1] https://themj.co.uk/Covid-19s-disproportionate-impact-must-prompt-action-on-inequalities/217733

Suggested next steps:

- Statutory and community partners plan appropriate messaging, guidance and signposting on mental health support for emerging and escalating mental health conditions
- Undertake a review of existing Brent based community mental health services and consideration of potential additional support, including social prescribing.

1b. Communication and Misinformation relating to lack of clarity or lack of awareness of where to access information on hospital services, burials and funerals; admission to and safety in hospital for non-Covid conditions and for ongoing information about the economic/employment situations, benefits and the continuation or not of current Covid food support schemes.

Suggested next steps:

- Statutory and community organisations provide, including in community languages, clarity, information, guidance and signposting to advice and advocacy organisations, on current and new food and economic support schemes and clarity on the safety and social distancing protocols for using health and social care.
- Further insight is gathered on Brent Council's, care homes' and other organisations' initiatives that have worked to help manage or reduce the potential mortality rate in care homes.

Healthwatch Brent Next Steps

1c. Experience of BAME frontline staff/key workers in health and social care

Given the challenges outlined above and recognising the urgency of the current situation, we propose to work with existing BAME Networks to learn from BAME frontline health and care staff and communities about:

- working collaboratively with our communities, frontline staff and across the system to highlight lessons learned both in the immediate period and longer term
- assessing how Covid-19 impacts on BAME staff particularly those working directly with patients and communities affected by COVID-19.
- identifying best practice and areas for improvement in connecting with communities and frontline staff to reduce inequalities and to make a difference both now and in the future.

1d. Healthwatch Brent Activity

Due to the impact of Covid-19 on different communities, we propose that with our charity partners and the Health and Wellbeing Board, we examine and focus activity more specifically to:

- assess how Covid-19 impacts BAME communities particularly in council wards and estates with a disproportionate number of residents affected by the pandemic. Given the disproportionate death rates as well as the numbers of those tested positive for COVID-19 in Brent, we aim to proactively work with communities and partners as a starting point.
- gather the experiences of affected communities in the context of their everyday lives
- determine what system and community responses need to be developed as a result. The resources produced can provide an evidence-base to hold 'listening' and 'change' conversations.
- consider whether there are lessons learned and new approaches that can be applied to other communities and the wider community going forward – particularly if another 'spike' in infections occurs in the autumn.

Secondary research into satisfaction, complaints and good practice could help identify key issues and further engagement could include: consideration of translation services in health and social care; advocacy services for in-patient and outpatient and social care; increase trust or understanding of services within different communities; identifying challenges and barriers that have become embedded through the pandemic; and the impact of public health factors on residents' health and wellbeing.

2. INTRODUCTION

This report has been prepared by Healthwatch Brent, based on the experiences and views of local residents as they live under the cloud of the pandemic whilst observing the government's instructions on saving lives, protecting the NHS and remaining alert. Healthwatch Brent engaged with Brent's diverse communities to gain better understanding of the disease's impact on these communities. We used different techniques and methods to gain access to hard to reach and seldom heard groups.

Black and minority ethnic (BAME) people make up 14% of the UK population, but have accounted for over a third of intensive care patients in the coronavirus pandemic so far. One fifth of the NHS workforce are from ethnic minority backgrounds, but they make up more than two thirds of the frontline health workers who have died due to coronavirus in the UK so far[2].

We have started to collate evidence which we believe can inform this work. Mindful of observing and maintaining social distance, these voices were captured using a range of online, virtual and digital techniques to engage with key worker, care homes and wider resident communities and gather their views of those accessing, using or delivering services. We relied on using digital media including WhatsApp, phone-calls, engaging with support groups and maintaining contact with prominent community members.

3. COVID-19 AND THE BAME COMMUNITY – RESEARCH AND EVIDENCE

There is increasing international evidence that Black, Asian and Minority Ethnic (BAME) people are at higher risk of death from COVID-19[3]. As of 12 June 2020, there were 150,000 confirmed cases COVID-19 England with almost 30,000 deaths in all settings[4]. Public Health England published their descriptive review of data on disparities in the risk and outcomes from COVID19 [5] in June 2020.

There is consistent emerging evidence confirming that that Black, Asian, Minority Ethnic communities including health and care staff are disproportionately affected by Covid-19[6]. Socio-economic factors and co-morbidities have been presented as possible explanations for the disproportionate number of BAME deaths and this has informed the scope and focus of national reviews.

Ethnicity data available in the intensive care national audit and research centre (ICNARC) reports on patients with confirmed COVID-19 that have been admitted to intensive care for at least 24 hours revealed (on 24th April 2020) that BAME people were at higher risk of developing severe COVID-19 disease[5]. A total of 5,993 patients with confirmed COVID-19 had reported data on ethnicity and 34.2% (2,055/5,993) of these patients were from BAME. This picture is evolving with new data constantly emerging.

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[2] https://themj.co.uk/Covid-19s-disproportionate-impact-must-prompt-action-on-inequalities/217733

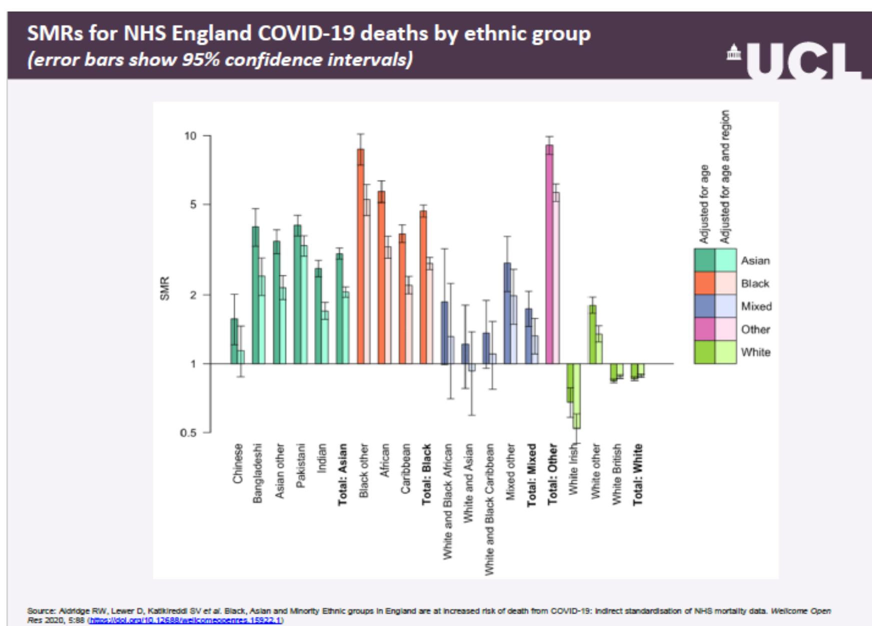
[3] CDC: Coronavirus Disease 2019 (COVID-19). Centres for Disease Control and Prevention. 2020; (accessed April 26, 2020). Reference Source

[4] https://www.google.com/search?q=covid+figures&rlz=1C1GCEB_enGB862GB862&oq=Covid+figures&aqs=chrome.0.0l8.3782j0j7&sourceid=chrome&ie=UTF-8

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

[6] https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/BRIEFING_Impact-of-COVID-19-BME_communities-and-staff_FNL.pdf

At a presentation of Westminster City Council's BAME Network, University College London analysed NHS data from patients with a positive Covid-19 test who died in hospitals in England from March 1 to April 21. They accounted for differences in age and region and calculated the increased risk using the Standardised Mortality Ratio (SMR). Analyses matched by area (ward) of residence showed differences are significant for all BAME groups but there is substantial variation by minority ethnic groups. There were 1.63 times more Black patients in critical care than expected based on the matched population (10.6% vs 6.5%). For Asian patients the differential is reduced but still significant with 1.25 times more Asian patients than expected (15.3% vs 12.2%). This was done against the publication in the HSJ that 63% of BAME individuals accounted for deaths in hospital[7i]



In May 2020, the Guardian[8] carried an article of a study undertaken by Royal College of Midwives stating that 55% of pregnant women admitted to hospital with coronavirus in the UK were from BAME communities. The study suggested that for pregnant women from a BAME background is a strong predictor for the likelihood of being hospitalised rather than age and obesity.

In North West London, data[9] suggests that the themes emerging locally mirror those identified nationally. More specifically, in NWL the rate of COVID 19 Infections (as of 22nd April 2020) highlighted – consistently and since the beginning – that Brent had the highest level at 1252 people who tested positive for the virus compared to Kensington & Chelsea (K&C) at 416 people, more than 3 times as many. In terms of inequalities the data shows:

- Brent having over twice the population yet less than half of the greenspace compared to K&C
- Brent having over twice the level of overcrowding compared to K&C
- Brent having over twice the number of BAME communities compared to K&C

Feedback from community and voluntary sector organisations, residents, faith groups and the Healthwatch CWL report identified a range of themes relating to the impact of COVID 19 on the BAME and the wider community (see Appendix 1) which could be applied to Brent as a constituent part of NWL. Public Health England confirmed the risk of death from Covid-19 higher for ethnic minorities in **a recent review** PHE found that people of Bangladeshi heritage were dying at twice the rate of white Britons, while other black, Asian and minority ethnic groups had between 10% and 50% higher risk of death.

Impact of COVID-19 on mortality

Ethnicity has not been regularly recorded in death certificates in England which compromises the interrogation of the differential impact of COVID-19 on mortality amongst different BAME groups.

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[7] Exclusive: deaths of NHS staff from covid-19 analysed – Cook et al HSJ (22 April 2020)
[8] https://www.theguardian.com/world/2020/may/16/bame-majority-pregnant-women-hospitalised-covid-19-troubling-midwives
[9] https://coronavirus.data.gov.uk/?_ga=2.223652696.270492364.1587650376-2057377103.1587650376#regions

However, daily NHS hospital death data are provided by geographical region, age and ethnicity. Adjusting for region is potentially important because in England COVID-19 has affected different parts of the country to a different extent. For example, London and the West Midlands, the two regions with the highest levels of BAME residents have had most COVID-19 cases. University College London used this data to examine the risk of death from COVID-19 by BAME group and through a sensitivity analysis test to see whether differences between BAME groups could be explained by regional differences in the ethnic make-up of the population[10].

4. HEALTHWATCH BRENT APPROACH AND ACTION

Engagement Methods

Given the emergent nature of the impact of COVID-19 on BAME communities including the workforce as well as the need for urgent action, North West London developed an approach to engagement working with patients, residents, communities and partners. These are set out below and have been utilised by the Healthwatch Brent team:

- Collaborative: Creating the space and facilitating conversations with and between individuals and organisations.
- Evidence-based & Person-centred: Ensuring a parity of esteem between the insight and experience of local stories and experiences and qualitative data / research evidence.
- Asset-based: Ensuring that the voices of communities and residents drive the work forward, ensuring that conversations are facilitated and reflect the wishes of those who participate in the work.
- Continuous and iterative: Constantly reviewing, evaluating and testing emerging themes so that they influence decisions in real-time.

Engagement Activity

Historically, Healthwatch has gathered the views of residents through surveys, face to face conversations, community stalls, briefing and e-communications. But, mindful of social distancing, we developed a safe programme which involved assessing, preventing and mitigating risks by implementing the government's instructions at the time to 'Stay, home; Protect the NHS and Save Lives'.

We were also mindful that there was a risk of COVID-19 widening inequalities caused by digital exclusion such as being residents being unable to purchase vital goods and services, look after their health and socially interact within the safety of their homes. We noted the positive endorsements of the Borough's community task force and response service. We are also mindful that digital exclusion is associated with social exclusion and poor health which if not tackled can result in a further increase in health inequalities.

Since the date of lockdown, 23 March 2020, we adapted our engagement methods to include:

- Joining and liaising with Mutual Aid groups being established across the borough
- Joining and liaising with ward and street-based WhatsApp groups
- Following elected members through their Twitter accounts
- Contacting care homes by telephone on how they are coping

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[10] Aldridge R: Dataset: Black, Asian and Minority Ethnic groups in England are at increased risk of death from COVID-19. UCL Institute of Health Informatics: London, UK. 2020. http://www.doi.org/10.14324/000.ds.10096589

- Conducting telephone interviews with community organisations
- Promoting a survey Brent-wide asking for experience of accessing information about lockdown
- Collecting case studies from keyworkers – some of whom had been infected by COVID-19.

Appendix 2 summarises the engagement work Healthwatch Brent undertook between 23 March to 7 June 2020 with Brent residents and care homes to capture a snapshot of the BAME experience of the pandemic.

Care Home Interviews

We interviewed the care homes we had visited as part of our Enter and View Programme in 2018-19 and summarised their responses.

- Of the 7 care homes visited, 6 had not experienced any Covid-19 related deaths since the outbreak. Whilst it is not the role of Healthwatch to speculate on this information, the team noted that none of these care homes had raised concerns during our Enter and View visit.
- A case study from Carewatch Brent summarises their experience of continuing to deliver services to some of the borough's most vulnerable residents.
- We interviewed BAME keyworkers who had contracted the disease and summarised their reactions to receiving advice, information and support.
- We spoke with patients with underlying health conditions to listen to how they managed their fears and what they believed would help to minimise that.
- We spoke to different types of carers to better understand the dilemmas they have been facing during the current lockdown and how it has impacted on their mental health.

Community Engagement

The team also engaged with over a hundred different individuals reflecting many of Brent's diverse communities (summarised in the table below). We used a number of techniques including

- reviewing social media platforms including Face Book, Twitter, WhatsApp, and those for specific communities
- cold calling organisations, sending emails,
- using videoconference facilities
- attending online forums and
- sending out short surveys to community-based organisations.

Date 2020	Venue/ organisation	Age Profile	Gender	Ethnicity profile	Faith	Stakeholder description	# people
Apr	Brent Gateway		N/A	Brent residents	N/A	Carers	1
Apr	Brent Carers Centre		N/A	Brent residents	N/A	Carers	4
Apr	Elders Voice		N/A	Brent residents	N/A	Older people	1
May	Patidar House Satsang group	45-85 year	N/A	Indian	Hindu	BAME	1
Apr/ May	Asian women cancer support group	45yrs+	female	South Asian	Multi faith	Illness/BAME/Women	20
May	Pendrell Trust		N/A	Brent resident	N/A	Carer/social care	1

Apr/ May	BAME residents in supported living	18 +	90% female	BAME	N/A	Mental Health	25
May	Hibiscus Group	65+		Afro Caribbean	Christian	Older people	1
May	Elevated Exchange (local neighbours, Willesden)	18 +	50% female	Brent residents	Multifaith	Mental Health	11
	Apr/May	N/A	N/A	Brent residents	Multifaith	Food bank and wellbeing support recipients.	100 +

Some Brent residents mentioned using a WhatsApp Somali Coronavirus forum based outside of Brent and currently has 200 members. The coordinator was interviewed. He spoke of the needs of the Somali community in general, commenting on the lack of opportunities to work in partnership with other agencies to address gaps in needs and identifying some of the community assets they have. He commented that Brent Somali residents were active members of the forum and found it to be useful because many of the conversations were held in Somali.

The team were active participants in many Mutual Aid conversations taking place across the borough to listen to individuals and learn about their experiences.

In addition to contacting community organisations they followed many of the borough's elected members through their Twitter accounts so that we could ensure that the messages and information we shared with residents and community organisations was accurate.

Survey

Alongside the engagement work, the Healthwatch Team worked with NWL colleagues to ask Brent residents about their understanding on the guidance relating to social distancing and essential travel.

39 people completed the on-line survey, of which 46% had a pre-existing health condition or disability and 46% were from the BAME community. (Although less than the borough's profile, it revealed that people from BAME communities were participating in digital surveys.)

- Almost 60% stated that they were managing under the current situation though some made additional comments
- 1:4 said that they were beginning to be concerned about their mental health and wellbeing if the situation continued.
- 15% who needed help with food delivers were being helped by volunteers
- 10% expressed difficulty in booking online supermarket delivery slots.

The survey included a set of free text questions with responses which can be viewed in Appendix 3 and serve as a snapshot of the perceptions of Brent residents at a particular point in time.

It must be pointed at that reactions and responses to the pandemic are being developed through a continual learning process and that attitudes and perceptions may be variable going forward.

5.FINDINGS

Healthwatch Brent Engagement

Some of the key themes to emerge from these engagements included:

- Requests that information was available in easy-read and community languages
- Residents struggled to understand the government's instructions and if or how they were relevant
- Many found the support from GPs unclear or unhelpful, and they struggled with the online consultations
- Some residents received food parcels, but didn't need them as they had other support
- Some residents are experiencing food poverty and economic poverty
- Many, including care homes, praised Brent Council for the way they had responded to the pandemic
- Families experiencing 'burnout' and anxiety due to the lack of respite, as family carers or home schoolers.
- Concern that mental health services may not meet the demand for services as the crisis continues
- Concern about the provision of appropriate counselling both for adults and young people
- Young people concerned both about their future but also in their role as potential 'super spreaders' and the public messages about young people not being seriously affected by the disease

Public Health England Report

Public Health England is believed to be publishing a report acknowledging that factors such as racism and social inequality may have contributed to increased risks of black, Asian and minority communities catching and dying from Covid-19. The report due to be published in June 2020 is expected to acknowledge that historic racism may mean that people are less likely to seek care or to demand better personal protective equipment. The BBC stated that in the report stakeholders expressed "deep dismay, anger, loss and fear in their communities" as data emerged suggesting Covid-19 was "exacerbating existing inequalities".

It found that "historic racism and poorer experiences of healthcare or at work" meant individuals in BAME groups were less likely to seek care when needed or to speak up when they had concerns about personal protective equipment or risk.

Other possible factors include risks linked to occupation, co-morbidities such as diabetes and hypertension which may increase disease severity and are significantly higher amongst BAME communities points to racism and discrimination as a root cause affecting health and the risk of both exposure to the virus and becoming seriously ill which can increase the severity of Covid-19.

The report recommends:

- Better data collection about ethnicity and religion, including having this recorded on death certificates to accurately monitor the impact on these communities
- Supporting further research with the participation of BAME communities to understand the increased risk and develop programmes to reduce it
- Improving BAME groups' access to, experiences of and outcomes from NHS and other services - using audits, health impact assessments and better representation of black and minority ethnic communities among staff

- Developing risk assessments for BAME workers in roles where they are exposed to a large section of the general public or those infected with the virus
- Producing culturally sensitive education and prevention campaigns to rebuild trust and help communities access services such as contact tracing, antibody testing and a future vaccine
- Targeting BAME groups with culturally sensitive health messages to address conditions such as diabetes, high blood pressure and asthma
- Ensuring that Covid-19 recovery strategies actively address inequalities to create long-term change

6. NEXT STEPS

The following key themes were identified and proposed next steps are detailed below. We are keen to work with the Health and Wellbeing Board and our statutory and charity partners to develop our proposals going forward.

Statutory and Community Partners Next Steps

1a. Mental Health and Wellbeing: Challenges related to stress, anxiety and isolation are overriding themes that cut across all the engagement, but particularly in relation to isolation in hospital; domestic abuse; single parents or families with young children (including in relation to poverty and over-crowding); health care for non-Covid conditions; ongoing risk of infection.

Suggested next steps:

- Statutory and community partners plan appropriate messaging, guidance and signposting on mental health support for emerging and escalating mental health conditions
- Undertake a review of existing Brent based community mental health services and consideration of potential additional support, including social prescribing.

1b. Communication and Misinformation relating to lack of clarity or lack of awareness of where to access information on hospital services, burials and funerals; admission to and safety in hospital for non-Covid conditions and for ongoing information about the economic/employment situations, benefits and the continuation or not of current Covid food support schemes.

Suggested next steps:

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- Further insight is gathered on Brent Council's, care homes' and other organisations' initiatives that have worked to help manage or reduce the potential mortality rate in care homes.

Healthwatch Brent Next Steps

1c. Experience of BAME frontline staff/key workers in health and social care
Given the challenges outlined above and recognising the urgency of the current situation, we propose to work with existing BAME Networks to learn from BAME frontline health and care staff and communities about:

- working collaboratively with our communities, frontline staff and across the system to highlight lessons learned both in the immediate period and longer term
- assessing how Covid-19 impacts on BAME staff particularly those working directly with patients and communities affected by COVID-19.

- identifying best practice and areas for improvement in connecting with communities and frontline staff to reduce inequalities and to make a difference both now and in the future.

1d. Healthwatch Brent Activity

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- gather the experiences of affected communities in the context of their everyday lives
- determine what system and community responses need to be developed as a result. The resources produced can provide an evidence-base to hold ‘listening’ and ‘change’ conversations.
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Secondary research into satisfaction, complaints and good practice could help identify key issues and further engagement could include: consideration of translation services in health and social care; advocacy services for in-patient and outpatient and social care; increase trust or understanding of services within different communities; identifying challenges and barriers that have become embedded through the pandemic; and the impact of public health factors on residents’ health and wellbeing.

APPENDIX 1: DEDUCTIVE FRAMEWORK FOR CODING QUALITATIVE FEEDBACK

Code	**Definition**
1. Financial issues	**The impact of COVID and related measures on people's financial health**
Debt	Impact of COVID and related measures on people's debt
Rent/mortgage payments	Impact on rent/mortgage payments
Loss of wages	Impact on loss of wages
Impact on life/family/kids	Impact of financial issues on lifestyle, family and children
Ways of gaining/earning or increasing finances	Approaches that people submitting the data have taken to increase finances
Other	Other aspects not covered in the codes above
2. Employment	**The impact of COVID and related measures on employment**
Gain/loss of employment	Inc. redundancy
Experiences of furlough	Descriptions of people's experiences of being furloughed
Treatment by employers	Data describing how people have been treated by their employers
Impact of lockdown	Influence of lockdown measures on employment/going to work
Other	Other aspects not covered in the codes above
3. Relationships	**Anything to do with relationships with friends, family, partners who are cohabiting or not, including challenges but also ways to cope and new approaches to relationships**
Family	The impact of COVID and related measures on family relationships
Children	The impact of COVID and related measures on children & relationships with children (inc. visitations)
Extended family	The impact of COVID and related measures on relationships and life with the extended family (who live together or separate)
Partners	The impact of COVID and related measures on life with partners (cohabiting or non-cohabiting)
Parents & parenthood	The impact of COVID and related measures on parents and being a parent, including single parents, new parents or older parents who may also be self-isolating
Friends	The impact of COVID and related measures on friends and friendships
Other	Other aspects not covered in the codes above
4. Childcare	other aspects not covered in the codes above
Views and experiences of schooling	Inc. views on returning to school, and experiences of home schooling
Having children at home	Views about having children at home, inc. techniques to manage this, and impact on wider life of parents and children
Other	Other aspects not covered in the codes above

5. Housing	**Anything to do with housing, housing payments and conditions during the pandemic and related measures**
Overcrowding	Impact of overcrowding during the pandemic and lockdown (or vice versa)
Outdoor space	Descriptions and Impact of having/not having outdoor space
Multiple occupancy	Experiences of sharing with people who are not related, inc. use of communal spaces
Tenancy issues	Any positive or negative impacts on tenancy, or issues with landlords
Other	Other aspects not covered in the codes above
6. Mental Health	**The impact of COVID and the lockdown on people's mental health**
Finding and getting support	How, where are they getting support; the impact of COVID & related measures on finding and getting support
Managing existing mental health issues	How are people managing mental health conditions that existed before the pandemic, inc. continuing treatment
Coping strategies	How are people coping, what strategies are they implementing to look after their mental wellbeing
Other	Other aspects not covered in the codes above
7. Domestic Violence	**Anything related to the impact of COVID and related measures on domestic violence**
Impact of lockdown on DV	Influence of COVID and lockdown measures on DV
Support/help received	Impact of COVID and lockdown on support/help received by people experiencing DV
8. Sources of Information & understanding	**Where people finding information about COVID and related measures and what do they understand?**
People's understanding about COVID	What do people understand about COVID
People's understanding about lockdown and other COVID-related measures	What do people understand about lockdown and COVID-related measures
Sources of information	Where are people getting relevant information?
Understanding of the pandemic and related measures	What do people understand about the pandemic and related measures
10. Dealing with, and managing, death	**How are (non-frontline) people dealing with and managing death and the related processes during COVID**
Dealing with COVID related deaths	Emotional and practical factors related to dealing with deaths from COVID
Dealing with non-COVID related deaths	Emotional and practical factors related to dealing with other deaths during COVID

Experiences of and managing funerals	Emotional and practical factors of planning and attending funerals
11. Experience of (BAME) frontline staff	**Experiences people have shared of their frontline work during the pandemic**
Dealing with death	Views and experiences of death and dealing with death on their practice
PPE	Views and experiences of using PPE
Views of COVID & BAME	Views of the apparent inequalities related to COVID by BAME on frontline staff
COVID in their community	What are frontline staff saying about COVID in their communities; how they feel this is impacting their practice
Strategies for coping	What is said about how frontline staff are coping

Appendix 2:

Covid-19 Impact on Care Homes and Residents

Separate document

APPENDIX 3 – BRENT RESIDENTS' UNDERSTANDING OF GUIDANCE ON SOCIAL DISTANCING AND ESSENTIAL TRAVEL.

How has the outbreak affected you and your loved ones?	What has been working well for you and your family?	What additional support do you and your family need?
Yes We've been affected	Being at home	Information about services
My daughter was in her 1st year at Uni and was told to go home and her course was cancelled and she would get no online lectures. She has been completely dropped with no pastoral care and she still has to pay for her terms education with a student loan at 6% interest rate. This is no way to treat our young adults. She has been left with nothing. Bad university. At least she has a safe home to stay in while this is going on but not the case for many of her fellow student who did not live in the UK and got very little support getting themselves back to their countries or a safe place to stay in London if they were not able to get home. My young lodger who was staying with us while he prepped himself in a 'safe space' to take his A levels was very discombobulated at the beginning but the School Ark Academy has supported him very well. I am fine as I work from home anyway and I have continued to work and be paid. We are all very healthy with no underlying health issues.	The three of us are very gentle quiet people and have enjoyed each other's company. My daughter has caught up on her sleep after her very exciting time at Uni and no sleep and the young lodger has become secure and enjoyed a safe home and has started to blossom. I have given up smoking.	None.
Only relative is my mum I bring her food every second day. We social distance in her flat	I'm not working at the moment so visits out only for food	None
Not great	How am I meant to answer that !!!!!	More police presence on the street !!!
My elderly mother was unable to access regular healthcare and subsequently died at Northwick Park hospital of deteriorating conditions. Being in isolation elsewhere we were unable to help. We were also unable to be with her at the hospital.	Nothing concerning Northwick Park services.	Better communication and empathy at the hospital might have helped us to deal with everything remotely. But it seemed no extra effort being made by staff. When we asked for a priest to attend we were just told 'I don't think we're doing that at the moment'.
The social distancing and not being able to go out as much as you like or see friends and family. Plus not being to travel far.	Catching up with friends on the phone or social media. being able to catch up on things we hadn't go round to doing.	None

Restriction on activities for teenagers. Education on line facilities limited and apparently not directed towards encouraging reading as no Mainly teenager time, no advice on suitable books available on line might be accessed	Access to food supplies and deliveries of food.	We pay for help with purchase of extra food etc as needed.
The outbreak hasn't affected me and my family. It has affected our family friends/relatives because some of them have caught the disease as they have been going out to places quite often.	Me, my mum, my dad and my brother & sisters haven't been going out much apart from doing shopping and we all have been staying safe at home most of the time.	Me, my mum and dad live in England and the 3 of us are vulnerable so a volunteer is helping us to do the shopping every week/ every couple of weeks. My brother and my two sisters live in another country and they don't need no additional support. They all have been going out themselves to do their shopping once a week or every couple of weeks.
It is getting stupid. We cannot go outside because all the shops restaurants are closed. We cannot get a takeaway. I heard that some restaurant like McDonalds is open but not for customers I think it is bad. It should be open for customers.	I am doing exercise inside watching tv and doing yoga. Keep my garden clean put new compost on the ground.	I do not need additional support and my mum and dad look after me.
Cannot go out	The staying in	Nothing
Following guidelines regarding isolation and exercise. As usual activities put on hold have had to make a significant adjustment in daily life, routines and in the social sphere	Getting used to having to spend a lot of time indoors and not meeting people, difficult at times, Have made adjustments to getting supplies and exercise	No additional support currently
work has improved greatly as we now have online meetings. Before because I worked from home I was largely ignored which affected my mental wellbeing significantly.	video conferencing	none
We are all fine	Staying at home and staying safe	Nothing really
Have been ill, have a family member in ICU on ventilator	Resting, staying at home, hot fluids	have other family helping
I am "socially distancing", trying to stay 2 metres away from everyone whom I meet. When I have to go to the Post Office, to send money by MoneyGram to my foster-family in Kenya, I wear a disposable face-mask and a pair of disposable gloves. I do not own goggles but I do wear glasses. In my shopping-trolley, which I use as a disguised walking-aid, I carry a pack of disposable hand-sanitising-alcohol-wipes which I use to sanitise anything which anyone else has touched. I am very pleased that the Post	I have been sending and receiving more emails and phone-calls than I used to do before the lock-down. None of my family lives with me, but we keep in touch.	I do not need additional support, but thank you for offering it.

Office only allows 4 customers at a time inside. After I have finished in the Post Office, I walk from there to Sainsbury's Supermarket to buy fresh food and household items. The staff there control the number of customers entering the store, so there is always a long queue outside. Inside the store it is impossible to avoid coming face-to-face with other customers, some of whom are not wearing masks, which I think is stupid of them. Many of the staff, but not all, wear masks. There are well-disciplined queues for the checkouts, with coloured tape on the floor marking the 2-metre intervals. There are transparent screens between the checkout operators and the paying customers.		
Nervous about situation Angry at government's delay and lack of testing Financial loss	Getting on well Enjoying time together	Truthful factual news reporting
It's terrible	Nothing	I am looking after my both elderly parents with dementia and other high risk health issues
It has changed the way we behave	Sanitizer and hand washing	None
Yes	No going outside	None
We have moderated our way of life to be fully compliant with COVID-19 protocols.	All of the changes; we have adjusted well.	We are fine at the moment.
We are having to find creative ways to manage our emotions and energy levels. As a family 1 parent is working from home and home schooling the children whilst the other parent is a keyworker and is still working.	having family time	none
We are Lockdown in the house for the last four weeks.	We are getting ready-made food from Swaminarayan Temple, Neasden.	N/A
Physical distancing has meant that we have changed the way we interact - now only by telephone and email rather than face to face. I also miss getting out and about, having had to cancel several planned days out / away.	More time to work through my ever growing list of things to do, e.g. garden tasks.	None, although I'd like to cut down on the number of times per week I need to go shopping for food. It has been impossible to get a home delivery slot from any of the supermarkets, which means I have to risk coming into contact with others every two or three days or so.
Not very much	We have been minimising direct contact more so because my sister is in the a high risk category	None really

It's been a shock. I've received a letter from the NHS telling me to shield and self-isolate as they have identified me as someone at risk of severe illness if I catch Coronavirus (also known as COVID-19). This is because I have an underlying disease or health condition that means if I catch the virus, I am more likely to be admitted to hospital than others.	With God's grace none of my family are infected yet.	To be identified by Supermarkets to be in the extremely vulnerable and at risk category. Despite registering in the Government website, no one has contacted me at all. Consequently, I've been unable to get priority access to shopping delivery slots.
unable to visit families, theatres etc, going shopping, unable to buy plants, meetings have been cancelled, variety of life	just doing things about the house and garden	would be helpful to have help with food shopping
We've been staying in other than for food shopping.	Everything has been fine.	None.
I've been working from home for several weeks now. Anxious tray govt is incompetent to increase testing in community setting with no clear plan other than social distancing! We need clarity how they going to increase community mass testing to trace and isolate cases. It's just anxiety!	I've been having friends who help with shopping. Very lucky and thankful	My family has been asking me to come home but unsure how to manage travelling without exposure! Occasionally friends unable to help with shopping so not sure sometimes whom to ask. I don't want to be a burden
My levels of anxiety, already diagnosed as clinically high, have been heightened	nothing frankly	On Monday I emailed CNWL Single Point of Access CNWL NHS Foundation Trust. Today (Thursday) they emailed to ask how I was and tell me they were over-worked. Mental health support is so poor that I suspect there will be deaths due to it
I am furloughed from work, and staying indoors systematically, except to go food shopping or exercise.	Daily physical exercise, mostly indoors	So far, no additional support needed, thank you
Some work colleagues have died and my parents neighbours both died of COVID	Working from home has been effective as we have the technology at work to allow this	My parents are over 70 and have still not been able to get support to get their shopping. They do not have LTCs but are still in a higher risk group but not high risk enough to get help
We have been staying in much more. Family meals and walks.	Shared meals - sometimes arguments! Doing more things together	None
I am in self-isolation as I am a fulltime carer for my 93 year-old dad who has some serious health issues. Very limiting.	Thanks to a volunteer, we get some food shopping. I also like the quiet sometimes	Online shopping has NO DELIVERY SLOTS!!That should be opened for us vulnerable people. Thanks for volunteers bringing basics. I would like more food support.
Dramatically	Facetime, WhatsApp phone calls	I think we are OK we are coping best we can
well I trying cope I am support worker but I was of work couple weeks Ii have underline	communication in England abroad. I	all year wrong MP want votes there in same things as us to but should an office

health issues reading seeing news each time became so worried nobody telling u proper truth I had go back work keep me busy .just trying take care myself stay on top of things ..but scary for me I live alone .I speak my parents daily not same seeing them .I fear worry if something happen me who will know .I pray father God to keep me safe as I see too many people die. I don't understand everyone get flu get treated can't find nothing help cure people. Just leave them to die without dignity. Lots nurse doctor die there are who to care for us .some days I cry .if family from abroad call see how I am it is scary haven't to speak about i.e. normally clean my house I become more obsessive in cleaning ..	hate breaking alone here day how people dying	set up at their home if want connect ask question just hear someone voice.as loneliness is my biggest situation as a carer it hard dealing patients dying you got come home to deal with the mental side of things.
Me and my partner work from home and exercise in the park every day. We miss being having our daughter to visit but she works (emergency services) in an office and doesn't want to infect us.	Once set up, working from home has been efficient - but obviously limited. I usually engage with communities and businesses and it is not appropriate to do that now.	We are fine
Restrictions in social interactions, shopping and going to work.	Social distancing. Online food shopping has got easier.	None
I and my husband were both symptomatic.	I am working from home but my husband is not allowed to work from home since he works for NHS Administration team.	I have a small baby and hence need some priority over supermarket shopping/delivery