



Havering

L O N D O N B O R O U G H

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE AGENDA

7.00 pm	Tuesday 13 April 2021	Virtual meeting
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Members 8: Quorum 3

COUNCILLORS:

Nic Dodin
Denis O'Flynn
Christine Smith (Chairman)
Ciaran White

Linda Van den Hende
Michael White (Vice-Chair)
David Durant
Jan Sargent

**For information about the meeting please contact:
Luke Phimister 01708 434619
luke.phimister@onesource.co.uk**

Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.
2. Driving improvement in public services.
3. Holding key local partners to account.
4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

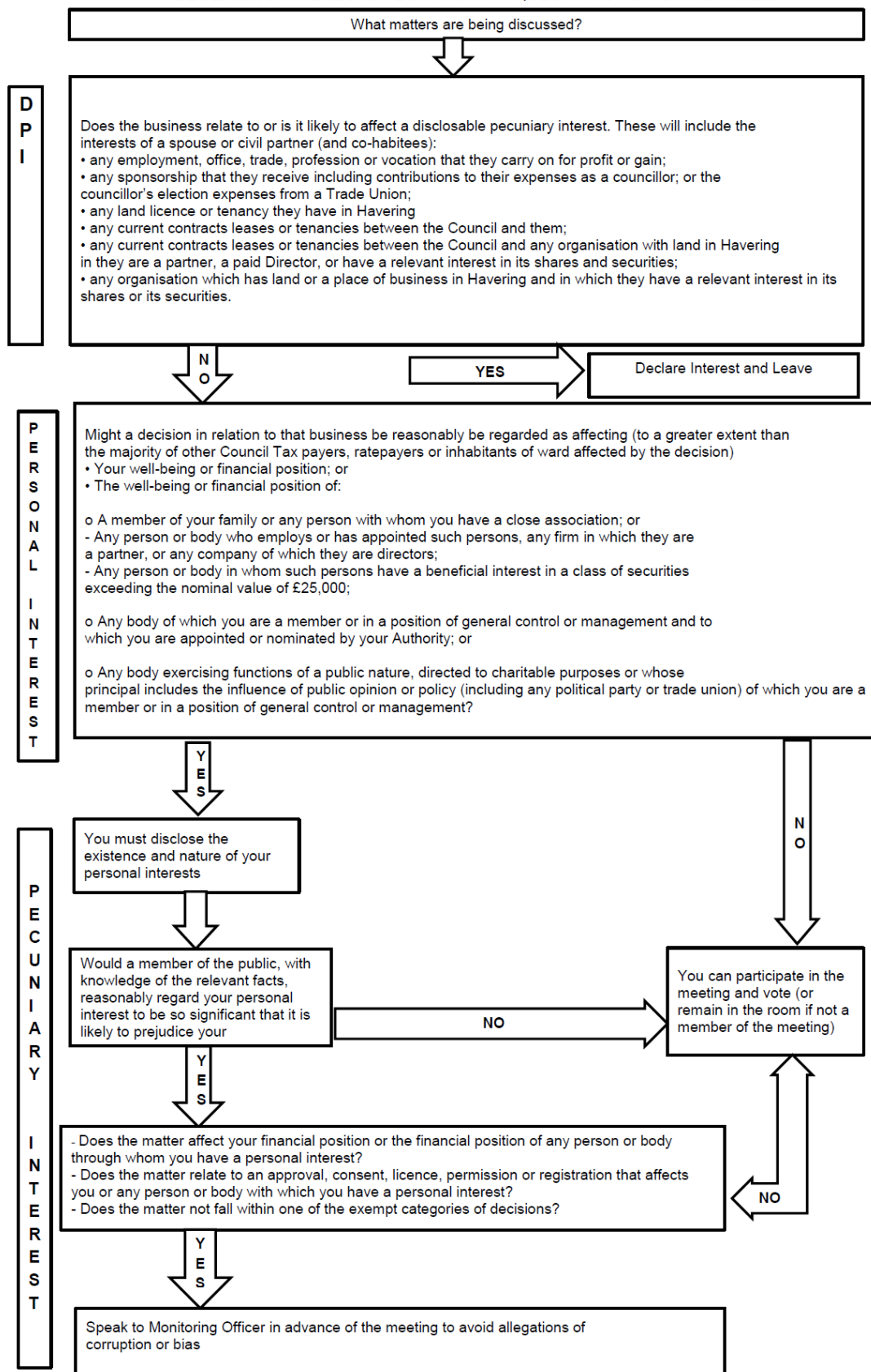
Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

Members may still disclose any interest in an item at any time prior to the consideration of the matter.

4 EXPERIENCES OF DISABLED RESIDENTS DURING THE COVID-19 PANDEMIC (Pages 1 - 76)

Documents from Healthwatch Havering attached

Andrew Beesley
Head of Democratic Services

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Experiences of disabled North East London residents in the Covid-19 pandemic

Questionnaire- printable form





Thank you for agreeing to take part in our questionnaire!

This questionnaire has been created by the local North East London Healthwatch (Tower Hamlets, Hackney, City of London, Newham, Waltham Forest, Redbridge, Barking and Dagenham, and Havering) in partnership with the East London Health and Care Partnership (the eight councils and 12 NHS organisations in East London).

This questionnaire is for anybody with a physical or mental impairment that has a substantial and long-term effect on your ability to do normal daily activities; whether you think of yourself as disabled or not.

We want to understand disabled residents' experience of health and social care services during the Covid-19 pandemic to address any challenges they may be facing now and to plan future services. Your answers are strictly confidential; you will not be required to provide your name or identifiable personal data. The results of this questionnaire will be shared with community partners such as hospital trusts, local authorities and Clinical Commissioning Groups, in an entirely anonymised format from which respondents cannot be personally identified. We hope that this will reassure you that you can be as honest as you wish without fear of any consequences in terms of the services you receive.

We do, however, want to involve participants in developing the recommendations from the questionnaire and let you know what difference they make. At the end of the questionnaire we will ask you to provide your contact details. You do not have to submit them, and you can still take part if you choose not to do so. These details will never be shared outside of our organisation.

The questionnaire will take approximately 20 minutes to complete. As an appreciation of your time anyone who completes the questionnaire and leaves their details will go into the draw to win a £200 Amazon voucher or one of the three £100 vouchers.

If you would like an Easy Read copy of the questionnaire or would like help with completing the questionnaire please don't hesitate to contact us:

Telephone: 0800 145 5343

Email: info@healthwatchtowerhamlets.co.uk





1. Which borough do you live in?

- ☐ Barking and Dagenham
 ☐ City of London
 ☐ Hackney
 ☐ Havering
☐ Newham
 ☐ Redbridge
 ☐ Tower Hamlets
 ☐ Waltham Forest

End questionnaire if none of these

2A. Do you consider yourself disabled/someone who has an impairment?

- ☐ Yes
 ☐ No

2B. Do you have any of the below?

Please check all that applies

- ☐ Mobility issues (including wheelchair and scooter users)
☐ Upper limb or back problems or repetitive strain injury
☐ Chronic pain affecting your day to day life
☐ Other physical disability or impairment
☐ Motor or coordination disorder, including severe dyspraxia
☐ Autism Spectrum Disorder (including Asperger Syndrome)
☐ Autism Spectrum Disorder (including Asperger Syndrome)
☐ Blind or partially sighted
☐ Deaf or hard of hearing
☐ A severe long-term condition
 (eg multiple sclerosis, parkinson's, ME/CFS, cancer, HIV, epilepsy)
☐ A long term condition that makes me extremely vulnerable to Covid-19
 (eg severe asthma, heart or lung disease)
☐ Mental health issues affecting your day to day life
☐ Any other disabilities, including unseen ones; any other
 impairments or long-term conditions.

Please specify

- ☐ None of these

End questionnaire if "No" to 2A AND "None of these" to 2B



2C. In no more than two sentences, please tell us a bit about the nature of your disability, impairment or long-term condition; how it impacts your daily life and how you manage it.

2D. Which of the following describes your situation?

- ☐ I rarely or never leave my home; this is because I am shielding since the start of the pandemic.
- ☐ I rarely or never leave my home; this is because of my disability or long-term conditions and I would still be in a similar situation without the pandemic.
- ☐ I am able to leave my home on a reasonably regular basis.

2E. Do you receive any help with personal care, such as washing and dressing yourself?

☐ Yes ☐ No

2E1. If yes, from whom?

Please check all that applies

- ☐ My partner ☐ My children aged under 18 ☐ My adult children
- ☐ Other family members ☐ Friends/ neighbours
- ☐ Professional carers or assistants

Staying informed in the Covid-19 pandemic

3A. Where have you usually received information about your health and social care during the COVID-19 pandemic?

Please check all that applies

- ☐ TV
 ☐ Radio
 ☐ Newspapers
 ☐ NHS website
 ☐ Government website
 ☐ Charity website
 ☐ Other website
 ☐ Social media
 ☐ Official letter from the Government or NHS
 ☐ Official SMS from the Government or NHS
 ☐ Friends and family
 ☐ Health professionals you see regularly (such as your GP or district nurse)
 ☐ Social care professionals you see regularly (such as your carer or social worker)
 ☐ Other _____

3B. Have you received any information about....

YES and it was easy to access/ understand	YES but it was difficult to access/ understand	NO	Not sure
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Staying healthy and safe
in the Covid-19 pandemic

☐
☐
☐
☐

Changes to health services
in the Covid-19 pandemic

☐
☐
☐
☐

Changes to social care
in the Covid-19 pandemic

☐
☐
☐
☐

Shielding if you are
extremely vulnerable

☐
☐
☐
☐

Self-isolating if you have
been exposed to Covid-19

☐
☐
☐
☐

Social distancing

☐
☐
☐
☐

Mask wearing

☐
☐
☐
☐

Getting tested for Covid19

☐
☐
☐
☐

NHS Test and Trace

☐
☐
☐
☐

The Covid-19 vaccine

☐
☐
☐
☐



3B1. If you found information about any of the above difficult to access or understand, what issues did you encounter?

Please check all that applies

- ☐ Text is too small
 ☐ No BSL interpreter
 ☐ No subtitles
 ☐ No Braille
- ☐ Format is incompatible with my accessibility software
 ☐ Language is too complicated
- ☐ Don't understand English/ no info in a language I can speak
- ☐ The person giving information spoke too fast
 ☐ Website is too complicated
- ☐ Not enough information
 ☐ Too much information
 ☐ Something else....?

3C. Do you have any suggestions on how to make these messages more accessible for you?

If you have any examples of public interest communications (Covid-related or not) that have been useful for please tell us what they were.



Experience of the Covid-19 pandemic

4. Please describe how you think COVID-19 has impacted on your daily life. Eg, your routine and your mental wellbeing.

Is there anything in particular, that you have stopped doing in your normal daily or weekly routine because of the pandemic? If yes, what was it and why?

5. When you are offered the Covid-19 vaccine, will you have it?

- ☐ Yes, I would ☐ Yes, I already had at least one dose ➡ GO TO QUESTION 5B
- ☐ No, I would not ➡ GO TO QUESTION 5A
- ☐ Not sure, haven't decided yet ➡ GO TO QUESTION 5B

5A. Why is it that you would not have the vaccine?
What are your concerns about it?

➡ After 5A, skip to Question 6- "EXPERIENCE OF COVID-19"



The Covid-19 vaccine

5B. How would you prefer to receive information about the vaccine and about how to obtain it?

- ☐ Phone
 ☐ Email
 ☐ Letter
 ☐ Text message
 ☐ Video call
 ☐ Face to face
 ☐ Other _____

5C. Who would you like to receive this information from?

e.g. your GP, an official Government communication, a trusted person in your community.

5D. How can we make sure that information about the Covid-19 vaccine is accessible and easy to understand for people with your impairment?

5E. How can we make sure that Covid-19 vaccination sites are accessible for people with your impairment?

5F. Do you have any other concerns or comments about the Covid-19 vaccine?

Including any concerns about the vaccine itself, its distribution, access to it and communication about it.



Experience of Covid-19

6. Have you had Covid-19?

- ☐ Yes, I had a positive test and went to hospital.
- ☐ Yes, I had a positive test but did not need hospitalisation/ I stayed at home.
- ☐ Possibly, I had Covid-19 symptoms but I was not tested.
- ☐ No, I never experienced Covid-19 symptoms → [GO TO QUESTION 7 - GP SURGERY](#)

6A. If you had or may have had Covid-19, please tell us about your experience getting medical care and/or advice for it.

Including from the NHS 111 advice line, your GP, hospital etc.



Your GP surgery

7. Have you seen your GP or contacted your GP surgery since the start of the pandemic?

☐ Yes

☐ No → GO TO QUESTION 8 - HOSPITAL SPECIALISTS AND OUTPATIENTS

7A. Since the beginning of the COVID-19 pandemic, getting the care you have needed from your GP surgery has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

7B. Why do you feel this way? What changes, positive and negative, have you noticed in your GP surgery?

- Would you like to see any of these changes kept after the end of the pandemic?
- How can we make sure that GP services work for you?

7C. Since the start of the COVID-19 pandemic, have you done any of the following?

Please check all that applies.

- ☐ Filed an e-consult form online to receive a telephone call from a GP or practice nurse.
- ☐ Had an online consultation with a GP or practice nurse (via web chat, email or video call).
- ☐ Had a telephone consultation with a GP or practice nurse.
- ☐ Booked online an appointment with a GP or practice nurse.
- ☐ Ordered a repeat prescription online.
- ☐ Used any other online service with your GP surgery

Please specify

7D. What is your GP surgery? Leave blank if you prefer not to say



Hospital specialists and outpatients

8. Do you regularly see any hospital-based health professionals, such as consultants, physiotherapists, specialist nurses?

☐ Yes

☐ No → *GO TO QUESTION 9 - MENTAL HEALTH*

8A. Which health professionals do you see and how often?

If you are comfortable disclosing it, please also mention which hospital they are based at.

8B. Since the beginning of the COVID-19 pandemic, getting the care you have needed from hospital-based services has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

8C. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that hospital services work for you?*



8D. Since the start of the COVID-19 pandemic, have you done any of the following?

Please check all that applies.

- ☐ Had an online consultation with my consultant or other hospital-based professional (via web chat, email or video call).
- ☐ Had a telephone consultation with my consultant or other hospital-based professional
- ☐ Booked online an appointment with my consultant or other hospital-based professional
- ☐ Used any other online service with the hospital

Please specify

8E. Were any of your regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes ☐ No ☐ Can't remember

8F. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

- ☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember
- ☐ Not applicable/ I did not experience delays or cancellations

8G. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

- ☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
- ☐ No, I did not. ☐ Not sure/ can't remember.
- ☐ Not applicable/ I did not experience delays or cancellations.



Mental health

9. Since the start of the pandemic, did you see any mental health professionals such as psychotherapists, psychiatrists or mental health nurses??

☐ Yes, I did

☐ No, but I received mental health treatment and/or advice from my GP

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

☐ No; I believe I need mental health services but I was unable to access them

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

☐ No; and I don't think I need mental health services.

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

9A. Which mental health professionals do you see and how often?

9B. The mental health professionals you see are from...

Please check all that applies.

☐ An NHS hospital ☐ An NHS community mental health team (CMHT)

☐ An NHS psychotherapy/ counselling service

☐ A school or university psychotherapy/ counselling service

☐ My GP ☐ A private practice or health service

☐ Other *Please specify*

9C. Since the beginning of the COVID-19 pandemic, getting the care you have needed for your mental health has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know



9D. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that mental health services work for you?*

9E. Since the start of the COVID-19 pandemic, have you done any of the following? *Please check all that applies.*

- ☐ Had a psychotherapy session online (via web chat or video call).
- ☐ Had a psychotherapy session over the phone.
- ☐ Had an online consultation with a psychiatrist or mental health nurse (via web chat, email or video call)
- ☐ Had a telephone consultation with a psychiatrist or mental health nurse
- ☐ Booked online an appointment with a mental health professional
- ☐ Used an app or website for my mental health or wellbeing
- ☐ Used any other online service for my mental health

Please specify

9F. Were any of your regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes ☐ No ☐ Can't remember

9G. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

- ☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember
- ☐ Not applicable/ I did not experience delays or cancellations

9H. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

- ☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
- ☐ No, I did not. ☐ Not sure/ can't remember.
- ☐ Not applicable/ I did not experience delays or cancellations.



Community health services

10. Do you regularly see community health professionals?
e.g. district nurses, chiropodists, occupational therapists etc.

☐ Yes

☐ No → GO TO QUESTION 11 - CARE AT HOME

10A. Which community health professionals do you see and how often?
e.g. district nurses, chiropodists, occupational therapists

10B. Since the beginning of the COVID-19 pandemic, getting the care you have needed from community health professionals has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

10C. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- Would you like to see any of these changes kept after the end of the pandemic?
- How can we make sure that community health services work for you?



10D. If these professionals visit your home, how safe do you feel with this during the COVID-19 pandemic?

- ☐ Very safe
 ☐ Quite safe
 ☐ Not very safe
 ☐ Not at all safe
☐ N/a, I don't receive healthcare at home

10E. Were the professionals visiting your home provided with adequate PPE during the pandemic?

- ☐ Yes, as soon as the pandemic started
☐ Yes, but only after some time
☐ No, they were not
☐ N/a, I don't receive healthcare at home

10F. Were any of your regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes
 ☐ No
 ☐ Can't remember

10G. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

- ☐ Yes, a great deal
 ☐ Yes, a little
 ☐ No, not at all
 ☐ Not sure/ can't remember
☐ Not applicable/ I did not experience delays or cancellations

10H. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

- ☐ Yes, and I found it useful.
 ☐ Yes, but I did not find it useful.
☐ No, I did not.
 ☐ Not sure/ can't remember.
☐ Not applicable/ I did not experience delays or cancellations.



Domiciliary care

11. Do you regularly receive visits from professional carers or personal assistants at home?

☐ Yes

☐ No → GO TO QUESTION 12 - DAY CENTRE

11A. How often do you receive care or help from professional/paid carers in your own home?

11B. What kind of things do carers help you with?

e.g. dressing, washing myself, cleaning, cooking

11C. Since the beginning of the COVID-19 pandemic, getting the care you have needed from your carers has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

11D. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that domiciliary care services work for you?*



11E. How safe do you feel with carers coming into your home during the COVID-19 pandemic?

☐ Very safe ☐ Quite safe ☐ Not very safe ☐ Not at all safe

11F. Were carers visiting your home provided with adequate PPE during the pandemic?

☐ Yes, as soon as the pandemic started
☐ Yes, but only after some time
☐ No, they were not
☐ N/a, I don't receive healthcare at home

11G. Were any of your care appointments cancelled or delayed because of COVID-19?

☐ Yes ☐ No ☐ Can't remember

11H. If your appointments or treatment sessions were cancelled or delayed, did this affect your health and wellbeing?

☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember
☐ Not applicable/ I did not experience delays or cancellations

11I. If your appointments or treatment sessions were cancelled or delayed, did you receive any alternative treatments or advice on how to manage your health in the meantime?

☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
☐ No, I did not. ☐ Not sure/ can't remember.
☐ Not applicable/ I did not experience delays or cancellations.



Day centre

12. Do you attend a day centre?

- ☐ Yes, and it is still open during the pandemic
 - ➔ GO TO QUESTION 12.1 - DAY CENTRE CURRENTLY OPEN
- ☐ I used to, but it's currently closed
 - ➔ GO TO QUESTION 12.2 - DAY CENTRE CURRENTLY CLOSED
- ☐ No, I do not
 - ➔ GO TO QUESTION 13- TECHNOLOGY AND ADAPTATIONS





Day centre currently open

12.1A Since the beginning of the COVID-19 pandemic, attending your day centre has been...

- ☐ Much easier
 ☐ Somewhat easier
 ☐ About the same
☐ Somewhat harder
 ☐ Much harder
 ☐ Don't know

12.1B Why do you feel this way? What changes, positive and negative, have you noticed in your day centre?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that your day centre works for you?*

12.1C Is your day centre doing activities online nowadays?

- ☐ Yes, and I take part
☐ Yes, but I do not take part
☐ No
☐ Not sure

12.1D How safe do you feel attending your day centre during the COVID-19 pandemic?

- ☐ Very safe
 ☐ Somewhat safe
 ☐ Not very safe
 ☐ Not at all safe

➔ AFTER THIS SECTION GO TO QUESTION 13- TECHNOLOGY AND ADAPTATIONS



Day centre currently closed

12.2A For how long has your day centre been closed?

12.2B Were you informed about the day centre's closure?

☐ Definitely ☐ To some extent ☐ Not at all

12.2C Is your day centre doing activities online nowadays instead?

- ☐ Yes, and I take part
- ☐ Yes, but I do not take part
- ☐ No
- ☐ Not sure

12.2D Did the closure of your day centre affect your health and wellbeing?

☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember

12.2E If you feel like the closure of your day centre affected you- in what way was that?

12.2F Did you receive any advice or support on how to manage while the day centre was closed?

☐ Yes, and I found it useful. ☐

☐ No, I did not. ☐ Not sure/ can't remember.

12.2G Did you receive any extra care or other forms of respite during the closure of your day centre?

☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.

☐ No, I did not. ☐ Not sure/ can't remember.



Technology and adaptations

13 Are there any devices, technologies or adaptations that you use to manage your disabilities in your daily life? If yes, what are they?

e.g wheelchair, walking stick, bathroom rails, hearing aid, Braille display, screen reader app

13A Has the Covid-19 pandemic impacted your ability to obtain, access or use any of the devices, technologies or adaptations you need? If yes, in which way?



About you

This helps us to make sure that we are hearing the views of a wide range of disabled people so that services can be designed to meet their needs. It is completely anonymous.

14. What gender do you identify as?

☐ Male ☐ Female ☐ Other _____

15. What ethnicity do you identify as?

White:

- ☐ British ☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐ Irish Traveler
☐ Roma ☐ Polish ☐ Turkish/ Turkish Cypriot ☐ Greek/ Greek Cypriot ☐ Romanian
☐ Bulgarian ☐ Italian ☐ Kurdish ☐ Other Eastern European ☐ Other Western European
☐ European- mixed or other ☐ North American ☐ Australian or New Zealander ☐ Other

Asian:

- ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Chinese ☐ Vietnamese ☐ Nepali
☐ Sri Lankan Tamil ☐ Sri Lankan Sinhalese ☐ Sri Lankan Other ☐ Japanese
☐ Korean ☐ Malay ☐ Thai ☐ Other

Black:

- ☐ British ☐ Angolan ☐ Caribbean ☐ Congolese ☐ Ghanaian ☐ Nigerian
☐ Sierra Leonean ☐ Somali ☐ Sudanese ☐ Other

Mixed:

- ☐ White and Black African ☐ White and Caribbean ☐ White and Asian ☐ Other

Other:

- ☐ Afghan ☐ Lebanese ☐ Moroccan ☐ Egyptian ☐ Libyan ☐ Iraqi ☐ Yemeni
☐ Arab- other than above ☐ Filipino ☐ Iranian ☐ Kurdish ☐ Latin American
☐ Polynesian ☐ Jewish ☐ Charedi Jewish ☐ Other ethnicity



16. How old are you?

- ☐ Under 18 ☐ 18 to 24 ☐ 25 to 49 ☐ 50 to 64 ☐ 65+

17. At the moment, are you...

- ☐ Working full time ☐ Working part time ☐ Unemployed and looking for jobs
☐ Unemployed and unable to work because of my disability/ long term condition
☐ Retired ☐ Stay at home parent ☐ Carer to another adult
☐ Volunteering/ doing unpaid work ☐ Student

18. Do you share a household with any of the following?

- ☐ Partner ☐ Children under 18 ☐ Adult children ☐ Other family members
☐ Friends/ housemates ☐ Friends/ housemates ☐ Professional carers
☐ No one, I live alone

19. Which of the following devices do you have access to at home?

- ☐ Desktop computer ☐ Laptop ☐ Tablet ☐ Smartphone
☐ Other devices _____ ☐ None of these

20. Do you have access to...?

- ☐ Wi-fi at home ☐ Internet on your phone ☐ None of these

21. How confident do you feel using a device such as a computer, tablet or smartphone to access online services?

- ☐ Very confident ☐ Somewhat confident ☐ Not very confident ☐ Not at all confident



Thank you for taking part in this questionnaire!

22. Do you have any other comments about your health and social care during the last nine months since the pandemic started?



Keep in touch?

Would you like to take part in future research?

This could mean taking part in an in-depth interview or focus group

☐ Yes ☐ No

Would you agree to be asked follow-up questions as part of future research?

For example, about long Covid or about your specific type of impairment

☐ Yes ☐ No

Would you like to take part in our raffle?

☐ Yes ☐ No

Would you like to be informed about the results of this survey and have the opportunity to be involved in developing the recommendations and designing future local services?

☐ Yes ☐ No

If yes to any of the above, please leave us your contact details.

These will be strictly confidential .They will not be used for any other purpose than the raffle and/or inviting you to take part in future research. They will never be passed on to any third party outside of Healthwatch. Unless you have opted in to being asked follow-up questions, your contact details will be stored separately from your survey answers.

You can fill in the questionnaire without giving us your contact details, but you will not be able to take part in our raffle or in future research. If you do not wish to give your contact details, please leave these fields blank.

Your name

Your phone number

Your email address



Easy read questionnaire for disabled residents





The NHS and local Healthwatch want to make sure you are getting the information you need about Covid.



We also want to know what difference any changes to your care are having on your life.



Question 1:

Is it OK for Healthwatch to use your answers?

☐

YES *Go to Question 2*

☐

NO *End the survey here*



Question 2 :

What borough do you live in?

The borough is the same as your local council.



Question 3A :

Do you have a physical disability?

For example, it's difficult to use your arms or legs.

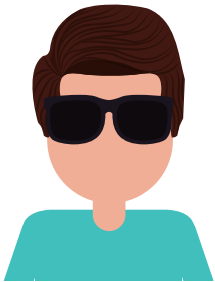
☐ YES ☐ NO



Question 3B :

**Do you have a learning disability,
or a learning difficulty like dyslexia or ADHD?**

☐ YES ☐ NO



Question 3C :

Are you blind or partially sighted?

☐ YES ☐ NO



Question 3D :

Are you deaf or hard of hearing?

☐ YES ☐ NO



Question 3E :

**Do you have another disability or
long-term illness?**

☐ YES ☐ NO

If yes, what is it?



Question 4:

Does someone help you with things like getting dressed, washing or cooking?

☐ YES ☐ NO

If NO, go to question 5

Question 4A

If yes, who?



☐ My mum, dad or other family

☐ My partner

☐ My children under 18

☐ Friends

☐ Paid carers

Question 5

Nowadays, do you...

☐ Only leave home when you really have to, because of COVID.

☐ Only leave home when you really have to, because of your disability.

☐ Leave home when you want to.





Question 6

Did you get any information about your health and care and Covid?

☐ YES ☐ NO

If NO, go to question 6A



Question 6A

If yes, from whom?



☐ Friends and family



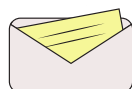
☐ Someone like your doctor or carer



☐ TV, radio, newspapers



☐ Internet



☐ Letter from the Government or NHS



☐ Text from the Government or NHS



☐ Other (please say what)



Question 7

How would you like to find out about Covid and the Covid vaccine?



☐ Phone



☐ Text message



☐ Letter



☐ Email



☐ Video call



☐ Face to face



☐ Other



Question 8

Have you had any information about...



GOOD
I could
understand it



BAD
I couldn't
understand



No
information



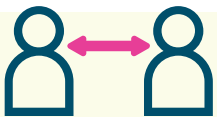
How to stay safe
in the pandemic

☐☐☐

Changes to your
healthcare

☐☐☐

Changes to your
home care

☐☐☐

Staying away from
other people

☐☐☐

Wearing a mask

☐☐☐

What to do if
you think you
have COVID

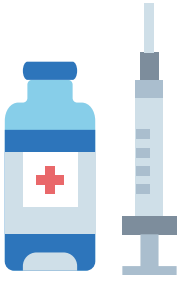
☐☐☐

How to get a
COVID test

☐☐☐

How to get a
COVID vaccine

☐☐☐



Question 9A

Do you want to have the Covid vaccine?

☐

Yes

☐

No

☐

Don't know

Question 9B

If no, why not?



Question 10

How did your daily life change because of Covid and the lockdown?



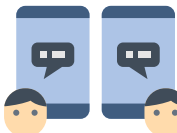
Can you still see your friends?

☐

Yes

☐

No



Do you talk to your friends on the phone/ online?

☐

Yes

☐

No



Can you still see your carers?

☐

Yes

☐

No

☐

I don't have carers



Do you feel sad or worried?

☐

Yes

☐

No



Anything else?



Question 11

Have you had Covid?

- ☐ Yes and I went to the hospital
- ☐ Yes and I stayed at home
- ☐ No

If not, go to page 9



Question 11A

If you had Covid, tell us about any doctors or nurses who took care of you or talked to you



Were they nice to you?

- ☐ Yes
- ☐ No



Did you have to wait a long time to talk to them?

- ☐ Yes
- ☐ No



Did you understand what they told you?

- ☐ Yes
- ☐ No



Anything else?



Question 12

Did you see your GP recently?

☐ Yes ☐ No

If not, go to page 10



Question 12A

How did you talk to your GP?



☐ Telephone



☐ Online



☐ In person

Question 12B

Please tell us about your GP!



Is your GP nice to you?



☐ Yes ☐ Sometimes ☐ No

Do you have to wait a long time to talk to them?



☐ Yes ☐ Sometimes ☐ No

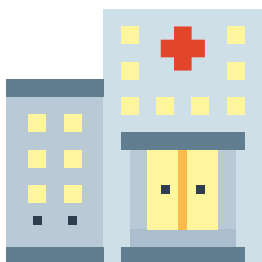
Do you understand what they tell you?



☐ Yes ☐ Sometimes ☐ No



Anything else?



Question 13

Did you see a doctor or nurse in a hospital recently?

☐ Yes ☐ No

If not, go to page 11



Question 13A

How did you talk to them?

☐

Telephone

☐

Online

☐

In person

Question 13B

Please tell us about the doctors and nurses at the hospital!

Are they nice to you?

☐

Yes

☐

Sometimes

☐

No

Do you have to wait a long time to talk to them?

☐

Yes

☐

Sometimes

☐

No

Do you understand what they tell you?

☐

Yes

☐

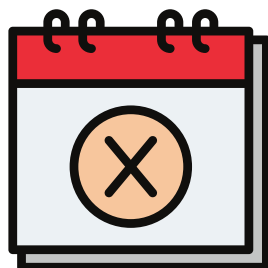
Sometimes

☐

No



Anything else?



Question 13C

Were any appointments cancelled?

☐

Yes

☐

No

If yes, how much did it bother you?



Not at all

☐

A little

☐

A lot

☐

Page 36



Question 14

Did you see a therapist or a doctor for your mental health recently?

☐ Yes ☐ No

If not, go to page 12



Question 14A

How do you talk to them?

☐

Telephone

☐

Online

☐

In person

Question 14B

Please tell us about the professionals who help with your mental health!



Are they nice to you?

☐

Yes

☐

Sometimes

☐

No



Do you have to wait a long time to talk to them?

☐

Yes

☐

Sometimes

☐

No



Do you understand what they tell you?

☐

Yes

☐

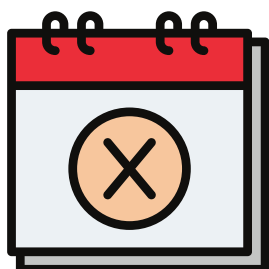
Sometimes

☐

No



Anything else?



Question 14C

Were any appointments cancelled?

☐

Yes

☐

No

If yes, how much did it bother you?



Not at all

☐

A little

☐

A lot

☐



Question 15

Do nurses come to your home to look after your health?

☐ Yes ☐ No

If not, go to page 13



Question 15A

Do nurses wear masks and gloves?

☐ Always ☐ Sometimes ☐ Never

Question 15B

Please tell us about the nurses who come to your home!



Are they nice to you?

☐ Yes ☐ Sometimes ☐ No



Do they come to your house on time?

☐ Yes ☐ Sometimes ☐ No



Do you understand what they tell you?

☐ Yes ☐ Sometimes ☐ No

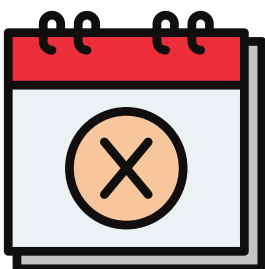


Anything else?

Question 15C

Were any appointments cancelled?

☐ Yes ☐ No



If yes, how much did it bother you?



Not at all

☐

A little

☐ Page 38

A lot

☐



Question 16

Do paid carers come to your home to help you?

☐ Yes ☐ No

If not, go to page 14



Question 16A

Do carers wear masks and gloves?

☐ Always ☐ Sometimes ☐ Never

Question 16B

Please tell us about your carers!



Are they nice to you?

☐ Yes ☐ Sometimes ☐ No



Do they come to your house on time?

☐ Yes ☐ Sometimes ☐ No



Do you understand what they tell you?

☐ Yes ☐ Sometimes ☐ No



Anything else?

Question 16C

Were any appointments cancelled?

☐ Yes ☐ No

If yes, how much did it bother you?



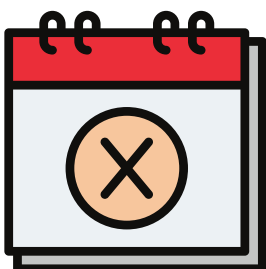
Not at all

☐

A little

☐

A lot

☐



Question 17

Do you go to a day centre?

- ☐ Yes → Go to page 15
- ☐ I did, but now it closed → Go to page 16
- ☐ No → Go to page 17



Question 18A

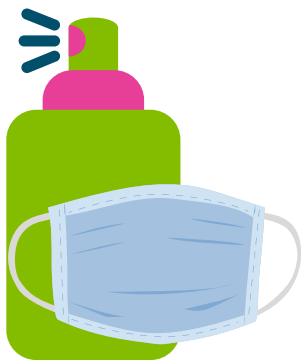
How is the help you get from your day centre?



Very good	Good	OK	Not good	Bad	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 18B

Is your day centre doing things differently because of Covid? How?



Do you have to go less often than before?

☐ Yes ☐ No



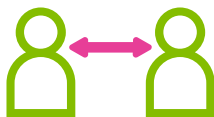
Are there activities you can't do anymore?

☐ Yes ☐ No



Do you have to wear a mask?

☐ Yes ☐ No

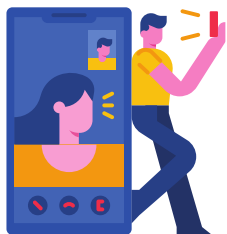


Do you have to stay away from people?

☐ Yes ☐ No



Anything else?



Question 18C

Is your day centre doing things online or on the phone during lockdown?

☐ Yes ☐ No ☐ Don't know

If yes, do you ever participate?

☐ Yes ☐ No



Question 19A

For how long has the day centre been closed?

Question 19B

How much does it bother you that the day centre is closed?



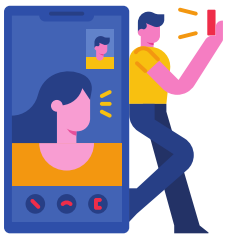
Not at all

☐

A little

☐

A lot

☐

Question 19C

Is your day centre doing things online or on the phone instead since it closed?

☐

Yes

☐

No

☐

Don't know

If yes, do you ever participate?

☐

Yes

☐

No



Question 19D

Did you receive any extra help (such as carers at home or advice) since your day centre closed?



YES
and it was
useful

☐

YES
but it was
not useful

☐

No extra
help

☐

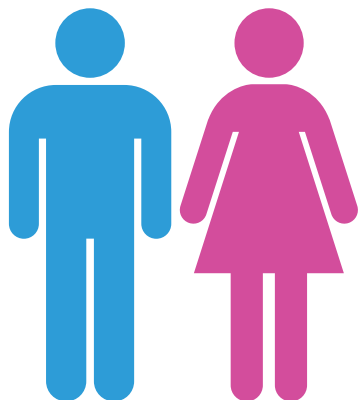


Question 20

Do you want to tell us anything else about your life and your care?



We just need to ask a bit about you to make sure we are talking to all sorts of people.

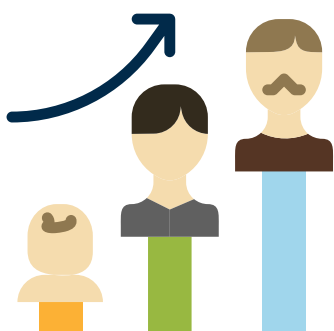


Question 21

What is your gender?

☐ Male ☐ Female

☐ Other



Question 22

How old are you?



Question 23

Are you...



☐ Going to work



☐ Looking for jobs



☐ Going to school



☐ None of these

Page 44

Question 24

Are you...

☐

African

☐

Arab

☐

Asian British

☐

Bangladeshi

☐

Black British

☐

Caribbean

☐

Gypsy or Irish Traveller

☐

Indian

☐

Pakistani

☐

White British

☐

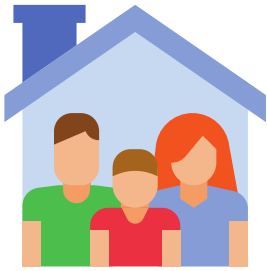
Any other white background

☐

Any mixed background

☐

Other



Question 25

Who do you live with at home?



☐ My parents/ siblings/ relatives



☐ My partner



☐ My children under 18



☐ My grown up children



☐ My friends



☐ Paid carers



☐ I live alone

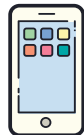


Question 26

Do you have these at home?



☐ Computer or laptop



☐ Smartphone



☐ Internet

Question 27

Do you know how to use the internet?



Very well

☐

A little

☐

Not at all

☐



Thank you very much
for telling us
what you think!



Can we ask you some more
questions later?

☐ Yes ☐ No

Can we talk to you about
what you told us now?

☐ Yes ☐ No



Do you want to take part in a
raffle to win an Amazon voucher?

☐ Yes ☐ No

Please leave us your contact details!



Name



Phone



E-mail

*You don't have to, but we need them for
the raffle or if you want to talk again!*

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Experiences of disabled North East London residents in the Covid-19 pandemic *Carers' Questionnaire- printable form*





Thank you for agreeing to take part in our questionnaire!

This questionnaire has been created by the local North East London Healthwatch (Tower Hamlets, Hackney, City of London, Newham, Waltham Forest, Redbridge, Barking and Dagenham, and Havering) in partnership with the East London Health and Care Partnership (the eight councils and 12 NHS organisations in East London).

Please fill in this questionnaire if you look after somebody who would not be able to answer questions themselves- for example if you are the parent of a disabled young child, the carer for someone with a severe learning disability or dementia.

If the person you are caring for could answer the questions with assistance, please assist them to fill in the general or easyread questionnaire for themselves instead, or contact your local Healthwatch and they will be able to provide assistance.

We want to understand disabled residents' experience of health and social care services during the Covid-19 pandemic to address any challenges they may be facing now and to plan future services. Your answers are strictly confidential; you will not be required to provide your name or identifiable personal data. The results of this questionnaire will be shared with community partners such as hospital trusts, local authorities and Clinical Commissioning Groups, in an entirely anonymised format from which respondents cannot be personally identified. We hope that this will reassure you that you can be as honest as you wish without fear of any consequences in terms of the services you receive.

We do, however, want to involve participants in developing the recommendations from the questionnaire and let you know what difference they make. At the end of the questionnaire we will ask you to provide your contact details. You do not have to submit them, and you can still take part if you choose not to do so. These details will never be shared outside of our organisation.

The questionnaire will take approximately 20 minutes to complete. As an appreciation of your time anyone who completes the questionnaire and leaves their details will go into the draw to win a £200 Amazon voucher or one of the three £100 vouchers.

If you would like an Easy Read copy of the questionnaire or would like help with completing the questionnaire please don't hesitate to contact us:

Telephone: 0800 145 5343

Email: info@healthwatchtowerhamlets.co.uk





1A. Are you the carer of a disabled person ?

- ☐ Yes, I am the main carer for a family member or close friend
- ☐ Yes, I regularly help look after a family member or close friend, but I am not the main carer
- ☐ Yes, I regularly help look after a family member or close friend, but I am not the main carer
- ☐ Yes, I am a professional/ paid carer

End questionnaire if none of these

1B. What borough does the person you look after live in?

- ☐ Barking and Dagenham
- ☐ City of London
- ☐ Hackney
- ☐ Havering
- ☐ Newham
- ☐ Redbridge
- ☐ Tower Hamlets
- ☐ Waltham Forest

End questionnaire if none of these

1C. What is your relationship with the person that you look after?

Eg. Child, sibling, friend

2A. Does the person you care for have any of the below?

Please check all that applies

- ☐ Mobility issues (including wheelchair and scooter users)
- ☐ Upper limb or back problems or repetitive strain injury
- ☐ Chronic pain affecting your day to day life
- ☐ Other physical disability or impairment
- ☐ Motor or coordination disorder, including severe dyspraxia
- ☐ Autism Spectrum Disorder (including Asperger Syndrome)
- ☐ Learning disability or difficulties, including ADHD or dyslexia
- ☐ Blind or partially sighted
- ☐ Deaf or hard of hearing
- ☐ A severe long-term condition (eg multiple sclerosis, parkinson's, ME/CFS, cancer, HIV, epilepsy)
- ☐ A long term condition that makes me extremely vulnerable to Covid-19 (eg severe asthma, heart or lung disease)
- ☐ Mental health issues affecting your day to day life
- ☐ Any other disabilities, including unseen ones; any other impairments or long-term conditions.

Please specify



2B. In no more than two sentences, please tell us a bit about the nature of their disability, impairment or long-term condition; how it impacts their daily life and how they manage it/ how you help them manage.

2D. Which of the following describes your situation?

- ☐ They rarely or never leave their home; this is because they are shielding since the start of the pandemic.
- ☐ They rarely or never leave their home; this is because of their disability or long-term conditions and they would still be in a similar situation without the pandemic.
- ☐ They are able to leave their home on a reasonably regular basis.

2E. Do they receive any help with personal care, such as washing and dressing themselves?

Please check all that applies

- ☐ Yes, I help them with this
- ☐ Yes, family members or friends other than me help them with this
- ☐ Yes, professional carers other than me help them with this

Staying informed in the Covid-19 pandemic

3A. Where do you and the person you care for usually receive information about your health and social care during the Covid-19 pandemic?

I have received information from this source

The person I care for has received information from this source

Yes

No

Not sure

Yes

No

Not sure

TV

☐
☐
☐
☐
☐
☐

Radio

☐
☐
☐
☐
☐
☐

Newspapers

☐
☐
☐
☐
☐
☐

NHS website

☐
☐
☐
☐
☐
☐

Govt website

☐
☐
☐
☐
☐
☐

Charity website

☐
☐
☐
☐
☐
☐

Other websites

☐
☐
☐
☐
☐
☐

Social media

☐
☐
☐
☐
☐
☐

Letter from NHS or govt

☐
☐
☐
☐
☐
☐

Text from NHS or govt

☐
☐
☐
☐
☐
☐

Your health professionals

☐
☐
☐
☐
☐
☐

Your social care professionals

☐
☐
☐
☐
☐
☐

Friends and family

☐
☐
☐
☐
☐
☐

Other

Staying informed in the Covid-19 pandemic

3B. Have you or the person that you look after received any information about changes to their healthcare in the Covid-19 pandemic?

- ☐ Myself or other carers/ family members were informed
- ☐ They were informed directly, and the information was accessible to them
- ☐ They were informed directly, but the information was not accessible to them
- ☐ No information was received at all
- ☐ Not sure if any information was received

3C. Have you or the person that you look after received any information about changes to their social care in the Covid-19 pandemic?

- ☐ Myself or other carers/ family members were informed
- ☐ They were informed directly, and the information was accessible to them
- ☐ They were informed directly, but the information was not accessible to them
- ☐ No information was received at all
- ☐ Not sure if any information was received

3B. Have you received any information about....

Yes, they received information accessible and suitable for them

Yes, myself or other carers/ family members helped them understand it

They have access to the info, but it's too difficult for them to understand

No info was offered to them

Not sure

Staying healthy and safe in the Covid-19 pandemic

☐
☐
☐
☐
☐

Shielding if you are extremely vulnerable

☐
☐
☐
☐
☐

Self-isolating if you have been exposed to Covid-19

☐
☐
☐
☐
☐

Social distancing

☐
☐
☐
☐
☐

Mask wearing

☐
☐
☐
☐
☐

Getting tested for Covid19

☐
☐
☐
☐
☐

NHS Test and Trace

☐
☐
☐
☐
☐

The Covid-19 vaccine

☐
☐
☐
☐
☐



3C. Do you have any suggestions on how to make these messages more accessible for the person you are caring for?

Please tell us about any issues that may have caused them to struggle with the information available to them, as well as about any good examples of communication that was accessible for them.



Experience of the Covid-19 pandemic

4. Please describe how you think COVID-19 has impacted on the daily life of the person you care for. e.g. their routine and mental wellbeing.

Is there anything in particular, that they have stopped doing in your normal daily or weekly routine because of the pandemic? If yes, what was it and why?

5A. When you are offered the Covid-19 vaccine, will you have it?

☐ Yes, I would (or already had at least one dose)

☐ No, I would not

☐ Not sure, haven't decided yet

5B. Do you know if the person you are caring for is going to take the vaccine?

☐ Yes, they would (or already had at least one dose)

☐ No, they would not

☐ I don't know

5C. If not, why not?



The Covid-19 vaccine

5C. What would be the best way for the person you care for to receive information about the vaccine and about how to obtain it?

- *Should the information target them directly or their carers?*
- *Are there any tools that would help you, as their carer, talk to them about the vaccine?*
- *How can we make sure that the information is easy to understand and accessible for them?*

5D. How can we make sure that Covid-19 vaccination sites are accessible for the person you care for and other people with their impairment?

5E. Do you have any other concerns or comments about the Covid-19 vaccine?

Including any concerns about the vaccine itself, its distribution, access to it and communication about it.



The Covid-19 vaccine

5B. How would you prefer to receive information about the vaccine and about how to obtain it?

- ☐ Phone
 ☐ Email
 ☐ Letter
 ☐ Text message
 ☐ Video call
 ☐ Face to face
 ☐ Other _____

5C. Who would you like to receive this information from?

e.g. your GP, an official Government communication, a trusted person in your community.

5D. How can we make sure that information about the Covid-19 vaccine is accessible and easy to understand for people with your impairment?



Experience of Covid-19

6. Has the person you care for had Covid-19?

- ☐ Yes, they had a positive test and went to hospital.
- ☐ Yes, they had a positive test but did not need hospitalisation/ stayed at home.
- ☐ Possibly, they had Covid-19 symptoms but were not tested.
- ☐ No, they never experienced Covid-19 symptoms → GO TO QUESTION 7 - GP SURGERY
- ☐ Not sure → GO TO QUESTION 7 - GP SURGERY

6A. If they had or may have had Covid-19, please tell us their or your experience getting medical care and/or advice for it.

Including from the NHS 111 advice line, your GP, hospital etc.



GP surgery

7. Has the person you care for seen their GP or contacted their GP surgery since the start of the pandemic?

Including if you contacted their GP for them

☐ Yes

☐ No → GO TO QUESTION 8 - HOSPITAL SPECIALISTS AND OUTPATIENTS

7A. Since the beginning of the COVID-19 pandemic, getting the care the person you care for has needed from their GP surgery has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

7B. Why do you feel this way? What changes, positive and negative, have you noticed in your GP surgery?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that GP services work for the person you are caring for?*

7C. Since the start of the COVID-19 pandemic, has the person you are caring done any of the following? Or have you done it on their behalf?

Please check all that applies, leave blank if not sure.

- ☐ Filed an e-consult form online to receive a telephone call from a GP or practice nurse.
- ☐ Had an online consultation with a GP or practice nurse (via web chat, email or video call).
- ☐ Had a telephone consultation with a GP or practice nurse.
- ☐ Booked online an appointment with a GP or practice nurse.
- ☐ Ordered a repeat prescription online.
- ☐ Used any other online service with your GP surgery

Please specify

7D. What is their GP surgery? *Leave blank if unsure or you prefer not to say*



Hospital specialists and outpatients

8. Does the person you care for regularly see any hospital-based health professionals, such as consultants, physiotherapists, specialist nurses?

☐ Yes

☐ No → GO TO QUESTION 9 - MENTAL HEALTH

☐ Don't know → GO TO QUESTION 9 - MENTAL HEALTH

8A. Which health professionals do they see and how often?

If you are comfortable disclosing it, please also mention which hospital they are based at.

8B. Since the beginning of the COVID-19 pandemic, getting the care the person you care for has needed from hospital-based services has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

8C. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that hospital services work for the person you care for?*



8D. Since the start of the COVID-19 pandemic, has the person you are caring done any of the following? Or have you done it on their behalf?

Please check all that applies, leave blank if not sure.

- ☐ Had an online consultation with my consultant or other hospital-based professional (via web chat, email or video call).
- ☐ Had a telephone consultation with my consultant or other hospital-based professional
- ☐ Booked online an appointment with my consultant or other hospital-based professional
- ☐ Used any other online service with the hospital

Please specify

8E. Were any of their regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes ☐ No ☐ Don't know

8F. If their appointments or treatment sessions were cancelled or delayed, did this affect their health and wellbeing?

- ☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure
- ☐ Not applicable/ we did not experience delays or cancellations

8G. If their appointments or treatment sessions were cancelled or delayed, did they receive any alternative treatments or advice on how to manage their health in the meantime?

- ☐ Yes, and we found it useful. ☐ Yes, but we did not find it useful.
- ☐ No, we did not. ☐ Not sure/ can't remember.
- ☐ Not applicable/ we did not experience delays or cancellations.



Mental health

9. Since the start of the pandemic, did you see any mental health professionals such as psychotherapists, psychiatrists or mental health nurses??

☐ Yes, they did

☐ No, but they received mental health treatment and/or advice from their GP

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

☐ No; they may have needed mental health services but couldn't access them

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

☐ No; and they didn't need mental health services.

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

☐ Not sure

➔ GO TO QUESTION 10 - COMMUNITY HEALTH PROFESSIONALS

9A. Which mental health professionals do they see and how often?

9B. The mental health professionals they see are from...

Please check all that applies.

☐ An NHS hospital ☐ An NHS community mental health team (CMHT)

☐ An NHS psychotherapy/ counselling service

☐ A school or university psychotherapy/ counselling service

☐ Their GP ☐ A private practice or health service

☐ Other *Please specify*

9C. Since the beginning of the COVID-19 pandemic, getting the care they have needed for their mental health has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know



9D. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that mental health services work for you?*

9E. Since the start of the COVID-19 pandemic, has the person you are caring done any of the following? Or have you done it on their behalf?

Please check all that applies, leave blank if not sure.

- ☐ Had a psychotherapy session online (via web chat or video call).
- ☐ Had a psychotherapy session over the phone.
- ☐ Had an online consultation with a psychiatrist or mental health nurse (via web chat, email or video call)
- ☐ Had a telephone consultation with a psychiatrist or mental health nurse
- ☐ Booked online an appointment with a mental health professional
- ☐ Used an app or website for my mental health or wellbeing
- ☐ Used any other online service for my mental health

Please specify

9F. Were any of their regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes ☐ No ☐ Don't know

9G. If their appointments or treatment sessions were cancelled or delayed, did this affect their health and wellbeing?

- ☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure
- ☐ Not applicable/ we did not experience delays or cancellations

9H. If their appointments or treatment sessions were cancelled or delayed, did they receive any alternative treatments or advice on how to manage their health in the meantime?

- ☐ Yes, and we found it useful. ☐ Yes, but we did not find it useful.
- ☐ No, we did not. ☐ Not sure/ can't remember.
- ☐ Not applicable/ we did not experience delays or cancellations.



Community health services

10. Does the person you care for you regularly see community health professionals?

e.g. district nurses, chiropodists, occupational therapists etc.

☐ Yes

☐ No → GO TO QUESTION 11 - CARE AT HOME

☐ Don't know → GO TO QUESTION 11 - CARE AT HOME

10A. Which community health professionals do they see and how often?

e.g. district nurses, chiropodists, occupational therapists

10B. Since the beginning of the COVID-19 pandemic, getting the care they have needed from community health professionals has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

10C. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that community health services work for them?*



10D. If these professionals visit their home, how safe do you feel with this during the COVID-19 pandemic?

- ☐ Very safe
 ☐ Quite safe
 ☐ Not very safe
 ☐ Not at all safe
☐ Don't know
 ☐ N/a, they don't receive healthcare at home

10E. Were the professionals visiting their home provided with adequate PPE during the pandemic?

- ☐ Yes, as soon as the pandemic started
☐ Yes, but only after some time
☐ No, they were not
☐ Don't know
☐ N/a, they don't receive healthcare at home

10F. Were any of their regular appointments or treatment sessions cancelled or delayed because of COVID-19?

- ☐ Yes
 ☐ No
 ☐ Don't know

10G. If their appointments or treatment sessions were cancelled or delayed, did this affect their health and wellbeing?

- ☐ Yes, a great deal
 ☐ Yes, a little
 ☐ No, not at all
 ☐ Not sure
☐ Not applicable/ we did not experience delays or cancellations

10H. If their appointments or treatment sessions were cancelled or delayed, did they receive any alternative treatments or advice on how to manage their health in the meantime?

- ☐ Yes, and we found it useful.
 ☐ Yes, but we did not find it useful.
☐ No, we did not.
 ☐ Not sure/ can't remember.
☐ Not applicable/ we did not experience delays or cancellations.



Domiciliary care

11. Does the person you care for regularly receive visits from professional carers or personal assistants at home?

☐ Yes

☐ No → GO TO QUESTION 12 - DAY CENTRE

☐ No → GO TO QUESTION 12 - DAY CENTRE

11A. How often do they receive care or help from professional/paid carers in your own home?

11B. What kind of things do carers help them with?

e.g. dressing, washing themselves, cleaning, cooking

11C. Since the beginning of the COVID-19 pandemic, getting the care they have needed from their carers has been...

☐ Much easier ☐ Somewhat easier ☐ About the same

☐ Somewhat harder ☐ Much harder ☐ Don't know

11D. Why do you feel this way? What changes, positive and negative, have you noticed in the service?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that domiciliary care services work for you?*



11E. How safe do you feel with carers coming into their home during the COVID-19 pandemic?

☐ Very safe ☐ Quite safe ☐ Not very safe ☐ Not at all safe ☐ Not sure

11F. Were carers visiting their home provided with adequate PPE during the pandemic?

☐ Yes, as soon as the pandemic started
☐ Yes, but only after some time
☐ No, they were not
☐ Not sure

11G. Were any of their care appointments cancelled or delayed because of COVID-19?

☐ Yes ☐ No ☐ Can't remember

11H. If their appointments were cancelled or delayed, did this affect their health and wellbeing?

☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure
☐ Not applicable/ we did not experience delays or cancellations

11I. If their appointments were cancelled or delayed, did they, you or other family members receive any alternative treatments or advice on how to manage your health in the meantime?

☐ Yes, and we found it useful. ☐ Yes, but we did not find it useful.
☐ No, we did not. ☐ Not sure/ can't remember.
☐ Not applicable/ we did not experience delays or cancellations.

Day centre

12. Does the person you care for attend a day centre?

- ☐ Yes, and it is still open during the pandemic
 - ➔ GO TO QUESTION 12.1 - DAY CENTRE CURRENTLY OPEN
- ☐ They used to, but it's currently closed
 - ➔ GO TO QUESTION 12.2 - DAY CENTRE CURRENTLY CLOSED
- ☐ No, they do not
 - ➔ GO TO QUESTION 13- TECHNOLOGY AND ADAPTATIONS





Day centre currently open

12.1A Since the beginning of the COVID-19 pandemic, attending your day centre has been...

- ☐ Much easier
 ☐ Somewhat easier
 ☐ About the same
☐ Somewhat harder
 ☐ Much harder
 ☐ Don't know

12.1B Why do you feel this way? What changes, positive and negative, have you noticed in the day centre?

- *Would you like to see any of these changes kept after the end of the pandemic?*
- *How can we make sure that the day centre works for the person you care for?*

12.1C Is the day centre doing activities online nowadays?

- ☐ Yes, and they take part
☐ Yes, but they do not take part
☐ No
☐ Not sure

12.1D How safe do you feel with the person you care for attending their day centre during the COVID-19 pandemic?

- ☐ Very safe
 ☐ Somewhat safe
 ☐ Not very safe
 ☐ Not at all safe
 ☐ Don't know



AFTER THIS SECTION GO TO QUESTION 13- TECHNOLOGY AND ADAPTATIONS



Day centre currently closed

12.2A For how long has their day centre been closed?

12.2B Were you, the person you care for or other family members informed about the day centre's closure?

☐ Definitely ☐ To some extent ☐ Not at all

12.2C Is the day centre doing activities online nowadays instead?

- ☐ Yes, and they take part
☐ Yes, but they do not take part
☐ No
☐ Not sure

12.2D Did the closure of the day centre affect their health and wellbeing?

☐ Yes, a great deal ☐ Yes, a little ☐ No, not at all ☐ Not sure/ can't remember

12.2E If you feel like the closure of your day centre affected you or the person you care for- in what way was that?

12.2F Did you, they or other family members receive any advice or support on how to manage while the day centre was closed?

☐ Yes, and we found it useful. ☐ Yes, but we did not find it useful.
☐ No, I did not. ☐ Not sure/ can't remember.

12.2G Did you, they or other family members receive any extra care or other forms of respite during the closure of the day centre?

☐ Yes, and I found it useful. ☐ Yes, but I did not find it useful.
☐ No, I did not. ☐ Not sure/ can't remember.



Technology and adaptations

13 Are there any devices, technologies or adaptations that the person you care for uses to manage their disabilities in your daily life? If yes, what are they?

e.g wheelchair, walking stick, bathroom rails, hearing aid, Braille display, screen reader app. Please include any such devices/adaptations that you or other family members use to support them.

13A Has the Covid-19 pandemic impacted their ability to obtain, access or use any of the devices, technologies or adaptations they need? If yes, in which way?



About you

This helps us to make sure that we are hearing the views of a wide range of disabled people so that services can be designed to meet their needs. It is completely anonymous.

14. What gender is the person you are caring for?

☐ Male ☐ Female ☐ Other _____

15. What ethnicity are they?

White:

- ☐ British ☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐ Irish Traveler
☐ Roma ☐ Polish ☐ Turkish/ Turkish Cypriot ☐ Greek/ Greek Cypriot ☐ Romanian
☐ Bulgarian ☐ Italian ☐ Kurdish ☐ Other Eastern European ☐ Other Western European
☐ European- mixed or other ☐ North American ☐ Australian or New Zealander ☐ Other

Asian:

- ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Chinese ☐ Vietnamese ☐ Nepali
☐ Sri Lankan Tamil ☐ Sri Lankan Sinhalese ☐ Sri Lankan Other ☐ Japanese
☐ Korean ☐ Malay ☐ Thai ☐ Other

Black:

- ☐ British ☐ Angolan ☐ Caribbean ☐ Congolese ☐ Ghanaian ☐ Nigerian
☐ Sierra Leonean ☐ Somali ☐ Sudanese ☐ Other

Mixed:

- ☐ White and Black African ☐ White and Caribbean ☐ White and Asian ☐ Other

Other:

- ☐ Afghan ☐ Lebanese ☐ Moroccan ☐ Egyptian ☐ Libyan ☐ Iraqi ☐ Yemeni
☐ Arab- other than above ☐ Filipino ☐ Iranian ☐ Kurdish ☐ Latin American
☐ Polynesian ☐ Jewish ☐ Charedi Jewish ☐ Other ethnicity



16. How old are they?

- ☐ Under 18 ☐ 18 to 24 ☐ 25 to 49 ☐ 50 to 64 ☐ 65+

17. At the moment, are they...

- ☐ Working full time ☐ Working part time ☐ Unemployed and looking for jobs
☐ Unemployed and unable to work because of my disability/ long term condition
☐ Retired ☐ Stay at home parent ☐ Carer to another adult
☐ Volunteering/ doing unpaid work ☐ Student

18. Do they share a household with any of the following?

- ☐ Partner ☐ Children under 18 ☐ Adult children ☐ Other family members
☐ Friends/ housemates ☐ Friends/ housemates ☐ Professional carers
☐ No one, I live alone

19. Which of the following devices do they have access to at home?

- ☐ Desktop computer ☐ Laptop ☐ Tablet ☐ Smartphone
☐ Other devices _____ ☐ None of these

20. Do they have access to...?

- ☐ Wi-fi at home ☐ Internet on your phone ☐ None of these

21. How confident do they feel using a device such as a computer, tablet or smartphone to access online services?

- ☐ Very confident ☐ Somewhat confident ☐ Not very confident ☐ Not at all confident



Thank you for taking part in this questionnaire!

22. Do you have any other comments about health and social care during the last nine months since the pandemic started?



Keep in touch?

Would you like to take part in future research?

This could mean taking part in an in-depth interview or focus group

☐ Yes ☐ No

Would you agree to be asked follow-up questions as part of future research?

For example, about long Covid or about your specific type of impairment

☐ Yes ☐ No

Would you like to take part in our raffle?

☐ Yes ☐ No

Would you like to be informed about the results of this survey and have the opportunity to be involved in developing the recommendations and designing future local services?

☐ Yes ☐ No

If yes to any of the above, please leave us your contact details.

These will be strictly confidential .They will not be used for any other purpose than the raffle and/or inviting you to take part in future research. They will never be passed on to any third party outside of Healthwatch. Unless you have opted in to being asked follow-up questions, your contact details will be stored separately from your survey answers.

You can fill in the questionnaire without giving us your contact details, but you will not be able to take part in our raffle or in future research. If you do not wish to give your contact details, please leave these fields blank.

Your name

Your phone number

Your email address