

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

Carers' Questionnaireprintable 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?
Y	es, I am the main carer for a family member or close friend
	es, I regularly help look after a family member or close friend, but I am not the main carer
	res, I regularly help look after a family member or close friend, but I am not the main carer
Y	'es, I am a professional/ paid carer
End q	uestionnaire if none of these
1B. V	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 o	questionnaire if none of these
	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?
	se 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
П	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



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

information	e do you a about you	and the pour health	erson you c and social c	are for usua care during	ally receive the Covid	re -19	
pandemic?		I have received information from this source			The person I care for has rec information from this sou		
	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

about changes to	their healthca	are in the Covid	d-19 pandemic?				
Myself or other	carers/ family m	nembers were info	ormed				
They were info	rmed directly, ar	nd the informatio	n was accessible to	them			
They were infor	med directly, bu	ıt the informatior	was not accessib	le to them			
No information	was received at a	all					
Not sure if any i	information was	received					
3C. Have you o about changes to			fter received an d-19 pandemic?	y informat	ion		
Myself or other	carers/ family m	embers were info	ormed				
They were info	rmed directly, ar	nd the informatio	n was accessible to	them			
They were infor	med directly, bu	ıt the informatior	was not accessib	le to them			
No information	was received at a	all					
Not sure if any i	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	received information accessible and suitable for them	other carers/ family members helped them	They have access to the info, but it's too difficult for them to	was offered			
	received information accessible and suitable for them	other carers/ family members helped them	They have access to the info, but it's too difficult for them to	was offered			
in the Covid-19 pandemic Shielding if you are	received information accessible and suitable for them	other carers/ family members helped them	They have access to the info, but it's too difficult for them to	was offered			
in the Covid-19 pandemic  Shielding if you are extremely vulnerable  Self-isolating if you have	received information accessible and suitable for them	other carers/ family members helped them	They have access to the info, but it's too difficult for them to	was offered			
in the Covid-19 pandemic  Shielding if you are extremely vulnerable  Self-isolating if you have been exposed to Covid-19	received information accessible and suitable for them	other carers/ family members helped them	They have access to the info, but it's too difficult for them to	was offered			
in the Covid-19 pandemic  Shielding if you are extremely vulnerable  Self-isolating if you have been exposed to Covid-19  Social distancing	received information accessible and suitable for them	other carers/ family members helped them	They have access to the info, but it's too difficult for them to	was offered			
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	received information accessible and suitable for them	other carers/ family members helped them	They have access to the info, but it's too difficult for them to	was offered			



# 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 th	ne person	you care for	to receive
	rmation abo					

<ul> <li>Are there any</li> <li>How can we i</li> </ul>	formation target them directly or their car tools that would help you, as their carer, nake sure that the information is easy to u	rers? talk to them about the vaccine nderstand and accessible for th
	n we make sure that Covid-19 vac or the person you care for and oth ?	
5E. Do you l 19 vaccine?	nave any other concerns or comm	ents about the Covid-
Including any c	oncerns about the vaccine itself, its distrib	oution, access to it and
communication	about it.	



#### The Covid-19 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	RGERY
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 GF surgery since the start of the pandemic?  Including if you contacted their GP for them
Yes
No O 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?
<ul> <li>Would you like to see any of these changes kept after the end of the pandemic?</li> <li>How can we make sure that GP services work for the person you are caring for?</li> </ul>
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 heal 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	
<ul><li>8C. Why do you feel this way? What changes, positive and negative, have you noticed in the service?</li><li>Would you like to see any of these changes kept after the end of the pandemic?</li></ul>	
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 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?

<ul> <li>Would you like to see any of these changes kept after the end of the pandemic?</li> <li>How can we make sure that mental health services work for you?</li> </ul>
9E. Since the start of the COVID-19 pandemic, has the person you ar caring done any of the following? Or have you done it on their behale 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 of 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?
<ul> <li>Would you like to see any of these changes kept after the end of the pandemic?</li> <li>How can we make sure that community health services work for them?</li> </ul>



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

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 themwith? 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?
<ul> <li>Would you like to see any of these changes kept after the end of the pandemic?</li> <li>How can we make sure that domiciliary care services work for you?</li> </ul>



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
111. 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
<ul><li>12.1B Why do you feel this way? What changes, positive and negative, have you noticed in the day centre?</li><li>Would you like to see any of these changes kept after the end of the pandemic?</li></ul>
<ul> <li>How can we make sure that the day centre works for the person you care for?</li> </ul>
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 now 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 reme
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 found 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.
424 Use the Could 40 mandamic immediate datheir chility to obtain
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
Rroma 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 Sinkalese Sri Lankan Other Japanese Korean Malay Other
Black:
British Angolan Caribbean Congolese Ghanaian Nigerian
Sierra Leonean Somali Sudanese Other
Mixed:
White and Black African White and Carribean White and Asian Other
Other:
Afghan Lebanese Moroccan Egyptian Lybian 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 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!

during the last nine months since the pandemic started?
I .



#### Keep in touch?

	king 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.
raffle and/or invit any third party ou	tly confidential .They will not be used for any other purpose than the ting you to take part in future research. They will never be passed on to tside of Healthwatch. Unless you have opted in to being asked follow-up ntact details will be stored separately from your survey answers.
be able to take pa	questionnaire without giving us your contact details, but you will not ort in our raffle or in future research. If you do not wish to give your lease leave these fields blank.
Your name	
Your phone number	
Your email address	