

RAPID REVIEW OF THE IMPACT OF COVID-19 ON THOSE WITH PROTECTED EQUALITY CHARACTERISTICS IN LONDON

An analysis of the lived experiences and voices from the
voluntary and community social enterprise sector

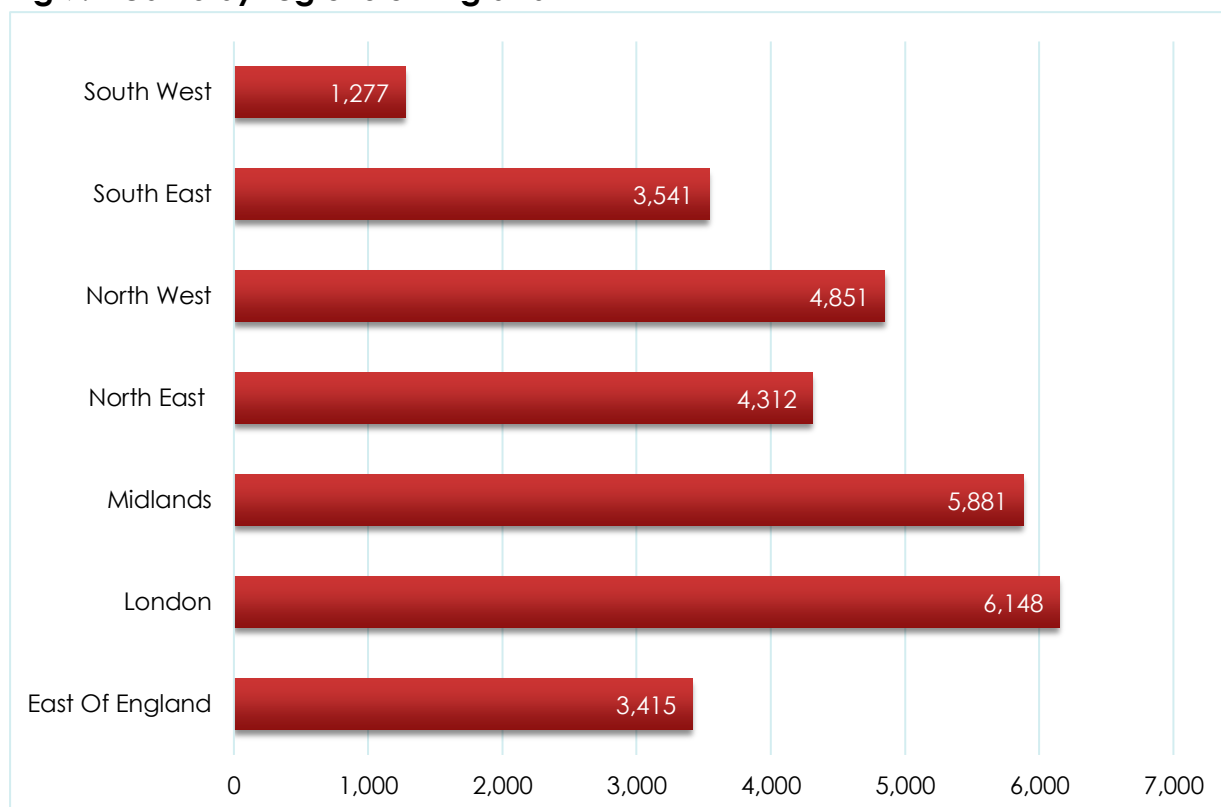
Karl Murray and Dr Yansie Rolston
The Ubele Initiative



SECTION 1: AGE

Without a doubt, age is one of the clearest and most obvious area of 'protective' concerns. Data obtained from Public Health England (PHE) on cases and deaths by regions, local authorities by age and gender paints a bleak outlook with respect to those most impacted on²³. As Fig 7 below shows, the deaths of patients who have died in hospitals in England and had tested positive for COVID-19 at time of death, shows that London continues to have the highest number of deaths recorded compared to the other regions (6,148 (21%) compared to the South West's 1,277 (4%), this being the lowest). Fig 8 illustrates specifically what this meant in actual cases, which shows clearly that at its peak in April, over 4,000 deaths were recorded across the capital, the largest count in England.

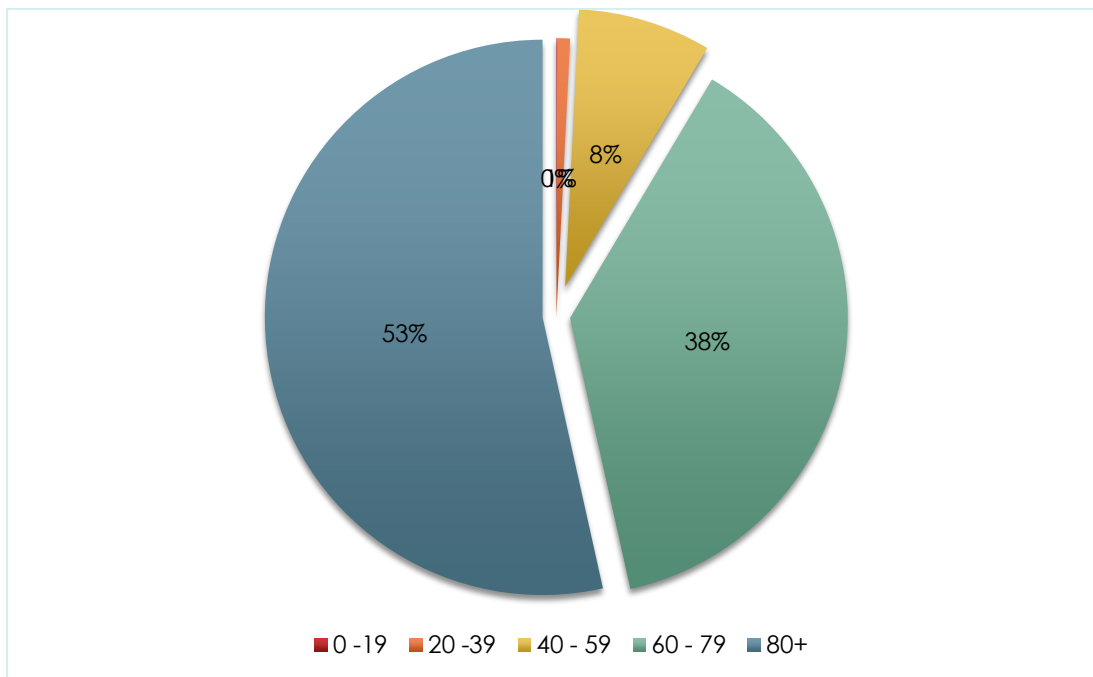
Fig 7: Deaths by regions of England



Source: Graphic based on data from PHE, 11 August daily COVID-19 deaths by region (as at 11 August 2020)

²³ <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>
The data used in the PHE generated graphs reflects recorded deaths of patients who have died in hospitals in England and who were tested positive for COVID-19. All deaths are recorded against the date of death rather than the day the deaths were announced.

Fig 8: Deaths by age in England (as at 11 August 2020)



Source: Graphic based on data from PHE, 11 August daily COVID-19 deaths by region (as at 11 August 2020)

There is currently no available data on deaths by age and regions, but the general pattern suggests that very clearly the overwhelming majority of deaths were those over 60yrs, at 91% of all deaths recorded, with those over 80yrs singularly worse off at 53% of all deaths due to COVID-19. According to the GLA, 58% of London's population are between 25yrs and under 64yrs with one-third (32%) under 24yrs and only 12% over 65yrs.²⁴ Given this profile, it is our belief that the impact in London would not stray too far from this trend, and as such, we can assume that those over 60yrs, particular those over 80yrs (and with underlining medical conditions) are at the greatest risk in London. The impact, therefore, on Londoners by age is of paramount concern, especially as the pattern shows that those under the age of 40yrs are statistically less likely to die from contracting the virus (1% under the age of 40yrs compared to 8% between 40 and 59yrs) but 91% over the age of 60yrs. That said, while young, healthy people may appear less likely to suffer badly from coronavirus than older people (or die from it to the same extent), they can still spread it to others while asymptomatic.²⁵ In other words, it is conceivable that the young could

²⁴ GLA Population and Household Projections 2017): <https://data.london.gov.uk/dataset/london-s-diverse-population->

²⁵ See Italian study, where 40% of transmission was down to asymptomatic transmission (<https://www.imperial.ac.uk/news/198833/whole-town-study-reveals-more-than-40/>). In the United States, a recent report from the Center for Disease Control and Prevention (CDC), it

be 'super spreaders' of the virus, which adversely affects the older population.²⁶

Engagement with communities on the ground around issues and concerns over physical and mental health (whether young or old) with respect to the new normalcy, seems to suggest that considerations needs to be given to: The COVID-19 pandemic is having a negative impact on both young people and the elderly's mental health and their access to support more generally; For young people, schools play an important role in supporting them with coping and supportive structures with their mental health concerns. As we ease down from the lockdown and the wider easing of some restrictions, care must be taken with regards to how to deal with those whose mental health has been compounded by the pandemic and, with no end in sight as to when things will get back to pre-COVID-19 state, if schools remain closed then those young people might find it even harder to cope.

The longer the COVID-19 crisis goes on, the more likely it is that the depth of despair that some are experiencing will continue. In consideration of the 'recovery' phase, it is incumbent on policy makers how they respond to concerns over mental health impact and implication, for the elderly (in addition to steps needed to protect them as a result of their underlining conditions) as well as for the young.

The evidence base for our summary rests in the voices of those willing to share their journey through the range of processes indicated above. What follows are some of those voices.

Health and wellbeing

The signs are that there are rising levels of loneliness accompanied by growth in poor mental and physical wellbeing amongst older people, which has been compounded by digital isolation and exclusion, which then exacerbates many of the existing challenges older people face in accessing essential goods and service more generally.

Social distancing measures further isolate those older people, particularly older

was found that around one-in-four of young adults do not recover from the virus for several weeks (https://www.cdc.gov/mmwr/volumes/69/wr/mm6930e1.htm?s_cid=mm6930e1_w)

²⁶ <https://www.livescience.com/young-adults-covid-19-prolonged-illness.html>

women, who are suffering domestic abuse. Age UK, in a statement in May²⁷, makes the point that older people are seriously affected by the virus, that measures put in place by the government, such as social distancing measures, might actually have an unanticipated consequence that may:

"...further isolate those older people, particularly older women, who are suffering domestic abuse. While many people have embraced online forms of social engagement, hobbies and physical activity", the report goes on to say, "there are still 3.6 million people over the age of 70 who are not online. Two million people in the 'shielded group', many of whom will be older people; many are also living alone or caring for others."

Those most impacted in terms of likelihood of death, even when factors such as ethnicity and socio-economic conditions have been taken into account, are very much likely to be older people, especially because of the likelihood of having underlying pre-existing health issues and encountering difficulties accessing services. For example, food shopping, medicines, banking/post office and funeral ceremonies, all of which has been a huge source of difficulty and anxiety for many, as interviews have shown.

The Institute of Jewish Policy Research, for example,²⁸ report that they are concerned about the age and geographical profile of members within their community who are being impacted upon severely, which *"...impacts older people more than younger people, and urban populations more than rural ones."*

British Jews, explains Dr Jonathan Boyd²⁹, are old, with 21% aged 65ys and above, compared to 16.4% of the general population, and given that the virus is more virulent among the old than the young, *"Jews may be disproportionately affected."*

Indeed, extending this to other cross-sectional communities, we note from the ONS report³⁰ that males aged 65 years and over, those identifying as Jewish and Muslim, had a raised rate of death involving COVID-19 compared with all other religious groups (i.e. 795 deaths per 100,000 and 755 deaths per 100,000 respectively). For females aged 65 years and over, those who identified as

²⁷ Age UK, Joint Committee on Human Rights COVID-19: human rights implications for older people, May 2020: www.ageuk.org.uk

²⁸ The Institute of Jewish Policy Research: 21 June 2020

²⁹ Dr Jonathan Boyd: Institute of Jewish Policy Research: 30 March 2020

³⁰ ONS Report (19 June updated report): <https://tinyurl.com/y9cyuzfb>

Hindu, Muslim or Jewish had a higher rate of death involving COVID-19 compared with all other religious groups. The report goes on to say:

The risk of death involving COVID-19 is highly correlated with age. After adjusting for age, males and females from the Muslim, Jewish, Hindu and Sikh religious groups are at greater risk of a death involving COVID-19 compared with those identifying as Christian. Among Muslim males, the rate was 2.5 times greater than that for Christian males, while for females it was 1.9 times greater.

Linda's Story: living with the unknown

Arising from one of Ubele's structured 1-2-1 interviews, Linda's Story illustrates some of the concerns facing those over 60yrs old.³¹ Linda is 65yrs old and lives with her husband in London and her story starts with an image of what it feels to know of someone contracting the virus and moves us to new normal; an insight into perhaps some of the less spoken about positive impact of COVID-19: resilience and striving to overcome adversities.

"We haven't seen our grandchildren since the beginning of March The first 3 weeks were a very emotional time. The realisation of the enormity of the virus really got to me. In addition, a good friend who suffers with Lupus had been in a coma for a couple of weeks and I wasn't aware... After a bit of tracking on Facebook, we found her brother and it transpired that she had COVID-19...All together it's been almost 2 months since her illness; she is still learning to walk and talk again properly. Then one of my husband's close friend phoned... He had spent 3 hours trying to get through to 111- and his wife was ill too. He was really panic breathing; you could hear it over the phone. It is personal situations like these that bring it home; that this Virus is so real. Living in London we are more used to its effects...we wear the masks I have made for us and all my extended family for when we go shopping.

I have diabetes which I have medication for, I have also suffered with Rheumatism for over 40 years, which I take painkillers for when needed.

This lockdown has made me reflect on trauma, sadness and loss. It has made me think about how I would cope if somebody close to me passed away. This has become a very real concern for me; I am particularly scared to lose my husband - then I remember that it might be me who pass away first! I have begun teaching my husband how to cook so he is better able look after himself should this occur. This lockdown period has brought us closer as a couple on a spiritual and emotional level.

³¹ Where we have used names in the report to ground the reflections, they have been pseudonymised. They are not the actual names of the person. Where, for instance, the reflections are drawn from a source where permission has already been granted, we have kept to those; otherwise, we have consciously changed the names further.

My husband and I have spent a lot of time reminiscing and reflecting on our past, which has been very healing. I have realised things about my husband that I never knew before and we have been married for over 46 years!... I think being in lockdown together has brought us closer together as a couple. I have also got to know myself a bit, having the time to be still and to contemplate. I feel I have become a bit more independent with regards to the internet and technology as I have not had my children to rely on. I have been spending more time doing the things I love, this includes reading, sewing, gardening and binging on Netflix series!"

COVID-19 has not just affected older people, evidence gathered show that young people are also impacted upon, in particular reporting high levels of loneliness.³² For example, a survey conducted by YoungMinds of 2,000 young people asked about their mental health needs, and found that 83% agreed that the pandemic had made their mental health worse³³:

"My level of care was suddenly cut off and I was told counselling services were further delayed because of lockdown. I did not feel able to go to A&E or anything because of the virus."

Furthermore, as the report goes on to capture, the key themes of young people's concerns are of anxiety and other mental health challenges, such as isolation, panic attacks and lacking confidence. Unlike older people, young people were concerned that:

- Counselling and support had either been stopped or moved online or via phone calls.
- The support they receive via school or college, and teaching staff as well as counsellors as trusted adults was no longer available due to lockdown;
- Many face-to-face GP appointments had been cancelled for the time being
- Inability to attend sessions because either they or their counsellor was in self-isolation.

Said one respondent to the survey:

"I can't have face to face contact with the mental health nurse I work with so we can only have short phone conversations, which don't provide as much support and my mental health including anxiety and paranoia has deteriorated."

³² <https://data.london.gov.uk/dataset/socio-economic-impact-of-covid-19>

³³ Young Minds Survey, <https://youngminds.org.uk/resources/policy-reports/how-is-the-covid-19-pandemic-impacting-young-peoples-mental-health/>

Others commented that:

"Many mental health teams cannot provide support or are limited, and I feel I cannot go to A&E in a mental health crisis."

"Not being in school or youth club, so I have no way of having my meetings with the people who supported me via those locations."

"I usually have a weekly therapist, but my mum has lost her job because of the outbreak, and we can't afford it anymore."

Finance and economic

Access to food shopping, medicines and other necessary services including banking during the pandemic has been a huge source of difficulty and anxiety for some, especially the older people. Summing up the challenge of being one of the 'shielded group', Markus puts it thus:

I am a mixed race, single parent, grandparent and full-time, education employed sixty-year old male. I am the head of my multi-generation family unit. My dependent children range in age from 10 to 19 and my eldest who is 31 has also been forced to seek refuge with me. The COVID-19 pandemic and its effects at the national level have impacted heavily on my way of life and that of my family.

First, I was suddenly forced to be off work, (March 2020) without being able to close my end of term and school year obligations. This has caused me emotional and mental distress. I love my job. I miss the children and colleagues. My children also had to suddenly stop going to school. Exams on hold and a nationwide "lock down" in place, all 8 of us confined to a small apartment without a garden.

On the other side of the coin, this not so 'shielding' respondent offered the following sobering perspective:

It isn't as bad as I thought it might have been. I have been working from home and our bank very early on ahead of the government lockdown had already started to prepare us to work from home as it was starting to look a possibility in early March.

I've been working in this bank now for close on 30 years never really thought about working from home; went in every morning by 9 o'clock and finish by five and home by at least seven pending on traffic. I take bus, tube and train in the mornings and evenings and at times I have found myself having to stand on each leg. Working from home has meant not having to fight to get a seat or stand up for long periods.

My productivity is much higher than when I was in the office, the quality of the work has improved. I no longer find myself chatting to people as I go up and down floors or being stopped by individuals. This has given me more time to focus on the challenge at hand, even though I have found myself starting much earlier than normal and at times stopping after 7.00pm. This side of it is worrying as I am starting not to be able to switch off, but I tell myself I don't have to put up the travelling into office as trade off.

Many of us are now wondering if we can get a pattern that allows us to work from the office some days and at home other days. I wait to see what happens but there are more and more people thinking this way.

There is no doubt about it, social interaction is great for personal development but so too is having space and quality time and flexibility. I do far more now than I ever did in the last year.

A voice from the 'Farm' - a lone parent perspective³⁴

Ade (62) has a degree in oil and gas management from Plymouth University, but being a lone parent meant he couldn't get work in that sector as the jobs were overseas, so he found work in a day centre for people with learning disabilities. However, he was laid off by his employer who could not tell him if he was eligible for furlough pay and yet there is hope and appreciation in his story. He said:

I can't help thinking: "When it's my turn to succumb to Covid who will care for me?" And more importantly, "Who will care for my children?". If I need to call the NHS helpline with symptoms, the operator will just say: "Isolate yourself at home" but it will be impossible for us to do this in our flat. When I hear government ministers talking in the briefings each day, I think: "No-one knows me. They might consider me to be a human being but no-one really understands or listens to people like me."

There is a reason why no-one on the television is telling us what to do if we get symptoms - it's because they know there is nothing we can do. We are trapped and will have to surrender to whatever comes our way.

Broadwater Farm is a dense housing estate and the virus is probably spreading here very quickly. There are still boys sitting outside in groups of 10-15 on a daily basis. This place is not safe at all. All we can do is keep praying it doesn't come to our door.

³⁴ Courtesy of Joseph Roundtree Foundation: <https://www.jrf.org.uk/>. The 'farm' is the local term for the Broadwater Farm estate, based in Tottenham, Haringey, and the scene of Broadwater Farm riots in 1986. The name in this 'case study' is a pseudonym and is not the real name of the person whose diary entry form the basis of this case study.

Earlier this week, there was something on the news about the government 'airbrushing' the official Covid death figures and not including the people dying at home. Sometimes I wonder if anyone would help us if we got sick or if we would just become part of those statistics. Many people in situations like ours are feeling invisible at the moment.

Last week a friend of ours put us in contact with a London-based charity who are going to send the children activity packages and lots of books...As a proud dad, it's hard to accept charity but I have learned to put such selfish emotions aside for the sake of my children's welfare.

Social and education

While many people have embraced online forms of social engagement, hobbies and physical activity, according to Age UK, 4.2 million people aged 65+ have never used the internet and a quarter (26%) of people aged 65 to 74 and around three-fifths (61%) of people aged 75+ do not regularly use the internet.³⁵ Evidence shows that during lockdown very few under 18yrs and over 65yrs were using public WiFi, and as lockdown eased there are significant spikes showing increased activity outside the home environment. Though those aged 65yrs and over were not using to the extent they were prior to lockdown (25% compared to 75%).³⁶ One respondent remarked in relation to being in a residential home, it's the face to face interaction that they cherish most, a situation Age UK acknowledges "even if older people are using the internet, they are less likely to be taking part in a wide range of activities online."³⁷

One 16 years old teenager we interviewed told us:

"Covid19 has stopped me from being able to finish the last couple of months in school and stopped me from completing my GCSE's. We have however been told when our results day is, so there is some way that we're being graded. However, the lack of communication is still a worry.

Despite this, we still haven't been properly informed about how exactly we'll be graded due to us not actually taking our GCSE exams. This itself is a major concern for most if not all of the Year 11 students. This lack of knowledge leads to some anxiety over what will happen.

³⁵ Age UK, The Internet and Older People in the UK – Key Statistics July 2016 (the most recent briefing based on ONS 2016 data)

³⁶ <https://data.london.gov.uk/dataset/coronavirus-covid-19-mobility-report>

³⁷ Age UK, The Internet and Older People in the UK – Key Statistics July 2016 (the most recent briefing based on ONS 2016 data)

Personally, this pandemic has made me feel lethargic and anti-social, even though I'm allowed to meet with my friends, now I find myself just not having the urge to leave my home and would rather sit at home and watch tv or play video games. I myself know this isn't healthy behaviour especially for my age group. I should be out getting some exercise, however when I am invited, I just don't want to leave."

Risk factors, complications and mortality

The situation in care homes has been concerning, there was an article in the Guardian (May 2020) about the number of deaths in care homes and some of the knock-on implications "over residents' mental health."³⁸ This view is from one of the interviews with a care worker based in a North London care home for the elderly on the impact on those being shielded and isolated:

Residents are beginning to show signs of frustration and anxiety. Many of them were quite contented to be isolated, recognising the reasons behind it and felt, initially, contented to not see anyone other than their key worker. However, as the months rolled by and it became clear that shielding by way of isolation, other than phone calls or zoom calls that we set up for some of them, soon became 'not the same'. They have not been looking forward to the prospect of further extended periods of being isolated, but they do understand. While the opening and easing down of restrictions has been welcomed, they still feel somehow alienating

One resident told me just the other day that she is feeling frustrated as she was used to getting visitors and able to go out but now because of the lockdown and the shielded they only see the workers and the same faces all the time. She said to me 'I can't see my grand-children, I can't see anyone. We understand why this is the case. We were told three months and it will be reviewed but I was hoping that three months would be it. Now that it's been extended even though we are allowed one or two people we still have to social distance, we still have to wash hands, we still have to wear masks. It just doesn't feel the same'.

A Kidney transplant patient (aged 55), who was interviewed, revealed how COVID-19 has impacted on those with medical appointments for pre-existing conditions at the local kidney specialist unit in London. Her story starts:

I am a kidney transplant patient and think I have it better than others who are on dialysis; I think am one of the lucky ones. I usually see the specialist every three months and since COVID I have not been down there for close on 6mths. I had to call them to say that my appointments were cancelled and now only getting periodic

³⁸ <https://www.theguardian.com/society/2020/may/30/calls-to-lift-lockdown-in-uk-care-homes-over-fears-for-residents-mental-health>

telephone calls to check up on me. I thought MyPatient View platform would be used as a means of communication, but that only carry reports and medical information from the times you go and they write a report on you. So, I don't bother as there is nothing there.

The problem I have is that I need to get my blood tested ahead of any appointments and for that I need to go down to the clinic and get the test done, but I have been told not to come because its crowded and to protect me they will find a slot when it is quiet. The other problem is getting down there, about 10 miles. I have to make sure I travel with someone who I know and has the time. I can't take public transport and I don't get any transport. Patients on dialysis sometimes have to go through the night, as they have to stay on the machine at least I can get away. For these people it's a long day both in terms of waiting but also in terms of travelling and actually sitting with the machine plugged in for a much longer duration than otherwise.

All this palaver mean I am not willing to go through all this, but I have to go. At times I feel I have been living with this for decades and now this COVID thing turn up and now I have to wait. When I feel down, I tell myself it's not fair; but I know I don't really mean it but it's how I feel at times. The feeling is that no one cares about us and all they care about others with COVID. I have been managing and living with this for many years.

Another voice, this time from someone with multiple medical complications, explains, in her forthright vernacular, what it is like to be living under “lock an' key2, as she puts it. We call this interviewee V, who is an 85 years old Londoner living with multiple health conditions. From her perspective, she has been in “...lockdown from before December” because of her cancer, diabetes, kidney and other ailments! She tells us:

From November the doctors tell me to stay home because I might catch the flu or something because my system is weak and getting weaker since the medication making me lose appetite and can't eat nothing. I mus' a lose 'bout 2stones already 'cause I can't eat nothing. The tablet dem gi me nah do nothing fi me. Food nah go dung. A cud'a go to de end a me road to get paper but since dem tell me to stay a mi yard, a ya me de til now. The last month was hard cause me nuh see nobody; church people dem come an 'tan a me gate and we talk – a nuh de same. People are helpful but dem nuh really know wey ya go tru'.

I talk to people 'pon de phone but a nuh de same. Sometime yuh feel it would've been better if they don't turn up 'cause you can't touch nobody, you can't hug nobody. Dem granpickney, wen dem cum, dem always a hug me up but I have to tell dem to stay from me. It no right but weh fe do? Everybody in a mask.

I watch television so till me drop a sleep. Only so much a de Chase, Tipping Point, Hollyoaks you can watch. All you get outta de News is wha' Trump do from wha' im nuh do. And if a nuh him, den a Boris – two a dem come in like dem a de same. But me nuh t'ink him can do anymore. Him a do him best; it nuh easy.

The government can't win. Anything and everything that they say they're trying people just don't seem to want to understand. I don't see because I can't go out but I hear stories on the news of people demonstrating about not wearing the mask. I say to myself do you not care about me? What about people like me, give us a chance to live. Do you not have any common sense?

I would hate to feel that due to the ignorance and lack of care by some people that could make someone like me who has diabetes, kidney, high blood pressure and cancer die - as if it is not bad enough already.

Policy and decision making

Age UK makes the case that over two million people in the 'shielded group', many of whom will be older people, are living alone or caring for others. Additionally, the Institute of Jewish Policy Research (IJPR) contends that the age and geographical profile of the Jewish community, for example, has had a significant negative effect on the Jewish population's experience of the virus because it is impacting on older people more than younger people, and urban populations more than rural ones and that the Jewish community is an ageing community.

The 'push backs', in terms of delayed appointments and/or telephone consultations are worrying, causing many people and their family's immeasurable distress and worry. In the words of one respondent:

Keeping my 'bubble' safe is an ongoing challenge. I am responsible for the well-being and safety of my household, which now includes a 4 months old baby. State support is minimal, at best. Information is confusing and questionable. I am struggling along as best I can in the face of seemingly hopeless leadership. I am among a multitude who have to "make do" and decide what is best for self and family. I do not have confidence in what presents as leadership, nor what leadership is presenting in this time of crisis.