



ISLINGTON

Covid-19 Resident Survey 2021

Full Final Report – January 2022



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1.0 Executive Summary

1.0 Executive summary - Approach

Introduction

- ❑ Colleagues from across Islington Council, Islington Healthwatch and North Central London Commissioning Group have been working together to take forward a programme of Covid-19 resident engagement work between Summer 2020 and Autumn 2021.
- ❑ As of the 21st November, in Islington there had been 395 deaths and 29,152 cases of Covid-19. 158,816 Islington residents aged 12+ (62%) had received the first dose of the Covid-19 vaccine.
- ❑ The purpose of the Covid-19 Resident Surveys is to understand how residents feel they are being impacted by the continuing Covid-19 pandemic and use these insights to inform council and partners' response.

Methods

- ❑ The first round of resident engagement took place in summer 2020. This work involved an Islington resident survey which ran between late June and mid-August 2020 (n=555) and targeted engagement work, conducted through focus groups and interviews with more vulnerable Islington residents between August-September 2020 (n=78). The initial report can be found on the [Islington Council Website](#).
- ❑ This report focusses on findings from the second round of resident engagement which took place in Autumn 2021. A survey ran between September-November 2021 (N=590). Surveys were distributed online, paper and via telephone over an 8 week period.
- ❑ This report disaggregates responses by ethnic group, age group, gender and disability/impairment status, compares responses over time, and between Islington and national data. Convenience sample, underrepresents men, under 35s and specific ethnic groups (white ethnic groups, Indian and Chinese ethnic groups).

Context

- ❑ Both the Summer 2020 and Autumn 2021 Covid-19 Resident survey were administered during periods when Covid-19 Restrictions were less strict. Furthermore, the Autumn 2021 survey was administered prior to the Omicron wave and before the effects of winter had really been felt. This should be considered when interpreting findings from this report. Whilst, very useful, surveys only offer snapshots in time and so findings are often context specific.

1.1 Executive Summary – Key Findings

Key Findings 1: Resident's concerns and wellbeing

- ❑ **Nearly three quarters of residents are worried or very worried about the effect Covid-19 is having on their life right now.** Significantly more people with disabilities, ethnic minorities and older age groups reported being very worried about the impact of the pandemic. Across 11 **specific areas of their lives**, the extent to which residents are more worried now, compared to prior to the pandemic, varied. More than half of respondents were more worried about the future, access to health care, mental health and physical health. Asian ethnic groups were more worried across most areas compared to other ethnic groups.
- ❑ In free text responses, residents discussed a range of effects that Covid-19 was having on their lives. The two most frequently mentioned impacts were related to **Mental Health and Wellbeing** and **Social Isolation/loneliness**. It is clear that the impact of lockdown and other restrictions have negatively impacted people's mental health and wellbeing and made many people feel lonely through limited social contact. However, a decline in mental health and feelings of isolation tended to be **a result as a range of different factors**, respondents mentioned employment, finances, access to services and support, relationships, education, a sustained fear of contracting Covid-19 and general despair about the future.
- ❑ Certain groups emphasised particular issues in free text responses. For example, Black and Asian respondents raised bereavement, fear of going out and education more often than other ethnic groups. Carer's were another group who reported being adversely affected both through the worry and stress of caring for a vulnerable family member but also feelings of isolation as they often were shielding too and had access to less support.
- ❑ Despite high levels of worry and concerns about mental health, **a majority of respondents felt positive about their community, had low levels of loneliness and rated their life satisfaction, worthwhileness and happiness highly**, with no significant differences prior to the pandemic. In free text responses, it was reported that community support had been highly valued during a very difficult and isolating time. Respondents from mixed, other and white ethnic backgrounds and those with disabilities were more likely to experience **intense loneliness** than other groups.
- ❑ Respondents with physical impairments, long-standing illness and mental health conditions were significantly less likely to feel that people could be trusted and people from different backgrounds got on well together compared to people without these conditions or impairments. People of mixed ethnicity rated their wellbeing lower than other ethnic groups.
- ❑ A large majority of residents think others are **generally kind and have helped someone** in the area, but slightly lower proportions reported helping others in the 2020 and 2021 surveys than in the pre-pandemic survey – this may be due to the impact of restrictions and concerns about infection.

"I feel like it's created a stress burden for most, facing the unknown of our future." (Female, 18-24)

1.2 Executive Summary – Key Findings

Key Findings 2: Covid-19 Vaccines

- ❑ Only 12% of respondents reported not having received a **vaccine**, significantly more from mixed and black ethnic groups. The top reasons for not being vaccinated were concerns over safety, intentions behind the vaccine, effects on existing health conditions and the ability to work. Respondents suggested providing more information on vaccine efficacy, positive impacts on people's lives and vaccine ingredients, and 1:1 time in safe, non-government spaces to ask questions.

Key findings 3: Accessing Healthcare services

- ❑ **More than half** of respondents were **more worried about accessing Healthcare now** compared with before the Covid-19 pandemic.
- ❑ Respondents were asked how they felt about attending health and social care appointments in person and the most popular response was that they would feel safe and prefer in-person consultations if Covid-19 safety measures could be guaranteed (45%).
- ❑ Analysis of free text responses reflected this with some respondents reporting that they were **worried about accessing healthcare due to fear of contracting Covid-19** or passing it onto a family member.
- ❑ Other issues raised in free text responses included (1) **difficulty finding available medical appointments** (including GP and hospital). The particular emphasis was on the availability of face to face appointments. Some commented on or viewed a loss of face to face services as not meeting care needs this was in relation to both health and social care need. (2) **Delays in treatment and cancellation of procedures** (3) **Capacity of the NHS**. There was a concern around the capacity of the NHS and fears that they wouldn't be adequately looked after if they got sick. Others mentioned not engaging because they believed they would get stuck on a waiting list.

Key findings 4: Digital exclusion

- ❑ The vast majority of respondents said they **could use a range of different online services** either independently or with support from a friend or family member. People with disabilities and respondents over age 75 were significantly less likely to report use of a range of different online services.
- ❑ The majority of respondents indicated there were no factors which prevented them from going online. Those who did identify reasons primarily reported preferring to do things in person/disliking technology, concerns about privacy/security and having poor internet connection.
- ❑ 6% would like support to learn online skills but don't know where to find it.

"I would like more opportunities to access in a person or telephone support from our GP. Since the pandemic, it has always been difficult to contact them." (Black African Male, 18-24)

1.3 Executive Summary – Recommendations

The recommendations listed have come out of initial discussions with the survey steering group. These are 'live' and we hope to develop them further as this report is shared with other partners. This work has also presented us with further questions and other areas of analysis/engagement that we would like to explore. These are presented on the following page.

- ❑ **General.** Disseminate work widely across the system to link in with other large scale pieces of resident engagement including Let's Talk Islington. Share work with residents via council website and an event run through local community centres.
- ❑ **Mental Health.** The findings around Mental Health impacts are multifactorial and will require different interventions. There is already a plethora of working happening to address the mental health impacts of Covid-19. A first step will be to work with partners to understand what is already happening in terms of the issues raised, how support available is being communicated and where the gaps are.
- ❑ **Covid-19 vaccines.** Continue providing a safe space for residents to ask questions about vaccine which offer an alternative to council or government channels. For example, trusted VCS organisations. Promote positive stories about the vaccine especially the positive impact it has had on people's lives. Many of the reasons for not getting the vaccine described are similar to those identified through other national and local sources, and messaging should continue to address these concerns and promote access via the range of communication channels.
- ❑ **Digital access and exclusion.** Share key findings around digital access and exclusion to inform digital exclusion strategy. For example, addressing digital infrastructure issues as well as literacy factors. Emphasising that it is important to provide alternatives to being online as some residents prefer or need to do things in person. For example, in a healthcare setting respondents reported that face to face contact was an important element of care.
- ❑ **Accessing healthcare.** Reassure residents that it is safe to attend healthcare appointments, clearly communicating what safety measures are in place to reduce the risk of Covid-19.

1.4 Executive Summary – Further analysis/Next steps

Further analysis

The Autumn Covid-19 Resident Survey has provided us with a rich data source which can be tapped into and further sub analyses carried out.

- ❑ **Carry out a deep dive into Mental Health.** Try and unpack the key drivers of Mental Health impacts through further interrogation of free text responses. Further explore connections between those who are very worried and those who are intensely lonely.
- ❑ **Further analysis by respondent profiles.** This includes a more nuanced analysis by disability/impairment (eg Multiple disabilities vs no disability), LBGTQ+ & household status.
- ❑ **Exploring ethnicity categories.** Trying to understand better who is represented by 'white other' vs 'prefer to self describe'

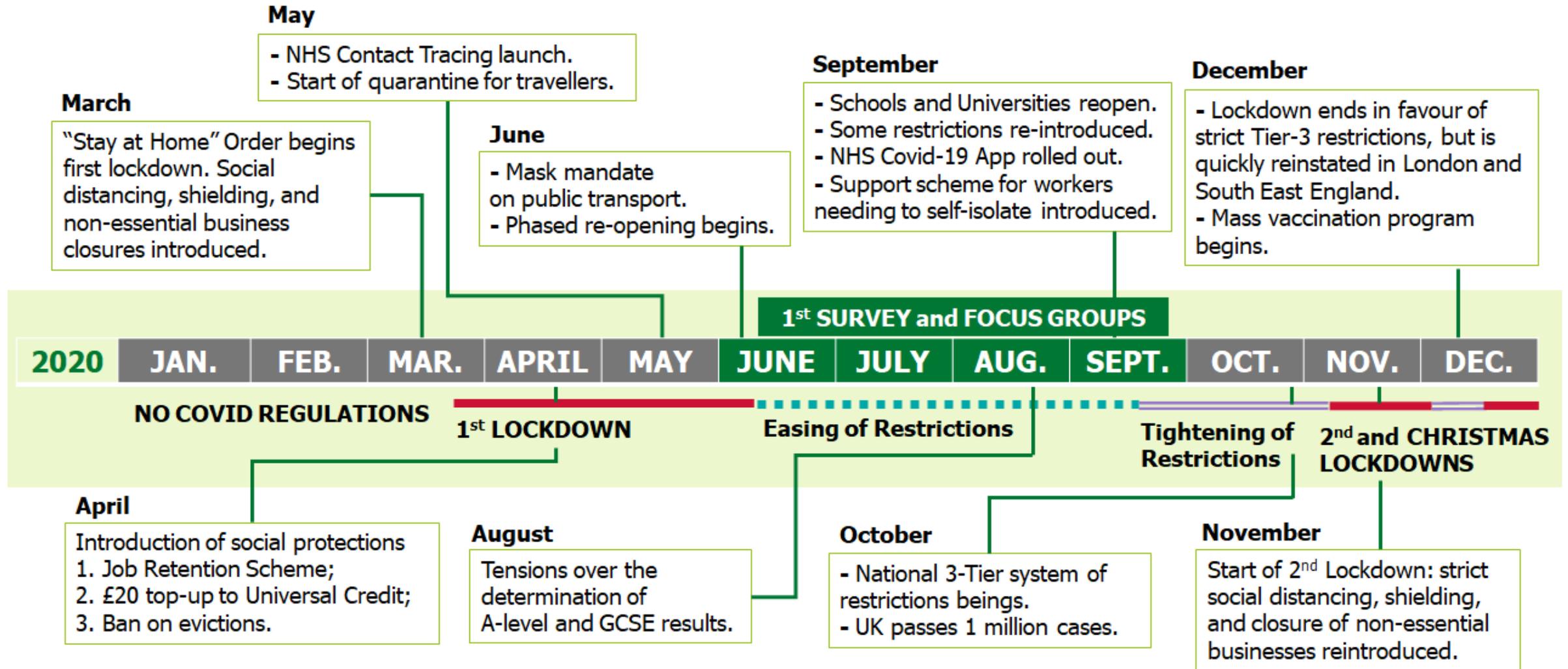
Next steps

The Autumn 2021 survey has given rise to a number of questions which warrant further study:

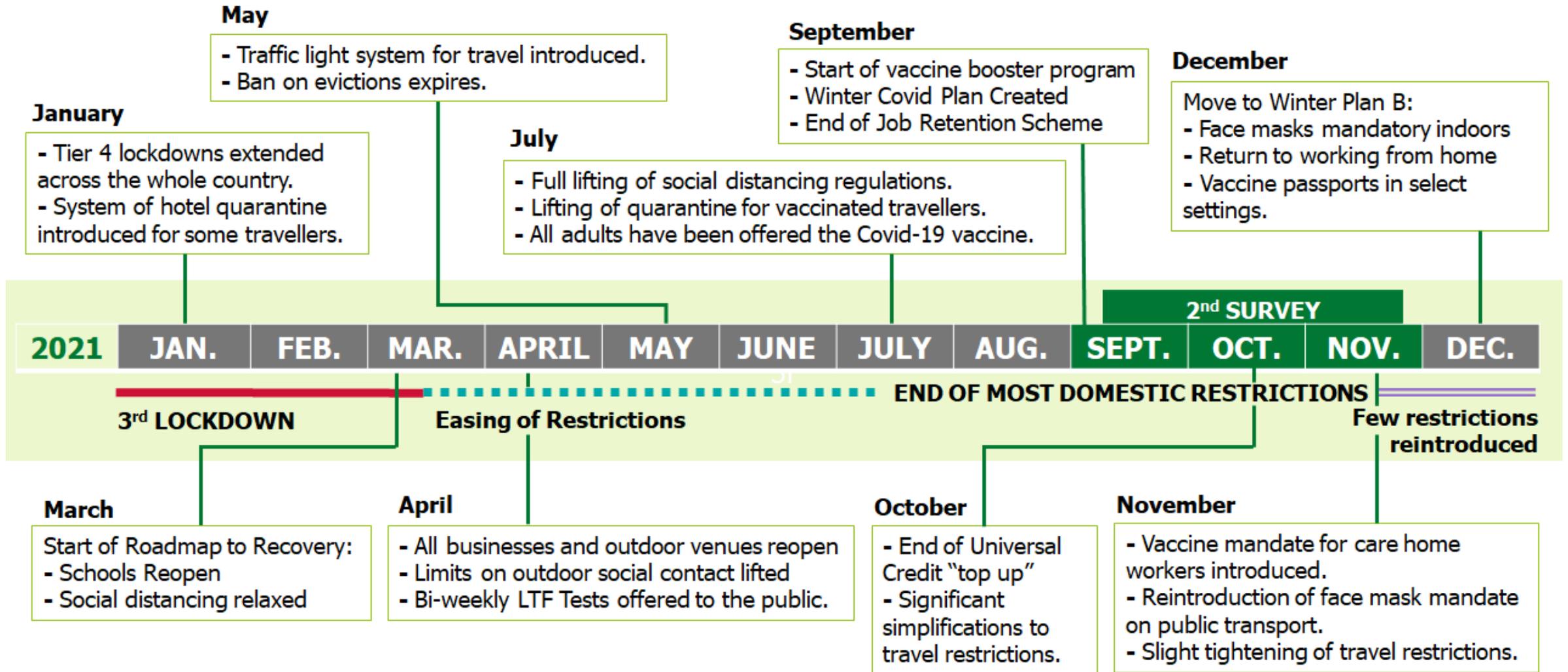
- ❑ **Some groups are underrepresented** in the survey including men, under 35s and specific ethnic groups (white ethnic groups, Indian and Chinese ethnic groups). It might be beneficial to carry out specific target engagement with these groups or find ways to broaden reach of surveys.
- ❑ **Healthcare & primary care access.** Further questions might include are the people being offered digital/face-to-face appointments the ones who need it most, is everyone getting the access they need.
- ❑ **Intersectionality.** A more intersectional approach to targeted engagement would help us understand how individuals intersecting identities have influenced their experience of Covid-19. This might be particularly useful for gaining a more nuanced understanding of residents 'worries about the future'.

2.0 Introduction & Background

2.1 Background – Timeline (1)



2.2 Background – Timeline (2)



2.3 Background - national

Direct impact of Covid-19

Covid-19 has continued to exacerbate pre-existing health inequalities.

- During the first wave of the pandemic, evidence showed that Covid-19 was exacerbating inequalities in England across ethnic and socio-economic groups, disabled people, young people and care home residents.
- Despite extensive action which has taken place across London, the second wave of the pandemic still shows that the risk of becoming seriously ill or dying with Covid-19 was much higher amongst certain groups, particularly those from ethnic minority communities
- Local analysis shows that Covid-19 deaths were 1.7 times higher overall amongst people from Asian communities and 1.5 times high among black communities compared with the average (up to August 2021).

Indirect impact of Covid-19

The pandemic has far reaching impacts which go beyond the direct impact of the virus. Examples might include:

- **Education.** Disruption to education and exams, along with financial constraints might limit future opportunities.
- **Mental Health.** Large national surveys¹ have found higher numbers of people experiencing anxiety and depression than before the pandemic and people's satisfaction with life is now lower. It is as yet unclear whether these impacts are temporary or lasting.
- **Healthcare.** Reprioritisation of health care services during the pandemic has led to increased unmet need for care.
- **Poverty/living standards.** Temporary financial support measures (eg universal credit uplift and job retention scheme) coming to an end risks a decline in living standards, increase in poverty and higher unemployment which all impact health.

2.4 Background - Islington

- 395 deaths and 29,152 cases of Covid-19 as of the 21st November (closing date of the survey)
- 158,816 Islington residents aged 12+ (62%) had received the first dose of the Covid-19 vaccine

Key findings from the Jun-Aug 2020 Islington resident engagement survey (n=555)

- **81%** of respondents were somewhat or very **worried** about the effect of Covid-19 on their lives
- Residents were most worried about **decreased mental wellbeing**, physical health, fear of contracting the virus, health and wellbeing of loved ones, and the future; worries about finances and loneliness were less common.
- People from Asian, black and other ethnic groups were significantly more worried overall and about household or personal **finances**, compared to those from white ethnicities.
- In free text responses, effects on employment, mental health & wellbeing and relationships were most prominent.
- The way in which residents accessed information sources and their adherence to government measures varied across different communities, highlighting the need to **tailor public health messages**.
- Most felt there would be **no change in the next year** in their housing, employment, financial and health situation.
- People with a learning difficulty and those with a mental health condition were more likely to experience intense **loneliness**, and were negatively impacted when contact with services and social groups was suspended.
- Respondents noted many acts of kindness and reported high levels of **community cohesion**.

2.5 Background - Rationale and Aims

- Colleagues from across Islington Council, Islington Healthwatch and North Central London Commissioning Group have been working together to take forward a programme of Covid-19 resident engagement work between Summer 2020 and Autumn 2021.
- The primary purpose of this report is to present findings from the Autumn 2021 Covid-19 resident survey.
- By making comparison between the Summer 2020 and Autumn 2021 survey we are able to explore how residents' experiences and concerns relating to Covid-19 might have changed between time points.

Aims of Covid-19 Resident Engagement

- To understand resident's views, priorities, concerns and needs now that we are over almost 2 years into the pandemic
- To identify challenges and unmet needs as a result of the pandemic
- To understand the impact of the Covid-19 pandemic on residents, including their wellbeing
- To determine the extent to which residents experience kindness in the community and public services during this time
- To understand residents' views and behaviours around accessing services and support (e.g. digital access)
- To understand differences among subgroups and changes over time.
- To inform recovery/exit strategy through the identification of unmet needs and devising different ways to better support residents during and after the COVID-19 pandemic

3.0 Methods

3.1 Methods – Survey questions

The survey covered 6 different sections – 19 survey questions (4 open-ended). Six questions were repeated from the summer 2020 survey to see if there had been changes over time. New questions were also included to adapt to the changing context and these are indicated by an asterisk:

1. Ongoing impact of Covid-19 and concerns

- Level of worry about the overall effect on the Covid-19 pandemic
- Level of worry about different areas of life, e.g. Physical Health or Access to Health Care*
- Impact of pandemic on daily life

2. Covid-19 Vaccination*

- Covid-19 vaccine including reasons for not getting the vaccine

3. Community connectedness and wellbeing

- Sense of belonging within community (Ipsos Mori)
- Loneliness scale (Campaign to end Loneliness Scale)
- Experience of Kindness (Ipsos Mori)
- Personal wellbeing (ONS)*

4. Accessing services & digital exclusion*

- Views on accessing different support online vs face to face
- Factors which might prevent people going online and support needed

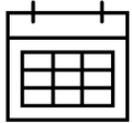
5. Future

- Outlook on their health, financial, employment, housing, social connection status over the next 12 months (ONS & repeat Covid Resident Survey 2020)
- Further comments

The survey also included 11 demographic questions (age, gender, sexual orientation, self-identified impairments/health conditions, living status, caring responsibilities, employment status, ethnicity, religion/belief)



3.2 Methods – Data collection



Data collection period:

Resident Survey open between 24th September to 21st November (approx. 8 weeks)



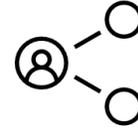
Population of interest:

Islington residents 16 years and older. It is a convenience sample and may favour people who are more engaged and/or have stronger views.



Partnership working

Islington Council (Public Health, Fairness & Equality Team & Communications), Healthwatch Islington & North Central London Clinical Commissioning group worked together to design the survey



Distribution method

Survey was promoted widely to make sure it reached as many population groups as possible. Approximately 40% of the surveys were delivered by telephone or were accessed non-digitally.

1. Online survey accessed via link or QR code on posters or leaflets

- Colleagues in Public Health and LBI
- Newsletters, e.g. VAI, Schools, Bright Start
- Emails to large number of VCS and Faith Groups
- Covid-19 Health Champions
- Youth clubs & Youth Council
- Housing associations and electronic notice boards
- Social media (Twitter, Instagram & Facebook)

2. Paper

- Covid-19 Vaccine Pop-up centres
- Libraries
- Leisure centres
- Community Centres

3. Healthwatch Islington telephone surveys

- 190 telephone surveys were carried out by organisations who make up the [Diverse Communities Health Voice partnership](#).

4. Easy read version (n=13)

- Elfrida Society
- Islington Learning Disabilities Partnership (ILDP)
- Islington Commissioners

3.3 Methods – Data analysis

Close ended questions

- Incomplete responses (i.e. respondents who answered less than 75% of the survey questions) and entries submitted by non-Islington residents were excluded from the analysis. Out of 783 surveys submitted, 193 were incomplete (25%) and so a total of 590 surveys were included in the analysis.
- Overall summary calculations/statistics were calculated for each question. This report disaggregates responses by ethnic group, age group, gender and disability/impairment status, compares responses over time between the Summer 2020 and Autumn 2021 survey and with a 2019 Resident survey where questions are the same, and between Islington and national data.
- Statistically significant differences are highlighted throughout the report.

Free text questions

- Content analysis was carried out for the survey free text responses. There are four open-ended questions, one of which had over 436 responses. Themes unique to specific groups are highlighted in the report.

Easy read survey

- Whilst the questions asked in the easy read survey are broadly the same as the main survey, there are differences (e.g. shorter questions, different scales used). Therefore, analysis of the easy read survey was carried out separately. There were no major differences between findings in both surveys.

3.4 Characteristics of survey respondents (1)

590 residents responded to the Covid-19 resident survey 2021 this represents **0.3% of the total population in Islington**. This is a convenience sample therefore the survey population is not representative of the Islington resident population

Sexual orientation

- Heterosexual/Straight: 86%
- Lesbian: 1%
- Gay: 3%
- Bisexual: 2%
- Prefer to self-describe: 1%
- Prefer not to say: 6%

Religion

- Christian: 35%
- No religion: 31%
- Muslim: 18%
- Prefer not to say/Any other: 12%
- Buddhist: 1%
- Jewish: 1%

Gender

- Women: 74%
- Men: 23%
- Prefer to self-describe: 1%
- Prefer not to say: 2%

Disability and or Impairments

- A physical Impairment: 19%
- Learning Disability/Difficulty: 4%
- Sensory Impairment: 3%
- Long standing illness (≥ 12 months): 23%
- Mental Health condition: 17%
- Social Behavioural (eg Autism, ADHD): 2%
- Other: 8%
- None: 48%
- Prefer not to say: 4%

Age

- Under 18: 2%
- 18-24: 5%
- 25-34: 12%
- 35-44: 19%
- 45-54: 20%
- 55-64: 14%
- 65-74: 17%
- 75+: 7%
- Prefer not to say: 2%

Covid-19 Cases

- Yes, confirmed by test: 17%
- Yes, self-certified: 15%
- No: 63%

3.4 Characteristics of survey respondents (2)

Housing status

- Rented (Local Authority): 33%
- Owned outright: 18%
- Rented (Private landlord): 16%
- Rented (housing association, registered social landlord, charitable trust): 13%
- Owned with mortgage or loan: 11%
- Other: 9%

Number of inhabitants

- Live alone: 24%
- 2-3 inhabitants: 46%
- 4-6 inhabitants: 23%
- 7 or more inhabitants: 3%
- Prefer not to say/unknown: 5%

Households with keyworker (eg health care worker, care home worker, bus driver, supermarket worker)

- Yes: 32%
- No: 56%
- Don't know: 2%
- Prefer not to say: 4%

Employment status

- Retired: 22%
- Other: 14%
- Working for an employer part time: 11%
- Not in paid work, eg volunteering: 8%
- Self-employed full time: 5%
- Self-employed part time: 5%
- Full time/ Part time education in school, college or university: 4%
- Redundancy: 1%

Children under 18 living in home

- None: 62%
- 1-2 Children: 26%
- 3-4 Children: 6%
- 5 or More: 1%
- Prefer not to say unknown: 2%

Ethnicity

White

- White British: 35%
- White Irish: 2%
- Other White: 15%

Asian or Asian British

- Indian: 1%
- Bangladeshi: 4%
- Chinese: 1%
- Other Asian: 2%

Other Ethnic Group

- Arab: 3%
- Other Ethnic Group: 5%
- Prefer to self-describe: 3%

Black or Black British

- Black African: 14%
- Black Caribbean: 3%
- Other Black: 1%

Mixed Ethnicity

- White & Black Caribbean: 2%
- White & Black African: 2%
- White & Asian: 1%
- Other Mixed: 2%

3.5 Characteristics of survey respondents – Comparison with Islington population/ 2020 survey

Comparison with Islington population

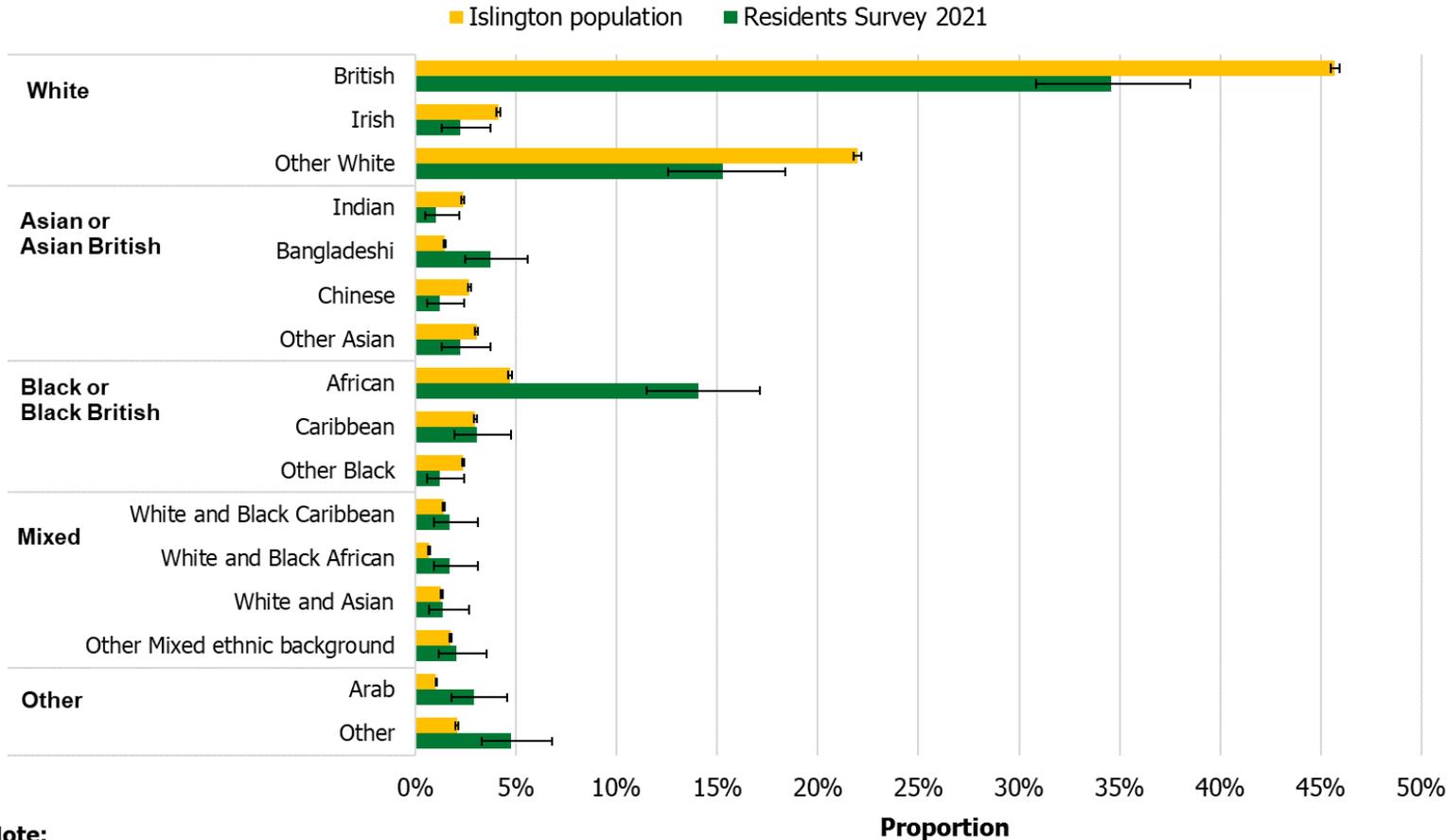
- More women than men completed the survey (74% vs 23%) and overrepresented of the Islington female population (49%).
- Older people aged 45+ account for the majority of the respondents (344 out of 555). This means that those 18-34 are underrepresented compared to the Islington population.
- More residents from White ethnicities completed the survey (35%; n=204) compared to all other ethnic groups in Islington, but they are underrepresented compared to the population of White residents in Islington, while Black people are overrepresented.
- About 18% of respondents identified themselves as Muslim (compared to 35% Christians) which are overrepresented compared to the overall Muslim resident population in the borough (10%).

Comparison with 2020 survey

- Whilst underrepresented compared to Islington population, younger age groups (18-34 year olds) were better represented in 2021 survey relative to 2020 (19% vs 14%).
- There was significantly higher proportion of those not in paid work in 2020 compared to 2021 (17% vs 8%).

3.6 Survey respondents by ethnicity compared to the local population, Islington

How would you describe your ethnic group? Compared to the Islington population



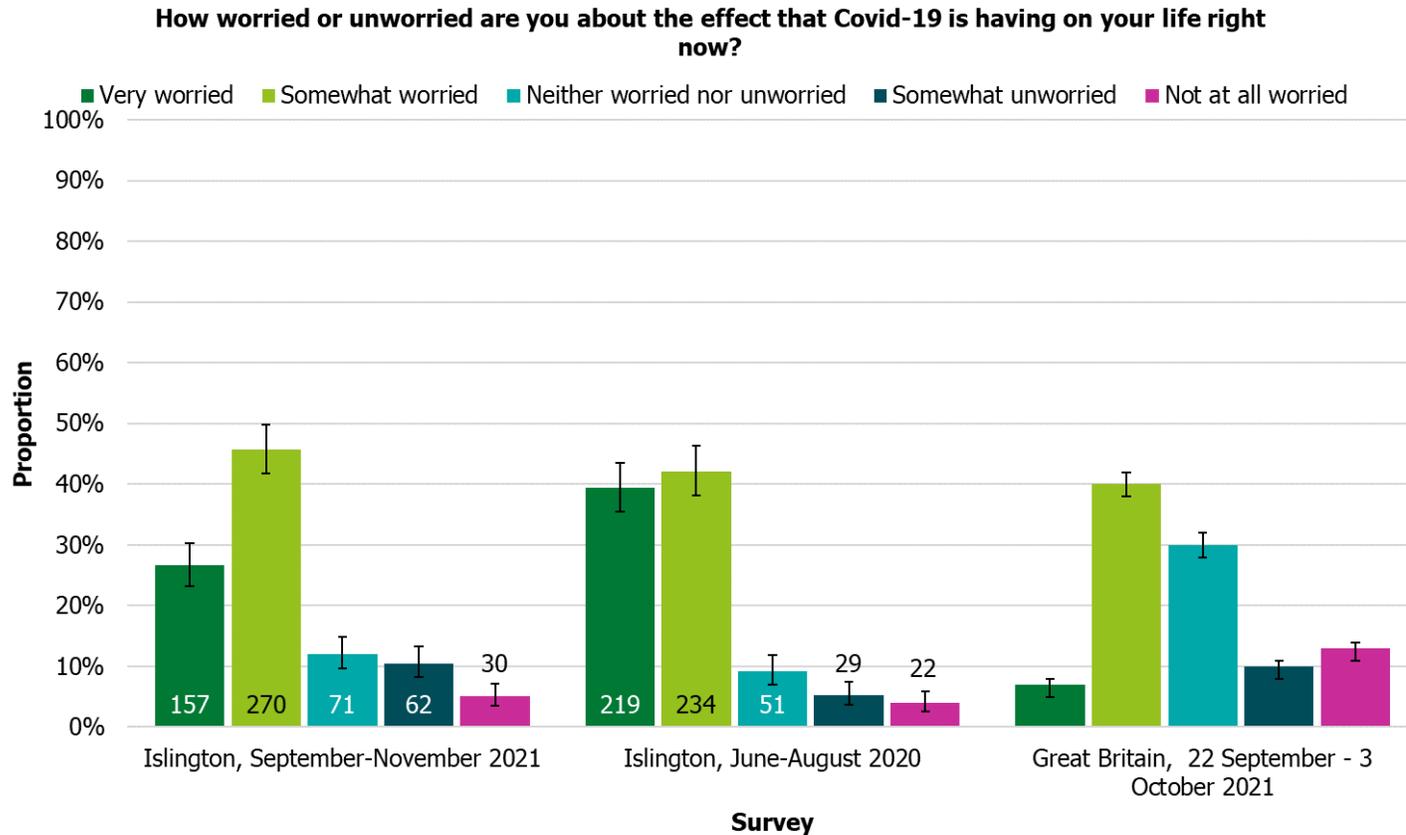
Note:

Source: Islington Residents Survey September - November 2021; GLA 2016-housing-led population projections

- Groups underrepresented compared to Islington Population:
 - White British, White Irish, Other White
 - Indian, Chinese
- Groups overrepresented in survey population compared with Islington Population
 - Bangladeshi, Black African, White and Black African
 - Arab and Other ethnic groups
- No significant differences between 2020 and 2021 survey

4.0 Findings 1: Ongoing impact of Covid-19

4.1 Overall worry about the impact of Covid-19 on residents lives now



- The majority of respondents to this year's survey were either very worried (27%) or somewhat worried (46%).
- This is a change from last year's survey where a **significantly higher proportion** of respondents were very worried (39% vs 27%)
- Compared to a representative national sample, a significantly higher proportion of Islington residents indicated they were very worried (7% vs 27%). This may reflect the subset of residents who responded to the survey, and the difference in methodology between a local convenience sample and a national representative sample.

Note: The number of people who responded are not available for the ONS data.

Source: Islington Residents Survey September - November 2021; ONS Coronavirus and the social impacts on Great Britain, September and November 2021

4.2 Overall worry about the impact of Covid-19 on residents' lives now by respondent profile

Disability / impairment status

A **significantly higher proportion** of respondents with either a physical impairment (51%), Learning disability/difficulty (48%), Sensory impairment (44%), Long standing illness (51%), Mental Health condition (62%), Social/behavioural condition (56%) or other condition (24%) were very worried about the impact of the pandemic compared with those who did not identify as having a health or impairment issue (11%).

Ethnicity

A **significantly higher proportion** of respondents from **Asian** (47%), **Black** (28%) and **other ethnic groups** (50%) were very worried compared to the proportion of respondents from White ethnicities (14%).

Age

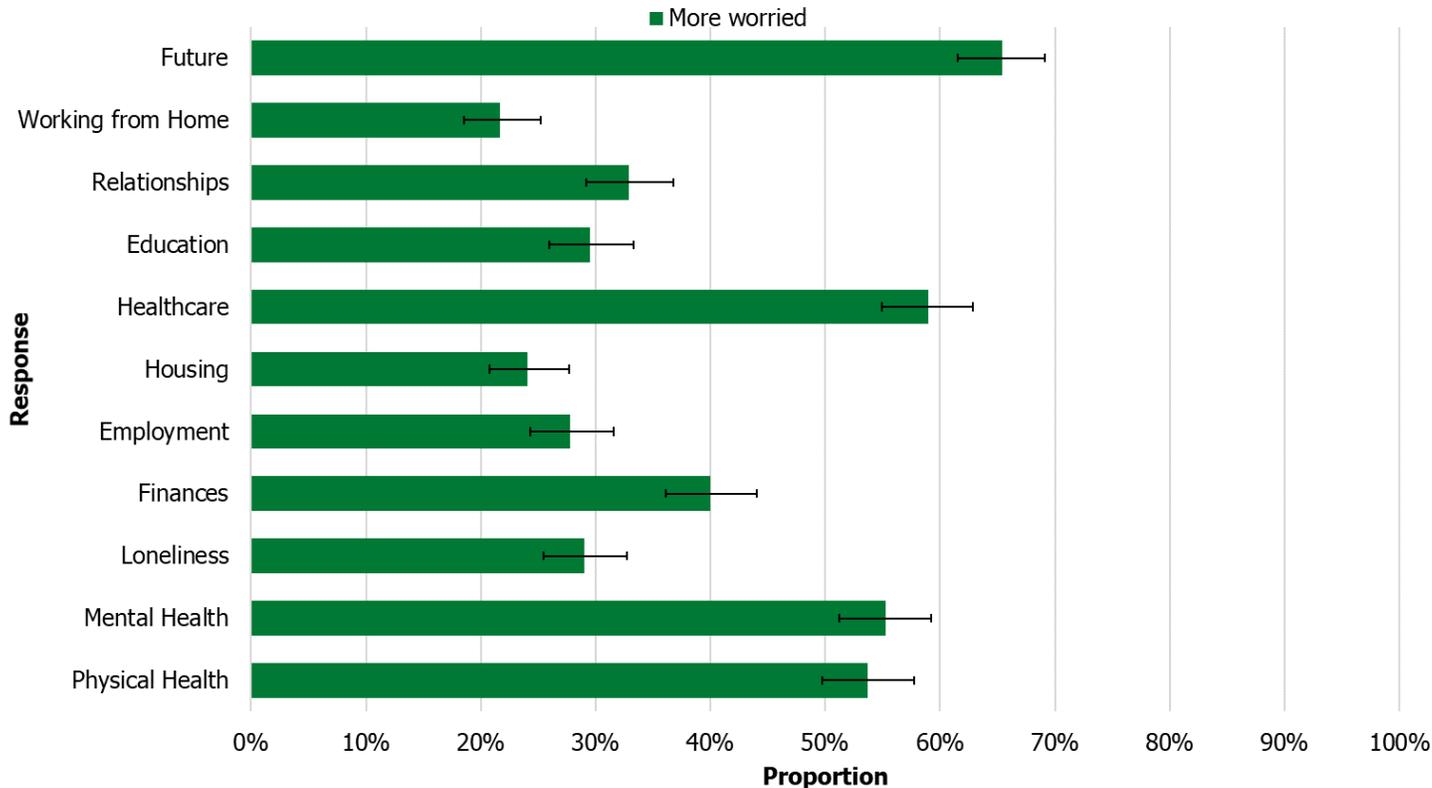
Within **all age groups, over half** of respondents are either **somewhat or very worried** about the impact of Covid-19. However, **younger age groups appear to be less worried** about the impact of Covid-19 with only 11% of under 35 year olds being very worried compared to older age groups where between 23% and 34% of respondents were very worried (These differences were statistically significant).

Gender

There were no significant differences between men and women in relation to how worried they were about the pandemic. This is different to last year's survey where a significantly higher proportion of women felt "very worried" compared to men (44% vs. 29%).

4.3 Comparing levels of 'worry' about different areas of life between now and before the pandemic

At the moment, are you more or less worried about each of the following compared with before the Covid-19 pandemic?



Source: Islington Residents Survey September - November 2021

Residents were asked whether they were more or less worried now about 11 different aspects of their life compared to before the Covid-19 Pandemic.

More than half of respondents were **more worried** about the following areas compared to before the Covid-19 pandemic:

- The future (65%)
- Access to Healthcare (59%)
- Mental health (55%)
- Physical health (54%)

This question does not indicate which areas of life residents are most worried about. It simply shows where there has been change in 'worry' since before the pandemic.

Subsequent questions demonstrate that residents are worried about many aspects of their lives.

Data not shown

- There are no areas of life where majority of respondents are now feeling 'less worried'.

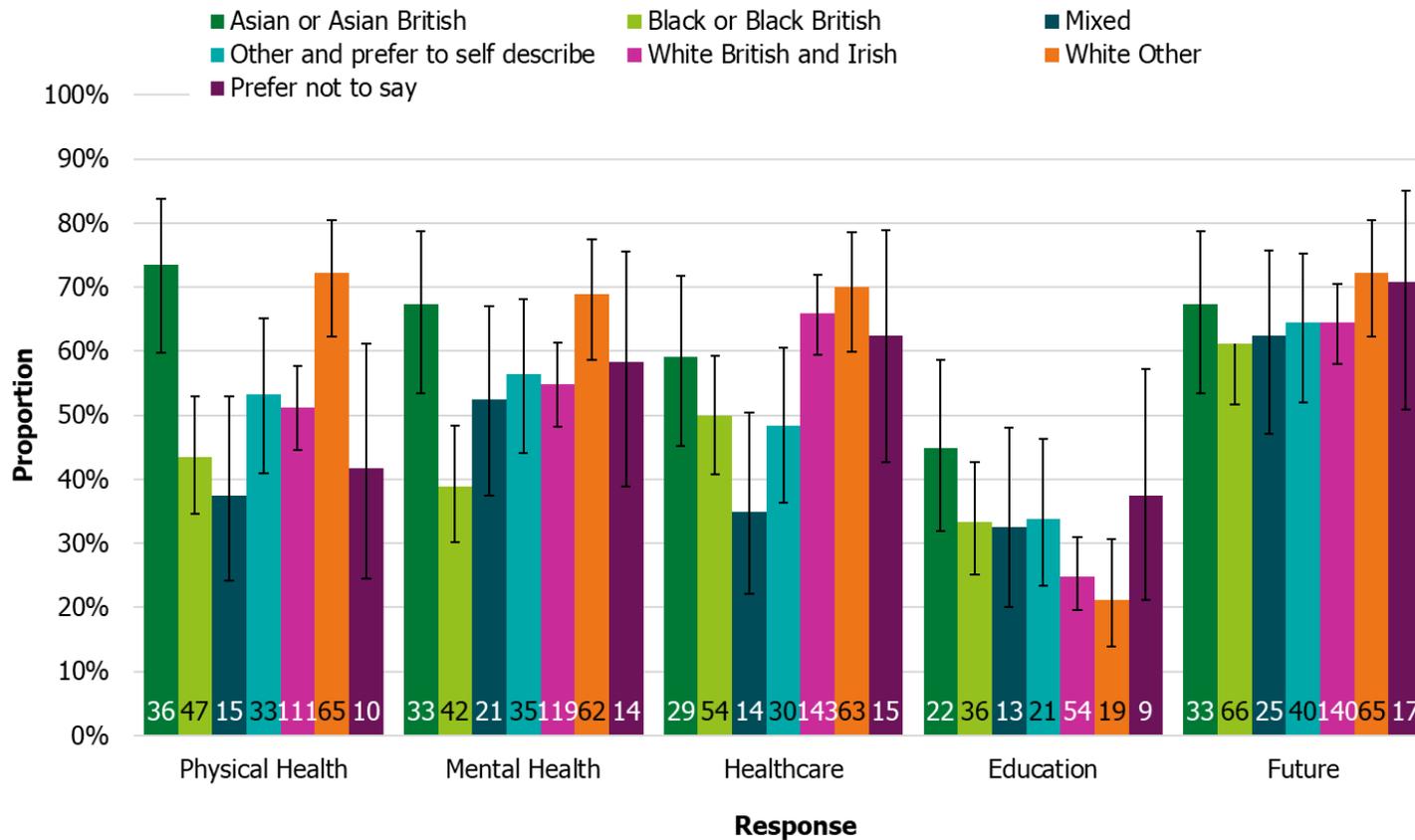
4.4 Comparing levels of 'worry' about different areas of life between now and before the pandemic– Ethnicity

Key points

- Asian respondents were 'more worried' about most areas of potential concern compared with other ethnic groups. This includes physical health, mental health, education, the future, relationships, finances, and housing.
- There was a general trend across most domains for a lower proportion of respondents from Black communities to report being 'more worried' compared to Asian and White British and Irish groups.
- Given the disproportionate impacts of Covid on people from Black communities, this trend may appear surprising or counter-intuitive. However, we would note:
 - The trend is primarily one of degree of difference – substantial percentages of respondents from Black communities were 'more worried' than before the pandemic about the areas we asked about, with the highest proportions related to health care (50%) and the future in general (61%).
 - Responses to other parts of the survey indicated that Black respondents are very worried about the impact of the pandemic in particular mental health, finances and education (see section 4.2 and 4.11).
 - Not shown, there were no areas of life where Black respondents felt less worried
 - The survey did not ask about level of worry before the pandemic, but asked about change since, and there may have been pre-existing high levels of worry before the pandemic.
- Further analysis or different types of question would help us unpick this nuance.
- The next slide shows a graphical representation of some of these key points.

4.4.1 Comparing levels of 'worry' about different areas of life between now and before the pandemic– Ethnicity

Proportion of those feeling more worried about each of the following compared with before the Covid-19 pandemic, by Ethnicity



- **Asian and White Other** ethnic groups are significantly more worried now about their **Physical Health** compared to Black, Mixed ethnicity, white groups and those who preferred not to identify (73%, 72% vs 44%, 51% and 37% respectively)
- **Compared to Black ethnic groups, Asian** ethnicities are significantly more worried now about their **Mental Health** (67% vs 39%) and **relationships** (47% vs 20%)
- **Asian** ethnic groups are significantly more worried about their **finances** (63%) compared with **White** (44%).
- **Asian** ethnic groups are significantly more worried now about their **housing** compared with White (17%) and White Other (18%). This is also true of **education** (45%, 25% and 21% respectively).

Note: Prefer not to say includes those that did not respond to the ethnicity question.

Source: Islington Residents Survey September - November 2021

4.5 Comparing levels of 'worry' about different areas of life between now and before the pandemic by respondent profile

Gender

Women are significantly more worried about being lonely and their housing situation and the future.

Age

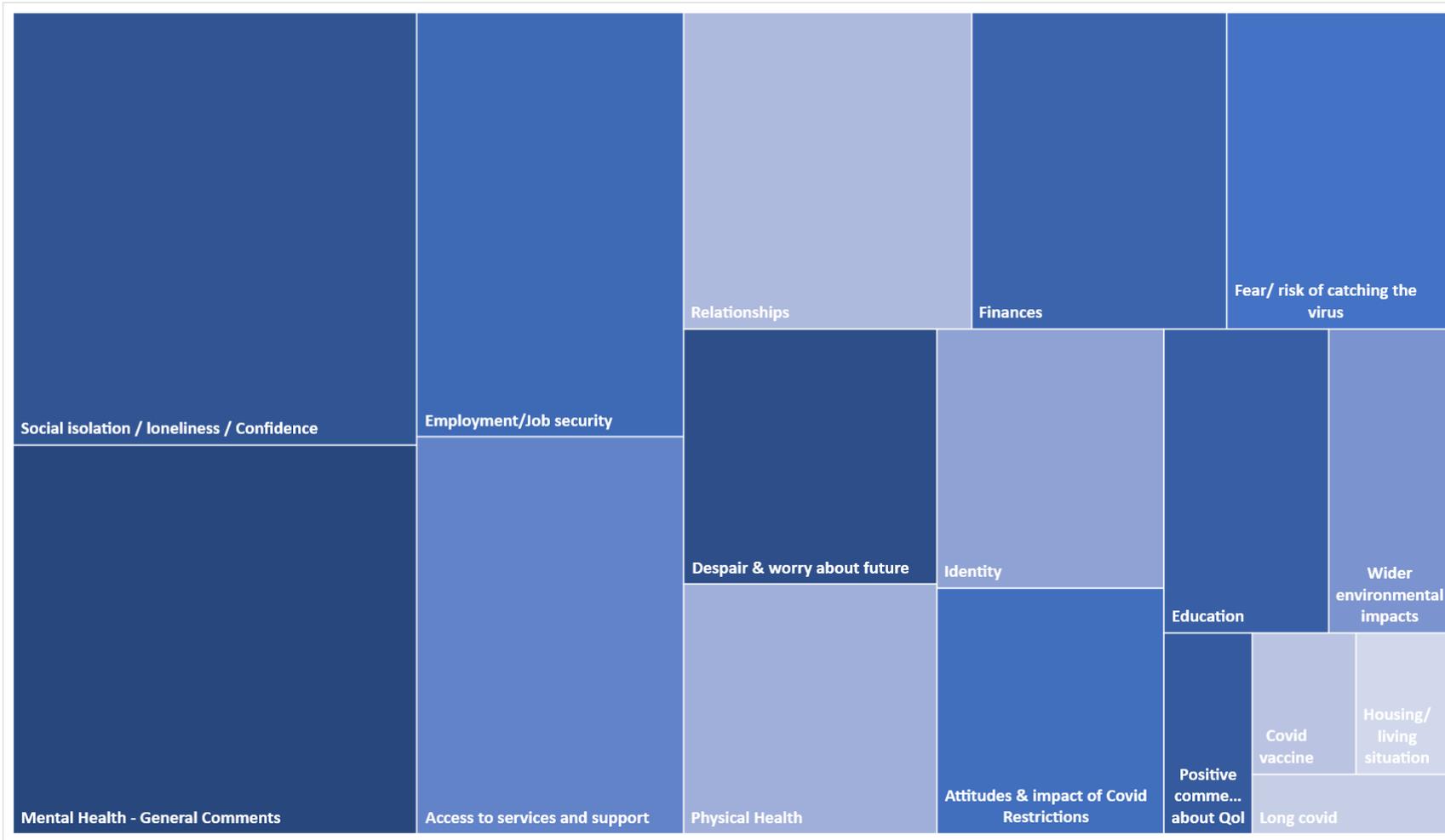
Worries about physical health, access to healthcare and loneliness increased more among older age groups than younger age groups; worries about education increased more among younger respondents:

- 65+ year olds were significantly more worried about their Physical Health compared to those aged Under 25
- 55-64 and 65+ year olds were also more worried about being lonely compared to under 24 year olds.
- Older age groups were more likely to be worried now about access to healthcare.
- 65+ year olds were the least worried about education compared to all other age groups.

Disability/Impairment

- Compared to those without a disability/impairment, worries about Physical Health, Mental Health, Finances, Loneliness, Healthcare, and Relationships increased more among people with a Physical Impairment, Long standing illness or Mental Health condition.
- Respondents with a Long-standing illness or Mental Health condition had also become significantly more worried about their housing situation relative to those without a disability/impairment.

4.6 Impact of Covid-19 on residents' lives: Free text analysis (1)



- Covid-19 has a wide-ranging impacts on residents.
- A total of 426 free-text comments
- Overall, the most frequently mentioned impacts were related to Mental Health and Wellbeing, Social Isolation, Employment, Access to services and support, Relationships, Employment and Finances.
- Similar themes came up in the 2020 survey with the most frequently mentioned themes being Employment, Mental Health and Wellbeing and Relationships.
- There were negative as well as positive impacts described.

4.7 Impact of Covid-19 on residents' lives: Free text analysis (2)

Mental Health and Wellbeing

- Many respondents reported a decline in their overall mental health and wellbeing as a direct result of the pandemic (e.g. direct result of restrictions like lockdown)
- Respondents mentioned a range of mental health symptoms/conditions; ranging from the more specific (anxiety, panic attacks, sleep issues, stress, depression) to the more general such as generally feeling fed up or low.
- Respondents also mentioned dealing with others' mental health and wellbeing. For example, having to support family members and friends, which in turn has a negative impact on the individual's own mental health.
- Dealing with bereavement.
- Respondents with pre-existing mental health conditions described their conditions having got worse. Also, a concern around accessing support for Long terms conditions including Mental Health. Some respondents mentioned long delays and lack of contact with services which had impacted their mental health.
- Long Covid was mentioned by a small number of respondents as reducing their ability to carry out day to day life tasks, which in turn impacted mental health.
- **Many of the subsequent themes detailed were attributed to directly impacting mental health and wellbeing such as social isolation, employment and financial issues, worries about the future, accessing health and social care, relationships. This will be explored in more detail.**

Social Isolation / Loneliness / Confidence

- Respondents reported that the pandemic has resulted in them feeling lonely and isolated due to a more limited social life or not being able to see family and friends as much.
- This was partly attributed to Covid-19 restrictions which aimed to limit social contact such as lockdown but the impact of these restrictions were having long lasting effects.
- For example, respondents commonly reported feeling less confident interacting with others. They mentioned that limited contact with friends and family over the last few years has meant that social interactions feel overwhelming.
- Some respondents also remained worried about interacting with others due to fears of contracting the virus which again resulted in feelings of isolation.
- On the flip side, respondents also noted that whilst they wanted to socialise , it was their friends and family who were still worried about Covid-19.

"I live alone and although things are improving, I feel the pandemic drove me into myself & I've been rather sociophobic and reserved. If I have felt, on and off, an all pervading depression, whereby I stopped making the phone calls that probably would have made me feel better." (White Female, 75+)

"Mentally caused a lot of pain. Will need a long time to recover"
(Turkish Male, aged 25-34)

4.7 Impact of Covid-19 on residents' lives: Free text analysis (3)

Relationships

A strain on relationships was noted by some respondents:

- Breakdown of relationships with friends and family due to lack of contact. Especially those who are vulnerable or have family living abroad.
- Spending too much time together/getting co-dependent
- Financial/unemployment issues—unable to earn and leaving the other person to do this
- Guilt around changes to children's lifestyles due the pandemic
- Strain from having to care for family members

Despair and worry about the future

Analysis of free text responses, found a general sense of worry and despair about the future. For example:

- A general mistrust in government and leadership to guide us out of the pandemic. There is tension between those who think the government isn't doing enough by way of restrictions and others who feel restrictions are imposing on individual freedom.
- Respondents frequently commented more generally about trust in government and leadership in relation to wider policy areas such as rising living and fuel costs, the economy etc. Respondents were concerned that they would not receive enough support in these areas.

"Huge impact in our finances as a family and in my marriage" (Other White Female, aged 45-54)

"I really don't see sense and hope anymore in life and for the future. Everything is so uncertain and there isn't a coherent leadership..." (White female age 45-54)

"Have become generally more apprehensive about the future, even less trusting/supportive of the government, fearing for peoples' mental health given the huge funding cuts, have found healthcare to be harder to access, have not had the university experience I paid for" (White Female, aged 18-24)

4.8 Impact of Covid-19 on residents' lives: Free text analysis (4)

Fear over contracting the virus

- Respondents were worried about contracting Covid-19, which was impacting their mental health and wellbeing as it was preventing them from leaving their homes, making them much more socially isolated:
 - Concerns or fears about using Public Transport
 - Concern that others are not following safety measures such as face coverings and social distancing
 - Worries about people who were not getting vaccinated and putting others at risk
- A fear of contracting the virus had also resulted in some respondents not accessing health services, which had had significant impacts on their physical health. In some instances, these impacts had profound or devastating consequences for their health.
- Particularly notable, were the high levels of fear amongst vulnerable or immunocompromised people who had had to spend substantial proportions of the pandemic shielding.

“This pandemic has effected me because of how terrified I am to catch it, i think schools should shut for a week or 10 days, just to control cases a little bit, I also think you should make masks compulsory again because most cases are coming from classrooms and kids, then spreading to the older generations and even if they're vaccinated there's still a chance” (Black African Female, Under 18)

Attitudes and impact of Covid-19 restrictions

Attitudes towards Covid-19 restrictions vary with some wanting restrictions to remain in place and other being very against them.

- Some residents are very worried about contracting Covid-19 or a family member contracting the virus and want restrictions to stay in place. Several respondents mentioned frustration towards those not wearing face coverings and concerns about socialising with those where they don't know their vaccination status.
- Advice around how clinically vulnerable people / those who were told to shield should keep safe when restrictions ease is not clear. Several respondents who identified as part of this group mentioned being afraid to go out now that restrictions have reduced.
- There was frustration from some respondents around certain contradictions in rules for example when certain venues like nightclubs were open but not day centres.
- On the flip side several respondents were very against Covid-19 restrictions calling lockdown a “totalitarian dictatorship” and wanting all restrictions to be lifted so that life could return to “normal”. Being able to travel again was frequently mentioned.
- It was also noted that there was tension between those who wished for restrictions to remain in place and those who did not. A common example was expectations around wearing face coverings in public places.

4.9 Impact of Covid-19 on residents' lives: Free text analysis (5)

Accessing Health and Social care and other services

- The focus of comments were mainly around accessing and receiving **healthcare services**. Main themes relating to healthcare included:
 - **Difficulty booking medical appointments** (including GP and Hospital appointments) due to a lack of availability. The particular emphasis was on the availability of face to face appointments. Some commented on or viewed a loss of face to face services as not meeting care needs this was in relation to both health and social care need.
 - **Delays in treatment and cancellation of procedures** which respondents attributed to staff shortages and impacts of Covid-19. This was causing concern around the impact on their general health. This was a particular worry for people with disabilities and long term conditions.
 - **Carer's were particularly concerned** that those who they were caring for were not getting the support they needed due to lack of regular contact with health and social care services.
 - **Capacity of the NHS**. There was a concern around the capacity of the NHS and fears that they won't be adequately looked after if they get sick. Others mentioned not engaging because they believed they would get stuck on a waiting list.
 - **Fear of contracting Covid-19**. Some respondents also mentioned being afraid to attend healthcare settings due to a fear of contracting Covid-19 or bringing it home to a vulnerable family member.

Accessing Health and Social care and other services continued

- **Views of NHS workers**. It was also mentioned by a small minority that those working in the NHS were frustrated about the media's portrayal of the NHS's capacity when they believed more people than ever are using online services and those who need face to face care are being supported.
- **Other services**. In some cases, respondents mentioned how supportive their GP and specific voluntary sector organisations had been (e.g. Age UK Islington).

"I have a complex medical history so use 5 hospitals. I have not seen some doctors face to face for up to 2 years which is stressful and unsatisfactory. Physical changes cannot be seen on the telephone. Some departments are still not fully open, My G.P. and Age UK Islington are very supportive, to both myself and my husband who has had to become my carer during the pandemic" (*White Female, aged 75+*)

"I discovered I have stage 4 cancer whilst shielding with my husband who has Alzheimer's during the pandemic, and I failed to pursue the symptoms I was having as I was concerned about having to go to hospital 1) and leaving him on his own, we had no support due to the covid, and 2) getting the infection myself and bringing back to him as he is very vulnerable. Not a good choice with hindsight. The doctors don't want to operate on me anyway as they said I am too high risk, so sent home to die. A wonderful reward for trying to look after a loved one" (*Female, aged 75+ with Multiple disabilities/impairments*)

4.10 Impact of Covid-19 on residents' lives: Free text analysis (6) ISLINGTON

Employment

- Some residents found working from home a positive experience as it made them feel safe, allowed a more flexible working pattern including more options in relation to childcare.
- However, similar to findings from last year's survey, some residents find it very challenging working from home and mention the following reasons:
 - Some find it can get lonely and isolating not interacting with colleagues.
 - Some have find it has impacted there relationships as they are around each other a lot or it has been hard to support a partner who is struggling with Mental Health because of working from home.
 - More responsibility/pressure to take on childcare/ home-schooling responsibilities whilst working at home.
- There was a lot of fear about losing or finding work. The legacy of previous recession and Brexit was causing a lot of anxiety.
- Some respondents reported overworking out of fear of losing their job.
- There were more general worries about not being paid well enough to make ends meet, rising fuel energy costs and Universal Credit not being sufficient.
- Unemployment and financial worries causing tension for families and negatively impacting mental health.

Employment continued

- There were sector specific concerns related to employment.
 - NHS workers, Care workers, teachers and other key workers reported finding work during the pandemic incredibly stressful due to long hours and extra resilience needed to deal with the pandemic.
 - Some NHS workers reported that they were being treated badly by the general public which was causing anxiety.
 - Those working in the hospitality sector mentioned the long last impacting of not being able to work for intervals throughout the pandemic. Childminders also mentioned their work had been impacted with more parents working from home.

"I am working more and finding it difficult at work feeling overwhelmed. I am working long hours, extra hours unpaid because I am scared of losing my job. I feel exhausted, drained and depressed often but I can't afford to lose my job" (*Other Ethnic group, Female*)

"I lost a job during the pandemic, but was lucky enough to find another. I think the economic issue was my greatest worry, having been through the previous recession and with Brexit on top, I wasn't too hopeful that I would find something" (*White Male, aged 35-44*)

4.11 Impact of Covid-19 on residents' lives: Free text analysis (7) ISLINGTON

Finances

- Financial concerns described were often in relation to job losses, or difficulty making ends meet during the pandemic. This has negative impacts on Mental Health and relationships.
- This also included struggles with Universal Credit either not being enough to cover costs, cuts to Universal Credit or the 5 week waiting period before receiving the first payment.
- There was also regular reference to the increase in costs of things since the start of the pandemic e.g. food, activities, transport etc.

"The pandemic causes me more distress and despair because as the result, I lost my job as a van driver delivery. I claim Universal Credit with my partner and the process took five weeks, during which time we struggled financially. Because of the financial strain, I had several arguments with my partner while waiting for the claim to be processed. I felt that in order for the relationship to work, I needed to put in too much effort on my part only: emotionally, mentally, and physically, which led to our separation" (*Arab Male, aged 35-44*)

Physical Health

- General physical health deterioration as a result of not going out as much, not socialising as much, more limited daily lives, lack of access to green spaces/private outdoor space and less active travel.
- Respondents with long term conditions reported decline in their health due to less regular contact with healthcare professionals. Some also mentioned becoming more housebound and lonely due to being worried about contracting Covid-19 but also for more practical reasons such as public toilets being closed or not being able to attend support/exercise groups.

"I really worry about not going into debt. I have always been very careful about budgeting as I have a low income, but I am finding that I have to shop around a lot more to be able to afford even my food shopping as prices have gone up" (*White Female, aged 35-44*)

4.12 Impact of Covid-19 on residents' lives: Free text analysis (8) ISLINGTON

Education

- Parents/Grandparents expressed concerns over children's education and their future development.
- Parents mentioned that it was difficult to work from home and home-school children.
- Teachers mentioned the pressure they were under and a lack of job satisfaction. They also worried about children who lived in crowded environments or who had to share digital devices.
- Parents of children with Social/Behavioural conditions such as Autism mentioned the impact on their children of the uncertainty of moving between home-learning and face to face learning.

Impact of Covid-19 on young people

- Parents, Grandparents, Teachers and Young people themselves all mentioned concerns about young people's future as direct result of the pandemic: They mentioned:
 - Disrupted education
 - Future financial instability and limited job opportunities
 - Anxiety of living in a post-pandemic world.

Wider environmental impacts

Respondents mentioned a range of wider environment impacts of the pandemic including:

- Poor access to green spaces in local area due to experiences of antisocial behaviour and/or people not following guidelines. This can be compounded for some people if they have no access to transport (cars /avoiding public transport) so they cannot travel further to find a green space.
- Whilst some respondents were very positive about the implementation of Low Traffic Neighbourhoods others reported them limited their accessibility and mobility around the borough this was particularly true for those with a physical disability.
- Older people/those retired and those with disabilities/impairments reported missing on community activities in the earlier stages on the pandemic which has impacted on their social life and physical health and wellbeing.

"I found a job as a teacher just before the pandemic, I was extremely happy. However, the lockdown occurred a few months after I began teaching in school and moved online to teach. We all struggled to adjust to our new lives, and I felt a sense of loss when the children were not present. Also, as a teacher, I was concerned about some children who live in a crowded environment and share a laptop with a sibling. Fortunately, the school was able to provide critical assistance to vulnerable families. The pandemic has caused us all stress and destruction" (*Black African Female, aged 25-34*)

4.13 Impact of Covid-19 on residents' lives: Free text analysis (9) ISLINGTON

Identity

Respondents were asked how aspects of their identity may have influenced their experience of the pandemic. Relatively few residents explicitly mentioned aspects of their identity but when they did:

- Older people/those retired reported missing out on community activities in the earlier stages on the pandemic which has impacted on their social life and physical health and wellbeing.
- Faith leaders reported that their wellbeing had been affected when they couldn't attend places of worship.
- Carer's spoke of the pressure and increased responsibility of looking after loved ones during the pandemic. They mentioned feeling like they had less support from services including healthcare services. They also worried about those they cared for contracting Covid-19. Being Carer during this time was also flagged as isolating as they were often also having to shield to protect their loved ones.
- Respondents with disabilities, long term condition or clinically vulnerable commented on the impact of shielding on their wellbeing as well as reduced access to support services.
- Some ethnic groups reported experiencing racism.

"I was a full time carer for my elderly mum who died earlier this year. She was shielding from the first lockdown until Sept '20 after that period. I shielded with her for 14 weeks - after that we had help. I was petrified that she would get covid- either from a carer or that I would become ill myself and give covid to her. I felt so vulnerable then and now. I am still wary of people and crowded places although I use public transport. I suffer from anxiety, sometimes find it difficult to sleep due to worry and uncertainty about my future. Somehow I wasn't prepared for when she died and in lockdown feel v isolated from friends and family. I've been catapulted in this , now an older woman with uncertain future and need to return to work having been a live-in carer for 5 years. " (Mixed Ethnicity Female, aged 55-64)

People of colour specifically Caribbean's, Asians and Africans being blamed for the rise, is rather annoying too, since the factor behind this would probably be because we are key workers in many industries. (Black African Female, 35-44)

4.14 Impact of Covid-19 on residents' lives: Free text analysis (10) – Ethnicity

- Across all ethnic groups **Mental Health and Wellbeing** was the impact that was mentioned the most.
- The impact of **bereavement** and death from Covid-19 was specifically mentioned more commonly by Black and Asian ethnic groups.
- Fear of going out due to the risk of catching Covid-19 was also mentioned most by these groups. A minority of respondents also mentioned that fear around Covid-19 had contributed to racist attitudes towards specific minority groups.
- Asian ethnic groups mentioned the impact of Covid-19 on **finances** more often in free text responses. This finding was also found in an earlier question related to levels of worry now compared to before the pandemic.
- Impacts on **education** was higher for residents from Black and Asian ethnic groups. There was a particular concern over children's education and their future.

"I felt under more pressure from some local people to isolate ourselves, had to face some of the backlash from racist people. Balance between work life and home life being a parent of young children was very difficult. I can't educate my children on top the rest of the responsibilities. My children has lost valuable time and learning during the pandemic. The government has failed our children" (*Bangladeshi Female, aged 35-44*)

"My mental health has deteriorated since the pandemic and I prefer to keep busy at home and in the garden because of the unsure nature of the virus... I'm a black single female with chronic pain and mobility issues. My children has moved into another borough because there's no housing for them closer to me. If it weren't for my Congolese and Turkish neighbours next to me, I don't know how I'd manage when I was sick recently. My house is very dark so I have to keep the lights on downstairs in the kitchen and living room during daytime. And the only sun and therapy I get is sitting outside and enjoying the garden. The council now complains that I'm making it as an extension of my home by sitting opposite my home. If I'm indoors I have to put the gas on and the lights because of my blood thinners and my blood disorder which makes me cold. So that's another added expense to keep the place warm. At this point and time personally, I'm not enjoying life as I should and see no sense being alive at the age of 64." (*Black Caribbean, Female, aged 55-64*)

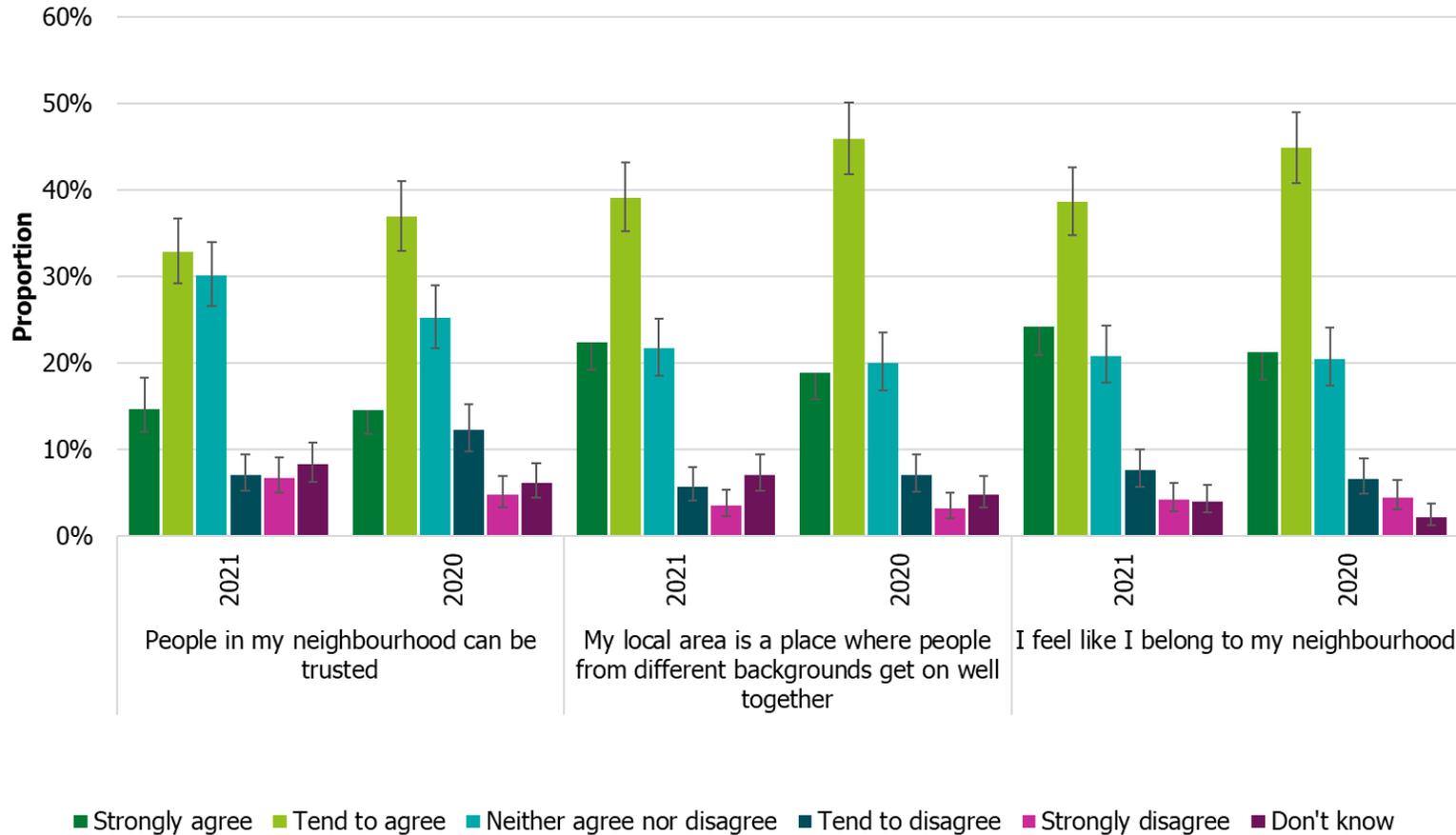
"Fear as a black person to keep safe as we are still dying from Covid, just two days ago I last a friend from Covid" (*White and Black Caribbean Female, aged 45-54*)

Scaremongering and fear seems to be the order of the day, and this is the only factor that worries me. People arguing with each other about being vaccinated or not vaccinated, who can catch or spread the virus, although people are still forced to work. People of colour specifically Caribbeans, Asians and Africans being blamed for the rise, is rather annoying too, since the factor behind this would probably be because we are key workers in many industries" (*Black Caribbean Female, aged 35-44*)

5.0 Findings 2: Community and Wellbeing

5.1 Sense of community belonging

How connected you feel with your friends, family and your neighbourhood during the COVID-19 outbreak, compared with 2020 Residents Survey, Islington 2021



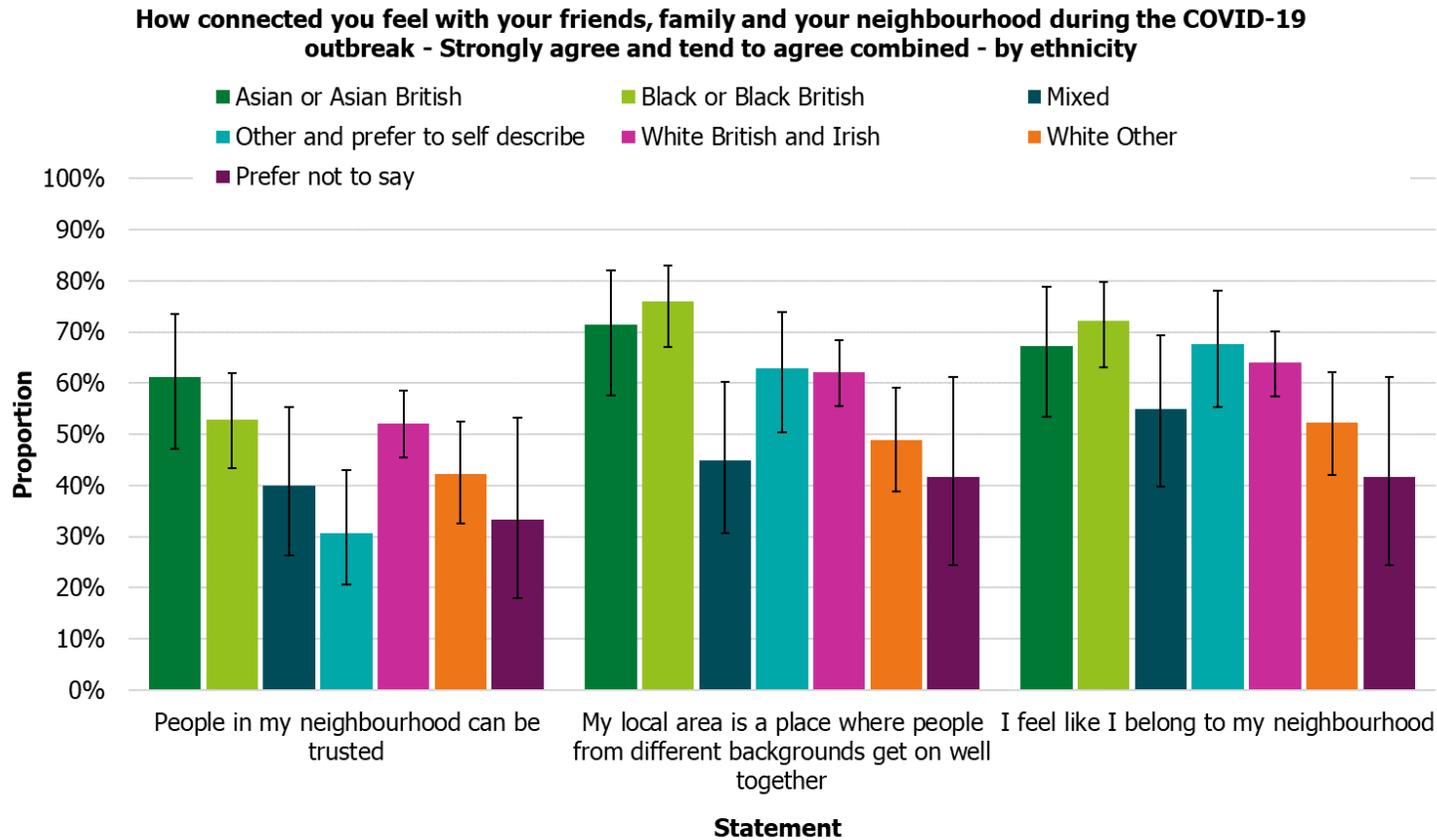
Overall, there was positive response around how people felt a sense of community belonging during the Covid-19 outbreak in both 2020 and 2021.

Data not shown

- A significantly smaller proportion of respondents with a Physical Impairment (38%), Long-Standing Illness (37%) or Mental Health Condition (35%) strongly agreed/tended to agree that people in their neighbourhood could be trusted compared with those without a disability/impairment (53%).
- A significantly smaller proportion of respondents with a Physical Impairment (50%), Long-Standing Illness (53%) or Mental Health Condition (49%) strongly agreed/tended to agree that people from different backgrounds got on well together (67%).

Source: Islington Residents Survey September - November 2021

5.2 Sense of belonging - ethnicity



Note: Prefer not to say includes those that did not respond to the ethnicity question.

Source: Islington Residents Survey September - November 2021

Trust

- A significantly higher proportion of respondents from Asian backgrounds (61%) and White Other groups (42%) strongly agree/tend to agree that people can be trusted in their neighbourhood compared with Other Ethnic groups (31%).

People from different backgrounds get on well together

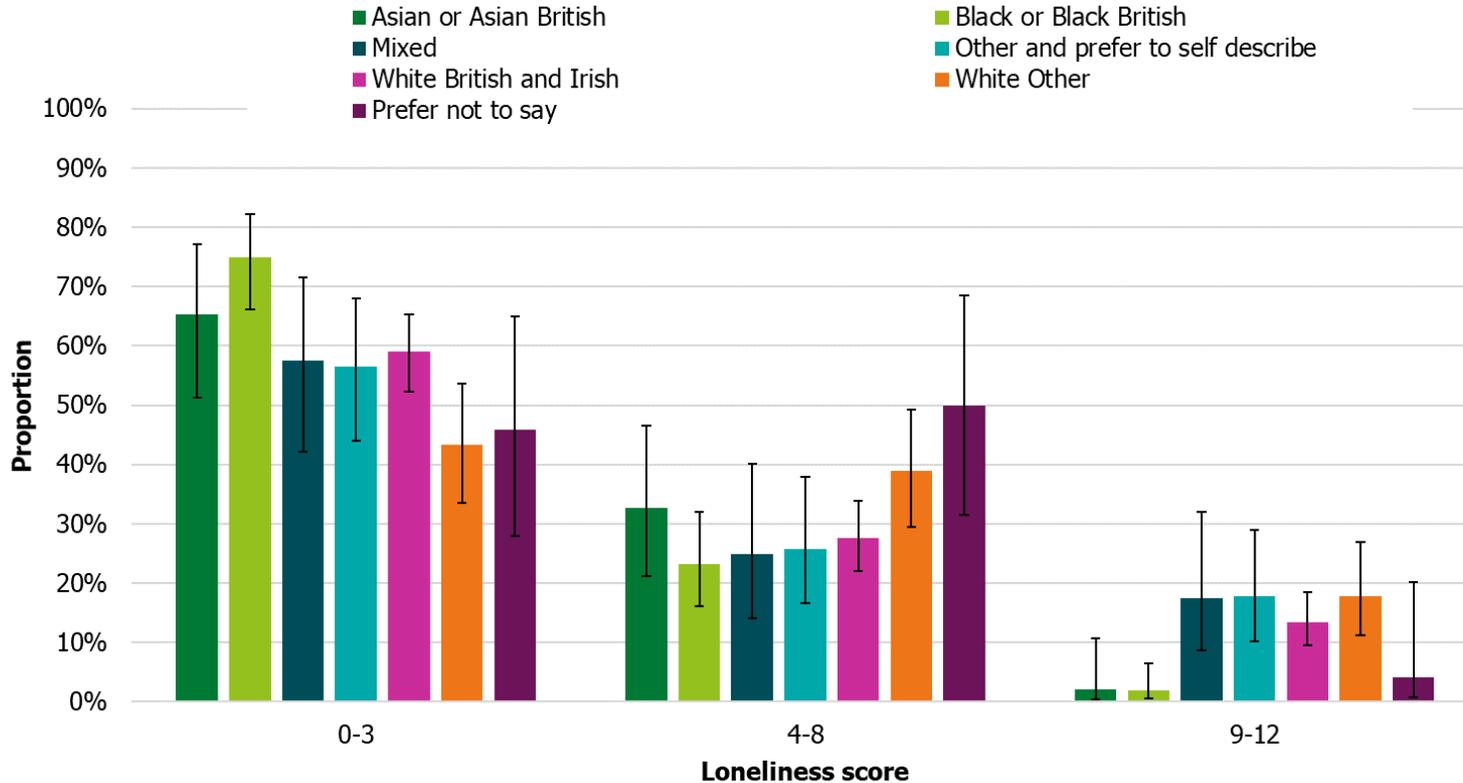
- Respondents from Black ethnic backgrounds (71%) are significantly more likely to think that people from different backgrounds get on, compared to Mixed Ethnic groups (45%) and White Other groups (49%).

Belonging

- No significant difference between ethnicities. Across all groups more than half of respondents felt like they belong to their neighbourhood.

5.3 Loneliness scale (1)

Measuring loneliness in Islington, by ethnicity



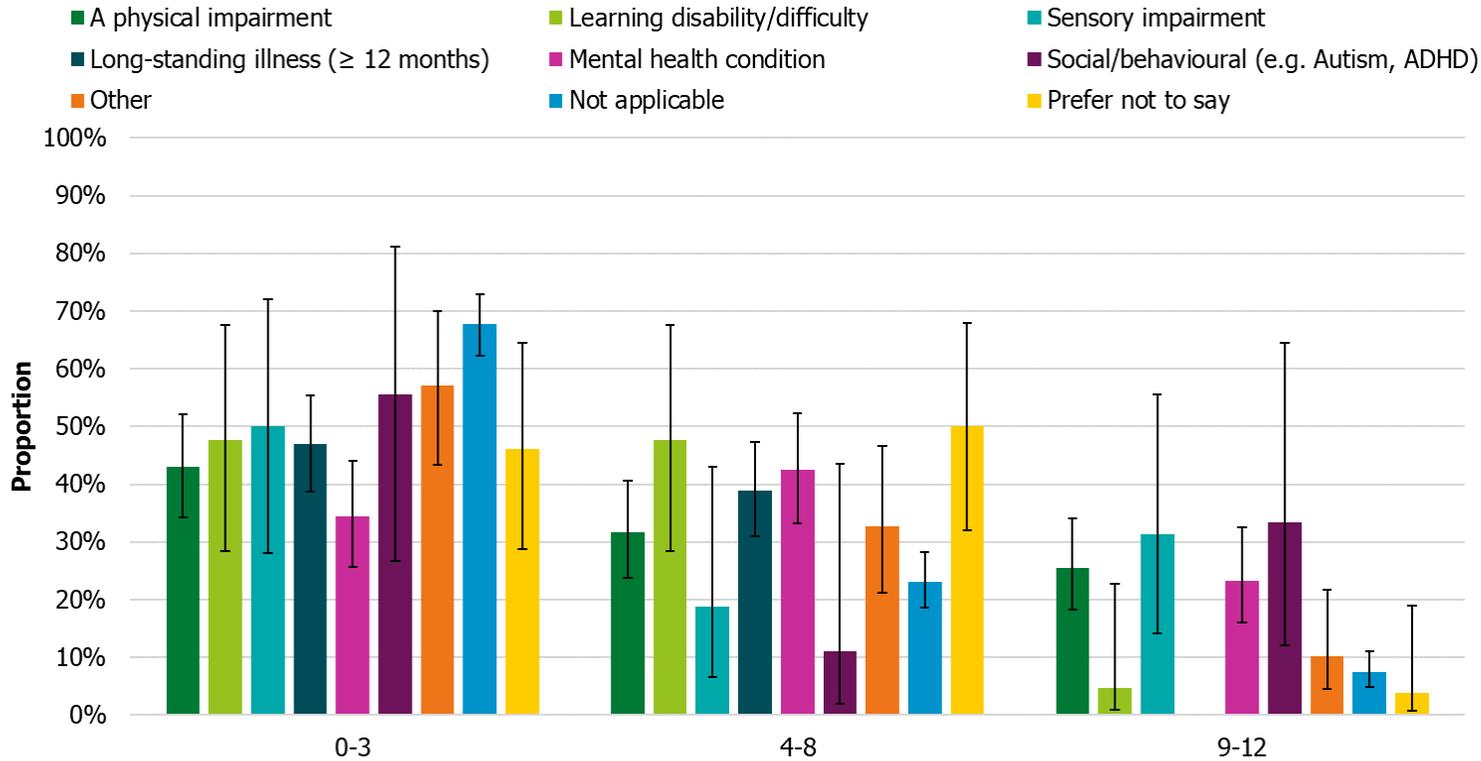
- The median loneliness score for respondents to both the 2020 and 2021 survey was 2, indicating low levels of loneliness overall at both time points.
- In the 2020 survey, there were no differences between ethnicities, with the median loneliness score for all ethnicities ranging from 2-3.
- However, in the 2021 survey we can see that those from Mixed Ethnic (18%), Other Ethnic (18%), White (13%) and White Other Ethnic groups (18%) are more likely to experience intense loneliness compared to Black Ethnic groups (2%).

Note: The Campaign to End Loneliness Measurement Tool was used to measure loneliness. A score of 0 or 3 indicates a person is unlikely to be experiencing any sense of loneliness, whereas a score of 10 or 12 indicates a person is likely to be experiencing the most intense degree of loneliness. Small numbers have been suppressed from this graph.

Source: Islington Residents Survey September - November 2021

5.4 Loneliness (2)

Measuring loneliness in Islington, by condition



Note: The Campaign to End Loneliness Measurement Tool was used to measure loneliness. A score of 0 or 3 indicates a person is unlikely to be experiencing any sense of loneliness, whereas a score of 10 or 12 indicates a person is likely to be experiencing the most intense degree of loneliness. Small numbers have been suppressed from this graph.

Source: Islington Residents Survey September - November 2021

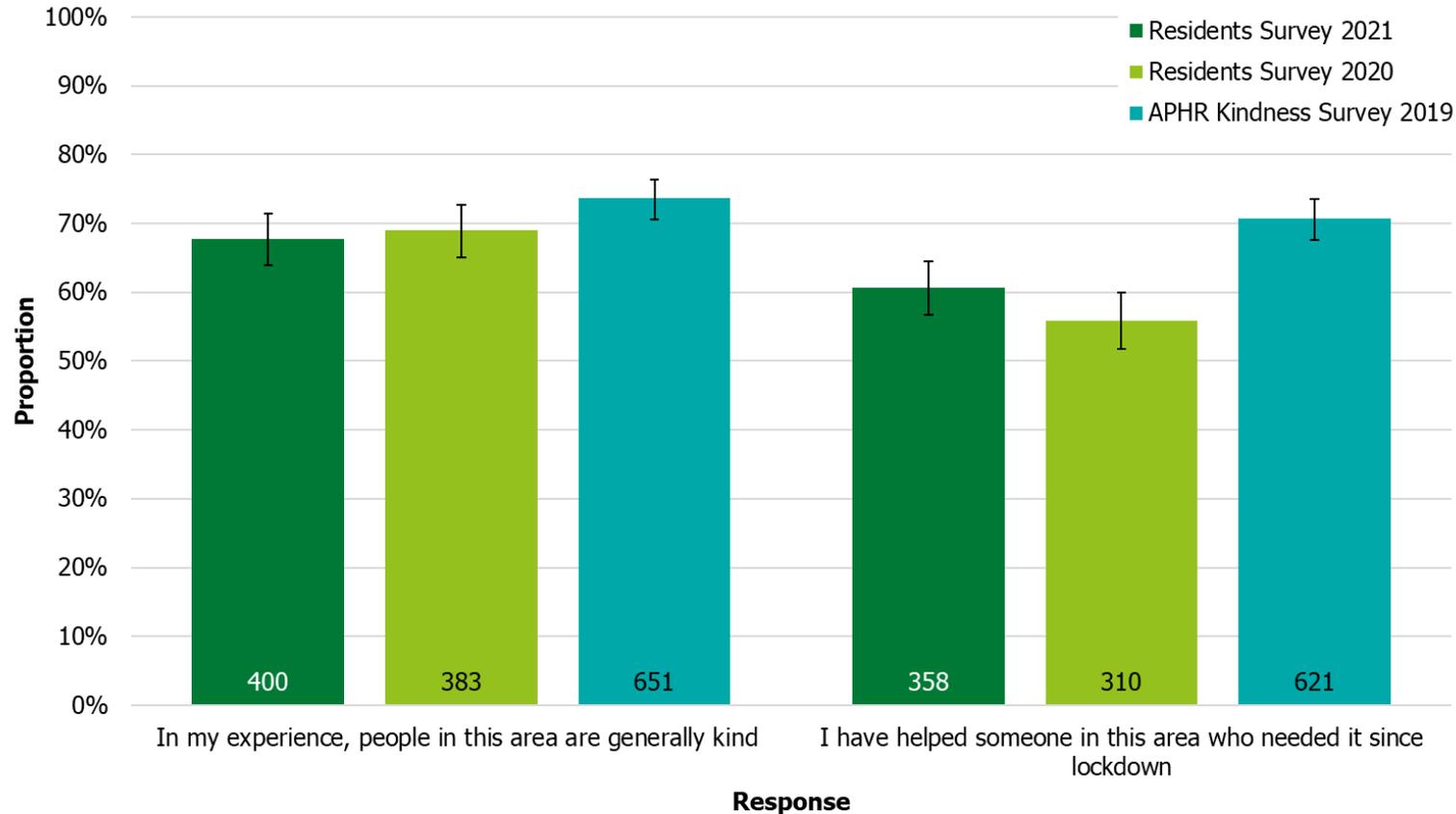
- Respondents with a Physical Impairment (25%), Sensory Impairment, Mental Health Condition (23%) and Social/Behavioural Condition (33%) were more likely to experience **intense loneliness** (a score of 9-12) compared to those without a disability/impairment (7%).
- Only 34% of respondents with a mental health condition were unlikely to be experiencing loneliness (score of 0-3), much lower than those without a disability/impairment (68%).

Data not shown

- Similar to the 2020 survey, under 24's are the **least lonely** age group with 86% having a loneliness score between 0-3. This is a significantly higher proportion than age groups 35 plus and those not specifying their age (range 30-59%).
- There were no significant differences between age groups for loneliness scores of 4-8 and 9-12.

5.5 Experience of kindness (1) – Comparing Pre-pandemic and the pandemic

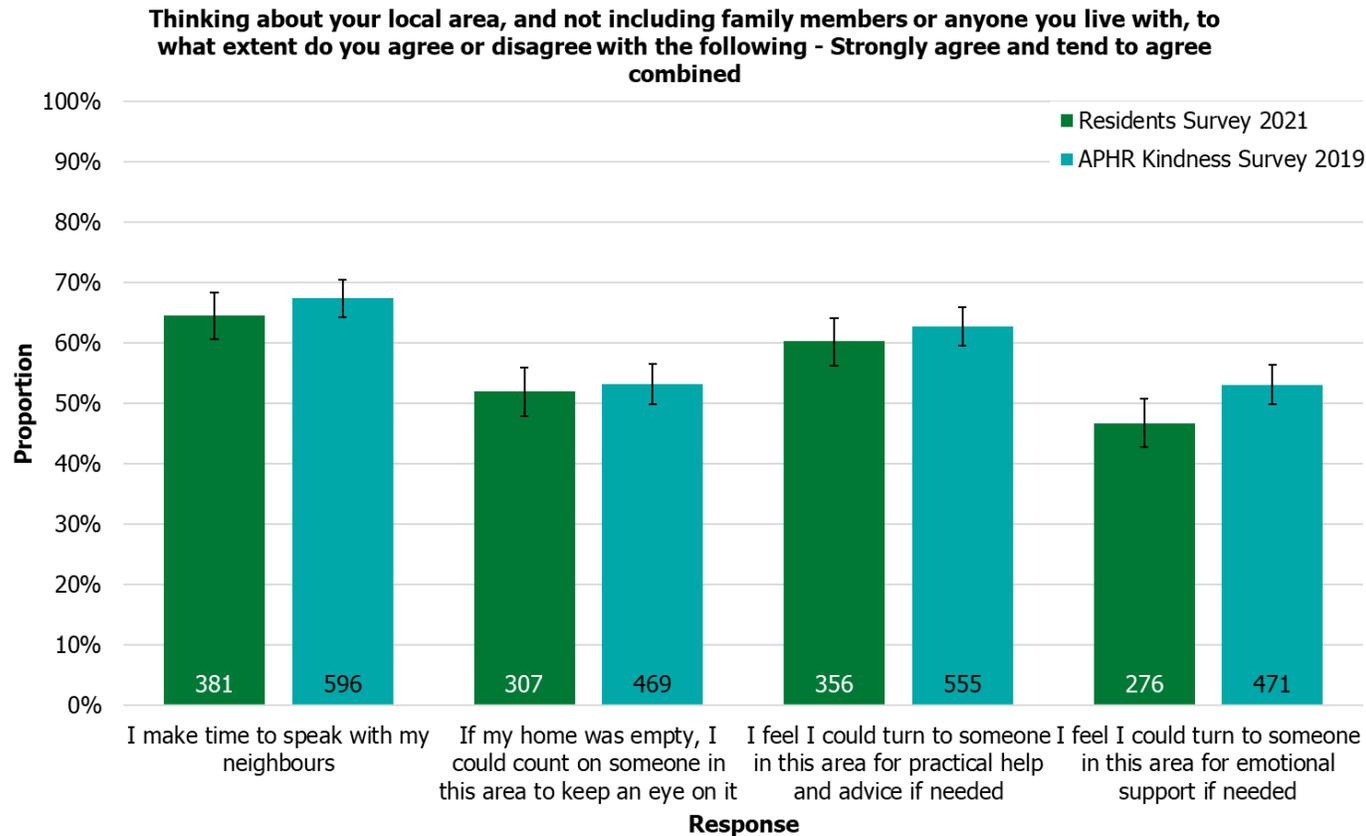
Thinking about your local area, and not including family members or anyone you live with, to what extent do you agree or disagree with the following - Strongly agree and tend to agree combined



Source: Islington Residents Survey September - November 2021; Islington Residents Survey June - August 2020; APHR Kindness Survey 2019

- Overall, most residents in Islington (68%) think that people in their area are generally kind. There are no significant differences with surveys completed in 2020 & 2019 .
- This suggests that perceptions of kindness have not changed from before the pandemic began.
- A significantly higher percentage of people mentioned that they **have helped someone** in the area during the Covid-19 pandemic in 2021 compared to earlier in the pandemic in 2020 (61% vs 56%).
- This may be because of the Covid-19 restrictions in place in 2020 made it more difficult to help others via social contact.
- **Pre-pandemic**, in 2019, a significantly **higher** proportion of respondents reported **helping someone** (71%).

5.6 Experience of Kindness (2) – Comparing pre and during pandemic



Source: Islington Residents Survey September - November 2021; APHR Kindness Survey 2019

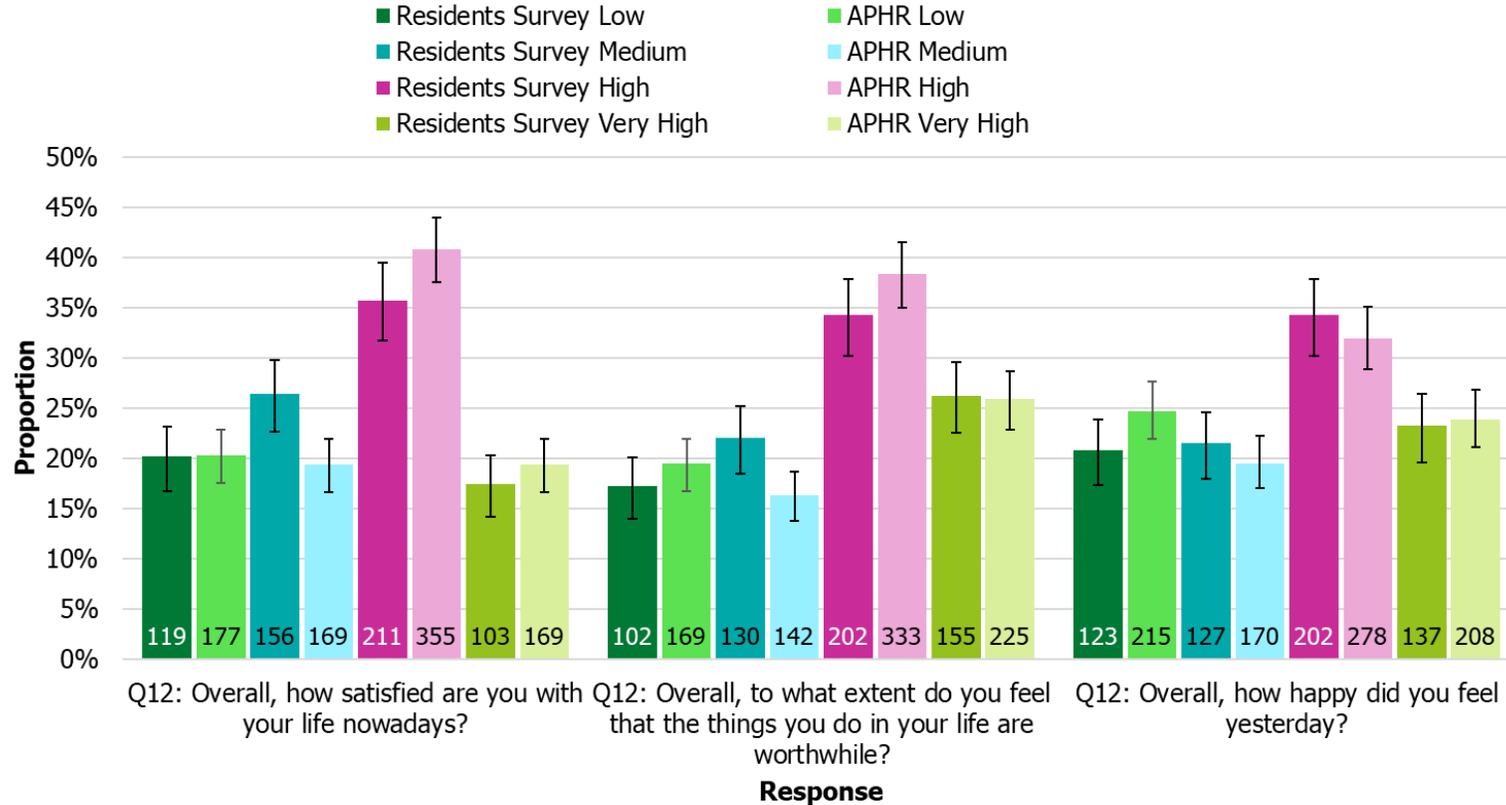
- More than half respondents made time to speak with neighbours, could count on someone to keep an eye on their home, could turn to someone for practical advice or emotional support during the Covid-19 pandemic.
- This is consistent with the survey findings from 2019.

Data not shown

- Across all ethnic groups more than 50% of respondents reported that people in their area were generally kind.
- Compared to Asian (73%), White (69%) and White Other groups (66%), **Other Ethnic groups** (39%) were **significantly less likely** to report that they had helped someone in their area.
- A significantly higher proportion of Asian respondents strongly agreed/tended to agree that if their home was empty they could count on someone to keep an eye on it compared to Black and Other Ethnic Groups (67% Vs 37% and 39% respectively).

5.7 Wellbeing

The following questions are about your feelings on aspects of your life. For each of these questions, please give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely"



Note: Low = 0-4, Medium = 5-6, High = 7-8, Very High = 9-10
Source: Islington Residents Survey September - November 2021, APHR Kindness Survey 2019

- There are **no significant differences** between how residents view their **life satisfaction, worthwhileness** or **happiness** comparing our 2021 survey with a local survey carried out in 2019.
- In general, life satisfaction, worthwhileness and happiness have remained consistently high with over half respondents scoring High or Very High in both 2019 and 2021. However, about 1 in 5 residents reported low life satisfaction and happiness.

Data not shown

- Across all Ethnic groups for each area of wellbeing, the largest proportion of respondents are scoring either High or Very High, **apart from Mixed Ethnicity where the majority of respondents score Low or Medium.**

6.0 Findings 3: Covid-19 Vaccine

6.1 Covid-19 Vaccine – whose hasn't had it?



Only **12%** of respondents had **not been vaccinated**. This equates to 68 respondents.

A significantly higher proportion of respondents from Black ethnic groups (27%) and Mixed ethnic groups (33%) had not had the vaccine compared with Asian, White and White Other ethnic groups (4%, 10% and 4% respectively). This pattern between ethnic groups broadly reflected differences in local vaccination uptake rates at the time the survey was administered.



6.2 Covid-19 Vaccine: Views of those who have been vaccinated

Feeling safer

- Some respondents reported feeling safer after receiving the vaccine and felt more confident going out and about.

"I feel slightly more confident about going out after three covid vaccinations and a flu vaccination." (*White Female, 65-74*)

I feel more positive now that I have had my vaccines and hope things will get better quickly. (*Bangladeshi Female, 65-75*)

I was very reluctant to get the vaccine at first and only decided to get it based on advice from Arachne staff which I'm glad I did as I feel safer for having had it. (*Other White Female, 45-54*)

Worries about others not taking vaccine

- Some respondents reported feeling worried that others hadn't had the vaccine.

I worry about the people who refuse vaccinations.
(*Other White Female, 45-54*)

I do not feel safe from Covid on any form of public transport because of lack of mask wearing and low vaccination rates especially amongst younger people, so I do not use the tube or bus.
(*White Female, 65-74*)



6.3 Top 10 reasons for not wanting the Covid-19 Vaccine*

1. Not thinking its safe (35%)
2. Not trusting the intentions behind the vaccine (29%)
3. Worried about the effect on an existing health condition (25%)
4. Worried about blood clots (24%)
5. Worried about being unwell after having the vaccine and worried about not being able to go to work (22%)
6. Worried about potential long term side effects (21%)
7. Disliking needles (15%)
8. Being against vaccines in general (13%)
9. Waiting to attend first appointment (12%)
10. Not thinking they need the vaccine as already had Covid-19 / not thinking they are at risk (10%)

**Number of responses was too small to do sub-analysis by demographics*



6.4 Covid-19 Vaccine – support or information you would like before considering having the Covid-19 vaccine?

Only 34 people responded with comments about further support they would like before considering having the Covid-19 vaccine. Most comments reflected the previous question. For example, wanting more information about side effects, a general mistrust of government communication, wanting more time to pass before taking the vaccine, concerns about allergies. New additional themes included:

- A few respondents wanted positive information about efficacy and more information about the booster.
- 1:1 time with a health professional
- Not wanting vaccination during pregnancy
- A minority of respondents also believed that the vaccine was only necessary for vulnerable groups and did not understand why they should have it if they have already had Covid-19 due to 'natural immunity'.
- It was also suggested that hearing the positive impact of vaccine on people's lives would be helpful.
- A safe space for asking questions about the Covid-19 vaccine was also mentioned. Specific organisations which weren't linked to government were also viewed as a good way of promoting the vaccine.
- A minority of respondents also worried that they were going to be forced to get the vaccine and some regretted getting the vaccine for specific reasons such as affecting their menstrual cycle.



6.5 Covid-19 Vaccine – Vaccine Hesitant views

“I can understand why people vulnerable to a bad case of Covid take it, and there has been evidence of it mitigating their symptoms when they do, but more and more evidence is coming out that there are safe, cheap treatments for the disease and that natural immunity from having it is longer lasting and deals with variants more effectively. I think it is unnecessary, and puts especially young people at more risk of harm than they have from the disease itself. The vaccine also neither stops people from getting the disease nor from transmitting it, contrary to what has been implied by the advertising campaigns telling people to get it. Personally I know three double-jabbed people who have come down with the disease, two quite badly, whereas unjabbed people I know like myself have been unafflicted by the new variants. This is despite close contact with those with the illness.” *(Other White Female, 45-54 years old)*

“I tested positive for Covid-19, and my symptoms were similar to a cold or flu, but my body fought the coronavirus and I recovered. So, why would I want to take the Covid-19 vaccine when my immune system is strong enough to keep me from becoming ill. In addition, the vaccine doesn't prevent me from virus transmission and infection.” *(Arab Male, aged 35-44)*

“We are yet to see the long-term effects of the vaccine. Hence, I doubt taking the vaccine.” *(Black African Female, aged 25-34)*

7.0 Findings 4: Accessing Support and Digital Inclusion

7.1 Views on accessing support or activities in person

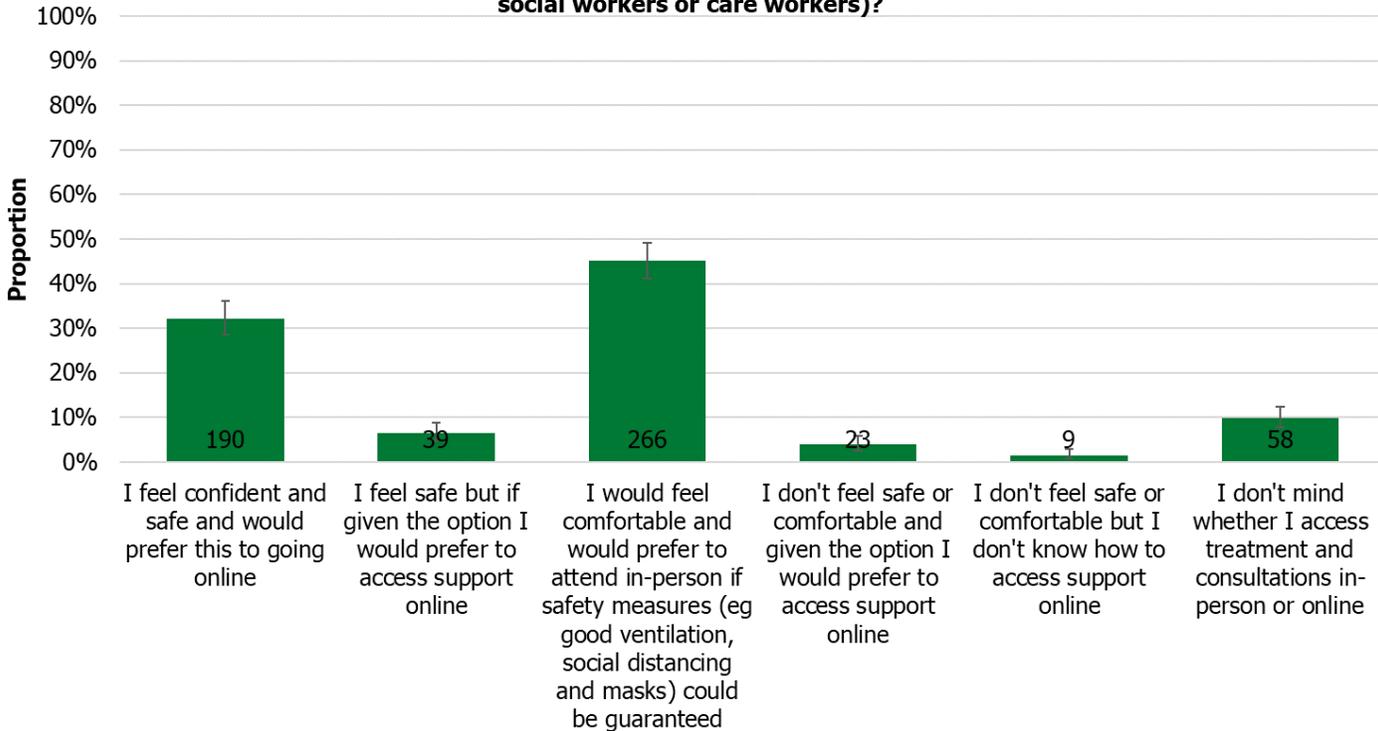


Groups & activities

- Respondents were asked whether they felt safe engaging with in-person groups or activities (eg Yoga, walking groups and other hobby groups).
- **45% of respondents** reporting **feeling safe** and wanted to join groups or activities or had already returned to in-person sessions.
- **24% of all respondents** reported **feeling apprehensive** around attending in-person groups or activities and would feel more confident if they were offered information around **safety measures** in place.
- Respondents from Asian communities (53%), Mixed ethnicities (62%) were particularly of this view.

7.2 Views on accessing support or activities in person

How safe do you feel about engaging with in-person consultations for your physical health, mental health or social care (eg face-to-face GP or hospital appointments, receiving visits from social workers or care workers)?



Source: Islington Residents Survey September - November 2021

Note: 30 respondents didn't complete this question

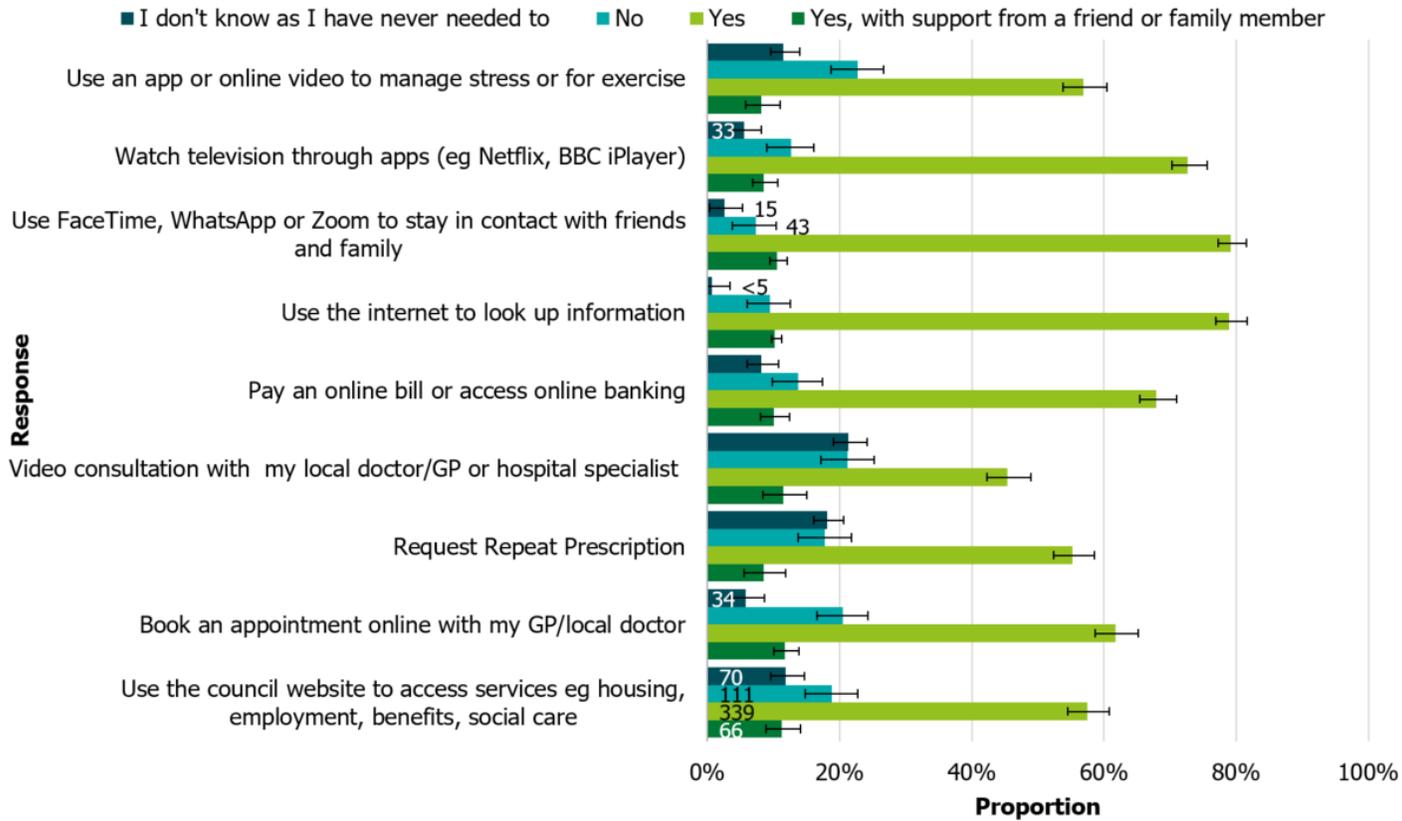
Health & Social Care

- Respondents were asked how safe they felt attending in-person health or social care appointments (eg face-to-face GP or hospital appointments, receiving visits from social workers or care workers).
- **The largest proportion of respondents (45%)** said that they would **feel safe** to attend in-person appointments if **safety measures** could be guaranteed.
- **Only 4% of respondents** reported not feeling safe and would prefer to attend consultations or appointments online.
- These findings reflect analysis of free text comments in section 4.9 which found that respondents were worried about accessing healthcare setting due to a fear of contracting Covid-19 so reassurance about safety measures is important. Other themes detailed in more detail in earlier sections include:
 - **Difficulty booking medical appointments** (including GP and Hospital appointments) due to a lack of availability.
 - **Delays in treatment and cancellation of procedures** which respondents attributed to staff shortages and impacts of Covid-19
 - **Carer's were particularly concerned** that those who they were caring for were not getting the support they needed due to lack of regular contact with health and social care services
 - **Capacity of the NHS** to look after you if you got sick.

7.3 Digital inclusion – ability to use different online services

Vast majority of respondents were able to use different online services either independently or with support from a friend or family member.

Do you know how to use the following online services?



Source: Islington Residents Survey September - November 2021

Areas where residents were the least experienced:

- Using apps or online videos to manage stress or for exercise (23%)
- Video consultation with local doctor/GP or hospital specialist (21%)
- Booking appointment online with GP or Doctor (21%)
- Using council website to access services (19%)
- Requesting a repeat prescription(18%)

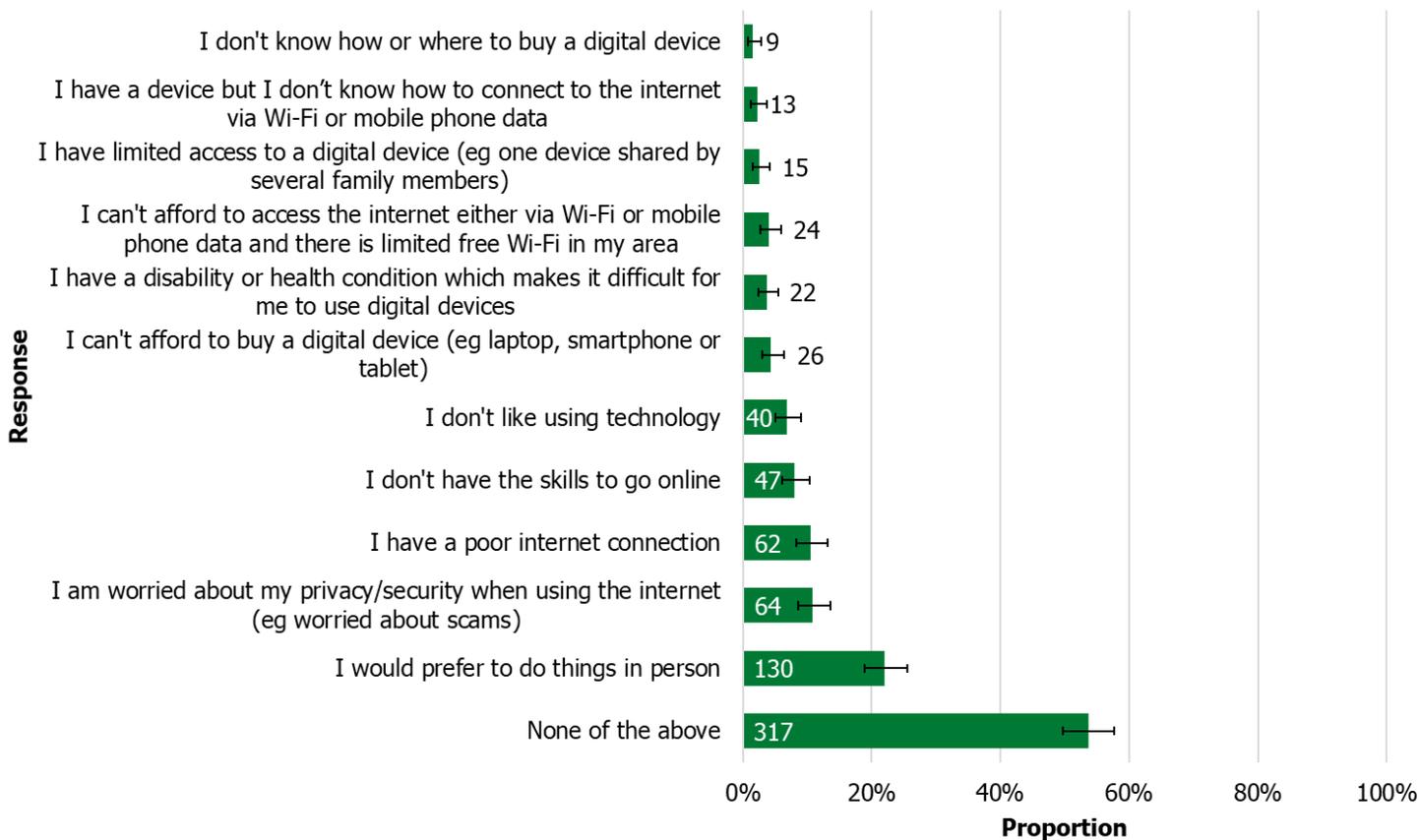
Whilst 40% of respondents accessed the survey non-digitally it might be that our sample is skewed towards those who have better digital literacy.

Data not shown

- A significantly smaller proportion of respondents aged 75+ were able to use all online services listed either independently or with help (range from 10% to 26%) compared to all other age groups.
- Across all types of disability/impairment a significantly smaller proportion of respondents were able to use online services independently or with help from a friend (range from 1% to 15%) compared with those without a disability/impairment. The only exception was using the council website where irrelevant of disability status, most respondents could use (i.e over 50%).

7.4 Digital accessibility – Reasons preventing you from going online ISLINGTON

Are there any reasons which might prevent you from going online?



Source: Islington Residents Survey September - November 2021

- Over half respondents (54%) reported that there were **no reasons which prevented them from going online**.
- For respondents for whom this was an issue, they were asked to choose from a pre-specified list of reasons about what prevented them from going online (see chart).
- The most popular responses were preferring to do things in person (22%), being worried about privacy or security (11%) and having poor internet connection (11%)
- Free text responses were consistent but also raised language barriers.

"I feel worthless because I do not like online stuff but others do. I am not given a choice"

"I am tired of online activities and not interested in them anymore"

7.5 Digital inclusion – Reasons preventing you from going online by respondent profile

Ethnicity

- **Black ethnic groups** had a significantly higher proportion of respondents reporting that they could not go online because they **didn't have the skills** compared with Asian, Mixed ethnicities, White and White Other groups (19% vs <5% for other groups).
- A significantly higher proportion of **Black respondents** were not going online due to concerns about **privacy and security** compared to Asian ethnic groups (17% vs 6%).

Gender

- A significantly higher proportion of **females** reported that they preferred to do things **in person** compared with men (25% vs 13%).

Age

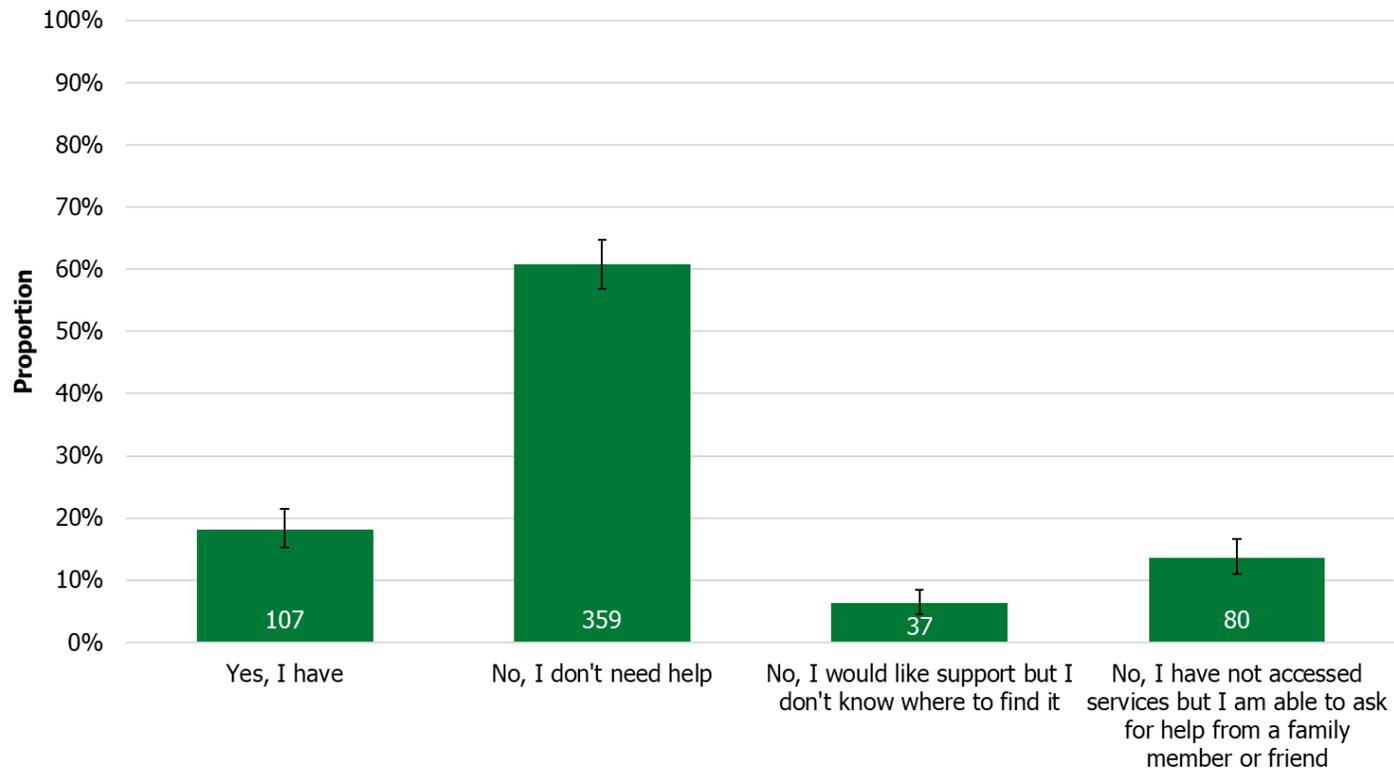
- Compared to respondents over 35, a significantly higher proportion of **under 25s** reported that **poor internet connection** prevented them from going online (33% vs 8-10%).

Disability

- **Poor internet connection** was significantly more of an issue for people with a learning disability/difficulty (38%) compared with those without a disability/health impairment (9%).
- **Not having the skills to go online** was significantly more of an issue for people with a physical impairment (18%) and mental health condition (15%) compared to those without a disability/impairment (5%).
- **Worries about privacy and security** was significantly more of an issue for respondents with a physical impairment (18%) and long standing illness (21%) compared to those without a disability/impairment (6%).
- Respondents with a physical impairment and long standing illness (31%) were significantly more likely to want **to do things in person compared** to those without a disability/impairment (17%).

7.6 Digital accessibility – Access to support to learn skills to go online

Have you previously accessed services or support to help you learn the skills to go online?



Note: 7 respondents did not complete this question. They have been removed from the graph but included in the analysis.

Source: Islington Residents Survey September - November 2021

- Vast majority of respondents reported that they didn't need help (60%). **6% of respondents would like help but don't know where to find it.**
- 17% of respondents said they had previously accessed support. The most popular forms of support were:
 - ❑ **VCS support.** This included support organised by Age UK, Arachne, CLSS, KMEWO and LAWRS.
 - ❑ **School/University or education setting.** Places specifically mentioned included City Islington College and Islington Adult Learning.
 - ❑ **Family community support.**
 - ❑ **General Online Courses** such as via YouTube.

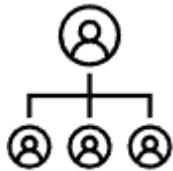
7.7 Digital accessibility – further services and support needed

Residents were asked if there was any further support that could be offered to help them go online. 77 residents responded (13%).



1. More courses and training.

This ranged from courses in basic IT skills to more specific courses around how to use Zoom, Smartphones, how to access online healthcare, online banking and how apps work.



2. Request for support from specific VCS organisations

Several respondents requested support from specific organisations including Age UK, Archane, ECUK, IBA or Healthwatch Islington



3. Wi-Fi connectivity and access

This included making improvements such as faster and more reliable internet connections in homes or providing more free hotspot areas. There was also comments about making free internet access more readily available.



4. Better access to digital devices

The free provision of devices such as laptops was requested especially for families.



5. Language barriers

Support which takes into residents who have language barriers

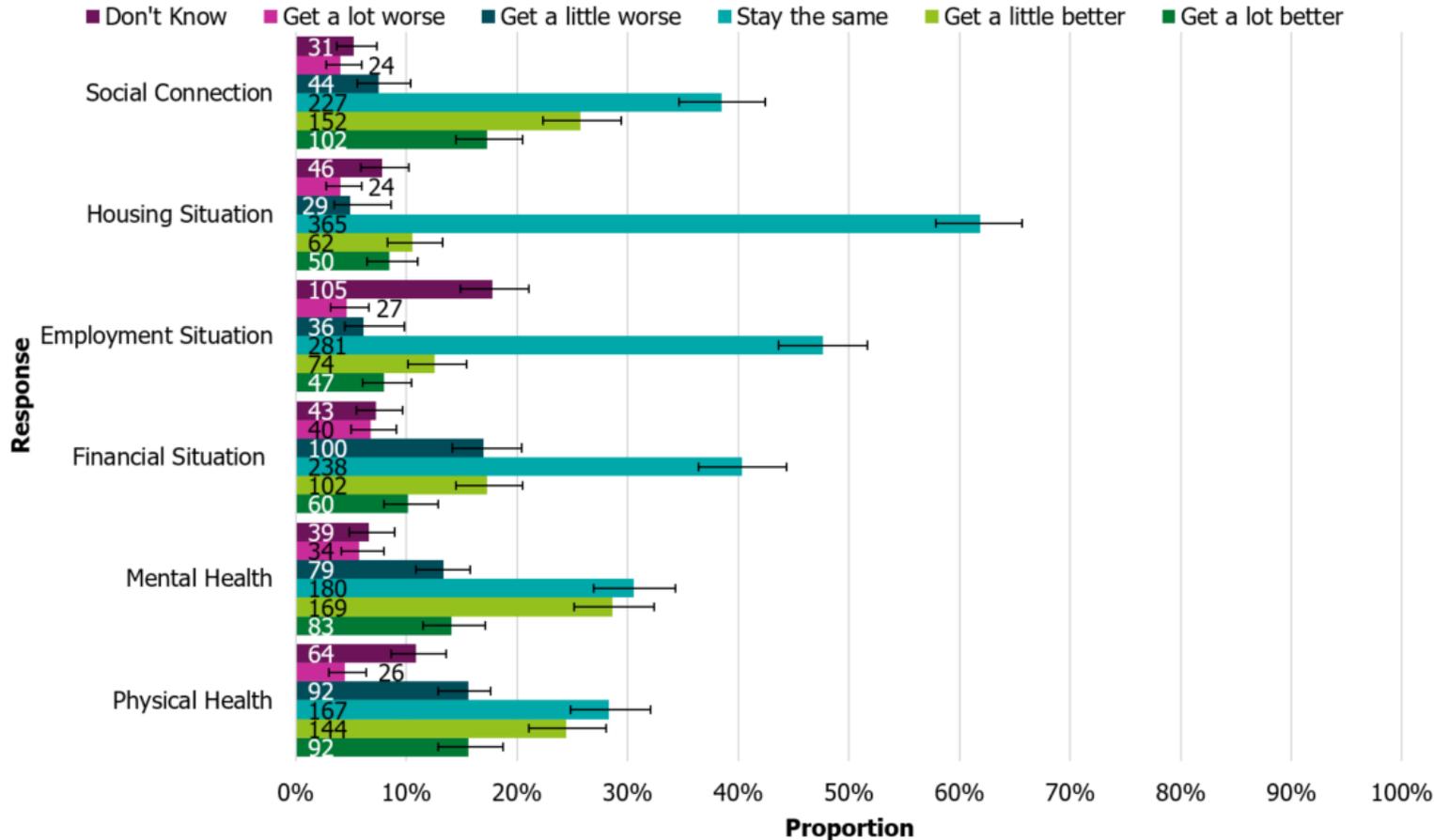
“Easy to access tutorials at libraries - maybe one day a week - on using computers and smartphones. Learning how to use Zoom/Instagram/Facetime etc. would certainly reduce the feeling of loneliness.”

“Provide internet in social housing as part of local government digital enhancement projects if there are any, apart from libraries public wifi to be enabled via hot spots.”

8.0 Findings 5: Looking to the Future

8.1 Future (1)

How do you expect the following to change in your household over the next 12 months?

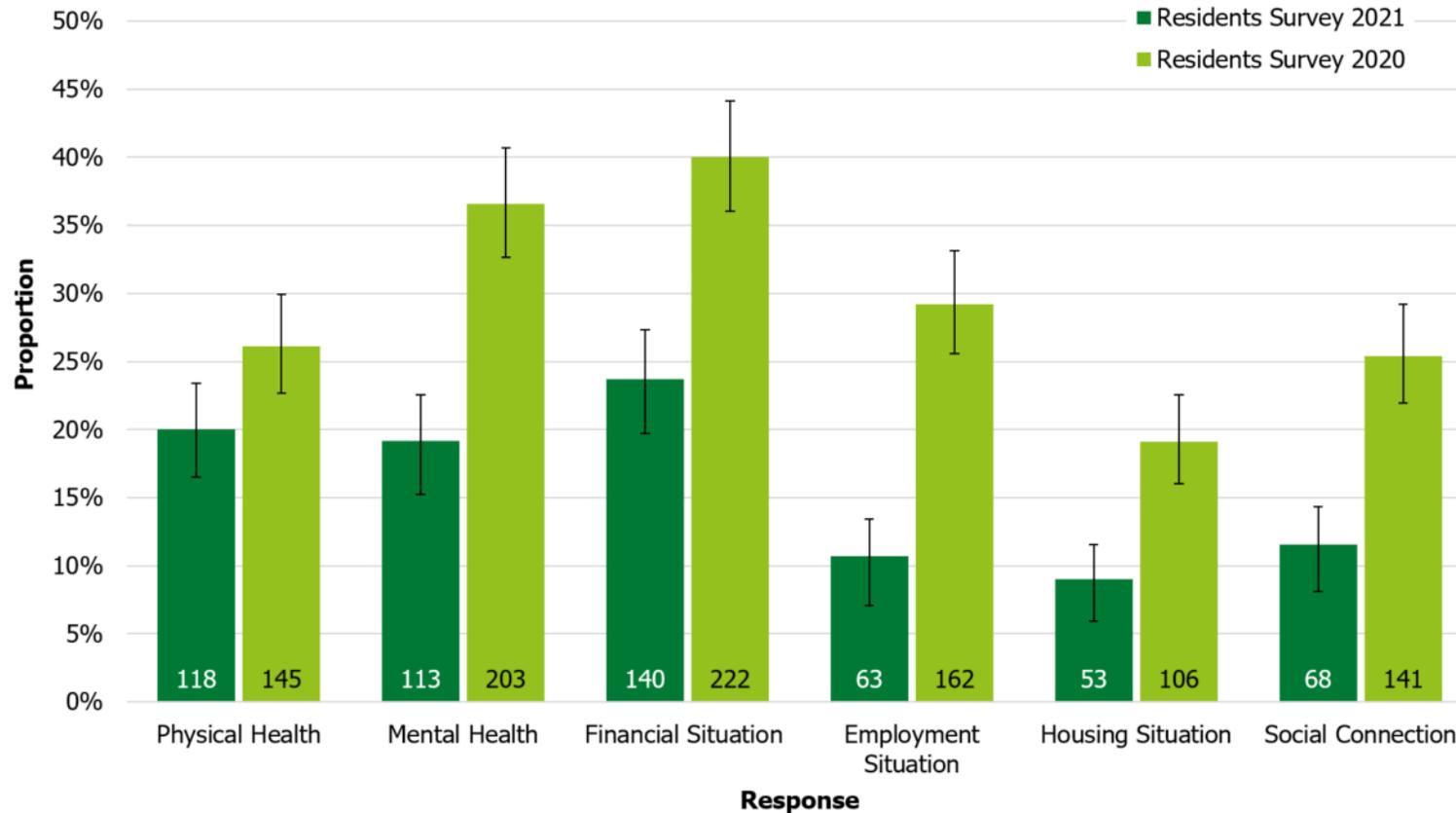


- Overall, a majority of respondents reported that over the next 12 months different areas of their life will stay the same. This is line with 2020 survey.
- The chart depicts that for all areas of life the majority of respondents do not think that their situations will get a little or a lot worse.

Source: Islington Residents Survey September - November 2021

8.1 Future (2)

How do you expect the following to change in your household over the next 12 months? - a little and a lot worse combined

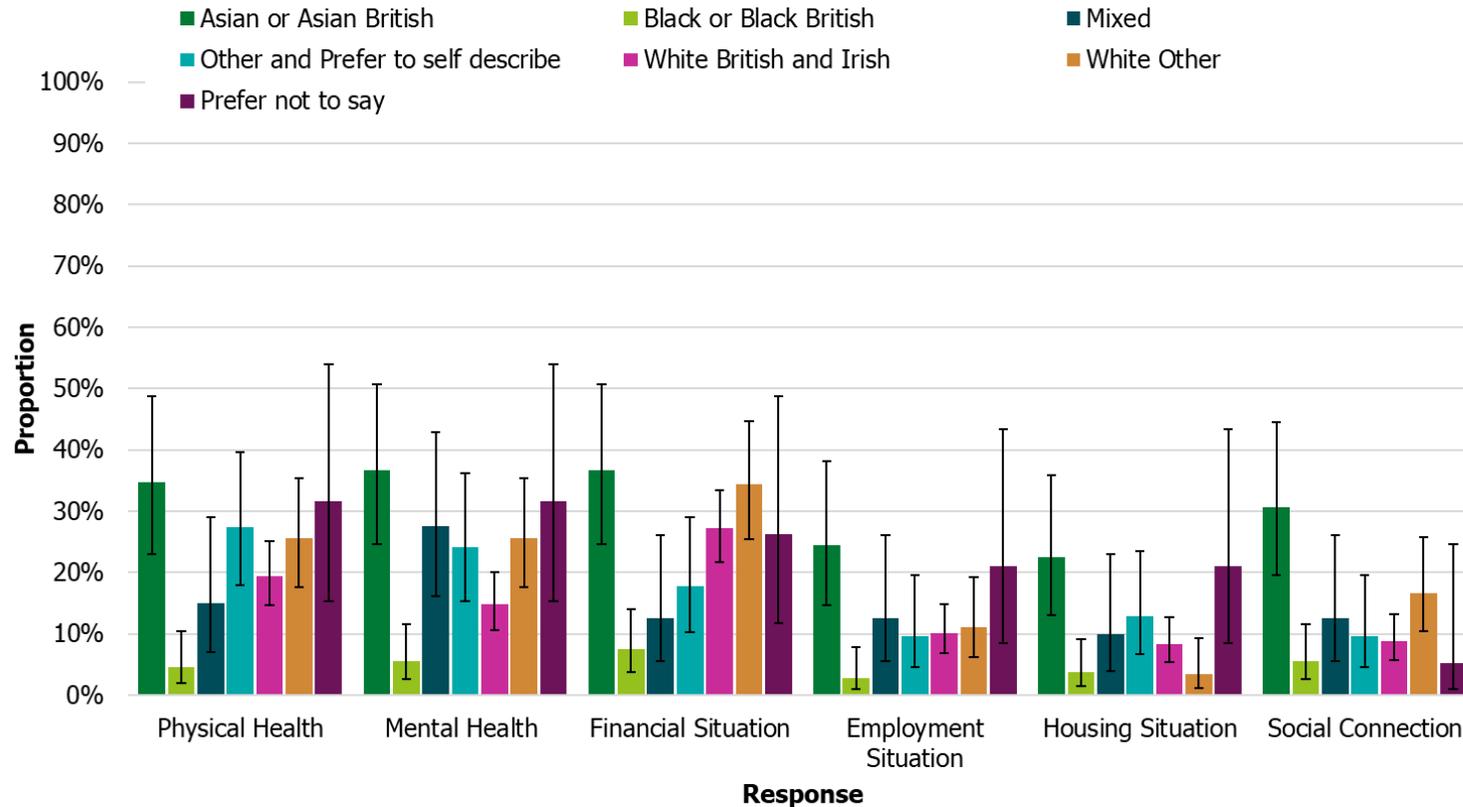


- A comparison between the 2020 and 2021 survey shows that in general, **in 2021, respondents are significantly less likely to feel that things will get a little or lot worse over the next 12 months.**
- A significantly higher proportion of respondents in 2020 thought that their mental health, financial situation, employment situation, housing situation and social connections would get worse compared to respondents in 2021 (range 19 to 40% vs. 9 to 24%).

Source: Islington Residents Survey September - November 2021; Islington Residents Survey June - August 2020

8.2 Future: By Ethnicity

How do you expect the following to change in your household over the next 12 months? - a little and a lot worse combined, by condition



Source: Islington Residents Survey September - November 2021

A detailed analysis by ethnicity shows that:

- More **Asian** respondents expected their physical health (35%), financial situation (37%) and employment situation (24%) was going to get "a little" or "a lot worse" over the next 12 months compared to Black Ethnic groups (range 3-7%).
- Asian respondents were also significantly more likely to expect a worsening in their mental health (37%), and social connection (31%) compared with Black (6%) and White Ethnic groups (9% & 15%).

Data not shown

- Overall, compared to the summer 2020 survey, across all ethnicities a smaller proportion of respondents think their situation will get 'a little' or 'a lot worse'.

8.3 Future: By Disability/impairment status

A detailed analysis by health/impairment status shows:

- Respondents with a Physical impairment, Mental Health condition or Long-standing illness were significantly more likely to think their Physical Health and Financial situation would get 'a little' or 'a lot' worse relative to those without a disability/impairment (range 43-52% vs 6%).
- Respondents with a Longstanding illness (16%) or Mental Health condition (18% & 19%) thought their housing and social situation would get worse relative to those without a disability/impairment (6%).
- A significantly higher proportion of respondents with a Physical Impairment (25%), Learning disability/difficulty, Long-standing illness (24%) or Mental Health condition (33%) thought that their mental health would get worse compared to those without a disability/impairment (6%).

8.4 Future and 'new' normal – Free Text analysis (1)

- Whilst a lower proportion of residents in the Autumn 2021 survey reported that they think different aspects of their life will get worse over the next 12 months, it is apparent that the majority of residents are still worried about the pandemic.
- Residents were asked if there was any further support they would benefit from during this time as well as hopes and concerns around life as lockdown eases.
- Free text comments reflect previous findings including:
 - ❑ **Uncertainty around the future** specifically in relation to further Covid-19 restrictions, worry about another lockdown, fear that the world will never return to normal, and concern about other viruses or mutations.
 - ❑ Respondents mentioned **positive outcomes of the pandemic** including increased community cohesion and support as well as a general increase in kindness in a very difficult and lonely time. The ability to work from home was also viewed by some as a positive.
 - ❑ Various **wider determinants of health** were also reported as concerns - with debt or financial insecurity being the most common, followed by housing. Other concerns included employment, education (as well as specifically the effects of home-schooling), street safety, and digital exclusion. A few respondents also mentioned food insecurity, pollution, and anti-social behaviour.
 - ❑ A small minority of the free text response also mention traffic restrictions, with some residents strongly opposing low traffic neighbourhoods and traffic restrictions, while others praising them and showing great enthusiasm.

8.5 Future and 'new' normal – Free Text analysis (2)

"They think we've won the war but we only just scraped through the first battle and worse may be to come, depending on virus mutation." (*White Female, 55-64*).

"It's hard to gauge how our situations will be like over the next 12 months due to the uncertainty of the pandemic. Also, I fear that many people may be living with the mental health impact of the Coronavirus situation for many years to come." (*Mixed Ethnicity Male, 25-34*)

I need more local friends, but I don't know how to start that. I would like services and groups aimed at autistic adults, or with understanding of neurodivergence, to make it easier to get over the first awkward and difficult steps. (*Other White, 35-44*)

"I think a fuel poverty support service should be in place, now gas and electricity prices are truly rocketing and the winter is approaching fast." (*White Female, 45-54*)

"I hope that life will be better than it was during the pandemic and that people will be more empathetic to each other as a result of our struggles." (*Black African Male, 25-34*)

"Life before and after lockdown was not the same but, with connection family and friends it is better day by day." (*Black African Male, 65-74*)

"I hope that the Govt will keep us up to date so that we are prepared and can take precautions and that things can go back to normal i.e. Schools and hospitals are open." (*Female Black African, 45-54*)

"Feeling positive now that everything will get better soon. Been through so much stress during the pandemic and I am now trying to deal with my life in a more positive manner." (*Bangladeshi Female*)

Covid has brought neighbours together and maybe more people now know each other and help each other. (*White Female, 55-64*)

Section 9: Summary and Next Steps

9.1 Summary

Key Findings 1: Resident's concerns and wellbeing

- ❑ **Nearly three quarters of residents are worried or very worried about the effect Covid-19 is having on their life right now.** Significantly more people with disabilities, ethnic minorities and older age groups reported being very worried about the impact of the pandemic. Across 11 **specific areas of their lives**, the extent to which residents are more worried now, compared to prior to the pandemic, varied. More than half of respondents were more worried about the future, access to health care, mental health and physical health. Asian ethnic groups were more worried across most areas compared to other ethnic groups.
- ❑ In free text responses, residents discussed a range of effects that Covid-19 was having on their lives. The two most frequently mentioned impacts were related to **Mental Health and Wellbeing** and **Social Isolation/loneliness**. It is clear that the impact of lockdown and other restrictions have negatively impacted people's mental health and wellbeing and made many people feel lonely through limited social contact. However, a decline in mental health and feelings of isolation tended to be **a result as a range of different factors**, respondents mentioned employment, finances, access to services and support, relationships, education, a sustained fear of contracting Covid-19 and general despair about the future.
- ❑ Certain groups emphasised particular issues in free text responses. For example, Black and Asian respondents raised bereavement, fear of going out and education more often than other ethnic groups. Carer's were another group who reported being adversely affected both through the worry and stress of caring for a vulnerable family member but also feelings of isolation as they often were shielding too and had access to less support.
- ❑ Despite high levels of worry and concerns about mental health, **a majority of respondents felt positive about their community, had low levels of loneliness and rated their life satisfaction, worthwhileness and happiness highly**, with no significant differences prior to the pandemic. In free text responses, it was reported that community support had been highly valued during a very difficult and isolating time. Respondents from mixed, other and white ethnic backgrounds and those with disabilities were more likely to experience **intense loneliness** than other groups.
- ❑ Respondents with physical impairments, long-standing illness and mental health conditions were significantly less likely to feel that people could be trusted and people from different backgrounds got on well together compared to people without these conditions or impairments. People of mixed ethnicity rated their wellbeing lower than other ethnic groups.
- ❑ A large majority of residents think others are **generally kind and have helped someone** in the area, but slightly lower proportions reported helping others in the 2020 and 2021 surveys than in the pre-pandemic survey – this may be due to the impact of restrictions and concerns about infection.

"I feel like it's created a stress burden for most, facing the unknown of our future." (Female, 18-24)

9.3 Summary

Key Findings 2: Covid-19 Vaccines

- ❑ Only 12% of respondents reported not having received a **vaccine**, significantly more from mixed and black ethnic groups. The top reasons for not being vaccinated were concerns over safety, intentions behind the vaccine, effects on existing health conditions and the ability to work. Respondents suggested providing more information on vaccine efficacy, positive impacts on people's lives and vaccine ingredients, and 1:1 time in safe, non-government spaces to ask questions.

Key findings 3: Accessing Healthcare services

- ❑ **More than half** of respondents were **more worried about accessing Healthcare now** compared with before the Covid-19 pandemic.
- ❑ Respondents were asked how they felt about attending health and social care appointments in person and the most popular response was that they would safe and prefer in-person consultations if Covid-19 safety measures could be guaranteed (45%).
- ❑ Analysis of free text responses did show that some respondents were **worried about accessing healthcare due to fear of contracting Covid-19** or passing it onto a family member.
- ❑ Other issues raised in free text responses included (1) **difficulty finding available medical appointments** (including GP and hospital). The particular emphasis was on the availability of face to face appointments. Some commented on or viewed a loss of face to face services as not meeting care needs this was in relation to both health and social care need. (2) **Delays in treatment and cancellation of procedures** (3) **Capacity of the NHS**. There was a concern around the capacity of the NHS and fears that they won't be adequately looked after if they get sick. Others mentioned not engaging because they believed they would get stuck on a waiting list

Key findings 4: Digital exclusion

- ❑ The vast majority of respondents said they **could use a range of different online services** either independently or with support from a friend or family member. People with disabilities and respondents over age 75 were significantly less likely to report use of a range of different online services.
- ❑ The majority of respondents indicated there were no factors which prevented them from going online. Those who did identify reasons primarily reported preferring to do things in person/disliking technology, concerns about privacy/security and having poor internet connection.
- ❑ 6% would like support to learn online skills but don't know where to find it.

"I would like more opportunities to access in a person or telephone support from our GP. Since the pandemic, it has always been difficult to contact them." (Black African Male, 18-24)

Section 10: Recommendations & Next Steps

10.0 Recommendations

The recommendations listed have come out of initial discussions with the survey steering group. These are 'live' and we hope to develop them further as this report is shared with other partners. This work has also presented us with further questions and other areas of analysis/engagement that we would like to explore. These are presented on the following page.

- ❑ **General.** Disseminate work widely across the system to link in with other large scale pieces of resident engagement including Let's Talk Islington. Share work with residents via council website and an event run through local community centres.
- ❑ **Mental Health.** The findings around Mental Health impacts are multifactorial and will require different interventions. There is already a plethora of working happening to address the mental health impacts of Covid-19. A first step will be to work with partners to understand what is already happening in terms of the issues raised, how support available is being communicated and where the gaps are.
- ❑ **Covid-19 vaccines.** Continue providing a safe space for residents to ask questions about vaccine which offer an alternative to council or government channels. For example, trusted VCS organisations. Promote positive stories about the vaccine especially the positive impact it has had on people's lives. Many of the reasons for not getting the vaccine described are similar to those identified through other national and local sources, and messaging should continue to address these concerns and promote access via the range of communication channels.
- ❑ **Digital access and exclusion.** Share key findings around digital access and exclusion to inform digital exclusion strategy. For example, addressing digital infrastructure issues as well as literacy factors. Emphasising that it is important to provide alternatives to being online as some residents prefer or need to do things in person. For example, in a healthcare setting respondents reported that face to face contact was an important element of care.
- ❑ **Accessing healthcare.** Reassure residents that it is safe to attend healthcare appointments, clearly communicating what safety measures are in place to reduce the risk of Covid-19.

10.1 Executive Summary – Further analysis/Next steps

Further analysis

The Autumn Covid-19 Resident Survey has provided us with a rich data source which can be tapped into and further sub analyses carried out.

- ❑ **Carry out a deep dive into Mental Health.** Try and unpack the key drivers of Mental Health impacts through further interrogation of free text responses. Further explore connections between those who are very worried and those who are intensely lonely.
- ❑ **Further analysis by respondent profiles.** This includes a more nuanced analysis by disability/impairment (eg Multiple disabilities vs no disability), LBGTQ+ & household status.
- ❑ **Exploring ethnicity categories.** Trying to understand better who is represented by 'white other' vs 'prefer to self describe'

Next steps

The Autumn 2021 survey has given rise to a number of questions which warrant further study:

- ❑ **Some groups are underrepresented** in the survey including men, under 35s and specific ethnic groups (white ethnic groups, Indian and Chinese ethnic groups). It might be beneficial to carry out specific target engagement with these groups or find ways to broaden reach of surveys.
- ❑ **Healthcare & primary care access.** Further questions might include are the people being offered digital/face-to-face appointments the ones who need it most, is everyone getting the access they need.
- ❑ **Intersectionality.** A more intersectional approach to targeted engagement would help us understand how individuals intersecting identities have influenced their experience of Covid-19. This might be particularly useful for gaining a more nuanced understanding of residents 'worries about the future'.

Acknowledgements

About Public Health Knowledge, Intelligence and Performance team

Public Health KIP team is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health KIP team undertake epidemiological analysis on a wide range of data sources.

About Covid-19 Resident Survey 2021 Full Report

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.

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