



**Seeing the Light
Through the Armour:
a Hearts and Minds
Reflection on
Shielding**

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Executive summary

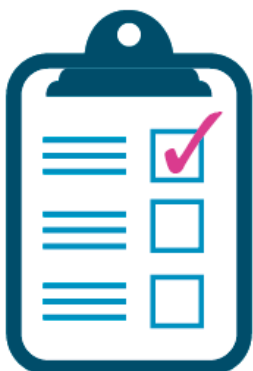
Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

'Seeing the Light Through the Armour' was a collaborative effort between Healthwatch Wirral, Age UK Wirral and Citizens Advice Wirral to provide a simple, clear resource from locally trusted organisations for people who were shielding and their carers. As a result of this work, it became clear that we needed local insight into the impact of shielding on Wirral residents.

Healthwatch Wirral used a range of methods to engage with shielded people and carers on the Wirral

- public survey
- filming local stories
- focus groups
- conversations with frontline workers
- insight from the Healthwatch Wirral Feedback Centre and phone contacts: <https://speakout.healthwatchwirral.co.uk/>



Executive summary 2

Most people we spoke to received an official shielding letter at some point between March 2020 and April 2021 and began shielding in March 2020. Two-thirds of respondents didn't stop shielding during this time period, although shielding advice was officially paused in August 2020.

Initial responses to shielding included confusion over guidelines, fear of what this would mean and how they would cope, denial around the situation for some, and acceptance of vulnerability and the extra precautions that needed to be taken.

At the time of the survey (April 2021), many of those we spoke to continued to take extra precautions when starting to get out and about. The transition out of shielding was difficult and is ongoing; survey respondents highlighted the need for everyone else to continue to play their part with masks, social distancing etc, in order for those who had been shielding to feel more safe leaving the house.

Nearly half of shielded people we spoke to live alone. Both those who were shielding and their carers relied on partners, friends and family for a great deal of support; where more formal support services had been accessed, local organisations were preferred to national and more generalised services. Some respondents felt very unsupported during shielding.

37% of those shielding reported that their physical health had worsened during shielding and 30% said their mental health had worsened. Common themes included decreased fitness, ignoring health issues, increased anxiety and a general loss of confidence.

The government and NHS websites were the most common sources used for information about COVID-19. Most people felt well-informed about issues such as social distancing, shielding, self-isolation and the vaccine. However, there was a lack of accessible information around NHS Test and Trace and changes to health and social care during the pandemic. Those we spoke to highlighted making information available offline, using clear simple language, and providing information in languages other than English as accessibility priorities.

Executive summary 3

Digital exclusion was a common barrier for people shielding. This disproportionately affects older people, people with English as a second language, and those with disabilities including sensory impairments and learning disabilities. Other health and social care issues such as delays, cancellations and waiting lists affected both those who were shielding and their carers – for example, waiting for a memory assessment to get a diagnosis and the right treatment.

Positives of shielding included getting to know neighbours better, feeling a sense of 'community spirit', and in some cases feeling more able to access support over the phone rather than in person.

Carers generally felt less well-supported than those who were shielding. 45% of carers reported that their physical health worsened during shielding and 41% felt their mental health worsened. There is a clear need for clearer signposting and more joined-up support for carers on the Wirral.

Recommendations (see full report p.54 for more detail)

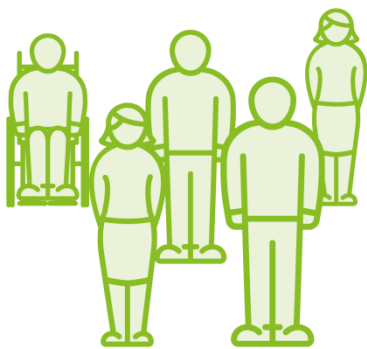
- **Mental health services will require investment** to support people in both the short and long-term, including community third sector-based offerings.
- **Better communications around how to navigate health and social care** and any changes.
- **Continued transition support is needed** along with a reset in public policy to improve the population's health and tackle deeply entrenched inequalities.
- **Reshaping the relationship between communities and public services**, in planning as well as delivering services. Clear channels of responsibility and communication are needed.
- **Shift in how information is provided to the public.** Information needs to be accessible for all.
- **Digital platforms cannot be relied upon in isolation** or seen as a replacement: a hybrid offer should be in place.

Background

Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

The purpose of this report is to provide a unique Wirral based offering – a window into a moment in history, with insight into how people have felt on Wirral around having to shield and being classed as clinically extremely vulnerable since March 23rd 2020. We also want to look to the future – how do people move forward from shielding as restrictions continue to be lifted?



17,500 people on Wirral

identified as 'shielded patients' at the first point of shielding

23,613 people on Wirral

identified as 'shielded patients' at the point when people were no longer required to shield

What does 'shielding' mean?



During the start of the COVID-19 pandemic in 2019, people in England who were identified as "clinically extremely vulnerable" (CEV) were advised to "shield" themselves from the pandemic by following extra precautions and guidelines laid out by the government.

How and why were people identified as CEV?



The process to identify people on the shielding list was challenging and used centrally held NHS data as well as identification through GPs and hospital clinicians. We were told that shielding was a necessary measure to protect individuals categorised as CEV as the virus put them at higher risk of severe illness or death should they contract COVID 19.

Who was included?



Initially over 2 million people across the UK were asked to shield.

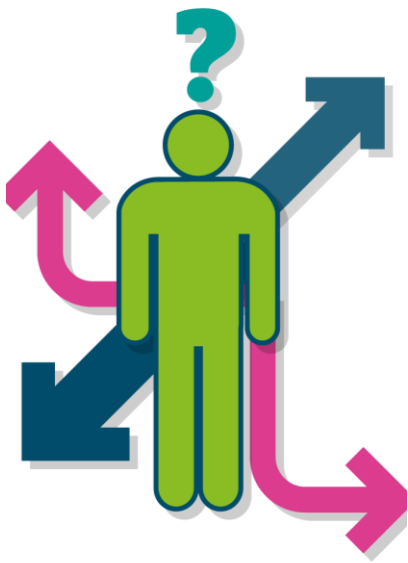
Over a third in the UK (38%) were identified as CEV because of a respiratory condition, 17% a rare genetic, metabolic or autoimmune disease and 14% due to being treated for cancer.

What was the response on the Wirral?



While this data gave some insight into the CEV population during the first wave of the pandemic, there were still so many unanswered questions. Residents came to Healthwatch Wirral feeling unsure and unclear and scared - asking for us to help answer their questions.

Healthwatch Wirral response



Questions about shielding were varied. This included confusion to why some people were told to shield and others were not.

We were keen to develop a deeper understanding of the short and long-term impacts of shielding. How would this policy affect local people's health and wellbeing?

healthwatch
Wirral

Without reliable real time insight and ongoing monitoring, Healthwatch Wirral were clear that policies and services cannot be adequately designed and delivered to meet the needs of the shielded population, especially moving forward.

 **Wirral
age UK**

We worked with Age UK Wirral and Citizens Advice Wirral to help establish a community-based response from trusted, established organisation for this specific group of people, including those who classified themselves as CEV and those who took on caring roles.

 **citizens
advice** Wirral



Seeing the light through the armour ...thrive don't just survive! **Moving forward from shielding**

Image of a resource called 'Seeing the light through the armour... Thrive don't just survive! Moving forward from shielding'. Four logos are shown: Spare 5, Citizens Advice Wirral, Healthwatch Wirral and Wirral Age UK.

<https://healthwatchwirral.co.uk/wp-content/uploads/2020/09/Seeing-the-light-through-the-armour-for-individuals-V4.2.pdf>

Although the local humanitarian response to the pandemic on Wirral had been good, we still heard there were concerns around concise, accessible information for the most clinically extremely vulnerable in our communities. There also appeared to be a postcode lottery in terms of access to information, support and response from local primary care.

Healthwatch Wirral worked in collaboration with the third sector to produce a short resource which offered some simple, reassuring messages, local key contacts and information for people who are most at risk.

It was important that this came from locally trusted organisations on Wirral who also had the ability to cascade far and wide into our communities. The resource was developed so it could be printed for people to use to reflect on their feelings and experiences and to develop a person-centred plan.

Methodology

We engaged with local people who had been shielding through a variety of methods. This report is based upon the activity highlighted below.



In depth local stories

- Participants were identified through local networks and partner organisations and people who had accessed support from Healthwatch Wirral
- Around 12 individuals came back initially to be interviewed. All were contacted by phone to talk through the process, health and safety and confidentiality. In the end, 7 community members were filmed
- All interviews took place outside and both the participants and the interviewer were asked to take COVID tests to ensure everyone's safety

Direct Link to Video Interviews:

<https://healthwatchwirral.co.uk/seeing-the-light-through-the-armour/>

Public survey

- We produced a survey aimed at both individuals who had been shielding and those caring for someone during shielding
- The survey was accessed via a link on the Healthwatch Website and was promoted via social media and through email, bulletin and community groups and organisations
- People who required support to complete the survey were able to do this with support of a staff member or volunteer
- Participants were able to leave their answers anonymously or could leave contact details to be entered into a draw
- Respondents were also offered contact from Healthwatch if they felt they wanted a further discussion or additional support

Methodology (continued)



Discussions with front line workers

- Three members of staff from Age UK offered to be interviewed face to face (outdoors) about their personal experiences of working and shielding during the pandemic
- A focus group was held with members of the Social Prescribing Link Worker Team at Citizens Advice Wirral via MS Teams - they were able to provide an additional unique offering from their experiences of support people via their GP practice

Feedback Centre and Healthwatch Wirral phone line

- Information coming through to Healthwatch Wirral from these sources as well as the Healthwatch Roadshow was used to help inform the recommendations of the report

Additional focus groups with Wirral Multicultural Organisation

- Monitoring data from the initial public survey revealed a gap in responses from the local BAME community
- We worked with WMO to help gather additional insight from local BAME people who had been shielding
- WMO hosted focus groups with around shielding with their service users and feedback from these groups has been used in the final report



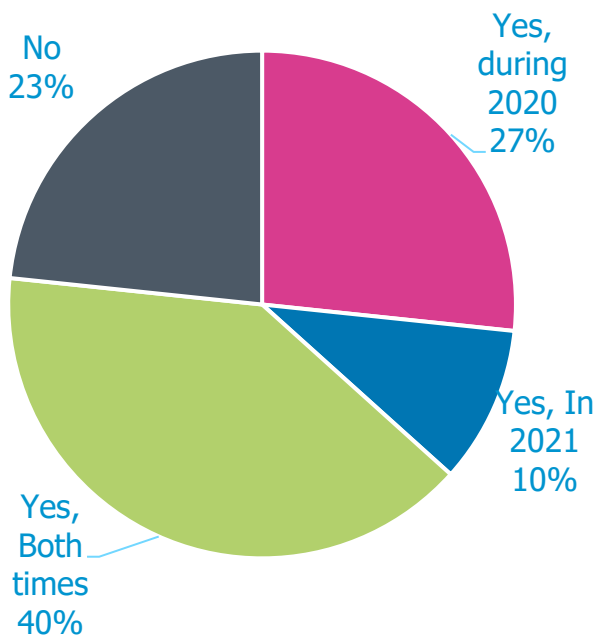
Shielding: what, why and when?



Why shield?

Shielding guidance has changed multiple times since it was first introduced (see timeline on page 11) but broadly it has been about **taking extra precautions, avoiding face-to-face contact and staying at home.**

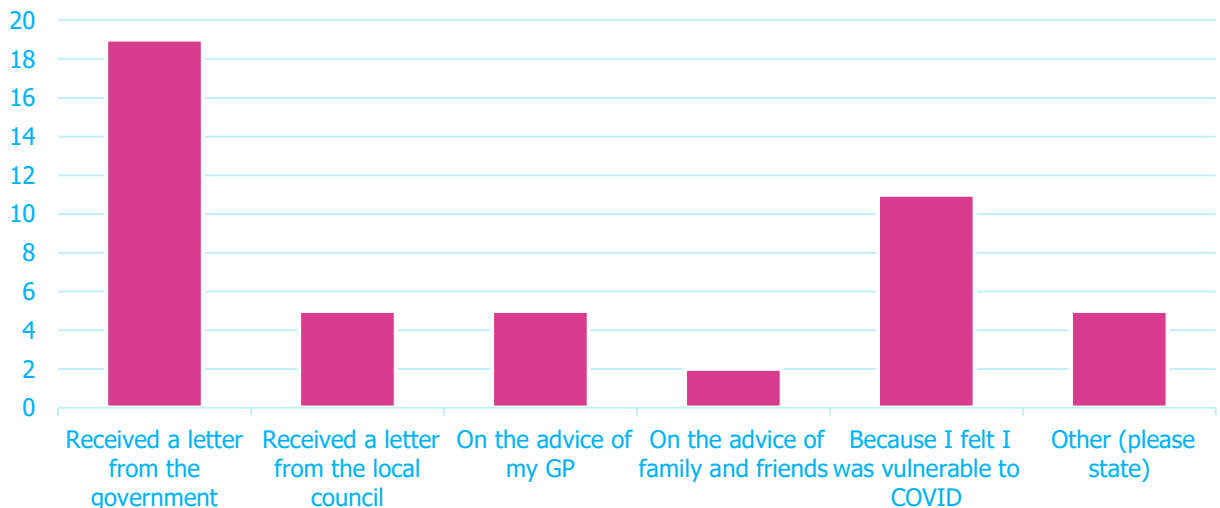
Did you receive a letter from the government or local council asking you to shield?



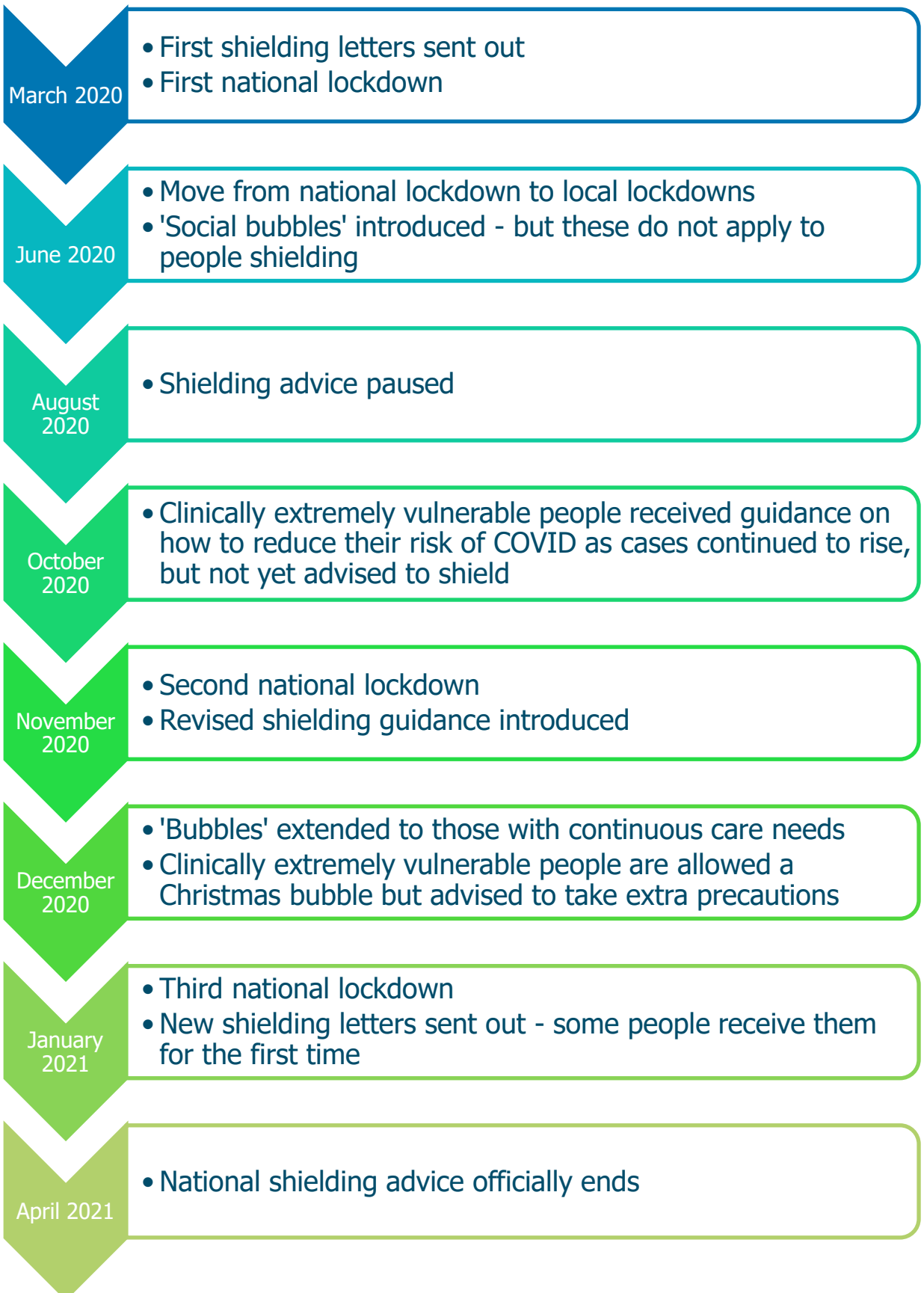
Most of our survey respondents received a letter advising them to shield but some decided for themselves to take extra precautions even though they had not been officially designated as “clinically extremely vulnerable”.

77% of survey respondents received an official shielding letter. This was the most common reason given for shielding, although other factors were also important.

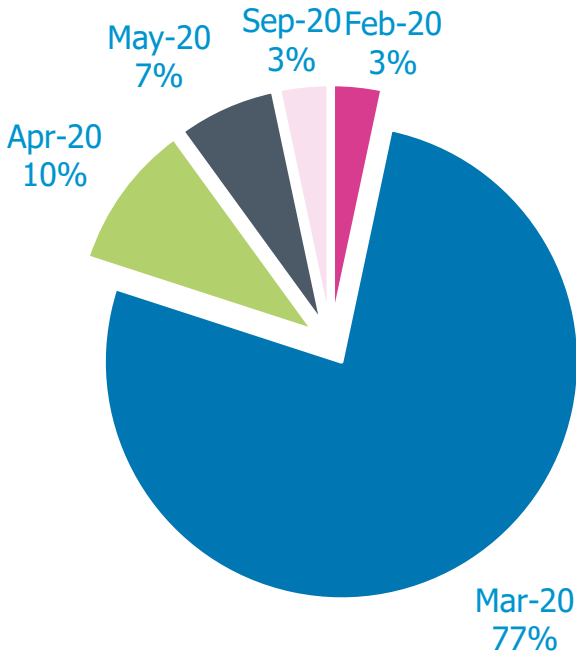
Why did you start shielding?



Timeline of shielding

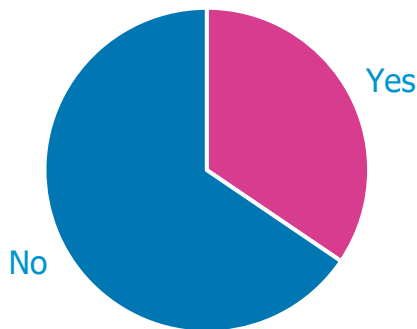


When did you start shielding?



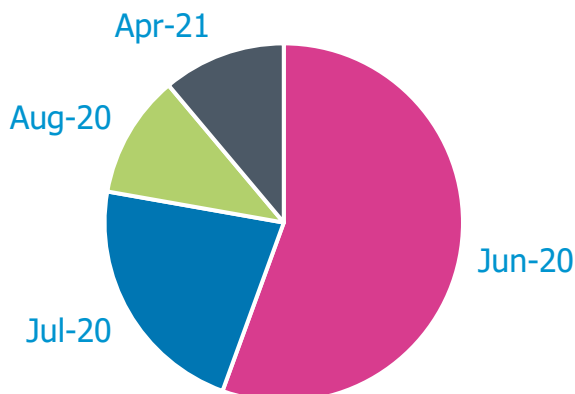
77% of survey respondents began shielding in March 2020, when the first shielding letters were sent out and the first national lockdown was announced.

Has there been any point in the last year when you stopped shielding?



66% of survey respondents did not stop shielding during the last year, even though shielding advice was officially 'paused' for some of this time.

If yes, when?



Everyone who did stop shielding at some point reported doing this during summer 2020 (Jun-Aug), aside from those who reported stopping in April 2021 in answer to this question.

Feelings about shielding

Confusion

Confusion was especially present for carers and those working with those who were shielding – for example, social prescribers, reported that initially many people did not understand what shielding meant. For some people, this feeling persisted as rules continued to change:

"Initially, I felt in control and knew what I needed to do-I knew I was doing the right thing to keep myself safe. - then it started to become more unclear. I felt like I was being selfish and putting on others to help me- being over dramatic and that people felt like I was a burden. but then in this last lockdown, I felt like I actually wanted to go out, but would be selfish for doing so."

Fear

There was a lot of initial anxiety for many respondents in terms of practical support – how they would cope to get essentials delivered, for example. However, the overwhelming **fear** seems to have been of the virus itself:

- "Initially, I didn't feel the need to shield but had expected to be asked to. but then, I felt great fear having lost someone close to me. I then felt terrified for a long time."*
- "I was worried and more concerned about shielding in the first lockdown and being exposed to the virus, up until July when measures were eased. I pretty much stayed indoors during this first period to avoid contact with anyone. I did venture out on an odd occasion (staying well clear of any person) for fresh air, for essential supplies if they were not delivered and to the doctors for vital blood tests. Eventually, I did manage to get everything delivered to my property."*
- "It was ok at first but became very hard, felt isolated and frightened. Now the scary thing is the thought of shielding ending, I am very used to staying in now."*

Feelings about shielding

Denial

Some people reported a sense of **denial** when they first received the letter, especially those who were only asked to shield later on. Age UK staff interviewed had difficulties during later lockdowns, as some staff did not want to shield, but they had to weigh up the mental health impacts of shielding against their responsibilities as an employer to keep their staff safe.

Acceptance

Most people who received a shielding letter were already aware of their vulnerability and some found it easier to **accept** the new rules than others. Many respondents reported reaching a sense of acceptance at some point, as they felt it was necessary to keep themselves safe:

"I haven't beat cancer just to let COVID get to me!"

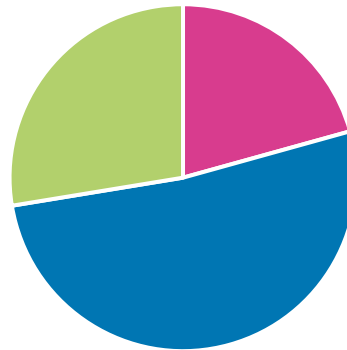
One respondent pointed out that the shielding letter made little difference to their life:

"it has made no difference to me I am ALWAYS stuck in looking at the same 4 walls as I have limited mobility so I can't just go out even for a simple walk. I have no one who can go out for me on my behalf and I can't get out."

What are people doing now?

Our survey was live during April, when shielding guidelines had ended. We asked participants what difference this would make to their behaviours around COVID-19:

National shielding guidelines ended on 31st March. Do you plan to continue shielding after this time?



- Yes
- No, but I will be taking extra precautions
- No, I will be following the same guidelines as everyone else

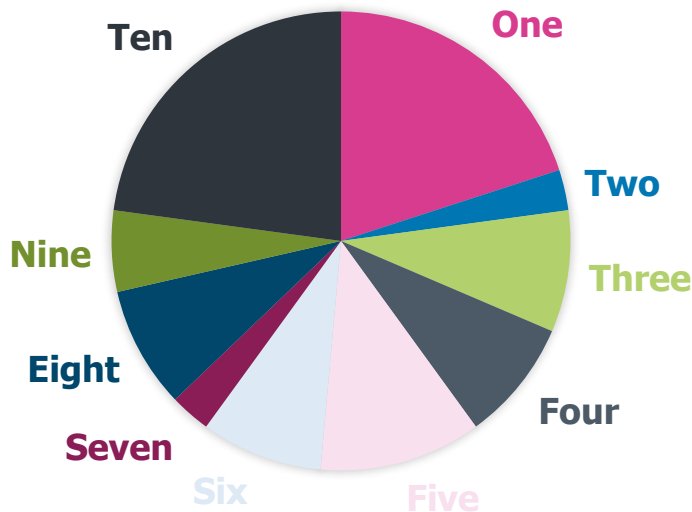
Over half of respondents said that although they would no longer be shielding, they would continue to take extra precautions.

There was a presenting divide between those who can't wait to get back out and back to 'normal', especially once vaccinated, and those who are still very cautious about the transition out of shielding. Social prescribers reported that more of their clients fall towards the cautious end:

They've had to shield to keep themselves alive, so then the fear of going out into all those germs makes them want to continue being cautious and continue staying at home, even though it's not having a good effect on their wellbeing

Leaving shielding

HOW CONFIDENT DO YOU FEEL ABOUT LEAVING SHIELDING?



When we asked respondents to rank their confidence leaving shielding from 1-10 there is a nearly even split between those on the lower end of the scale (1-5) and those answering 6-10 (more confident) – the mean average answer is 4.9.

What is important for those leaving shielding?

Nearly everyone at both ends of the scale is concerned about the actions of others – needing wider society to follow the guidelines around masks, testing and social distancing so that they can feel safe going out and about again. This was one of the main issues raised when we asked what is most important for people as shielding restrictions ease:

- “To still practice (everybody) social distancing and wear a mask, as should others in my company. Although, I will ease up as it gets safer, possibly after my second vaccine which should be in a week or so.”
- “that I can use public transport to go to work and feel safe, on the Mersey rail trains lots of people (many youngsters) not wearing masks.”
- “That people continue to follow advice but I fear a lot of people may become complacent and start to ignore advice and therefore cases will start to rise.”

Some respondents still feel very afraid, and don't want to go out as they feel this would put their health at risk:

"That I still feel I cannot go out. As too afraid to. This has a huge big impact on me And I wonder each and every day. If I will ever feel ready to leave the house currently I can't bring myself to do so.. The impact has been huge struggle.. This and not being able to see family. Etc"

"To stay in and stay safe as I am scared to go out and I am waiting to hear that we are in lock down again and this will never end."

"I don't want to leave shielding, I feel safe staying in, I am now afraid to go out."

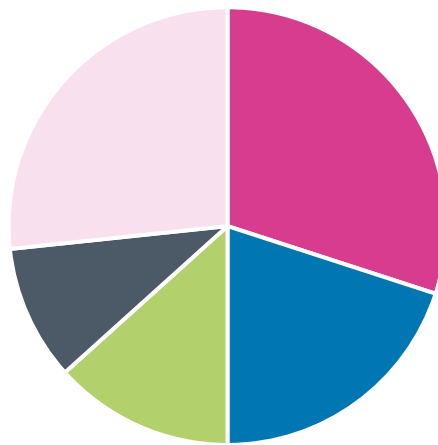
"I almost know I will fall if I go out, I feel like I have aged so much"

Responses to this question in particular highlight the difficulty of the transition from shielding – especially for people who have been inside for over a year – to going out into public life again.

- *"People who are well in themselves but their conditions/ syndromes or illness has made them isolated have now just been told to come out and stop shielding there has not been steady introduction back to normal life and their mental well being has not been considered. It's all been too black and white"*
- *"It has been very difficult to shield but I understand it is for the best (for myself and for health care providers). I don't feel that everyone in society has been understanding and supportive of shielding - I work for the NHS and whilst I have received support some support e.g. working remotely, I don't feel that my colleagues have been understanding of my situation. I feel that the transition stage (now) is very difficult and anxiety provoking - you are expected to suddenly return to normal when you have been isolated for an entire year - more support and understanding is needed."*

We also asked survey participants what they were most concerned about – the health risks of COVID-19 or the impact of shielding. They were asked to mark their answer on a scale from 1-5, where 1 was most concerned about the risks of COVID-19 and 5 was the negative impact of shielding on quality of life:

What concerns you more: the risks of COVID-19 or the impact of shielding on your quality of life?



■ One (risks of COVID-19) ■ Two ■ Three ■ Four ■ Five (impact of shielding on quality of life)

Nearly half of respondents answered 1 or 2 – more concerned about COVID-19. 13% were equally concerned about both issues and 37% were more concerned about the impact of shielding.

For more on the impact of shielding on quality of life, see ‘Deconditioning: physical and mental health effects of shielding’ from page 33.



Support and information during shielding



Support during shielding

We asked survey respondents about the support they received during shielding, whether from friends and family, local groups or national organisations. Responses were varied: some people felt well-supported, some were aware of the support available but felt others needed it more than they did, and some felt abandoned or unable to access support.

I always felt like I shouldn't be asking for help - I have never felt like I was a charity case, so couldn't really reach out



From our survey:

- **Nearly half of respondents live alone (47%)**
- **30% live with a partner**
- **23% live with family**
- **3% live in supported housing**

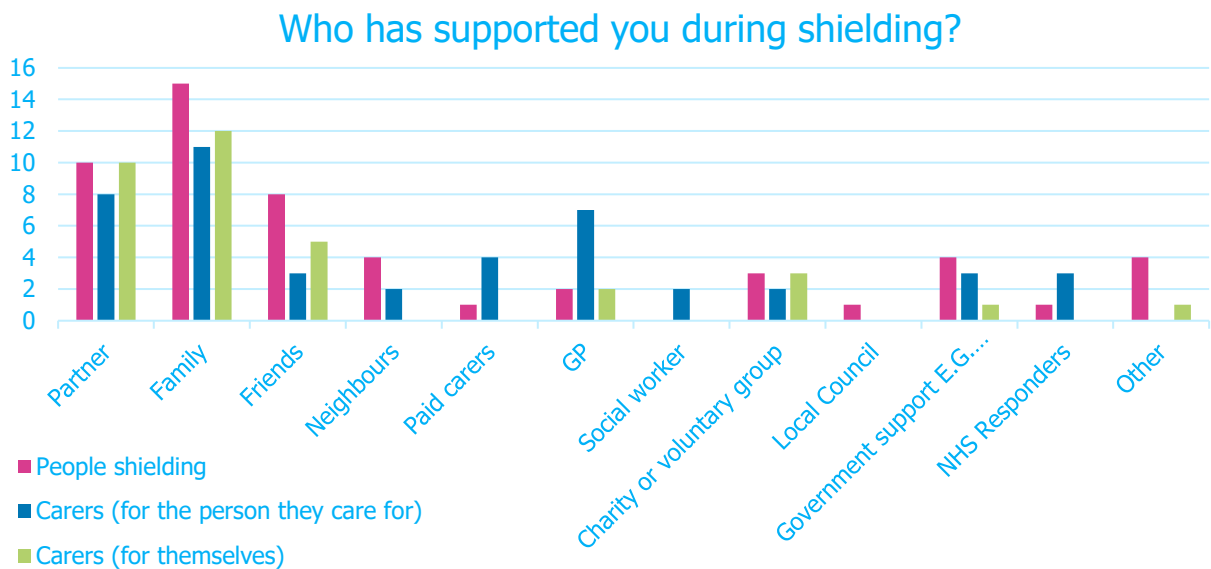
Respondents could choose more than one category (for example, living with a partner and family.) Nobody answered that they lived in a care home, with housemates or 'other'.



The answers were slightly different when we asked carers about the living situation of the person they care for:

- **36% live with a partner**
- **41% live with family**
- **14% live alone**
- **5% live with housemates**
- **5% live in a care home**

When asked about who had supported them during shielding, both people who were shielding and carers relied heavily on partners, family and friends.



We also asked specifically about local organisations who had offered support during the pandemic. Organisations that were named include:

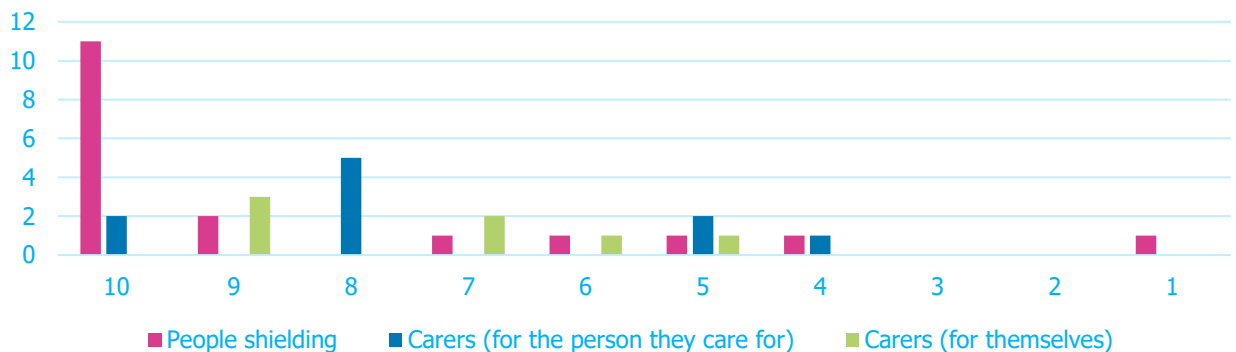
- Admiral Nurses
- Age UK Wirral
- Beechwood Community
- Citizens Advice Wirral (including social prescribers)
- Healthwatch Wirral
- Involve Northwest
- Make It Happen Birkenhead
- Wirral Support During Coronavirus

Respondents also used this section to highlight support from unnamed organisations such as churches, local pharmacies and local bakeries.

- *"I did get some support from Wirral Support During Coronavirus, who donated a push bike to me, so I could get some exercise outside. I got a few Government food parcels, but stopped them because the quality was awful and the contents didn't fit my diet (tinned food, packet soups and lots of carbohydrates.) The local chemist and bakery delivered my orders."*
- *"I felt particularly supported by a few people from my Church, not only fetched shopping for me, but also helped to keep me from feeling low, with phone calls, texts, doorstep visits (with masks) and silly pictures each morning to make me smile."*

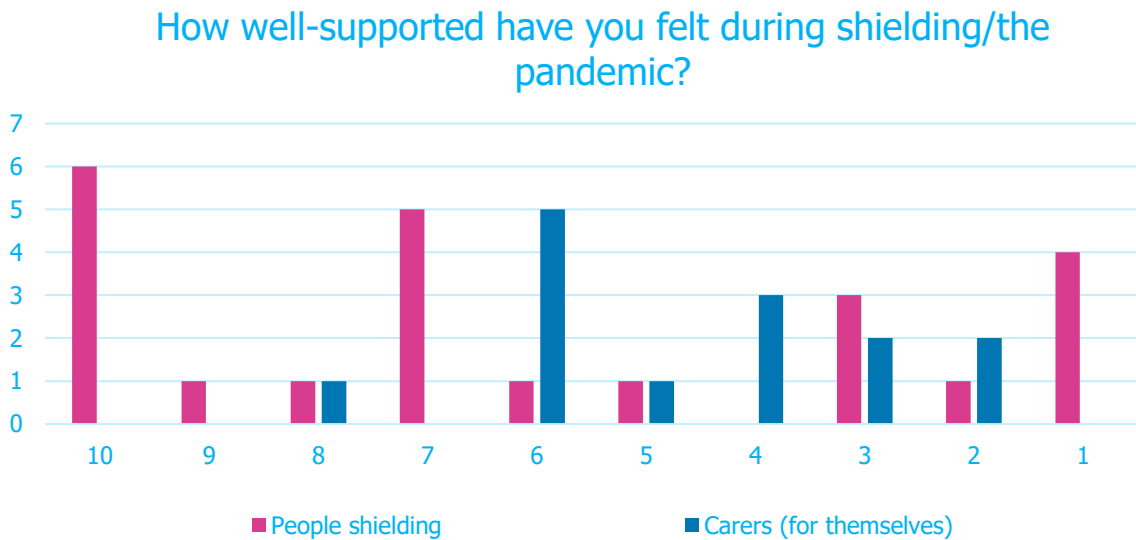
When asked to rate the support offered by local organisations, respondents in general felt positively about the support they'd received:

How would you rate the support offered by local charities or organisations?



If it hadn't have been for the charity and community help we would have really struggled... there were a few times when we didn't have stuff in and no real money to fund... can't believe the kindness of people out there

However, when asked to rate how well-supported they felt during the pandemic as a whole, the answers ranged more widely:



In general, those who had been shielding felt more well-supported than carers, although there were some respondents who had been shielding who felt entirely unsupported (13% gave a rating of 1 – entirely unsupported.)

- *"I have felt the support and love from those closest to me - but not great from the local authority"*
- *"Felt lost to system. Left to it. Had to instigate any support myself for my loved ones and get them on shielding list. Felt invisible and socially isolated"*

Carers in particular highlighted the difficulty of getting support for themselves – not just for the people they care for:

- *"Local carers support wasn't always clear - I didn't see myself as a carer until it was explained to me"*
- *"I think carers support needs to be improved on Wirral - I just kept getting passed on to other people"*

Social prescribers highlighted the fact that they were now supporting people outside their initial remit, including people who might have 'fallen through the cracks' before the pandemic:

"The people that we've supported now are people that probably might have gone amiss if the pandemic wasn't here"

CASE STUDY: the importance of working together

An elderly lady had recovered from COVID-19 and had been discharged from hospital to home.

Although she had carers coming in regularly, they soon realised she had no access to money and couldn't pay her bills, as under her current care plan the carers couldn't support her with money.

She was referred to the Social Prescribing Scheme through Wirral Emergency Food Hub. As a result, the social prescriber was able to:

- Speak to her GP to make sure she was on the shielded patient list
- Link her with Shop Assist to deliver groceries
- Help her access the cash delivery scheme run by the Post Office and DWP so that she was able to pay for food and bills
- Contact Social Services to discuss changing her care plan so that her carers could help her with financial issues

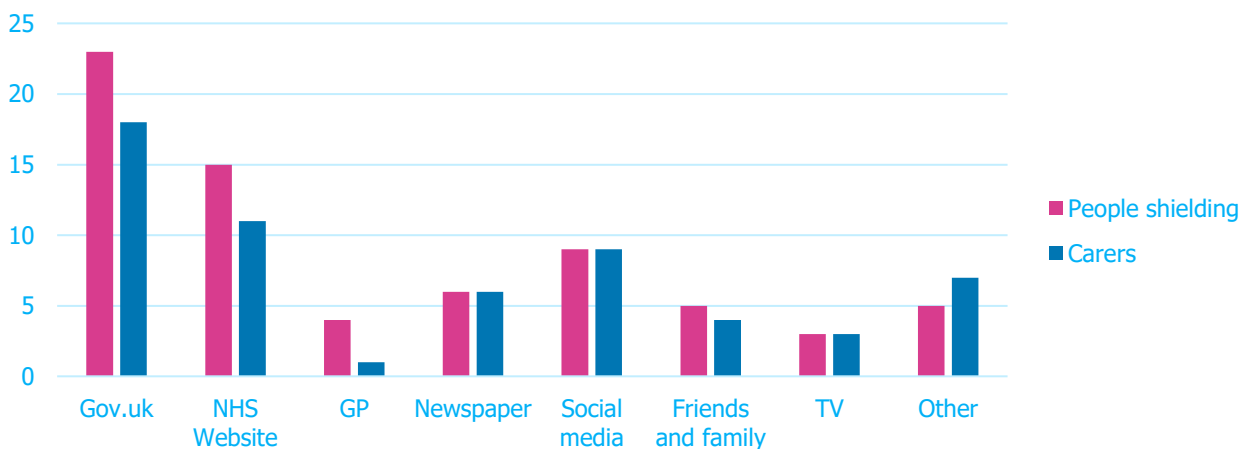


Social prescribers also raised the issue of support services being removed, both between lockdowns and after shielding guidance officially ended. This has been difficult for many of the people they work with, who have had to adjust to repeated changes – for example, food parcels being removed means that people who are shielding have to either access online food delivery or get someone else to shop for them.

Information during shielding

One of the issues raised by survey respondents was not always knowing what support was available to them. Access to information has been a wider issue during the pandemic: whereas some people have felt overwhelmed by the quantity of information about the pandemic, others have struggled to find information that is accessible to them.

Where do you get your information about COVID-19? (select all that apply)

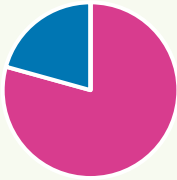


Gov.uk and the NHS website were the most popular sources of COVID-19 information among survey respondents. Answers in the 'other' category included the Healthwatch Wirral website, YouTube, work, and partner's social media.



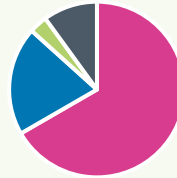
We then asked how easy people had found it to access information about a range of topics. Most respondents were able to access information about some topics:

The COVID-19 Vaccine



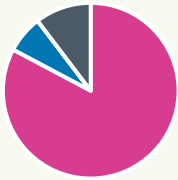
- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

COVID-19 Testing



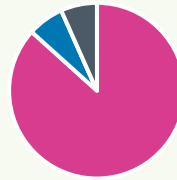
- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

Social distancing



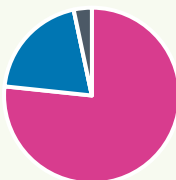
- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

Mask wearing



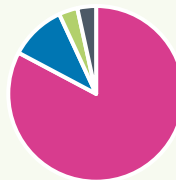
- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

Self-isolating



- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

Shielding

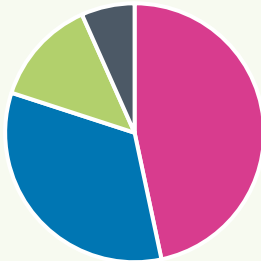


- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

• It is especially reassuring to know that 83% of respondents found information about shielding was easy to access and understand.

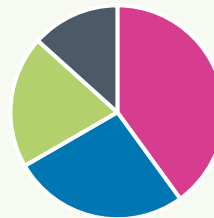
However, there were some topics which many respondents had found it difficult to find and understand information about:

NHS Test and Trace



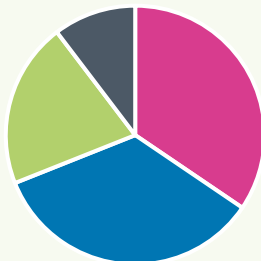
- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

Staying healthy in the pandemic



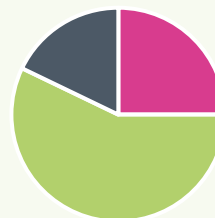
- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

Changes to health services



- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

Changes to social care services



- Easy to access and understand information
- Difficult to access and understand information
- No information at all
- Not sure/Cant remember

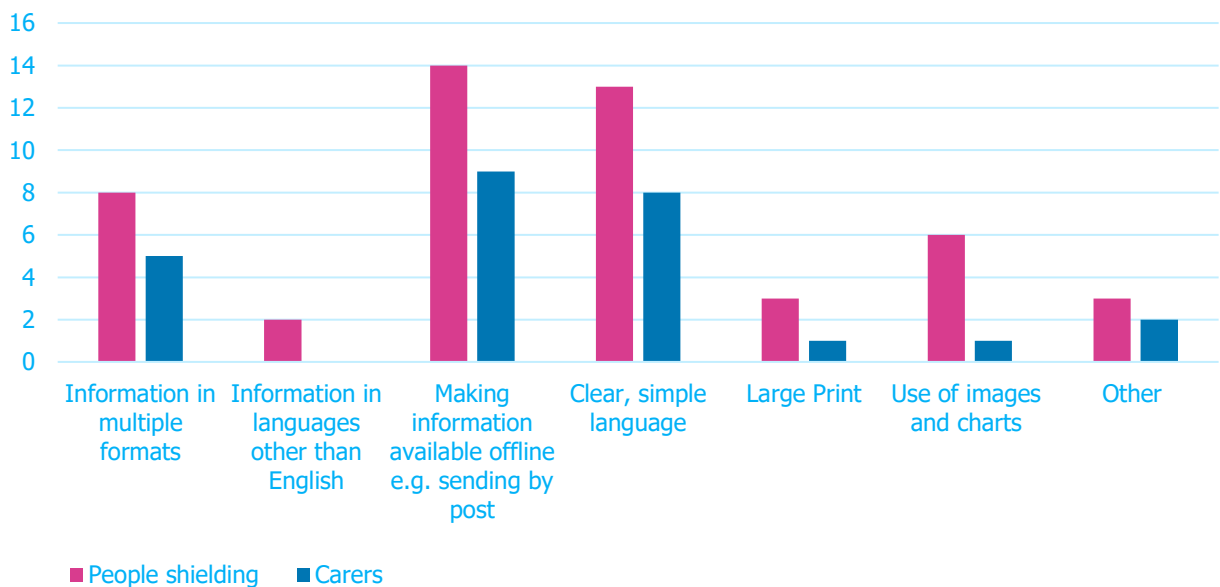
As Healthwatch Wirral, it is especially concerning that changes to health and social care services are two areas where many people could not access or understand information. 57% of respondents reported that they had received no information at all about changes to social care, which was also raised at Healthwatch BRIDGE Forums by third sector and PPG (Patient Participation Group) representatives. This may be an area where we can work more closely with social care in the future to make sure that local people have the information they need.

Link to BRIDGE Update: <https://healthwatchwirral.co.uk/bridge-virtual-forum-third-sector-and-ppgs-wednesday-24th-and-thursday-25th-march-2021/>

Improving accessibility

During the survey we asked people what they felt was necessary to make information more accessible to them.

What would make information about these topics more accessible to you?



Making information available offline and **clear, simple language** were the most common answers to this question.

In the 'other' category, respondents gave additional information about their experiences:

- Information overload – too much information to absorb
- Not being confident in knowing what the facts are and what is 'propaganda'
- Being able to speak to a human being would make a real difference



Photo of a focus group at Wirral Multicultural Organisation

Access to information was one of the key themes highlighted in the BAME focus groups conducted by Wirral Multicultural Organisation.

When asked before the sessions if they had found information accessible during the pandemic, 92% of participants said no. Reasons for this included:

- Information not available in the preferred language
- Difficult to navigate the internet – not sure where to look, not sure what was the most up to date information
- No internet or smartphone/computer

During the sessions, local residents from a range of ethnic minority groups highlighted additional issues with information access that they had faced:

- Daily coronavirus briefings from the Prime Minister had no translation
- News not accessible for people whose first language is not English
- No special TV programmes available in different languages

The main improvement that participants would like to see is information being made more readily accessible in different languages as well as in different formats. For example, although the government website now includes information about coronavirus in different languages, online information is not accessible to everyone whose first language is not English.

- Information not always helpful and at times difficult to find trusted information – needed to know what you are looking for.

Deconditioning: physical and mental health effects of shielding



What is deconditioning?

Refers to functional losses after a period of inactivity e.g. bedrest after illness or injury

Can involve the loss of muscle mass as well as a decline in mental state or abilities

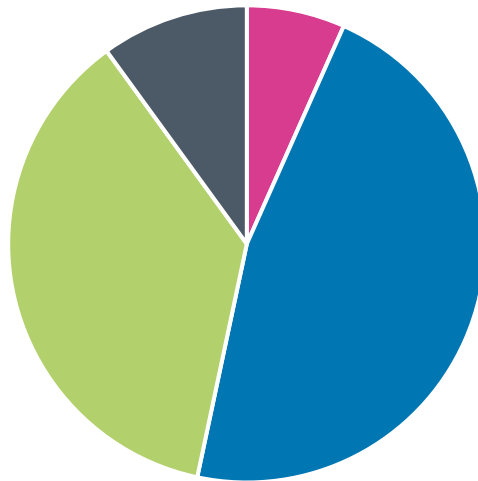
Often associated with hospitalisation of the elderly

The term 'deconditioning' was used by social prescribers and other participants in our research to describe the physical and mental health effects of lockdown and shielding in particular.



Physical health effects of shielding

How has your physical health been affected by shielding?



■ Better than before shielding ■ The same as before shielding ■ Worse than before shielding ■ It varies

Although over half of respondents reported that their physical health was the same as or better than before shielding, 37% answered that their physical health was worse. The main issue highlighted was weight gain and lack of exercise:

- I now need to try to get out more as fitness levels have vastly decreased, my confidence has plummeted and my weight has increased which is affecting my health*
- I have been ignoring some health issues and have not been exercising as I used to. I look in the mirror and feel older...*

Some respondents still feel very afraid, and don't want to go out as they feel this would put their health at risk:

"I had to change my working practices but that has been fine and I have adapted well to working from home. I worry about going back to work and the commute on public transport. I have COPD and whilst I was completely free of exacerbations I feel not going out has impacted on my breathing considerably."

Social prescribers highlighted the knock-on effects of these issues:

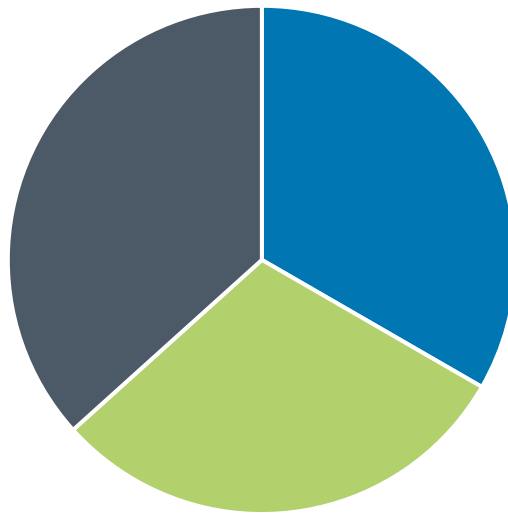
- If people are unable to exercise they may not be able to maintain muscle mass and be at greater risk of falling
- Some clients have had missed consultations for knee and hip replacements, which can lead to chronic pain as well as reduced mobility and weight gain
- Living with chronic pain has an impact on mental health as well as physical

CASE STUDY: the impact of shielding on physical health

A person with end stage COPD has been shielding as advised. She is unable to go out and see her family or to do the activities she wants to do within the house, which has resulted in a loss of physical ability. This then has a negative impact on her emotional and mental wellbeing and creates a vicious cycle.

Mental health effects of shielding

How has your mental health been affected by shielding?



■ Better than before shielding ■ The same as before shielding ■ Worse than before shielding ■ It varies

Nobody reported that their mental health had improved as a result of shielding, and 30% said it had become worse.

From the conversations there was an overwhelming sense of people stating that they don't think they will ever feel the same again.

The phrase that came up most often in responses was a 'loss of confidence':

🗨️ *Being able to feel normal- have fun and feel like I am actually part of the world. I am sick of looking at screens and feel like I've lost some social skills*

🗨️ *I have lost confidence going into shops and returning to work*

Many people who are shielding have shared feeling very isolated from the rest of the world. Being very open that it will take time for them to readjust and regain social skills.

Getting confidence back, the psychological impact of having to think of yourself as vulnerable. My bubble was my elderly parents who I care for. Need to work on the guilt I have at the thought of giving them Covid if I started to socialise more again

Multiple respondents described shielding as 'like a prison' or 'solitary confinement':

"Yes it's been extremely hard. Not being able to allow myself to go outside... I basically feel and have been in a prison for last 12 months. And still too scared and anxious to go outside"

Carers highlighted the changes they have seen in their loved ones during shielding:

"Father has suffered a loss of confidence and has been anxious throughout."

"I'm worried still- although my mum has had her first job, I think it will take a lot for her to return to the person she was"

In some cases, what was shared around the impact of isolation of shielding pointed to more serious cognitive decline, especially for those with dementia and existing mental health conditions.

"I have had delays around my medication and been confused and forgetful, Sometimes not even knowing what day it is. I've lost social networks and my counselling stopped"

Social prescribers references the effects of shielding for those with diagnosed mental health conditions:

- OCD can get worse due to the messaging focus on cleaning everything
- Hoarding tendencies can be exacerbated – there is no way to pass items on to charity shops and online ordering is very easy for some
- Some people with alcohol or drug dependencies have return to using substances to cope and it has become worse

One social prescriber summed it up:

"[Shielding] exacerbates existing issues that may have been under control because of going to groups or getting the support they needed outside the house"

CASE STUDY: the impact of shielding on mental health

A man with a history of substance abuse was re-referred to Social Prescribers after a period receiving less intensive support as his alcohol consumption had increased again. He can't go to community groups, travel on the bus or see people in communal areas – he doesn't want to drink but has nothing else to do.

The easing of restrictions may mean he is able to do more of his usual activities and get back on the right track.

Health and social care access during shielding



In an earlier section we highlighted the lack of information people felt they had received about changes to health and social care during the pandemic.

Healthwatch Wirral received calls about access to care during the pandemic and these fall into two main themes: **digital exclusion/inclusion** and **delays, cancellations and waiting lists**.

Digital exclusion vs inclusion

What is digital inclusion?

DIGITAL SKILLS:
being able to use digital devices such as computers or smartphones and the internet

CONNECTIVITY:
access to the internet through broadband, wi-fi and mobile

ACCESSIBILITY:
services need to be designed to meet all users' needs, including users of assistive technology

[1]

[1] <https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is>



The shift towards digital methods of access, especially e-consult, has been a very common theme in Healthwatch phone calls and engagement during the pandemic.



Many people have shared frustration at not being able to see doctors face-to-face and some have even come to feel that GPs are “hiding behind” COVID in order to not give them appointments.



Social prescribers reported a concern, especially from those who are digitally excluded, that people will be pushed down the phone/video route even after COVID ends.

Digital exclusion may have been more common for those who are shielding. The NHS includes **older people** and **people with disabilities** as groups who are more likely to be digitally excluded and many people on the shielded list fall into one of these categories.



Experiences with e-consult have been mixed. Some people have found it confusing and difficult to use:

"Tried to use e-Consult about 10 days ago. Had 3 goes at it & each time it concluded I should ring my GP or 111. Felt more ill after attempting this system than before."

"Getting support from mum's GP has been difficult, e-consult is ridiculous. Wait up to 5 hours to get an appointment or they don't respond."

However for others, it has been preferable to phone calls and their usual method of contacting a GP:

"I've used e-consult and love it. I get nervous on the phone and find I feel a pressure to rush - I also don't want to give my medical history to the receptionists. I like that with e-consult I can fill it all in at a time that suits me"

This mix of experiences highlights the need for person-centred care rather than a "one size fits all" approach.



Delays, cancellations and waiting lists

Although some respondents reported positive experiences with different health and social care services during lockdown, most had experienced delays and difficulties in accessing medical care:

- My medical treatment was postponed during the 1st and 3rd periods [of lockdown]. I was initially locked down in the first lockdown then medical issues occurred so was then stuck locked down due to recovery, then another lockdown occurred then as soon as that lockdown 2.0 stopped another medical issue occurred so was stuck in again, each time i thought i could escape i experienced either a lockdown or medical issue which caused me to be locked away for over a whole year i.e. lockdown 1.0, medical issue, lockdown 2.0., medical issue, lockdown 3.0*
- The Age UK and Admiral Nurses have been brilliant as have the hospital, paramedics and social services and the private care agency we use. The GP however has been appalling.*

One carer struggled with the waiting list to get a memory assessment for her mum, who was eventually diagnosed with Alzheimer's.



Social prescribers also reported acting as a 'listening service' for clients who are on long waiting lists for mental health services.



It is evident from people's experiences of shielding that many clinically extremely vulnerable people may need more support and access mental health and community provision in the aftermath of the pandemic, adding to already long waiting lists.

Positives of shielding



Positives of shielding

Despite the challenges people have faced during shielding, some of those we spoke to identified positive things about their experience. This ranged from being able to study new things to better access to meetings that had moved online; people also mentioned having a greater appreciation for friends and neighbours and knowing their local communities better.



During the pandemic, social prescribers have been contacting clients by phone rather than face-to-face. Although some people found this difficult, others found it much easier to open up about difficult topics when speaking over the phone:

- I wouldn't do this if I was looking at you face to face*



CASE STUDY: supporting people with dementia

A couple in their 80s were unable to leave home due to shielding. They don't have any local family and the wife has dementia. The Age UK IT loan scheme provided them with a tablet and internet access which meant that she could video call her family, including relatives in Germany. Being able to speak German with her relatives was a really important link; having internet access also meant that they could access German music, films etc which were familiar to her.



CASE STUDY: mental health positives of shielding

A person with mental health issues felt very happy about shielding. In the past she has struggled to handle the pressures of socialising and the expectations of other people on her to get out and about. She felt that lockdown put everyone on a similar level to her in regard to going out, and that this helped people to understand what her day-to-day life is like. As restrictions begin to be lifted, her anxiety is increasing – will people continue to understand or will she feel under pressure as she has in the past?



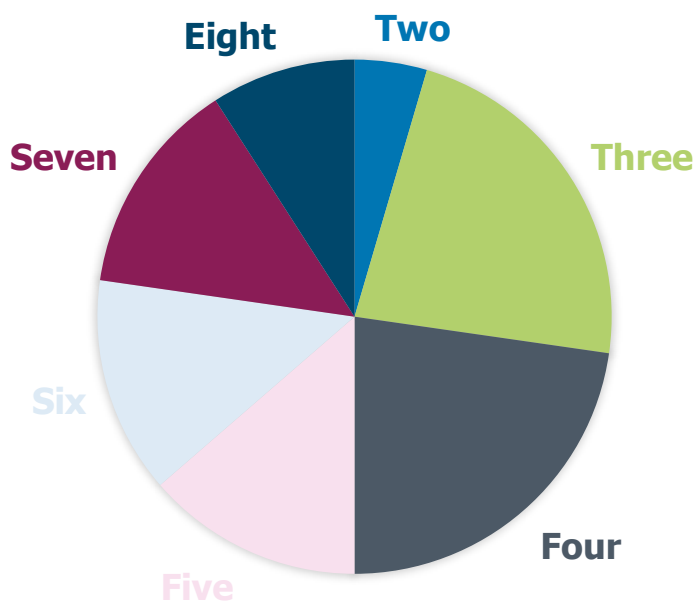
Carers' experiences



Carers' experiences of shielding

Unpaid carers have been a vital part of the response to the pandemic, especially for people who are shielding. Most people we spoke to had been caring for their family member before the pandemic, but some had become carers as a result of the shielding guidance.

HOW CONFIDENT DO YOU FEEL ABOUT THE PERSON YOU CARE FOR LEAVING SHIELDING?

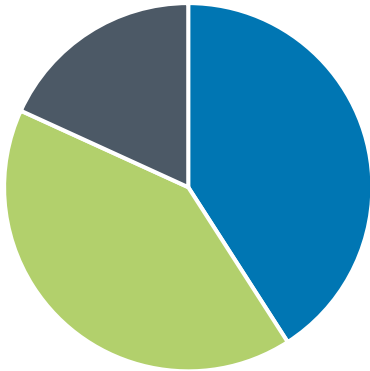


Carer survey respondents were divided in their response to the end of shielding guidance when asked to rank their confidence on a scale of 1 to 10, with 1 being 'not at all confident' and 10 being 'very confident'. The mean average rating was **5**.

This suggests that the transition away from shielding will have been challenging for carers as well as those who have been shielding, especially as restrictions continued to be lifted.

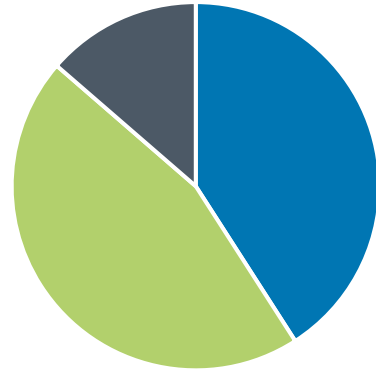
Over **41%** of carers felt their mental health had worsened as a result of caring for a shielded person; **45%** said their physical health had worsened.

How has your mental health been affected by caring for a shielded person?



- It has improved
- It is about the same
- It has worsened
- It varies

How has your physical health been affected by caring for a shielded person?



- It has improved
- It is about the same
- It has worsened
- It varies

This further makes the case for improved carer support, as well as clearer signposting to existing support. This is especially true for those who were asked to shield themselves, but were also carers:

Having been considered to be clinically extremely vulnerable and sick enough to need to shield, there has been a total lack of consideration that I am also a carer to two adult children with disabilities who require round the clock care and one of whom can exhibit extremely challenging behaviour on a daily basis. There has been a total lack of support, total isolation, my considerable health needs neglected and an expectation to continue to care for them (at considerable further cost to my own health)... To be so ill and to be considered extremely clinically vulnerable needing to shield you'd have thought I'd have been looked after, had some care and support and help, not left expected to care and support and cope alone looking after two disabled people. I'm tired, totally worn out and I'm broken, but I have to carry on as it's expected of carers to carry on.

One of the major issues highlighted by the carers we spoke to was the lack of a joined-up approach to carers regarding being allowed to attend appointments with the person they care for, for example hospital or vaccine appointments. While some carers were able to attend with no issues, others had extremely challenging experiences and often felt dismissed.



This is a wider learning point for the system, not just for leaving the pandemic but for all health and social care services. There needs to be a better understanding of the role of carers and a consistent approach to making sure they can attend appointments where they need to support the person they care for.

Recommendations

- **Mental health services will require investment** to support people in both the short and long-term, including community third sector-based offerings.
- **Better communications around how to navigate health and social care** and any changes. The public need to feel confident about understanding pathways, choices, and options.
 - It can't all be digital.
 - Traditional methods should be used in conjunction e.g. newspaper, letters, posters, screens, face to face conversations #Spare5
- The impact of shielding will continue to be felt for a long time. **Continued transition support is needed** along with a reset in public policy to improve the population's health and tackle deeply entrenched inequalities.
 - This includes taking a whole system approach to person-centred support and care planning spanning across health, social care and community.
 - Responses to the direct impact of COVID-19 must include addressing wider determinants of health such as housing, employment and access to community.
- **Reshaping and strengthening the relationship between communities and public services**, in planning as well as delivering services. Clear channels of responsibility and communication are needed.
- **Shift in how information is provided to the public.** Information needs to be accessible for all.
 - Making information available offline
 - Using clear, simple language
 - Help to navigate 'information overload'
 - Ensuring information is available in multiple languages and formats
- **Digital platforms cannot be relied upon in isolation** or seen as a replacement: a hybrid offer should be in place.
 - People have shared that direct communication in person or via phone is essential in many cases.
 - This applies to information sharing as well as access to health and social care – for example, e-consult is very useful for some but is a major barrier for others.

Further recommendations

- **Monitoring the changing population health.** Serious consideration should be given to commissioning intentions and Asset Based Community Development/place-based approaches, to ensure Wirral population is funded/supported in the best way without the creation of a postcode lottery.
- **Support to return to work.** No industry or sector has been unaffected by COVID-19. For a lot of shielded individuals this has hit particularly hard given the significant changes to their daily lives. Consideration needs to be given on enhanced support for those returning to work or volunteering.
- **Build on existing work around social isolation** so there is lasting reform in local offerings (e.g. Connectors, Social Prescribers) – shielding will not end for some people.
- **Carers' support and rights need to be clarified and simplified,** so that carers can identify themselves more easily and they know who to contact.
- **Investment in local charities and small grassroots organisations.** The local humanitarian response on Wirral made real strides, with smaller organisations acting as a lifeline for many. However, they were hit hard financially, with many suffering significant reductions in income at the same time as experiencing substantial growth in demand for their support.

<https://www.probonoeconomics.com/the-charity-sector-through-covid>

<https://www.kingsfund.org.uk/blog/2020/05/covid-19-voluntary-community-social-enterprise-sector-vcse>

Acknowledgements

Firstly, we would like to thank all those who gave their time to share their experiences of shielding, whether they were filmed for a video, responded to the survey, took part in a focus group or contacted Healthwatch Wirral through other channels. This report would not be possible without you and we hope we have done justice to the personal stories you shared with us.

Special thanks to **Estelle Condliff** for facilitating and filming all the local stories, for putting participants at ease during a difficult time and for ensuring people felt listened to.

We would also like to thank our community partners, **Age UK Wirral and Citizens Advice Wirral**, for their work in helping to produce the initial shielding resources for the community. Staff members from both organisations gave their time to share their experiences for this report and their perspectives were extremely valuable.

Thanks to **Wirral Multicultural Organisation** for facilitating additional focus groups with local BAME residents who had been shielding and helping to ensure that this report reflects a diverse range of experiences from our local community.

Further reading

Healthwatch Wirral

- Seeing the Light Through the Armour original resource (Jun 2020)
<https://healthwatchwirral.co.uk/seeing-the-light-through-the-armour-thrive-dont-just-survive-thinking-differently-about-shielding/>
- Alcohol survey findings (Feb 2021)
<https://healthwatchwirral.co.uk/alcohol-survey-wirral/>
- COVID-19 Vaccination Feedback
Feb 2021 <https://healthwatchwirral.co.uk/wp-content/uploads/2021/05/COVID-19-Vaccination-Feedback-all-sites.pdf>
Apr 2021 <https://healthwatchwirral.co.uk/wp-content/uploads/2021/05/April-Vaccination-Report-all-sites.pdf>
- Young Carers' Voice Focus Group (Feb 2021)
<https://healthwatchwirral.co.uk/wp-content/uploads/2021/04/Healthwatch-Wirral-Young-Carers-Voice-Focus-Group-FINAL.pdf>

Healthwatch England

- Locked out: Digitally excluded people's experiences of remote GP appointments (Jun 2021) <https://www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointments>
- Dentistry during COVID-19 insight briefing (May 2021)
<https://www.healthwatch.co.uk/report/2021-05-24/dentistry-during-covid-19-insight-briefing>
- GP access during COVID-19 (Mar 2021) <https://www.healthwatch.co.uk/report/2021-03-22/gp-access-during-covid-19>

Age UK

- Digital inclusion and older people – how have things changed in a Covid-19 world? (Mar 2021) <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/digital-inclusion-in-the-pandemic-final-march-2021.pdf>
- Impact of Covid-19 on older people's mental and physical health: one year on (2021)
<https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/coronavirus/id204712-age-uk-coronavirus-impact-report---one-year-on.pdf>

Contact us

Healthwatch Wirral
Liscard Business Centre
The Old School House
188 Liscard Road,
Wallasey,
Merseyside
CH44 5TN

0151 230 8957

info@healthwatchwirral.co.uk

www.healthwatchwirral.co.uk

<https://www.facebook.com/healthwatchwirral>

<https://twitter.com/Healthwatchwirr>