

## Understanding the Impact of Shielding Restrictions in Group Living Environments

**Please complete this survey if you have a family member or loved one who resides in a group living situation. This includes nursing homes, residential care homes, and supported accommodation units.**

**These questions have been individualized for you, and thus, do not appear in numerical order**

Dear Stakeholder

The health, social and economic impact of COVID-19 (coronavirus) cannot be understated. Our lives have had to change causing significant impact to individuals and their families who have been advised to 'shield' on account of their condition/s.

Your family member or loved one may have received a letter from a doctor or hospital clinician to advise that they are at higher risk of becoming seriously ill from COVID-19; as such they need to be 'shielded'. Alternatively, your family member or loved one may have been impacted by shielding restrictions applied to a 'group living' environment. In giving you this advice or applying restrictions, the priority has been to protect those most likely to be acutely affected by coronavirus and their families, in turn helping to protect the National Health Service (NHS). By applying this to everyone, this has ensured equity for all affected.

The Department of Health recognises that from your family member or loved one's direct experience of shielding or the restrictions applied to their immediate environment, you have a unique insight into its impact and the measures required to support the transition from shielding to public engagement. As such, we kindly call upon your support with our consultation on this subject. The evidence and insights gathered will assess the level of impact that shielding has had and will inform the

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Department of Health on the key issues for consideration in planning the further easing of restrictions. The survey covers:

- How you and your family member or loved one may have been affected by shielding;
- What are the most important things to you;
- What support you have had to help you deal with the impact of shielding;
- What measures of support are required if your family member or loved one are advised to continue to shield in some way;
- What information is needed to support your family member or loved one to safely ease the restrictions on shielding.

The study will be conducted through a self-completed survey. The report will outline key themes for consideration to assist the Department of Health.

It is estimated that the consultation questionnaire will take approximately 15 minutes to complete. Please return your questionnaire to **Freepost, Patient and Client Council** or email it to [info.pcc@pcc-ni.net](mailto:info.pcc@pcc-ni.net). Alternatively, you can:

- Complete the survey online at <https://patientclientcouncil.hscni.net/get-involved/shielding-during-covid-19/>;
- Complete the survey over the phone by calling our Freephone number on 0800 917 0222; or
- Participate in a facilitated online group session - please contact Laura Bonnes on 07881636320 or at [laura.bonnes@pcc-ni.net](mailto:laura.bonnes@pcc-ni.net)

**We thank you in advance for your time and responses**

**Please keep in mind when completing the survey**

‘**Shielding**’ is the word used to describe how to protect those at highest risk of severe illness if they catch coronavirus/COVID-19. You can shield yourself and shield others by minimising all interaction between yourself and those who are most at risk.

Some question numbers are skipped because we are asking several different groups to complete the survey and this specific set of questions has been tailored to you.

**Q28.** How would you **best** describe where your family member of loved one lives? Please select any that apply.

- A nursing home.....
- A residential care home.....
- An accommodation unit for:
  - Offenders or people at risk of offending .....
  - People at risk of domestic or intimate partner violence
  - Young people leaving care.....
  - People living with a disability.....
  - People living with mental health issues.....
  - People living with drug or alcohol issues.....
  - People who need support to live independently.....
  - People who need a place to stay.....
  - Prefer not to say
- Other .....

If **other** please specify

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**Tell us a little about your family member or loved one**

If you have more than one family member or loved one who lives in a care home or support accommodation unit, please select one person you prefer to tell us about

**Q29.** What is your family member or loved one’s gender? Please select one option only

- |                  |                       |                     |                       |
|------------------|-----------------------|---------------------|-----------------------|
| Female.....      | <input type="radio"/> | Other.....          | <input type="radio"/> |
| Male.....        | <input type="radio"/> | Prefer not to Say.. | <input type="radio"/> |
| Transgender..... | <input type="radio"/> |                     |                       |

**Q30.** What age is your family member or loved one? Please select one option only

- |                |                       |                      |                       |
|----------------|-----------------------|----------------------|-----------------------|
| 0-17 yrs.....  | <input type="radio"/> | 55-64 yrs.....       | <input type="radio"/> |
| 18-24 yrs..... | <input type="radio"/> | 65-79 yrs.....       | <input type="radio"/> |
| 25-34 yrs..... | <input type="radio"/> | 80-84 yrs.....       | <input type="radio"/> |
| 35-44 yrs..... | <input type="radio"/> | 85-90 yrs.....       | <input type="radio"/> |
| 45-54 yrs..... | <input type="radio"/> | 90+ yrs.....         | <input type="radio"/> |
|                |                       | Prefer not to say... | <input type="radio"/> |

**Q31.** What is your family member or loved one’s ethnic group? Please select one option only. (Options continue on the next page)

- |                    |                       |                         |                       |
|--------------------|-----------------------|-------------------------|-----------------------|
| White.....         | <input type="radio"/> | Black Caribbean.....    | <input type="radio"/> |
| Black African..... | <input type="radio"/> | Mixed Ethnic Group..... | <input type="radio"/> |
| Bangladeshi.....   | <input type="radio"/> | Black Other.....        | <input type="radio"/> |

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- |                        |                       |                                   |                       |
|------------------------|-----------------------|-----------------------------------|-----------------------|
| Chinese.....           | <input type="radio"/> | Roma Traveller.....               | <input type="radio"/> |
| Irish Traveller.....   | <input type="radio"/> | Any <b>other</b> ethnic group..   | <input type="radio"/> |
| Pakistani.....         | <input type="radio"/> | If <b>other</b> , please specify: |                       |
| Indian.....            | <input type="radio"/> |                                   |                       |
| Prefer not to say..... | <input type="radio"/> |                                   |                       |

**Q32.** Which of the below qualifications does your family member or loved one have? Please select any that apply:

- |                               |                       |   |                       |
|-------------------------------|-----------------------|---|-----------------------|
| GCSEs (or equivalent).....    | <input type="radio"/> | Degree (e.g. BA, BSC).....                                      | <input type="radio"/> |
| NVQ (or equivalent).....      | <input type="radio"/> | Higher degree (e.g. MA, PhD).....                               | <input type="radio"/> |
| A-Levels (or equivalent)..... | <input type="radio"/> | Professional qualification (s)<br>(e.g. teaching, nursing)..... | <input type="radio"/> |
| Apprenticeship.....           | <input type="radio"/> | None of the above.....  | <input type="radio"/> |

**Q33.** What is the reason for your family member or loved one Shielding? Please select all that apply. .(Options continue on the next page)

- They are not required to shield themselves but they live with or near other people who have been advised to shield.....
- Organ Transplant.....
- Cancer.....
- Severe respiratory conditions including: all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).....
- Rare diseases that significantly increase the risk of infections, e.g. severe combined immunodeficiency (SCID), homozygous sickle cell.....
- On immunosuppression therapies sufficient to significantly increase risk of infection.....

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Pregnant with significant heart disease, congenital or acquired.....

Learning disability/ physical disability/ sensory disability.....

Motor Neurone Disease.....

Prefer not to say.....

**Other** reason.....

Please use this box to specify any **'other'** health condition (s):

**Q34.** Does family member or loved one live with dementia?

Yes.....  Prefer not to say.....

No.....

**Q31.** If you would like to tell us the name of nursing /residential care home or supported accommodation unit, please include it here:

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Please tell us about your and your family member or loved one's experience of shielding

**Q36.** What **impact** has your family member or loved one shielding (or the restrictions in their nursing /residential care home or supported accommodation unit) had **specifically on you?**

Please use this box to **respond to Q36**. If you need more space, please use the back of this sheet of paper.

**Q37.** What has been the **impact** of shielding on your family member or loved one who is a resident in a nursing /residential care home, or supported accommodation unit?

Please use this box to **respond to Q37**. If you need more space, please use the back of this sheet of paper.

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**Q38.** Do you get enough opportunities to see or talk to your family member / loved one?



**'Yes'** (You **get** enough opportunities to **see** them)



**Q38a.** Please tell us about your contact with your family member or loved one:

Please use this box to **respond to Q38a**. If you need more space, please use the back of this sheet of paper.



**'No'** (You do not **get** enough opportunities to **see** them),



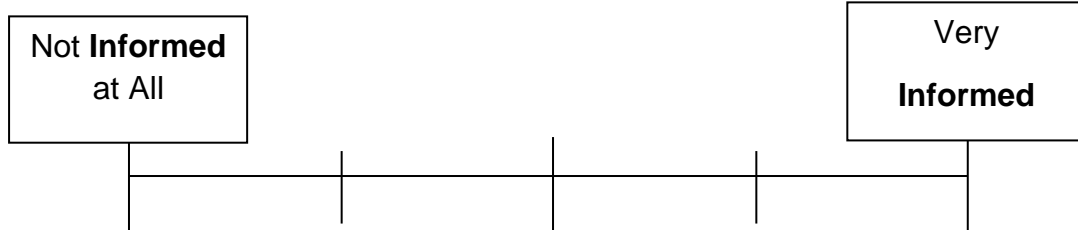
**Q38b.** How could your contact with your family member or loved one be improved?

Please use this box to **respond to Q38b**. If you need more space, please use the back of this sheet of paper.



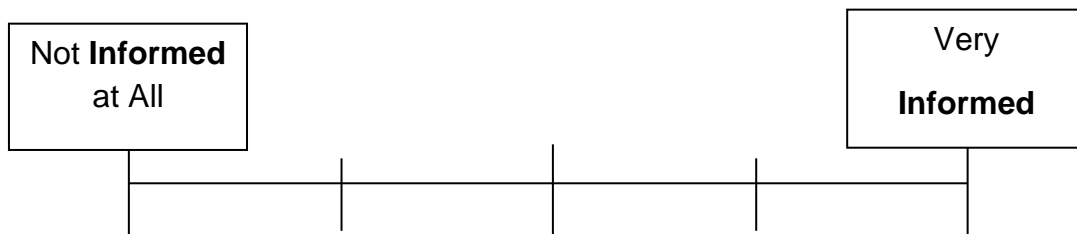
**Q39.** Do you feel you are getting enough information from the care home or supported accommodation unit about how your family member or loved one is coping with shielding?

Please indicate on the scale below **how informed** you feel:



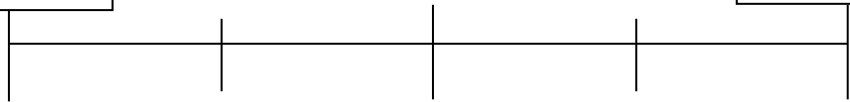
**Q40.** Do you feel you are getting enough information about how the nursing /residential care home or supported accommodation unit is managing and responding to the risk of COVID-19?

Please indicate on the scale below **how informed** you feel:



**Q41a.** How **confident** do you feel about how the care home or supported accommodation unit is managing and responding to the risk of COVID-19?


Not Confident Very Confident




**Q41b.** How could your **confidence** in this area be improved, if at all?

Please use this box to respond to **Q41b**. If you need more space, please use the back of this sheet of paper.

**Q42.** Does your family member or loved one receive **palliative care support** as part of the management of a health condition/s? This could be from a district nurse, palliative care consultant, social worker or others. *Palliative care is the care of patients with advanced progressive illness including pain management and other symptoms as well as psychological, social and spiritual support.*

 'Yes' (they do receive palliative care support)


Please go to **Q43**.


 'No' (they do not receive palliative care support)

Please go to **Q47**.


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**Q43.** Have you or they discussed your future wishes/preferences for care (known as Advance Care Planning) with your GP or another health or social care professional?

 'Yes' (You **have discussed** your future wishes/ preferences),   
Please go to **Q44**.


 'No' (You **have not** discussed your future wishes/ preferences),   
Please go to **Q45**.


**Q44.** Did you or they have this discussion **before** they began shielding?

 'Yes' (You had the discussion **before** he or she started shielding   
Please go to **Q47**.

 'No' (You had the discussion **after** he or she started shielding   
Please go to **Q47**.

**Q45.** Would you like the opportunity to discuss their future wishes/preferences for care?

 'Yes' ( You would **like** to have this discussion with a health professional,   
Please go to **Q46**.

 'No' (I would **not like** to have this discussion with a health professional)   
Please go to **Q47**.

**Q46.** What would be the best/most appropriate way to have this conversation in your current circumstances?

Please use this box to specify how you want to have this conversation, then **go to Q47**.

**Q47.** When you think about your family member or love one, what concerns you more: the **health risks** of COVID-19 or the **impact of shielding** on their quality of life?

Please select a point on the scale below:



**Q48.** What is most important for you as shielding restrictions ease? For example complete the following sentence: '***What would matter most to me, would be the ability to.....***'

Please use this box to respond to Q48. If you need more space, please use the back of this sheet of paper.

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**Please tell us how the experience of shielding  
could be improved for you**

**Q49.** If the care home or supported accommodation unit continues to shield its residents, what changes could the **accommodation provider** make to improve day-to-day life for you and your family member or loved one while still allowing you all to feel safe?

Please use this box to respond to **Q49**. If you need more space, please use the back of this sheet of paper.

**Q50.** If the care home or supported accommodation unit continues to shield its residents, what changes could **public services or the government (e.g. councils, Department of Health)** make to improve day-to-day life for you and your family member or loved one while still allowing you all to feel safe?

Please use this box to respond to **Q50**. If you need more space, please use the back of this sheet of paper.

**Q51.** If the care home or supported accommodation unit continues to shield its residents, what changes could **the wider community or neighbourhood** make to improve day-to-day life for you and your family member or loved one while still allowing you all to feel safe?

Please use this box to respond to **Q51**. If you need more space, please use the back of this sheet of paper.

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**This survey is part of a wider consultation on relaxing current restrictions for those who are shielding due to COVID-19.**

**Q62.** Would you be happy for us to contact you about being involved in future stages of the process? (By selecting "Yes" and providing your details, you consent to the Patient and Client Council securely retaining these details on file in order to contact you at a later date to ask about your experiences of shielding).

Yes.....

No.....

**To allow us to contact you again, please provide the following details:**

**Q63.** Full name:

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**Q64.** Email address:

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**Q65.** Phone number:

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**Q66.** Do you require an interpreter?

Yes.....

No.....

If yes, please specify which language:

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If you would like to provide further comment to this process via a facilitated online group session, please contact Laura Bonnes directly on 07881636320 or at [laura.bonnes@pcc-ni.net](mailto:laura.bonnes@pcc-ni.net)

**Q67.** If you would also like to become a member of the Patient and Client Council's Make Change Together movement to further influence and shape the future of health and social care in Northern Ireland please tick the box below and we will be in contact in due course.

**Yes** (I would like to become a member of the Patient and Client Council's Make Change Together Movement)

**Thank you for your participation and feedback**