

Understanding the Impact of Shielding Restrictions in Group Living Environments

Please complete this survey if you reside in a group living situation. This includes nursing homes, residential care homes and supported accommodation units. Your experience and ideas are very important to us. If you need help completing the survey, please ask a trusted person to help you.

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.

You may have received a letter from a doctor or hospital clinician to advise that you are at higher risk of becoming seriously ill from COVID-19; as such you need to be 'shielded'. Alternatively, you 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 direct experience of shielding or the restrictions applied to your 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 Department of Health on the key issues for consideration in planning the further easing of restrictions. The survey covers:

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- How you 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 you are advised to continue to shield in some way;
- What information is needed to support you 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 scan and **email** it to 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


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.

Q1. Is someone **helping you** to fill in this survey?

 **If ‘Yes’ (someone is helping me): Q2 Who is helping you to fill in the survey?**

- A family member.....
- A non-family member who **does not** work at your accommodation.....
- A non-family member **who does** work at your accommodation.....

 **‘No’ (no one is helping me)**.....

Q4. How would you **best** describe where you live? Please select any that apply. (More options are on the next page)

- A nursing home.....
- A residential care home.....
- An accommodation unit for:
 - Offenders or people at risk of offending

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- 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

Q5. What is your gender? Please select one option only

- Female..... Other.....
- Male..... Prefer not to Say..
- Transgender.....

If **other** please specify

Q6. What is your age? Please select one option only

- 0-17 yrs..... 55-64 yrs.....
- 18-24 yrs..... 65-79 yrs.....
- 25-34 yrs..... 80-84 yrs.....
- 35-44 yrs..... 85-90 yrs.....
- 45-54 yrs..... 90+ yrs.....
- Prefer not to say...

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Q7. What is your ethnic group? Please select one option only.

- | | | | |
|------------------------|-----------------------|---|-----------------------|
| 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"/> |
| Chinese..... | <input type="radio"/> | Roma Traveller..... | <input type="radio"/> |
| Irish Traveller..... | <input type="radio"/> | Any other ethnic group.. | <input type="radio"/> |
| Pakistani..... | <input type="radio"/> | <div style="border: 1px dashed black; padding: 5px;"> If other, please specify: </div> | |
| Indian..... | <input type="radio"/> | | |
| Prefer not to say..... | | | <input type="radio"/> |

Q8. Which of the below qualifications do you 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) (e.g. teaching, nursing).....	<input type="radio"/>
Apprenticeship.....	<input type="radio"/>	None of the above.....	<input type="radio"/>

Q9. What is your reason for shielding? Please select all that apply. (More options are on the next page)

I am not required to shield myself but I live with or near other people who have been advised to shield.....	<input type="radio"/>
Organ Transplant.....	<input type="radio"/>
Cancer.....	<input type="radio"/>

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Severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).....	<input type="radio"/>
Rare diseases that significantly increase the risk of infections, e.g. severe combined immunodeficiency (SCID), homozygous sickle cell.....	<input type="radio"/>
On immunosuppression therapies sufficient to significantly increase risk of infection.....	<input type="radio"/>
Pregnant with significant heart disease, congenital or acquired.....	<input type="radio"/>
Learning disability/ physical disability/ sensory disability.....	<input type="radio"/>
Motor Neurone Disease.....	<input type="radio"/>
Prefer not to say.....	<input type="radio"/>
Other reason.....	<input type="radio"/>

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

Q10. Do you live with dementia?

Yes..... Prefer not to say.....
No.....

Q11. If you would like to tell us the name of your nursing or residential care home or supported accommodation unit, please include it here:

Please tell us about your experience shielding

Q12. What **impact** has shielding (or the restrictions in your care home or supported accommodation unit) had on you overall?

Please use this box to respond to **Q12**. If you need more space, please use the back of this sheet of paper.

Q13. What **impact** has shielding (or the restrictions in your care home or supported accommodation unit) had on the quality of your life?

Please use this box to respond to **Q13**. If you need more space, please use the back of this sheet of paper.

Q14. Have you had any **additional support** to help you cope with the impact of shielding?



Q14a. If 'Yes' (You **have** had additional support)

Please use this box to tell us about the additional support you have had. If you need more space, please use the back of this sheet of paper.

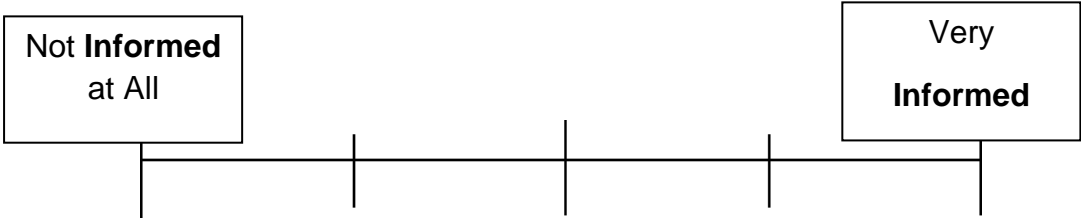


Q14b. If 'NO' (You **have not** had additional support), what support would you have liked, if any?

Please use this box to tell us what support you would have liked. If you need more space, please use the back of this sheet of paper.

Q15. Do you feel you are getting enough information about how your 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:

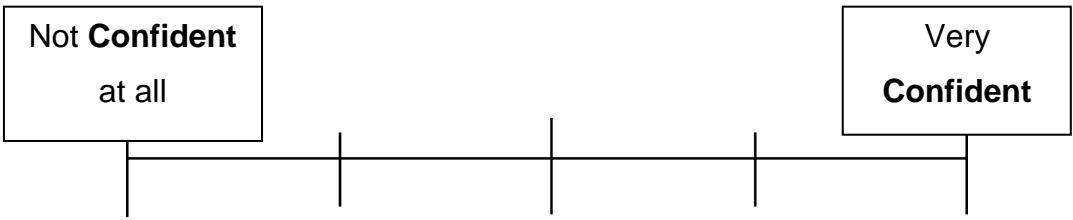


Not **Informed** at All

Very **Informed**

Q16a. How confident do you feel about how your care home or supported accommodation unit is managing and responding to the risk of COVID-19?

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




Not **Confident** at all


Very **Confident**

Q16b. How could your confidence in this area be improved, if at all?


Please use this box to respond to Q16b. If you need more space, please use the back of this sheet of paper.


Q17. Do you 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' (You receive palliative care support)
Please go to **Q18**.


 'No' (You do not receive palliative care support)
Please go to **Q22**.


Q18. Have you 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 **Q19**.

 'No' (You have not discussed your future wishes/ preferences),
Please go to **Q20**.

19. Did you have this discussion **before** you began shielding?

 'Yes' (You had the discussion before you started shielding).
Please go to **Q22**.

 'No' (You had the discussion after you started shielding).
Please go to **Q22**.

Q20. Would you like the opportunity to discuss your future wishes / preferences for care?

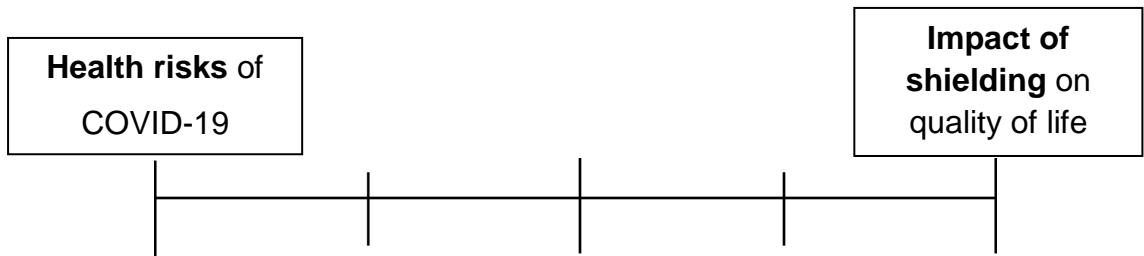
➔ **'Yes'** (You would **like** to have this discussion with a health professional). ○
Please go to **Q21**.

➔ **'No'** (You would **not like** to have this discussion with a health professional). ○
Please go to **Q22**.

Q21. What would be the best/most appropriate way to have this conversation in your current circumstances?

If **'Yes'**, Please use this box to specify how you would want to have this conversation, then **go to Q22**.

Q22. What concerns you more: the **health risks** of COVID-19 or the **impact of shielding** on your quality of life? Please place an 'x' on the scale below:



Q23. 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 **Q23**. If you need more space, please use the back of this sheet of paper.

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

Q24. If your care home or supported accommodation unit continues to shield its residents– what changes could **your accommodation provider** make to improve your day-to-day life while still allowing you to feel safe?

Please use this box to respond to **Q24**. If you need more space, please use the back of this sheet of paper.

Q25. If your care home or supported accommodation unit continues to shield its residents– what changes could your **family or friends** make to improve your day-to-day life while still allowing you to feel safe?

Please use this box to respond to **Q25**. If you need more space, please use the back of this sheet of paper.

Q26. If your 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 your day-to-day life while still allowing you to feel safe?

Please use this box to respond to **Q 26**. If you need more space, please use the back of this sheet of paper.

Q27. If your care home or supported accommodation unit continues to shield its residents– what changes could **your wider community or neighbourhood** make to improve your day-to-day life while still allowing you to feel safe?

Please use this box to respond to **Q 27**. 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:

.....

Q64. Email address:

.....

Q65. Phone number:

.....

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

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