

Covid 19:

Impact on People who have Experienced Multiple Disadvantages

A report based on evidence from Opportunity Nottingham, front facing staff, Beneficiaries and Expert Citizens

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What's this report about and how it was compiled?

This report is about the impact of the Covid-19 pandemic on Opportunity Nottingham Beneficiaries, Expert Citizens and staff. The information was gathered during April and May from interviews with 14 Opportunity Nottingham front facing staff, using a fixed set of questions. A fifteenth worker completed the information using an on-line survey tool. Workers completing the information were: 13 Personal Development Coordinators, one Social worker and one Cognitive Behavioural Therapist Practitioner. This information was gathered by the Opportunity Nottingham in-house evaluation team. Additional information was collected through 5 interviews with Opportunity Nottingham beneficiaries and Expert Citizens (3 men and 2 women). These interviews were conducted by researchers from the Opportunity Nottingham External Evaluators who are Nottingham Trent University.

Questions covered the key Opportunity Nottingham themes:

- 1) health and wellbeing both mental and physical of people experiencing multiple disadvantage and people who work with them,
- 2) system change, how services across the system are adapting to the pandemic, and may these lead to any longer term changes.

The survey also covered certain other relevant issues in relation to Covid-19 including risk of domestic abuse and adapting to remote working.

The questions for staff were based on a similar survey conducted by South East Fulfilling Lives which covers Brighton, Eastbourne and Hastings. Opportunity Nottingham would like to express gratitude to Kerry Dowding, Research Officer at South East Fulfilling Lives for sharing survey material.



Key issues

1. Whilst struggling to some extent many beneficiaries are broadly coping with the Covid-19 restrictions. In part this appears to be due to past work that Opportunity Nottingham staff have done with beneficiaries and building their resilience - in some cases may be more than we realised. Additionally, those in stable accommodation such as Housing First appeared to be most likely to be coping. Being able to cope with the Covid-19 restrictions and less use of traditional face to face appointments also relies on having access to a phone as a minimum, but also where possible digital technology and WIFI. This is also more likely where a beneficiary has stable housing.
2. Some staff mentioned examples of beneficiaries feeling less *different* to their neighbours than they usually do, so more a part of the community – this could perhaps be called “same-boatism”. There are though, a significant minority who are struggling and at increased risk

- some seriously so. Also, for some beneficiaries, some of the factors that cause stress and anxiety particularly those that may come from former street community associates were also reduced by the Covid-19 restrictions.

3. System Change. We heard lots of examples of services operating more flexibly -changing and reducing “the rules”. Partly this has been about removing face to face appointment requirements in some circumstances and increase use of telephone contact. Exclusion for missing face to face appointments will of course not occur, if there is not an appointment which a beneficiary may miss. This could be due to not being able to get there or it is causing too much stress and anxiety. Changes though have gone beyond flexing processes and there were reports that could be described as “culture change” amongst staff. Being more responsive with a “can do” approach, as well as more being willing to work collaboratively, pulling together a multi-agency response to achieve an outcome for a beneficiary.



Summary of main findings

Primary Care – GP’s and Pharmacies

Most beneficiaries were successfully accessing G.P’s and pharmacies, who in turn were willing to show some flexibility to help facilitate this. For instance, by renewing prescriptions over the phone without an appointment. Some examples were cited however where loss of face to face meetings with a GP did cause a problem mainly in relation mental health issues. Also, the new flexible system requires access to a phone with credit on it, which not all beneficiaries have.

Secondary Care - Hospitals

Only a minority of beneficiaries had accessed secondary care and in most cases this had been successful. Some routine appointments had been cancelled however and there were some reports of beneficiaries being reluctant to attend hospital without their worker or because they believed they might become infected.

Experience of Covid-19

Whilst several beneficiaries had symptoms, no confirmed cases of Covid-19, were reported. Where symptoms had occurred requiring self-isolation, it did appear beneficiaries were getting support, from for instance their GP. There were however reports of a minority of beneficiaries unwilling to self-isolate. A small number of beneficiaries were registered as extremely vulnerable and so requiring shielding. However, there was some confusion about what this meant both amongst beneficiaries and staff.

Domestic Abuse

Most staff felt there was an increased risk of domestic abuse and had beneficiaries on their caseload where they felt increased abuse was happening. There were also instances where staff felt increased domestic abuse was happening, but this could not be confirmed because they only had telephone contact with the beneficiary.

Criminal Justice

Most support from probation and the Community Rehabilitation Company (CRC) is now by telephone only. For some this “lighter touch” approach was easier to comply with, but where

beneficiaries were not engaging well before lockdown, the limitations of telephone only contact tended to cause engagement not to happen. Having a PDC was helpful in relation to engaging as they can contact CRC staff phone numbers not available to beneficiaries. There were a small number of examples where beneficiaries had been arrested that was linked to breaching lockdown rules.

Treatment Pathways and Coexisting Conditions

Substance misuse services were operating flexibly via telephone support with limited face to face contact, with needle exchange staying open, but urine test not operating. For many this worked as good as, if not better, than the previous more intensive system involving face to face meetings. For some who require higher doses of medication, or more active engagement, services access restrictions meant there was a risk the beneficiary may stop taking medication and increase substance use. There was less contact with mental health services, as for beneficiaries these can be difficult to access. Where it was occurring, it was by telephone. For some beneficiaries this didn't work - but others actually found it a more flexible approach that was helpful.

Accommodation

For most Opportunity Nottingham beneficiaries accommodation is being maintained. This was most likely where beneficiaries were living in Housing First or other forms of stable housing. There were however several cases reported where workers made a link between Covid-19 and a beneficiary becoming homeless from temporary accommodation, including hostels, sofa surfing and the hotels opened for rough sleepers. The main reason for exclusion were issues around complying with the accommodation "rules".

System Change

With a few exceptions most services were reported to have adapted well as a result of Covid-19. There were examples given of lessening of bureaucracy, for instance not requiring usual paperwork or allowing the worker to complete it and of telephone contact being sufficient instead of requiring face to face attendance at the agency's office. Also, examples of responsive multiple agency working were given and examples of more being done on-line. This raises an important question about whether these adaptations can continue beyond the Covid-19 restriction period, so that services generally become more flexible and "user friendly" in the longer term. To facilitate this having access to a smartphone, tablet, WIFI and as a minimum a phone will be essential. Not all beneficiaries have this.

Beneficiaries Mental Wellbeing

Most workers felt their beneficiary's mental wellbeing overall was a little worse than before the pandemic, with a significant minority saying about the same and a small number saying much worse.

The most commonly mentioned challenge was that beneficiaries felt isolated by the Covid-19 restrictions. Isolation meant they were unable to get out and have a change of routine. This was impacting on mental health, for instance through lowering of "mood", loss of "motivation" and feeling "abandoned". In some cases, this appeared to have increased alcohol and drug use. By contrast, there were also reports of beneficiaries struggling as they couldn't obtain their usual drugs as the Covid-19 restriction had affected supplies.

Covid-19 as a 're-traumatising' event

Where workers felt trauma had been triggered it related to fear by beneficiaries of abandonment which was being increased by not being able to see their worker.

The mental wellbeing of workers

Most workers felt Covid-19 measures had made their mental wellbeing a little worse than before with three saying it was about the same and three saying it was much worse. The biggest source of concern expressed was not being able to see beneficiaries face to face, followed by not being able to interact with colleagues in an office environment. To some extent however the impact of this was lessened by perceived benefits of working at home and workers getting more used to this change over time.

Positive practice and top tips for remote working

Workers spoke positively about how beneficiaries were coping with the situation and were able to be more independent than the worker might have anticipated. There were also a number of examples given of beneficiaries really valuing their support they got from their worker given they would otherwise be quite isolated.

Most workers said they had implemented trauma informed practices as part of working remotely. In the main this picked up on the provision of emotional support and validating beneficiaries' feelings in relation to abandonment.

In relation to the content of the call, clearly the need to check on welfare was most apparent including whether there were any Covid-19 symptoms. Several workers also mentioned that the provision of emotional support had become more important and other emphasised the need for everyday or "normal" conversations. Also, the importance of good multi-agency working featured, as there was often a team effort needed to coordinate the necessary help and support for a beneficiary.



1. Healthcare

What impact has Covid-19 had on your beneficiaries' access to primary healthcare (e.g. GP surgeries and pharmacies)?

Most beneficiaries were still able to access primary care services, though access could be problematic for those on the shielding regime. Some pharmacies were happy to deliver, but with others, a friend had to act as go-between, which could be problematic.

I keep asking the doctor if somebody can deliver from the chemist. My friend went to pick it up – I have to have it weekly, cos I'm at risk of OD-ing. (Lorraine)

The most frequent need was in relation to medication for substance misuse issues and here was potential for medication not be provided due to miscommunication issues between services and the beneficiary. To overcome this, pharmacies and to some extent GP's surgeries were willing to flex usual procedures to ensure medication could be received. Clearly no risks could be taken so not surprisingly such flexibility seemed to be most likely where the beneficiary is known to the pharmacist or GP. Also, in some cases contact was only maintained with the worker's help. Where a worker was involved, even where a beneficiary was a new patient or customer, some level of flexibility was sometimes shown:

.... they try to do phone calls; they renew the prescriptions over the phone without the visits. Which is helpful.

One of my beneficiaries has been quite ill and his GP has been calling him every day. They are making extra effort to make sure people are okay. Pharmacies have been running smoothly, the pharmacist has actually helped me when I couldn't get in contact with my beneficiary, telling me that the beneficiary has been seen.

.... or some people the phone calls have been better as some beneficiaries tend to miss appointments. However, with phone calls they will just answer. So, it has improved engagement.

Telephone engagement has even extended to receptionists altering medication.

If anything changes, I phone the doctor and I get an appointment. Well, I speak to the receptionist and she phones me back when she's free. I tell her what's what, as I did a few weeks ago, and she recommended I changed my painkillers and she just sent that straight through to the pharmacy and I went down and collected it. (John)

Key to accessing primary care was firstly having a functioning phone and secondly this being sufficient as a means of contact given the loss of face to face appointments. So, whilst telephone contact worked for most people, there were examples of some beneficiaries struggling:

I have one lady who struggles with her mental health, I got her to agree to an appointment however she told the GP that she was fine, if I was there to support her in person, she may have been more truthful to the GP.

They've been finding it quite difficult, two of my beneficiaries have been going down to the surgeries and been "kicking off" because they can't go in. They feel as though this is a personal attack on them, rather than a result of the lockdown procedures.

I'll contact the GP on their (the beneficiaries) behalf if they don't have credit which happens quite often. They haven't got an awful lot of credit, but it's just how it is at the moment.

One of the beneficiaries reported a similar experience trying to access his doctor.

* Beneficiary names have been changed to protect identity

Everything's closed down. Everything's by phone, which is really, really awkward ... and you can hardly get through to them. I need a Smartphone. (Wayne)

What impact has Covid-19 had on your beneficiaries' experiences of hospitals (e.g. planned operations, A&E, discharges)?

Whilst all workers had experience to relate about primary care, for secondary care six workers reported no one on their caseload having contact during the lockdown period. For those that did the main adverse impact was cancellation of routine appointments. Some priority appointments went ahead, however two workers reported there had been difficulty motivating beneficiaries to go to appointments without the worker to accompany them. One worker reported beneficiaries being scared to go to A&E because of fear of contracting Covid-19.

If experiencing Covid-19 symptoms, what support have your beneficiaries received from statutory and/or voluntary services?

Whilst several beneficiaries had symptoms, no confirmed cases of Covid-19, were reported. Where symptoms had occurred requiring self-isolation, it did appear beneficiaries were getting support:

Housing workers have been collecting his prescriptions and leaving food parcels on his doorstep.

But then he had some symptoms, the GP called him every day to check on him.

Where symptoms had occurred, the majority reported beneficiaries were self-isolating though there were two reports of beneficiaries not being willing to self-isolate and one worker stated that none of their beneficiaries were adhering to lockdown rules:

At first the beneficiary didn't believe in coronavirus and was ignoring self-isolation.

It turns out that it wasn't coronavirus but he (the beneficiary) is taking it more seriously.

Have any of your beneficiaries tried to register as an "extremely vulnerable person" on the government website? If yes, were they accepted on the register? If they were not accepted, what were the reasons given?

Three workers indicated they had beneficiaries who had registered as "extremely vulnerable" in all three cases support from an agency was required to do this. One worker had indicated that a beneficiary was already registered. Four workers indicated either they were lacking information about the register, beneficiaries were lacking information, or beneficiaries wouldn't be able to register due to lack of internet access.

Beneficiaries were not always clear if they fitted this category or the guidelines that attach to it. For instance, Kathy was happy to nip across the road to the shop, while Lorraine was bewildered and distressed when she was told by her PDC.

It was mainly my PDC worker from Opp Notts ... that phoned me up and said you're on lockdown, shielding or self-isolation, but when they officially brought in the lockdown, she said that I'm in the category of shielding. So, I said, what the fuck does that mean? And she's like basically you've got to stay in, and she can't have no face-to-face contact with me for 3 months. And I'm, what the fuck? How am I gonna cope?

She struggled to accept the rules about not going out, even believing they had changed when they hadn't.

I'm not meant to be, but now that they've lifted it a bit – cos I was on the shield, I was meant to be having shielding – but because they've lifted it now so you can visit people.

Meanwhile, regardless of the category, others were very aware of their vulnerability.

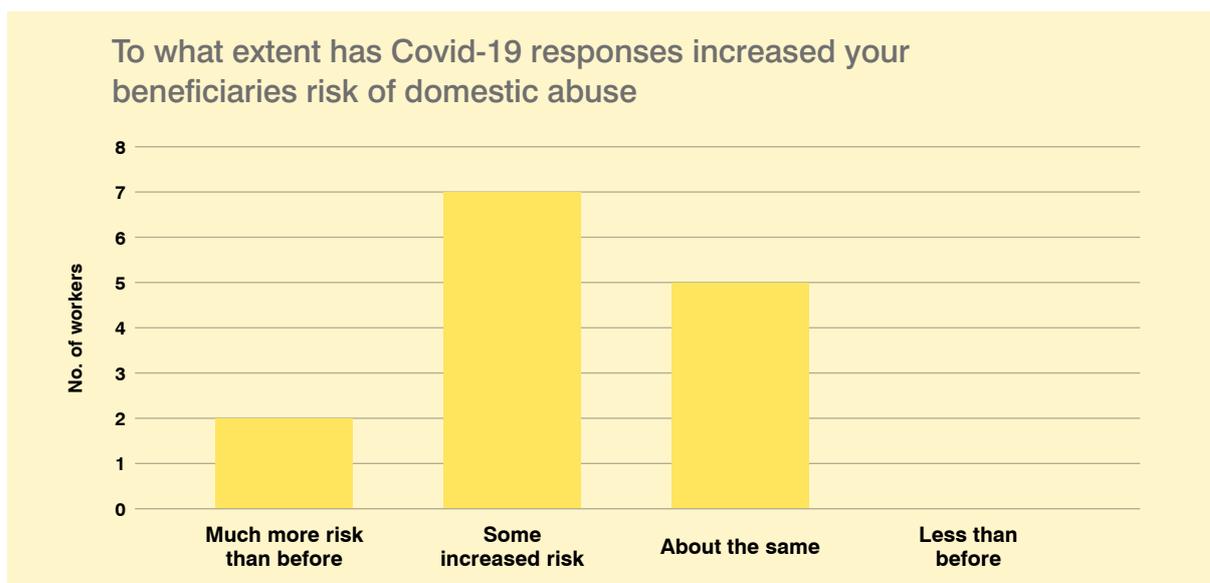
If I caught the virus, I'd be dead! If I caught the virus, I believe I'm dead. Coz one, I'm black, two, I've caught pneumonia before, and there's something wrong with my lungs anyway. When I had pneumonia, I was in an incubator coz of one my heart valves. (Wayne)



2. Domestic Abuse

To what extent has Covid-19 responses increased your beneficiaries' risk of experiencing domestic abuse?

Opportunity Nottingham Workers did perceive a significantly greater risk of domestic abuse due to Covid-19 measures. Whilst seven workers considered risk somewhat higher overall, two considered it to be much higher and five perceived the risk to be the same. These differences may reflect individual caseloads. Overall all workers reported back, that for most beneficiaries Covid-19 had not had an impact, although to put this in context a large proportion of beneficiaries live in single person households and are not in relationships.



All but five workers however reported at least one beneficiary experiencing increased domestic abuse due to Covid-19 in some cases more than this. In most instances this was a worsening of pre-existing abuse. PDC's also took this opportunity to report on some beneficiaries being perpetrators and in two cases a beneficiary being both victim and perpetrator.

There were two cases reported where the PDC felt strongly that the beneficiary was being abused but wasn't able to confirm this because only having telephone contact was too limiting. Previously for instance it would be possible to search for a person if they weren't maintaining contact, or the beneficiary would be able to get out to see the worker:

I think she is more at risk as her phone is always off and I normally would go and try to find her if she isn't engaging. There are a few agencies involved, however we can't really get in touch with her.

If there is an issue, she will usually turn up at the office, but she can't now do this.

3. Criminal Justice

What impact of Covid-19 had on your beneficiary's resettlement and release plans?

Four workers indicated Covid-19 had had an impact on resettlement, all linked offending behaviour and lack of accommodation.

...came out and was arrested two days later because she didn't have a place to stay, she breached the licence.

Arrested for not following rules – not coping well with rules, arrested and released. Third time it happened placed in custody - probation suggested fine as not going to prison.

Got arrested last week..... I think this is because of the lack of contact with probation and ON because he needs constant reminders due to his learning difficulties. He doesn't have housing, the "through the gate" team did try to engage with him, but he refused. His learning difficulties make him so vulnerable; he doesn't have the same understanding of the world like everyone else. He doesn't understand why shops aren't open, it is baffling for him and gets frustrated.

What impact have Covid-19 response measures had on their support from probation? / CRC teams?

Most support from probation is now by telephone only and it was reported this was having mixed consequences for beneficiaries. For some this was a "lighter touch" approach that was easier to comply with. On the other hand, where beneficiaries were not engaging well before the limitations of telephone only contact, engagement was not happening now. There were two reports of probation workers having face to face contact with a beneficiary. One was where the probation worker had found accommodation and was viewing the property with the beneficiary, the other concerned a person under a specific scheme.

Some workers mentioned having specific contact numbers for probation and CRC workers which they found useful; however, these were not available directly to beneficiaries, with the implication that without a support worker it may be more of a struggle to maintain contact with probation/CRC. One worker mentioned this issue was compounded by beneficiaries having to contact via a call centre in Birmingham when they wish to speak to their CRC worker. The Call centre then email the worker. However, apparently this was an issue pre Covid-19.



4. Treatment Pathways and Coexisting Conditions:

What impact have Covid-19 measures had on your beneficiaries accessing support from substance misuse agencies and mental health services?

All workers reported that Covid-19 measures had had an impact in relation to accessing substance misuse and mental health services. More information was provided about substance misuse services as beneficiaries have much less engagement with mental health services. Most feedback was that substance misuse services were operating flexibly via telephone support with limited face to face contact, with the needle exchange staying open, but urine test not operating. It was reported for many the current system worked as good as, if not better, than the previous more intensive system involving face to face meetings for beneficiaries at the Wellbeing Hub:

NRN got in place system send over scripts - NRN told them not to go there but phone instead.

For treatment access is easier as don't have to attend appointments at Hub. Previously if an appointment was missed it would take longer- several days for new one to take place. Beneficiaries are quite successful at picking up scripts and Clean Slate are flexible.

NRN and Clean Slate are posting out scripts which is helping beneficiaries not to fall off their scripts due to not collecting or missing appointments.

The beneficiary doesn't answer withheld numbers due to the belief that it could be old associates, so he prefers to call the CPN. It is actually more beneficial as he calls the CPN and lets them know when he is home so he can get his depot. The support is more suited to him.

Few have missed collections but not penalised for it. Previous system felt like beneficiaries were penalised – least trusted have to pick up daily plus visit hub overdose risks – daily pick up feels like a punishment if mental health low - feels like set up to fail – urine test plus questionnaire.

Beneficiaries reported improvements to pre-existing substance problems.

I am a registered alcoholic and I manage it as best I can and as soon as I slip, I contact them straight away. So, things are really, really well at the moment. Before, I just used to drink, drink, drink, and end up in prison, end up in hospital. It's hard going, but it's better than what it used to be, in fact a hell of a lot better than what it used to be. (John)

They've got better. Cos of the lockdown, it's been helping me with the drinking and the drug use. My drug and drink use have gone right down ... Cos being isolated and everything, I'm not hanging around with the people I was hanging around with. So, it's easier on me. It's helping me to cut down. So, that's one good thing. (Kathy)

However, the new system does have potential to lead to problems. Also, some beneficiaries who require higher doses of medication or more active engagement with substance misuse services have to get to the Hub and this can be problematic, with real risk the beneficiary may stop taking medication and increase substance use:

They are only dealing with emergency cases. There is more phone call appointments. One beneficiary because she has to stay in, she is stressed and drinking more.

Problem with pharmacy issue so asked to come to the Hub but couldn't get as just walk to hub.

Those on 50(mls) not sent over to the chemist so drug use increases – so serious relapse or massive chance of overdose due to uncontrolled drug use.

He missed two appointments and so has to go into see prescriber before he can get script – but current situation you have to make an appointment – cannot get there (the Hub) and he needs it I had to get probation involved as having script is part of his licensing agreement missed two appts.

The beneficiary didn't tell me he wasn't getting his script – he started buying off streets ended up in hospital.

For contact with mental health services, where this was occurring it was by telephone. For some beneficiaries this didn't work - but others actually found more helpful:

The doctor did a mental health referral before the lockdown happened. But because of the lockdown the referral has been put on hold and the beneficiary isn't taking medication because he wanted mental health intervention and doesn't think medication is useful.

For mental health she would normally see her worker but now phone contact is weekly so more frequent than face to face and she prefers this. She is aware Covid is a worldwide problem. And sees it as a shared experience and so feels less different. Also feels people more bothered.

Mental health wise, I have someone who needs a lot of support but doesn't engage. A couple of days ago she went into hospital with the police but refused follow up treatment with her mental health.

Beneficiaries reported that other forms of on-line support were also working well.

I have a counsellor. I'm in touch with her through Zoom. Coz usually I have a 50-minute session at NCVS on Mansfield Road, when everything's at normality. But through Zoom, I'm only on for 20 minutes, half an hour, each time. We're just talking and that, d'you know what I mean. (Scott)



5. Accommodation:

For beneficiaries in emergency and temporary accommodation, what impact have Covid-19 response measures had on their safety, health and wellbeing?

For most Opportunity Nottingham beneficiaries accommodation is being maintained and it was perhaps significant that this was most notably the case in relation to the information provided by the Housing First worker. There were however several cases reported where workers made a link between Covid-19 and a beneficiary becoming homeless from temporary accommodation. This included exclusion from hostels and temporary supported housing as well as an end to sofa surfing. Issues with compliance with rules and failure to social distance were the principal reasons cited for loss of accommodation.

A number of beneficiaries had been placed in hotels since the lockdown. In all but one case, these were one of the two hotels opened specially for rough sleepers at the start of the lockdown period. Some were sustaining this accommodation, but others had been excluded. Reasons for exclusion related to behaviour and social distancing conflicting with the "pull of the street" and the desire to obtain drugs. Others whilst not homeless yet were clearly struggling with this restriction and in danger of being excluded from accommodation. This applied to both the hotels and hostel/supported temporary accommodation. The lack of support in some cases heightening this problem.

There was one report of homelessness possibly being prevented at least temporarily because of the suspension of repossession from Assured Shorthold tenancies:

One person asked to leave due to fighting – no social distancing fighting heightened situation workers less likely to take chance.

One was evicted from a care home as she was putting people at risk by not practising social distancing.

The hotel isn't having a good impact on her mental health. She isn't allowed to go outside after 11.30pm. She struggles with her sleeping and she wants to go out to smoke. Therefore, she is struggling with the rules of the hotel and can't do the things she would normally do to cope with her mental health.

For two beneficiaries their drinking has increased – double normal. When workers there can't interact much it's hard for them to understand – feel more isolated - no interaction with workers, much less contact.

Not coping and not used to rules - always expressive and uses hands, likes to social contact. Not doing stuff with worker and not knowing when it is going to end damaging mental health - getting angrier with workers and other residents - worried about exclusion.



6. System Change – how have services adapted

How have other services adapted their support as a result of Covid-19?

Most workers felt that services have adapted well as a result of Covid-19 and some were very positive indeed when speaking about other services. There were examples given of lessening the bureaucracy, for instance not requiring usual paperwork or allowing the worker to complete it. Also, examples of responsive multiple agency working were given and examples of more being done on-line. This raises an important question about whether these adaptations can continue beyond the Covid-19 restriction period, so that services generally become more flexible and “user friendly” in the longer term. There were a few exceptions, but these related to individual members of staff, rather than whole agencies and were generally at the start of the lockdown, when there was likely to have been more uncertainty and about how to operate. A couple of workers mentioned particular challenges for hostels of staying opening, engaging with residents but maintaining social distancing:

I've found other services to be very flexible, extremely supportive. They are open to listening to the risks that my beneficiaries are facing.

Overall, my impression of services are that they are bending over backwards for people as much as they can.

Healthcare professionals have adapted really well. With drug workers they are working similarly to us. With probation they have been in contact with me more. Everyone has stepped up a bit more, there is a lot more interagency working and communication.

NRN do a lot of support on zoom. Everyone has adapted due to not being able to see people.

Beneficiaries also reported positive experiences of services during lockdown.

The services that help me are absolutely amazing. As long as you treat them right, they're really respectful to me. I always say please and thank you. I never go there with an attitude. They do a fantastic job, all of them. (John)

Moreover, there seemed to be no problems with accessibility.

I can get on the phone. I've got my key worker's phone number, and I've got my Opportunity Nottingham worker, and I've got my mental health worker's number. So, if I have got any problems, I just give them a call. (Kathy)

What have been the biggest challenges in supporting your beneficiaries/getting their voices heard in their support?

The most commonly mentioned challenge was that beneficiaries felt isolated by the Covid-19 restrictions. Isolation meant they were unable to get out and have a change of routine. This was impacting on mental health, for instance through lowering of “mood” and loss of “motivation”:

Being on their own. Stuck. Not meeting up - loss of freedom.

They are really lonely. That is the biggest challenge.

There's heightened anxiety for some beneficiaries.

They are depressed and just spending more time sleeping during the day.

For one beneficiary, the isolation brought back bad memories.

It's like prison. This is how I was living my life anyway, coz I've been in prison loads and loads of times, over 20 odd years in prison ... I'm just waiting. That's all I do, just sit here waiting, bit of exercise, grab something to eat, and then get back in. (Wayne)

However, this was not a common experience, and beneficiaries found their own ways to deal with lockdown.

No, I don't feel isolated at all mate, no. I've had plenty to do. I've laid a new laminate floor in my living room. I've worked on my garden. I've loads to do anyway. I've kept myself busy, really. (Scott)

Lockdown restrictions were also leading in some cases to increased alcohol and drug use, although at the opposite end there were also reports of beneficiaries struggling as they couldn't obtain their usual drug supplies:

One person struggling - drinking more struggling with motivation not going out.

Dealing with the impact on their mood. One beneficiary is really hard to get in touch as he has a low mood and so has turned his phone off, also mood is impacted by lack of drugs.

Loss of face to face contact with their worker was also an issue cited several times, with a number of workers saying beneficiaries felt "abandoned":

They feel lonelier and more abandoned then before. Also, they don't have their routine which kind of gets to them.

Being in isolation for my beneficiary was really difficult. I was calling her every day, except over Easter I had annual leave. She said she felt abandoned.

One beneficiary had a crisis and self-harmed on her face and then didn't call me for a week and then got in contact afterwards. I think one beneficiary is really frustrated as she needs more than just phone support.

Other challenges mentioned included getting practical things done and also maintaining physical health:

One beneficiary had to contact the gas company about credit – they really struggle to navigate this on the phone with all the voice recording and process you have to go through. The Gas company took no account of their vulnerability.

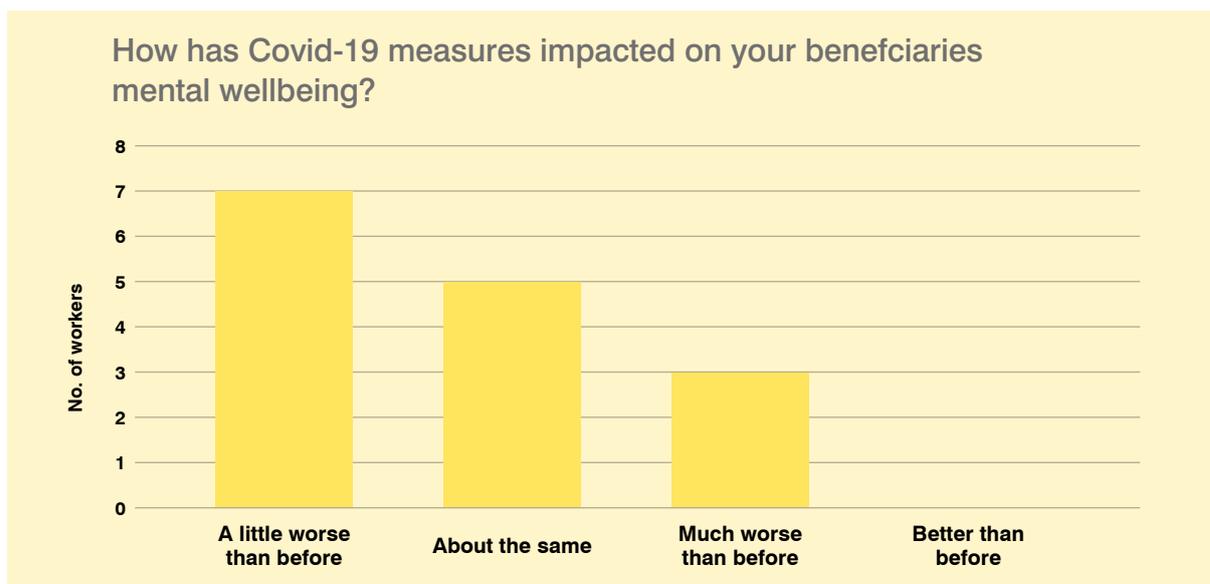
Food and maintaining healthy lifestyle. This is what support is like now - necessities are dealt with. But behaviour changes are more challenging to achieve as difficult with only telephone contact.



7. Mental Wellbeing

How has Covid-19 response measures impacted on your beneficiary's mental wellbeing?

Most workers felt their beneficiary's mental wellbeing overall was a little worse than before, with five workers considering it to be the same and three much worse than before. There were reports of beneficiaries being "fed up" and depressed that they are stuck in and cannot go out for social purposes. On the other hand, there were reports that the current situation had lifted some of the pressures, such as having to get to appointments and also some of the "otherness" that beneficiaries feel in relation to the wider community.



Beneficiaries reported increasing levels of anxiety, for instance, around fears of catching the virus.

You have to really like keep an eye on what's going on. Coz I'm scared. Coz it needs to be like up and over the peak. Then you can take a breather and know what's happening, what's really going off. (Wayne)

For others, it was the lock down that was the main problem.

I've got anxiety issues. I'm not allowed to go out, and I'm getting more panic attacks. It's a hard one, cos it's stopping you going out when you know you want to. (Lorraine)

This was made worse for Lorraine by problems accessing usual medication.

I haven't had none for a few weeks. That's why I've been having seizures thick and fast. I even smashed my head the other day ... On Friday dinnertime-ish, I woke up, picked myself off the floor near my settee and my table, and my table's smashed a corner, and I think I cut my head on the side (?) ... It needs medical attention.

Have your beneficiaries past experiences of trauma been triggered or exacerbated by the Covid-19 crisis?

Seven workers said that the Covid-19 crisis had not triggered or exacerbated past trauma on the part of beneficiaries, whilst a further three said they were unsure. Of those that did say trauma had been triggered comments related to fear by beneficiaries of abandonment which was being increased by not being able to see their worker.

abandonment issues.... she is so freaked out that she will never see us again. It does trigger a lot... she thinks I will never see her again.

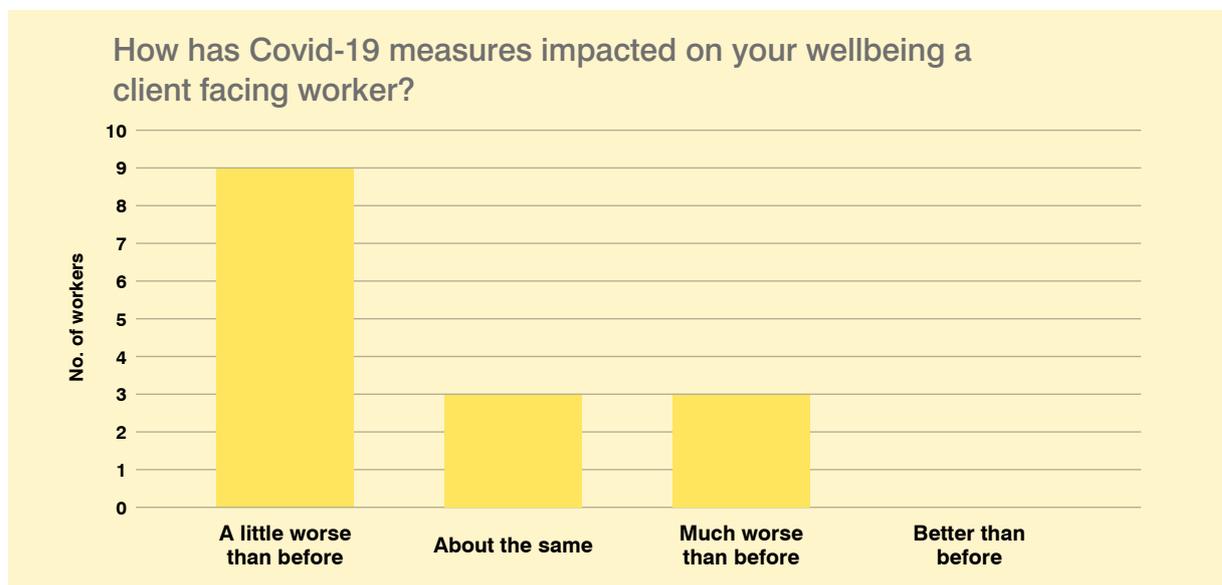
I would say yes indirectly. Being alone, the abandonment and the attachment issues can be really difficult. They haven't directly said to me it is because of past experiences.

However, one beneficiary was much more definite.

My voices are coming thick and fast. Well, not even my voices, evil thoughts of doing things ... I even stoned a bee, cut it up and everything. I know I shouldn't have done that science project with that frog. I'm getting flashbacks from my childhood what I used to do. (Lorraine)

How has Covid-19 response measures impacted on your wellbeing as a client-facing worker?

Like beneficiaries most workers felt Covid-19 measures had made their mental wellbeing a little worse than before with three saying it was about the same and three saying it was much worse.



The biggest source of concern expressed was not being able to see beneficiaries face to face, followed by not being able to interact with colleagues in an office environment. To some extent however the impact of this was lessened by perceived benefits of working at home and workers getting more used to this over time.

I'm used to being out and working with people, I'm normally with people constantly. It's been really weird. It feels weird not being able to see beneficiaries.

It makes you a bit more anxious about them. When they don't answer the phone and other services haven't seen them either. It is hard to know what's happening with them.

Am in between a little worse and about the same. Initially it was hard to adjust to working like this, but I've managed to adapt to the way of working. In the office you can turn to people and ask for advice, but I've managed to adjust now.

Miss having a team and the loss of face to face. Only urgent contact. Support feels more just doing the basics due to the limitation of telephone support. The mental wellbeing side has gone it has dropped off the agenda. Face to face has been lost you just do the basics but accept it.



8. Positive and trauma informed practice and top tips for remote working

Can you give a positive example of work that you have done with a beneficiary during the Covid-19 response measures?

There was quite a broad range of positive examples cited by workers. Amongst the most prevalent was how beneficiaries were coping with the situation and were able to be more independent than the worker might have anticipated:

Over the phone support has helped to encourage some independence.

She realises she can cope with things she thought she couldn't – but in turn worried she'll get "kicked off" the programme.

Examples were also given of beneficiaries being empowered and motivated to seek to improve their situation, as well as mental health issues being eased because the restriction reduced external factors that might act as a trigger:

Whilst the covid measures are in place, the beneficiary decides when to have his depot injection. The beneficiary is more empowered.

With A it has been the most positive work I've done with him at the moment. The situation has given him a push to also try and sort his accommodation out. He found the property and then I liaised with the landlord. He has been really polite and hasn't shouted at me since lockdown. I think in a weird way the lockdown has removed a lot of stimulus that impacted his paranoia.

There were a number of examples given of beneficiaries really valuing their support they got from their worker:

The phone calls when the person was in isolation, as she felt that someone cared and hadn't been left. She also wasn't too aware of the coronavirus impact. It has been a positive relationship building through talking through how they are feeling.

I dropped some things off for a beneficiary who used to hate me, but now she is being reasonable and grateful. For two of mine who are feeling lonely, they are still managing to persevere.

Other workers mentioned liaising with other agencies who they felt were more willing to help and work flexibly to achieve the desired outcomes for a beneficiary.

Beneficiaries reported a number of imaginative ways they were dealing with the negative aspects of lockdown, the isolation and the boredom. We have already seen how Scott installed a new laminate floor in his living room. John reported something similar.

Well actually, I've redecorated the whole of the flat again ... I've got a two-bedroomed flat and it's absolutely fantastic and I've redecorated it all. That kept me busy.

When it came to maintaining social contact, beneficiaries sometimes encountered technological challenges arising from lack of skills and resources.

You can go on this forum (?) where we all get together. And you all do this thing where you talk to each other, but you need to have like a Smartphone or a Tablet or computer or a laptop. I didn't have one of them; I've just got this phone here. This is why I had this trouble, coz I've just got this normal, bog standard phone. If I've got a computer, I can join in all the Opportunity Nottingham stuff they've got going on ... I can't get in with this phone and it's crazy. (Wayne)

But for others, it was quite the opposite.

I'm on Zoom all the time talking to people anyway, so that's the only thing I'm accessing differently, going on Zoom. I'm still in contact with me mum through that. (Scott)

For one beneficiary, it went even further, phoning people at random in the hope of relieving the isolation, but the underlying benefit lay in an increased sense that beneficiaries felt part of the communities where they lived in ways that may not have been the case hitherto, because they were sharing the same experience as those around them.

Cos even on this lockdown – fuck knows what my phone bill is – I've been phoning random people, and I've said, listen darling ... There was one woman and she was 80 on that day, and I said, 'Hi, sweetie, I'm not cold calling, I'm not selling anything, I'm not buying anything, I'm just phoning to see if you're OK on this lockdown ...' And we were talking for a good 20 minutes. And the lady said, 'Oh, I've just turned 80 today and I can't see my family'. I said, 'Oh, wow!' I don't even know who the woman is. I can't even remember her name. Cos I just phone random people to say, Hi ... In fact, one of them has even phoned me back. I said, 'Is this the lady I phoned the other day?' And we had a laugh and a joke. (Lorraine)

Have you implemented any trauma informed practices whilst working remotely?

Most workers said they had implemented trauma informed practices as part of working remotely. In the main this picked up on the provision of emotional support and validating beneficiaries' feelings in relation to abandonment. This included allowing beneficiaries to vent their frustration and being aware that sometimes a beneficiary might not want to speak to the worker.

Offering emotional support and also being understanding of people's situations and validating their feelings. Making sure people don't feel alone and abandoned.

I think one of the most important things to do is make my beneficiaries feel validated in their feelings and it is okay to have these feelings and their past experiences. This has been a big part of my work recently as it is a lot more emotional support now.

Just being there to have a chat with them. One beneficiary asked me to call him every day, but he was okay. But recently, he has stated that he is really anxious and that it has impacted his mental health. So just being there for people is good, whether that's just whether people are frustrated and just want to have a rant or something else.

I am mindful with how people are and why they behave in certain ways. One beneficiary offloads by shouting, so I will keep calm and let him finish what he is saying and then offer support. I modify my behaviour to different beneficiaries.

What are your top suggestions to support beneficiaries when working remotely?

Overwhelmingly two issues were mentioned. The most commonly stated suggestion for effective support was to maintain regular telephone contact, and workers mentioned establishing with beneficiaries agreed frequency of calls. For some this may be daily for others less frequent. And being persistent – “start early and ring every couple of hours if there is no answer. It was also important to let beneficiaries know they can phone the worker outside of regular calls”.

In relation to the content of the call, clearly the need to check on welfare was most apparent including whether there were any Covid-19 symptoms, but several workers also mentioned that the provision of emotional support had become more important and others considered having an everyday or “normal” conversation as well as being positive.....being “chipper” as one worker put it.

As well as phone calls, workers also mentioned getting “stuff “for beneficiaries. This wasn’t just for practical items such as food parcels, but also the act of providing something can improve a beneficiary’s mood.

The second issue was the importance of good multi-agency working;

Communicate with other agencies as you can get a lot more information especially if you haven’t heard much from the beneficiary.

Keep in contact with other professionals between you, you can work out how best to get in contact with a person who is proving elusive.

