4.5.1 Public services and the government

Q19. If you (the person shielding) are advised to continue shielding, what changes to your day-to-day life would make it easier or more enjoyable while still allowing you to feel safe? What things could public services or the government (e.g. Dept of Health, councils) do?

When people were asked what public services and the government could do differently to make their lives easier and more enjoyable if they were required to continue shielding, one in nine respondents (11%) stated that they were happy with the response to date, with many people specifically very positive about the approach taken by health and social care bodies/professionals.

It is notable that approval for the approach/management to date was less common among those living with rare diseases and people living with disabilities (3% and 4% respectively). Relative to the wider shielding population, these two groups were also more likely to request improvements across a range of themes, most notably:

- More 'checking in' from HSC professionals;
- Increasing or improving financial support;
- Designating space / time for those shielding to go outside, visit shops, leisure centres, GPs, etc. without the perceived risk of coming into contact with the general public; and
- Greater effort to educate the public about the shielding community and the risks they face.

The remaining 89% of respondents touched on a range of themes in the changes or actions they suggested, but the provision of more and better information was the most frequently mentioned concept (by about one third of all respondents to this question). These suggestions cut across both:

- Shielding-specific information, with many people (around one quarter of respondents) again mentioning a lack of information to date, unclear guidance, poor communication of the rationale/scientific basis for the guidance, and difficulties in finding out when and how the guidance is likely to be updated. Addressing this was a clear priority for many respondents and there was a feeling that the increased certainty from having regular, clear, consistent updates would help address many of the other issues and challenges people were experiencing.
- General COVID-19 information, with people wanting clear, regular and *localised* updates on the current COVID-19 situation (infection rates,

Figure 11: Changes to make life easier when shielding (HSC) - over time

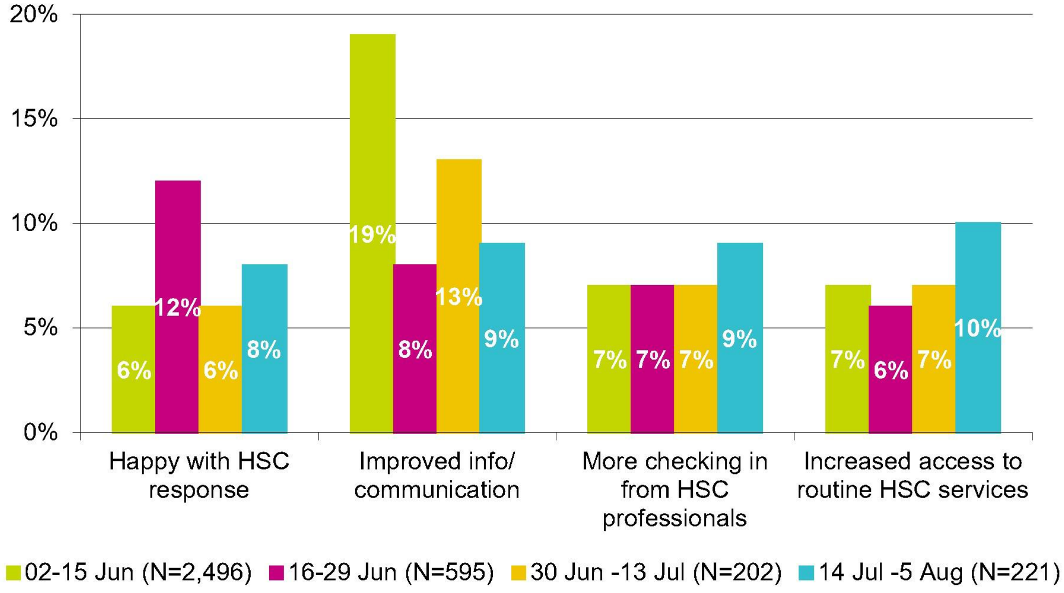
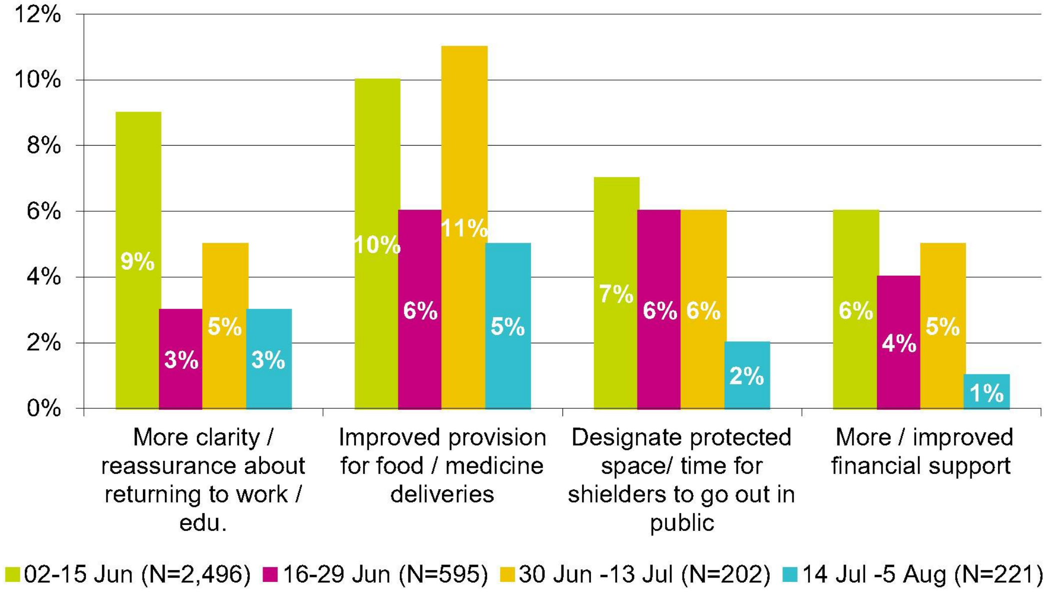


Figure 12: Changes to make life easier when shielding (non-HSC) - over time



Outside of respondents' health or social care, other proposed changes included:

- Increased clarity and assurances about returning to work and education. As they emerged from shielding, a substantial group of respondents (10%) appeared uncertain and anxious about their rights and status, specifically around whether they (or those with whom they lived) could be 'forced' to return to the workplace, what measures would be put in place

6. DISCUSSION

Shielding had clear detrimental social and psychological effects on a significant number of respondents. However, relatively very few mentioned a need for professional support or counselling. This may indicate that the emotional impact of shielding was temporary for most people. However, this cannot be assumed, particularly given the uncertainty about how long shielding (or some form of it) will need to continue and the apparent reluctance of many of those shielding to return to a normal, less isolated life as shielding restrictions eased. The lack of expressed need for professional emotional support may also be due to a lack of knowledge or experience of such support.

This fear of COVID-19 and the risk it represents to clinically extremely vulnerable people was a central concern. There was a sense from many respondents that this fear would prevent them from changing their shielding behaviour even when shielding advice changed. It was often accompanied by a perception that the rest of the world had gone back to 'normal life' and that going out in public therefore posed too much of a risk until such times as a COVID-19 vaccine becomes available. Concerns about contracting COVID-19 may help explain why the proportion of respondents voicing frustrations or hopes around accessing routine or necessary healthcare was relatively low, although this still equated to a large number of people.

Several areas of unmet need were mentioned by substantial numbers of respondents and recurred across responses to a number of questions.

Many people shielding in Northern Ireland due to COVID-19 appeared to prioritise being kept informed above other areas of unmet need. There was a strong desire to be given clear guidance on what they should and should not do. There were also clear messages that people wanted to see and understand any available information on COVID-19 infection rates – ideally at as localised a level as possible – and on the actual risk posed to them as individuals. Respondents expected that having access to this information would empower and support them to make their own informed decisions about whether and how to emerge from shielding.

In reviewing the categorical and free text response data, it seemed apparent that there was more to be done in this area. Although people shielding were much more likely to have positive than negative perceptions about the amount and clarity of information they were receiving – and these figures had become more positive over time – one in five still seemed to feel uninformed. One third of all respondents also identified information provision and communication as an area where they could be better supported by the government. There were specific requests for clear, concise, consistent and regularly updated advice to the shielding population, along with the scientific rationale for such advice. A considerable number of respondents made specific reference to the daily COVID-19 briefings and explained that they felt that the shielding community was often ‘forgotten’ or ‘ignored’ as changes to guidance and restrictions for the wider population were announced.

Another recurring theme was around increased contact with HSC services and professionals. It was common for respondents to request more proactive ‘checking in’ from their GPs or consultants, for reassurance but also, in many cases, for opportunities for social interaction.

Many respondents asked for improved access to food deliveries, because they were unaware of or had not tried to access priority supermarket delivery slots at the time of responding. Another reason was that, in many cases, they had experienced major issues or delays in the process of registering for these. References to these problems were less common in more recent responses. However, the proportion of people mentioning priority supermarket deliveries as part of the support they had accessed remained relatively low (around 20%) across most of the survey period. This may indicate low awareness or uptake of this service among those shielding.

The practicalities and challenges of returning to work or education after (or during) shielding cut across several questions. This was a major source of uncertainty for people and one of the areas in which respondents were most likely to demand clarity from the government as shielding restrictions eased. Common questions included whether those unable to attend work would be expected to go on Statutory Sick Pay and whether people shielding (and their family members) could or should be furloughed or exempted from attending school. These queries were again strongly linked to respondents’ fear of exposure to COVID-19 and the tension this was creating as they were expected to return to normal activities. References to work and education were also often accompanied by perceptions that people shielding were too often perceived as all being older and that younger people with jobs and families had been ‘forgotten’ as a result.

Comparing response data across different shielding categories (based on self-reported ‘reason for shielding’) produced some valuable insights. In particular, two groups (those living with learning, physical and/or sensory disabilities and those living with rare diseases) were consistently more likely than other groups to report negative impacts of shielding, to identify areas where they needed additional support to help cope with shielding, and to suggest changes that would make their lives easier should shielding restrictions continue. This intelligence and the detailed breakdown by impact/issue may be of use to organisations or professionals supporting these groups.