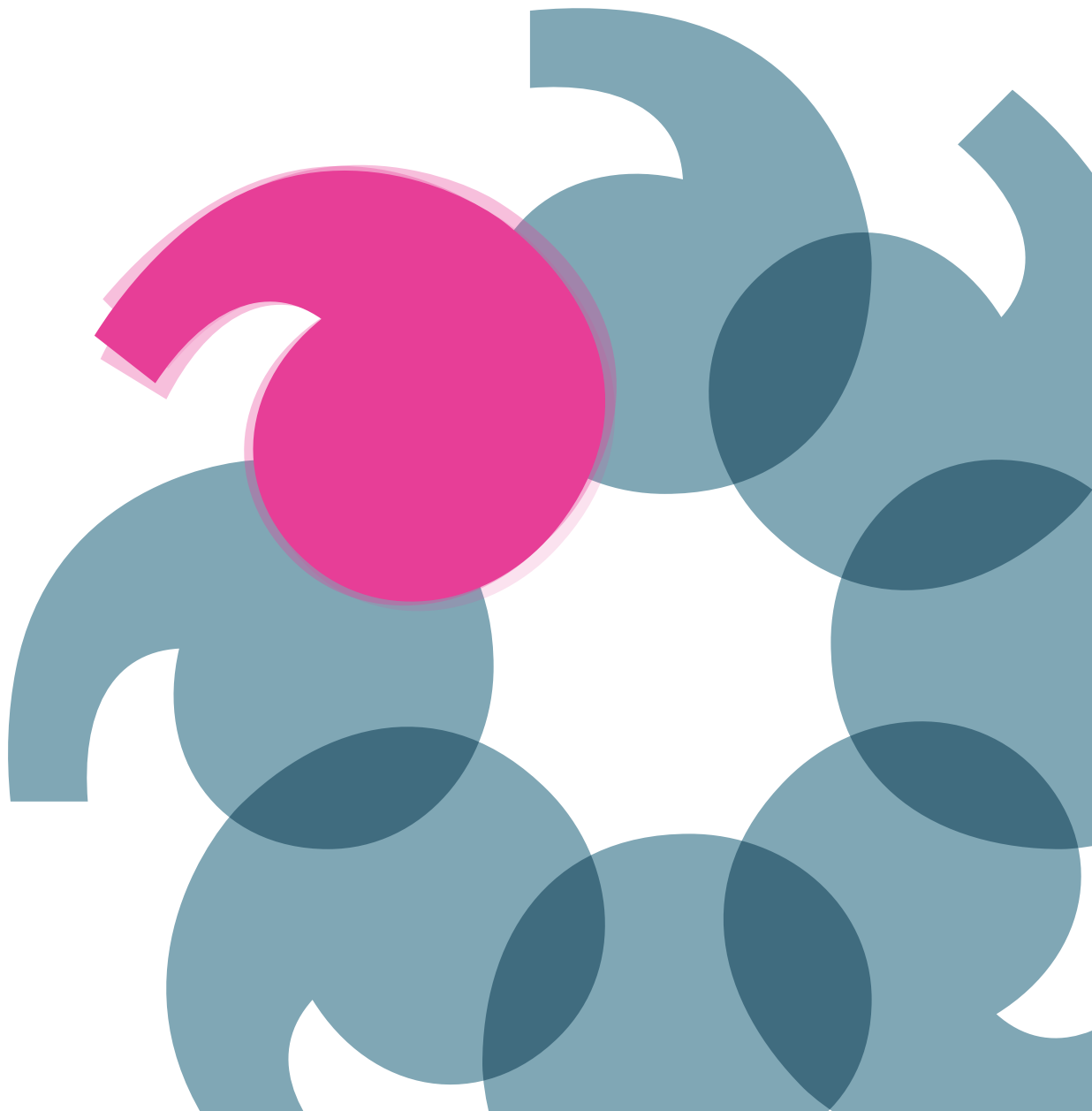


Living in Islington Resident Views



Who we spoke to

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Diverse Communities Health Voice is a consortium of Islington based organisations. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes.

Healthwatch Islington is the partnership coordinator and is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations.

<https://healthwatchislington.co.uk>

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The coronavirus pandemic

Jannaty and Imece undertook the work just as the pandemic was starting (March 2020). At the council's request, we paused the work and updated the questionnaire. Remaining partners asked slightly different questions, based on the original survey, to include reflections on the pandemic.

In the early days of the pandemic, through our partnership it was already clear that the impact of the situation was hugely disproportionate on those in our community who are financially insecure and/ or from Black and Minority Ethnic backgrounds.

We spoke to 84 residents from Black and Minority Ethnic communities. 38 described themselves as having a long-term condition. 28 described themselves as having a disability.

Our thanks to the residents who trust us to gather and champion their views and to our partners throughout this challenging year.

Ages of residents who spoke to us

18-24	25-49	50-64	65-79	80+	No answer	Total
9	31	25	14	4	1	84

Sex of residents

Female	Male	No answer	Total
61	22	1	84

Ethnicity

Arab	10
Bengali	2
Black African	27
Greek Cypriot	12
Kurdish	9

Latin American	12
Turkish	8
Other	2
Did not respond	2
Total	84

Living in Islington

What respondents like about living in Islington

What people reported liking about borough was the sense of community, and the diversity of that community. They also liked the facilities like restaurants, cafés, parks, libraries and shops and felt that there were good services, particularly for people with disabilities. The location and transport links were also popular and local politicians were seen to care about the community.

The key challenges from the community's perspective

- ▶ Crime including knife crime, drugs, anti-social behavior and theft,
- ▶ Lack of youth opportunities including employment opportunities and housing was often mentioned here too.
- ▶ Poverty, finances, unemployment, low-paid employment and the rising cost of living,
- ▶ Housing, affordability, accessing council housing and repairs,
- ▶ Mental health,
- ▶ Language skills,
- ▶ Information about services, and systems being complex, referrals not being forthcoming.

Residents see these issues as inter-connected: 'When I feel safe my health condition becomes better'.

Notably, coronavirus didn't feature much in responses until we asked about it specifically. Many of the difficulties residents face are due to inequalities that pre-date the pandemic. However, services being closed or harder to access because of the pandemic did come up before we asked specifically.

How has Coronavirus impacted on the situation?

Isolation and worsening mental health were overwhelmingly identified as the top impacts, people were exhausted by lockdown, feeling lonely or overwhelmed by family, home-schooling and being overcrowded. There was also a lot of concern about unemployment and poverty worsening, and the impact of that. There was also concern about the physical health implications of lockdown, both of people exercising less, and of appointments with health services being delayed or harder to access.

"The way Coronavirus impacted on these challenges is that, it was not possible for children and young people to go to either a local Islington Library to use the public computers or into the home of family members or friends to use their computers. Because due to the coronavirus pandemic, all libraries were closed and everyone had to adhere to the lockdown rules and stay at home. Because of overcrowding and no family members allowed to leave home during the lockdown, this resulted in relationships between adults and children been sometimes strained and stressful".

"I have nowhere to go, little to do. Being inside all the time has impacted by mental health. Having more flashbacks of torture and bad things I've experienced in the past. Can't book appointment at GP due to no interpreter. Can't sleep".

"At first coronavirus did make things hard as GPs were closed and I didn't know how to get access to my prescriptions but Islington Somali Community have managed to sort it out for me and I was able to collect my medications from my local pharmacy without hassle".

In addition, people were concerned about a second wave of coronavirus, more scared than usual about going out because of their own health/ health of family members or lack of adherence to social distancing, and increasingly concerned about the future financial impacts. It was felt that the situation will create more unemployment and that it has made the cost of food go up. Some felt the virus was impacting on the sense of community: "People are afraid, they almost never say hello anymore. It's like a hello would infect them. People are in a bad mood, very distant."

How could services support the community more effectively?

Strong local services, and employment were seen as key to improving residents' lives. A need for better communication between services and residents was also seen to be essential in enabling residents to help themselves and know what is going on. More affordable rent, a better youth offer, more Police and easier access to interpreting were also cited.

In the two groups that discussed this before the pandemic people also talked about greater numbers of Police, NHS care being more holistic, services responding more quickly to resident queries, council departments (particularly housing) being clearer about who is responsible for managing your query and what happens when they are on leave/ leave the organisation. Residents could see the value of coming together as long as that results in action. One resident felt that 'they come together but they don't help' and that the key to effective help was one person taking responsibility for leading the support. Another resident felt that more needed to be done to integrate support for people with disabilities including Learning Disabilities.

How have you seen the community responding to the coronavirus?

There was criticism that more strict measures had not been taken earlier. Participants valued the welfare calls from community organisations and felt that this could be extended to encourage people back out in to the community. There were feelings that some people were being kinder to each other but also worries that some people were mixing too much but that generally people had been following the guidance. It was noted that it had been hard to access information, examples included free school meals, status of healthcare services, and there were worries that health services may continue to be reduced over the coming months.

Most felt that the community had been helping each other with food parcels and keeping in touch with each other, but that maybe more could have been done for children and parents and that the schools offer may have been a bit inconsistent (we didn't ask where the children were schooled). Some felt that they hadn't seen the community coming together.

Conclusion

How can services help residents to progress some of this?

- ▶ All services - Keep up the flow of communication and community workshops and increase communication in community languages, be more responsive when residents make contact,
- ▶ All services – join up with other parts of the system so it's easier to find our way around.
- ▶ Health services – be clear about it being safe to attend, quicker access (particularly for mental health in the current situation), open up as soon as you can (and if already open, let people know),
- ▶ GPs – continue, post-pandemic, to offer phone based appointments for those that prefer this,
- ▶ Statutory services in general – simpler answer phone messages that don't have so many options,
- ▶ Community centres – reassure residents and encourage them to come out and to socialise,
- ▶ Residents – support local shops and businesses, and respect public spaces,
- ▶ Statutory services in general – create opportunities for residents to give their views, including on-line,
- ▶ Funders and commissioners – Invest in community organisations as they support residents well,
- ▶ Local Authority – provide English language learning opportunities.

Name one big change you'd like to see as a result of services coming together

Overwhelmingly people talked about an improved sense of community and reduced isolation resulting from services coming together, with people supporting each other, having more respect for the place they live in, taking responsibility for themselves where they can, and living harmoniously. Some noted space was needed for people to come together (indoor and out) and activities were needed for people of all ages, including free activities for those in poverty. Litter and dog mess were mentioned. Some also noted that services working with the sector to support them could facilitate this, and that investment in community organisations presented opportunities for residents to help themselves.

“Invest in places for people to go. Places like Arachne and Alsen Day Centre make a huge difference to me. It would be good to see more free activities for young people where they could learn useful skills and give them more opportunity in life”

Many respondents wanted resident-led, co-produced services. “Staff in charge personally getting to know residents and what they may need”

There was an emphasis on improving customer service across services by being more empathetic, having increased cultural and even language knowledge, reducing waiting times, making pathways clearer. It was suggested that working more closely with community organisations could help with this improvement. Separately, re-opening services closed during the pandemic came up here. Some participants cited examples of how empathetic support from key institutions like doctors and schools contributes to making the resident feel part of Islington.

Housing came up as an issue, “Make sure better housing is available which could help make it a fairer place” and the importance of investing in high streets. Pot holes were also mentioned.

Employment, with livable wages and decent conditions was also emphasised as being key in enabling people to live well.

What residents say mirrors conversations at the Partnership Board. Residents know they are the solution not the problem. They want to be heard and to support each other and to see increased representation of communities at decision-making level. However, they cannot bring about change on their own and see a need for increased resourcing of key services.

“My community love to help one another, but their power is limited. They will not be able to prevent fights, or provide me with a home to accommodate my children and husband. Yet many of them tried to cook for my family when I was in hospital with my youngest” (before the pandemic).

Overall, the principles that the Fairer Together Partnership Board has been working through are aligned with what matters to residents. No doubt this is in part due to the fact that the Board has been involving local people and local community organisations in its planning and development. So keep up the good work but let's keep extending the reach, particularly in to service areas where residents have more concerns about access.

Responses from Bangladeshi residents

Our partners at Islington Bangladesh Association were able to speak to 12 Bangladeshi women, 10 of whom had a long-term condition and nine of whom were carers.

Ages of Bangladeshi residents who spoke to us

18-24	25-49	50-64	65-79	80+	No answer	Total
0	6	4	2	0	0	12

As in other groups respondents valued the sense of community, the services and facilities in the borough and good transport links. Though several said they couldn't see problems in their community, several respondents had found lockdown and self-isolation tough. One was particularly worried about the impact on those experiencing domestic violence. Language was raised as a barrier and as such it was sometimes seen as easier to reach out to others with a shared languages rather than direct neighbours. One felt that they didn't know how people in their geographical community felt, as they only speak to friends and family from a shared ethnic community (because of language). Lack of activities for young people (or lack of motivation to attend activities) was raised. Cost of living was a cause for concern.

Notably in this group, several respondents talked about family living nearby, whereas in some groups family had needed to move further out of London.

It was felt that the pandemic had exacerbated loneliness, with people missing their friends and neighbours and money worries with furlough and the eviction ban coming to an end. Some were worried about the lack of exercise during lockdown, and how we will all move back in to society as lockdown eases. Respondents felt that police should regularly check public spaces and enforce social distancing. They also felt that GPs, hospitals and local organisations should promote safe ways for people to exercise and stay healthy. Residents acknowledged that they had been scared. There was distrust for the government's handling of the situation.

One respondent felt that the return to school was helping people overcome fears. Another felt we wouldn't overcome the fear until lockdown was completely over. It was thought that it was difficult to focus whilst there was still so much uncertainty, though one respondent felt that employment support was a pressing issue. It was felt that all services should keep residents updated and reassure them 'like Islington Bangladesh Association do' and that we should all encourage each other to get out and take care of our mental and physical well-being.

'One Big Change' that residents wanted was for people to ask each other for help and to share the information that community organisations make available to residents. One was keen to see more neighbours out doing activities.

Background to the partnership

Diverse Communities Health Voice was set up in 2014 when Islington Clinical Commissioning Group put out a specification for community research.

This funding gave us the opportunity to work together more formally, and share our skills and knowledge. We work together to highlight health inequality, and though each partner works primarily with specific ethnic groups, all work inter-sectionally supporting residents across protected characteristics and experiencing high levels of socio-economic deprivation. The partners have many years of experience of advocating for clients and navigating them through health and social care services. Partners have a strong knowledge of how services work in practice, as well as a sound understanding of commissioning processes. The partnership has gone on to carry out further research for commissioners, public health and a Lottery/ Cloudesley/ Clarion funded Digital Inclusion project being developed in response to some of the issues our residents have raised.

What we know about Islington residents from the work so far:

- ▶ They want to be healthy, and they want to look after themselves,
- ▶ They don't generally use emergency services unless they think they are experiencing an emergency, but it's often not clear to residents what services they are able to use and what choices the NHS Constitution entitles them to make,
- ▶ Despite all the information that statutory partners share on services, people don't know what's out there, word-of-mouth is one of the most powerful communication tools,
- ▶ They need resources to do this: time, space, reliable information, digital skills,
- ▶ Residents are time poor as well as living in difficult circumstances. Lives are filled with work commitments, caring responsibilities, managing fluctuating health,
- ▶ Access to interpreting and mother-tongue support is inconsistent but of great value when provided.

In this report, the following partners took part.

- ▶ Arachne Greek Cypriot Women's Group
- ▶ Community Language Support Services
- ▶ IMECE Women's Centre
- ▶ Islington Bangladesh Association
- ▶ Islington Somali Community
- ▶ Jannaty
- ▶ Kurdish and Middle Eastern Women's Organisation
- ▶ Latin American Women's Rights Service
- ▶ Healthwatch Islington (consortium coordinator)

The partnership also extends to Eritrean Community in the UK but due to timeframes and other pressures they were unable to take part. The partnership has been crucial to our coronavirus response enabling us to get accurate messaging to excluded communities..

healthwatch
Islington

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