

COVID-19

COMMUNITY REPORT

May 2020



asian resource centre
croydon



Acknowledgement

This report has been produced by Asian Resource Centre of Croydon (ARCC) in partnership with Big Local Broad Green (BLBG).

COVID-19 Community Report covers the period between end of January 2020 when global reports about coronavirus became widely reported in the UK media; and the core period of our work in the first 8 weeks of a nationwide lockdown.

We would like to thank and acknowledge the support and contributions of our partners, volunteers, donors, funders and other stakeholders.

We would like to give particular acknowledgements to Croydon Council, TNL (The National Lottery), Local Trust, BBSC (British Bangladeshi Society of Croydon), PIG (Pamper Indulge & Give), Martial Arts Locker Room, Simply Kids, The Holistic Wellness Hub, Play Place, Lizzie Grashion Hewitt and FareShare for their continued support in our Covid-19 relief work as well as all our volunteers for their dedication.

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“Strength does not come from physical capacity. It comes from an indomitable will.”

Mahatma Gandhi, Mohandas Gandhi, Ronald Duncan (2005).
“Gandhi: Selected Writings.”

Executive Summary

A report from the heart of one of the worst affected boroughs in all 32 London Boroughs by the Covid-19 disease (as at 13.05.20). Source Public Health England.

The learning produced in this report comes directly from service delivery and community consultations and gives a good insight into the lived experiences of people during the Covid-19 lockdown period; both from the perspective of those supplying essential services to those receiving life changing assistance.

The report produces an in depth look at the immediate needs of people across different demographics and compares the experience of Asian, Black and White communities. It explores the relationship between race, age and household data for different groups and their support requirements during Covid-19 pandemic.

The report clearly voices people's expectations of the necessary steps the Government needs to undertake when planning the next phase.

The ARCC (Asian Resource Centre of Croydon) calls for the information and data produced in the report to be used by Central and Local Government in setting out the priorities for supporting vulnerable people in local communities.

Our research looks at setting out a positive route map for people post lockdown and we call for ARCC to lead in the work with Asian and minority ethnic groups in the country to implement an evidence based and impactful set of interventions in a cost effective and timely manner. The report calls for BLBG (Big Local Broad Green) to lead locality working approaches to Covid-19 support.

The ARCC has been working with BAME communities in the borough for 20 years to support, develop and promote voluntary/community activity that enhances the quality of life for Asian and Minority Ethnic Communities locally. This report is in partnership with the BLBG for which ARCC is the Locally Trusted Organisation. BLBG is a Lottery funded initiative that aims to strengthen and enhance the area through the assets, strengths and connections of local people.

ARCC is funded by the London Borough of Croydon (LBC), The National Lottery (TNL). BLBG is funded through via the Local Trust. We acknowledge and thank all our funders for supporting our efforts to help communities.



The Team



Ima Miah, CEO
The strategist with a vision, who never sleeps

“Suddenly Hollywood scripts about superheroes saving the world from deadly encounters don’t seem so bizarre anymore. Only the heroes in this reality show are not cape wearing action heroes with supernatural powers, they are the ordinary folk who usually get saved in the movies. They are our doctors, cleaners, shop staff, volunteers, charity workers, carers et al. For us, this will be the story about the war against the virus that we will tell our future generations. Proud to be a part of a brave heroic team.”



Mamun Khan
Programme Manager
Calm perfectionist with a creative flare for design

“We are living in extraordinary times where we have seen the human race having to adapt like no other time in our history. Despite the difficulties and many tragedies, we have become attuned to the new way of living and adapted with incredible resilience and community spirit that has seen the best in our duty to support one another. On an individual level I am grateful to have the opportunity to be able to serve the most vulnerable in our society. The sense of satisfaction makes me proud that I had a role to play and will look back at this time knowing we gave it our best.”



Debahuti Chakraborty
Finance Manager
Finance Guru, meticulous and methodical

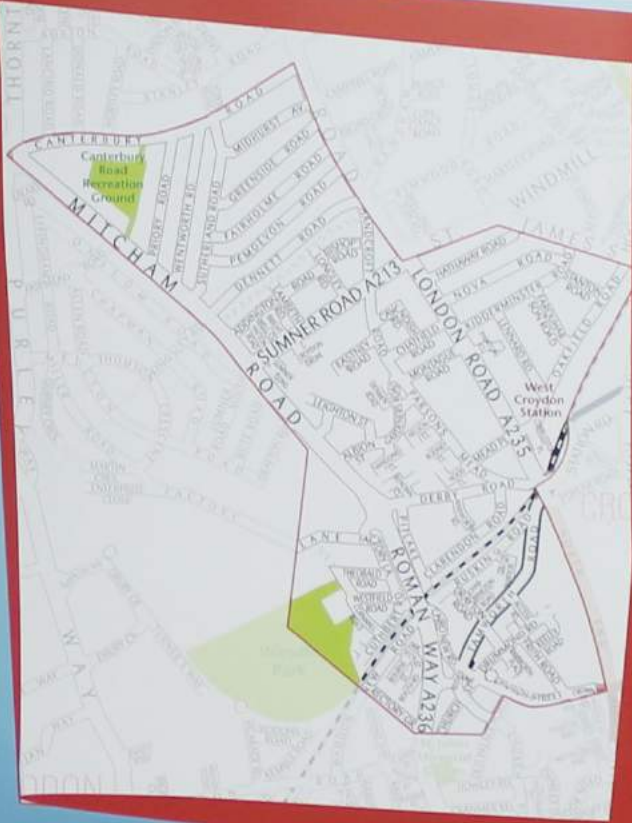
“During the Covid-19 period we heard of a tumultuous rise of sad stories in this country, the community and all over the World. We heard about the heroic works of volunteers, front line & key workers, carers who put their own life at risk but saved millions of lives. This taught us a big lesson that humanity is the essence of the society. Everyday we have gone through heartache hearing of people’s loss and how families are affected by tragedy. We have reshaped our team as to how best we can help people. We have become stronger as a team, more united, more resourceful, more positive in a very difficult time. Our members feel we are their family and that feeling is incredible and overwhelming.”



Nayim Chowdhury
Office & IT Administrator
The new kid on the block with a hunger to succeed

“You are braver than you believe and stronger than you seem, that’s something I’m taking from Covid-19. I love our Food Bank and Befriending Service. It’s amazing to help those in need at this time and I will never forget all the lovely compliments from our communities and clients. I’m amazed by my team working over weekends and bank holidays to support vulnerable people, especially to those who have lost their loved ones. I’m proud to be part of this team and excited to continue working with them in the future.”

Big LOCAL BROAD GREEN



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Local Trust | Big Local



Catrina Lynch
Project Coordinator
Bubbly, larger than life, passionate community champion

“How will history remember 2020? I will remember deaths, isolation, sadness, broken economy, home schooling and working from home.

I will also remember how caring and giving humans are. I will remember how resilient we all are and what a difference a supportive community can make.

I look forward to a time when we can meet friends, family and colleagues face to face for cuddles, tea and cake.”



Richard Tait
Hub Officer
Artistic Jack of all trades - stubbornly positive

“Covid-19 forced us to hit the ground running and we are still moving fast looking at the world through a new lens; seeing the needs and vulnerabilities of the local community. We as a team, the volunteers and support networks have reacted humanly to an inhuman and invisible problem. This has galvanised our collective and individual strengths and I have only pride and admiration for our team and extended networks. There have been painful stories and emotional moments but my hope is that our work is building confidence in the future and making the present more comfortable.”

Background

By the end of **January 2020** when the Health Secretary, Matt Hancock, announced news of 200 British citizens trapped in Wuhan, China, and 2 cases of Coronavirus had been confirmed in the UK, there was a certain unease in the office and amongst our members. The previous week the City of Wuhan had gone into lockdown and created a wave of curiosity and confusion but not a sense of urgency for contingency planning. From an organisational perspective our understanding was that the Government was dealing with the virus through travel restrictions and quarantine for arrivals from infected countries.

For now, it was business as usual at the charity with intrigue looming in the background. In **February 2020** whilst we had a watchful eye on parts of Asia. We were hearing new terms such as, *herd immunity, self isolation and Covid-19*. By the end of **February 2020**, it felt slightly closer to home with the number of cases in Iran rising and the Italian crisis deepening.

By **1st March 2020** all four parts of the United Kingdom had confirmed cases of Coronavirus. This week was the first time senior management turned our eyes to the UK Government's plans for a mild to severe pandemic. We started to examine our policies for health and safety and dealing with emergencies. By March 9th when Italy went into Lockdown, there were questions in the community centre and amongst the staff team about the UK potentially following suit. However, we still had not got a sense from the Central Government that it was a situation that required prompt action yet.

On **10th March 2020** ARCC attended a Community Fund Launch event with over 100 attendees where we presented our plan of delivery. At this stage, there were no plans to build in a Covid-19 emergency strategy. On **11th March 2020** we took part in a community concert organised by the Mayor of Croydon with hundreds of people sitting side by side; at this point there was no guidance on social distancing. In March we started to take note of some more new terms; *lockdown, shielded, social distancing and flattening the curve*.

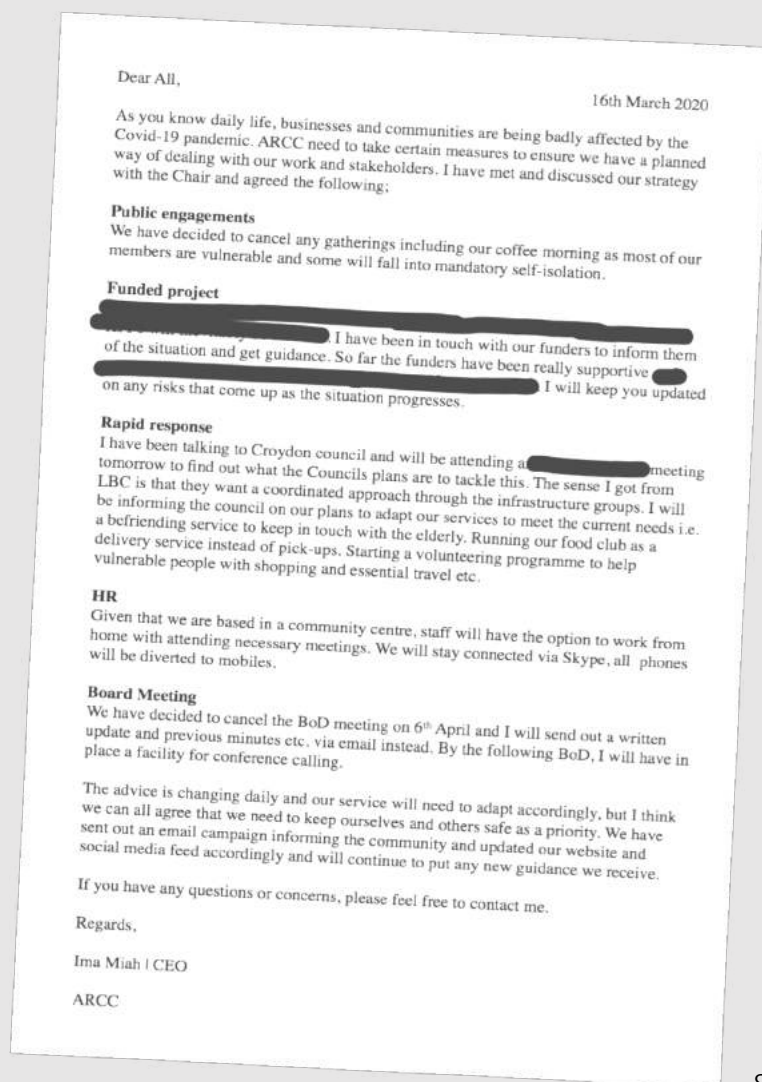
By around mid **March 2020** there was an evident change in the nation's attitude towards this new phenomenon and Central Government's messages were evolving about the Covid-19 Pandemic. The media was reporting on sporting

events being cancelled and we were getting word from our local Council about banning mass gatherings and working from home where possible. This was followed by an announcement from the Prime Minister to embed the simple message '**Stay Home, Protect the NHS, Save Lives**'.

From this point onwards ARCC and BLBG started to really plan and implement strategies to deal with daily growing advice and new restrictions coming into force. For a small charity with 10 staff and a modest number of volunteers we had to make quick decisions on issues such as *adapting our services, lone working, working from home, how to deal with funders and project budgets, security of information and our premises and more importantly our clients and members*.

On **16th March 2020** ARCC's CEO, Ima Miah wrote to the Board of Directors outlining the charities plans to deal with the emergency.

By **April 2020** we were expanding our vocabulary learning new words and acronyms like *SARS-CoV-2, PPE, BiPap machines and furlough*.



Landscape

Since **23rd March 2020**, when the UK went into strict lockdown, CVS organisations realised that they are having to adapt their services to where the need is and be flexible and dynamic in a fast changing environment.

Face to face work is now taking place over the phone; such as befriending, consultations and signposting. Organisations and services delivering on the ground are supporting each other and partnership work is happening at a greater level.

Local Council's are working closely with VCSO's to ensure that shielded individuals (*people the NHS has identified who face the highest risk from the virus, 1.5 million people in England*) are identified and supported through the Government's food distribution systems.

In Croydon the communities team is working with infrastructure groups to reach out to other VCSO's to work at a grassroots level and channel direct help to the community through food supplies, medication and essential goods. The Food Bank provision has increased fourfold in Croydon since the start of the crisis.

Covid-19 Mutual Aid Groups have been set up around the country, by supporting local community groups providing resources and connecting people to their nearest local groups, willing volunteers and those in need.

Local and national VSCO's are forming informal and formal partnerships and working closer together to ensure a wider reach and a full programme of support is reaching individuals and families.

We saw a number of private companies lending their support through donations, pro bono work and volunteering. Major local food and catering suppliers such as Spice Village & Grand Sapphire have setup initiative to feed the NHS staff, homeless & vulnerable people with fresh meals whilst supporting local restaurants.

ARCC trustees have stepped forward to support by volunteering for the NHS and Mutual Aid Groups as well as providing their support and expertise to BAME SME's in advising on furloughing and access to business grants. Advice and guidance on re-opening and the need to comply with government guidelines.

"I am sending you this email on behalf of Jagruti Women's Group to thank you all for your hard work in providing and delivering tasty food to the lonely and needy members of Jagruti for the past few weeks and for the future weeks to come.!!!

The Chair, Mrs. Mrudulaben and all the Jagruti committee members are very grateful and wanted to express their gratitude to all of you for your excellent service!!!

Once again Thank You So much for this."

*Mrs K Kakad
Admin Officer*



Approach

It was pretty obvious with what was going on in the world that at some point we would go into lockdown. When it was announced, to a certain extent our leadership had already mentally prepared for that possibility and started to vision how we would adapt and adjust our work.

The biggest worry for any charity at the time would have been, What will happen to service users? How will we pay core costs and protect staff? How will the funders react?

Our worries were about being equipped to work from home for long periods of time and lone working where staff were required to come into the office. The ARCC CEO said *“As an experienced contracts manager, I have seen many contracts with the Force Majeure Clause, Risk Management and Contingency Planning, but in reality I had never anticipated that we would see this level of disruption and crisis. In the UK we are not total strangers to major incidents like the riots, seasonal flooding, storms and terrorism, however this is completely unprecedented and I don't think anyone can confidently say they were well prepared for this”.*

The ARCC and BLBG team met and initially planned to shift all of our activities to the BLBG at The Hub Broad Green since we are the only occupants and we could practice safe social distancing. Almost immediately the advice changed and the decision was taken to have all staff working from home given we are a non essential service, but then we became essential very quickly. Ironically our smallest project became the biggest in providing invaluable support to the most needy and vulnerable people in our area.

CVSO's are used to working at a fast pace, under funding pressure and with some of the most marginalised people in society so we are best placed to work on the ground and reach communities quickly. Our approach and services have been designed through consultation with our service users and look to prevent issues by tackling root causes.

ARCC works with communities that have language barriers and specific cultural needs. Within the first two weeks we worked with volunteers from the community to record key health information messages in 16 different languages and published them on our website and via our YouTube and social media feeds.



Mapping & Consultation

Week 1, We had 1,500 People on ARCC/BLBG Databases from which 200 were Identified as vulnerable with different levels of risk. In the first two weeks of lockdown ARCC and BLBG staff called over 300 people from the database who are over 70 or are potentially vulnerable e.g. living with a disability, have mental health issues or otherwise. A needs consultation was done looking at age, household makeup, underlying health conditions, risk level indicators and other factors.

In **week 2** ARCC/BLBG developed a Service Provision that directly deals with the needs identified from the consultations we had carried out.

Service Provision

1. Food bank
2. Remote Befriending
3. Information Care Packs
4. Cooked Meals

“Hat’s off to you all. Such a dedicated team. I am sure it is very much appreciated”.



Stakeholder Communications

ARCC has been liaising with our funders to find innovative ways to continue our services and adapt to emerging needs during this crisis and have managed to remain operational throughout the crisis. We have been in touch with the local authority on a weekly basis through one to ones and strategic meetings via Zoom. Our team's aim is to fulfil our role as an infrastructure group to communicate the Government's official guidance and message to both local member groups and communities.

The Council has generally been supportive and informative in updating strategic partners on their intentions and plans throughout the crisis. There has been transparency of the statistics and issues arising. From an organisational perspective there seems to be a genuine attempt from the Council to organise a coordinated approach to avoid risks from individual activism.

- All the funders have been generally supportive
- Funders have agreed to continue funding all project staff and core costs
- Funders have agreed we should not furlough staff
- Funders have agreed for us to focus all our efforts in supporting the community in dealing with COVID-19
- Project funding is currently being used to fund COVID-19 activities
- Some funders are in conversations with us about other funding opportunities
- Funders are getting regular updates on progress

Staff

Working patterns have had to adapt and become flexible including weekends and evenings. Staff roles have significantly changed from what their usual jobs are. All staff have been in close contact with line managers and working both remotely and on site.

- Majority of the administration and fundraising is being done around service delivery time and out of hours
- Telephone line has remained active throughout
- Staff sickness and annual leave has been 0% since lockdown
- All staff are using PPE when working on site
- BLBG & ARCC staff are working on the same activities
- Staff are doing relevant training
- All staff carry a Key Worker status/letter from Croydon Council
- Staff having daily staff meeting and problem solving (2hrs Team Meetings + 2hrs SMT Meetings)
- Some staff are using own vehicles, mobile phones, laptops

Communications

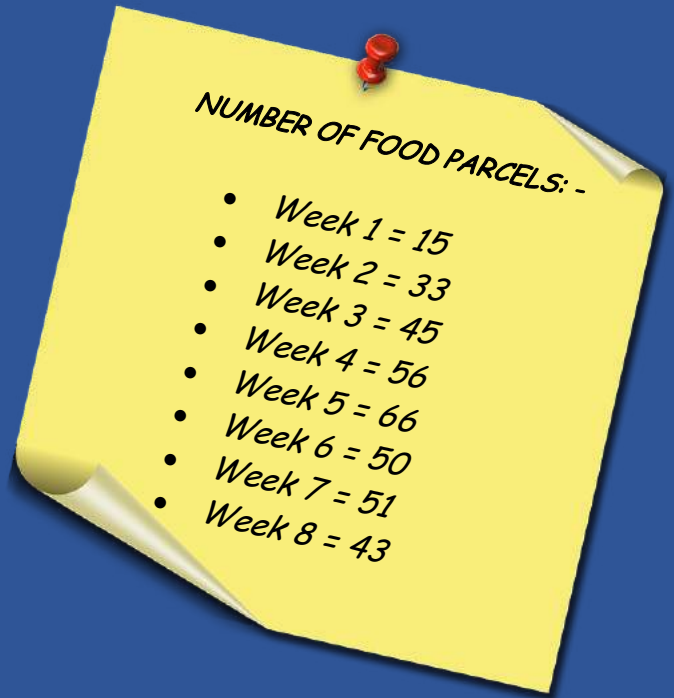
ARCC have used a variety of communication tools to stay connected with all of our staff, volunteers, board of trustees, service users and stakeholders. Since the lockdown we have been busy with the following: -

- Updating of website on a daily/weekly basis
- 112 Zoom calls
- 2,880 Telephone calls (Excluding befriending calls)
- 8,000+ Emails
- 6 Campaigns
- 24 Vlogs uploaded
- Media Interviews; ITV, Channel 4 Steph Show, Express, FareShare
- Translations, Information packs
- Letters

Service One - Food Bank

In 2018 ARCC set up a small project to tackle food poverty and health inequalities in a culturally sensitive way, preserving people's dignity and privacy. We decided to name the project a Food Club rather than a Food Bank since traditionally the Asian community are reluctant to attend Food Banks and take 'handouts'. We charged our members a small fee of £3.50 for a bag of shopping worth between £15-£20. There was also an annual membership fee of £5. This was purely to pay towards our Fareshare membership fee and volunteer and travel expenses.

During Covid-19 the Food Club became a fully fledged Food Bank delivering free food parcels to people over 70 or with underlying health conditions or individuals who are self isolating. The food packs generally contain a wide variety of foods including fresh fruit and vegetables, frozen food and dairy. They also contain South Asian ingredients such as grains, pulses, spices and halal options to cater for the majority of our members.





Summary of Findings

The **1st week** started with our regular cohort of Food Club Members who we had supplied a weekly bag of shopping to for the past year. In the **2nd week** we identified Some residents aged in their 80's who alerted us to the fact that for various reasons they could not or did not want to cook and therefore switched to the cooked meal service. As the service expanded, we started to take note of particular dietary requirements and proceeded to a more detailed labelling system. We started to require a significant level of food packaging and found it cheaper to bulk buy items and ration into smaller containers.

By the **3rd week** panic buying had created a shortage in supplies of some goods and people had started to settle into lockdown, so more complex needs started to come through. We received more requests for flour, eggs, bread. Staff went to buy additional stock from Supermarkets and Cash & Carry stores.

On top of the Tuesday Food Bank, we had ad hoc and emergency shopping requests from individuals, which staff and volunteers had to shop for separately, often from small local shops as the supermarket shelves were empty. We found a local supplier of PPE and purchased masks, gloves and high vis jackets for staff and volunteers.

By **4th week** people expressed an immense amount of gratitude for the food parcels they had been receiving from us as it was extremely difficult for them to go and do their own shopping due to the fact that they were isolated at home and did not have any family members that could support them and we had become their source of support.

By **5th week** Volunteer shopping cards were introduced by major shopping centres. This meant that older residents could become less reliant on food banks and were switching to a shopping service from other volunteers or family and friends.

The Food Bank saw a weekly increase in the number of people joining by around 10-15 new members. By **6th week** the number of food parcels given peaked and by **7th week** there was a decline with a correlating increase in demand for cooked meals. There was also an increase in hospital admissions and bereavements that week which may explain the reduced numbers. Some members informed us that they were more aware of other services and receiving support more than once a week therefore requiring less food from us.

As with other food banks we had issues with shortage of food supplies, having to do extra shopping to compensate for essential items, cultural foods and ingredients not available though, FareShare and other suppliers i.e. halal, kosher and vegan options or diabetic and Hypoallergenic food. There were also issues with PPE and out of date foods.

Service Two - Remote Befriending

Every week we started calling our members to offer our befriending service, check on their wellbeing and learn about the needs of our older or socially isolated members. As a result of lockdown and imposed social isolation all our activities and services that would usually help them to combat this have also come to a halt.

In the very first week that the Government declared the lockdown. We informed our members that ARCC staff were working from home, coffee mornings, dance classes and all social activities were cancelled until further notice.

To cope with the social isolation as a result of the lockdown, we consulted our members about their support needs. It was important to reassure elderly members that we were working with Croydon Council and other statutory agencies; to coordinate a borough wide response without putting people at risk.

We established that we had 200 vulnerable people on the ARCC/BLBG databases flagged for befriending calls of which over 100 people asked us for a regular befriending service. 6 staff members and a team of volunteers are making regular contact including befriending calls, texts and emails with residents. Befrienders are working flexibly am/pm 5 days a week.



Summary of Findings

The **first and second week** were spent in getting to know residents i.e. household numbers and family dynamics and needs. Staff themselves were getting used to a new way of working and carrying out new roles. There was a fast stream of guidance flowing in from Local Authorities and Central Government this meant staff having to quickly become familiar with departments, policies and services they didn't have knowledge of prior to this.

The team focused on keeping befriending calls to casual chats and learning more about residents interests, hobbies and lifestyle. Inevitably a lot of the conversations transcended beyond people being affected by the virus. In the first few weeks we detected a negative atmosphere generally among members and staff who were reporting feeling overwhelmed and not knowing how the situation was going to pan out.

In **week 3**, numbers increased dramatically as we had launched a community survey and the endeavour was to get as many responses as we could from people receiving our befriending service. This week staff reported a rise in morale and motivation from starting to see the impact of interventions.

In **week 4**, Word of mouth publicity caused an increase in demand for new referrals, it also produced more relaxed conversations and outreach to new clients. We started; by now, to better understand the needs of our residents. In week four staff reported feeling more relaxed and getting used to lockdown and the new normal.

By **week 5** we saw a slight decline in need. People seemed more relaxed and less members spoke about bereavement. We were now well established in our befriending service. This week staff felt they could start to plan ahead and work outside of firefighting.

Week 6 we saw a rise in people feeling more optimistic about lockdown rules relaxing and the hope of being able to see family members again. We also heard more about financial troubles starting to hit households. Residents remained very grateful for contact. At this point staff started to think more about what could be next, about referrals and the rehabilitation of people once lockdown eased.

Week 7 we saw an influx of referrals coming to us for families that had no recourse of public funds and were in dire need of food and essential items. This was a new development that needed our immediate attention and proved to be a difficult caseload for us, however after understanding the complex needs we were able to support the families.

Week 8 we were prioritising the most needy as some of the lockdown rules were now being relaxed, which meant some people were able to go out and about to do their own shopping. After calling everyone on the database we found that most people still needed our support and as a consequence the numbers did not drop as drastically as we had anticipated.

The befriending calls also provide some valuable relief for the individuals who are providing a level of support to their own family members who need it. These are not necessarily always related to age or older family members. For example, Resident 007 was responsible for an adult son with autism and found the calls to be very helpful and supportive providing a therapeutic lifeline. She also was very grateful for the food deliveries.

Resident 057 - a male who provides 24 hour care for his wife who has Parkinson's Disease and Dementia. He is also a team leader who regularly used our hub space on a weekly basis pre-Covid-19 and the lockdown, this has been an eye opener for the team; getting to know the details of his private life, due to the restrictions and subsequent befriending calls. We never imagined the level of care he needed to provide for his wife and the befriending calls have allowed a much deeper level of friendship and understanding between us. We can feel the need and the connection helping that need.



“My deepest gratitude for what you and your wonderful colleagues did for my father in Croydon the other day. It’s so heart-warming to know people are so willing to help the other people in difficult times. I’m so thankful for what you and your wonderful colleagues have done, he was so pleased. My family owes you a debt of gratitude once this is over if there is anything, we can do for your cause please don’t hesitate to ask many thanks.”

Befriending Stories

Case study 1; Resident 199

Written ARCC befriender

The person in question referred to here as Resident 199 had been isolating at home alone and had done so for the period since the lockdown was enforced by the UK Government. Aged 81 years the female resident was more concerned about her daughter’s wellbeing than her own. She is a jovial character and seems well balanced in her moods; she can start off conversations slowly coming across quiet but soon opens up and brightens in mood.

The feeling I get is that she needs the calls and is honest about this but is slightly shy to begin with. My impression is that she is quite an independent character and being self-assured comes before expressing any needs or doubts. Her outlook is positive, she sounds like a realist and enjoys gardening; recently she got soaked in a rain shower whilst gardening but dismissed it and made no fuss about it. Her bathroom is upstairs which she cannot reach at present but insists she is fine washing downstairs – we joked the rain gave her an outdoor shower. Before the coronavirus global event she would swim and then shower at the local leisure centre; something which will not be possible until after the lockdown restrictions are lifted.

We discussed her daughter who uses a wheelchair to get around. Her wheelchair has no tyres at present, I want to search until we find the right tyres and supply them to her. It was so reassuring to hear her speak of ordinary things like gardening and eating taking it all in her stride but upsetting to hear her speak of her daughter being restricted by having no tyres for her wheelchair. This – to me; seemed to be a more pressing need than any other I had heard and affected me the most from the call. I like the way she talks and her open and friendly approach makes for easy chat; she doesn’t expect anything and is very appreciative when I offer support and encouragement.

When I asked resident 199 about how ARCC’s contact and communication had helped her she said:

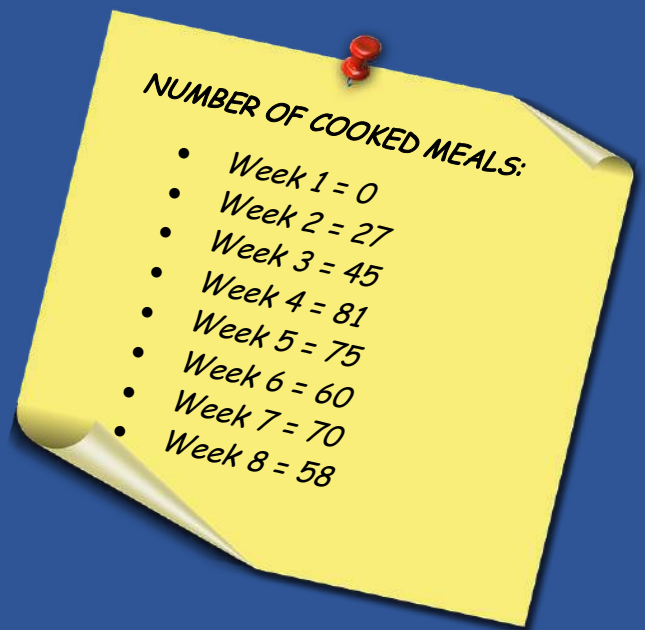
“Very good – having someone to talk to was very helpful...was very grateful that ARCC called her and checked she is well. ARCC always checks and were the first to do so and she has tremendous respect for our work and the people helping including the Mayor of Croydon.”



Service Three - Cooked Meals

From our conversations with other VCS groups and the food banks there are many shielded and vulnerable people who are in need of cooked meals being delivered to their homes. We have been approached by some individuals and concerned carers about people who are falling through the net, such as people who have a short life expectancy and specific sub cultural/dietary needs.

We have started a cooked meals delivery service for a small group of people and are starting to get referrals from social services and self referrals by word of mouth. In one specific instance we are providing cooked meals for 4 elderly people in one supported housing block.



Summary of Findings

ARCC, along with a handful of organisations have been delivering services to alleviate food poverty in partnership with Fareshare before the Covid-19 crisis started. Since lockdown there has been a general rise in food banks with over 30 new food banks popping up within Croydon over the past few months. However the number of organisations delivering cooked and cultural meals is still relatively low.

ARCC/BLBG started our endeavour with an intention to supply 30 meals a week, however we soon found ourselves delivering up to 80 meals with a continuous rising demand. The referrals came from different organisations including sheltered housing self referrals. The clients receiving the meals range from more elderly residents, carers, those with physical disabilities, people with mental health issues, asylum seekers and refugee families.

We found we had to increase the food supplies on an ongoing basis through additional shopping from cash and carry suppliers and donations from businesses, community organisations and individuals.

We recieved news regularly that all Food Banks were reporting increasing numbers and some people were accessing several Food Banks at the same time. As our operation got bigger we started putting in place more sophisticated systems such as food labelling, better quality packaging and built a more comprehensive database.

We started a much more streamlined arrangement at the collection, sorting and delivery points of the food service.

83% of our members are senior citizens living in isolation, many of whom have underlying health conditions or disabilities; which means they are unable to prepare and cook food for themselves.



Care Pack

Befriending calls identified that many residents were not financially or emotionally prepared for the length and impact of the lockdown; some people felt ill prepared in terms of medication supplies, wills/estates, insurance, funeral arrangements and the future of family members.

The befriending calls identified a large number of people that had experienced a bereavement, for example:

We telephoned a female senior citizen on the 2nd of April 2020, and she informed us that her husband had recently died due to Covid-19. She was required to self-isolate with no food, support or guidance on the funeral process or the steps she would need to take to manage her own physical and mental health.

Whilst, surprisingly we did not receive many referrals ourselves, there were reports of domestic violence increasing during lockdown and victims locked in with their perpetrators, since ARCC was unable to run our normal DASV activities we decided to raise awareness and share information with our members through leaflets in our care packs.

Our survey indicated that IAG was the second biggest need for people during lockdown so we created information care packs for over 100 residents that have limited technical gadgets and or no internet access. These care packs consisted of literature and leaflets from various organisations and companies.

‘The care pack is very useful; it is packed with useful contact numbers. It has helped me to feel less alone and given me plenty to read which is nice because I usually visit my library but can’t at the moment because they are closed, and I can’t leave the house. Thank you very much for the beautiful bag, mask and hand sanitizer’.

Feedback from service user 123

‘My uncle is a recent amputee and can’t leave the house. He really appreciated the pack especially the notebook and pen as he can now leave me notes/messages of his needs’.

Feedback from service user 117

Each care pack contains information, advice & guidance on the following content:

Information, Advice & Guidance	www.gov.uk
Bereavement	www.london.gov.uk
Counselling	www.cruse.org.uk
Funeral Information	www.croydon.gov.uk
Money Management	www.croydon.gov.uk
Legal Advice	www.gov.uk
Local BME Contacts	www.cbmeforum.org
Mental Health	www.nhs.uk/oneyou/every-mind-matters/
Domestic Violence	Various Organisations
Healthy Eating	www.safefood.eu
Benefits	www.gov.uk
Employment	www.gov.uk
Food Bank List	www.cvalive.org.uk
Childcare	www.nspcc.org.uk

** information public, correct and relevant at time of printing*

The Care Packs also contained the following:

- Face Mask
- Greeting Cards
- Notebook and pen
- Tissues
- Bag for life
- Word Search Booklet
- Toilet paper
- Toothpaste
- Cleaning products

The care packs were distributed to residents by hand to their home addresses. They were received positively and helped many families.

‘It is so useful. Having the numbers printed will help me now and after lockdown has finished’.

Feedback from service user 065

Volunteers

Our work on the ground has relied heavily on volunteers from other CVSO's and the community to support staff in working with a growing number of vulnerable residents. We were only able to deliver to the volume of residents that have complex needs due to the additional support given to us by volunteers. This support allowed us to cover a wider geographical area in a timely manner. Volunteers came from various backgrounds and communities with varied skill sets.

All volunteers were issued key worker letters via the local authority and PPE if they had none of their own. After seeing the social media campaigns many volunteers came forward to support our efforts with our Food Bank. We sourced our volunteers via trusted community organisations that are known and respected in Croydon.

Most of the volunteers wanted to help specifically with food distribution, whether that was packing, shopping or delivering food parcels. Very few expressed a desire for supporting administration. Volunteers also expressed a desire to work within their own locality.

20 volunteers supported us with: -

- Delivery/Collection
- Shopping
- Prescription collection and drop off
- Sorting
- Packing
- Befriending calls
- Surveys
- Feeding the homeless
- Creation and distribution Care Packs
- Waste and Hub cleaning



Testimonials

"Although I am very lucky and still working full time managing the South East Cancer Help Centre, I still wanted to volunteer to help with Covid-19 relief.

I was genuinely amazed and impressed with the fantastic ready meals Ima Miah and her team had made, and the quality of the groceries donated and being packed was brilliant.

Everyone just got stuck in ... sorting the bags for delivery.

My contribution is so small compared to what the team are doing weekly to ensure our vulnerable members of our community are safe, fed and cared for, but they still made me feel part of the team and I had such a fun time doing it – which is so vital too, as it will encourage more and more people to volunteer.

I finished by delivering some of the groceries and ready meals – I would recommend everyone does this, to actually understand viscerally how different everyone's situation is; and that the pandemic is not just time off work or 'inconvenient', but for some it is extremely isolating, challenging financially and potentially medically critical for vulnerable people.

Lizzie
South East Cancer Help Centre



"It's been an absolute pleasure collaborating with the Asian Resource Centre Croydon to help feed and support our communities during these challenging times.

Ima and her ARCC Team have been a breath of fresh air to work with and supportive enablers from the start of this lockdown. Every week is filled with high spirits and leading examples of how the unity of our cultures, resources, expertise and organisation works when it matters most.

Thank you ARCC, we're sincerely grateful!

Chris
The Holistic Wellness Hub



"It has been an honour for BBSC (British Bangladeshi Society of Croydon) to partner up with ARCC & BLBG to provide volunteering support at the Food Bank assisting with sorting, packing and delivering food parcels to vulnerable people in Croydon. There are so many people in need during this difficult time for all concerned and we are happy to be playing our part in supporting the community."

Nasar Ali
President, BBSC



Community Survey Summary

In order to find out the biggest needs and feelings of our clients during COVID-19 Lockdown period from a comparison between people from different ethnic backgrounds and age and to understand how we should shape our service during the pandemic, we surveyed members of the public and individuals on ARCC and BLBG Databases.

The survey was open from 1st April 2020 to 5th May 2020 and received a total of 360 responses.

The full results and survey report can be found in: Covid-19 Community Survey Report.

Summary of findings

There are direct correlations between people's ethnic background, their outlook and their expectations and needs during COVID-19, there is also learning to be drawn from the comparisons we can make between BAME and white communities.

How many people live in your household?

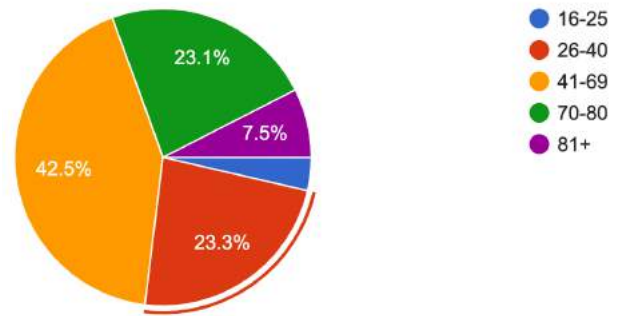
Household	Asian	White	Black
5+	44 (24%)	7 (8%)	12 (22%)

There seems to be specific needs and expectations from particular communities depending on their household situation and ethnic background. i.e. Black African communities needed more mental health support and expected the Government to place health and mental health at the top of their agenda. Bangladeshi communities report bigger households and require more shopping and food support, they wanted the government to prioritize health, poverty and employment.

70% of 81-Year Olds who responded said they live in single person households.

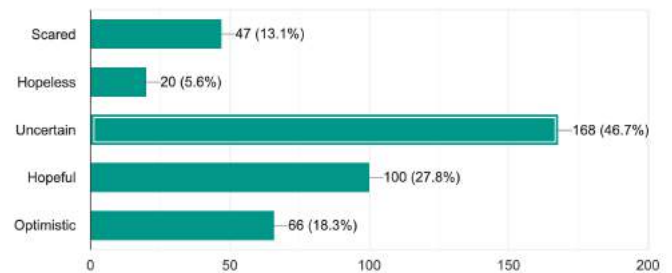
Co-factors and multiple deprivation may be the cause of poor quality of life, health inequalities and for the Coronavirus to affect certain communities badly and disproportionately. These factors include long term health conditions and multiple occupation households especially where there is overcrowding and several generations living together. Also, BAME communities living more hand to mouth lives and working lower skilled and front-line jobs.

Age Range?



All white 16-25 year olds said one of their biggest needs currently is IAG (Information Advice and Guidance) whereas Black and Asian respondents said their biggest need was shopping and food bank.

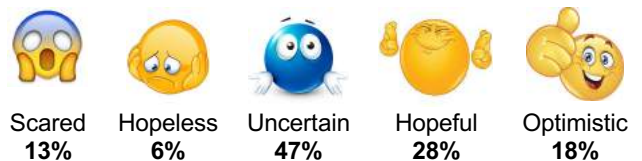
How do you feel about the future?



Needs according to ethnic background

Ethnic Origin	Befriending	Shopping	Food Bank	IAG
Asian	22%	58%	26%	29%
Black	10%	43%	15%	11%
White	13%	41%	12%	38%

Vast majority of socially isolated people are older and live with little contact with others, some people feel lonely despite being surrounded by family and friends.



See full survey results in: Covid-19 Community Survey Report

Conclusion

Overall the experience was satisfying and educating. Our work was conducted in a well coordinated and impactful way even though the whole team worked mainly remotely. It showed us a new way of working together as a team and enabled us to help many more vulnerable and needy people. The team worked selflessly and put themselves at risk to help others. We met many incredible volunteers who will be a great asset to our team in the future. ARCC went from strength to strength during the Covid 19 Global Crisis. In the coming weeks our work pattern will be subject to change but we are sure our team is strong and resilient enough to sustain us in the new environment.

ARCC's name has been mentioned in social media posts almost every week and all of our funders and member organisations praised us for our work on their social media platforms. We met many of the organisations after they came across our work through Social Media posts and articles and had never physically met us before.

It helps to have a firm plan; but in the absence of a firm plan, a rough sketch can give clarity of thought, providing a stepped approach for front line organisations to follow.

In a fast moving and changing environment the key strengths of an organisation lies in its ability to be dynamic and flexible according to the latest official advice and individual client needs.

The relief effort is effective if there is a mix of paid staff and volunteers. Solely relying on volunteers can mean they might be unavailable when lockdown is over either going back to their own paid work or any other preoccupied schedule.

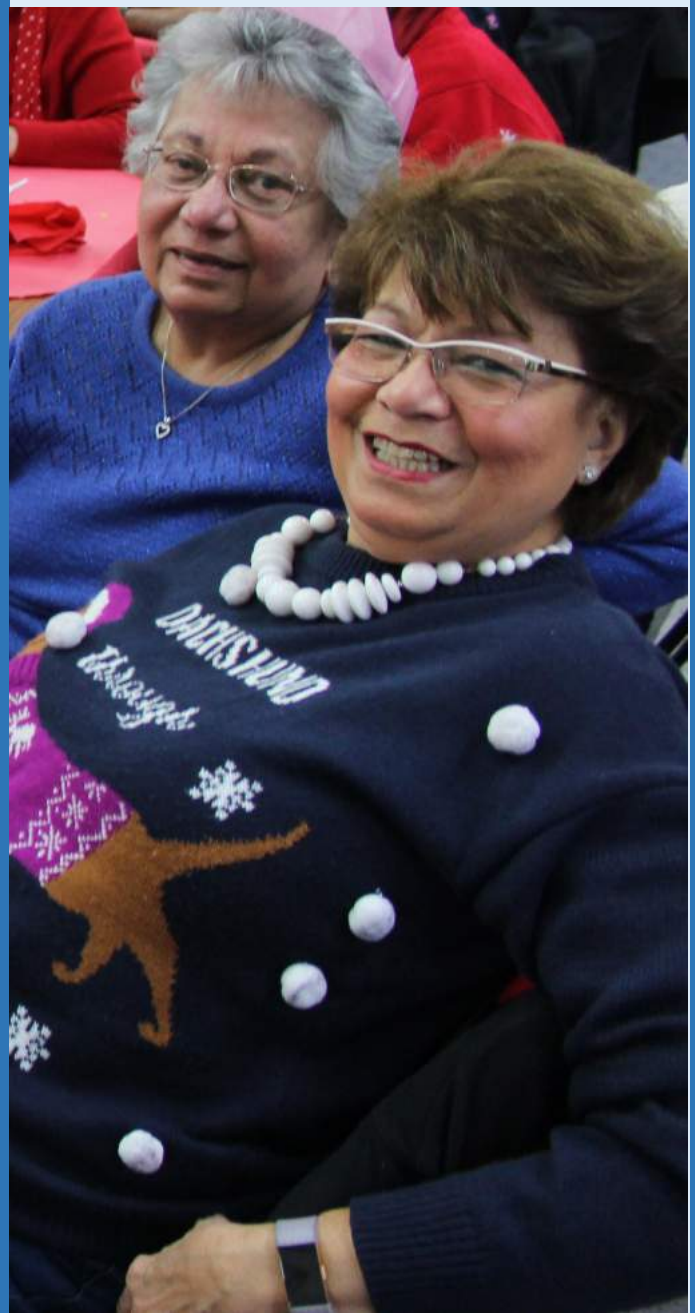
Emergency situations are where short term volunteering can have a genuine impact and show tangible results very quickly which can be rewarding for volunteers.

Covid-19 has presented the opportunity for many people who ordinarily do not have time to volunteer to experience volunteering. Usually volunteers tend to be older people who are retired or pensioners who have spare time and volunteering helps them to overcome isolation or keeps them occupied. However during lockdown our volunteers have been almost exclusively working age individuals who already have jobs or are a part of other community groups.

Many smaller groups who have not been able to keep their groups active during lockdown have chosen to support bigger groups' efforts.

When people are volunteering short term it is useful to have structured goals and achievable targets. We have found volunteers most useful and motivated when they are given tasks that are not complicated or do not require any or much follow up.

During the emergency, where there are high staff absences, annual leave, or inconsistent volunteering there is a potential to be more disruptive for the beneficiaries of the service and the organisation. Volunteering in this situation is still most effective when there is an equal benefit to the individuals and the community that they are helping. Very short-term volunteering can have benefits for individual volunteers that can outweigh what they contribute.



Recommendations

Befriending calls are a great way of staying in touch and connecting with lonely and isolated people. It is also a key way of providing respite to parents and carers who feel a burden of responsibility to ensure their families and individuals they are caring for are 'extra well looked after' and sometimes feel disconnected and removed from contact with other people.

Sometimes residents can feel befriending calls are intrusive, there is always a worry about scammers and some people are introverts and like to listen more; so befrienders should prepare in advance with topics to cover and always give reassurance or the option to check with another reliable source their identity. Befriender should be cautious about overstepping boundaries and doing personal favours' in one such instance one of our befrienders had a request to buy a birthday cake with their own money'

Befriending calls can be time consuming and emotionally draining sometimes; it takes a long time to build trust when face to face contact isn't possible. Conversations were generally warm, open and respectful. People respected boundaries and one another's time limitations.

Language barriers can present difficulties when in communication with those who are not native English speakers. There are less cultural barriers in conversations as people are happy to communicate and there wasn't a sense that talking to someone from a different background was an issue. People from all communities are generally respecting social distancing.

Furloughed parents and those who still have a disposable income are having more success and are better able to enjoy home schooling time with children. The front line workers and single parents who are still working and their children are not in school are the ones who suffered most as the children are not being home schooled.

People who were not born in the UK appear to be more concerned about the effects of lockdown within the domestic scene rather than 'their Motherland'. This was also mirrored with financial concerns dominating their worries for family members abroad particularly in Asian communities.

People are concerned that they cannot go to see their family and friends and will not be able to help them when they need them most.

Also, the families abroad are not financially well off enough to support themselves if this lockdown situation goes on for a much longer time period. This is a helpless situation.

We have tried to signpost individuals to the Governments shielded list with little success. There was resistance from people being scared about what will happen to their benefits, or they might be permanently housebound as a result. There was some sense that there may be some implications as well as the benefits of being on a shielded list. Older people didn't want to disturb their normal lifestyle at this stage. This highlights a potential distrust in government schemes even when help and support is being offered.

70 - 80 year olds said one of their top need was befriending.

23% of 16-25 year olds also said befriending was one of their top needs.



Next Steps

Given that the information and Government guidance is changing on a daily basis depending on the latest health reports and scientific advice, it will be important for ARCC to remain flexible and make short and medium term plans to deal with any immediate challenges.

This report has been written whilst the crisis is active and therefore reflects the situation, feelings and findings from when the first reports of Coronavirus hit the news to 8 weeks into lockdown in the UK.

Since we are a few weeks behind our counterparts in Europe. UK will be able to learn lessons from the way other countries are easing lockdown and local organisations like ours will keep an eye on what voluntary sector strategies have been most effective.

Whilst this report has been compiled, the government has launched an inquiry into the disproportionate impact on BAME communities and councils are preparing their localised approach to tackling inequalities.

In local areas, there will be a need for accurate signposting enabled by greater collaboration and awareness of who offers what, to who, and why. There should be collaborative targeted delivery based on evidence for successful outcomes.

Many of the people we are working with fall into the 'at risk' categories and will continue to self-isolate and therefore some ongoing support with shopping and befriending calls will be required. We will do this on a need by need basis and refer individuals to statutory services where possible; but there will always be residents that require support from us, and that is where we hope to focus our efforts to put in place a robust structure to help people move forward



In Depth Case Study 1

A case study on a family with multiple health issues and autism and the difficulties faced during the Covid-19 pandemic in the UK lockdown.

including kidney failure and is living in another county in the North of England. The family concerned live in Thornton Heath in South London, the family have previously lived in Manchester and Paris.

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The son has a care worker who would; under normal circumstances visit the house daily to support him. During the lockdown this routine has been severely disrupted and has caused added anxiety to the family; particularly the son with autism. It's common knowledge that people with autism are not comfortable with change and uncertainty; this UK lockdown will be causing untold stress and pain to many people on the autistic spectrum who do not process this information in the same way as other people. We have spoken several times a week to both mother and son about these experiences.

1. Executive Summary

This case study report was requested by ARCC in response to the difficulties faced by some families and individuals during the Covid-19 Pandemic of 2019/2020. These difficulties include buying and collecting food, medication and toiletry supplies and the obstacles caused by depleted local supplies and mobility restrictions due to health or medical conditions.

There are additional problems caused during these times which centre around physical health, mental health and wellbeing – these are due to travel, social and outdoor restrictions issued by the UK Government and enforced from 23.03.20. The impact of the problem is felt in various ways by different people. It particularly would impact somebody who is living with and responsible for an adult with a diagnosed condition like autism. That is the situation our family in this case report are facing and have been since the lockdown.

2. Introduction

The sole parent of the household is 64 years of age, Mauritian and her live-in son is 28 years of age; he has autism and the family are forced to stay inside their home as are most families due to the UK Government restrictions. This has further complicated the issue of isolation; as well as the difficulties in visiting shops and markets and buying supplies. We have been in contact with the family during this time and I have liaised with the mother to assist them; the story and findings are detailed in this report. The father is 66 years of age and has several serious health issues

3. Statement of the Problem

The mother has health problems and a bad back which means she is unable to stand for long periods of time. Due to her son's autism it is not possible for her to take him to the local shops with her to buy necessities. The local shops are not sympathetic or understanding of the health issues she has nor the situation of a person on the autistic spectrum. They are more isolated than the average family and this is a cause for concern. The mother has stated that there are a vast range of things in daily life and ways in which it is difficult for her to manage in the lockdown with her son. He is very skilled at computer work but has difficulty in understanding the current lockdown and coronavirus situation. He will conduct his own research of the latest news and current affairs and share it with his mother. Occasionally he becomes frustrated and shouts or swears when he is distressed at the restrictions. He is ordinarily a young man who likes to go out and has difficulty staying inside the house. He understands the daily death toll and his mother discusses this with him.

The situation has affected his nail-biting habit and he also shakes his hands rapidly to show when he is upset. His relationship with food can be tricky when choosing what he likes. Usually when he has difficulties his care worker would take him out for walks; the care worker is normally there every day seven days a week yet now only has various hours with him.

Our befriending calls each week are my source of information for this study and inform the patterns of support we offer as a group. Sometimes we call and the mother is not very well; recently she was in bed for three days with a migraine which lasted five days. Certain foods aggravate her migraines and this is exacerbated when choices are limited due to food restrictions and shortages caused by the Covid-19 virus.

The son has an interest in creative activities but needs support with them, and before the lockdown attended CALAT (Croydon Adult Learning & Training); he particularly enjoyed the mosaic making activities there. He feels the absence of these social connections painfully. He enjoys talking to his father and does so every day on the telephone. The father speaks very good English and communicates with the son on an iPad so they can see one another.

The family have a cousin who has had major heart surgery and was planning to stay for a short visit and assist with cooking. The family are Hindu and they enjoy many types of food but they particularly like vegetable biryani.

4. Decision Criteria and Assumptions

We at BLBG/ARCC can assist with some essential items of home shopping and the supply of much needed every day items including food and toiletries. The family cannot rely on each other or neighbours and friends and need support from our frontline services.

After a few conversations with the mother we asked if her son would like to speak to us on the phone – he responded with “I don’t mind”. During our chat we asked him what he was up to and he said he was writing from an English prayer book. He spoke very confidently and politely, asking us questions too. He was very keen to know when life would return to normal and the lockdown would be lifted. He also told us of his outdoor exercise; something which is normally not a problem but was now confined to using an exercise bike in his bedroom. In describing his bike which he stated was not great; as it was “stationary”, he sounded sad and disappointed.

Without a doubt this is a family we need to reach out to with more than the telephone.

5. Data Analysis

The mother is the sole cook and the responsible person of the household despite being physically restricted by a bad back and osteo-arthritis meaning she is unable to stand for long periods. The issue of shopping is exacerbated by the son’s autism meaning he cannot go shopping and does not cook either. All pressure to supply and produce all meals is on her.

On some days the tone of the conversation in our befriending calls is positive and upbeat; on others it can be less so. We recently asked her “How are you today?” the reply “Looking at the news” to which we said “Is that good news or bad news?” the reply was “No good news today”.

She was particularly affected by the tragic story in the news of the pregnant nurse who died of coronavirus and had her baby delivered safely; as the baby will never know her mother.

The family regularly need food top-ups and toiletries – and the basic supplies like bread, butter, milk, toilet paper, flour and fruit and vegetables. Some cooked meals would also be hugely helpful in this situation.

The mother has recently expanded her cooking list and made some alternative pancakes – which her son loved – all food needs to be carefully measured and considered due to her migraines and osteo-arthritis; both of which can be adversely affected by diet.

Added to the current global problems affecting everyone are the ones left by recent storms which preceded the Coronavirus. The family had the roof of their shed blown off and all the contents were rained on and soaked with the rainwater. There is no one available to fix the everyday issues that happen around the home.

6. Alternative Courses of Action

The alternatives to using our services would have been online food orders; for which you need to be already signed up as an account holder, many of the groups we supported would not have the knowledge of how to set this up without guidance.

Then, when you have the use of the supermarkets and other food delivery services you need to place the order and face a typical wait of 2-3 or even more weeks for the items to be allocated a delivery slot.

Family, friends or neighbours can also be called upon; but what if they are not nearby? Then it is very difficult.

7. Recommendations

The family need regular and structured support on a weekly basis that includes:

- Shopping lists and wish lists being attended to by external groups / individuals – sourcing and delivery
- Support worker to be allocated enough time to keep the son with autism relaxed, informed (with autism friendly updates on Covid-19) and stimulated physically and mentally
- Regular communication channels set up to maintain contact and to check in on the general health and mental wellbeing of the household
- Cooking/household duties support to be allocated to the parent to enable her some respite and support with all essential duties

8. Implementation Plan

Since the UK wide lockdown began on March 23rd we have been calling our mailing list and checking on all people in our community membership and have developed a system of organising the sourcing and delivery of items they may need in terms of food and medication. This includes collections from the pharmacy and shopping lists being taken and collected.

With the support of our partners, Food Banks and colleagues we have a growing team of volunteers and workers who are utilising new and old skills to bring a better existence to these people who are forced to stay inside their homes, and in many cases have no or little other support.

It is risky work to place oneself in an environment with the risk of Covid-19 being a very real threat and these people look past that to the people in a higher state of need. The joy on the faces and in the voices of these people is often palpable over the phone or the driveway. We still have more people we need to reach and more smiles to deliver; if we can help this one family more, then

we would learn how to develop our system to others as this is a non-stop learning curve as the world is on the same uncertain trajectory together as one at this moment. We have all experienced people in tears on the phone from upset, bereavement and from sheer relief at a phone call and somebody reaching out.

It costs an estimated £12,000 to provide and deliver 30 meals a week this is inclusive of all overheads, fuel and transport for three months at the most basic level. This crisis is already here upon us and we would love to ease the pain and burden for so many more and streamline what we already do daily and weekly.

9. Exhibits and Schedules

The family and their privacy must be respected at all times. The confidentiality of all concerned including support, paid and voluntary staff must be observed and ARCC / The Case Study Family hold the rights to all information in this case study.

10. References

The transcript / recording of one 14 minute befriending phone call with the case study family is held by ARCC. All material rights obtained via befriending calls with ARCC / the family concerned.



In Depth Case Study 2

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1. Executive Summary

This case study report was requested by ARCC Croydon in response to the difficulties faced by some families, couples and individuals during the Covid-19 Pandemic of 2019/2020. These difficulties include buying and collecting food, medication and toiletry supplies and the obstacles caused by depleted local supplies and mobility restrictions due to health or medical conditions.

There are additional problems caused during these times which centre around physical health, mental health and wellbeing – these are due to travel, social and outdoor restrictions issued by the UK Government and enforced from 23.03.20. The impact of the problem is felt in various ways by different people. It particularly would impact somebody who is living with and responsible for a partner with a diagnosis of Parkinson's Disease and Dementia. That is the situation the couple in this case report are facing and have been since the lockdown.

2. Introduction

The couple in this case study both knew each other around twenty years ago and met whilst working for Croydon Social Services in day centres. Each of them worked a combined approximate forty years in day centres in Addington and Whitehorse Road. They officially met at a garden centre where he subsequently carried out some garden work for her; they led a very active Christian life and attended the same Church as one another as 7th Day Adventists.

She was born in Jamaica; where there is a large population of 7th Day Adventists, then came to the UK aged 14 in 1971. At their marital home

they built their own shed and she dug the foundations for the kitchen extension. Five years ago, they did a loft conversion and installed longer windows for a nicer view over the countryside.

Her diagnosis of Parkinson's Disease was confirmed in 2007, in October the following year they were married in the Philippines and honeymooned in Hawaii. During the honeymoon he was inspired to become a vegetarian; she eats fish but not meat. "A match made in heaven" he said. They have enjoyed travel in married life but now she is not up to long journeys.

They both knew of the condition but not how difficult it would be; following that for her was a diagnosis of Lewy Body Dementia. This condition means that although she knows what she wants to say, she can find it difficult to express how she feels. Her understanding is greater than her ability to express herself. Other symptoms of the condition are that she will get double vision, it also affects her memory; her memory changes and distant memory is harder to recall. For her combined symptoms from the dementia and Parkinson's disease a total of 7 pills are needed to be taken daily.

Although they do have a car it is increasingly difficult to get in and out of the passenger seat for her and she no longer is able to drive herself. Regularly her condition makes her very tired; often too tired to go through with plans already made and last-minute cancellations are necessary.

The condition imposed by her illness takes over everything. Since the lockdown they have begun to acknowledge their abilities and limitations, the house is gradually being adapted to accommodate them and furniture is being relocated. The house was purchased by the female partner 25 years ago and luckily a platform lift to accommodate her wheelchair was already in place at the front of the house before lockdown. The couple are aged 62 and 63 years old.



3. Statement of the Problem

1. What were the first obvious problems that the Covid-19 pandemic brought about for your household?

“You can’t have a PANdemIC without Panic! It was the thing about the toilet roll shortage that alerted us to something going on really, the news is often watched but does not relate to us until it is echoed on social media. We went to a supermarket in Sydenham the Monday before the lockdown; it was after our support group the Magnolia Club in Gypsy Hill; my wife has a condition of Parkinson’s and Lewy Body Dementia. We saw the shelves were getting empty and bought essentials which gave us a breathing space for toilet rolls and frozen food. We did not really understand what the virus was all about although we had seen the wet market in Wuhan.

By the Friday we had decided that we would cancel the carer that we have on Thursday and Friday and each morning for 1 hour and a half. It was obvious that the care home where the carer works would be a place of infection for Covid-19; yet the government was just focused on the NHS slogan ‘Stay at Home save the NHS’. This tells of a system that will not be able to cope so don’t ask; especially if your loved one is not on the special help list, but they do have a condition that means self-isolation is required due to their vulnerability. Also the full time carer must also isolate to avoid bringing the virus into the house.

The NHS has a list of those they will help providing respirators and so on my wife is on ‘what is left list’ as the condition is a degenerative brain condition, this means Do Not Resuscitate (DNR) and she would not get a respirator. Therefore it would not be worth going into a hospital as they would just send her home. With hindsight the government does not send you a letter to help you to get the supplies you need, even though they know you will find things hard.”

2. Did your help or support needs change during the period from mid-March up to now?

“Yes, all care was stopped by us, as I can just about manage to support my wife. She needs 24-hour care, washing, eating, dressing and all the

things a healthy person takes for granted. My life was already devoted to her care and as she cannot always find the energy to meet the day; we were already experiencing times when we could not get out, lockdown before it became fashionable.”

4. What advice, guidance or support needs were lacking if any?

“We heard about the 750,000 volunteers that were enlisted to help vulnerable people but could not find out how to get on a ‘We will help you’ list. By a chance conversation with Richard from BLBG, where ‘Inaspectrum’ Adult Autism meets in Keeley Road, he offered a Tuesday delivery of essential food from the ARCC Croydon. That was really good and by now it was about 2 weeks into the Pandemic and lockdown. We were able to get a supermarket delivery slot after a three week wait and that was reassuring.”

“Inaspectrum Adult Autism cancelled a conference at a hotel and all meetings at BLBG, bought a Zoom account and now holds two meetings a week instead of two a month. Our Church was closed as well, and as I am unable to work due to caring duties so we decided to take things easy and stay in stay safe. Time was not an enemy to meeting deadlines as previously with the difficulties of getting out the house, so we were okay. You must live in today and make the most of things, if you look for tomorrow you will raise your anxiety and grow old waiting.”

6. Are you receiving the required level of support at present?

“Now it is about 6 weeks into the lockdown and we have another supermarket delivery tomorrow and prepared meals from ARCC are coming too. We have done well in keeping safe and do not regret cancelling our care support, we are very fortunate in our coping skills and the assistance has made life between bearable and very good. In the bible it says about ‘the living will envy the dead’ (Ecclesiastes 4.1-12) we are not in that position so we are safe and well; in fact things are very good now.”



4. Decision Criteria and Assumptions

We at BLBG/ARCC can assist with some essential items of home shopping and the supply of much needed every day items including food and toiletries. The couple cannot rely on each other or their neighbours and friends and need support from our frontline services.

The weekly befriending calls have enabled us to build a clear picture of their need, to reassure our

two residents and to provide an outlet for worry, laughter and reminiscing.

His mum was born in India in Calcutta, New Delhi and he greatly appreciated the methi (cooking herb) we delivered as part of our part Asian themed food parcels.

5. Data Analysis

Although they are fairly self-sufficient and have learnt to adapt to the symptoms of the two illnesses; this is still an isolated married couple with no support or care on offer and transport or venturing outside the home is both difficult and a considerable risk.

The lockdown imposed has stranded them in many ways and it must feel stressful and worrying to have no clear guidelines or support in place until the need is there and already happening on a daily basis. 24-hour round the clock support is given by the devoted husband to his wife and he has little respite and no external support.

As with many Britons and people around the world, they have learnt in the moment to adjust habits, routines and lifestyles but from a different perspective to most people. That of already having had many unavoidable restrictions imposed by illness and needing to accommodate many more without an end in sight.

It is inspirational to hear the husband speak and recall how they have coped in the past two months and going further back into their past and difficulties they overcame. It is clear to me that we need to do all that we can to assist and support throughout the lockdown and to discuss and plan for what follows the lifting of the lockdown in the UK.

6. Alternative Courses of Action

The alternatives to using our services would have been online food orders; for which you need to be already signed up with as an account holder, many of the groups we supported would not have the knowledge of how to set this up without guidance.

Then, when you have the use of the supermarkets and other food delivery services you need to place the order and face a typical wait of 2-3 or even more weeks for the items to be allocated a delivery slot.

Family, friends or neighbours can also be called upon; but what if they are not nearby? Then it is very difficult. A neighbour came round giving out food and donated them a loaf of bread one time just recently.

7. Recommendations

The family need regular and structured support on a weekly basis that includes:

- Shopping lists and wish lists being attended to by external groups/individuals - sourcing and delivery
- Regular communication channels set up to maintain contact and to check in on the general health and mental wellbeing of the household
- Medication supplies maintained
- Befriending calls weekly to check on all aspects of wellbeing
- Agreeing and sharing a plan going forward and out of the current lockdown either in a relaxed or removed lockdown



8. Implementation Plan

Since the UK wide lockdown began on March 23rd we have been calling our mailing list and checking on all people in our community membership and have developed a **system** of organising the sourcing and delivery of items they may need in terms of food and medication. This includes collections from the pharmacy and shopping lists being taken and collected.

With the support of our partners, Food Banks and colleagues we have a growing team of volunteers and workers who are utilising new and old skills to bring a better existence to these people who are forced to stay inside their homes, and in many cases have no or little other support.

It is risky work to place oneself in an environment with the risk of Covid-19 being a very real threat and these people look past that to the people in a higher state of need. The joy on the faces and in the voices of these people is often palpable over the phone or across the driveway. We still have more people we need to reach and more smiles

to deliver. If we can help this one couple then we would certainly learn how to develop our system to support others, as this is a non-stop learning curve with the whole world on the same uncertain trajectory at this moment. We have all experienced people in tears on the phone upset by a bereavement but also from the sheer relief of a phone call and the fact that somebody was reaching out.

It costs an estimated £12,000 to provide 30 meals a week for three months this is inclusive of all overheads, fuel and transport at the most basic level. This crisis is already here upon us and we would love to ease pain and burden for so many more and streamline what we already do daily and weekly.

9. Exhibits and Schedules

The couple and their privacy must be respected at all times. The confidentiality of all concerned including support, paid and voluntary staff must be observed and ARCC/The Case Study Couple hold the rights to all information in this case study.

10. References

No recordings were made for this report; all notes were taken directly from telephone calls and emails.

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