









## Understanding and reducing the psychosocial impact of Coronavirus social distancing and behavioural changes on families of care home residents in Scotland

Government-led mandates to contain coronavirus have had immediate unplanned impact on older care home residents and their relatives. Care homes' ban on visits is likely to exacerbate family fears and guilt, increase resident loneliness and enhance vulnerability to Covid-19 and dying alone. Social distancing has placed care and end of life care behind closed doors and family (relatives, friends, intimate partners) proximity is only possible through collaborative effort. We will investigate immediate and long term psychosocial implications, including complex grief associated with these disrupted relationships on family carers. We will identify, describe and share creative solutions and innovative uses of technologies helping to sustain contact, intimacy and togetherness.

The study aims to investigate the impact of social distancing (lock down) and other behavioural interventions on care home communities with a particular focus on the health and longer term impacts on family carers and to learn from and share positive creative practices.

Our research questions include: 1) What are the social and emotional impacts of social distancing and other behavioural changes imposed due to the COVID-19 pandemic on family carers of older people living in care homes? 2) What creative practices have been introduced to keep them connected and involved in care decisions, and which good practices can be shared and rolled out? 3) What strategies are available to support relatives coping with any subsequent mental health impact of enforced isolation caused by social distancing required by the COVID-19 pandemic during this stressful period? 4) What is the specific role of technology in facilitating connections between care home residents and their relatives? 5) How can policymakers support the process of connecting people facing such challenging circumstances in care homes now and in the future?

Underpinned by robust ethical considerations, our project uses a mixed methods study design and convenience sampling strategy, reflecting the importance of obtaining breadth, depth and data sufficiency at pace. We have secured support from 35 care homes for our study so far, with ENRICH Scotland (<a href="https://enrich.nihr.ac.uk">https://enrich.nihr.ac.uk</a>) network ready to fast track recruitment of additional study sites to minimise the risk of site attrition should this become an issue during the project lifetime. Participating care homes will be sent information in different formats (email, social media messages, face book, letter) about the project to distribute to residents' family, friends, intimate partners, who would under normal circumstances visit residents. Qualitative semi-structured, telephone interviews will be undertaken with approximately 50 family members, combined with data collection via an online survey open to a wider population who are distanced from care home residents using the General Health Questionnaire. Analysis: Descriptive statistics (SPSS) and qualitative in-depth coding (NVIVO) will be used to generate and enrich our understanding of mental health and psychosocial wellbeing variables and thematic areas in the study participants.

Our collaborators (IRISS; Scottish Social Work Strategic forum; CRFR) and partners will support dissemination of useful guidance, exemplars of creative and meaningful practice to relevant stakeholders and offer insights to inform national, regional and local best policies and practice to promote the wellbeing of vulnerable and more invisible populations in Scotland to mitigate the negative legacy of Covid19. Importantly the findings and lessons will be of immediate value and the project legacy will provide evidence of how to support psychosocial isolation in care homes for the future.











## Our study collaborators include:

- From the University of Edinburgh: Professor Linda McKie, School of Social and Political Science, Professor Lynn Jamieson, School of Social and Political Science, Dr Sumeet Jain, School of Social and Political Science, Dr Jo Hockley, Usher Institute.
- From the University of the West of Scotland: Dr Dina Sidhva, Social Work, School of Education and Social Sciences and Professor Debbie Tolson, Alzheimer Scotland Centre for Policy and Practice/School of Health and Life Sciences.
- From the University of Strathclyde: Dr Neil Quinn, Centre for Health Policy/School of Social Work and Social Policy and Prof Trish Hafford-Letchfield, School of Social Work and Social Policy.
- From the Institute for Research and Innovations in Social Services: Rikke Iversholt, Director
- Project Research Fellows: Dr Sarah Noone (based at UWS) and Dr Bruce Mason (based at UoE).

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