

# SPELTHORNE COMMITTEE ACCESS NOW (SCAN)



## MAY 2020

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[spelthorneaccess.org.uk](http://spelthorneaccess.org.uk)

**CORONAVIRUS – COVID19  
SPECIAL ISSUE - 5**

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### **CORONAVIRUS – COVID19 - TELL US HOW YOU'VE BEEN AFFECTED**

SCAN is conscious that groups represented at the Spelthorne Forum are experiencing a range of challenges at the moment and will continue to do so for at least the next 12 weeks.

Local Organisations with an involvement in Disability and Health support services across Surrey are encouraged to submit regular reports and updates. Are you arranging 'virtual' open meetings and events? – let us help to publicise them. Nominate any 'Local Heroes'.

Please contact me on [info@spelthorneaccess.org.uk](mailto:info@spelthorneaccess.org.uk) or text me on 07853 038933.



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## **DISABILITY RIGHTS UK (DRUK) – News in Brief**

### **Government Guidance Updates**

The government updated the following guidance on 12 May 2020; [Coronavirus \(COVID-19\): implementing protective measures in education and childcare settings](#). The DWP Touchbase newsletter <https://www.disabilityrightsuk.org/sites/all/modules/civicrm/extern/ur.php?u=57787&qid=8389632> has a roundup of recent DWP announcements.

For changes to Access to Work during the Corona-19 outbreak follow this link.

<https://www.disabilityrightsuk.org/sites/all/modules/civicrm/extern/ur.php?u=57788&qid=8389632>



### **Supermarkets Urged to Talk to Disabled People**

During the crisis, thousands of disabled people have visited charity helplines, tried to contact supermarkets and sought to get on to the government food emergency scheme, as previous arrangements for buying food either broke down or were no longer practically possible.

Disability Rights UK along with other disability organisations have asked to meet with supermarkets, to discuss the reasonable adjustments that need to be put in place for disabled customers, but with no success. Disability Rights UK has been invited to give evidence to a Select Committee on the problems disabled people have encountered in accessing food and what could be done to move things forward.



### **NHS Roadmap To Safely Bring Back Routine Operations**

Health leaders have recently set out a series of measures to help local hospitals plan to increase routine operations and treatment, while keeping the necessary capacity and capability to treat future coronavirus patients.

Over the coming weeks patients who need important planned procedures will begin to be scheduled for that care, with specialists prioritising those with the most urgent clinical need.

Patients will be required to isolate for 14 days and be clear of any symptoms before being admitted. Testing will also be increasingly offered to those waiting to be admitted. Those requiring urgent and



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emergency care will continue to be tested on arrival and streamed accordingly, with services split to make the risk of picking up the virus in hospital as low as possible.

Those attending emergency departments and other 'walk-in' services will be required to maintain social distancing, with trusts expected to make any adjustments necessary to allow this.

<https://www.england.nhs.uk/coronavirus/publication/operating-framework-for-urgent-and-planned-services-within-hospitals/>



### **Inclusion Scotland - Survey Of Disabled People**

Inclusion Scotland has conducted a survey of 822 disabled people and Carers in Scotland, the initial results are available on their website.

[www.disabilityrightsuk.org/sites/all/modules/civicrm/extern/url.php?url=57773&qid=8389632](http://www.disabilityrightsuk.org/sites/all/modules/civicrm/extern/url.php?url=57773&qid=8389632)

Disabled people and their Carers are under significant pressure because:

- **Social care support has been stopped or reduced:** Almost half of people responding that the Covid-19 pandemic has had an impact on the social care support they get, formal and informal. Around 30% of respondents told us their support had either stopped completely or had been reduced.
- **People have new or increased caring responsibilities:** Around 40% of people who responded to this question are experiencing challenges with caring for children/family members since the start of the pandemic.
- **Disabled people are struggling to get access to the food and medicine they need:** Around two thirds of those responding to this question (64%) said that the crisis has had an impact on getting the food or medicine that they need for themselves or the person they care for.
- **People are concerned that they will lose their job:** Around one in ten respondents to this question (11%) were concerned that they could lose their job as a result of the pandemic.
- **Social distancing and isolation is proving extremely challenging:** Disabled people with and without pre-existing mental health conditions are finding everyday life under lockdown extremely stressful. Significant numbers of disabled



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people (15) with existing mental health problems told us that they are feeling suicidal at this time.



## **CORONAVIRUS: THE MEANING OF THE FIVE ALERT LEVELS –**

*Edited from inews.co.uk*

The UK government has detailed a “road map” for the UK’s exit out of lockdown, announcing a new alert system to handle the next phase of handling the virus.

The Covid Alert System will be determined mainly by the reinfection (R) rate and the number of coronavirus cases and will be run by a new Joint Biosecurity Centre.

The new five-point alert system will rank the threat level of the virus on a scale of one (green) to five (red), with social distancing measures becoming tougher the higher the threat level is. These are the five alert levels that will be used to inform the easing, or tightening, of lockdown restrictions:

- **Level Five - Critical.** This level would require a strict lockdown and means the virus is spreading fast, and could overwhelm the NHS
- **Level Four - Severe.** This is the level the UK is currently at and means the NHS is stretched but is coping
- **Level Three - Substantial.** This means the virus is in general circulation and the NHS is operating at extra capacity. Some restrictions will need to remain in place, but it will be safe to relax some measures
- **Level Two - Moderate.** This means there is a low level of virus transmission and the NHS is operating normally. Schools and businesses should be able to open, subject to social distancing measures
- **Level One - Low.** This means the virus is no longer present in the UK. No behavioural restrictions will be needed, and public and private sectors will be able to operate normally

The further down the alert system the country goes, the more lockdown measures could be eased.

<https://inews.co.uk/news/covid-alert-system-coronavirus-uk-levels-5-stages-what-meaning-formula-explained-2849555>



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## **CORONAVIRUS: WARMER WEATHER AND THE SPREAD OF COVID-19** – *Edited from inews.co.uk*

Given our knowledge and experience with similar viruses, "it's not unreasonable to speculate" that Covid-19 could peak during colder months and dissipate in the spring or summer, says independent fact-checking charity Full Fact, based on research it published on 16 March.

However, the simple answer is that not enough is known about Covid-19 and its behaviour in different seasons over time to make any accurate conclusions. Data on this new disease is still being collected, with scientific understanding developing all the time.

The World Health Organization is clear that individuals can catch Covid-19 no matter how sunny or hot the weather, and that it can be transmitted in all weathers, including hot and humid climates.

"Countries with hot weather have reported cases of Covid-19," it says, adding that the public should protect themselves by cleaning their hands and avoiding touching their eyes, mouth and nose.

Graham Medley, professor of Infectious Disease Modelling at the London School of Hygiene and Tropical Medicine, says the idea that Covid-19 could subside in warmer weather was based on "hope" and points out that the virus appears to be progressing in Florida, where the average daily temperature tends to be between 18 and 30C in April. "Even if it had been true it was not much comfort because it just means that we would be in the same position when the weather got cooler again," he says referring to the possibility of Covid-19 resurfacing in the colder months. For now, the public should follow the health advice to reduce their risk of becoming infected.

Dr Rob Aldridge, a public health consultant who works at UCL's Institute of Health Informatics, tells **inews** that his team's "findings support the idea that in the UK we could see continued but lower levels of coronavirus transmission in the summer, but this may reverse in the winter if there is still a large susceptible population at that point. "However, given this is a novel virus, we don't know if this seasonal pattern will hold over the summer due to high levels of susceptibility in the population. For this reason, it is crucial that we all act now to follow current health advice."

Dr Aldridge adds: "To understand more about whether Covid-19



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will follow a pattern of higher numbers of infection in the winter, we need to learn from other countries in the southern hemisphere with temperate climates to see if this pattern of increasing levels of infection is observed during their winters over the coming months.”  
<https://inews.co.uk/news/coronavirus-uk-weather-warm-spread-covid-19-scientists-summer-explained-2532176>



## Staines Shopmobility

making staines accessible

Two Rivers (West Car park),  
Mustard Mill Road, STAINES, TW18 4BL.  
Telephone 01784 459416

### **WE ARE NOW CLOSED**

We have to announce that the service is now closed until further notice. We hope that you all stay safe and we can open our doors to you again very soon.

Check For Any Updates At:

[www.stainesshopmobility.com](http://www.stainesshopmobility.com)

[www.facebook.com/stainesshopmobility](https://www.facebook.com/stainesshopmobility)

### **MEMBERSHIP CHARGES**

Membership is available on a daily or annual basis.  
Please contact manager for details



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## **WHITELODGE SERVICES STATUS - 23<sup>RD</sup> APRIL 2020**

**Treetops** - very limited service - 07922 337547 – Manager,  
07922 337658 - Assistant Manager

[treetops@whitelodgecentre.co.uk](mailto:treetops@whitelodgecentre.co.uk)

**Transition and Personal Support (TAPS)** - very limited service  
07779 123246 [taps@whitelodgecentre.co.uk](mailto:taps@whitelodgecentre.co.uk)



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**Play and Youth Clubs (PYC) - very limited bespoke service**

All the following services are cancelled until further notice:

[pyc@whitelodgecentre.co.uk](mailto:pyc@whitelodgecentre.co.uk)

- Saturday Club:
- Sunday Club:
- Twinks

**18 – 25 years clubs - Cancelled until further notice**

[pyc@whitelodgecentre.co.uk](mailto:pyc@whitelodgecentre.co.uk)

**Nursery** – Open for EHCP Children only from Tuesday 28th April. Opening on Tues, Weds & Thurs only.

[nursery@whitelodgecentre.co.uk](mailto:nursery@whitelodgecentre.co.uk)

**Children's Therapy** - Remote consultations for all aspects of the service. [childrenstherapy@whitelodgecentre.co.uk](mailto:childrenstherapy@whitelodgecentre.co.uk) 01932 567131

**Rendezvous Adult Activities** - Normal service is suspended but there will be email support and advice where required

[adultactivities@whitelodgecentre.co.uk](mailto:adultactivities@whitelodgecentre.co.uk)

**Pulse** - Cancelled until further notice

[pulse@whitelodgecentre.co.uk](mailto:pulse@whitelodgecentre.co.uk)

**Physiotherapy and Fitness** - Normal service is suspended but we are able to offer phone, email and video consultations on request

[physiofitness@whitelodgecentre.co.uk](mailto:physiofitness@whitelodgecentre.co.uk)

**Face to Face** - Email and telephone service only. Miriam will be working on Mondays and Wednesdays between 9am – 12pm

[face2face@whitelodgecentre.co.uk](mailto:face2face@whitelodgecentre.co.uk) 01932 567131 Mobile:

07856 851580 between 9am – 12pm on Mondays and Weds only

(Please do NOT leave a voicemail message)

**Moving and Handling** - Normal service is suspended but phone support provided where required. Telephone 01932 577992

[MHadvisors@whitelodgecentre.co.uk](mailto:MHadvisors@whitelodgecentre.co.uk)

**Fundraising & Marketing Team** - Office closed but team are working from home. [fundraising@whitelodgecentre.co.uk](mailto:fundraising@whitelodgecentre.co.uk)



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## **CORONAVIRUS: LOSS OF SMELL OR TASTE ADDED TO LIST OF SYMPTOMS** – *Edited From Evening Standard*

The New and Emerging Respiratory Virus Threats Advisory Group (Nervtag), which advises the Government, has been investigating anosmia as a symptom of coronavirus since March 27. However, Professor Van-Tam stressed it was a "difficult piece of science" to establish whether loss of smell was not only a symptom but that it occurred early enough to be a "useful help" in detecting more cases.

Anosmia will be described for clinical purposes as loss of, or a change in, normal sense of smell. But the public will be told that it could also be linked to a loss of taste, given that the two are often closely associated.

Professor Tim Spector, professor of genetic epidemiology at King's College London which has a widely-used Covid symptom study app, believes the Government is grossly underestimating how many people have Covid-19. "We are probably missing at the moment between 50,000 and 70,000 people out there who are infected," he told BBC Radio 4's Today programme before the announcement on the third symptom.

He stressed that the KCL app listed 14 symptoms which he said were known to be related to having a positive swab test for coronavirus. "These are not being picked up by the NHS...and 17 other countries, the World Health Organisation, the EU, even the CDC in America weeks ago have actually altered their list of symptoms that they know are related to being infectious," he added. "This country is missing them all, underestimating cases, but also putting people at risk and continuing the epidemic so we really do need to tell Public Health England to get in line with the rest of the world and make people more aware."

<https://www.standard.co.uk/news/health/coronavirus-symptoms-loss-smell-third-a4443236.html>



## **CONNECTIVITY ISSUES - CHOOSING BETWEEN INCOME AND EDUCATION.** *Edited from article in The Independent by Julie Elliott, Chair of the All-Party Parliamentary Group on Digital Skills*

The Covid-19 crisis has changed the relationships we have with others. It has changed how teachers interact with their students,



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how we interact with our friends and family who do not live with us, and how we interact with our colleagues and our services.

As social distancing has forced us apart, we have looked for new ways to connect, to learn, to work and to live, bringing to the fore the digital inequalities that separate those who have and those who do not.

It is easy to assume that everyone has access to the digital world. The truth though is that 1.9 million households in this country do not have access to the internet. This may also be by choice. There are many people who do not want internet access, or those who feel like they are fine without it, and this may continue to be true for people who live in tight-knit communities with a reliable support network. But in times like now, where lockdown has transformed how we go about our daily lives, the challenges that staying at home presents are made more prominent.

The Office for National Statistics found that the number of non-internet users has declined in recent years, but as of 2018 this still consisted of 10 per cent of UK adults. This decrease in non-internet users is positive, but as more people use the internet, services are moving online too. This is good for those that are able to connect, but it furthers the divide between those who can access it and those who cannot.

In addition, there are those who are classed as digitally connected that suddenly find themselves at home with numerous household members needing to access the internet at the same time with only one device to do so, or a connection not capable of sustaining so much activity. The closing of schools and working from home when possible has meant that a family of four, for example, who are digitally connected with one device, are finding situations where both adults need to use the device to work, and both children needing it to access their learning. The family is therefore having to choose between income and education, without the disposable income to purchase more devices.

To try and reduce the educational inequalities that emerge from children being unable to attend school, the government is encouraging schools to reopen, while also providing devices and internet connections to students of exam age. The reality is that they never truly shut anyway, and the distribution of connectivity to only those doing exams is insufficient considering the wider picture.



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Teachers have been on the front lines supporting NHS and care workers by opening their classrooms to ensure that the key workers' children have somewhere to go to learn in the day while at the same time providing online learning where possible to those at home; this provides an ample balance between safety for teachers, support for workers, and effective learning for students.

Campaigns like DevicesDotNow have already distributed over 1,000 devices and are ready and waiting for government investment to expand the scheme nationwide. The digital and educational divides cannot be closed until the playing field is levelled by having access to the internet, especially now public places which provide access, like libraries, are closed. We need investment into closing these divides now, before we end up with a lost generation of students and a mental health crisis among those cut off from the world around them.

<https://www.independent.co.uk/voices/schools-teachers-internet-education-inequality-learning-devices-a9517421.html>



## **AFFECTION DEPRIVATION: What happens to our bodies when we go without touch? – Edited from Independent**

“All human primates are wired for touch, whether we like or not,” says Francis McGlone, a professor of neuroscience at Liverpool John Moores University.

“‘Skin hunger’ is a layman’s term for what, in research, is known as ‘affection deprivation’, which is associated with a range of psychological and even physical health detriments,” adds Kory Floyd, a professor of communication at the University of Arizona who has written extensively on how a dearth of tactile affection can be linked to stress, depression, loneliness and anxiety.

“People who live alone are certainly more susceptible and, right now, I think it’s reasonable to argue that almost anyone is more susceptible than normal to the lack of touch and other forms of affectionate behaviour.”

When we talk about “touch”, most of us think of the immediate feeling – the nerve in the skin that informs the brain of the sensation quick-sharp. But McGlone’s area of interest lies in a different nerve altogether – the C-tactile afferent.



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This touch-hungry nerve fibre responds specifically to gentle stroking and, unlike its counterpart, does not send this information to the brain straight away – it takes several seconds to arrive.

“That nerve clearly evolved differently,” says McGlone. “The nerve fibre fires up areas of the brain that connect to reward. There’s a release of oxytocin, a hormone that plays a fundamental role in our social behaviour. It has an effect on our dopamine levels, which is the brain’s reward system; it impacts on the release of serotonin, which is connected to our happiness and wellbeing; it has an impact on our stress system; and it helps lower our heart rate.

The effects of touch are physiological, bioelectrical and biochemical,” agrees Tiffany Field, founder of the Touch Research Institute at Miami Medical School.

“Moving the skin (as, for example, in hugging, massaging and exercise) stimulates pressure receptors which are transmitted to the vagus nerve, the largest cranial nerve that has many branches in the body.

Increased vagal activity calms the nervous system - slows heart rate and leads to EEG patterns that accompany relaxation. It also reduces cortisol – the culprit stress hormone – that then saves natural killer cells that kill viral, bacterial and cancer cells.”

After 20 years of in-depth research, experts know almost everything there is to know about the C-tactile afferent. “We know that this nerve has evolved over millions of years and that it’s very important,” says McGlone.

“What’s happening now is that, for the first time in evolution, people are not able to experience this thing we usually take for granted. You don’t miss something until it’s gone – but when touch is removed, people will notice that there’s something missing, even if they can’t pin down what it is.”

It’s part of why, despite being more technologically connected than ever before, many of us are feeling bereft. The number of voice and video calls on WhatsApp has doubled compared to pre-lockdown, while Zoom, Skype, Facebook Messenger, Microsoft Teams and Houseparty have all reported a massive spike in usage.

So, it’s not human faces or voices we’re unconsciously longing for, then; it’s human touch. With the lack of social touch mandated by Covid-19, your brain may well be telling you that you desperately



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need a hug. “I’m sure touch deprivation is a strong trauma for folks who are used to being touched a lot and are now separated, like new romantic relationships or people who are hospitalised,” says Field.

In a survey of 260 adults conducted from 25 March to 5 May, her department found that 43 per cent of respondents had experienced loneliness, 58 per cent were feeling isolated and 42 per cent complained of feeling touch deprived.

“When you’re not touched, there’s no overt lockdown of the system, but the role of the C-tactile afferent has far more long-term effects on our physical and mental wellbeing,” says McGlone. “Physical touch moderates our stress and helps us feel contented. Going without may well impact on a person’s resilience to stress.”

Knowing the science behind it may not solve the problem, but it does at least explain why those living alone may have been feeling the loss of something they couldn’t quite put their finger on.

McGlone even recommends replicating the feel-good effects by giving yourself a stroke on your upper arms, neck, back and shoulders where there is a higher concentration of the nerve fibre – “guaranteed it will help lower your heart rate and cortisol levels,” he says.

<https://www.independent.co.uk/life-style/touch-skin-hunger-hugs-coronavirus-lockdown-isolation-ctactile-afferent-nerve-a9501676.html>



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