UK Health Security Agency

The lived experience of hotel isolation

Evaluation of the Newham Council hotel isolation pilot

Learning from a rapid evaluation 2021 to 2022

Contents

Executive summary

The purpose of this investigation is to establish the research participants subjective perceptions of their lived experienced of using the COVID-19 hotel isolation service ran in the London borough of Newham. The hotel isolation service is a piloted strategy to aid self-isolation, targeted at COVID-19 positive residents, and residents that may have a virus exposure. The pilot commenced on 1 March 2021 and ran until 30 November 2021. The study followed an inductive design to explore through in-depth qualitative telephone interviews the subjective perceptions of guest, in order to identify what worked well and for whom, and what worked less well. A total of 14 participants were interviewed. This was from a sample pool of 51 residents who were considered for the hotel isolation scheme, from which 21 were consented to take part in the study, out of which 18 had used the hotel isolation service and 3 had declined the service. The interviews were conducted between 27 October and 16 November 2021. In total, we interviewed 10 COVID-19 positive cases and 2 household contacts who had accepted the Hotel Isolation service, and 2 further cases (one COVID-positive and one household) who had declined the service. All the interview data was subjected to thematic analysis.

Overall, a high proportion of research participants completed isolation at the hotel, suggesting a high level of acceptability. The hotel self-isolation service is shown to have supported the effectiveness of the local COVID-19 test and trace system. The hotel isolation service provided free hotel accommodation to those who needed to self-isolate (both cases and contacts), to help reduce transmission of COVID-19 within households, thereby reducing the spread within the community. The ability of people to isolate is foundational to help break the chains of transmission and reduces infection rates in a community or household.

It is important to note that the hotel isolation offer is not the same as the hotel quarantine scheme for returning nationals to the UK (1, 2) but is intended for residents who cannot, for whatever reason, adequately self-isolate at ‘home’. Newham has had one of the worst standardised mortality rates in England, with upwards to 783 reported deaths with COVID-19. Many factors have contributed to Newham’s high COVID-19 mortality rate, including factors linked to increased exposure and severity of outcomes.

Just one in 8 people in the UK live alone, according to the Office for National Statistics (ONS). In London, 6.2% of households contain 2 or more unrelated adults.

Within-household transmission is ‘very common’ according to the Scientific Pandemic Influenza Group on Modelling (3), which advises the UK government, but can be mitigated in part by offering a “comprehensive package of information and support. This report evidences how the hotel isolation offer supported residents to self-isolate in compliance with Government guidance on self-isolation, which aims to prevent the transmission of COVID-19 across households and communities. We define ‘compliance’ as the attitudes that favour the following of established health protocols to prevent the spread of COVID-19. The evidence also suggests that trust in the c

ouncil increased following exposure to the hotel isolation offer by residents. We define ‘trust’ as the attitudes that are grounded in the belief that the authorities are acting competently, in good faith and in an informed manner. Also evidenced is the increase in awareness of COVID-19 health literacy in residents exposed to the hotel isolation offer. We define ‘awareness’ as the attitudes that are grounded in knowledge and information about the virus, the pandemic and the logic behind established protocols.

A distinction needs to be made between the ‘service’ and the ‘facilities’. The ‘service’ refers to the package of help and guidance given to residents, whereas the ‘facilities’ refers to the actual accommodation space. Overall, the facilities were poorly experienced by the majority of the residents, despite them valuing the help of the service to protect themselves and others from contracting the virus. Based on the residents’ accounts, the inconsistency and level of information provided by the service – and at the facilities – could have been improved to help them plan and manage their stay better.

Following exposure to the intervention, trust in the council increased. The increase in trust seemed to hinge on, firstly, having gained access to the free facility that practically helped them self-isolate, and, secondly, the supplementary support (for example, health literacy information, taxi rides, food parcels, bedding, testing regime and welfare check calls) provided to them. This was underpinned by an appropriately pitched and agile service provided by the COVID Response Team. The COVID Response Team also found solutions to emerging problems, thereby enabling residents to effectively self-isolate despite changing sets of circumstances. Research participants have shared their subjective accounts of why using the hotel isolation accommodation has helped them to better self-isolate.

Anecdotally, research participants have reported mixed reviews of their experience of hotel self-isolation from positive or benign, through to distressing. Most participants reported situational social alienation, anxiety and depression during their self-isolation period at the hotel. Most participants described self-isolating in a hotel as fairly helpful (3 individuals, representing 21% of the sample) or very helpful (9 individuals, 64% of the sample) in stopping the spread of COVID-19. Most participants described the service provided by the council (including welfare checks) as fairly helpful (3 individuals, 21% of the sample) or very helpful (8 individuals, 57% of the sample) in regard to their experience during hotel self-isolation.

Of the 14 research participants interviewed:

- 50% (7) research participants, had planned to self-isolate at their homes
- 50 % (7) research participants reported negative effects from the experience of hotel self-isolation

Of the research participants:

- 57% (8), said that their perception of the council had improved with respect to their previously held perception

- 21% (3) research participants said that their perception of the council had worsened with respect to their previously held perception
- 57 % (8) of research participants suggested that their trust in the council had improved with respect to their previously held trust

To summarise, all levels of compliance, trust and awareness improved over time, with downturns around April and July 2022. What's more, the central motivation behind the research participant's willingness to engage in the hotel isolation service has reportedly been to keep family members – with no or existing heath conditions – safe from harm.

Introduction

> "My perception about [the] council has changed positively. I wasn't expecting that much support."
>
> (Resident)

In September 2021, the Institute for Connected Communities, based at the University of East London (UEL), was commissioned by Newham Council to undertake an independent evaluation of the hotel isolation strategy. This report presents the key findings from the evaluation, based on fieldwork carried out between September and December 2021. In this introductory section, we give an overview of the project background and how it was structured, and we explain the evaluation aims and methods. We then explain the structure of the remainder of the report.

This evaluation considers the effectiveness of the hotel isolation service in the London Borough of Newham. The hotel isolation service provided free hotel accommodation to those who needed to self-isolate (both COVID-19 positive cases and household contacts), to help reduce transmission, thereby reducing the spread within the community. The pilot commenced on 1 March 2021 and ran until 30 November 2021. Newham has had one of the worst standardised mortality rates in England, with 783 deaths with COVID-19 on the death certificate to date.

Many factors have contributed to Newham's high COVID-19 mortality rate, including factors linked to increased exposure and severity of outcomes. For example, many residents work in people-facing jobs, are self-employed or have insecure employment – health, social care, retail, transport, security. Newham has the most overcrowded households in London, significant numbers of houses in multiple occupation (HMOs), and high numbers of multigenerational households. High levels of health risks are also linked to ethnicity (for example, diabetes, cardiovascular diseases, obesity). This study assesses the community-based hotel isolation intervention set up by local government to support residents to self-isolate who otherwise could not do so competently.

Newham Council developed a welfare-check intervention (February 2020to March 2022) to provide a package of support (for example, financial aid, supportive conversation and practical assistance) to COVID-positive residents. The development and implementation of the hotel isolation service was a feature to this intervention and was designed and delivered as part of an iterative process. The project plan was codesigned with the Reference Group in December 2020, and the Project Lead identified with oversight from the Public Health Lead and Consultant.

Various work streams were initiated to ensure safe delivery of the pilot, including:

- establishing safeguards
- COVID-19 temporary accommodation agreement between resident and council

- provision of IPC procedures for accommodation and transports
- procurement of PPE in accommodation
- daily welfare checks for residents using the accommodation offer
- the exploration of GP Home Monitoring
- the identification of referral pathways
- standard operating procedures and simple booking system
- the identification of good quality accommodation
- a taxi service that was willing to take positive cases
- regular twice-weekly meetings with the project team to troubleshoot and problem solve

Background

These are exceptional times, and while the local authority did not have a plan or dedicated resources to face such an unpredictable global event, they were agile and creative in their response to come up with solutions to implement the hotel isolation accommodation against the backdrop of fast-changing national guidance on self-isolation in order to protect and prevent the spread of COVID-19 in its local population. The Newham Public Health Team, with assistance from the University of East London, designed and carried out a survey between December 2020 and January 2021 to explore the barriers for testing, tracing and isolating, and to examine the factors that would help community compliance with self-isolation after COVID-19 diagnosis. There were 129 responses to the survey from Newham residents; the majority of them were female (61.2%), aged between 31 and 50 (47.4%), Black (15%), White (35.6%) and Asian (27.9%), self-employed (37.2%), living in a household of 3 to 5 people (45%) or 1 to 2 people (42.6%) (4).

The results revealed that the main barriers to self-isolation compliance were the fear of losing a job and regular income (76%). The reluctance for getting tested was also linked to this – a positive test result might result in loss of income and financial security. This narrative was especially relevant among those in self-employment (that is the majority of respondents). A number of residents were unable to access the financial support offered by the council – either due to eligibility issues, or due to lack of information and understanding of the procedures. The participants also indicated increased compliance if there was a promise of financial support from the council, and assurance of maintaining employment after recovering from COVID-19. Among the main concerns was getting practical help with daily duties during the self-isolation period, for example, shopping and care responsibilities, reported by 72.9% of the participants, especially in older age groups (51 and over); 40% of the respondents indicated their need for childcare support during the isolation period. Furthermore, 39.5% said that they would appreciate someone to talk to about their worries.

The results of the survey informed Newham Public Health's strategy, and the welfare support and hotel isolation service design they implemented.

The goal of the strategy was to provide the Newham population with early and timely support to help strengthen social distancing policies to suppress and control the COVID-19 pandemic effectively in the Borough. The welfare checks and hotel isolation offer are targeted strategies to contain and mitigate the community transmission of COVID-19. They form part of a multifaceted personal support package that is tailored as much as possible to fit the emerging needs of residents (and family), based on available allocated resources.

To clarify, this is not a universal service, but a targeted intervention for COVID-19-positive reported cases (or negative household members) registered as living in the borough. The difficult challenge faced by the council has been in developing a set of evidence-informed principles (for example, fidelity factors) that produces greater coherency, reflexive monitoring, cognitive participation and collective action in this iterative multifaceted strategy. This evaluation has assessed some of these factors with a view to identify and bound what aspects of the service worked well, for who and in what circumstances.

Study design

We have used a qualitative approach to rapidly gather insights into the development and implementation of the intervention, and, most importantly, to build understanding into the user's experiences of accessing and using the hotel isolation service as it relates to their ability to self-isolate. The overall goals of the evaluation framework have been to:

- assess the feasibility, effectiveness and acceptability of the COVID-19 welfare checks and hotel isolation programme
- identify implementation factors from the residents' perspectives that might affect the continuity and to enhance services across the borough
- determine the levels of trust between the local authority and residents, where trust is defined as holding a 'positive perception' about the actions of Newham Council
- build understanding into residents' ability to self-isolate as a result of a supportive welfare check
- reduce the level of transmission of COVID-19 as a result of the isolation programme within those households

Specifically, we have collected the subjective perceptions of 14 residents who either used and/or were offered the COVID-19 hotel isolation service. The fieldwork took place between September and December 2021 and consisted of in-depth telephone semi-structured interviews with research participants and supplemented with analysis of administrative data captured by the Newham Council Response Team.

Qualitative methods

The study was conducted remotely using telephone interviews as the main research method and supported by the analysis of data held by Newham Council. Semi structured telephone interviews were conducted between November and December 2021. A screening spreadsheet was completed at the time of booking, with basic demographics and confirmed usage of the hotel isolation service. A convenient time and date were than agreed with the potential research participant to be called back for an interview.

All research participants booked for an interview were sent a text message reminder the day before their interview. Interviews lasted on average 50 minutes, and followed a semi-structured interview schedule, which had several closed but mostly open questions; 14 interviews were conducted in English. The assumption was that data generated via this interaction would form the insights and empirical evidence for this study. All the responses were captured by Dictaphone, and on the researchers' Excel spreadsheet containing the semi-structured interview schedule (see Appendix 1).

Participants

The participants are residents drawn from the hotel isolation register. We used a multidimensional convenience sampling framework to identify and conduct interviews with a range of residents (for example, reflecting diversity in terms of gender, age, ethnicity, health and social care needs) who had been offered the hotel isolation accommodation. The research participants were aged 25 and 58 years.

The interview sample had over two-thirds males: 10 males and 4 females participated in the phone interview, with 8 male and 2 female index cases, and one male and one female household contacts accepting the hotel isolation offer – one female index case and one male household contact refused the offer.

Of the research participants, 3 were White British, 4 were White Other (Bulgarian, Portuguese, Moldovan and Turkish), 4 were Black African or Caribbean, one was British Indian and 2 were Asian Indian who were living in the UK on work or student visas.

Sampling

A total of 14 participants were interviewed from a sample pool of 21, who had received the hotel isolation offer and given Newham their consent to be approached by UEL to participate in an in-depth telephone interview. A list of 21 names with contact numbers, and post codes for 13 (12 Newham, 1 Hackney) was received from Newham. The screening started on 25 October 2021. Out of the 21, 18 had accepted and used the hotel isolation service while 3 had declined the offer. A single research team member called all the numbers and was able to communicate with 20 except for one participant. HI018 was sent texts and phoned several times between October to December 2021 with voice messages left. Calls were made on different days and hours an attempt to reach the participant but he neither picked up the call nor responded to any messages.

A screening spreadsheet[1] with participants' hotel isolation ID was completed at the time of booking, with basic demographics information and time period for hotel isolation captured. Two participants reported not knowing about the study with one agreed for an interview after researcher gave further information while the other said that he wanted all the information to be emailed to him at the email address that Newham Council has got for him, but he was not willing to share his email address with researcher.

[1] Screening script used:
"My name is [ ]. I'm calling from the University of East London. UEL is working with Newham Council on a research project about the COVID-19 Hotel Isolation Support service in Newham. Because you have used (7) or have inquired (3) about the Hotel Isolation service, we would like to invite you to take part in an over the-phone interview to share your experience. The interview will last for 30 to 35 minutes. All you share will remain confidential with UEL. You will receive a £10 voucher from Newham Council for participating in the study."

One participant only wanted to complete survey online or by text due to his busy work schedule. Six participants DNA more than once before attending the interview, 2 wanted to postpone after the new year and 3 became irresponsive after DNA once or twice.

Table 1. Recruitment and interview procedure

Recruitment and interview steps	
Sample number	21
Number responded to calls	20
Number booked interview	18
Number attended interview	14
Number attended first booked interview	8
Number rebooked more than once	10
Response rate	66%

Data collection

The study was conducted remotely using telephone interviews as the main research method and supported by the analysis of data held by Newham Council. The interviews were conducted between 27 October and 16 November 2021; 10 index cases and 2 household contacts accepted the hotel isolation service, with the offer being refused by an index case and a household contact who had themselves contacted Newham welfare asking for support. Out of the 14 who attended the interview 10 were index cases, 2 were household contacts (one clinically extremely vulnerable and the other had all household hold members tested positive) and 2 participants who refused the Hotel Isolation service including an index case and a household contact who had both contacted Newham Welfare asking for support initially. The interview sample was made up of 7 White participants (4 White Other and 3 White British), 4 Black (3 Black African and one Black Caribbean) and 3 Asian (2 British Indian and one Indian student). Participants were between 22 and 58 years old, 10 were male and 4 were female. The average length of interviews was 55 minutes. All interviews were conducted over the phone and recorded between 27 October and 16 November 2021 by a single team member (see Appendix 2). All interviews were transcribed by a single professional transcriber. The findings are thematically analysed and presented with anonymised quotes.

Data analysis

The qualitative interview data was analysed using a thematic framework. The primary data was thematically organised around the core themes of ‘trust’ and ‘compliance’, and also inductively coded using the MRC process evaluation normalisation framework (5) for linking process evaluation functions. The data was then thematically analysed (Aronson, 1995), looking for evidence pinpointing patterns and meaning attributed to the implementation of the model at a

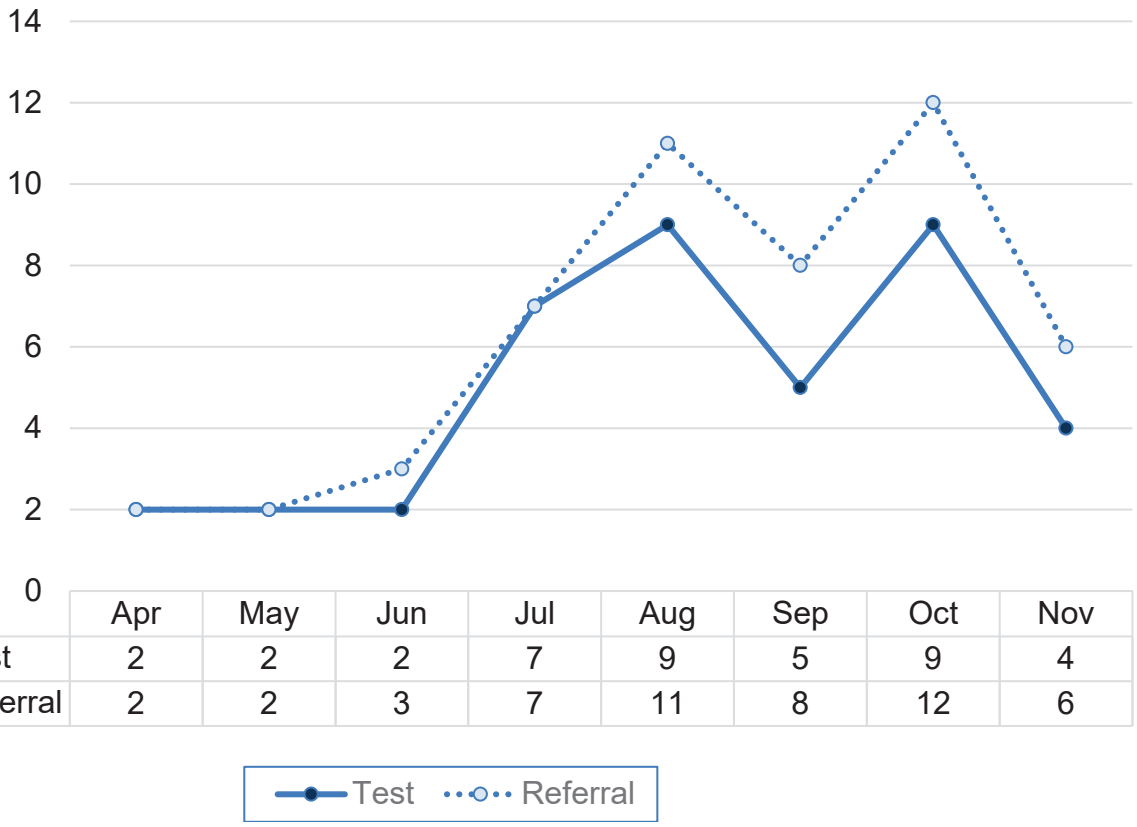
practice and population level. Descriptive and inferential statistics were used to analyse administrative data (for example, booking forms) supplied by the Newham Council Public Health Team. Analysis to assess changes in outcomes is likely to be limited at this point, due to small numbers of cases. The study obtained research ethics approval in November 2021 from the University of East London Research Ethics Committee (No. ETH2122-0059). To the degree in which it was possible, research participants who declined the service were included on the charts. Exceptions to this were service use timelines, where participants who had declined to use the service where excluded, hence reducing the sample from 14 to 12. The following section we look at the key findings based on the subjective accounts of the research participants. We have anonymised all the data to prevent the research participants from being identified.

Findings

The following section presents the main findings from the qualitative interviews organised around the emerging insights that shade a light on what worked well, for who, where, when and why.

Of the 50 individuals, 29 chose a PCR as their test, representing 58% of the population; 2 individuals chose LFD, representing 4% of the population. Data remain missing for 19 individuals, representing 38% of the population. We cannot confirm whether they have tested or not (Figure 1).

Figure 1. Monthly changes in test and referrals (51 participants)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Test	2	2	2	7	9	5	9	4
Referral	2	2	3	7	11	8	12	6

* We cannot confirm whether if 11 research participants were tested or not.

Of the 50 residents sampled, 39% of the participants used local contact tracing services, 16% opt for COVID-19 help line, and only 2% of the participants used VCFS. Data remain missing for 22 individuals, representing 43% of the sample population (Table 2).

Table 2. Referral pathway accessed by research participants (51 participants)

	Frequency	%
Local contact tracing service	20	39%
COVID-19 help line	8	16%
VCFS	1	2%
Unknown	22	43%
Total	51	

PCR tests were requested by participants in most of the premises, especially in the Marlin at Limehouse (Table 3).

Table 3. Participants' PCR requests in each hotel (51 participants)

	Frequency
Premier Inn, Aldgate	2
Premier Inn, Docklands	1
The Marlin, Limehouse	6
The Marlin, Stratford	4
Total	13

Council agents recorded commentary for each of the welfare checks whenever it was relevant. For this report, we define:

- symptom issues – issues which were a product of COVID-19-related physical ailments
- accommodation issues – as complaints that participants had about the premises (bedding, kitchenware, food)
- communication issues – as failure of the agents to successfully contact the participants

For the first welfare check call, most of the issues reported were concentrated in the Marlin venues, with accommodation and symptom issues being registered in the Marlin at Limehouse, and accommodation and communication issues being registered in the Marlin at Stratford (Table 4).

Table 4. Issues present while self-isolating at hotel (51 participants)

	First call	Second call	Third call	Fourth call	Fifth call
Accommodation issues	4	3	1	1	1
Communication issues	1	1	1	-	1

	First call	Second call	Third call	Fourth call	Fifth call
Symptom issues	1	2	2	1	-
Medical issues	-	1	-	-	-
Isolation issues	-	3	1	-	-

We now turn to look at the 14 research participants from the sample of 51 who took part in in-depth qualitative interviews. The insights and findings collected from the research participants have been grouped across 3 overarching themes or topics. The themes or topics include:

- insights into accessibility of the service
- insights into the quality of the facility
- insights into acceptability of the facility and trust in the council

The research participants' accounts show how they have, in the main, actively engaged and value the intervention to help them better self-isolate and get the intrinsic value of the service in preventing the COVID-19 transmission despite its developmental flows.

Table 5. Characteristics of consented residents (14 interviewed)

Category	Number	Age	Sex	Ethnic group
Index cases (for example, COVID-19 positive)	1	22	M	White British
	2	25	M	Indian on student visa
	3	26	M	White Other (Moldovan)
	4	26	M	Indian on work visa
	5	27	F	British African (Somali)
	6	27	M	White British
	7	31	M	Black British African
	8	46	F	White British
	9	51	M	Black South African
	10	58	M	White Other (British Bulgarian)
Hotel Isolation declined (for example, both COVID-19 positive and negative)	11	45	F	White Other (Turkish)
	12	54	M	Black British (Caribbean)
Household contact (for example, COVID19 negative)	13	25	M	White Other (Portuguese)
	14	50	F	Asian British (Indian)

Of the 14 research participants, 21% of the participants were Asian; of those 3 research participants, all identified as Indian, or of Indian descent, 21% of the research participants were Black African, 21% were White British and 29% other White. 7% of the research participants were from Black Caribbean (Table 5.1).

Table 5.1. Ethnicity breakdown of interviewed participants (14 participants)

	Black Caribbean	White British	Asian Indian	Black African	Other White	Total
Frequency	1	3	3	3	4	14
%	7%	21%	21%	21%	29%	100%

Illegal immigrant status might be a reason for those research participants not to declare their citizenship status to public officials, as they might be in fear of legal repercussions, which in turn might be a factor making it difficult to reach them through public efforts, and for them to trust the council (Table 6).

Table 6. Ethnicity breakdown per citizenship status among research participants

	UK Citizen	Foreign Citizen	Non Answered	Total
Asian - Indian	1	1	1	3
Black - African	2	-	1	3
Black - Caribbean	1	-	-	1
White - British	3	-	-	3
White - Other	-	3	1	4
Total	7	4	3	14

The timing of the COVID-19 test was an important factor as to whether research participants settled comfortably in the hotel isolation offer. One research participant comments:

> “Just the PCR I think I was a bit disappointed, I think that should have been given straightaway to get the person out there, I should have been asked, ‘Have you had a PCR?’ And if not, then one should have been provided at the initial, you know, as soon as I got there. Cos it would have took a lot of stress off.”

Table 7. Time from positive test to Hotel Isolation (12 participants)

	Frequency	%
Less than 24 hours	6	50%
24 to 48 hours	1	8%
48 to 72 hours	2	17%

	Frequency	%
More than 72 hours	3	25%
Total	12	

NHS Test and Protect was the preferred guidance source, with 9 research participant (64%) of the population choosing it; 2 research participants (14%) chose other sources; one research participant (7%) received guidance from hospital; one research participant (7%) received it from Newham COVID-19 Response Team; one research participant (7%) did not answer (Table 8).

Table 8. Interviewee referral pathways (14 participants)

Referral pathway	Frequency	%
NHS Test and Protect	9	65%
Other source	2	14%
Newham COVID-19 response	1	7%
Hospital	1	7%
Unknown	1	7%
Total	14	

Table 9. Relationship between symptoms-to-test and symptoms-to-isolation span (14 participants)

		Time between symptoms and isolation				
		N/A	Within 24 hours	Within 3 days	No isolation	Total
Time between symptoms and testing	Non-answered	3				3
	Within 24 hours	1	3			4
	Within 3 days			5	1	6
	One week				1	1
	Total general	4	3	5	2	14

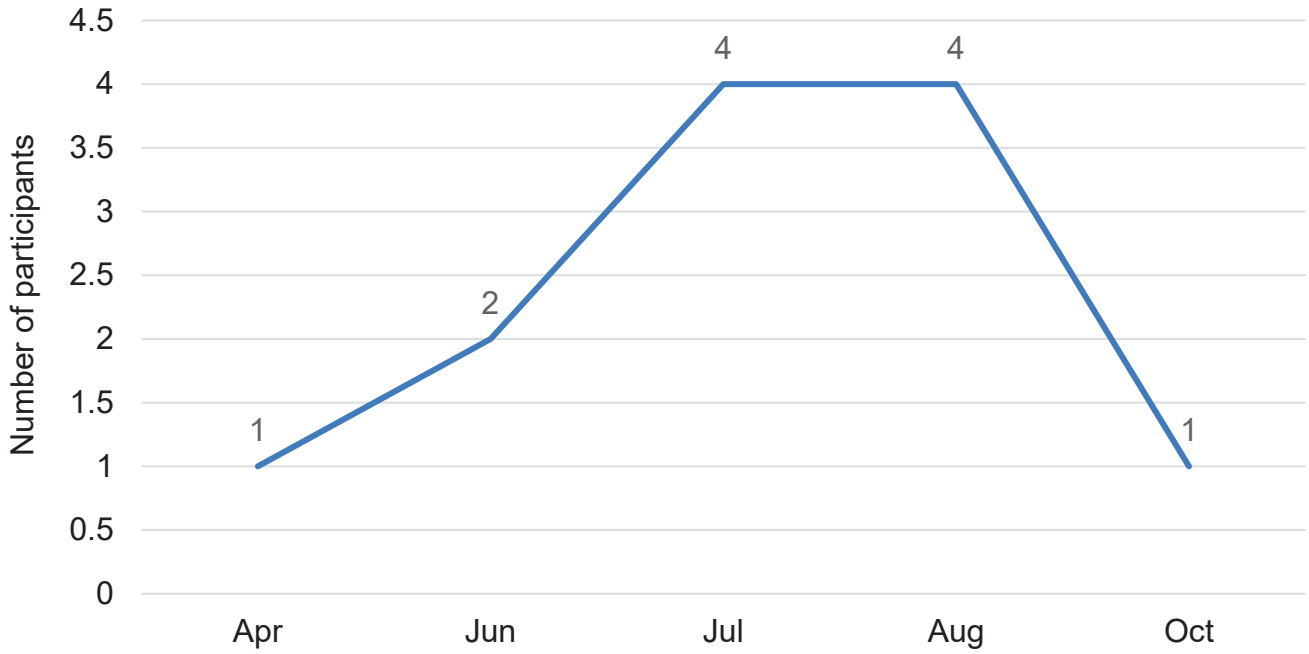
Of the 14 research participants, 57% of the participants (8) were contacted within 24 hours of getting their positive test results, while 14% of the research participants(2), were contacted within 3 days; 7% of the participants (1), was contacted within a week; and 21% of the research participants (3) did not get contacted, either because they did not receive a call or because they contacted the service themselves (Table 10).

Table 10. Time between positive test results and contact by the council among interviewees (14 participants)

	Frequency	%
Within 24 hours	8	57%
Within 3 days	2	14%
Within a week	1	7%
No Call	3	22%
Total	14	

Of the 14 research participants, 9 participants (64%) complied with the requirement not to leave their homes during self-isolation, while 3 research participants (21%) declared that they had left their houses during self-isolation; 2 research participants (14%) did not answer or were not clear in their answer (Figure 2).

Figure 2. Interviewed participants engagement with the service over time (12 participants)



* Two participants declined using hotel self-isolation services.

Of the research participants, 7 stayed in self-catering accommodation for 4 to 10 nights, and 3 stayed in hotel accommodation for 7 to 10 nights; 2 participants stayed in both types of accommodation (see Table 11). The second case shared that he was very happy with the hotel accommodation and did not want to move, but he was moved after 4 to 5 nights to self-catering accommodation for 4 nights.

One research participant explains:

"Every night I was told that I might be moved to a different hotel and then given an extension. After 5 days I was forced to move from the hotel to a self-catering accommodation. Thought it was risky to move an infected person around".

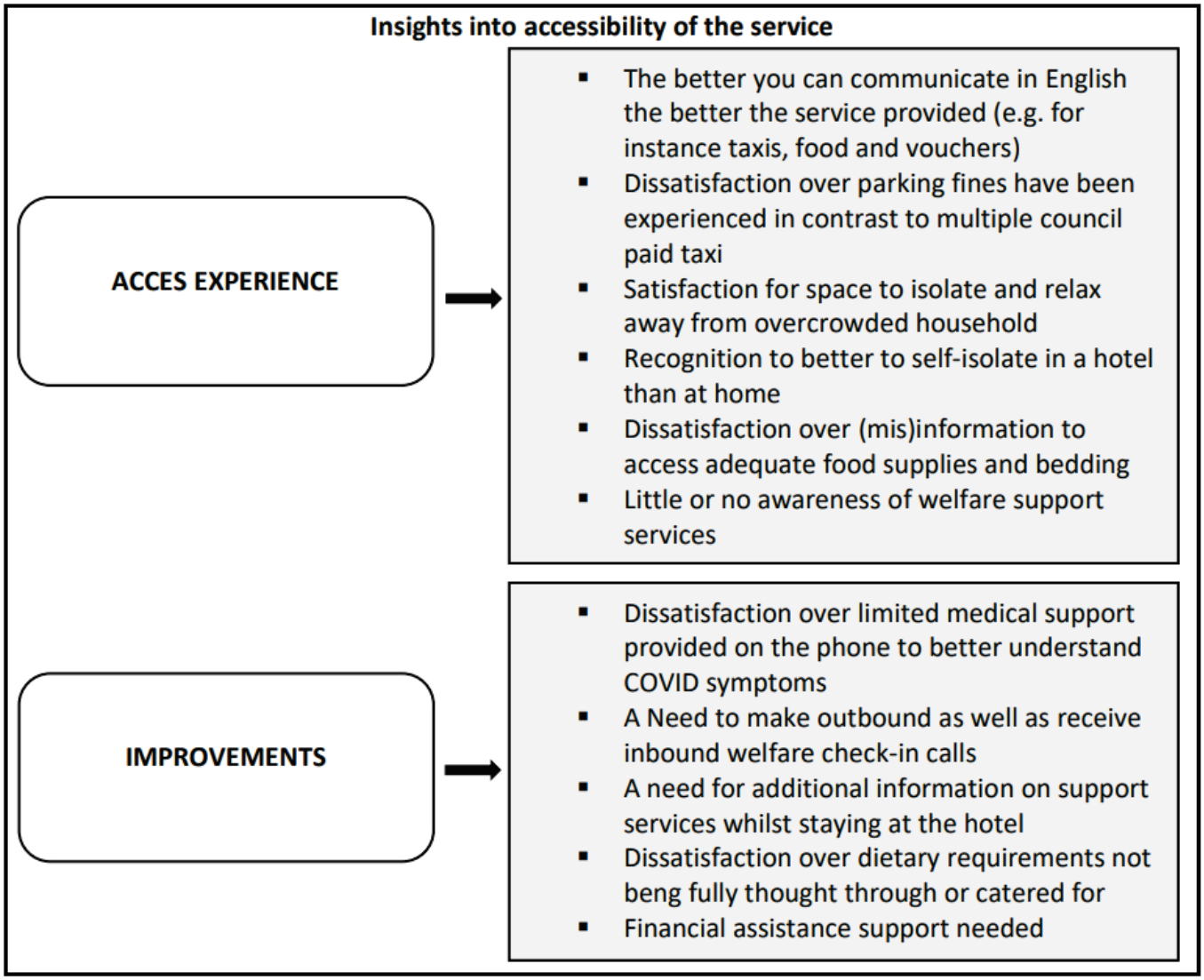
One research participant stayed in self-catering accommodation for 2 nights before being readmitted to hospital for 4 nights. After discharge from hospital, he was offered hotel accommodation for 2 nights before moving to temporary accommodation. Another research participant comment:

"But the thing is, like, after one day at the London City they booked me a different hotel and different travel lodge and they were saying, 'Oh we're gonna have to move you to another travel lodge.' But then later in the day they changed their mind and said. 'Oh don't worry about that we've extended the hotel that you're already in.' But then later in the week they then told me to move the self-catering suite. So, I was bit like, 'What's really going on?'"

Table 11. Type of accommodation and duration of stay

	Time from positive test to Hotel Isolation	Number of nights	Type of accommodation	
			Self-catering	Hotel
1	0-1 day	9	5	4
2	0-1 day of household contact	9	9	
3	3 days (in the hospital first)	2 + 2 hospitalised for 4 days in between	2	2
4	0-1 day	9 to 10	9 to 10	
5	0-1 day of household contact	8		8
6	1-2 days	10	10	
7	3-4 days	5	5	
8	2-3 days	8	8	
9	4/5 days	10		10
10	3-4 days	7		7
11	0-1 day	4	4	
12	0-1 day	8	8	

Figure 3. Insights into the quality of the facility: access experience and improvements



Text version of Figure 3. Insights into the quality of the facility: access experience and improvements

The diagram shows 2 broad headings with a number of insights for each:

1. Access experience

- the better you can communicate in English, the better the service provided, for example taxis, food and vouchers
- dissatisfaction over parking fines has been experienced in contrast to multiple council paid taxis
- satisfaction for space to isolate and relax away from overcrowded household
- recognition to better self-isolate in a hotel than at home
- dissatisfaction with (mis)information to access adequate food supplies and bedding
- little or no awareness of welfare support services

2. Improvements

- dissatisfaction over limited medical support provided on the phone to better understand COVID-19 symptoms
- a need to make outbound as well as receive inbound welfare check-in calls
- a need for additional information on support services while staying at the hotel
- dissatisfaction over dietary requirements not being fully thought through or catered for
- financial assistance support needed

End of text version of Figure 3

Access (mis)information and (mis)communication

A cause of anxiety resulting in research participants turning down the hotel isolation offer has been (mis)information and/or the lack of clarity about the hotel isolation offer itself. One research participant was not informed about being provided with food in the hotel, and therefore she made the decision to stayed at home to self-isolate. Another research participant goes on to remark:

> "…She didn't say free food, if she'd said free food, I would say, 'Yes, I will go.' I can't remember, no. She said to me… you need to bring your own food."
>
> "…When you are isolating, you don't need to go out and stuff, so how am I going to go and get the food for myself with my daughter? How am I going to cook, who's going to cook over there? When all the kind of food I can't go and get it, we are both positive, so I don't know how, it's not supportive."
>
> "If they can link to the service, it would be great, but they don't know each other in my opinion, you know they're not linking to the one who is getting this coronavirus and so if they are linked to each other they can support more people like me. Especially students, they are not aware of this scheme until they enquire about it. You know?"

Another reason why the hotel isolation offer was declined was due to pre-existing health conditions and having regular NHS supervision. One research participant commented:

> "The call came from the renal unit at Newham…because they were sending all positive patients to a unit at Whipps Cross…Sorry you've tested positive, instead of coming here tomorrow Saturday, you need to go to Whipps Cross." Not only for the dialysis but to…, they had a COVID unit. They had a whole ward there for their renal patients who had COVID. So, they were specially monitoring me there."

In contrast, research participants also took it upon themselves to make a self-referral to use the hotel isolation service. A research participant said:

"… I spoke with [the] council, and her name was [Mary] this woman she said it is very, very difficult to find space, because everything is full and she said she will try to do something for me, but I start to press on her because I explain to her my situation. I don't know if she had a place to go and she [said] couple of times she tried to find for me and at last she found a small studio flat in this hotel, I was so, so grateful."

At the point of access, most research participants report that they were not given enough information about the option of having a household member to support them in the hotel isolation. Neither did all the research participants know that they could get support for ordering online food or, if struggling, access free food through Newham Food Alliance. For example, only 2 out of the 12 research participants who stayed at the hotel reported having received information about Connect Newham. Also, nearly all the research participants expected that they would have received medical help and advice with COVID-19.

One participant though he was a student was one of the very few to get all the information and was able to access both the hotel isolation service as well as financial support in a timely manner because he was helped by staff at a food bank, this supports the finding of a study emphasising on the role of community support and mutual aid groups in long-term community responses and sustained participation. (1)

"I went every week to the Newham Free Food Collection, so he knows me well, and that day I couldn't go, and he called me. He gave me every information required in the Newham Council, supporting, financial advice everything."

"He told me that you may at least get some financial advice so, he provided every detail there and the bank details and I got £200."

Service experiences

During their stay, some research participants report receiving only one food parcel, while other research participants received 2 or 3. Some research participants received parcels along with hot food in the hotel. Some research participants were given food vouchers or credits, while others had to spend their own money to purchase food themselves – in certain cases they were reimbursed by the council. Some research participants had to wait for a taxi to be arranged and had to stay one or 2 extra nights at home after the hotel was booked, while others could move on the day on the booking being arranged. Some research participants were given a second taxi to get bedding from home, in contrast to one research participant who had to ask her son to drop off bedding, and he received a parking ticket at the hotel.

Some research participants were offered days' stay when they tested positive 3 days before they moved to the hotel, while other research participants were given a shorter stay of 4 or 5 days. The common factor that separate out each of these cases has been the level of spoken

English of research participants. It appears that the better your English the more personalised a service you received. The research participants comment:

"The hotel isolation is helpful once you get it, but it was very difficult to get access to it."

"Nice to know these services are available, but if I didn't know about it, I am sure most people didn't know about it."

"After testing positive, they could call the positive individual and tell them about the options available to support them self-isolate and advice on isolating safely and how people can get financial support. I was okay as my company was paying me, but it is difficult for people who are paid daily and are suffering."

Negotiation and language skills helped participants to get extra (for example, meal vouchers) while other research participants paid for deliveries or participants received parking ticket when family member dropped off bedding. Two research participants comment:

"But the food which they were supposed to erm, provide me with just er, deliveries were quite lack lustre so, yeah. Well I didn't like the food that was delivered, they also yeah, they also gave like a voucher for takeaway food (£15 to £20 per day received by 3 participants) so yeah that was what was used on some of the days at the er, at the travel lodge hotel there."

"Yeah again they tried to make some arrangement and they had to send another taxi to my house to pick up my duvet and pillows and bring them to me. I had specifically asked them about that when I was packing, about what I needed. Well, you know cos I don't know where I'm going, what do I need?"

The table below illustrate how research participants have contrasted and rated the helpfulness of the council team and facility workforce.

Table 12. Participants evaluation of the hotel self-isolation programme and the council COVID response team (12 participants)

	Hotel self-isolation programme	Council team
Very helpful	9 (75%)	8 (66%)
Fairly helpful	3 (25%)	3 (25%)
Not answered	-	1 (8%)
Total	12	

How can we improve self-isolation?

Research participants would have liked to have been better prepared on arriving at the hotel isolation. One research participants said:

> "Communications between council and hotel needs improving. Room number can be provided before you get there."

Research participants commented on the lack of outdoor space in the facilities and described their unease about sharing a balcony with other guests for exercise and fresh air. On research participant comments:

> "If patients with coronavirus are sent to live with them in the same floor where they are sharing a balcony, and this could [lead to spread of COVID-19]."

Research participants observed the different guests using the same facility as a cause for concern, namely refugee families:

> "All these people in this hotel, there were many flats, they were immigrants, they were illegal I am absolutely sure. They use this hotel, apartments, to put illegal people who are waiting probably to go a month or, someone to solve their cases, I'm not so stupid, everything for me was free…it is great, but they have to use this programme with only for [people] on the programme. Who are these people? Are all of them coronavirus or not?"

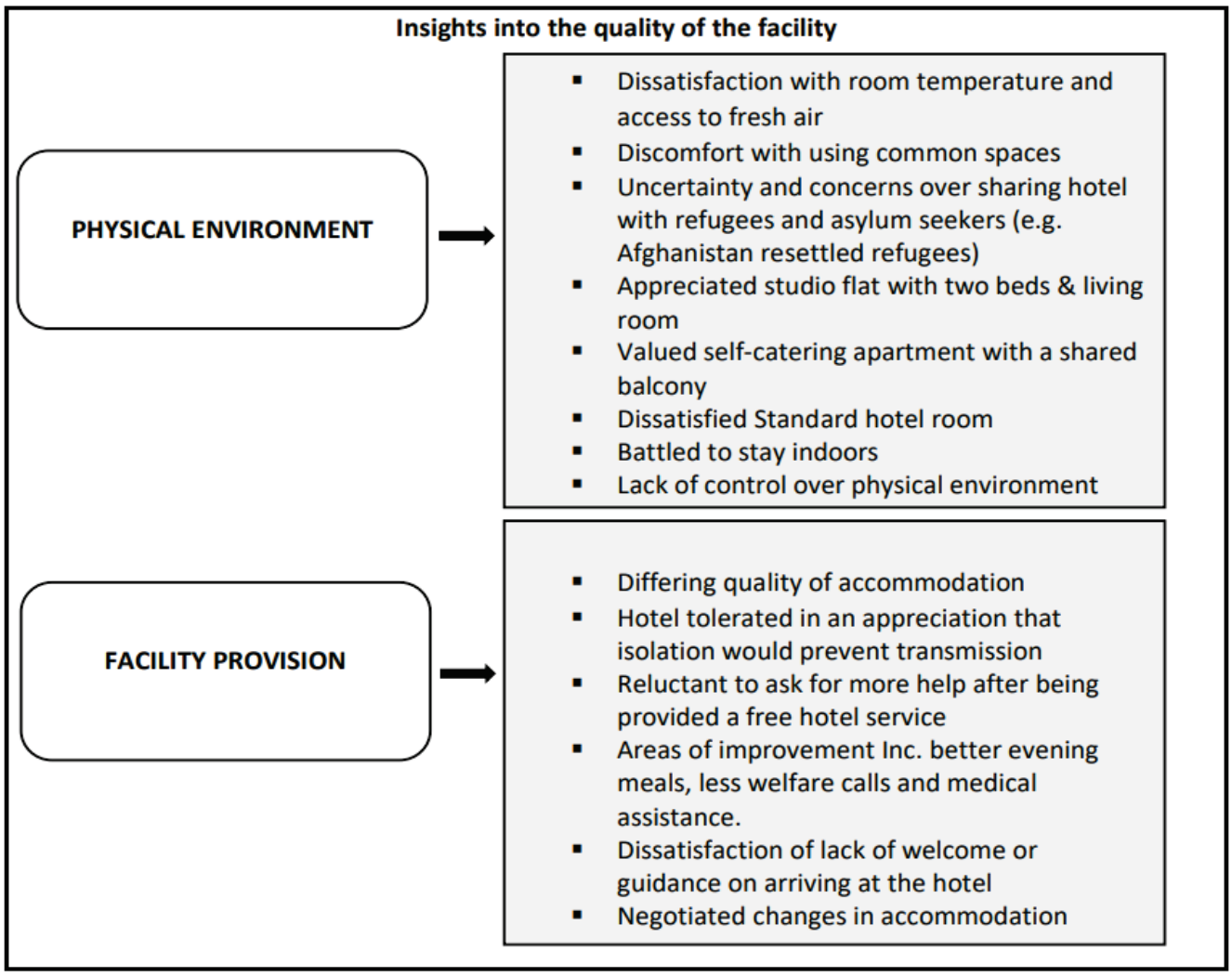
The referral pathways and multiple agencies using the one facility to house vulnerable groups evidently did not rest well with a minority of the research participants.

Case study

The research participant is a 45 year old female of Turkish origin. The participant reported living in a small house with her husband, daughter and son. There was no mention of the research participant's health or wellbeing. The critical moment that led to the participant becoming aware of the hotel service was when she became aware of the hotel offer – by word of mouth – and rang Newham Council to find out if she and her daughter could stay in the hotel, as both had tested positive for coronavirus. As a solution, the council offered the participant and her daughter the hotel service, because the participant was worried about further transmission in her household, as her husband and son had both tested negative for coronavirus. However, the participant reported that she chose to self-isolate at home instead, after she was informed that she would need to bring her own bed sheets, and even her own food. This may have been a miscommunication, as participants are advised to bring food only for the first night at the hotel, in case of a delay in delivery of food to the hotel. The reason the participant did not take the

hotel offer was because she was feeling unwell, so the thought of having to go the shops to buy groceries and to cook for herself and her daughter was an impossible endeavour. The participant's trust in the council has changed positively, and a food parcel delivered to her and her family was very helpful.

Figure 4. Insights into the quality of the facility: physical environment and food provision



Text version of Figure 4. Insights into the quality of the facility: physical environment and food provision

The diagram is divided into 2 headings with a number of points under each one:

1. Physical environment

- dissatisfaction with room temperature and access to fresh air
- discomfort with using common spaces
- uncertainty and concerns over sharing over sharing hotel with refugees and asylum seekers (for example, Afghan resettled refugees)
- valued self-catering apartment with a shared balcony
- dissatisfied with the standard of the hotel room

- battled to stay indoors
- lack of control over physical environment

2. Facility provision

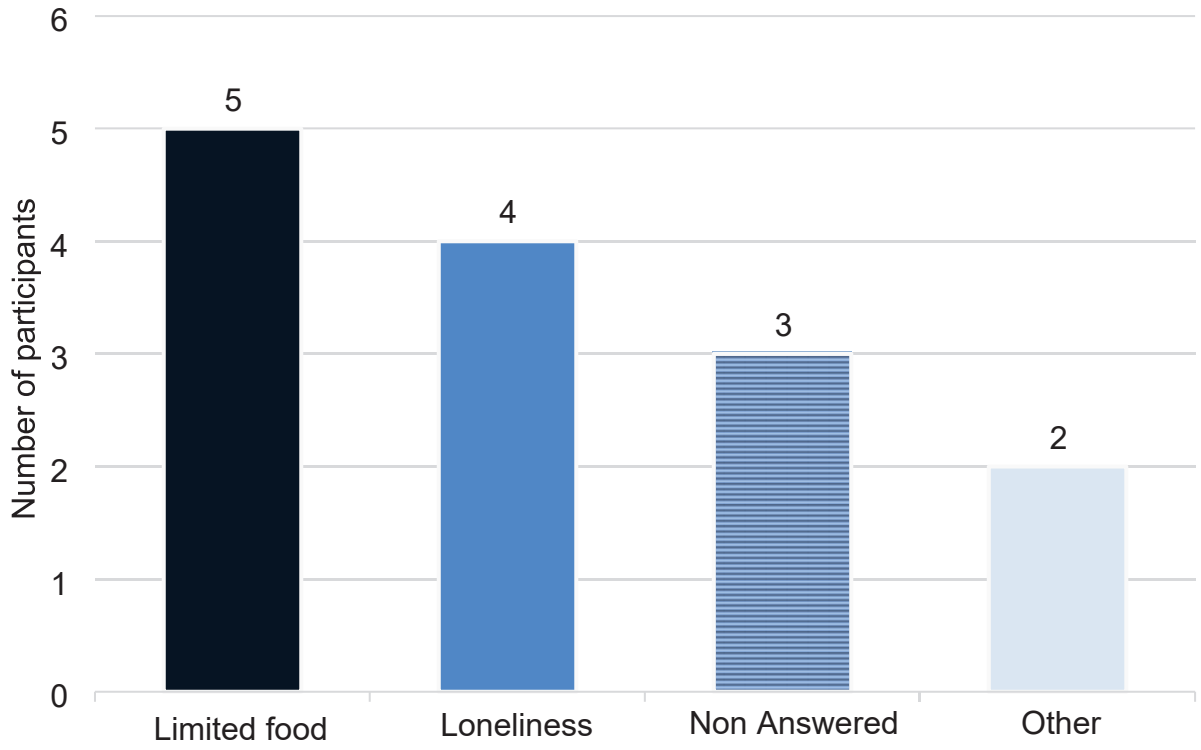
- differing quality of accommodation
- hotel tolerated in an appreciation that isolation would prevent transmission
- reluctant to ask for more help after being provided a free hotel service
- areas of improvement including better evening meals, less welfare calls and medical assistance
- dissatisfaction over lack of welcome or guidance on arriving at hotel
- negotiated changes in accommodation

End of text version of Figure 4

The impact of hotel attributes

Most participants described self-isolating in a hotel as fairly helpful (3 research participants, representing 22% of the sample) or very helpful (9 participants, 64% of the sample) in stopping the spread of COVID-19 (Figure 5).

Figure 5. Top complaints regarding the hotel isolation experience amongst interviewees (14 research participants)



* Other: poor internet (1), hygiene (1)

Inside the room, a recurring issue of concern has been the room temperature. Some research participants found their room too hot, while others said that it was too cold. Research

participants who complained about the heat were advised to order a fan online, or to get a friend to deliver one to them. One research participant said:

> "….it was very hot in there and basically, like, I remember asking, like, 'Do you have any air conditioning or anything?' And they basically said, 'No we don't have air conditioning.' And I was, like, 'Oh that's very unusual.' So, I basically could buy a fan on, like, my second day there, cos it was just, maybe it's because I couldn't open any windows properly or, I don't know, I was just very hot."

A different research participant commented:

> "Yes, yes I did [ask for a fan], and they [hotel] said they couldn't provide [one], they didn't have one to provide me. So those things were inconvenient. And there was one other issue with the hotel, it was very hot in there and basically like I remember asking like, 'Do you have any air conditioning or anything?' And they basically said, 'No we don't have air conditioning.' And I was like, 'Oh that's very unusual.' So, I basically bought a fan on like my second day there, cos I couldn't even open any windows properly and I was just very hot".

In contrast:

> "It was a wonderful room, wonderful bathroom and nice kitchen. All amenities you know the, trays, the bowls, the spoons, everything was there. Even fridge was there, washing machine was there and I could wash my clothes".

A major concern noted by several research participants has been the lack of information and guidance about how to negotiate and navigate the facility. For instance, no welcome receptionist on arrival, no information on the use of facilities, what they can and cannot do when self-isolating, no coordinated response to their stay, nor information on the timing of PCR and LFT. One research participant suggests:

> "Maybe, you know, somebody from the hotel knowing a bit more about things and explaining a few things."

As a matter of discomfort, a few research participants highlighted the inadequate hygiene standards at the facility (for example, bedbugs and bugs on the floor). Research participants commented:

> "Yeah, this time it was a hotel, the first time it was a self-service apartment, which was terrible because it had bedbugs and everything yeah, erm, so the first time, it was a self-service

apartment and the second time it was a hotel. So, yeah, they had, erm, they had like only breakfast there."

One research participant reported that they waited for 30 minutes at the hotel reception for the room key and encountered hotel guests. The hotel told her that she should have had her room number (provided to the council) and gone to the room straightaway. Most of the research participants complained about some aspect of their rooms. For instance, one research participant said that they were shocked to find that there was no bedding or pillows, but just a plastic cover on the mattress.

Another research participant reported that they were informed about the room situation beforehand and consequently refused the offer after they asked to take their own blanket, pillow and food. One research participant said that she had asked the council officer what she needed to take, but she was told to take just a pillow and duvet cover, but there were no pillows or beddings on arrival.

One research participant said that increasingly felt isolated and bored as there was no internet in his room, so he had to go to the hotel reception to use wifi. The following research participants comment on the problems with their hotel rooms:

"If they could arrange a wifi connection it was better because I spent £25… I think it's £30 for internet, I don't remember."

"Doors were locked, and windows didn't open. Room was very hot with no AC. No access to rooftop or balcony, I had to order a fan online."

"There were bedbugs and bugs on the floor. Had to sleep in the sofa."

"It was not comfortable. The room was very cold with no heating, but the hotel said it was summer."

"Things in the hotel was very old. Sofa was smelling. I sat in the bed all day long."

Participants' accounts highlight their inability to have a sense of control of the environment in which they were isolating, and the discomfort that this caused them.

Food

Food was one of the biggest problems reportedly experienced by the research participants. Food provided for cooking was missing key ingredients, such as oil, salt and sugar. Some participants were given food parcels but put into rooms with no or limited cooking facilities.

"When I got there they gave me a welcome box that had like cereal in it, it had some milk, it had some pasta, it had some vegetables in, it had like some soup but I wouldn't say they provide my entire meals, I feel like they maybe provided like a third of it. Like the food they gave me probably last me like 3 days."

A few research participants managed to get food vouchers or reimbursement after ordering online, worth £10 a day, while some had to spend their own money or make other arrangements.

One participant was unwell and was hospitalised for 3 nights before moving to self-catering accommodation. After 3 days, he was readmitted to hospital because his symptoms got worse, but when he was discharged, he was given a 2-night stay in a hotel with only breakfast provided. He had to ask his sister to deliver food to him. Other research participants spoke about the quality (for example, mostly Pot Noodles or tinned food that they do not eat) and quantity of food (for example, only being given one food parcel for the whole period, or one meal per day). Two research participants said that they were unwell and needed healthy and plentiful of food but could not get it, which was not good for their recovery. One the research participant reported having to spend £75 for his 5-day stay, and the other research participant spent £200 out of pocket their own pocket over a 10-day stay.

The following research participants subjective accounts provide a selection of research participants' accounts of accessing food that met their dietary requirements whilst self-isolating at the hotel:

"There was no pillow or bed sheets, but just a plastic on the mattress and limited cooking facility. It was chaotic."

"There was no lunch or dinner provided but didn't ask as I thought it was standard."

"I wouldn't recommend hotel isolation service to anyone. Better stay home, even if I have to pay someone. I got the mental imbalance and frustration."

Diet is very subjective, and the research participants' accounts show how food was pivotal both emotionally and physically and psychologically to how they coped in the hotel isolation. What has made matters more problematic has accommodating the ethnic and religious diversity of the research participants when it comes to their diets (for example, food and ingredient stocks, preparation and utensils), and in most cases the hotel facilities and food parcels did not satisfy the research participants' needs. This is against the practical backdrop of being tested positive for COVID-19, which arguably affects taste and smell, as well as energy levels and the ability to cook one's own food.

Welfare support

Most participants reported that they were not aware of the COVID support payment, and 3 research participants who applied were not successful. Only one research participant who happened to be a student was able to get a £200 micro-grant. He said that he received support information from a food bank officer friend. Four research participants said that they had lost money while using the Hotel Isolation service. One research participant received reduced rate sick pay and decided to take annual leave after 2 days. One research participant just stayed for 4 nights, possibly because of not getting paid. A research participant said:

> "It looked great initially when I was offered Hotel Isolation, but there was no food and I wasn't able to get financial support I was promised. I felt disappointed and betrayed by the UK government."

Of the 14 research participants, 6 participants (43%) were not getting paid during their self-isolation period; 4 individuals (29%) were receiving sick pay; 3 research participant (21%) were getting the full amount, while one research participant (7%), did not declare any sort of received payment (Table 13).

Table 13. Employment status of interviewed participants (14 research participants)

		Frequency
By employment status	Full-time paid job	8
	Part-time job	1
	Self-employed	1
	Student	1
	Unemployed	2
	Other	1
	Total	**14**
By payment type	Full amount	3
	Not paid*	6
	Sick pay	4
	Non answered	1
	Total	**14**
By key worker status	Key worker	9
	Non-key worker	5
	Total	**14**

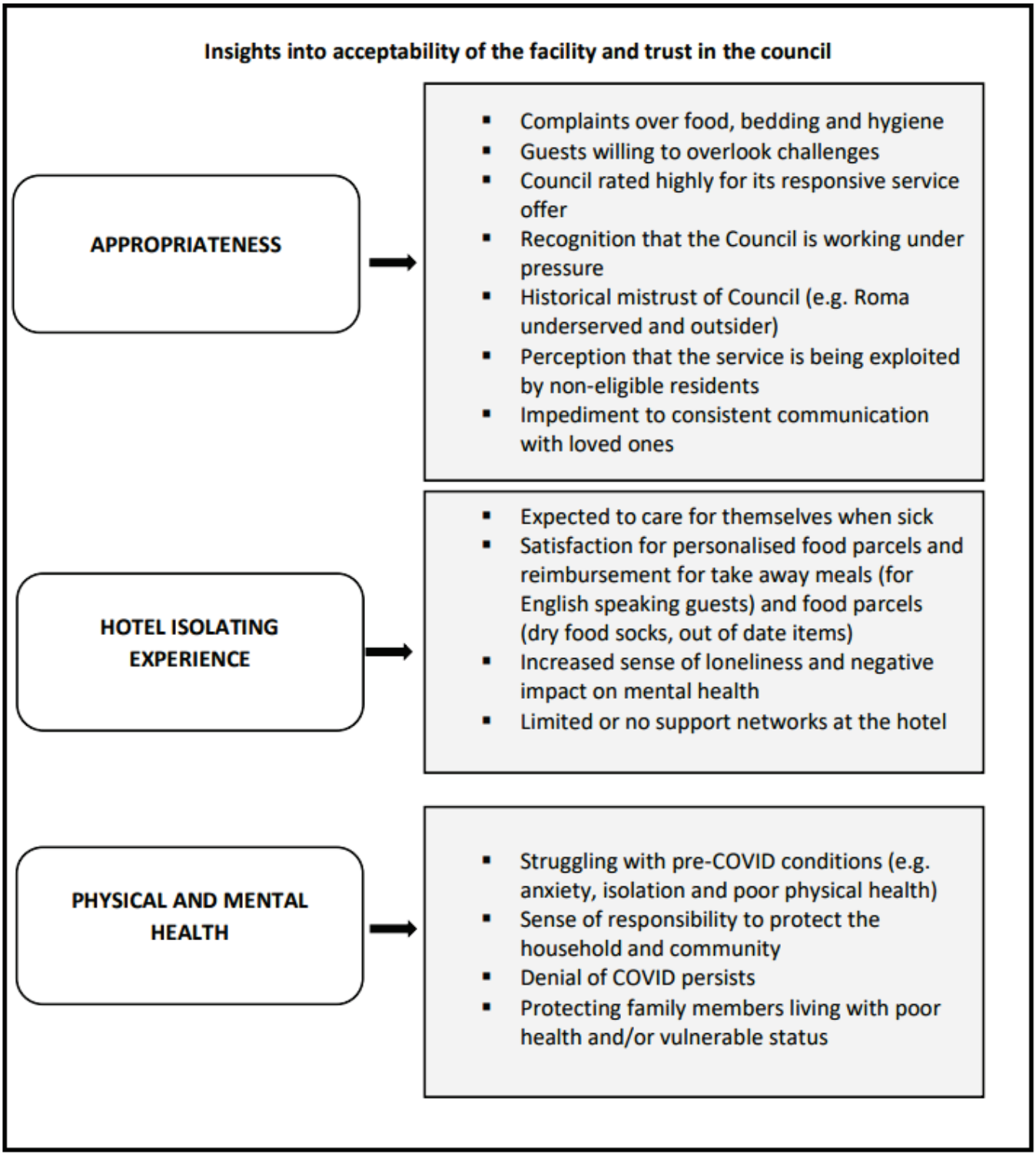
* Out of 14 participants 4 received benefits, 9 did not receive benefits, one did not answer.

COVID-19 is known to have disproportionately affected the poorest in society, often in jobs that either cannot be done from home or are unstable, or in industries such as hospitality that are not stable enough to survive the closures that lockdowns and social distancing have wrought.

Case study

The participant is a 27 year old female from a Somali background. The participant reported sharing a room with 2 sisters. The participant also reported feeling guilty for going to work for 3 days not knowing she had coronavirus. She feared that she might have transmitted it to someone else; she later found out that her brother got a positive test for coronavirus. She said that during her self-isolation period at the hotel, she kept ruminating these negative thoughts, which ultimately had a negative effect on her mental wellbeing. The critical moment that led to the hotel isolation offer was the participant's housing circumstances. She shared a room with 2 sisters, thus the council promptly arranged the hotel accommodation for the participant, to prevent further transmission inside her household. The hotel isolation offer provided the participant with the means to self-isolate away from home because one of the participant's sisters has autism, thus it would be impossible for her to self-isolate at home because her autistic sister would not stay in just one room. The Hotel Isolation made the participant feel very low. However, the participant reported having social support from family and friends, because she spoke with her sisters and friends daily over the phone as a coping mechanism to deal with her low mood. The participant reported that she complied with the self-isolation regulations and did not leave the hotel room at any time. As result of that, she wished that she was allowed to go outside the hotel room for just a few minutes to breathe some fresh air, but she did not know if she was allowed to go outside. The participant reported that after receiving the hotel offer from the council, her trust in the council increased because she was surprised by daily supportive conversations, and by the hotel suite's quality and space; it was more than she expected.

Figure 6. Insights into acceptability of the facility and trust in the council



Text version of Figure 6. Insights into acceptability of the facility and trust in the council

The diagram contains 3 headings with a number of issues under each one:

1. Appropriateness
- complaints over food, bedding and hygiene
- guests willing to overlook challenges

- council rated highly for itsresponsive service offer
- recognition that the council is working under pressure
- historical mistrust of councils (for example, Roma underserved and outsiders)
- perception that the service is being exploited by non-eligible residents
- impediment to consistent communication with loved ones

2. Hotel isolating experience

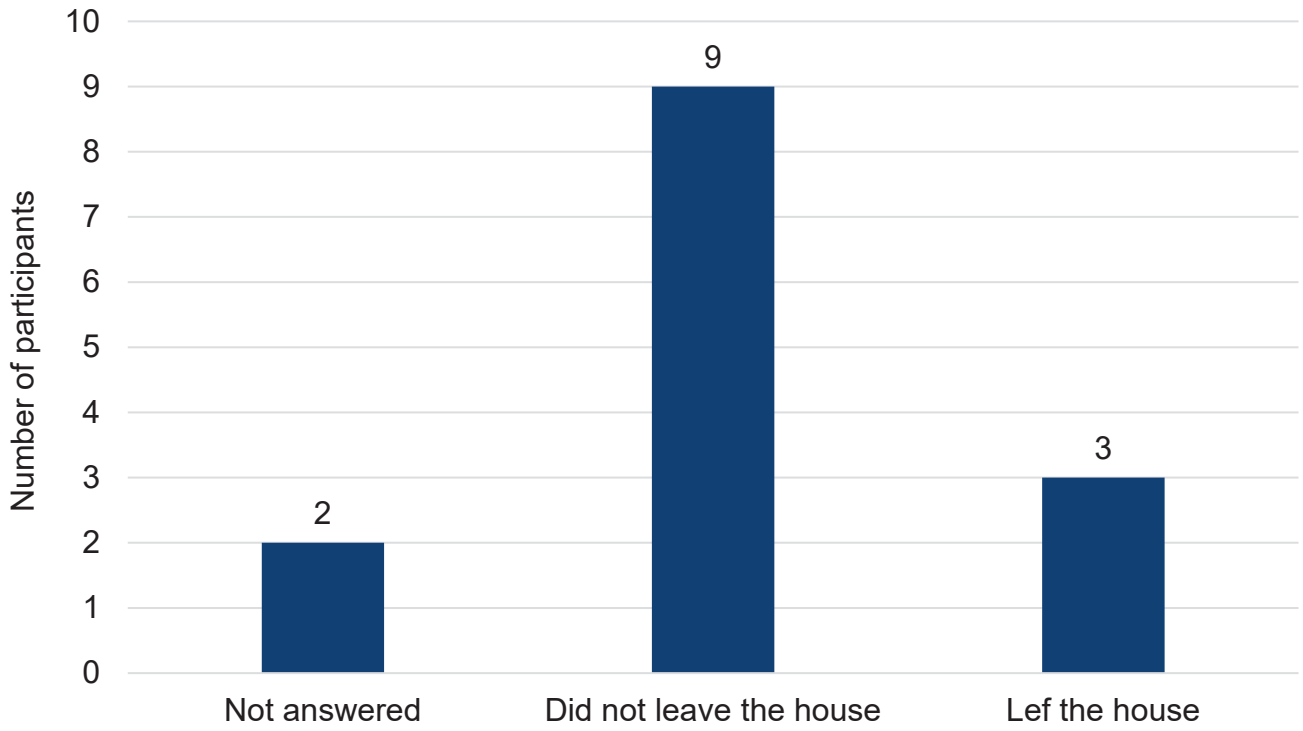
- expected to care for themselves when sick
- satisfaction for personalised food parcels and reimbursement for take away meals (for English-speaking guests) and food parcels (dry food socks, out-of-date items)
- increased sense of loneliness and negative impact on mental health
- limited or no support networks at the hotel

3. Physical and mental health

- struggling with pre-COVID-19 conditions (for example, anxiety, isolation and poor physical health)
- sense of responsibility to protect the household and community
- denial that COVID-19 persists
- protecting family members living with poor health and/or vulnerable status

End of text version of Figure 6

Figure 7. Interviewees that left the house during self-isolation at home (14 participants)



Of the 12 research participants, 7 participants (50%) did not leave the hotel during the self-isolation period, while 5 individuals (36%) left the hotel during that period (Figure 8).

Figure 8. Interviewees that left the hotel during hotel self-isolation (14 participants)

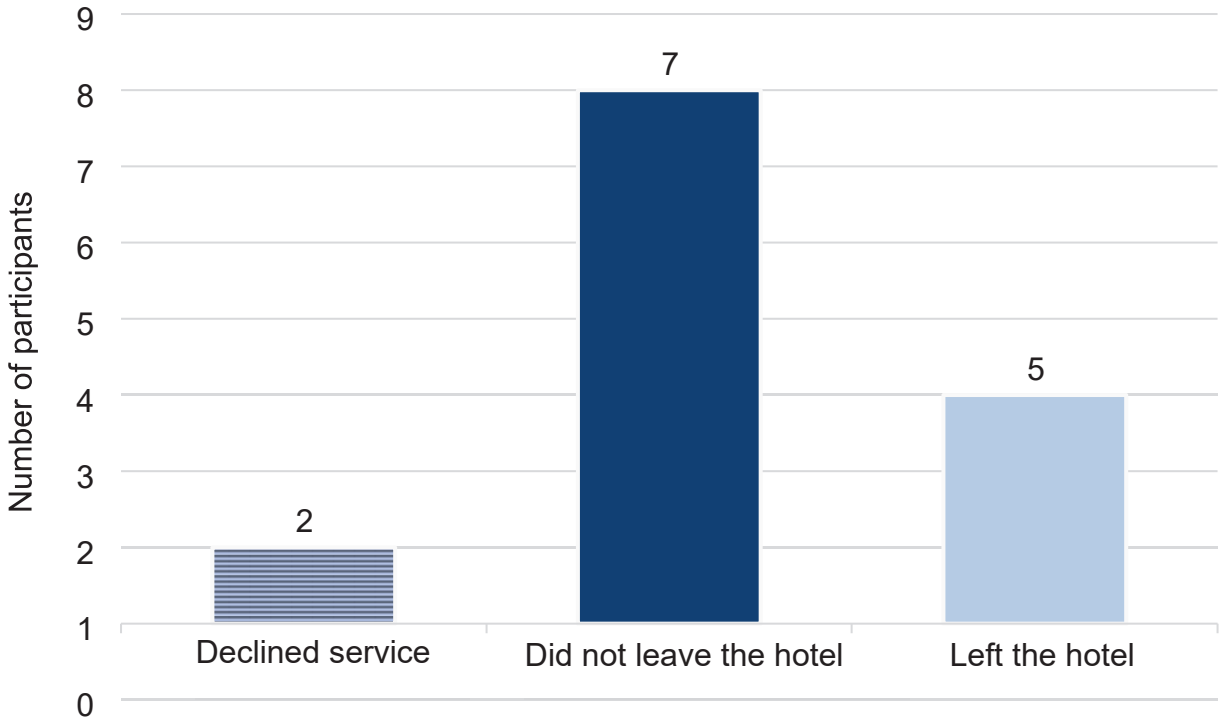
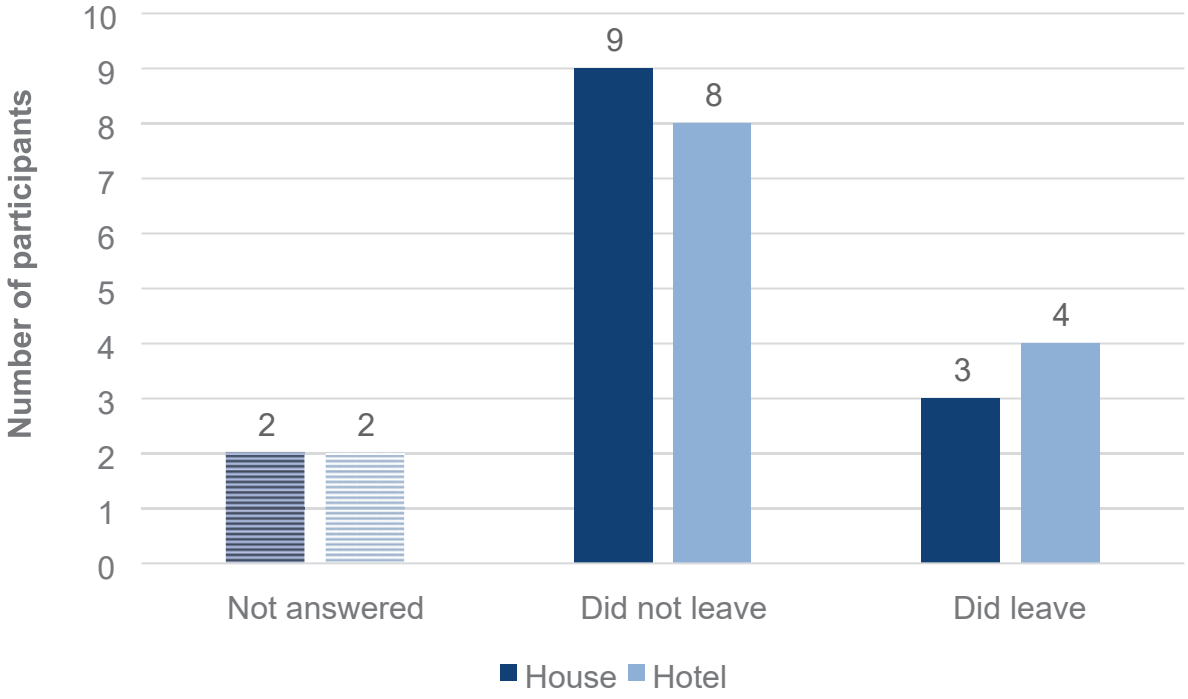


Figure 9. Leaving the house versus leaving hotel amongst research participants during self-isolation (14 participants)



Appropriateness of the service

Research participants with pre-existing poor health status are most vulnerable and face risk of distress and poor mental health and may need additional targeted support as found by a study

investigating guests' experience in quarantine lodging during the coronavirus outbreak and individuals negative or positive experiences is determined by their individual factors, linkage to other services as well as the isolation environment and management (2).

"A few years ago, I was diagnosed with a social anxiety disorder…when I was just by myself, I found it very hard to escape my own thoughts. So, I had a lot of guilt about you know, maybe not reporting my symptoms you know 'cos I didn't think they were serious, I had guilt about going to work for like 3 days, like you know and possibly infecting somebody else. I remember just feeling a lot of guilt, feeling very anxious about all of that…and it really negatively impacted my moods..."

"I thought I was going to a hotel and going to be there for 10 nights but then I got to one and they were like, 'Now you've got to go to this other one.', 'Now we're going to extend it. Now we've got to move you here.' So, it was a bit of like- they were just like er making it up as it went, it was like, 'Oh it's been extended another night', 'It's been extended another night', 'Now we want to move you to another hotel', 'Now we want to move you to here.' So, it just seemed like a bit chaotic you know what I mean?"

Other research participants share their thoughts, feelings and experience of the service and the different ways it helped them to better self-isolate. Research participants suggest:

"Programme itself can do better to transfer information to people so they know what they can expect, what help is there if needed."

"Self-isolation experience in the hotel was amazing, and the service was perfect."

"I was feeling good [in hotel isolation] and relaxed, because I was not possessing any risk to others."

The research participants who did not take-up the service said that they did so because the offer was unacceptable. For instance, the index case called Newham welfare check seeking support for themselves and her 9 year old daughter after both were tested positive at a test centre. The research participant wanted to move out of her home, as her husband and son were negative. She said she had to refuse the service because she was told that it was not a normal hotel, so she had to take her own pillows, blankets and even food. She said that she refused the offer as it was difficult for her to manage with her daughter when she had to go out to buy food or cook for both of them.

The other participant who did not take-up the service said that he was clinically extremely vulnerable and had been shielding since October 2020 as he had renal failure and was on regular dialysis. He said that it would have been helpful if he had received a call from Newham

with an offer of support straight after his flatmate was tested positive, but Newham only contacted him after his friend called them to get support for him, and that it was 3 or 4 days after his flatmate was tested positive that he received the call. By then, his flatmate was already moving out of the flat they shared, so he thought he would be okay. He was tested positive the following week at Newham dialysis centre, and he was admitted to the COVID-19 unit at the Royal London Hospital.

Physical and mental health

Of the research participants, 10 participants, including 2 household contacts, said that isolating in hotel accommodation had a negative impact on their mental health and wellbeing. Most, if not all, of the research participants felt isolated and depressed, and 2 also reported that they became physically unwell. Except for one research participant, all said that they were not informed about Newham Connect befriending service, and 10 out of 12 said that they did not receive any medical check-in.

One participant describes feelings of imprisonment (for example, boredom). The research participant commented:

> "I was very stressed at the beginning and felt alone, just in one little, you know it's like a little bedsit, erm, but then by the third, fourth day I felt happy because I tested negative, that was one of the stresses that had gone. And then my husband, he started coming once he knew I was negative, and he started coming because he's double jabbed, with food and spent some time together you know. Then one of the days we went out for a walk because we were obviously both negative so, yeah, as the days went past, I felt better, but at the beginning I was stressed and felt a bit alone."

Research participants also said:

> "I really struggled at the hotel…ere I was feeling very low cos I was just stuck by myself thinking things, just continuously thinking these thoughts and that was very bad for me. Once I left the self-isolation, like a few days later I was back in, just being around people again and I haven't experienced anything like that, I haven't felt that low since then really"
>
> "My physical health got better, but mental health got worse."
>
> "I really struggled in hotel isolation. I felt very low as was stuck by myself and continuously thinking negatively."
>
> "Felt tired and cut off from the world."
>
> "I needed to eat well to get better and ended up spending £200 of my own money on food."

The accounts illustrate the increased feelings of loneliness and isolation experienced by some research participants isolating away from 'home'.

Case study

The participant is a 26 year old male from an Indian background. He reported sharing a flat with 2 friends. In terms of mental health, he felt that the Hotel Isolation experience was isolating and boring. The participant was sent to Newham hospital by his GP first after showing developing symptoms such as headache and shivering. His later flow taken at home was negative but he was tested positive at the hospital. An ambulance brought him back to his home. The participant was worried about further transmission inside his household as both his flat mates were negative. He then became aware of the hotel service after speaking with a friend from a food bank who arranged a call between the participant and the Newham COVID Response Team. The participant also reported that his experience while using the hotel service was impressive; while he had to pay £30 to access the internet, he felt less worried as he was not putting his 2 friends at risk if he had to self-isolate at home. He reported that his trust in the council had doubled since using the hotel service. Due to his employment circumstances, as a part-time security officer, he did not get paid while he was self-isolating. He was successful in getting £200 from the Newham Stay Home Micro Funds.

Hotel isolating experience

The reported open 2-way relationship between residents and the council has served to increase levels of trust in the council. Resident participants said: "Yeah … [trust] changed in a positive way, but I told you because of this woman, she tried to do everything to help me."

"Because of the support from the COVID response team, my views about the council has changed positively."

Resulting from the trusting relationship between the residents and the council, mitigation and containment of the virus has been achieved through compliance in the hotel isolation facility. A participant said:

"Just cos I didn't want my, er, roommate to have to self-isolate when I could just be in a hotel doing it instead."

The hotel isolation provided practical assistance to individuals that were homeless and "sofa surfing". One respondent was made homeless, admitted and discharged from hospital, and accessed the offer multiple times:

"Cos I never had nowhere to go, because my sister and my friend didn't want me back at theirs because I had the COVID."

For other research respondents living in close proximity to other people, the offer allowed them to prevent the spread and contain the virus.

Despite some accounts of a decline in wellbeing, highlighted earlier, some respondents reported positive mental health impact, for example, COVID-19-negative participants being away from COVID-positive family or household members at home, enabling them to reduce the risk of transmission to vulnerable members of the family and/or household (for example, chronic illness). A research participant said:

> “Yes, definitely, when I get depression she comes sometimes and spoke with me by telephone.”

Furthermore:

> “I can use programme in council, sent me, to some rooms, they have some rooms or small flats that, er, they can isolate in because here in my, er, where I live, I live in flat with other people. You understand? We are 5 people and one of them is, here for very serious ill, he is ill with cancer. And, er, he was terrified, he starts to beg me to ask me to leave.”
>
> “Yeah, because I didn’t want to kill, the virus to kill him and, er, so I said I done everything to leave the house.”
>
> “Erm, well, I have a genetic condition known as EDS, Ella’s Downers [Ehlers Danlos syndrome] Syndrome, which causes abnormality of the connective tissues and, erm, dislocation of joints and they’re keeping an eye on the heart, on the vessels, arteries so, I haven’t been, I haven’t had my jab yet, but I’m going to have it soon. So, I was worried of catching coronavirus, so I just wanted to be away from the home.”
>
> “Yeah, and be safe, because I knew that my daughter probably will be able to fight it, but with me, I was a bit worried. And I’ve high blood pressure as well.”
>
> “Erm, I just didn’t see how I could self-isolate, cos I shared a room with my sisters, and they wouldn’t stay in a room, like one of my sisters [Hanna], she’s autistic, she’s not going to stay in her room all the day like it’s not just going to work, like, she spends a lot of time in the living room and in other rooms in the house, and so does my other younger sister. So, I just knew that I would likely infect them if I was literally around them, and that’s what really concerned me. And they literally told me that, okay, you can go and stay in a hotel. Yeah I, just, I took up the offer so I did not, cos I didn’t want to put them at risk.”

Research participants reported the benefit of supportive conversations:

> “She did everything. She just, she was amazing, that’s basically because she did everything by herself, she took my information.”

"And I received the call saying, 'We received the information that you are the only one in this house that is negative, so we are here to help."

"I mean, it was really good, I mean the people from Newham, they phoned me every day, which was really good. And that really made me feel like I was being looked after, and Test and Trace phoned me and, like I say, I did one time have a medical person who phoned me because I had some symptoms."

Research participants also highlighted the speed of efficacy of the COVID response team:

"Erm, so I was contacted by the COVID response team the morning after I was diagnosed. And they, and I basically told them that I didn't see how I could self-isolate because I share a room with my 2 sisters, so I told them it's probably unlikely that I will self-isolate, like, I can stay in my room as much as I want, but my sisters were there. And they leave the room so it's just, yeah. So basically, they, like, arranged for me, they literally told me, like, 'We can arrange for you to stay in a hotel and it's all paid for.' And I said, 'Yes.' That was it. And within, like, 4 hours I was, like, at the hotel, it was very quick."

Research participants shared their accounts of how the council have earn their trust:

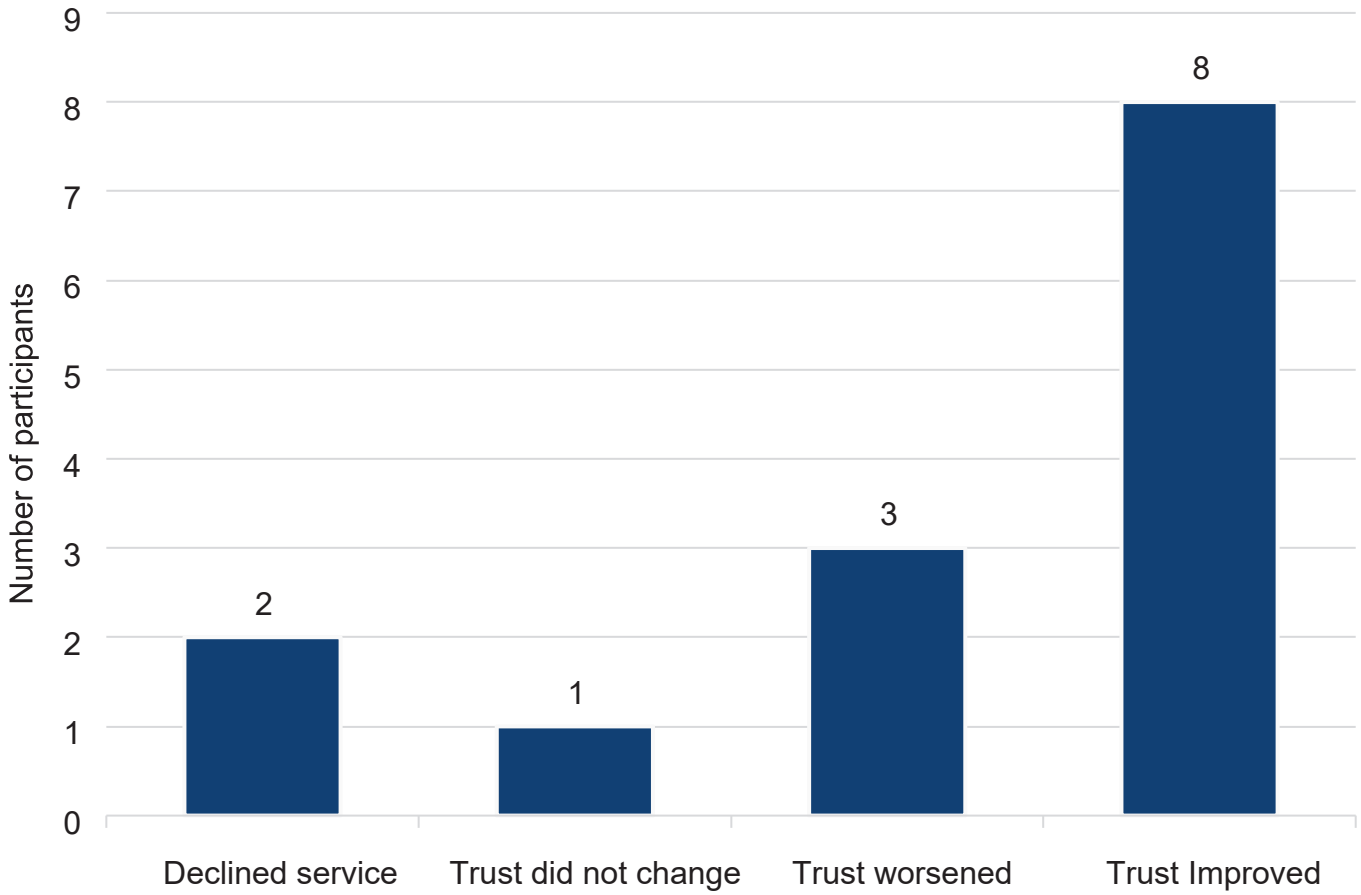
"I had no previous information about the council and its services, but I am very impressed by the support services provided [for SI]."

"I wasn't impressed by the council before but have better views since using hotel isolation."

"I appreciate the council and trust them more now. They took care of everything, including the transport."

Of 14 interviewees, 8 individuals (57%) declared that their trust in the council had improved with respect to their previously held trust; 3 individuals (21%) declared that their perception of the council worsened with respect to their previously held trust; one individual (7%) declared that their trust had remained the same; and 2 individuals (14%) did not answer or were not clear about their answers (Figure 10).

Figure 10. Changes in trust regarding the council amongst research participants (14 participants)



All levels of compliance, trust and awareness – described respectively as: the attitudes that favour following established health protocols to prevent the spread of COVID-19; the attitudes that are grounded in the belief that authorities are acting competently, in good faith and in an informed manner; and the attitudes that are grounded in reliable knowledge and information about the virus, the pandemic, and the logic behind established protocols – improved over time, with downturns in April and July.

Participants that used the service in January and April showed generally lower levels of all 3 dispositions, especially compliance, than those who used the service in June or October (Figure 11). Research participants' testified to increased trust in the council:

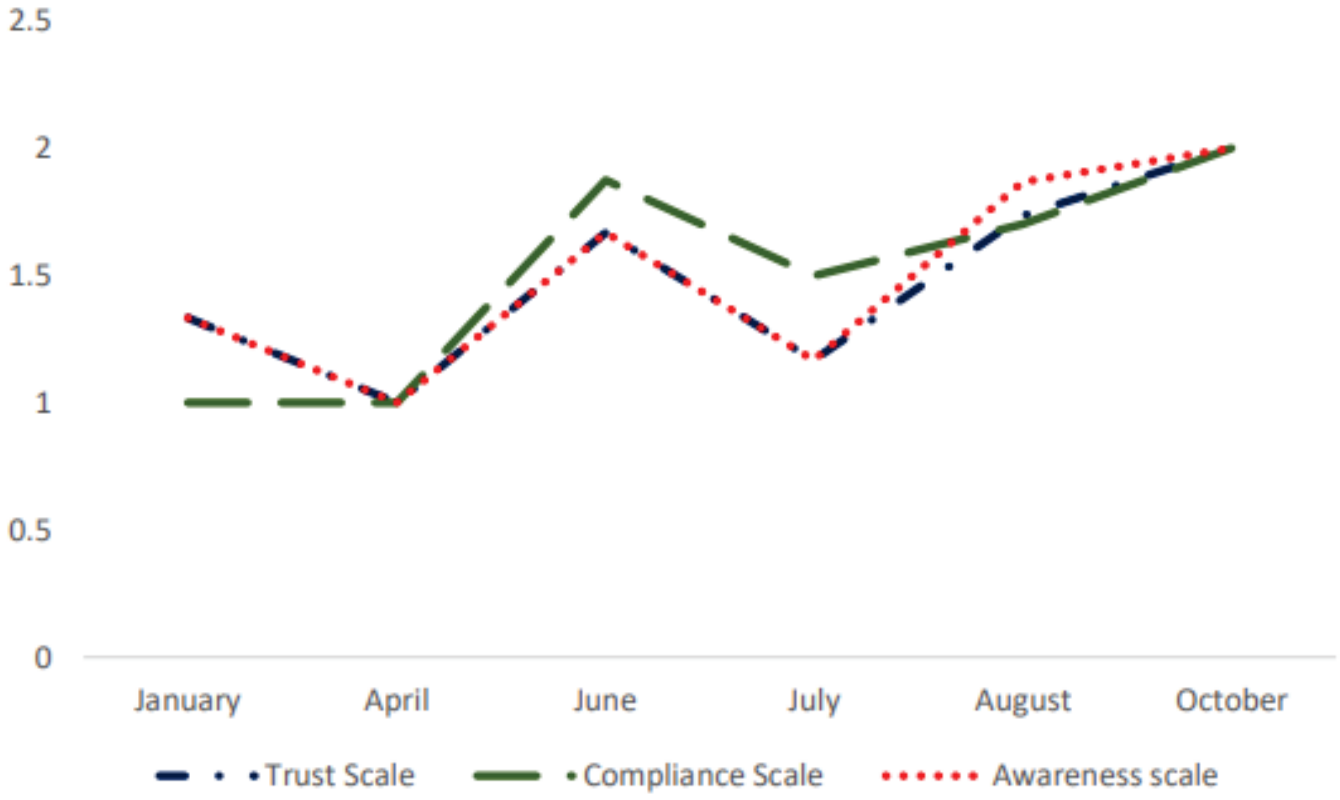
"Council has been helpful a lot this time than they have been in the past. "

"I had no previous information about the council and its services, but I am very impressed by the support services provided [for SI]."

"I wasn't impressed by the council before but have better views since using hotel isolation."

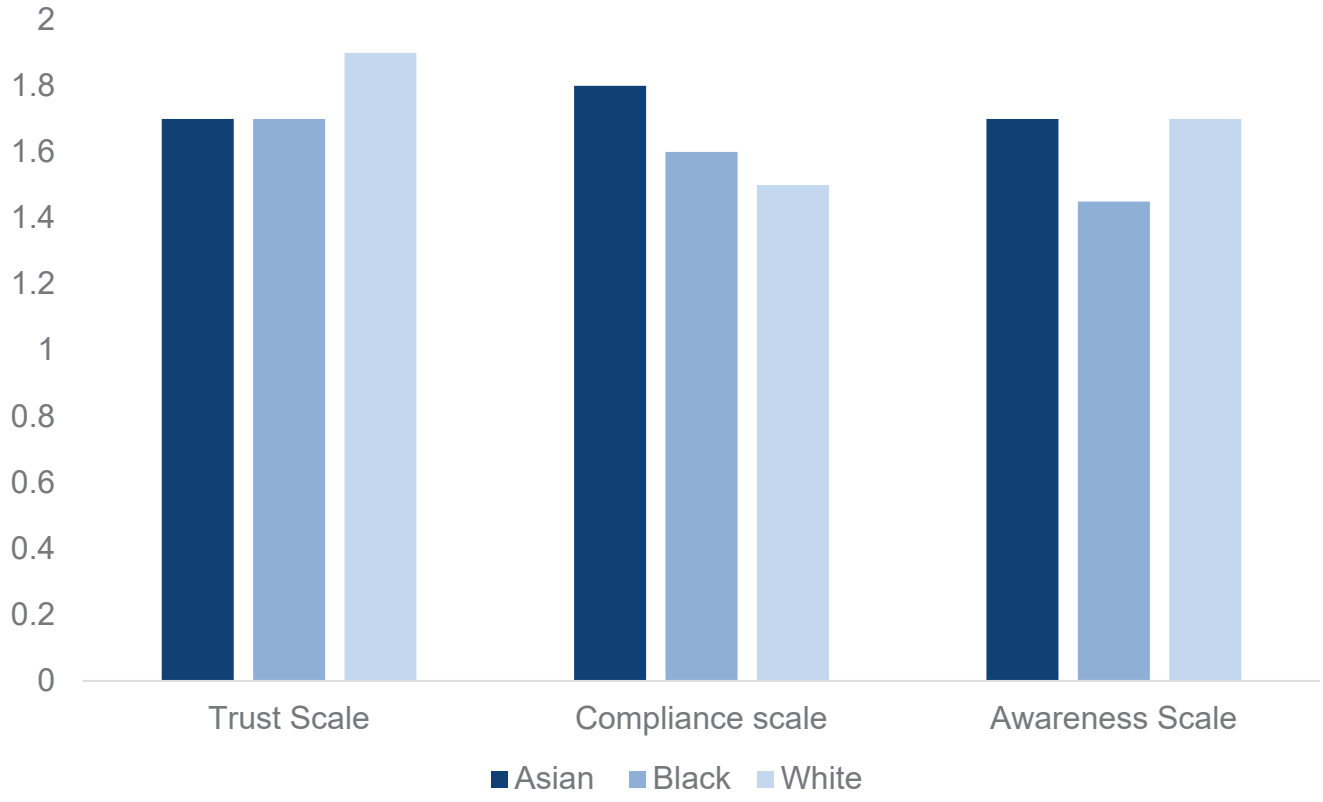
"I appreciate the council and trust them more now. They took care of everything, including the transport."

Figure 11. Trust, compliance and awareness of interviewees: variations through time



White individuals showed the highest levels of trust and the lowest levels of compliance (both in-group and overall), whereas Black individuals showed the highest levels of trust in-group and the lowest levels of awareness overall. Asian individuals showed the highest levels of compliance (both in-group and overall), with trust and awareness being lower (equal) level (see Figure 12). White individuals showed the highest levels of trust and the lowest levels of compliance (both in-group and overall), whereas Black individuals showed the highest levels of trust in-group and the lowest levels of awareness overall. Asian individuals showed the highest levels of compliance (both in-group and overall), with trust and awareness being lower (equal) level (Figure 12).

Figure 12. Compliance, trust and awareness by ethnicity



Discussion

To recap, this study explored the acceptability of offering accommodation to support self-isolation among at risk populations, to prevent transmission of Covid-19 within vulnerable households within the London Borough of Newham. Our findings are aligned to other emerging studies (2, 6, 7, 8) which highlight the factors influencing uptake of accommodation. They included perceived:

1) household vulnerability
2) virus exposure
3) lack of isolation at home options

Barriers to accepting the accommodation offer included:

1) able to isolate at home
2) wanting to be with family
3) caring responsibilities
4) mental wellbeing concerns
5) concerns about moving when ill
6) infection control concerns

Research participants raised issues that should be addressed before accommodation is offered, including questions regarding who should use temporary accommodation and when, and how infection control in temporary accommodation would be managed as well as dietary requirements.

Research participants have shared accounts of accessing the service, the quality and acceptability of the facility and their viewpoint in how the council has earned their trust. Evidence suggests the significant role of community organisations at the referral stage helping to signpost research participants to the council in order to access the Hotel Isolation service. Fernandes and collagues (9) stress that mutual aid groups need to be sustain during and beyond the pandemic. (Mis)information (for example, misleading information or broken communication) has often been raised alongside (in)consistencies in what research participants have been told about the service and support given.

Of worry, research participants have needed additional support to help with pre-existing mental health issue whilst hotel self-isolating. A matter of concern for most, if not all, research participants influencing their decision to take-up the offer and affecting their self-isolation has been food quality and quantity. Also, of importance to research participants impacting their ability to self-isolate comfortably has been the room quality, which has differed based on the accommodation provider (for example, hotel room and self-catering studio apartments). Wong and Yang (10) stress the buffering effect of service quality in building resilience among individuals quarantine.

What's more, it is important to note that no spatial adaptions were reportedly made in the facilities to make the accommodation habitable for long-term stays. Dincer and Gocer (11) study shows that access to the outdoor environment via a balcony or operable window was an acute and fundamental requirement for guests. Essential to the research participant's ability to stay in self-isolation has been their ability to access free wifi in order to stay connected to the world.

These factors have served on a momentary or periodic basis as both protective and risk factors to the research participants mental health and wellbeing. What is borne out in this study, is that negotiation and language skills helped participants to get extra (for example, meal vouchers) while other paid for deliveries or received car parking tickets when family member dropped off bedding and so on.

From the research participants subjective perspectives, the perceived benefits and impact of the services has been in keeping friends and loves ones safe. Most of the participants were living in overcrowded accommodation sharing facilities with up to 4 to 7 households. The research participants said that the hotel isolation enabled them to self-isolate safely and protect their family members or house mates. Despite the challenges experienced, research participants acknowledged that the benefits have outweighed the challenges and couched their thoughts and assessment within the context of a 'free' service offer. Considering the free service research participants have consistently expressed their appreciation for the help provided by the council.

Accordingly, most research participants said that the support was helpful, and they were able to rest and recover whilst staying at the accommodation. In terms of reducing community transmission - except for one research participant – all the research participants reported that no household member tested positive for COVID-19 within 10 days of them returning home.

Learning from this pilot points to better coordinated service at the facility. Research participants reported having to wait for a long time at the reception to receive room keys from the receptionist. Improvements in information sharing not only at the facility but crucially at the booking stage. For instance, a few research participants experienced miscommunication over taking their own bedding for self-catering accommodation. Also, the lack of awareness about availability of alternative food support or meal provision meant some research participants were not able to request this support. Most research participants did not know about the Befriending Service and said that hotel isolation caused boredom, feeling of loneliness and depression.

Most at risk, have been research participants with pre-existing mental health issues who reported feeling increased anxiety, depression and suicidal thoughts whilst staying in the accommodation. Pratt and Tolkach (8) study on quarantine hotels interviewed 16 guests at quarantine hotels and they share similarly findings, reporting that guests experienced a rollercoaster of moods and emotions during their stay, moving from uncertainty and anxiety to isolation and boredom to despair and depression, and finally to relief and optimism.

In this study, the research participants concerns have been exasperated when they have lacked the means to connect to family and friends directly from their accommodation. Sometimes resulting in having the opposite of the desired effect by having positive research participants spending time at the hotel reception using free wifi – no information was shared on guest restrictions – or spending their own money to buy extra data from mobile network. There was an unmet expectation by research participants that medical advice would also be provided as part of the service. For instance, daily symptoms were not recorded nor reported. Participants were dissatisfied with the lack of clinical advice and required support to understand if their symptoms had worsened.

Paradoxically, language support was very much needed but unreported during their stay. Research participants reported that they required appropriate language support to get further information on the services. Evidently, research participants who had English proficiency seemed to have received better support such as extra taxi to bring duvet and beddings from home, alternative meal arrangements or credit for hot meals and even extra nights at the accommodation.

Linked to this point, some of the research participants reported that information provided verbally was hard to understand and remember (for example, such as befriending service or self-isolation payment). Therefore, resources like leaflets to provide information about available services in different languages is needed going forward. Also, the use of social media for accessibility to various features of the service, such as a website and online video clips in community languages would have been of help. Inclusive design, including diverse images, language, readable fonts, website in reflection of the research participants different age, ethnicity, ability and experience with technology would have better enabled research participants to make informed choices on how to better self-isolate both in and out of the hotel isolation service.

Conclusion

This study reports on what matters to research participants in helping them to better self-isolate using the hotel isolation facility. Most of the accounts refer to the experience as being sad, lonely, stressful or traumatic (8 individuals, representing 57% of the sample, reported having had a mostly negative experience), but this down to the prolonged period of lockdown and being separated from loved ones into the programme. The council were systematically evaluated favourably in all the questions regarding the appropriateness or effectiveness of the measures. Of the 14 individuals interviewed, 50% (7) of the sample, did not leave the hotel during the self-isolation period. Comparatively, more people broke their self-isolation in the hotel than in their houses. Limited food and loneliness were the most reported causes of complaint made by the research participants.

Anecdotally, research participants have reported mixed reviews of their experience of hotel self-isolation from positive or benign, through to distressing. Most of the research participants experienced situational social alienation, anxiety and depression during their stay. Commonly, research participants described their self-isolating as fairly helpful (3 research participants, representing 21% of the sample) or very helpful (9 research participants, 64% of the sample) in stopping the spread of COVID-19. Most participants described the service provided by the council (including welfare checks) as fairly helpful (3 individuals, 21% of the sample) or very helpful (8 individuals, 57% of the sample) in regard to their experience during hotel self-isolation. Of the 14 research participants, 7 participants, 50% of the sample, had planned to self-isolate at their homes; 7 research participants, 50% of the sample, reported negative effects from the experience of hotel self-isolation.

Of the research participants, 8 participants, 57% of the sample, declared that their perception of the council had improved with respect to their previously held perception; 3 (21%) research participants, declared that their perception of the council had worsened with respect to their previously held perception; 8 (7%) research participants, declared that their trust in the council had improved with respect to their previously held trust. To paraphrase Bargain (12), public trust in institutions is a key determinant of compliance to public health guidelines, especially in times of crisis. It was therefore good to see that all levels of compliance improved over time.[2]

To conclude, the local COVID-19 Test and Trace system was indeed supported by the hotel self-isolation strategy and provides valuable lessons in insights into how the council can earn the trust of residents, where and how to provide improve outward facing functions or mechanisms to reach and support vulnerable members of the community, and finally, way of working with the private and third sector.

[2] Trust and awareness – described respectively as the attitudes that favour the following of established health protocols to prevent the spread of COVID-19; the attitudes that are grounded in the belief that authorities are acting competently, in good faith and in an informed manner; and the attitudes that are grounded in reliable knowledge and information about the virus, the pandemic and the logic behind established protocols.

Limitations

Analysis to assess changes in outcomes is likely to be limited at this point due to small numbers of cases. There was one research participant who was totally irresponsive. Most participants were working full time or in education and had to be called several times to make contact; 2 said that they were not informed about the study, with one potential research participant dropping the call and one potential research participant asking for information to be emailed to his email address provided to the council. Both responded later to calls, and booked times for interviews, but DNA. A third potential research participant chose out-of-hours times for their interviews. Several potential research participants did not attend the booked appointment because of work or university commitments and rebooked.

In the rest of this report, we present the evidence and insight gathered from the primary data and captured data on how the hotel isolation accommodation was viewed and experienced by the research participants. We then critically discuss the key fidelity factors that have been shown to work in the co-design, co-development and implementation of the piloted scheme. The report ends with valuable recommendations about which of the fidelity features should be mainstreamed to help improve and transform council structures, functions and mechanisms.

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Appendix 1. Semi-structured interview schedule

	Theme	Introductions	Responses	Instruction
1	**Date Hotel Isolation**	At what period/timeframe did you use the hotel self-isolation service?		Interviewer
2	**Basic demographic information**	To start, can I confirm your personal details? This is to make sure that we have talked to a diverse range of participants and can see if they have different experiences and opinions. What is your sex or gender?		Interviewer 1 Female 2 Male 3 Prefer not
3		What is your age?		Interviewer
4		What is your immigration status?		1. UK Citizer 2. Indefinite 3. EU 4. Refuge 5. Student v 6. Work per
5		What ethnic group do you belong to? Interviewer to note:		1. White - E 2. White - Ir 3. White - G 4. White - A 5. Mixed rac 6. Mixed rac 7. Mixed rac 8. Mixed rac 9. Asian or A 10. Asian or 11. Asian or 12. Asian or 13. Asian or 14. Black or 15. Black or 16. Black or 17. Other et
6	**Testing Information**	Can you tell me what was the main reason you got a coronavirus test and if you were suffering from any kind of Covid symptoms?		1. High temp sense of sm breathing? 5. Runny or 8. Sore throa stomach pai
7		Where were you tested when you tested positive?		Researcher 1. At my wo 2. At a local sites)? 3. At home, 4. At home, 5. Pop-up ra 6. Mobile te 7. By GP, in 8. Privately 9. Other? 10. Prefer n
8		Who do you live with and has anyone in your household tested positive for Coronavirus before you were tested positive?		
9	**Behaviour**	How long after you first started having coronavirus symptoms did you get your positive test result?		1. Within 24 4. More tha Prefer not t
10		How soon after you first started having coronavirus symptoms did you start isolating?		Would you hours? 3. 12 days)?
11		Did you start isolating before you were contacted by Newham Covid Response Team (e.g. distinguish call from NHS Test and Trace) and how?		
12		Within the first 24 hours after receiving a positive result, please tell me if you left the house for any reasons:		i: Interviewe a) Go to the items b) For outdo the park) c) Go to you d) To get or e) For anoth

18	isolation	Which, if any, of the following sources provided you with guidance on self-isolating?		1. NHS Tes 2. LA/ New 3. Someon 4. Another 5. Don't kn
19		How clear was the guidance around self-isolation from Newham Council or Covid response team, where 1 is very clear and 4 is not at all clear?		1. Very cle 2. Fairly cl 3. Not very 4. Not at a
20		Which of the following information did you receive about the hotel isolation service in Newham?		Interviewe 1. A suppo would be h 2. The posi transport t option of a 3. Househo charge wit person wh 4. Everyon for safer is and provis 5. Rapid te their home 6. Regular
21		What were the reasons behind your decision to take-up the hotel self-isolation offer?		
22		How soon following testing positive were you able to move to a hotel for self-isolation?		
23		What support was provided to you whilst self-isolating in hotel accommodation?		Interviewe 1. The posi 2. with foo 3. transpor 4. medical 5. the opti them.
24		How many nights did you stay at the hotel accommodation?		Interviewe
25		How was your experience self-isolating away from home?		
26		Did you leave the hotel room at any point during self-isolation? For what reason? How many times?		Interviewe
27		Did you have any visitors whilst self-isolating in the hotel?		Interviewe member to
28		Did anyone from your household test positive for COVID in the 1st 10 days of your return from the hotel?		Interviewe 1 yes 2 No 3 maybe 4 Prefer no
29		Overall, how will you rate the helpfulness of the hotel isolation service in preventing further transmission of COVID in your household on a scale of 1 to 4?		
30		Overall, how would you rate the helpfulness the checking in phone calls from Newham Covid Response Team on a scale of 1 to 4?		
31		Did Newham Covid response team advise you about the services listed. Please answer each statement with 1. Yes 2. No 3.Used		a. Financia Trace Supp b. Newhan c. Someon (befriendi d. Food su to the "Ne e. Support f. Somewh Programm
32		Please explain to me what else could have been done to make the hotel isolation process work better for you?		
33	**Knowledge of self-isolation**	Before you found out about this service, how were you going to self-isolate?		
34		Before being contacted by the Welfare Check Team, were you aware of the kind of support Newham council could offer? Please answer with		

		j) I support the legal enforcement of compliance to self-isolation guidance		
45	**Employment or benefits**	What best describes your work situation when you received your positive test?		Were you in 1. Full-time 2. Part-time 3. Furlough? 4. Self-empl 5. Receiving 6. Student o 7. Retired? 8. Disabled 9. Unpaid w 10. Looking 11 Out of w
46		During your hotel isolation how were you paid?		1. Worked a 2. Sick pay (3. Sick pay (4. Statutory 5. Not paid 6. Don't kno 7. Prefer not
47		Are you a key worker?		1.Yes 2.No 3.Don't know 4.Prefer not
48		If so, which category of key worker do you fall into?		1. NHS / hea 2. Social car 3. Public saf Terrorism, M 4. Education workers, chi 5. Local or n 6. Public ser journalist, fu 7. Food or o processing) 8. Transport 9. Utilities, c 10. Other
49		Have you received any payment through the Coronavirus Job Retention scheme? 1. Yes 2. No 3. Don't know 4. Prefer not to say		
50		Were you able to claim the one off NHS Self-Isolation Support Payment?		
51		Do you currently claim any State Benefits or Tax Credits (including State Pension, Allowances, or National Insurance Credits)?		1. Yes 2. No If yes, which 1. Universal 2. Housing B 3. Council Ta 4. Tax credit 5. Job seeke 6. Personal 7. Employm 8. Other sick 9. Pension b 10. Other be 11. Other
52	**Health & wellbeing**	How do you feel about your health after the self- isolation for Covid-19?		

Appendix 2. Overview of interviewees' COVID-19 stay and additional services offered

Ethnicity	Contacted by COVID response or WS	Moved to a hotel	Welfare check calls	Self-isolat was easy
White British	-	Within 24 hours	Very helpful	Agree
British Indian	Yes	Less than 24 hours	Very helpful	Agree
Black British African	-	0 to 1 day	Didn't receive	Agree
Black British African	Yes	Within 24 hours	Very helpful	-
White (Portuguese)	-	0 to 1 day	Fairly helpful	Agree
White (Moldovan)	Yes	1 to 2 days	Fairly helpful	-
Indian	-	3 to 4 days	Fairly helpful	-
White British	Yes	2 to 3 days	Very helpful	Agree
White British	Yes	4 to 5 days	Very helpful	Strongly ag
British African	-	3 to 4 days	Very helpful	-
Indian	Yes	0 to 1 day	Very helpful	Strongly ag
White (Bulgarian)	-	Within 24 hours	Very helpful	Strongly ag
White (Turkish)	-	Didn't use the service		
Black British Caribbean	-	Didn't use the service		

This table shows that 50% of the interviewed hotel isolation users were directly contacted by the COVID response team:

- 58% moved to the hotel isolation scheme within 0 to 1 day of being contacted
- 66% who received welfare check calls felt that they were very helpful
- 66% felt the self-isolation was easy
- 83% felt that the service available was great
- 66% felt that the quality was good

Specifically, it focuses on the areas of customer satisfaction with the facility, barriers to engagement and participation in the hotel isolation offer, and building trust in the council.

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