

# Northern Ireland

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## Country Context: Key facts and figures

### *Population and country profile*

With a population of 1,893,700 (30 June 2019 estimate), Northern Ireland (NI) is the smallest of the four nations within the United Kingdom (UK; England, Scotland, Wales, NI), comprising only 2.8% of the total UK population. Over the last 10 years, the population of NI increased by an average of 0.5% per year. This increase in population size has been largely due to migration and the number of births relative to the number of deaths. In the last 25 years, the proportion of the population aged 65+ has increased by 28.1% and the proportion of the 0-15 age group has decreased by 17.8%. The average population density within NI is 139.6 per km<sup>2</sup> (NISRA, 2020).

In 1999, the UK Parliament devolved some of its powers to the national parliaments (this is called the Assembly in NI). This means that some of the key governance decisions in NI are made by local politicians and the legislation may therefore be different from that in other parts of the UK (NI Direct, n.d.). The responsibility for matters of national importance remain with the UK government in Westminster. Devolved matters, where the NI Assembly has full legislative powers, include health and social care, education, employment and skills, agriculture, social security, pensions and child support, housing, economic development, local government, environmental issues, transport, culture and sport, the NI Civil Service, equal opportunities and justice and policing (UK Government, 2019).

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NI is different from the other three nations within the UK, because of the civil conflict (colloquially known as the ‘Troubles’) in its recent history that spanned a period of over 30 years. It officially ended with the Good Friday Agreement in 1998, but the legacy of the Troubles has continued, and it is having an impact on the NI population to date. The conflict was primarily political and nationalistic, and it is the reason why the NI population has elevated rates of mental health disorders, particularly post-traumatic stress disorder, when compared to other countries (Ferry et al., 2008).

### **COVID-19 infections**

The first COVID-19 case in NI was reported on 27<sup>th</sup> February (BBC, 2020a). As of 30<sup>th</sup> June 2020, there had been a total of 5,760 positive COVID-19 cases in NI, equivalent to 306 positive cases per 100,000 inhabitants. There had also been a total of 173 COVID-19 outbreaks in care homes within NI (Department of Health, 2020a).

In June 2020, the Department of Health NI published the Coronavirus Related health Inequalities Report (Department of health, 2020b). It showed that as of 26<sup>th</sup> May, the infection rate in the 10% most deprived areas of NI was a fifth higher than the rate in the 10% least deprived areas (379 and 317 cases per 100,000 inhabitants respectively). In those aged 65+, the infection rate was almost two-fifths higher in the 10% most deprived areas compared to the rate in the 10% least deprived areas (1,027 and 750 cases per 100,000 inhabitants).

### **COVID-19 deaths**

The first COVID-19 related death occurred on 18<sup>th</sup> March 2020 (NISRA, 2020b). Since then, there had been a total of 551 COVID-19 related deaths reported up until 30<sup>th</sup> June. Of these, 261 (47%) were females (Department of Health, 2020a).

Table 1. COVID-19 related deaths reported by the Department of Health NI as of 30<sup>th</sup> June 2020

<b>Age</b>	<b>Number of deaths</b>
20 – 39	1 (0.2%)
40 – 59	23 (4.2%)
60 - 79	158 (28.7%)
80 and over	368 (66.8%)

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Not known 1 (0.2%)

<b>Setting</b>	<b>Number of deaths</b>
Hospital	328 (59.5%)
Residential/Care home	187 (33.9%)
Community	21 (3.8%)
Not recorded	15 (2.7%)

### ***Comment***

The North and South of Ireland (i.e. NI and the Republic of Ireland) had similar death rates during the first few months of COVID-19. Birnie's (27<sup>th</sup> May 2020; Belfast Telegraph 2020c) article summarises important comparisons until 25<sup>th</sup> June 2020. The death rate in NI and the Republic of Ireland was broadly similar at 42 and 35 per 100,000 population respectively. This may be explained by reporting and definitional differences or may be correct. NI has a higher population density and relatively older population. The comparisons for NI (42) and the Republic of Ireland (35) were significantly lower than England and Wales (82) and Scotland (74). Population density is also a possible explanation for these variations as England's population density is three times higher than in NI and six times higher than in the Republic of Ireland.

## **Societal measures addressing the social consequences of COVID-19**

### ***The extent of isolation***

In NI, full lockdown was introduced on 28<sup>th</sup> March 2020 (The Executive Office, 2020) after the Coronavirus Act 2020 gave emergency powers to the UK government and the devolved administrations to enable the public bodies to respond to the COVID-19 pandemic as and when required. In NI, people were restricted to their homes, unless they had a "reasonable excuse" to leave, such as to obtain food and medicine, to exercise, to seek medical help, to donate blood, to provide care to a vulnerable person or to travel to work if it was not possible for them to work from home. Employers were urged to facilitate working from home as much as possible for all their employees. Gatherings larger than two people and all non-essential travel were banned. Supermarkets and other essential shops employed safety measures to limit the spread of the infection. This included social distancing and limiting the number of customers on their premises at any one time. Businesses were

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ordered to close unless they were considered “essential”. Essential businesses included primarily supermarkets and other food suppliers (but not indoor or outdoor markets), hot food takeaways, pharmacies, veterinary clinics and pet shops, hardware and building stores, post offices and a few others. All clothes and electronic shops, hair and beauty salons, hotels, places of worship and other non-essential retail shops were ordered to close immediately (BBC, 2020b). Schools and childcare remained open only for the children of key workers from essential sectors that could not shut down. Clinically extremely vulnerable people, who were likely to get very ill from Covid-19 (e.g. organ transplant recipients, chemotherapy patients, those with severe respiratory conditions), were asked to shield in their homes. Police were given the power to enforce the new regulations and penalties were introduced for breaking the rules with fines up to £960 for individuals and £5,000 for businesses.

On 12<sup>th</sup> May 2020, the NI government published its COVID-19 Recovery Plan (NI Direct, 2020), which was a five-step strategy for easing the initial lockdown measures. This applied to six different sectors: work, retail, education, travel, family and community, and sport, culture and leisure activities. There were no set dates for the individual steps, but instead, the progression through these was dependent on the evolving COVID-19 situation at the time.

### ***State measures to address social problems and needs***

At the height of the lockdown, the output from the NI economy was about 25% less compared to its normal levels and it was estimated that about £5bn could be lost in Gross Value Added (GVA) during 2020 (Department for the Economy, 2020) as a result of the pandemic (NI’s pre-COVID-19 GVA was £42bn). Between February and May, there was a 217% increase in the number of people claiming unemployment benefits in NI (NI Assembly, 2020a).

To help curb the negative impacts on the economy, the UK and NI governments introduced a number of employment support measures. This included the Coronavirus Job Retention Scheme (UK Government, 2020), more commonly known as the “Furlough Scheme”, and the Self-Employment Income Support Scheme. The aim of the Furlough Scheme was to keep employees in their jobs by paying up to 80% of their wages (up to a maximum of £2,500 per month). The Self-Employment Income Support Scheme aimed to support the self-employed in a similar way. A range of measures were also introduced to support businesses that were facing closure (e.g. different types of loans with no fees or interest for the first 12 months).

A number of other measures were also introduced to help support the economy and people in NI:

- In April 2020, the Department for Communities in NI issued guidance for landlords and tenants during Covid-19 and new legislation was passed to protect the tenants in the private rented sector who could not afford to pay their rent. This included a minimum notice period from the landlord of no less than 12 weeks (Department for Communities, 2020a).
- Payment holidays of up to three months were agreed by mortgage lenders for those affected by COVID-19 and this included buy-to-let mortgages (BBC, 2020c).
- Bank account overdrafts of up to £500 were temporarily made interest-free to help individuals cope better financially (Advice NI, n.d.).
- Financial support was available for individuals who had a positive Covid-19 test or were self-isolating and who needed help with short-term living expenses (NI Direct, n.d.).
- Food boxes were delivered by local councils to the most vulnerable members of the society, including those most at risk of food poverty and those who were shielding due to old age or health issues and who could not access food through other means (Department for Communities, 2020b).
- On 7<sup>th</sup> April 2020, the NI and the Republic of Ireland governments signed a Memorandum of Understanding to promote collaboration and cooperation between the two countries in response to COVID-19 (Department of Health, 2020c).

### ***Status of social welfare services, authorities and professionals in media***

Most attention in the media was given to the National Health Service (NHS) staff, primarily doctors and nurses. A 'Clap for carers' initiative (in all of UK, including NI) was launched early in the lockdown, where people all across the country came out of their houses on Thursday evenings at 8pm to pay tribute to the health and social care staff. With the focus being primarily on the NHS staff, many social workers and other care workers working in the community, however, felt left out and not recognised as part of the 'Clap for carers' (McFadden et al., 2020a).

In terms of social work, most media focus was on care homes and the loneliness of older people, including innovative ways in which families were allowed to visit their elderly relatives (e.g. drive through care home visits). There was also quite a lot of coverage of domestic violence and child

protection issues, which was a result of the increase in domestic abuse calls received by the Police (PSNI Statistics Branch, 2020a).

## **Social services and social work responses**

At the end of March 2020, a Health and Social Care workforce appeal was launched in NI to help boost the health and social care workforce numbers. This was directed at retired and other suitably qualified health and social care professionals who were not working within NI's health and social care system at the time. Within the first 24 hours, more than 4,000 expressions of interest were received (BBC, 2020d). Additionally, some final year health and social care students from the two NI universities, including those pursuing social work and nursing degrees, were enabled to qualify early and were expedited to the workforce (McFadden et al., 2020b). McFadden et al. (2020b) compared rapid changes to social work education due to lockdown in seven countries including NI, Republic of Ireland, England, Sweden, Norway, Finland and Australia. This included a comparison of admissions processes, and educational delivery and impact on practice placements. As NI and England have an 'Assessed Year in Employment' (provision of supports to newly graduated social workers, regarding workload and extra supervision), there was some capacity to 'carry over' unmet learning needs. An anecdotal review of the impact of this early exit to the workforce is happening across employers in NI, and some examples of mentoring schemes and peer supports have emerged to support this cohort of students.

Across NI, a number of health and social care services (e.g. fertility services) were scaled back or paused completely and staff redeployed to support the provision of essential services. Regulatory bodies produced guidance for the redeployed staff, whose personal and health circumstances were taken into account. Social workers were the least likely to be redeployed into other roles (McFadden et al., 2020a).

The demand for food banks in NI increased substantially during lockdown compared to the same time in the previous year (Belfast Telegraph, 2020a). The number of food parcels given out to children also increased and this demand was likely caused by the closure of schools, which meant that children entitled to free school meals were left struggling. Soup kitchens have also seen an increase in demand, from around 100 meals per week pre-Covid-19 to over 400 meals, as people were struggling financially (ITV news, 2020).

On 25 March 2020, the UK government passed the Coronavirus Act 2020, which temporarily modified the mental health and mental capacity legislation around the country, including NI's Mental Health (Northern Ireland) Order 1986. The modification meant a relaxation of some of the requirements in times of an emergency to ensure that compulsory admission to hospital for mental health care and treatment could be facilitated even during reduced staff availability.

A temporary modification has also been made to Children's Social Care Regulations in NI. This allowed for greater flexibility in terms of timescales and ways of doing things in order to deal with the COVID-19-related pressures (e.g. staff sickness) and social distancing measures. For example, in terms of visits by social workers, every case was risk assessed to determine if a face-to-face visit was required. Timeframes for reviews were extended, as was the length of emergency placements (Department of Health, 2020d).

Some of the changes introduced as a result of COVID-19 were, however, creating more inequalities in the country. For example, the UK government decided to fund an extra £20 per week as the standard allowance for Universal Credit beneficiaries, without including people who are seeking asylum and who are allocated just £37.75 per week to feed and clothe themselves. This equates to approximately half of the weekly job seeker allocation. People seeking asylum have little choice in where they can shop as the extra expense for bus fare or a taxi is an impossible cost in their weekly allowance. This also limits the possibility of buying provisions in bulk that could last a few weeks. This means that asylum seeking people need to visit (more expensive) local shops more frequently thus increasing their exposure to COVID-19 (The Irish News, 2020).

In May 2020, LGBT Foundation published findings from the largest and most substantive research into the impact of the Covid-19 pandemic on LGBT communities in the United Kingdom to date. This research uncovered some of the wide-ranging and profound effects the pandemic has had on the lives of LGBT people in areas such as mental health, isolation, substance misuse, eating disorders, living in unsafe environments, financial impact, homelessness, access to healthcare, and access to support. Their survey found that of LGBT people who responded:

- 42% would like to access support for their mental health at this time (since March 2020)
- 8% do not feel safe where they are currently staying
- 18% are concerned that this situation is going to lead to substance or alcohol misuse or trigger a relapse

- 64% said that they would rather receive support during this time from an LGBT specific organisation (many of whom have had to revert to online support)
- 16% had been unable to access healthcare for non-Covid related issues
- 34% of people have had a medical appointment cancelled
- 23% were unable to access medication or were worried that they might not be able to access medication

A voice from a respondent: “I’m transgender but not out, my parents are transphobic, having to pretend to be someone I’m not all the time is physically, mentally, emotionally and spiritually exhausting” (LGBT Foundation, 2020).

### ***The mode of operation of social services during lockdown***

Social Services in NI are provided by the state-funded Health and Social Care, private companies and the voluntary and community sector organisations. A Covid-19 impact survey conducted by the Northern Ireland Council for Voluntary Action (NICVA) revealed that 80.2% of voluntary and community organisations in NI had to stop many of their services and activities by 30<sup>th</sup> March, which was negatively affecting service users (NICVA, 2020a). Many charitable organisations had to adapt their way of working, for example, by using digital technology to maintain contact with service users. During lockdown, social workers had the majority of engagements with service users through telephone or video calls. Home visits continued only for high-risk cases, such as those related to child safeguarding and mental health assessments (Belfast Telegraph, 2020b). Risk assessments were being used to categorise service users into those who required face to face visits and those who could be supported by means of digital technologies and/or telephone communications.

The reduction in the provision of social services had substantial impact on unpaid carers in NI. A survey conducted with 420 NI carers revealed that COVID-19 was having a substantial negative impact on many aspects of their lives, including financial and emotional. A total of 78% of carers reported an increase in their caring responsibilities due to the outbreak of COVID-19 and 45% reported this being due to the decreased availability of services (Carers UK, 2020).

### ***Guidelines for social services from responsible authorities***

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The NI government published several guidance documents on a number of social care issues.

Examples include:

- Guidance for nursing and residential care homes in Northern Ireland
- Advice for informal (unpaid) carers and young carers during Covid-19 pandemic
- Guidance for residential children's homes in Northern Ireland
- Guidance for foster care and supported lodgings settings
- COVID-19 – Childcare guidance
- COVID-19 – Guidance for 16-21+ jointly commissioned supported accommodation settings
- COVID-19 – Guidance for domiciliary care providers in Northern Ireland
- Coronavirus (Covid-19) – Support for victims of domestic abuse
- Guidance for HSC staff, healthcare workers and care providers
- COVID-19: Guidance for nursing and residential care homes in Northern Ireland
- COVID-19 Guidance for private rented sector landlords and tenants
- Covid-19 guidance for social housing landlords and tenants
- Covid-19 – Social work supervision policy

Different regulatory bodies also published guidance for their workforce, such as the British Association of Social Workers' Professional Social Work Practice Guidance – 'The role of social workers in a pandemic and its aftermath: learning from Covid-19'.

### ***Main concerns expressed by social services***

Social workers were worried about the backlog of cases due to COVID-19 as most home care visits were cancelled or postponed. In the first few weeks of lockdown, there was insufficient guidance for social workers from the government regarding home visits and the use of personal protective equipment. There were also concerns that the rates of child abuse and neglect would increase during lockdown, leading to an increase in referrals post-lockdown. At the same time, however, there was a drop in child protection referrals by up to 45% since the start of lockdown, primarily due to the absence of the usual referral mechanisms (e.g. schools; Belfast Live, 2020). The potential mental health impacts of isolation and inadequate support were also worrying (Belfast Telegraph, 2020b).

The number of carers' assessments was also reduced during lockdown, primarily due to social distancing measures being in place and staffing issues. Between April and June 2020, there was a decrease of 33% compared to the same period in the previous year (Department of Health, 2020e).

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Social workers were also concerned about the reduced number of visits to old people care homes, including regulatory inspections, which was due to the risk of spreading the infection. This, however, caused concerns regarding the standard of care provided in the care homes and the British Association of Social Workers NI urged for the regulatory inspections to recommence as soon as possible (VIEW digital, 2020).

Concerns about the mental health impacts of living in isolation for a prolonged period have also been expressed by social workers. Even though the mental health impacts of Covid-19 are yet to be quantified, as a post-conflict society, NI social workers understand the long-term negative effects on those who cannot access support. Social workers anticipate a rise in mental health issues associated with lockdown. The economic deprivation and growth in poverty due to the Covid-19-related economic crisis is also likely to result in a higher demand for social work services (NI Assembly, 2020b).

### ***Most affected groups defined by social workers***

During lockdown, there were concerns in relation to safeguarding the most vulnerable members of the society. For example, there were concerns that child protection issues were not being identified, as there was a drop in child protection referrals, due to the school closures and other face to face support systems being temporarily stopped (NICVA, 2020b). Data shows that in the period since the lockdown started in NI up until the end of June 2020, there was an increase in domestic abuse calls received by Police when compared to the same period in the previous year. The weekly average number of calls was 570 in the 12 months prior to the lockdown. When lockdown started in NI, the average number of weekly calls was substantially higher, sometimes as high as 727 calls per week (PSNI Statistics Branch, 2020a). The number of domestic abuse incidents was also higher in April and May 2020 compared to the year before (by 292 and 252 respectively), but it was lower in June 2020 (by 234) than in June 2019 (PSNI Statistics Branch, 2020b). The latter could possibly be explained by the lifting of some of the lockdown restrictions at that time. NI also recorded three domestic killings in the period since the lockdown started up until the end of June (BBC, 2020e).

Older people were identified as another particularly vulnerable group. The Royal College of Psychiatrists in NI (2020) reported substantial negative impacts of COVID-19 and the lockdown on the older population, which was reported to be generally more unwell due to the increased severity of illness. This was a result of stress, isolation, withdrawal of support and reduced availability of home visits and community services. The reduced or suspended home visits, home treatments, day centres, McFadden, Paula.<sup>1</sup> Nicholl, Patricia.<sup>2</sup> Mackle, Danielle.<sup>3</sup> Ross, Jana.<sup>4</sup> (2020). Northern Ireland Report for IASSW Country Report on Social Work and COVID-19 until 30<sup>th</sup> June 2020

respite and other services that would normally lower the likelihood of admission contributed to more acute admissions for older people, as well as increased reports of mental illness. Monitoring of older people with cognitive impairments was disrupted, potentially leading to missed early symptoms of Alzheimer's disease. For many older people, sensory impairments were a barrier to phone/video reviews. The rate of referrals from primary care for dementia and functional illness decreased (possibly due to fewer people presenting to GPs and/or GPs not wanting to overburden services).

## Concluding comments

COVID-19 related death rates appeared to be higher in NI compared to other countries in the first few months of the pandemic. The UK government was criticized by many others for not introducing lockdown earlier, which may have been a contributing factor to the higher death rate in NI, where lockdown was introduced even later than in the other three UK nations. When the whole country shut down, those who could work from home worked from home and this included some social workers, with face to face visits limited to high risk cases only. For some, however, this was not possible for a long time, as employers were not able to immediately facilitate remote working. These social workers continued working the best they could, supporting their service users, whilst putting their own health and lives at risk. It is expected that the negative impact of COVID-19 will be felt long after the spread of the virus is under control in NI. The mental health of several groups of people, particularly the vulnerable ones, will be severely affected, which is likely to lead to increased demands for services and further pressures on social workers in future.

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