

BritishRedCross

Our policy priorities for the next Northern Ireland Executive



Foreword



Sharon Sinclair
Northern Ireland Director

The British Red Cross has a proud history of supporting people in crisis throughout Northern Ireland. We are part of the International Red Cross and Red Crescent Movement, the world's largest humanitarian network and governed by its seven Fundamental Principles of Humanity, Impartiality, Neutrality, Independence, Voluntary Service, Unity and Universality. The Movement has a recognised role as an auxiliary to public authorities in times of crisis.

Since the start of the Covid-19 pandemic, the Red Cross has reached over 332,000 people in Northern Ireland. We have been there for people in crisis, supporting some of the most vulnerable in the community with practical and emotional support, food parcels and other essential supplies. Covid-19 has impacted people all over Northern Ireland in different ways and we have adapted to new and changing needs. Our telephone support line has been there for anyone who needs help or who would benefit from a conversation with a compassionate volunteer who can provide emotional support. We established a Hardship Fund which provided immediate cash support to hundreds of people experiencing a drastic change in circumstances including bereavement, job loss and domestic violence. We worked with a range of sector partners to reach the vulnerable.

With our partners Volunteer Now and the Ulster Gaelic Athletic Association, we played a vital role in supporting the mass vaccination roll out in Northern Ireland. We coordinated and delivered support at six vaccine centres, seven days a week over a seven-month period, supporting over 319,000 people to receive their vaccinations; this included 435 volunteers who gave over 45,000 hours, equivalent to five years of voluntary service. The vaccination centres stretched from Foyle Arena, to Omagh and Enniskillen, across to Craigavon, Ballymena and Belfast.

In parallel with our response to the pandemic, we have continued with all of our business-as-usual services. Working to help refugees, vulnerable migrants and those seeking asylum, we provide financial support to those with no recourse to public funds by administering The Executive Office Crisis Fund, which was extended in response to the pandemic.

Our emergency response volunteers were as active as ever. Everyday emergencies such as flooding or house fires did not stop for the pandemic. Our frontline teams working across Northern Ireland assisting people to be discharged safely from hospital and supporting the Ambulance Service to cope with pressures on the overall health system were a critical part of the covid effort.

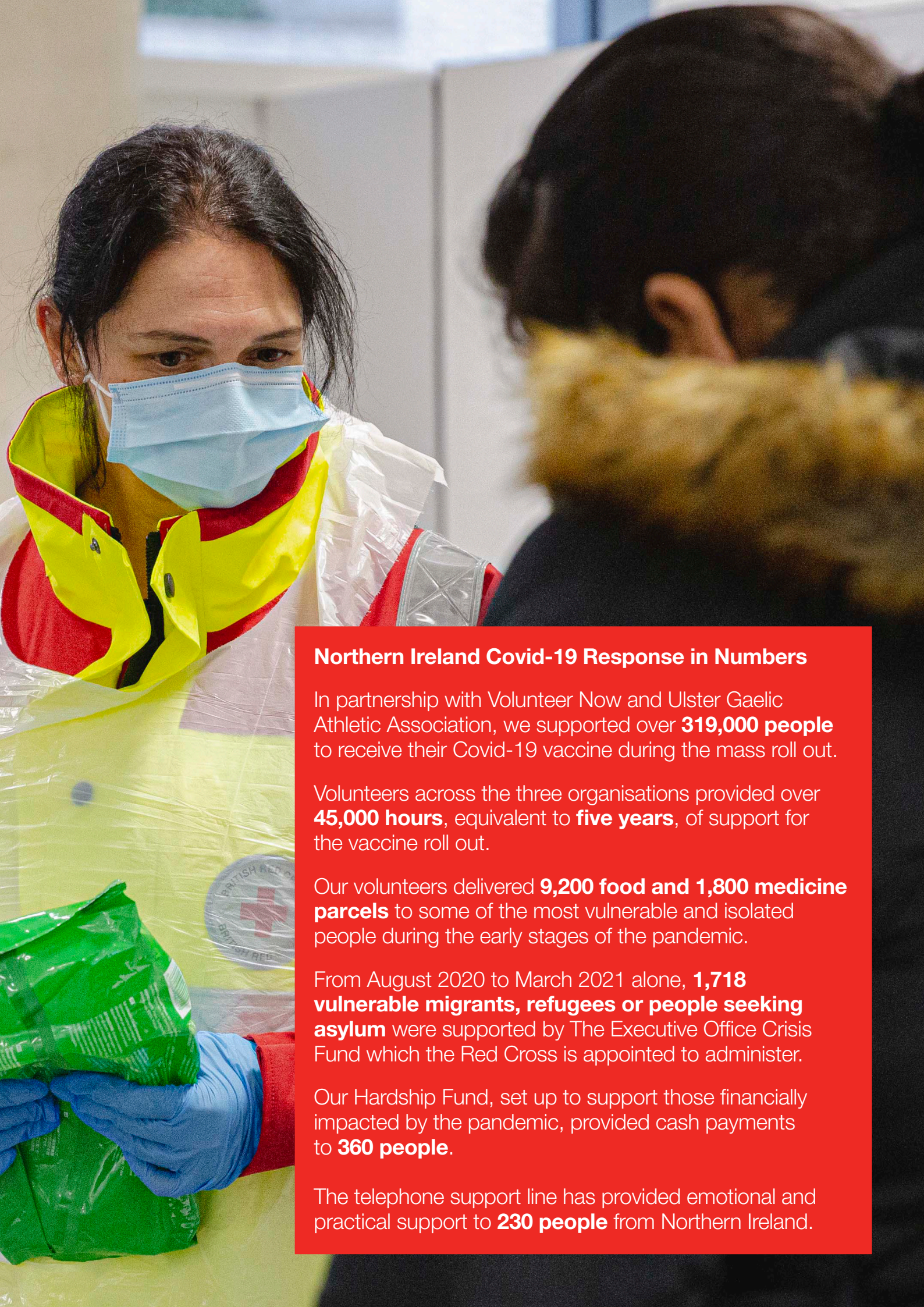
Our community connector services help people overcome loneliness, an issue which has been exacerbated by the pandemic. Through holistic, tailored support our staff and volunteers help people connect with local community activities which are best suited for each service users' needs and interests. We aim to make community connections stronger, so that people are more resilient to face the challenges of the future. In the last year alone our Fermanagh and West Tyrone service has helped 347 people. New connector services have also been established in Belfast.

The last 18 months have seen voluntary agencies and the public and private sector working ever closer together. At a strategic level, the Red Cross was delighted to be invited to co-chair the Department for Communities VCS Emergency Leadership Group. The group was established in March 2020 to bring voluntary and community sector partners together to help direct the Department's Covid-19 response. This helped deliver an effective, cross-sector response to the extraordinary challenges the pandemic has presented.

The Red Cross has 150 years of experience responding to crisis and we know that we can achieve so much more when we work together collectively. The response to the pandemic has galvanised our partnership working as we move forward. Our vision of a world where everyone gets the help they need in a crisis will be more important than ever and will be better served by collaborative working.

Red Cross volunteers and staff from every community in Northern Ireland have been instrumental in saving and changing the lives of their fellow citizens. They are part of our Movement's humanitarian history and I applaud their selflessness.

As we look to rebuild from Covid-19, we are keen to work with the next Executive to continue the progress we've made in supporting people through the most difficult times.



Northern Ireland Covid-19 Response in Numbers

In partnership with Volunteer Now and Ulster Gaelic Athletic Association, we supported over **319,000 people** to receive their Covid-19 vaccine during the mass roll out.

Volunteers across the three organisations provided over **45,000 hours**, equivalent to **five years**, of support for the vaccine roll out.

Our volunteers delivered **9,200 food and 1,800 medicine parcels** to some of the most vulnerable and isolated people during the early stages of the pandemic.

From August 2020 to March 2021 alone, **1,718 vulnerable migrants, refugees or people seeking asylum** were supported by The Executive Office Crisis Fund which the Red Cross is appointed to administer.

Our Hardship Fund, set up to support those financially impacted by the pandemic, provided cash payments to **360 people**.

The telephone support line has provided emotional and practical support to **230 people** from Northern Ireland.

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Introduction

Our vision is for a world where everyone gets the help they need in a crisis. These are our policy priorities to help make our vision a reality in Northern Ireland.

We believe Members of the Legislative Assembly elected to the next Assembly and the next Executive should prioritise:

- **A human-centred emergency response**, placing individuals and communities at the heart of emergency planning, response and recovery, ensuring that people's humanitarian needs are fully met in an emergency.
- **Tackling the humanitarian impacts of climate change** with strategic plans and policy agendas to protect people and communities.
- **Health and social care** to ensure everyone can access timely, personalised care that addresses both their clinical and non-clinical needs.
- **Tackling loneliness** so that people are supported throughout their life to have meaningful social connections.
- **Helping refugees and people seeking asylum** to access support to meet their basic needs and to rebuild their lives.

For 150 years the Red Cross has been supporting people with acts of kindness when crisis strikes. From getting people home safely from hospital, to equipping young people with the skills to save a life and reuniting refugee families, we work to support people in some of the most vulnerable situations.

In Northern Ireland we operate a wide variety of services which help people overcome and recover from crisis. This ranges from providing mobility aid assistance, destitution support, integration and orientation support for refugees and people seeking asylum, and community connector services to tackle loneliness. Our emergency support services provide vital humanitarian assistance across Northern Ireland for anything from a house fire, agricultural accidents, missing person incidents and climate related emergencies including flooding and wildfires. Throughout the Covid-19 pandemic, we have worked with communities and partners across Northern Ireland to support people facing crisis, with hundreds of volunteers delivering food aid, assisting the vaccination programme and helping people overcome loneliness.

Our policy asks are drawn from our substantial operational experience and the direct experiences of people we have supported as well as insights gathered through our research. We believe these policy changes will help to ensure that people in crisis get the support they need no matter who or where they are.

Emergency response

People and communities are at the heart of crisis planning, response and recovery

The International Red Cross and Red Crescent Movement has a proud history of providing emergency response to people in crisis. In Northern Ireland the Red Cross works with lead government departments, local government and the voluntary and community sector (VCS) to ensure a high-quality co-ordinated response to emergencies is delivered which meets the needs of the people affected. In the past we have planned our response to known risks such as flooding and house fires but our experience during the Covid-19 pandemic has affirmed that we also now need to prepare for future threats including health crises and climate change. We know that everyone has been affected by the pandemic, but the impacts of these crises adversely affect the most vulnerable in society and people living in disadvantaged communities.

The response to the pandemic evolved as the government, VCS and communities innovated to meet the challenges it brought. As we continue to move from acute response into recovery, we need to assess how emergency response has been changed during the pandemic and how it can be adapted for future crises. The Red Cross is committed to working with our partners in government and with the VCS to prepare for the 'new normal' of needing to plan for future emergencies and global threats.

There is a need for more investment to improve community resilience to climate related emergencies. The Red Cross has had a special interest in supporting the needs of people affected by flooding and other severe weather events. We have undertaken research to develop understanding about the impacts of flooding and developed community toolkits to support local resilience initiatives.¹ We are a member of the multi-agency Regional Community Resilience Group (RCRG) led by the Department for Infrastructure Rivers and Local Government which works with communities to develop local resilience to flooding.

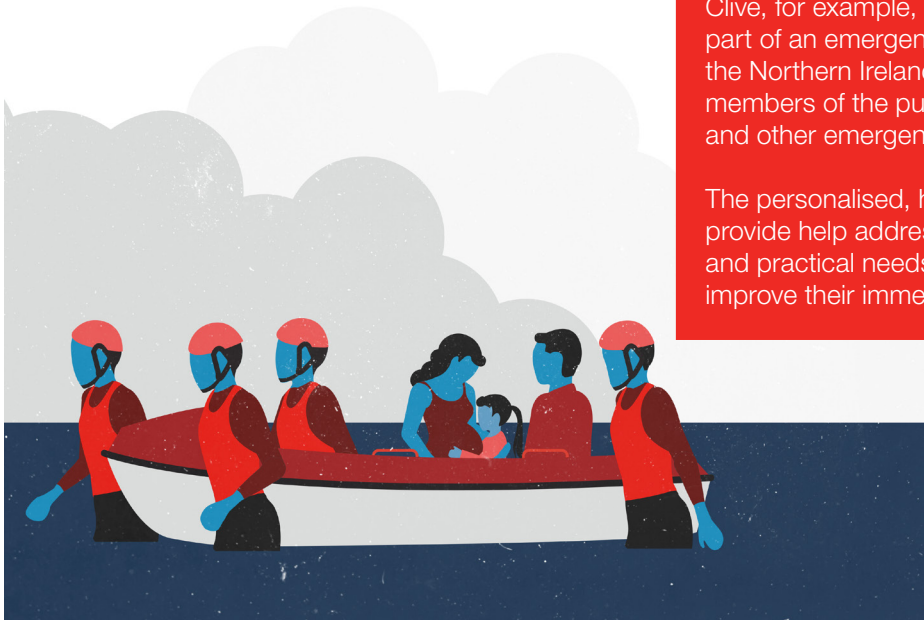
Currently the RCRG has engaged with over 30 communities but this is resource intensive, especially in sustaining engagement and encouragement with existing groups. The Red Cross endorses community led resilience initiatives as part of a whole of society approach. This requires new ways of thinking and working to develop a more welcoming and inclusive space where people with local insight and experience are integrated within emergency planning structures. This is endorsed in the Civil Contingencies Strategy for NI 2020-2025 which is committed to enhancing public preparedness and growing capacity to deliver more resilient communities. These new community led projects require additional resources to encourage and sustain the work of local people to build resilience for future emergencies.

Communities are always the first to respond to local incidents but their inclusion is largely minimalised when statutory responders arrive and take responsibility for the response and early recovery. Our experience during the Covid-19 pandemic has confirmed that in protracted regional emergencies we need to build surge capacity through cross-sector partnerships. The VCS was a key partner in sustaining emergency response for the most vulnerable people and communities during the pandemic. For example, the Department for Communities (DfC) established the VCS Emergencies Leadership Group at the beginning of the pandemic which the Red Cross was invited to co-chair and brought together regional and grass roots VCS partners to share their leadership, knowledge and experience to help direct the DfC's Covid-19 emergency response.

The Red Cross, Volunteer Now and the Ulster Gaelic Athletic Association also formed an effective new partnership to provide support for the mass vaccination programme in Northern Ireland, helping over 319,000 people receiving their vaccination over a seven month period.

There is a risk that the successful collaborative work the VCS provided during the pandemic will fade as normal emergency planning structures and arrangements are restored. The contribution of the VCS is however recognised in the new NI Civil Contingencies Framework – Building Resilience Together and there is an opportunity now to develop a VCS model that can be integrated and formalised within emergency planning structures and multi-agency plans.

¹ E.g. British Red Cross (2010) Living in Fear of the Rain. London: British Red Cross <https://www.climateinthernireland.org.uk/cmsfiles/resources/files/Living-in-Fear-of-Rain.pdf> and British Red Cross (2012) Cut Off by the Floods. London: British Red Cross <https://www.climateinthernireland.org.uk/cmsfiles/resources/files/Cut-off-by-the-floods-report-2012.pdf>.



“We are the first stage on the road to recovery after a personal crisis, whether it be a fire or flood. A place of safety, someone to speak to, someone to talk to.”

Clive, Red Cross Emergency Response Volunteer.

Red Cross volunteers play a crucial role in supporting people and communities affected by an emergency. Thanks to our volunteers, we're able to change the lives of thousands of people across Northern Ireland every year.

Clive, for example, works full time and volunteers as part of an emergency response team which supports the Northern Ireland Fire and Rescue Service and members of the public affected by house fires, floods and other emergencies.

The personalised, holistic support our volunteers provide help address people's physical, emotional and practical needs following an emergency and improve their immediate and long-term recovery.

We recommend the next NI Executive should:

- Amend local and regional resilience and emergency planning structures within the NI Civil Contingencies Framework *Building Resilience Together* to integrate and value the VCS as strategic partners in emergency response and recovery.
- Invest in community resilience building by providing additional dedicated resources to initiate and sustain local resilience programmes and to mitigate the impacts of climate related emergencies.
- Renew focus on supporting the diverse needs of people during the recovery phase of an emergency including the development of community led recovery plans within the new Civil Contingencies Framework *Building Resilience Together*.

Health and social care

Everyone can access timely, personalised care that addresses both their clinical and non-clinical needs.

To ensure that everyone has equal chances of living healthy lives and that no one falls through the gaps of health and care, we believe it is crucial to support people with their non-clinical needs including their financial, social, emotional and practical needs. Non-clinical interventions such as supporting people to develop and maintain social connections, ensuring their home is safe and suitable through home adaptations or accessing a short-term wheelchair can help people live fulfilling and independent lives, recover from ill-health, and prevent hospital re-admissions.²

Our volunteers and staff work in hospitals and people's homes to provide person-centred support and non-clinical interventions that significantly improve patient care, recovery and outcomes. We believe that non-clinical interventions can improve the flow of patients and reduce costs to the health and social care system.

Shifting healthcare from focusing on reactive and hospital-based treatment in favour of preventative, community-based care would help to reduce the impact of health inequalities and alleviate some of the well-documented challenges facing the health and social care system. Northern Ireland's hospital waiting lists, for example, are the longest in the UK with 348,867 people waiting for a first consultant led appointment.³ Measures should be taken to support the physical, emotional and financial needs of people while they are on a waiting list including promoting active signposting services for community-based and non-clinical interventions.

Some welcome progress has been made within health and social care including the introduction of a new Integrated Care Framework which will promote greater cross-sector decision making and collaboration between statutory services and the VCS.

Further opportunities should be sought to integrate statutory services and the VCS, harnessing the significant expertise, skills and capabilities the VCS have to deliver a more joined-up, community-based system.

² British Red Cross (2019) Life beyond the ward: Recommendations for improving hospital discharge in Scotland. London: British Red Cross. <https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/beyond-the-ward-scotland.pdf>

³ Department of Health (2021) Northern Ireland Waiting Time Statistics: Outpatient Waiting Times Quarter Ending June 2021. Belfast. <https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-ni-wts-outpatient-waiting-times-q1-21-22.pdf>

HOSPITAL

Our hospital assisted discharge service helps people to return home after staying in hospital. As well as assisting people with traveling home by a Red Cross transport, we help patients get settled again, with tasks including buying food, changing bedding and providing a friendly face to talk to.

A member of the team will meet a new referral in hospital in the days before they are due to be discharged. They will then visit the person's home to make sure there is food in the fridge, no trip hazards, and that everything is generally as it should be. Our team will spend around two hours a week with the patient for four weeks after they've been discharged. This kind of holistic, person-centred support can make the world of difference to someone worrying about coping on their own after a hospital stay.

We operate this service in four out of the five Health and Social Care Trusts in Northern Ireland and last year alone helped 3,944 people return home from hospital. We know that safe, well-planned discharge can significantly improve an individual's recovery, wellbeing and independence.



We recommend that the next NI Executive should:

- Invest in addressing people's non-clinical needs throughout the health and social care system, including increasing funding of community-based health and social care. As a minimum we recommend checking people's practical, social, psychological, physical and financial needs, when leaving hospital.
- Deliver strategic plans to reduce outpatient waiting lists and improve the support to meet the emotional and practical needs of patients while they are on waiting lists, helping them to 'wait well', including prioritising good communication and adopting a trauma-informed approach to the support provided.
- Promote greater integration of statutory services and the VCS within the health and social care system, recognising the VCS as a key health and social care partner in providing holistic, person-centred support for people's health needs.

Tackling loneliness

People are supported throughout their life to have meaningful social connections.

Loneliness was already a major issue before the Covid-19 pandemic.⁴ The pandemic has exacerbated this problem further with recent research finding that nearly one in five people were lonely at least some of the time - a significant increase on the previous year.⁵ Our research showed the biggest negative impact of lockdown was on mental health and that loneliness was one of the most common causes.⁶

Loneliness affects people of all ages and backgrounds and without the right support at home, it can all too often transition from a temporary situation to a chronic one. Higher levels of poor mental health, grief and unemployment can trigger feelings of loneliness. Chronic loneliness, where people always or often feel lonely, increases the likelihood of death by 26% - a risk comparable to smoking or obesity.⁷

Despite great support from MLAs and the sector, Northern Ireland is the only part of the UK currently without a loneliness strategy. A fully funded loneliness strategy needs to be developed and implemented to deliver a comprehensive response to tackling loneliness across people of all ages and backgrounds. As loneliness is a cross-cutting issue, the strategy should be cross-departmental, bringing together all areas of the Executive, as well as local councils, the VCS and the private sector in responding to loneliness. This should be underpinned by a new loneliness indicator in the Programme for Government in order to set targets, facilitate regular reporting and effective monitoring of progress.

Addressing loneliness also needs to be prioritised in Covid-19 recovery plans. This should build on the good practice demonstrated by statutory and VCS services during the pandemic including community connector services and other non-clinical interventions. Support also needs to be provided for those who will continue to be vulnerable to loneliness after lockdown restrictions have eased, including people continuing to shield or self-isolate.

The Red Cross has developed valuable experience of tackling loneliness through our Community Connector services and policy work including our recent The Longest Year and Lonely and Left Behind research.⁸ We would welcome the opportunity to provide advisory support to the Executive in developing a cross-departmental, fully funded loneliness strategy for Northern Ireland.

We have also been proud to share secretariat of the All Party Group on Loneliness in the Assembly, working with partners across the VCS and public bodies to drive forward research and discussions on loneliness. We look forward to engaging with MLAs in continuing this APG and engaging the next Executive in its work.

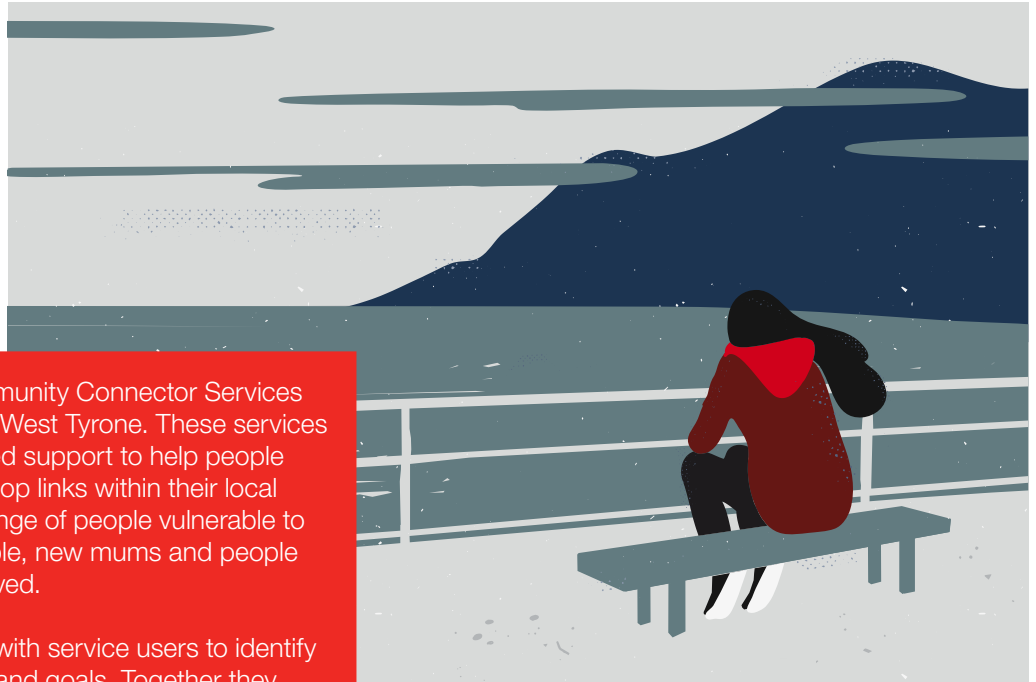
⁴ Northern Ireland Statistics and Research Agency, Loneliness in Northern Ireland 2018/19, Factors associated with feeling Lonely in Northern Ireland 2018/19 (2020) <https://www.nisra.gov.uk/publications/loneliness-northernireland-201819>

⁵ Northern Ireland Statistics and Research Agency, Wellbeing in Northern Ireland 2020/21 (2021) <http://www.executiveoffice-ni.gov.uk/publications/wellbeing-northern-ireland-202021>

⁶ British Red Cross (2021) The Longest Year: life under local restrictions. London: British Red Cross. <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/the-longest-year-life-under-lockdown>

⁷ Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. Perspectives on Psychological Science, 10, 227-237. <https://scholarsarchive.byu.edu/cgi/viewcontent.cgi?article=3024&context=facpub>

⁸ British Red Cross (2021) The Longest Year: Life Under Local Restrictions Northern Ireland Briefing. London British Red Cross <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/the-longest-year-life-under-lockdown> and British Red Cross (2020) Lonely and Left Behind: Tackling Loneliness at a Time of Crisis. London British Red Cross <https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/lonely-and-left-behind>



The Red Cross operates Community Connector Services in Belfast and Fermanagh and West Tyrone. These services provide person-centred, tailored support to help people overcome loneliness and develop links within their local community. We help a wide range of people vulnerable to loneliness including older people, new mums and people who have been recently bereaved.

Our staff and volunteers work with service users to identify their needs, barriers, interests and goals. Together they co-develop and carry out a plan that helps service users attend local groups and activities that our team has identified as best suited for them. We also support people with their confidence and other complex emotional and practical issues that may be causing them to be lonely.

“Talking with the Red Cross made a very positive change, as did [their] suggested referrals. My problem is health and physical lack of ability to get out and see people.... Red Cross input and encouragement on this course made a positive difference and helped my feelings of isolation and being left out.”

Female, Community Connector Service User.

We recommend that the next NI Executive should:

- Develop and implement a cross-departmental fully funded NI Loneliness Strategy for all ages and backgrounds within the first two years of the new Executive.
- Establish a new loneliness indicator in the Programme for Government.
- Deliver coordinated action on loneliness at all levels of Government and across statutory organisations.
- Ensure fully funded plans to tackle loneliness are included as a core part of Covid-19 recovery plans.
- Regularly engage with the All Party Group on Loneliness.

Refugees and people seeking asylum

Refugees and people seeking asylum can access support to meet their basic needs and to rebuild their lives.

Refugees and people seeking asylum face significant barriers accessing support to meet their basic needs, including physical and mental healthcare, education, financial security and support to rebuild their lives in a new place of safety.

A serious concern is the inequalities refugees and people seeking asylum experience in accessing primary and secondary healthcare. This includes the practical, emotional, language and cultural barriers refugees and asylum seekers often face in accessing primary care and dentists.

These challenges were exacerbated during the Covid-19 pandemic, particularly with the increased use of remote consultations and withdrawal of services. Proactive measures should be taken to ensure refugees and people seeking asylum can access health and social care services on an equitable basis such as the greater provision of tri-partite interpreter services and effective awareness training for all frontline staff. A trauma-informed approach also needs to be applied to the physical and mental health support available to refugees and people seeking asylum, recognising they are a group particularly at risk of experiencing trauma prior to their arrival.

Guidance also needs amending to remove barriers refugees and children in the asylum system face in accessing education at a suitable level and location. Current guidance means children can at times be placed in schools up to three miles from their home, presenting difficulties for those who cannot access public transport. Children aged 16-18 also face challenges accessing education at a level which is appropriate for their prior academic experience and language skills.

Too often during the asylum process people are at risk of destitution, including those with no recourse to public funds. We are proud to be appointed to administer The Executive Office (TEO) Crisis Fund which provides temporary financial support to prevent and alleviate the worst impact of destitution for vulnerable migrants, people seeking asylum and refugees. The fund is normally only provided in the winter but in response to the pandemic was made available by the TEO for longer during 2020 and this extension has continued into 2021.

This positive development should be built on by funding the TEO Crisis Fund on a permanent basis, ensuring that refugees and people seeking asylum can access emergency support all year round to help them through the extreme hardships of destitution.

The barriers refugees and people seeking asylum face in accessing their basic needs make it more difficult to fully participate and integrate in their local communities. TEO's Refugee Integration Strategy is an encouraging opportunity to ensure refugees and people seeking asylum are provided holistic support to promote integration and help with rebuilding their lives after their arrival. The Executive needs to ensure that Government Department's develop and deliver their own implementation plans where they have responsibilities within the Strategy, to ensure its outcomes can be fully achieved.

The Red Cross also operate a Family Reunion Integration Service (FRIS) which helps refugees bring over family members if they had to leave them in their home country to seek safety abroad. FRIS also provide the reunited families with integration and orientation support to help them build a new life in Northern Ireland, including helping with access to education, housing and healthcare. The Executive needs to provide sufficient resources to refugee family reunion integration programmes to ensure these services can continue to be provided to families on a long-term basis.



A young male came to Northern Ireland to seek asylum in February 2016. He received an initial negative decision on his asylum claim and has been in a process of appeals and further submissions since this time. He has been supported for the last five years by the Red Cross refugee services. This person presented to the Red Cross as destitute, with no accommodation and no means to meet his basic needs after his Home Office asylum support stopped.

Through the TEO Crisis Fund administered by the Red Cross, this person was able to access bridging financial support of £30 per week in cash payments. The Refugee Services caseworker provided ongoing casework assistance including support to engage with a legal representative and temporary accommodation for him after a racially motivated attack on his friend's house where he was couch surfing. This advocacy work and additional support alleviated the pressure on him to meet essential living costs, whilst supporting him to exercise his rights and entitlements to asylum support from the Home Office. He was successful in his asylum support claim and was provided with accommodation and subsistence through Home Office asylum support.



We recommend the next NI Executive:

- Ensures proactive and preventative measures are taken to enable refugees and people seeking asylum to access health and social care services on an equitable basis.
- Ensures a human rights based, case-by-case approach is applied to education policy and practice to remove barriers refugee children and children in the asylum system face in enjoying full access to education.
- Continues to provide its Crisis Fund to prevent and alleviate destitution at all times of the year.
- Ensures departments develop and deliver their own implementation plans to fulfil their responsibilities within the NI Refugee Integration Strategy.
- Provides sufficient resources to support refugee family reunion integration services on a sustainable, long-term basis.

FIRE AND EMERGENCY SUPPORT



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