

Witness Name: Linda Robinson BEM

Statement No.: 1

Exhibits: 7

Dated: 8/5/25.

## UK COVID-19 INQUIRY - MODULE 6

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### WITNESS STATEMENT OF LINDA ROBINSON BEM

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I, Linda Robinson, of Age NI, 3 Lower Crescent, Belfast, BT7 1NR will say as follows: -

**1. Introduction: About Age NI**

1.1 Age NI is the leading older people's charity in Northern Ireland. Age NI's vision is for 'a world where we can thrive as we age' and our mission is 'Lets change how we age'.

1.2 Age NI believes that people should be supported to know and understand their rights; to remain as independent as possible; and to stay connected to their communities.

1.3 Age NI delivers an independent advice service and provides direct care services, including one residential care home for people with dementia, day centre care services, and two home based care services. We also deliver a range of wellbeing programmes to older people, their families, and carers across Northern Ireland.

1.4 In addition, Age NI provides support to Age Sector Networks across Northern Ireland. Age Sector Networks are independent organisations, providing a range of activities to older people in their area, such as physical activity programmes, good morning calls, and networking opportunities for older people.

## **2. The pre-pandemic structure and capacity of the adult social care sector in Northern Ireland**

2.1. In Northern Ireland, responsibility for the delivery of social care lies with integrated Health and Social Care Trusts, through funding allocated by the NI Executive to the Department of Health.

2.2. The dominance of health and, in particular, acute hospital requirements, has meant that social care is often an “afterthought” and not viewed as a priority for funding or investment. The pandemic exposed the fragility and inadequate funding levels allocated to social care in Northern Ireland.

2.3. Some social care services are provided by Health and Social Care Trusts. Most social care services, such as residential and home-based care services, are, however, commissioned by Health and Social Care Trusts and delivered by the independent sector.

2.4 A formal programme for reform of adult care and support has been taking place since 2012, with limited progress made in the years before, or after, the pandemic. An independent Expert Panel, which was commissioned by the Department of Health, published its report, entitled Power to People, in 2017, identifying 16 proposals for reforming the system here.

2.5 Older people have told us about the difficulties they face when trying to navigate the complex, fragmented process for accessing care and support, including the lack of clear information on entitlement, eligibility criteria and options available.

2.6 Recruitment and retention of social care staff; support for family carers; and discussions about the purpose and “true cost” of social care have been a feature of social care reform before, during and after the pandemic.

2.7 For many years, Age NI has called for reform of adult social care and investment in the services which older people and their families need. Our positions are informed by the views of older people, and the queries asked by them through Age NI's Advice service.

## **3. The impact of the pandemic on older people**

3.1 Older people in Northern Ireland, as elsewhere in the UK, bore the brunt of the impact of the pandemic, in terms of admissions to hospitals and deaths due to Covid-19. Analysis by the Department of Health of Covid-19 related health inequalities between the most and least deprived areas indicated that, while deprivation was found to be an important factor in the likelihood of admission to hospital and death due to Covid-19, age was a greater impact, particularly for the population aged 75+. With respect to admission rates, the Department's reports, which were published in June 2020 and December 2020, indicated that the standardised admission rate for the population aged 75 and over was around 9 times that for the under 75 population.

3.2 With respect to Covid-19 deaths, the Department's report, published in December 2020, indicated that the standardised COVID-19 death rate for the population aged 75 and over was 9 times that for all ages. I mark and attach a copy of the analysis documents to my statement as Exhibit LR/01 - INQ000183436 and Exhibit LR/02 - INQ000103719.

3.3 Overnight, the pandemic brought changes to the everyday care and support systems older people relied on, from shopping and paying for essentials, to planned medical treatments, to social care support, with services such as day care abruptly stopped.

3.4 In the early weeks of the pandemic, there were significant increases in the number of calls to Age NI's advice service. Age NI heard from older people who were anxious and fearful about the virus and were looking for clear information and reassurance, practical help with shopping, collection of medicines etc. In response Age NI developed a database of relevant community organisations to be able to signpost older people to local sources of help.

3.5 Lockdown compounded painful and intense feelings of loneliness and isolation for older people who were separated from their family and everyday community connections. We heard from some older people who isolated themselves early or endured more restrictions than required in a bid to keep themselves and others safe.

3.6 In response to the levels of isolation and loneliness experienced by older people Age NI, with the support of the Commissioner for Older People, established a new Check In and Chat service. The Check In and Chat service matched a trained volunteer to an older person for a friendly chat on a regular basis, reducing isolation and loneliness.

3.7 For older people supported by Age NI's residential care service for people with dementia, we continued to provide care in line with Department of Health guidance and in regular communication with families, responding to telephone calls, facilitating visiting in line with guidance and providing updates and reassurance on the welfare of relatives. Additional tablets were purchased to facilitate and encourage virtual contact between relatives and loved ones.

3.8 Age NI continued to deliver home based care to older people, where the older person and family members wished for this to continue.

3.9 Older people supported by Age NI's day care and wellbeing services, which were not able to operate on a face-to-face basis, were regularly contacted by managers and staff to check on the wellbeing of individuals and families, as appropriate, to provide information and reassurance, and to respond to needs for essential shopping.

#### **4. The decision to discharge patients from hospital to residential or nursing homes without testing early in the pandemic**

4.1 Age NI was concerned about the decision to discharge patients from hospital to residential or nursing homes without testing. Age NI provided evidence to the Inquiry, which was organised by the NI Assembly Health Committee, on the impact of COVID-19 in Care Homes. Age NI highlighted the need for more clarity around arrangements on testing prior to and post discharge from hospital settings, including where an older person has, for example, attended an Emergency Department, but had not been admitted to hospital and then returned to their care home.

#### **5. Consultation and communication**

5.1 Consultation on key decisions was primarily, in my experience, on an ad hoc, rather than planned basis. I recognise that the Department of Health was operating within a rapidly changing context, but the lack of a formal communication and consultation process made it more difficult for Age NI to share clear information with older people and their families about what was happening.

5.2 Age NI was not asked to comment regularly or formally on draft guidance or plans or provide advice on emerging challenges facing the adult social care sector. Age



NI is a member of the Independent Health and Care Providers, which, I understand, provided comments on draft guidance, emerging challenges facing adult social care.

5.3 Age NI was invited to attend a teleconference on 28 July 2020 and provided with information on plans for testing in residential and nursing homes.

## **6. A “wrap around” approach**

6.1 Age NI stated, in our response to the NI Assembly Health Committee Inquiry into Covid 19, that a “wrap around” approach was required to ensure older people in care homes received equal access to the treatment and care they needed. In our response to the Committee, we highlighted concerns about the practice of GP consultations taking place over the phone, requiring photographs or video to be taken and sent for use in diagnosis. In my view, GP and other health care services should be part of the team working alongside staff in a care home to support an older person to stay well and as independent as possible.

## **7. Personal Protection Equipment**

7.1 I was aware of the importance of ensuring Age NI's care services had access to the personal protection equipment (PPE) and took immediate steps at the start of the pandemic to source what was needed. Age NI's response to the NI Assembly Inquiry into Covid-19 stated that, as PPE played a key part in our response to a public health pandemic, independent providers of care services should not be asked to pay for the PPE they required. Furthermore, we argued that Health and Social Care Trusts should continue to ensure sufficient supplies of PPE was available to all care settings.

## **8. Changes to regulatory inspection regimes**

8.1 I wrote a letter to the Minister for Health, Robin Swann, dated 7 May 2020, seeking reassurance following the decision to suspend RQIA inspection visits to care homes. While Age NI acknowledged that the decision was made to minimise the risk of spreading infection, we asked when the decision would be reviewed and for information on any alternative arrangements in place or being considered, which may reassure

families who could no longer visit relatives in care homes. I mark and attach a copy of the letter to my statement as Exhibit LR/03 - INQ000575991.

8.2 In Age NI's response to the NI Assembly Health Committee Inquiry into Covid-19, Age NI stated that RQIA should be considered part of the essential services which enter and visit care homes, taking care to be safe and following infection control protocols. The focus of RQIA during a visit, we suggested, should be on observing the quality of care and interactions with residents, ensuring a good quality of life for all who live in a care home. Furthermore, we stated that the paperwork element of the inspection should be completed off site to minimise contact time inside the home and limit the risk of transmission.

## **9. Infection rates of Covid-19 in the older population**

9.1 I was deeply concerned about the levels of infection rates of Covid-19 in older people in all settings, and, in particular, the infection rates in care homes, where the risk of transmission could be higher.

## **10. Infection prevention and control measures for unpaid carers**

10.1 I cannot recollect infection prevention and control measures for unpaid carers being an issue raised with Age NI. At the time I was concerned about the impact on families who were taking on a greater caring role as community services stepped down. For some this also meant having to isolate to keep their relative safe, while having the additional concern of having to source sufficient hand sanitisers and cleaning products and PPE to protect their relative.

## **11. Issues raised by Age NI**

11.1 Age NI drew attention during the early planning stages to the issues that older people raised with us, such as the extent of loneliness and isolation; fears about infection; concerns about support after bereavement. We did this through press statements or media comments, by writing to the Health Minister and by being part of a Bereavement Workstream set up by the Department of Health.

11.2 With respect to health and social care, I wrote to the Health Minister on 7 May 2020, also referenced in point 8.1 above (Exhibit LR/03 - INQ000575991). I highlighted

our concerns regarding the significant impact of Covid-19 on older people, in particular the impact within care homes, the possible introduction of a blanket policy based on age as Northern Ireland considered reducing restrictions on lockdown, along with the step down of RQIA inspections.

11.3 With respect to food parcels, Age NI was represented on the Voluntary and Community Sector Emergencies Reference Group, which was a wider group facilitated by the Northern Ireland Council for Voluntary Action and the Department for Communities. I do not have a record of the dates of meetings of this Group.

11.4 With respect to fears raised by some older people about the use of the Clinical Frailty Score, this was discussed informally with the NI Frailty Network which provided reassurance about the value and utilisation of the Clinical Frailty Score when assessing older people in need of treatment. I do not have a record of the date of the meeting with the NI Frailty Network.

11.5 Age NI advised the Department of Health regarding the levels of loneliness being experienced by older people and the impact on wellbeing. The Department listened to Age NI's concerns on this and provided short term funding to enable the organisation to extend the support it provided by developing an emergency telephone response, Check In and Chat service, which matched a trained volunteer with an isolated older person to reduce loneliness and maintain social contact and friendship.

11.6 There was no blanket age policy introduced in Northern Ireland.

## **12. Impact on Age NI's helpline**

12.1 Age NI had been providing a free, helpline advice service to older people in Northern Ireland for over 30 years. At the start of the pandemic, the helpline advice service experienced a 24% increase in calls. Age NI provided support to older people as they moved through the various stages of anxiety and fear as the pandemic continued, from requiring practical information and support to needing emotional help during the long periods of enforced isolation and lockdowns.

12.2 In response to a significant increase in calls, Age NI expanded its call capacity in the first weeks of lockdown by redeploying office staff to support the advice team. Additional capacity was also facilitated through the use of a mobile phone app which allowed staff to sign in and out of the call system, as appropriate. Professional guidance

was provided by Age NI's Head of Advice and Advocacy, ensuring consistency and quality of support.

12.3 Age NI approached the Department of Health and was allocated short term funding to strengthen our advice and volunteer capacity and triage calls and our response into practical, emotional and advice support for older people.

12.4 Age NI developed the Check In and Chat service, with the support of the Commissioner for Older People, resulting in over 265 new volunteers ready to be matched with an older person, based on common interests or preferences where possible.

12.5 While the Check In and Chat service was intended to be a short-term emergency response to the pandemic, the need for telephone support as one way to reduce the impact of loneliness and isolation remains and Age NI continues to deliver this service today.

### **13. Emergencies Reference Group**

13.1 Age NI was involved in the Emergencies Reference Group, which was set up to widen opportunities for discussion and engagement to support the Emergencies Response Programme. I do not have a record of the number of meetings attended by Age NI.

13.2 The Covid-19 Emergencies Leadership Group was established on 20 March 2020. Its focus was on measures which would underpin the community response to COVID-19, such as food distribution, pharmacy collection and wellbeing.

13.3 While care homes and care services are situated in local communities, and staff are often drawn from local communities, responsibility for care homes and care services lie with Health and Social Care Services and outside administrative community structures and systems.

### **14. Lived Experience 2020**

14.1 Age NI's first Lived Experience report was produced in 2020. Throughout the first months of lockdown, Age NI listened to what older people said about their experiences, concerns and fears. We also spoke to Age Sector Networks and Age Friendly staff in



local councils about what was happening in their area. The issues identified in the report reflected the diverse experiences and circumstances of older people and were not solely concerned with the impact of the pandemic on recipients of care.

14.2 Age NI's Consultative Forum is composed of around 40 older people whose role is to advise and challenge Age NI on policy issues. Prior to the pandemic, Consultative Forum members met face to face on a quarterly basis. During the pandemic Forum members who felt comfortable meeting online met more frequently to keep in touch with each other and on top of a rapidly changing situation.

14.3 The issues identified in the first Lived Experience 2020 report were: Support, Health and Care; Communication and Connection; Loneliness and Isolation; Grief and Loss. There were a range of issues highlighted that are relevant to recipients of care, including the restrictions on visiting arrangements in care homes; loneliness due to lack of contact and connections with family; challenges associated with managing health conditions when acute and community services were disrupted or stopped; feelings of anxiety as lockdown restrictions were about to ease; increased levels of anxiety, isolation and stress when families took on additional caring responsibilities; loss, grief and bereavement.

14.4 Age NI included Action Points within the Lived Experience report, which were directed at decision makers. Action Points which are relevant to recipients of care include recognising and supporting the role played by family carers; resuming community based social care services; re-establishing health checks, GP visits, hospital appointments and treatments; carrying out a review of what happened in care homes to provide assurance of good quality care and a better, more immediate and effective response to a future health emergency; valuing the social care workforce; and recognising and resourcing social care as an equal partner in providing for the health and care needs of older people.

14.5 The Lived Experience report was distributed widely to MLAs, Departments and agencies with an interest in older people. I mark and attach the report to my statement as Exhibit LR/04 - INQ000191276.

## **15. Lived Experience 2021**

15.1 The Lived Experience 2021 survey used a mixed method approach, which combined both qualitative and quantitative data collection. To encourage as many respondents as possible, the survey was promoted online and made available in hard copy and digital format. Over 750 people responded to the survey.

15.2 The survey adopted a ranking approach based on themes that emerged from the Lived Experience 2020 report. Three themes were explored in the 2021 survey: Support; Health and Social Care; Communication and Connection. Five issues were listed under each of the three key themes and respondents were invited to rank each issue in order of importance to them.

15.3 The survey findings reflected the fact that life continued to be difficult for many older people in 2021, with the effects of Covid-19 still impacting on everyday lives.

15.4 While the survey did not ask respondents to indicate if they were recipients of care, there were a range of findings which were relevant to recipients of care. With regard to the theme of Health and Social Care, ageing well and addressing frailty was identified by respondents as the most important issue, closely followed by equal access to appropriate healthcare and services. Family carers, review of social care and planning for final care were also identified by respondents as being important to older people.

15.5 Age NI included Calls to Action within the Lived Experience report, which were directed at decision makers. The Calls to Action, which are relevant to recipients of care, include recognising and supporting family carers; providing quality, safe support to older people wherever they live; rebuilding adult care and support; prioritising and valuing the social care workforce; advance care planning and end of life care.

15.6 A number of issues identified by older people in the Lived Experience 2021 report were highlighted in the Pensioners' Parliament, which took place on 17 September 2021. Questions based on responses to the 2021 survey, were put by older people to relevant Ministers in the NI Executive. Questions asked of the Health Minister concerned progress on reforming adult social care; recognising the value of the social care workforce; support available to family carers; interventions to address increasing levels of frailty; steps taken to review the impact of Covid-19 on care homes. I mark and attach the report to my statement as Exhibit LR/05 - INQ000575992.

**16. Correspondence – Letter to Health Minister, dated 7 May 2020**

16.1 I wrote to the Minister for Health in May 2020 (Exhibit LR/03 - INQ000575991) to highlight concerns of older people and to ask for information on a range of matters. In my letter I highlighted concerns raised by older people on the impact of Covid-19 including loneliness and loss of independence and fears of a blanket policy on age as plans were being made to loosen lockdown restrictions. I asked for information on the testing arrangements for residents and staff in care homes, the deployment of health care professionals to care homes, the steps taken by the Department to ensure equal access by older people to Covid-19 interventions and treatment, and plans to review the decision taken to suspend RQIA visits and alternative arrangements in place to reassure families who could not visit loved ones in care homes.

16.2 I was aware of the myriad pressures on the Minister at the time. I appreciated the fact that he had taken time to respond to my letter and the concerns I raised. I was pleased that the Minister stated in his letter that care homes and carers were a priority for himself and for his Department. I welcomed the information he provided on testing arrangements for people living in care homes, providing some reassurance to families that action was being taken at this time. I welcomed, too, the acknowledgement by the Minister of the need to build resilience within the social care sector for some time to come. I mark and attach a copy of the letter from the Minister to my statement as Exhibit LR/06 - INQ000575976.

**17. Correspondence – Letter to Minister for Communities, dated 23 December 2020**

17.1 This letter was sent by Claire Sugden, MLA, Chair of the All Party Group on Ageing and Older People. Age NI acts as secretariat to the All Party Group on Ageing and Older People. I mark and attach a copy of the letter to my statement as Exhibit LR/07 - INQ000611691.

**18. Statements on emerging issues**

- i The rights of older people in the UK to treatment during this pandemic (30/3/2020)
- ii Older people being pressurised into signing do not attempt CPR forms (6/4/2020)
- iii Protecting older people's rights in the next phase of the pandemic (24/11/2020)

18.1 I was invited to be part of a group of organisations across the UK who had a key interest in older people. The role of the group was to share information and discuss issues of concern. Membership of the group included Age UK, Age Cymru, Age Scotland, the Commissioner for Older People in Northern Ireland and the Older People's Commissioner in Wales.

18.2 Some older people had raised concerns with Age NI about ageism and the rights of older people being protected during the pandemic. There were fears expressed by older people about the potential use of Do Not Attempt Cardiopulmonary Resuscitation forms and concerns about whether older people would have equal access to interventions and treatment, particularly if difficult decisions had to be made during the pandemic.

18.3 I along with the other age organisations agreed and signed the Statements to highlight the importance of upholding fundamental human rights principles, to call for decisions on treatment to be made on a case by case basis, rather than being based solely or mainly on a person's age, and to promote the need for action rather than rhetoric in protecting and upholding the rights of older people.

18.4 I believe that it was important to join with other organisations, to highlight the fears and concerns of older people, to challenge ageist assumptions and to reaffirm, during this time of crisis, the rights of older people to enjoy equal access to healthcare and treatment.

## **19. Lessons learnt**

19.1 The overwhelming focus on acute hospital care ignored, in my view, the key, strategic role played by social care before, during and after the pandemic. Social care acts like a lynchpin, helping people to stay well in their own home for longer, and helps to address pressures elsewhere in the system by facilitating a person's discharge from hospital when assessed as being medically fit. I believe that greater priority and investment in social care and in the social care workforce is required in Northern Ireland.

19.2 Efforts were made by the Department of Health and health authorities during the pandemic to better understand the operational pressures of the social care sector and to work more closely with them. I believe it is important that commissioners and



providers of social care work more closely and as equal partners to deliver quality services and better outcomes for older people.

19.3 Older people spoke about how they were not involved when decisions were made at a strategic level about their emergency support needs. Listening to people with lived experience is even more important when services are overstretched as their experiences and expertise provide important insights into the support that will make a difference in their lives.

19.4 Many families and unpaid carers started or increased their own caring role for relatives during the pandemic, as community social care services were disrupted or closed. More should have been done during the pandemic and beyond to ensure families and unpaid carers received better support.

19.5 Preparing for recovery, post pandemic should include plans to address increasing levels of frailty and deconditioning. Rebuilding the confidence and strength of older people are key elements of recovery for individuals and communities. Community based, early intervention programmes should be in place to encourage and support older people to move more, get out and about and connect to others in their community.

#### Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated:

8/5/25