Consultation Response:
Active Ageing Strategy 2014-2020

May 2014

Edel Quinn Strategic Policy Advisor (Citizenship)
Age NI
3 Lower Crescent
Belfast
BT7 1NR:

t: 028 90892617
e: edel.quinn@ageni.org
## Contents

1.0 **Introduction**

2.0 **Context and Background**

3.0 **Strategic Issues**
   3.1 **An Overview of Older People**
   3.2 **High-level, overarching strategy**
   3.3 **Need for high level outcomes**
   3.4 **Government Strategies**
   3.5 **Rights**
   3.6 **Active Ageing**
   3.7 **Gaps**
   3.8 **Vision and Purpose**
   3.9 **Implementation, Monitoring, Review & Communication**
   3.10 **Older People and Diversity**

4.0 **Strategic Aims**
   4.1 **Independence**
   4.2 **Participation**
   4.3 **Care**
   4.4 **Self-Fulfilment**
   4.5 **Dignity**

5.0 **Section 75**

6.0 **Conclusion**
1.0 Introduction

**What Older People told us:**

- “We are not the future, so I feel we are not listened to”
- “I think government and MLAs could do better at understanding the issues facing older people”
- “I feel that government and MLAs should talk directly to older people and learn first-hand about the issues that affect older people”

Age NI welcomes publication of the draft Active Ageing Strategy. We welcome government’s commitment to develop a revised and updated Ageing Strategy for Northern Ireland. We believe that the new Ageing Strategy must provide the overarching framework through which Government can deliver for all older people in Northern Ireland now as well as preparing for the opportunities and challenges presented in an ageing society.

Age NI had over 115,000 engagements with older people last year through its advice and advocacy service, as a care provider and through its policy and engagement work. We work in partnership with 11 Sub-Regional Networks, who represent over 2,000 older peoples groups, reaching almost 70,000 older people across Northern Ireland. Our Peer Facilitator programme skilfully engages with a diverse range of older people across Northern Ireland, many of whom are hard to reach and hard to hear. Older people work directly alongside us in our influencing, policy and public affairs role. Age NI believes that all of this work to facilitate direct participation and invest in infrastructure to support the age sector gives us a strong mandate to represent the voices and experiences of older people.

Age NI is strongly committed to supporting the participation and voice of older people in all aspects of life, including decision-making processes. We have developed a range of expertise in supporting individuals, groups and networks to become informed and involved in social and civic life. We have a highly skilled volunteer-team of Peer Facilitators who deploy a range of tools which help them to engage with hard to hear and hard to reach older people. We employ four members of staff to directly support the work of the 11 sub-regional networks. We have a Consultative Forum of over forty members which meets regularly to participate in all aspects of our work, including engagement in our policy and influencing work. Some of the work we are involved in includes, supporting older people to be involved in the RPA process as the super-councils begin in shadow form from May 2014; supporting older people from across Northern Ireland to directly engage in the debate on the future of social care through our facilitation of the Who Cares? Consultation process.
We have also recently directly consulted with residents of both nursing and residential homes across Northern Ireland.

Age NI’s response to the draft Active Ageing Strategy has been compiled following a process of engagement with older people and organisations across Northern Ireland. We have directly engaged with our Consultative Forum, comprising 40 members from across NI, representing a range of communities, backgrounds, socio-economic, political backgrounds and interests. We have also engaged directly with over 90 individuals across Northern Ireland through a peer-led initiative to ascertain their views on the draft Active Ageing Strategy. Moreover, we have directly informed and supported the direct engagement of the 11 Sub-regional Networks who have in turn sought the views of numerous local groups across Northern Ireland.

In addition, our response is based on collective advice provided by the Ageing Strategy Advisory Group (ASAG) to officials from Office of the First and Deputy First Minister (OFMDFM). Age NI has actively participated over the course of the last four years with Departmental officials responsible for developing the Active Ageing Strategy, through our membership of the ASAG. Throughout this process we have informed and advised officials on what the Strategy should seek to achieve, focusing on content, structure, and process of the draft Strategy. While we are grateful to have been involved in the process and believe that we made a meaningful contribution to the development process, our collective ASAG advice has at no time approved the draft Active Ageing Strategy, production of which has been sole responsibility of OFMDFM, in liaison with the other government departments.

We welcome the opportunity to participate in the public consultation process on the draft Active Ageing Strategy and intend our comments to make a constructive contribution to the development of a final Strategy which will deliver for older people over the next six years and increase Northern Ireland’s preparedness as an ageing society.

It is important that we focus on maximising the benefits of an ageing population – and the positive contribution that people in later life make to society - through sharing their skills, experience, knowledge, commitment, enthusiasm, as contributors to the economy, as volunteers, carers, business people, leaders in communities and so on. As well as harnessing this demographic bounty, we must also address the challenges that come with an ageing society. At present there is a tendency to frame the debate on ageing within a dependency narrative which views older people as a ‘burden’ and a ‘drain on the public purse’. It is important that we move away from this rhetoric which diminishes all of us to a discourse which respects older people as rights holders and highly valued citizens. All older people must be supported to develop to their fullest potential, and we believe the Ageing Strategy is the driver to ensure this happens in Northern Ireland.
2.0 Background and context


‘Of major concern is that the areas in which progress has been persistently poor are areas of fundamental importance for older people (poverty, fuel poverty, winter deaths, social care etc.). Equally, where progress has been positive, the improvements witnessed have tended to be marginal.’

In 2009, Age NI produced a report called *Positive Ageing*[^2] in which we identified shortcomings in content, implementation and monitoring of the previous Ageing Strategy. A presentation of our report was adopted by the then Older People’s Advisory Group (OPAG) as its advice to OFMDFM during a review process in 2009. We note that as far as we understand no formal review of the Ageing in an Inclusive Society strategy was ever produced by OFMDFM.

While the consultation document correctly cites the establishment of the Older People’s Advocate and the Commissioner for Older People for Northern Ireland as significant positive achievements[^3], it does not make any reference to where the previous ageing strategy fell short. Age NI’s Positive Ageing report found that Ageing in an Inclusive Society ‘fell short on two fronts: firstly, in terms of the content of the strategy itself; and secondly, in terms of the processes involved in implementation of the strategy.’[^4]

Age NI strongly recommend that the new Active Ageing Strategy must learn lessons from this previous experience. The Age Sector and older people have high expectations that under our devolved administration we can collectively achieve an Ageing Strategy which delivers for all older people and is responsive to the diversity which exists among people in later life.

Age NI has also produced a number of policy and research papers which have been submitted to OFMDFM during the process to develop the current Programme for Government also contribute positively to this consultation debate. Our paper ‘*Opportunities for Ageing: Autumn Spending Review*[^5], (2010), highlighted the need to

[^3]: Ibid
[^5]: Op. Cit. 3, p. 49
place demographic ageing at the heart of this Government and we identified three priority areas, health and social care, poverty and equality and human rights, as a focus on these areas has the potential to transform the lives of older people, especially those who are vulnerable and disadvantaged. In addition, Age NI also commissioned research ‘A Review of the Evidence Base on Older People in Northern Ireland’\(^6\) (2010) which highlighted the need to urgently address ageing as a key priority to deliver sustainable change through a focus on removing the barriers and realising the opportunities of an ageing population.

There is much work to be done to address the many challenges facing older people.

Below we have set out the recommendations from Age NI’s *Positive Ageing* Report which we intended to inform development of a new ageing strategy going forward.

- A clear vision which reflects the needs, desires and rights of older people
- A commitment to formulate creative and innovative action plans that are detailed and contain clear, identifiable actions that are focused on the achievement of the associated objective
- Objectives which are based on identified need
- Sufficient engagement with the age sector to ensure objectives are well informed and that the strategy is having the desired impact
- Necessary structures and mechanisms in place to the ensure that the strategy is implemented effectively
- Adequate provision of resources to ensure that the strategy is implemented successfully
- An effective evaluation process is in place to measure overall progress.

Unfortunately, it is our considered view that a number of these recommendations have either been inadequately taken on board or not reflected at all in the current draft Active Ageing Strategy. Our consultation response seeks to build on these recommendations, combined with analysis of the draft and the input of older people from across Northern Ireland.

### 3.0 Strategic Issues

Age NI has set out below a number of key strategic issues which arise in the consultation document.

3.1 An Overview of Older People

Age NI recommends that it is important that the start of the strategy establish the context by setting out information on the wide range of issues facing people in later life. This is important as it gives both governmental officials and other key stakeholders, including older people, a sense of the overarching scale of challenges and opportunities facing older people today and our society more generally as an ageing population.

In particular, we recommend that OFMDFM include key statistics concerning each of the issues relating to older people, in order to give a comprehensive overview of the breadth and diversity of older people’s experience in later life. We further recommend that this be set out using the framework provided by the UN Principles for Older Persons, which we are very pleased has been included throughout the draft strategy, and which form the basis of the Strategic Aims. While a number of these statistics are already contained in different parts throughout the body of the consultation document, we believe that it would be much more effective to paint a holistic picture through producing a coherent statistical overview which draws together available top-line data with regards to ageing issues. This will of course provide information about data gaps, something which Age NI recommends must be addressed through the strategy in order to help effectively address the issue of monitoring.

We appreciate and support that prioritisation is required through the action plans. However, the draft strategy indicates that the action plans are only one means through which the strategic aims will be achieved. Aims will also be achieved through the policies and strategies of government departments and their agencies. A comprehensive overview of available evidence relating to older people will support the breadth of government to take appropriate action in line with the strategic aims. In taking a strategic view to 2020, we submit that it is important to establish an accurate picture of the where older people are today, which brings to life the hugely diverse and positive contribution which older people make, sets out the numerous opportunities which exist for people in later life, as well as establishing the many challenges faced by people who are ageing.

We welcome the analysis that ‘poverty, ageism prejudice, disrespect and negative stereotyping are root causes of the disadvantage older people face on a daily basis’. However, we believe that the consultation document does not adequately or coherently provide an overarching analysis of the challenges that the NI Executive seeks to tackle, issues of concern raised by older people together with a detailed articulation of the work the NI government is funding or undertaking to address the concerns in those areas and what monitoring arrangements will be implemented.
3.2 High-level overarching strategy

We believe that the Ageing Strategy should be the high-level overarching policy which anchors all policy, planning, legislation, practice and service delivery that impacts on older people and ageing. Age NI is very concerned that the consultation document does not appear to provide this overarching strategic framework docking all policy issues effecting older people in order to ensure delivery of a cohesive, co-ordinated and joined up response to older people across government from now until 2020.

3.3 Need for High-Level Outcomes

Age NI recommends that OFMDFM develops high level strategic outcomes to address the over-arching areas and that these should align to the Strategic Aims, with more detailed priorities identified to deal with specific issues. Age NI has suggested the following, by way of example:

- Older people are supported to maintain their independence through all stages of later life
- Increased participation of older people in all aspects of life
- Ensure that older people have access to and receive health and social care that meets their individual health and social care needs
- Ensure older people have appropriate access to educational, cultural, spiritual and recreational opportunities and resources and are supported to achieve their full potential
- Ensure that older people live in dignity and security and have their rights promoted, protected and fulfilled

We understand that departmental officials are currently working on developing a set of high-level outcomes together with statistical paper. We note that Departmental officials consented at a meeting with the ASAG, to consult on draft Outcomes which are currently being prepared, and we welcome this move. However, we are concerned that the timeframe to sign off on a final strategy and begin the process of implementation could be delayed. Older people have waited for years for a new and fit for purpose Ageing Strategy. The last one failed them. This one must deliver and be produced in a timely manner.

3.4 Government Strategies

The draft strategy states that Delivering Social Change (DSC) is the Executive’s comprehensive delivery framework to co-ordinate the efforts across departments to take forward work on priority social policy areas, particularly focusing on reducing
poverty and associated issues across all ages and improving health, wellbeing and life opportunities for children and young people.

As an Executive goal, the development of DSC as the ‘new level of joined-up working across Government departments to achieve real, long lasting social benefits for those who need it most’ is much needed and extremely ambitious. Joined-up and co-operative approaches are essential in an ageing society, to ensure co-ordinated and planned policy, service development and delivery which are responsive to current, emerging and future challenges and opportunities facing people in later life today and in years to come.

However, Age NI does not believe that this DSC framework has set out a comprehensive, workable pathway to take the Active Ageing Strategy from 2014 to 2020 and deliver for older people. Currently as the document stands, there is a disconnect and ambiguity about how the strategy will operate.

It is concerning that, despite our direct engagement in the ASAG, we continue to be unclear about this crucial aspect of the Strategy. As already stated, Age NI believes that the Ageing Strategy should be the key driver with regards to all policies relating to older people. We do not believe that as it currently stands the current version of the Active Ageing Strategy will deliver for older people in the way necessary to address the many significant challenges facing them today and as we prepare for our ageing society.

The consultation document states that the Active Ageing Strategy ‘will be implemented through the DSC initiative’. It also states that it ‘will be delivered through the specific government departments and agencies that have the resources and expertise to deliver the key programmes and services that improve the lives of older people.’

Clarification in an easily accessibly format is required, setting out how the Strategy will implement, monitor and review across DSC and other government strategies, in order to deliver for older people in an effective and meaningful way from now until 2020. Although the diagram at page 15 of the consultation document is helpful, it does not nor should it fully explain delivery of the Strategy. Age NI therefore recommends that the OFMDFM includes a narrative which must provide clarity on the linkages between Programme for Government, Delivering Social Change and strategies developed and delivered through government departments. Getting the strategic framework right is essential for both implementation and monitoring effectiveness. Implementation of this Strategy goes far beyond the Action Plan and it is imperative that the correct framework is in place at the outset.

\[10\] Op Cit. 3, p 49
\[11\] Op. Cit. 3, p 13
Age NI recommends that the strategic priorities set out in the Active Ageing Strategy should give direction to all government departments’ strategies, policies and action plans etc. which impact on older people. It should also provide a mechanism by which they can report against the indicators through the DSC Sub-Ministerial Committee which comprises all Executive Ministers, which will also of course monitor implementation of the Active Ageing Strategy’s Action Plan. Only in this way can government get a clear indication of the totality of older people’s lives and only in this way can we truly effect long-lasting and holistic change.

We wish to request information from OFMDFM about how decisions have been taken to develop and fund the proposed signature projects under DSC. Moreover in the absence of SMART targets and proper detail it is almost impossible to respond in a meaningful way on the proposed actions. We request information on the process of prioritisation, how they will be evaluated and within what timescales, how will lessons from evaluation be taken forward; will projects be re-funded if they are successful; how will proposals to take forward new work, be progressed through Delivering Social Change; what role with older people and the age sector have in this process.

While we are supportive of the commitments contained in DSC, we have very real concerns about the ability of DSC to deliver on these commitments due to the scale of the problems facing older people and our ageing society in terms of poverty and associated issues – which include housing, health and well-being - including physical and mental health - isolation, discrimination, access to education, leisure, training, employment etc.

While we appreciate that resources are limited and austerity has meant that budgets are under increasing pressure with the expectation to deliver more with less; we believe that there remains a clear disconnect between the Government’s commitments under DSC for older people and the ability to deliver on these commitments.

In addition it remains very unclear as to how the specific areas have been chosen under DSC for older people, particularly with regard to the criteria used for the identification of priority areas and proposed signature projects chosen. Age NI does not believe that this process is in line with the principles of transparency and openness in public procurement. We believe that information should be provided on the criteria for how priority areas have been chosen under DSC.

**Baseline indicators** need to reflect the strategic aims and corresponding high level outcomes and targets of not only the Action Plans but also crucially, the other relevant strategies in order to ensure an alignment in older people’s policy issues. The Active Ageing Strategy must act as a bedrock for all strategies etc. which relate to older people and therefore all outcomes, targets, indicators need to speak to the
breadth of government’s social policy strategies which address the issue of later life. This holistic approach needs to be clearly road mapped and laid out in the strategy.

We therefore wish to request that the department provide a broader understanding and awareness of other strategies and Departmental Action Plans and how they link to the Active Ageing Strategy for the purposes of implementation and monitoring, which is essential if this document is to be fit for purpose.

**Programme for Government**

The draft consultation states that the Active Ageing Strategy is set within the context of the Programme for Government, the United Nations Principles for Older Persons and Equality and Human Rights legislation.\(^{12}\) Annex A sets out 22 commitments in the Programme for Government Commitments Table. We are concerned at the absence of Key Performance Indicators and Milestones specific to older people in any of the commitments contained in Annex A. This echoes Age NI’s response to the draft Programme for Government consultation, in which we expressed our concern that ‘ageing has not been prioritised’ in the Programme for Government.\(^ {13}\)

Once again we reiterate our recommendation on the need for the Strategy to clearly set out how the Active Ageing Strategy links to the Programme for Government for the purposes of monitoring and implementation.

**We are extremely concerned that the Annex A of the draft Active Ageing Strategy has excluded the OFMDFM commitment to ‘extend age discrimination legislation to the provision of goods, facilities and services.’**\(^ {14}\) Given that this constitutes the key programme for Government commitment directed at older people, we strongly urge OFMDFM to include this crucial commitment in Annex A of the Strategy, in order to align with the Programme for Government. Our concern in this regard is compounded by the fact that the commitment contained in the Action Plan is a weakened and inadequate version of the Programme for Government commitment.

We also note the change in terminology in one of the Programme for Government commitments concerning OFMDFM and Delivering Social Change. The original Programme for Government under priority two at page 38, refers to the ‘Social Investment Fund’ however, the Annex A of the draft Active Ageing Strategy includes this commitment but has changed the name for this fund to the ‘Delivering Social Change Central Fund’. We wish to request information be provided to clarify this change.

---

\(^{12}\) Op Cit. p14  
\(^{13}\) Age NI response to Department of Finance and Personnel consultation on draft Programme for Government, 2012, p5  
\(^{14}\) Programme for Government 2011 -2015, Northern Ireland Executive, p40
3.5 Rights

The Active Ageing Strategy must be set within a rights-based framework. We note that the draft Strategy states that it has been set in the context of the UN Principles for Older Persons and equality legislation. While we welcome the fact that the document has referenced the United Nations Principles for Older Persons throughout the document, including a framing of the Strategic Aims, Age NI is concerned that the draft Active Ageing Strategy falls short of including an express commitment from the Northern Ireland Executive to the UN Principles and a commitment to promote, protect and fulfil the rights of older people. It is true that the UN Principles are not a binding international convention however, the principles are an important and powerful statement of the human rights protection afforded to older people, and are designed to influence national policy.

Reference is also made at paragraph 2.4 of domestic human rights legal protections. No reference however, is made to the other relevant domestic and international human rights standards which are pertinent to older people. Older people are protected by a number of binding international treaties, including the International Covenant on Economic, Social and Cultural Rights (IEESCR), United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), International Convention on the Elimination of all forms of Racial Discrimination (CERD), the UN Convention on the Elimination of all forms of Discrimination against Women (CEDAW).

It is imperative that government sets out in this strategy all of its obligations under international human rights instruments which are directly relevant to older people. Research has shown that ‘there is generally low understanding and awareness of the Human rights Act among those working with older people’\(^{15}\). Omitting these obligations affects potential for protection of some of our most vulnerable citizens - visibility is important not only for government departments in policy planning, delivery and monitoring against these international instruments, but also for older women, older people who are living with a disability and older people from BME communities etc.

Taking a rights-based approach to development and delivery of the strategy is also important to increase understanding and awareness among older people themselves about their rights. Evidence suggests that there are a number of practical barriers that can act to discourage older people from using their human rights, and these include:

- Negative perceptions and misunderstandings surrounding human rights among the general public including older people
- Lack of information for older people and those that work with them about human rights

---

\(^{15}\) Older People and Human Rights, British Institute of Human Rights and Age UK (2011), p 6
• Difficulties face by older people in accessing justice and making complaints. For example, older people
  o May not complain because of a fear of the consequences, e.g. that they will be evicted from their care home if they do so
  o May not complain because they lack confidence
  o May feel they are just ‘making a fuss’
  o May find there is a lack of accessible complaints mechanisms or information about how to complain
  o May have particular communications/language difficulties – for example, it may be difficult for older people with dementia to complain
  o May face limited access to legal aid providers or be limited by the scope of legal aid or may be put off by complex legal procedures, including legal aid

There is a clear need for an educative function, an awareness-raising function which this strategy should address.

In addressing this issue, a pertinent long-term goal for the strategy should be: to achieve age-proofing of all policies across government.

We are concerned that despite the Strategy providing information about the positive contribution of older people, at times the language used throughout the document appears stereotypical. For example, ‘older people often have an opinion about what is happening to them’ which appears at the start of the section on Participation; ‘we need to instil greater respect for older people which is no less than older people deserve’, is patronising and diminishes not only older people but also makes respect for older people dependent on their being deserving. Age NI recommends removing all stereotypical and language and framing the issues of participation and respect within a rights-based framework – i.e. older people have a fundamental right to be treated with respect and to participate fully in society.

Age NI recommends that the NI Executive uses the opportunity created by the development of the new Active Ageing Strategy to commit to age-proofing of all government policies.

3.6 Active ageing
The World Health Organisation states that ‘the active ageing approach is based on the recognition of the human rights of older people and the United Nations Principles of independence, participation, dignity, care and self-fulfilment. It shifts strategic planning away from a “needs-based” approach (which assumes that older people are passive targets) to a “rights-based” approach that recognizes the rights of people to equality of opportunity and treatment in all aspects of life as they grow older. It supports their responsibility to exercise their participation in the political process and other aspects of community life’

16 Ibid, p7
Age NI strongly recommends that the Active Ageing Strategy provide a much clearer and substantial definition of ‘active ageing’ in section 1 of the document. Currently what is contained in paragraph 1.9 of the consultation document fails in our view to go far enough. In particular this definition should make express connection to commitment to a rights-based approach and in addition, set out clearly how this approach will deliver for ALL older people, in particular those who may not be considered ‘active’ in the traditional sense of the word. This is essential to ensure sense of ownership among all older people. Otherwise, relevance to the strategy could be construed as contingent on being ‘active’, in the usual meaning of the word, with the potential to pathologise ‘older old’ or inactive older people for not being ‘active enough’ or not doing enough to prevent themselves from becoming ill or frail etc.

Age NI strongly recommends the department to include this WHO definition in the Active Ageing Strategy and commit to delivering the strategy through a rights-based framework.

3.7 Gaps
The list of strategies, draft policies out to public consultation, frameworks set out at paragraphs 2.10-2.12 does not appear to be a definitive list – there are gaps, for example, in regards to economic issues, for example, pensions, equity release, savings, debt; employment and employability; IT and digital inclusion, education and training; volunteering; criminal justice issues – community safety, older people who offend and/or are detained, elder abuse; issues relating to a building shared, cohesive communities, multiple identity issues. Crucially, there is no mention of the current proposals on Welfare Reform which obviously has the potential to impact significantly on older people, particularly mixed age couples; or OFMDFM’s Together: Building a United Community.

We note also the reference to Who Cares? The Future of Adult Care and Support in Northern Ireland which is described as ‘setting the direction of policy in both health and adult social care provision.’ We would point out that this document is a policy discussions document which contained no recommendations and no policy direction has as yet been progressed by DHSSPS in relation to the proposals.

We note at paragraph 2.20 that four government departments have been omitted from reference in the consultation document – Department for Enterprise Trade and Investment, Department of Finance and Personnel, Department of Culture Arts and Learning and Department of Education. Clearly the challenges and opportunities facing older people today and our ageing society going forward are the responsibility of all government departments. And while the Arts Council of Northern Ireland and Sports Northern Ireland initiatives are mentioned\(^{18}\) and Annex A makes reference to

\(^{18}\) Op. Cit. 3, paragraph 2.20
DETI and DFP commitments in the Programme for Government, it is important that the direct linkages are made across all departments to their responsibilities under the thematic areas.

For example, one would expect DE to have involvement in intergenerational work. We are very disappointed to note that there is no reference to intergenerational work in the consultation document. This is an important omission, and Age NI strongly recommends that this is sue be included in the final strategy. Intergenerational work is directly relevant to the responsibility of DE, DHSSPS, DCAL, DOJ and OFMDFM. It is important to approach such work cross-departmentally. To date much of the work has been conducted through the sole purview of DOJ, however, this in our view, limits the potential of and skews the focus of intergenerational work, which should be first and foremost about building connections, increasing confidence and self-esteem, reducing isolation, creating shared, cohesive communities rather than about reducing crime and fear of crime, which evidence shows comes when these other factors are positively influenced.

Age NI recommends that all government departments are clearly identified as having a responsibility to deliver the strategic aims contained in the Active Ageing Strategy. This we submit is a primary purpose of the Active Ageing Strategy – to provide a cohesive and co-ordinated approach to the issues which impact on the lives of older people – to place older people at the centre of policy, planning and delivery, rather than continue with departmental silo-based approaches.

3.8 Vision and Purpose
Age NI is concerned that the section in the consultation on Purpose is not sufficiently strong, strategic or robust. Paragraph 2.13 appears to set out what the strategy ‘aims’ to do – however, what is proposed here is very weak and unambitious, and we are unclear as to what the status of this paragraph on ‘aims’ is in relation to other parts of the document – for example, Strategic Aims.

The proposed ‘purpose’ of the Strategy and sets out a number of statements which taken together are very disappointing. It is essential that the Purpose section establishes that the Active Ageing Strategy is the high-level policy framework for all policy relating to older people in Northern Ireland.

Age NI recommends that this section be re-written to ensure that the Active Ageing Strategy has a strong and ambitious Purpose section, which sets the clear intention about what will need to be achieved across government, in order to strategically deliver for older people. We recommend that the Purpose section includes wording such as:

- Set out a high level policy framework to give coherence and guidance to Northern Ireland Departments’ activities across general and older people specific areas of policy;
• Drive improved performance of service delivery leading to improved outcomes for older people;

• Address the root causes of disadvantage experienced by older people in Northern Ireland;

• Increase the understanding and importance of the rights of older people, and ensure these rights are recognised when policy is developed or when implementing initiatives which impact on older people; and

• Improve the opportunities for older people to participate across all areas of society.\(^{19}\)

3.9 Implementation, Monitoring, Review, Communications

Budget
The Active Ageing Strategy must be fully funded. Age NI recommends that resourcing needs to be clearly set out, to include not only resources for the Action Plan but also resource allocation regarding older people across government departments. One of the primary functions of the Active Ageing Strategy must be to monitor total government spend on older people’s issues, and why it is necessary for all government departments to gather disaggregated data in relation to ageing matters.

Age NI is unclear about what budget is attached to implementation of the Strategy – either overall or for the Action Plan. We are concerned that there does not appear to be any information contained in the consultation document with regards to resourcing of the strategy. We note that the document states that ‘at this stage…we do not know which proposed signature programmes to implement the strategy will receive Delivering Social Change funding.’\(^{20}\) We also do not have a clear sense of what monies will be available through DSC to programmes directed at older people nor how the overall DSC spend has been disaggregated between different cohorts of people. Moreover, it is unclear if work proposed to be funded through Delivering Social Change in the Action Plan at Annex C is additional to existing departmental activities. Age NI wishes to request that the department to provide us with this information.

We note that all proposed actions in phase 2 have no budget secured for delivery: ‘additional resources will be required. Subject to funding becoming available, they will be prioritised and subsequently form the 2nd phase.’ It appears that all the unfunded actions are not guaranteed even should funding become available, as they have to be ‘prioritised’. Age NI wishes to request information as to what process or

---

\(^{19}\) These are adapted from *A Strategy to Improve the Lives of People with Disabilities 2012-2015* (2013) Office of the First and Deputy First Minister for Northern Ireland, p 11

\(^{20}\) Op. Cit. 3, p 78
prioritisation will be undertaken and what the criteria will be, and what timeframe is envisaged.

It also appears that some of the actions proposed in Annex C appear to be at different stages of development, increasing the lack of distinction between existing programmes, the Active Ageing Strategy and Delivering Social Change funded projects.

**Monitoring**

The consultation document contains a proposal to develop a statistical paper with indicators baseline data when the strategy is finalised following the public consultation, which will include the most appropriate and robust statistics to measure the impact and outcomes of the Strategy and inform the reviews of the Strategic. However, this approach is highly problematic at a number of levels. Neither outcomes nor baseline data have been included in the current draft, making it impossible to comment on either their appropriateness of these outcomes or the robustness of the data in terms of measuring. Both outcomes and baseline data form part of the policy which is currently being consulted on. Without this, it is impossible to participate in full consultation on draft Active Ageing Strategy.

In addition, the absence of any meaningful information on indicators, including available baseline data is a huge and fundamental weakness in the document as it stands. These are needed to demonstrate impact against outcomes, how the projects make incremental positive changes towards wider strategic goals contained in the strategy. We are concerned that the section on Monitoring in the draft Strategy does not make reference to the statistical information, baseline setting, data sources etc. as this is crucial to effective monitoring of the Strategy.

**Age NI recommends that the department develops and consults afresh on high level outcomes, baseline indicators and identification of data sources**, in line with the department’s obligations under Section 75 of the Northern Ireland Act 1998.

The establishment of clear indicators of success and baseline data, including identification of gaps in information, is essential to ensure proper implementation of the Strategy and support for robust monitoring and evaluation arrangements. Data collection and indicators must include both qualitative and quantitative information, as often the richness of human experience is best captured through hearing the voices of older people.

Age NI would point out that part of Government’s duty to ensure compliance with the obligations under section 75 of the Northern Ireland Act 1998 is the collection of data for the purposes of the promotion of equality of opportunity. Without such data it is impossible to ensure the promotion of equality of opportunity and to ensure compliance with section 75. In addition, many of the data sets used in Northern Ireland are not comparable across agencies, much less jurisdictions.
Review

Age NI notes that oversight of delivery of the strategy is proposed to be co-ordinated, monitored and overseen through the existing Delivering Social Change governance structures, including a sub-committee of the Executive in relation to Delivering Social Change, the Delivering Social Change Programme Board, and the Equality and Human Rights Project Board. We also note that delivery of the Action Plan will be incorporated into the Departmental annual Business Plan and progress reported quarterly.

**Age NI recommends that the document should include a commitment to produce an Annual Report setting out progress on the implementation of the Active Ageing Strategy and this should be laid before the NI Assembly on an annual basis.** This report should set out progress against the baseline indicators which relate to high-level outcomes applying to all government departments, and should use both quantitative and qualitative data, and the process to produce the report should be an inclusive one involving older people and age-based organisations.

As we have already recommended, it is essential that ambitious targets are set against clear high-level outcomes connected to the Strategic Aims. As the document has already proposed the strategy will be implemented through ‘Delivering Social Change and other government departments’. Therefore, this cross-governmental work relating to older people and implementation of the Strategy must be scrutinised as part of any review. The programmes suggested in the Action Plan, many of which have not yet been resourced, whilst important, certainly do not form the whole picture.

While we welcome the commitment to conduct a three year review and update the Action Plan, Age NI submits that what is currently proposed is too limited. **We recommend that the review should deal with all aspects of the issues contained within the Active Ageing Strategy, including but not restricted to the Action Plan.**

**Communications**

Openness, transparency and proactive communication, which meaningfully reaches to the diversity of older people across Northern Ireland, is essential in order to facilitate real engagement, participation and the necessary scrutiny which can enable and secure accountability and consequently effective targeting to deliver on the declared aims. It is essential therefore, that older people and age organisations are provided with appropriate information and opportunities to directly engage in the issues in a meaningful way with decision-makers. In order for this to happen in a co-ordinated and strategic manner, **Age NI recommends that it is essential that a**
A communications plan is developed to ensure that all necessary steps are taken to reach the approximately 360,000 older people living across Northern Ireland. The plan should set outcomes, and measures against SMART targets using a range of qualitative and quantitative indicators.

It is important to develop materials in a variety of accessible formats, and to ensure that information is disseminated in ways which are appropriate to reach the maximum amount of older people.

It is also imperative that government takes particular steps to reach hard to reach, hard to hear and socially isolated or disadvantaged groups – for example, those living with dementia, residing in nursing homes or residential homes, sheltered accommodation, older people living with a disability, members of the BME or LGBT community, those living in isolated rural areas etc.

**Role of the Voluntary and Community Sectors**

Age NI is disappointed that the draft Active Ageing Strategy does not adequately capture the richness, diversity and added value which the age sector provides to the lives of older people across Northern Ireland every day, and the important social capital which they bring to our society.

Age NI has invested resources and spent a number of years working to support the development of a strong and vibrant age sector comprised of 11 sub-regional networks and approximately 2,000 local older people’s groups. This sector delivers strong opportunities to keep older people active and engaged their communities. Recent research has highlighted that the sector engages 70,000 + older people on an annual basis\(^{21}\). However, nearly a third of the age sector respondents for Age NI’s Social Capital research in 2010 felt that recognition of their work was ‘very poor – poor\(^{22}\). Age NI believes that this infrastructure is an important and core resource which is already working to develop and sustain positive ageing and active citizenship. **Support for and engagement with this resource should be a tangible and real outworking of the Active Ageing Strategy.**

The general voluntary and community sector in Northern Ireland also plays a key role in supporting the NI Executive to deliver for its citizens. Government funding to the voluntary and community sector is £260 million, 45% of the sector’s income. Most of this goes to pay for services, which the sector delivers so efficiently that it saves public money\(^{23}\).

---

\(^{21}\) Older people and voluntary action: citizenship, civic engagement and welfare. Emerging evidence from Ireland, north and south; Nick Acheson, Arthur Williamson and Brian Harvey; 2010

\(^{22}\) Social Capital research into the relationships between the age sector and statutory sector, CENI, 2010

\(^{23}\) Information sourced from Community NI website ([http://nicva.org/projects/smart-solutions-tough-times](http://nicva.org/projects/smart-solutions-tough-times)), Feb 2011
A Northern Ireland Audit Office report\textsuperscript{24} highlighted that a number of principles contained in the compact\textsuperscript{25} were not being applied as widely or as systematically as they might be. Specifically, the report said:

‘The principles requiring wider application include:

- Maximising the sector’s contribution to the policy process from the development phase through to implementation, monitoring and evaluation;
- Developing the ability of all government funders to manage the funding relationship effectively, and Sector organisations’ ability to deliver their full potential
- Fully and consistently applying the ‘good practice’ resourcing and funding mechanisms, including, for example full cost recovery, timeliness of payments and proportionate monitoring and audit.

This has been borne out in an Audit Commission report,\textsuperscript{26} which highlighted that in order to strengthen the voluntary sector’s ability to deliver public services, there needs to be improvement in the use of good partnership working; appropriate funding and that capacity building should complement good commissioning practice by public sector bodies. The reality is that the sector currently do deliver a large range of public services across Northern Ireland and in the context of the current fiscal situation, are well placed to continue this role in working with and supporting communities and individuals. The sector also adds value in working to collate the experience gathered in providing services and translating this into credible policy analysis to feed into the policy development process within government.

3.10 Older People and diversity

Age NI believes that the section on diversity must be significantly strengthened. The only issues which are highlighted in the section are oldest old and differences between people in terms of working, retired –fit and well, and those with significant health problems requiring support. It states: ‘in line with normal practice, the Executive will ensure that the Active Ageing Strategy links to other relevant strategies ensuring equality and tackling inequality.’ Age NI submits that this is not satisfactory. Moreover, the ASAG has provided advice about inclusion of multiple identities in the strategy.

\textsuperscript{24} Creating Effective Partnerships Between Government and the Community and Voluntary Sector, NIAO, September 2010
\textsuperscript{25} Building Real Partnership – Compact Between Government and the Community and Voluntary Sector NIO Dec 1998
\textsuperscript{26} Audit Commission (2007) Hearts and Minds: Commissioning from the Voluntary and Community Sector
Age NI recommends that it be strengthened with regards to people with multiple identities. Paragraph 1.18 deals with the issue of multiple identities, and this is to be welcomed. However, the last sentence in this paragraph is concerning as it does not make the necessary clear commitment from Government to recognise, respect and protect older people from being effected by multiple forms of discrimination. Age NI recommends amending the Strategy to make government obligations to older people with multiple identities unambiguous, in line with its human rights and equality obligations.

While reference is made to ‘gender, age, religion, disability, ethnicity, sexual orientation and locality they grew up in’ - no mention is made of section 75 of NI Act 1998. No mention is made of race, political opinion, or of older people with or without dependants – and we know that there are significant issues for older carers living in Northern Ireland, for people from BME communities and that older people have lived through the period of conflict and more recent period of transition, all of which impact particularly on the ageing population, requiring appropriate response. Older people are not a homogenous group and their experience can be very different, including their experience of discrimination and ageism.

The statement that those still working have needs ‘very similar to those of the general population’ is misleading. Recent research has highlighted that ‘there are still a range of barriers which prevent people working longer, including ageist attitudes, health, caring responsibilities, skills and training opportunities as well as the fact that ‘cliff-edge’ retirement is still a common occurrence [in Northern Ireland].’

Age NI recommends that the strategy includes a commitment that the NI Executive will ensure the Ageing Strategy links to other relevant strategies addressing inequality, including equality strategies and equality schemes. The strategy should also contain an express commitment to ensure that all necessary steps are taken to ensure active participation of older people with multiple identities in the outworking of the ageing Strategy.

We further submit that the screening exercise is flawed in its decision not to conduct a full Equality Impact Assessment (EQIA) as this policy will undoubtedly have adverse impact on some of the section 75 groups. We set out our reasoning later in this response. Below, we indicate some of the issues for older people with multiple identities which bear relevance to the Active Ageing Strategy.

Gender

Usually the situations of older people and of women are analysed separately which obscures the particular challenges older women face when the disadvantages of age and gender compound. For example, currently, the gender pension gap in Europe is

---

27 Briefing Note, March 2014, Commissioner for Older People for Northern Ireland, p 1
39%, more than twice as high as the gender pay gap, which stands at 16%. In addition, women continue to be over-represented in low pay sector and lower hierarchical positions. Moreover, research has shown that the current generation of older women continue to be negatively affected by their long care leaves, including facing difficulties in re-entering the world of paid employment. Their career pattern has influenced their employability, earning potential and confidence. It also negatively affects their opportunities to build up adequate pensions. Older women are less likely to drive than older men, impacting particularly but not exclusively on those living in rural areas. Research also shows that older women from black and minority ethic communities face particular hardships.

BME

National research suggests that there are differences within Black and Minority Ethnic (BME) groups generally when compared with the white population and they experience worse health outcomes. Ill health often starts at an earlier age. There are variations from one health condition to another. There are also differences across the age groups with the greatest variation in worse health amongst the older ethnic minority groups. For example minority ethnic groups have greater rates of cardiovascular disease than white people but lower rates of many cancers. Diabetes is more common in BME groups and hypertension is more common in Asian groups. Evidence suggests that there is a lack of knowledge amongst BME groups about social care services, including respite services for people with disabilities, and in particular, services for those with dementia and their carers. Employed men and women in the Pakistani, Bangladeshi and Indian communities have particularly high rates of caring, and therefore the proposal in relation to respite and support for carers will impact on this group in particular. There is an increased rate of mental health issues for those newly arrived in the country, and those seeking asylum, in particular children.

In relation to Travellers, research has shown that:

• Overall mortality is 3.5 times higher than in the general population for both genders
• Life expectancy is much lower – 11 years less for females and 15 years less for males
• There is a higher burden of chronic diseases
• Male Travellers have a significantly higher suicide rate – 6.6 times that in the general population

---

28 AGE Platform Europe and European Women’s Lobby, *Improving the situation of older women in the EU in the context of an ageing society and rapidly changing socio-economic environment*, 2014
29 Ibid
**LGBT**

It is estimated that there are 24,012 Men and women who identify as something other than heterosexual\(^{32}\). Research has indicated that LGBT people have poorer health outcomes, e.g. higher rates of breast, cervical and anal cancer\(^{33}\), and more than 20% of LGBT report having either a physical or mental disability. In addition, research in Northern Ireland has shown that LGBT people are 2½ time more likely to live alone and LGBT people are twice as likely to be single\(^{34}\).

**Disability**

People in Northern Ireland also experience the lowest disability-free life expectancy of any nation in the UK. Also, research undertaken by Age Ni\(^{35}\) in 2009 found that the methodology used to measure poverty in the UK disadvantages people with a disability, by including disability benefits (DLA and AA) in the income calculation without adjusting to reflect the costs of disability. The report demonstrated that this most significantly affected single female pensioners, who saw levels of poverty increase by 8%.

**Legacy issues**

Age Ni believes that the draft strategy is blind to legacy issues, the ‘particular circumstances of Northern Ireland’\(^{36}\) and the fact that we are a society emerging from conflict. We believe that this is counterproductive, given that older people in this jurisdiction have lived through the conflict and on-going period of transition. We believe it is important to set out the operating context of a society emerging from conflict and the on-going impact that this is having on people in later life – e.g. in terms of health, mental health, substance misuse, employment, housing, education, issues arising for those injured during the conflict and those caring for them, who are getting older, issues concerning veterans and ex-political prisoners etc..

‘A significant number of Northern Irish men and women over 50 had direct involvement in the conflict and have been profoundly affected by it in complex ways, as have their children’\(^{37}\)

‘The population of those injured in the conflict are now experiencing deteriorating health and increased dependency due to a combination of the ageing process and the limitations placed on them by their injuries.’\(^{38}\)

---

\(^{32}\) NISRA, Mid-population estimates and populations projections. 2012  
\(^{33}\) Making This Home my Home, Age Ni and The Rainbow Project page 8  
\(^{34}\) Ibid  
\(^{35}\) Evasen et. al The Truth about Poverty in Northern Ireland, 2009  
\(^{36}\) Good Friday Agreement, 1998

\(^{38}\) Breen-Smyth, M. The Needs of Individuals and their families injured as a result of the Troubles In Northern Ireland (2012), University of Surrey and WAVE Trauma Centre, P29
Age NI recommends that the Active Ageing Strategy takes cognisance of the particular circumstance of Northern Ireland in regards to how these impact on the lives of older people. This is consistent with a rights-based approach built on commitment to the UN Principles for Older Persons and other human rights instruments.

There appears to be a dearth of research on this issue and Age NI suggest that in the first instance research is conducted to gain an understanding of the issues in order to inform appropriate responses.

4.0 Strategic Aims
Age NI welcomes the use of the Un Principles for Older Persons as a key framework for the strategic aims of the ageing strategy. We believe that the principles provide a clear and important framework to underpin the development of older persons’ policy and services. However, we note an imbalance in the amount of information and number of issues raised under each of the Strategic Aims within the consultation document. For example, the section on Independence runs to 16 pages and includes 8 separate headings. In contrast, the sections on Participation, Self-fulfilment and Dignity run to 2 pages, 3 pages and 2 pages respectively. This could give rise to a mistaken perception that issues of Participation, Self-fulfilment and Dignity are less important than those dealing with Independence and Care. Age NI recommends that the strategy be amended to reflect the importance of each of the 5 UN Principles for Older Persons as set out in the Strategic Aims.

We are concerned that there is a disconnect between the narrative first part of the document and the Action Plan in Annex C. We are unclear as to the decision-making process to arrive at the 18 actions, and what process of prioritisation took place in order to resource the phase 1 programmes, and wish to request this information from OFMDFM. In addition, it is not clear that all of these programmes are additional and if the Delivering Social Change funding is resourcing new programmes, or is it funding work in departments which is the purview and responsibility of those departments.

Of the 18 separate actions contained in the Action Plan, only 7 have resources already available. There is no information about the levels of resources, timeframes, nor confirmation about whether this money has come solely from DSC. This lack of detail makes it very difficult to effectively engage in the consultation exercise – it is important that the strategy sets out the budget available for implementation.

The strategy must make the connections between each of the strategic areas of work, and set the course which will deliver a comprehensive, holistic approach to ageing in Northern Ireland.
Finally, to re-iterate, Age NI recommends that high-level strategic outcomes are developed to align with each of the Strategic Aims. We further recommend that the level of commitment set out in the Strategic Aims be strengthened and we recommend replacing the word 'promote' to 'ensure'.

4.1 Independence

United Nations Principles for Older Persons: Independence

1. Older persons should have access to adequate food, water, shelter, clothing and healthcare through the provision of income, family and community support and self-help
2. Older persons should have the opportunities to work or to have access to other income-generating opportunities
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place
4. Older persons should have access to appropriate educational and training programmes
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities
6. Older persons should be able to reside at home for as long as possible

What Older People Tell us:

- Independence to me is staying in my own house with family and if necessary the support of health groups to maintain a good quality of life
- Independence means everything to me. Sorry to say I don’t have enough money so I have to cut back on things. Things like going out and meeting people. Can't afford to do activities and not able to go on holidays or on days out
- Financial restraints prevents me from doing the things I would like to do, for example, buying Christmas and birthday presents for my grandchildren
- I have a disability. There is no accessible transport. Library was stopped passing my door last year and it’s too far for me to the nearest stop point. I miss this very much.
- The nearest bus is two miles from where I live and only comes once a day
- Now and again I would like to see a Show but it’s the lack of transport in rural areas that stops me, which people living in towns have on their doorsteps and they can use their bus pass every day
- I think more awareness is needed in the younger generation. Visits to schools and universities should be encouraged. A lot of young people refer to older people as ‘Grannies’ etc. When I ask them what they mean, they don’t know. More appreciation of what older people have contributed and continue to do.
I do not speak good English and have to rely on family for doctors, social events, everything – I don’t have any independence, although I would like to have.

General comments

This section deals with issues under eight headings of active independent living, adequate income and standard of living, rural area, housing conditions and fuel poverty, housing adaptations, transport, transport in rural areas and fear of crime. We note the consultation document states that other objectives under this aim are covered in later chapters. We are unclear as to which other objectives the document refers to and also what the rationale for this and believe it makes the document more difficult to follow. We recommend that in the interests of consistency and for ease of read, all issues dealing with a Strategic Aim are housed within the corresponding relevant chapter.

Given the decision to use the UN Principles for Older Persons as the framework of the strategy, we believe it may be more helpful to place each thematic issue under each of the relevant corresponding strategic aim heading. Under the UN Principles, Independence deals with the following issues – Transport, Housing, Poverty, Fuel poverty, Income – benefits/uptake, Savings, Equity release, Debt, Access to information and advice, Education, Employment. We recommend that these issues be included in the Independence section.

The Strategic Aim needs to include a phrase such as ‘in whatever setting they live’ or ‘in their own homes, or in hospital or care settings’.

Age NI recommends that the Strategic Aim be changed to replace the word ‘promote’ with ‘ensure’ – this is a stronger and necessary commitment from the NI Executive to older people in Northern Ireland.

Active independent Living

We are pleased to note the reference, at paragraph 3.6 to evidence-based positive outcomes for older people when an active ageing approach is taken. We welcome the long term goal to establish Northern Ireland as an Age Friendly region. While we further welcome the pledge to help the 11 new councils secure commitment to the WHO Age Friendly Environments programme, we believe that this could be strengthened to deliver an outcome where Councils commit to signing up and implementing the WHO Age Friendly Environments programme.

Older people need to be centrally involved in the development of the WHO Age friendly Environments Programme; the new soon to be formed Super Councils provide a perfect opportunity to involve older people and local age-based
organisations in developing policies and services which are responsive to the holistic needs of older people at the local level. **Age NI recommends that the Active Ageing Strategy should include information about the need to support infrastructure to drive positive change on ageing issues, at local and regional level and across Government departments, agencies and local authorities etc.**

**We recommend appointing Older People’s Champions and developing a framework to link these Champions across the region** – in order to share good practice, engage in joint initiatives, and ensure that Northern Ireland implements the WHO Age Friendly Environments Programme in a consistent yet innovative way. The Proposed Action plan unfortunately does not contain any clear actions, baseline indicators or targets therefore it is difficult to comment in any detail. **Age NI recommends that the WHO evidence-based list set out at paragraph 3.6 of the consultation document could be used as a basis to set indicators for the active ageing work in the Action Plan.**

*Adequate income and standard of living*

Age NI notes that statistical information about poverty is set out in paragraphs 3.10-3.25, over 4 pages. We further note that no analysis is provided in regards to the statistics. For example, poverty among people in later life is undoubtedly a huge issue affecting many older people in Northern Ireland, despite the fact that there has been a reduction in levels of pensioner poverty (in terms of official statistics) over the last five years, evidence has shown growing inequalities between older people.

It should also be noted that relative poverty is limited as a method of poverty measurement. Relying on relative income poverty as a stand-alone measure of poverty may not be particularly insightful. Using the 60% of national median income as a marker, results in a threshold that changes year on year. This has a disadvantage in that if incomes are falling across the board (e.g. during a recession), poverty levels for older people could be coming down even while the living standards of those on low incomes are falling. Measured by relative poverty statistics alone, this situation would count as an improvement. Relative poverty therefore needs to be interpreted with caution. While there appears to be an improvement for older people, this may be a false illusion due to the recession and a drop in national incomes.

This section however does not make connections between poverty and other issues, such as health and well-being, social exclusion, isolation, housing, legacy of the conflict. It also fails to set out the impact of inflation on older people, particularly since the economic recession, and the impact which policies such as Welfare Reform will have on older people. Recent figures from the Department of Social Development have found that pensioners on average received £385 per week - a

---

figure which is down by 8% in real terms from 2012\textsuperscript{40}. The report also found that pensioner incomes in Northern Ireland, for both individuals and couples, were the lowest in the UK. Age UK have tracked the impact of inflation on older people and estimate that older people are £1000 a year worse off than the general population.

We are disappointed that there is nothing contained within the draft strategy on automatic payment of benefits, or financial capability measures. In addition, we are disappointed that no exploration has been made of the impact of social price support has had in other jurisdictions as an effective means of reducing fuel poverty.

\textit{Action Plan}

The proposed Action sets out a Department for Social Development 3 Year Plan for improving Uptake of Benefits – ‘Maximising Incomes and Outcomes’\textsuperscript{41}. It appears that this Action is generic in nature and not specifically directed towards older people.

We further note that the Action Plan under Action 2 states: ‘DSD proposes to work with OFMDFM to potentially deliver a Signature Project aimed at increasing uptake of benefits amongst an additional cohort of older people and their carers.’ It is difficult to comment on this proposed Signature Project as there is no detail available with regards to targets, specific actions etc. Age NI requests information about the process and timescale of decision-making with regards to this and other proposed actions.

\textit{Helping people living in rural areas}

There is a section entitled: ‘Helping People Living in Rural Areas’ at paragraph 3.29, which runs to one paragraph only. It currently only contains information on the MARA project, phase two of which has been on-going since 2012. Age NI suggests that this only touches the surface of the issues impacting on older people living in rural areas. We note that paragraphs 3.46 -3.51 sets out proposals regarding transport in rural areas.

\textbf{Age NI recommends that the consultation document changes the layout to include a cohesive section on rural issues affecting older people.} If the Ageing Strategy is to be a regional document, then it is essential that issues impacting on older people living in rural areas are given due weight and attention in the document. We are disappointed that the draft strategy has not been the subject of \textbf{rural proofing} and recommend that this exercise is carried out.

One major area which is omitted from the current draft strategy is isolation, which is a significant problem for many older people living in Northern Ireland both in rural

\textsuperscript{40} Pensioners’ Income Series Bulletin, Northern Ireland 2011/2012

\textsuperscript{41} Launched in July 2013 by Minister for Social Development
and more built-up areas. Isolation is also a problem for older people from across a range of backgrounds, facing particular challenges, for example, those people living alone, or in poverty, or members of the LGBT and BME communities.

**Housing conditions and fuel poverty**

The subject of housing is dealt with under the current draft strategy under sections looking at conditions and fuel poverty and housing adaptations. **Age NI recommends that the Ageing Strategy should have a general section setting the context on the issue of housing and older people,** making express connections between living conditions, fuel poverty, health and well-being, falls, adaptations, need for assisted-living technology, community, isolation, disability, oldest old etc. The impact of people living longer on the availability of homes and the management of improvements and services are key issues. It is vitally important that older people are supported to continue to live independently and in safety in communities across Northern Ireland for as long as they choose to.

With regards to housing conditions and fuel poverty, the consultation document sets out some statistics relating to housing conditions and the shocking statistic that 1,230 older households were deemed unfit to live in; with almost 11% - 21,600 older households not meeting decent homes standard. However, the strategy does not contain any detail about how these issues are to be tackled nor does it set out any targets to change this very stark and bleak situation. Age NI submits that the Ageing Strategy is a huge opportunity for the NI Executive to address such an important issue for older people.

Given the serious impacts of fuel poverty for the older population in terms of health and excess winter deaths, older people deserve particular attention in this area of government policy. We are therefore disappointed at the proposed Action 3 in the Action plan at Annex C.

**Action Plan**

While the document references the *Warmer Healthier Homes – A New Fuel Poverty Strategy for Northern Ireland*, and states that this strategy sets out some of the work Government is carrying out already to tackle fuel poverty, it recognises ‘clearly there are still significant issues for older people in relation to fuel poverty.’

Action 3 states ‘DSD supported by OFMDFM, is currently delivering a follow up project to build on the successes of the Affordable Warmth pilot project which was completed in 2013/2014.’ In the Action Plan, this is called Affordable Warmth 2.

However, Age NI believes that this action is problematic in a number of ways. Firstly, it would appear that this proposed project already actually happened last year having
been initiated in September 2013. It appears that Signature Project Affordable Warmth2 is a ‘programme for which resources are already available’. Age NI wish to clarify whether this money has come through DSC or has it been funded through Department for Social Development monies. The project appears to have been completed before the Ageing Strategy has been even consulted on, or signed off by Ministers, something we believe is not appropriate if this work has been funded out of DSC money under the auspices of Ageing Strategy.

Secondly, there are no detailed targets contained in this project in the Action Plan, which is somewhat strange, if as we are given to understand, the project has already completed. Finally, this project was not uniquely targeted to older people, but was a general fuel poverty initiative, targeting ‘fuel poor’ households. Age NI wishes to request information about what specific targets have been set with regards to older people, what baseline indicators have been used to measure progress and how disaggregated data has been collected to demonstrate success.

The ASAG has recommended that there should be a clear additional focus on identifying measures to address fuel poverty which go beyond the current focus on energy efficiency. Age NI has long argued that exploring social price support with a view to establishing a scheme similar to Warm Homes Discount in England could assist government to reduce the numbers of older people who are in fuel poverty.

Housing Adaptations
This section is disappointing and requires further development. There is a boxed paragraph at page 27 which set out that ‘DSD will, with DHSSPS, make best use of budgets and expertise to support independent living and will consult on recommendations on the joint review of adaptation services’. It also states that DSD will commission local primary research to better understand the housing intentions of older people. Firstly, we are unclear as to the status of these shaded boxes, in comparison, for example, to sections set out in bold lettering. Secondly, in our opinion, the commitments set out are unambitious and vague. Age NI submits that, in light of the scale of issues older people experience in relation to housing, that it is not sufficient to commit to making the best use of budgets and expertise. We ask how would it be proposed to measure this commitment, what would success look like? Age NI recommends that OFMdFM should work with other Departments and NGO’s to identify key priorities which would better improve the situation for older people.

Action Plan
We note that the two signature Projects outlined at Action 4 and 5 of Annex C, are not resourced and are proposed as phase two projects. The Housing Action 4 identification of Housing Adaptations – Private Sector, does not have SMART

---

42 Age NI’s response to the Fuel Poverty to Achieving Affordable Warmth, Public Consultation, Department for Social Development, February 2014, p 9
targets, nor timescales. It proposes a voluntary code for private housing sector; and sets out six proposed outputs. The Housing Action re housing aids and adaptations seems to reflect the commitments already made in the Disability Action Plan.

**Transport**
The section on transport references its importance in enabling older people to be independent and lead active lives. Age NI recommends that further detail be succinctly set out making linkages between transport and successful communities, tackling social exclusion, addressing social isolation, health and well-being, finances, employment etc.

For many older people safe, accessible, reliable and affordable public transport is a lifeline and vital in leading and active and independent life, particularly for those without access to a car. Older people need to be able to reach key services, family and friends at a reasonable cost, in reasonable time and with reasonable ease. They need better information, reliability and safety to encourage them to use public transport. Reduction in social isolation should be one of the success measures for transport strategy. Better information, advice and support are important to encourage an increase in use of public and community transport.

Transport at local level should be built into the community planning process, and its design and delivery should involve the on-going direct participation of older people. It should be more than cars and buses and trains, it should also be about cycling and walking.

We welcome the statement about free travel however, we recommend that the Strategy commits to continue to fund transport for over 60s for the duration of the strategy. Currently, the consultation document states that ‘there are no plans to change this’, and Age NI would be concerned that these plans could be changed during the next administration.

**Support in Rural areas**
Whilst the title suggests a broader theme about rural issues in general, unfortunately, no such section appears in the consultation document and the current section actually focuses exclusively on rural transport. Age NI recommends that the final Active Ageing Strategy should include a section on issues specific to older people in rural areas.

A specific rural focus in policy development is advisable given the considerable social, economic and demographic changes in rural areas; changing local infrastructures; challenges associated with providing public services in changing rural contexts; and on-going weaknesses in the research evidence base for rural areas. Ageing in a rural area is a qualitatively different experience to ageing in an
urban area, and indiscriminately applying policies to rural areas without considering the rural context could be ineffective.

However our understanding of ageing in a rural environment is limited, with implications for evidence based policy making. Before useful policies can be developed, this knowledge gap needs to be addressed.

The International Rural Ageing Project (IRAP) which ran between 1997 and 2001 had an objective of reviewing and integrating information on rural ageing (Burholt). At an Expert Group Meeting in 1998, members stated that rural ageing had been neglected. Despite significant demographic, and economic changes that have reshaped rural populations, they found that most countries had not addressed these changes in policy, and that policy was not being effectively informed by research based evidence. Without a strong evidence base ‘societies can squander scarce resources pursuing untested or ineffectual programmes’.

In a recent review of progress against the research goals set out by the IRAP, Burholt (2012) found that the majority of rural themes, which had been identified as needing urgent review, had received insufficient attention. Of particular concern is the fact that policy agendas have not tended to recognise the potential future or existing contributions of older rural dwellers. The life experience of older rural dwellers can be a considerable intellectual resource in policy and service development, and this is not currently being exploited; ‘Rural elders have not been recognised in terms of the contributions that they could (or do) make to societies; effective planning and policy development could allow communities to potentially tap into intellectual and other resources for older citizens’.

In summary, a rural approach to policy development is necessary given the different and changing rural context, and the lack of consideration of this context in policy development to date. Policy development however will be limited given significant gaps in our research knowledge. This will have to be addressed to ensure that policy development is informed by a robust evidence base.

Rural policy development, for the most part, has not been informed by evidence based research in Northern Ireland. A key factor in the absence of an evidence based approach has been a lack of rural data and research here.

A recent review of the rural ageing literature by Burholt (2012) found significant gaps in knowledge of rural ageing at a European level. Given gaps in our understanding, a logical starting point for rural work would be the collation of existing rural research and data that applies to Northern Ireland, and the identification of research/ data gaps that need to be addressed.

---

44 Ibid
A large number of research priorities have been identified by Burholt (2012) as requiring attention;

- Demography, rural classifications in Northern Ireland and availability of rural data
- Policy and planning cycles, how effectively these are developed and monitored through use of research, relevant data and engagement with older rural dwellers; ie consider key NI Executive strategies and programmes.
- Within DARD, the Audit of Inequalities which highlights the need for action in partnership with others to help tackle social exclusion and pensioner poverty, the Rural Development Programme, and DARD’s Anti-Poverty and Social Inclusion Framework
- Forecasts of health and social care needs
- The participation and contribution of older rural dwellers
- Digital exclusion
- Rural poverty
- Retirement from agriculture

**Age NI recommends in the first instance that data which DARD holds, gathered through programmes such as the Rural Development Programme be collated and analysed to improve available evidence on older people living in rural areas.**

**Action Plan**

Action 6 proposes that DRD will work with OFMDFM to increase service provision through the Rural Transport Fund (RTF) which is currently restricted.

The Action proposes that Rural Community Transport Partnerships get older people to hospital appointments/day centres when they do not meet the criteria to avail of DHSSPS/Trust transport or when appointment is at hospital outside the Rural Transport Partnership operational area; and through use of Translink for services in rural areas deemed socially necessary but uneconomic to provide.

These are much needed areas of work, something which older people raise with Age NI time and time again, and are therefore to be welcomed. Age NI suggests that the Action is however, not laid out with targets attached, and there is a narrative in the action plan, much of which we submit would be better placed in the narrative section of the document as it sets some of the context and not appropriate in an action plan. Finally, we note that this action is not currently resourced and is proposed as a 2nd phase project.

Action 7 proposes audio and visual display equipment for buses. While two actions are set out in the Actions/Outcomes column, there are no SMART targets etc. attached; and crucially the project is not resourced, again anticipated to be a phase two project. Once again, the short narrative section here we believe would be more
appropriate in the body of the strategy. We wish also to clarify if this Signature Project appears in the Disability Strategy’s Action Plan.

_Fear of Crime_

**Age NI recommends that, in keeping with the framework contained in the UN Principles for Older Persons, the issue of Fear of Crime be included in the Dignity section of the document.**

The _Action Plan_ states that resources are already available for the Signature Programme which has three elements. However, the Action Plan is very vague with no targets or detailed actions. We also note that the figure of £6.5 million will be allocated to Policing and Community Safety Partnerships (PCSPs) for local delivery of community safety initiatives from 2013-2015, including those initiatives aimed at addressing the fear of crime amongst older people. It is unclear whether these actions are additional to that which is core responsibility of Department of Justice. We understand that financial allocation for the projects is funded by DoJ and also NI Probation Board (in relation to the PCSP work). We also understand that work on these projects has commenced. Age NI wish to request information from OFMDFM to clarify the role of DSC in regards to this area of work contained in the strategy and action plan.

_Intergenerational issues_

We welcome the commitment to intergenerational issues however we are concerned that the key driver is reducing fear of crime and that the lead department is Department of Justice. The reality is that the positive benefits of intergenerational work cut across many aspects of life and enrich and build stronger, more cohesive communities, improve people’s health and well-being, decrease social isolation, increase skills-sets and confidence, as well as helping to reduce fear of crime. **Age NI recommends that this work should not necessarily be led by DoJ, but perhaps through a cross departmental partnership, with clearly the DOJ through the Community Safety Unit having a very important role to play in delivery.** It certainly needs departmental buy-in from other departments including DCAL, DSD, DRD, DE, to name but a few. Having funding and concomitant actions and targets set through a prism of justice and reducing fear of crime, means that the focus of the exercises could become skewed in this direction.

_Clearance rates_

**Age NI believes that the Ageing Strategy should make reference to wider issues relating to crime, justice and older people, particularly as the Programme for Government commitment is to ‘tackle crime against older and vulnerable people’.** This is important in our opinion, in view of the fact that

---

45 Email correspondence between Age NI and Department of Justice, 7 May 2014
46 Programme for Government, 2011-2015, p45
implementation of the Strategy will go beyond the Action Plan and involved other government strategies, and given that the Strategy is set in the context of human rights, equality and the UN Principles on the Rights of Older Persons.

Crime against older people is universally condemned across our society and although the level of violent crime and burglary against older people is relatively low in Northern Ireland, each incident is traumatic for the victim and causes fear among the wider population.

The clearance rate for violent assault and burglary against older people is lower than for victims in most other age groups as reported by the PSNI. While the clearance rates have improved for this age group in the last five years, the failure to bring offenders to justice creates further fear of crime and a sense that older people are not properly protected. Age NI recommends that the Strategy includes a commitment to continue to address this issue in the lifetime of the Strategy.

**Older people involved in offending behaviour**

Age NI believes that it is important to include reference to older people who are involved in offending behaviour. There are a comparatively few, though not insignificant number of older people in prison in Northern Ireland today: 10% over 50 year: 7% aged 50-59 and 3% aged over 60, with the total number standing at just over 110. With an increasing ageing population, it is not unreasonable to project that numbers of older people involved in offending behaviour who are detained in prison and/ or receiving support to rehabilitate into community, could increase. Age NI submits that the Active Ageing Strategy 2014 – 2020 which takes a rights-based approach, provides the appropriate platform to raise awareness of and commitment to address these issues over the lifetime of the Strategy. Research in the UK has identified a number of issues in the criminal justice system and prison estate to be addressed in dealing with older prisoners who may have chronic health problems, degenerative conditions or disabilities; highlighted gaps in policy and practice regarding rehabilitation of older people who have been involved in offending behaviour.

These are issues which we recommend should be included in the Active Ageing Strategy, with a commitment to develop a programme of research and evidence gathering in the first instance in order to gain an understanding of the scope and complexities of the issues to inform strategic responses.

---

4.2 Participation

**UN Principles for Older Persons: Participation**

- Older Persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their wellbeing and share their knowledge and skills with younger generations.
- Older persons should be able to seek and develop opportunities for service to the community and to service as volunteers in positions appropriate to their interests and capabilities.
- Older persons should be able to form movements or associations of older persons.

**What older people tell us:**

- I think that all too often a figure-bead is appointed to speak to government on our behalf. The ordinary man/woman on the streets is still unheard. Grass roots opinion required more.
- We are not the future so I feel we are not listened to.
- I feel that government could do more by letting older people become involved in designing new programmes etc.
- Would like to be heard in decision-making – councillors could give talks to groups of older people.
- Participation means being involved in day-to-day life: it may not mean joining clubs and societies but could be about enjoying the local library, which I like to do.
- I do have a say in different issues through my involvement in the community group.
- Older people having to go online to order repeat prescriptions, is not going to work.
- I never feel I am listened to, especially being of Chinese origin – there is no provision for my need, like translation, interpreting. I want to get more involved, and participate.

**Age NI recommends that the section on participation be strengthened significantly.** Full and effective participation is a fundamental right of all older people in Northern Ireland. This issue cuts across every aspect of the draft Strategy, because the inclusion and participation of older people is essential in every aspect of their lives.

**We recommend that a high-level strategic outcome which aligns with the Strategic Aim under the heading of Participation be developed, against which key targets can be set.**
We note that a number of other issues contained within the UN Principles for Older Persons under the theme of Participation not included in either the strategic aim or the narrative or action plan under, including inter-generational, and volunteering.

Age NI recommends that the Strategic Aim be changed to replace the word ‘promote’ with ‘ensure’ – this is a stronger and necessary commitment from the NI Executive to older people in Northern Ireland.

**Participation in decision-making processes**

**It is imperative that the voices, views and experiences of older people must be heard and taken into account by government in designing, delivering and monitoring implementation of all policy, legislative and service development which impacts upon the lives of older people.** Not only is this a legislative requirement under Section 75 of the Northern Ireland Act 1998; it also, from a governance point of view, makes good sense – in that government will work best when it is responsive to and meaningfully engaging with those members of society directly affected by policy and practice. Moreover, participation of older people helps significantly to challenge negative and damaging stereotypes and ageist assumptions.

Older people we have spoken to as part of this consultation process confirms earlier research undertaken by Age NI which found that 81% of people aged 65 plus think that government in Northern Ireland need to make a greater effort to address issues of older age; and 70% think that government do not make sufficient effort to listen to the needs and experiences of older people.49

The Active Ageing Strategy must set out the special measures which need to be taken to ensure that the voices of hard to reach and hard to hear older people are meaningfully included at all levels within the policy and service delivery field – for example, those people who are living in isolated areas, people from BME communities, including asylum seekers, members of the LGBT community, older people living in nursing, residential and sheltered accommodation, older people who are living with dementia, older people who are living with disabilities, older people who are living in poverty and social isolation, those who are living with mental health problems, or with alcohol or substance misuse issues, or homeless older people etc.

We note that reference is made to the Madrid International Action Plan on Ageing at paragraph 4.2 and while we welcome the particular mention made of older women, we are very disappointed that no special measures have been proposed to address the particular challenges to participation faced by older women. Indeed, we are concerned at the lack of any reference to the need for special initiatives needed to support older women throughout the consultation document.

---

49 Research conducted by Millward Brown on behalf of Age NI in 2010, p 5
We note at 4.3 that the consultation document states ‘we want older people to become more actively engaged in the development of government policies...’ However, we are disappointed to note that there are no specific outcomes or targets set to help ensure that this desire is translated into a reality. Older people must be supported to participate, particularly if they face barriers to participation.

Age NI is disappointed at the weakness of the commitment contained at paragraph 4.11 of the consultation document in regards to OFMDFM’s role across government to ‘highlight’ the importance of ensuring that information provided to people is made available in accessible formats, including paper copy by post. Age NI submits that much more could be done between now and 2020 across all government departments to support the increased informed participation of older people across NI.

We also note that paragraph 4.3 references the importance of accessible formats of documents. Meaningful and active participation in decision-making processes is dependent on information provision in an accessible format, location, and in a timely manner. Older people have told us that information must be provided not only in accessible formats, but in places that older people are likely to access – churches, libraries, television, doctor surgeries.

We note that the consultation document refers to the importance of the involvement of older people and organisations representing older people in the development of public policy and there is a recognition of the recommendations made by the Ageing Strategy Advisory Group about need for practical and financial support for older people’s groups to advise, support and challenge government effectively. Unfortunately we are disappointed to note that this recognition is not followed up by any commitment to take action in this regard.

Age NI believes that in addition, to being a stand-alone section of the Strategy, Participation of Older People should be a cross-cutting theme as it impacts on every level of life. Including the voice of older people in all aspects of life should be an outcome right across all public bodies, each of which should set targets to measure progress in increasing the participation of older people- for example, policy development, monitoring and implementation; involvement in design and delivery of services; volunteering in local community projects or charities/churches; political and public representational roles on public bodies etc.

Action Plan

Age NI welcomes the commitment to involve older people and their representative groups in the development and implementation of the Active Ageing Strategy in the Action Plan. We note that the body of the consultation document states ‘the Ageing Strategy Advisory Group will be a key group involved in the monitoring of the
Strategy\textsuperscript{50}. We are concerned that the Action Plan does not specifically reference this monitoring role for older people and representative groups. It is important to expressly include this monitoring function in the Action Plan.

**Age NI recommends that the role of older people and age sector in monitoring of the Strategy must be developed in conjunction with the age sector, older people and other members of the current ASAG.** It is imperative that older people and age sector organisations are meaningfully involved in both agreeing the process and structure of monitoring arrangements and fully participate in implementation of those monitoring arrangements. Monitoring processes must be effective, robust and involvement of older people and NGOs must be on an equal footing with statutory organisations, in order to ensure that engagement is not tokenistic, and that scrutiny is meaningful.

Age NI requests that OFMDFM provide further information on the specifics of the planned monitoring arrangements, including plans to involve older people in a meaningful way.

**Digital Inclusion**

We are disappointed that the narrative on Digital Inclusion runs to just one very short paragraph. We note the commitment at paragraph 4.9 of the draft strategy, repeated at Action 10 of the Action Plan to implement a digital inclusion programme with specific actions to promote digital skills and awareness for older people and people with disabilities. We note that this project appears to have been resourced. We also note the absence of clear targets and any meaningful detail which makes it very difficult to comment on the appropriateness or otherwise of the proposed action. In addition, beside the action plan, **Age NI believes that the final document should set out the clear outcomes to be achieved during the lifetime of the strategy with regards to digital inclusion – this proposed action can only be but one strand.**

Research shows that developments in the expansion of the digital economy may inadvertently contribute to older people’s exclusion from accessing more affordable services (financial, leisure, educational health etc.) by virtue of the fact that they are less likely to use the internet. The proportion of people in all age groups accessing the internet in Northern Ireland has risen during the last 10 years, but individuals aged over 60 remain less likely to access the internet than younger age groups\textsuperscript{51}. It is this type of policy analysis that is needed to ensure that we are not storing up costly problems for a later date through the development of unsustainable polices.

\textsuperscript{50} Op. Cit. 3 p 33

\textsuperscript{51} Northern Ireland Statistics and Research Agency (2010) *Continuous Household Survey*
Isolation and loneliness

We note that isolation and loneliness are referred to at the Strategic Aim, however, we are disappointed that there is nothing contained in the strategy to address this crucial issue, nor is there anything in the early Action Plan.

A new Age UK survey has found that over one million people aged 65 plus in the UK describe themselves as always or often feeling lonely\textsuperscript{52}, up on last year\textsuperscript{53}, with two in five (41\%) saying that their TV or pet is now their main form of company\textsuperscript{54}.

Loneliness is a huge issue that affects people all year round with nearly a third (30\%) of older people saying they would like to go out more often\textsuperscript{55}. Age UK’s research also reveals that one in eight people aged 65 plus (12\%) are feeling cut off from society\textsuperscript{56}. Loneliness can be seriously damaging and recent studies have shown it has double the impact of obesity and that feeling extreme loneliness can increase an older person’s chances of premature death by 14 per cent\textsuperscript{57}.

4.3 Care

<table>
<thead>
<tr>
<th>UN Principles for Older Persons: Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values</td>
</tr>
<tr>
<td>Older persons should have access to healthcare to help them to maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness</td>
</tr>
<tr>
<td>Older persons should have access to social and legal services to enhance their autonomy, protection and care</td>
</tr>
<tr>
<td>Older persons should be able to utilize appropriate levels of institutional care, providing protection, rehabilitation and social and mental stimulation in a humane and secure environment</td>
</tr>
<tr>
<td>Older persons should be able to enjoy human rights and fundamental freedom when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives</td>
</tr>
</tbody>
</table>

\textsuperscript{52} TNS Loneliness Omnibus Survey for Age UK (April 2014). 10\% selected Often or Always when asked ‘Thinking about life these days, how often, if at all, do you feel lonely?’ Population figures for the UK are estimates based on mid-2012 population estimates, ONS 2013, using the figure of 10,840,900 people aged 65 or over in the UK.

\textsuperscript{53} TNS Loneliness Omnibus Survey for Age UK (April 2014) shows a rise of over 289,000 or 38\% from 770,000 older people from TNS survey for Agenda for Later Life, Age UK, 2013 16/01/2013 - 12/02/2013 (figures rounded at end). Both the 2013 and 2014 population figures were based on mid-2012 Population Estimates, ONS 2013, using the figure of 10,840,900 people aged 65 or over in the UK.

\textsuperscript{54} TNS Loneliness Omnibus Survey for Age UK (April 2014).

\textsuperscript{55} TNS Loneliness Omnibus Survey for Age UK (April 2014).

\textsuperscript{56} TNS Loneliness Omnibus Survey for Age UK (April 2014).

\textsuperscript{57} Presentation by John Cacioppo, Professor of Psychology at the University of Chicago to the American Association for the Advancement of Science (February 2014)
What Older People Tell Us

- The nonsense of 10 minute visits needs to be addressed
- Accessing a doctor is not easy. There is a long wait on the phone and appointments are usually gone by the time you get to speak to someone. Also different doctor every time.
- Once or twice my doctor has made remarks that indicate that I should be grateful that I have reached 70 and that he and I can sit back and wait for the inevitable.
- Hospitals like Altnagelvin and Belfast give early appointments which are not suitable for Fermanagh people
- I am a carer aged 72; I look after my wife who has dementia. This is restrictive and can stifle opportunities. More time allotted by social services for day care would make a huge difference to me
- Funds, time, facilities, approaches that enable individuals to receive good quality support leading to an independent lifestyle for as long as possible
- I want to see the people who provide the health service have language skills so that when I visit they can communicate with me

Age NI recommends that the Strategic Aim be changed to replace the word ‘promote’ with ‘ensure’ – this is a stronger and necessary commitment from the NI Executive to older people in Northern Ireland. It should also commit to addressing the issue of health inequalities among older people.

We further recommend that the strategic aim be reframed to articulate high-level strategic outcomes.

Throughout the document reference is made to the matter of health inequalities among older people and links are made across a range of issues, including poverty, housing, education etc., and Age NI welcomes the Executive commitment to ‘improve and protect health and wellbeing, address health inequalities and provide quality health and social care services for all our citizens including older people’. However, we note again that here the Active Ageing Strategy references key ongoing initiatives and policies without any demonstration of how an age lens has been applied. This we submit should be one of the key functions of the Active Ageing Strategy.

There is no doubt that the focus of public health initiatives on younger people and families pay real dividends not only for these young people, their families, but also society as a whole. The evidence is clear that people of all ages from lower socio-

---

58 Active Ageing Strategy, paragraph 5.20
economic groups have generally worse outcomes; they are more likely to be in poor health; have lower educational qualifications; and live in poor housing\textsuperscript{59}.

For older people this can manifest itself in many ways such as limited or no access to key services such as care, housing, transport, financial services, lifelong learning, local shops and other amenities. Inequalities and disadvantage in the care and treatment of older people is unacceptable and for some older people it can be a matter of life or death.

The usual \textbf{preventative health measures} such as alcohol, obesity, exercise and smoking cessation are valued and necessary; however, for older people some of these may not be suitable. For many older people, the provision of ‘that little bit of help’ can result in reducing health inequalities amongst older people through programmes that ensure that they are linked into their local communities. We know that loneliness and isolation is a major issue for older people. However as we noted earlier the reduction in care packages and particularly for those with low or moderate needs, this is counterproductive. The provision of ‘that little bit of help’ not only produces significant savings but results in better outcomes for older people. It is important that this message is central in reducing and preventing health inequalities in this strategy.

\textbf{We recommend that the Active Ageing Strategy includes very clear outcomes and indicators to drive necessary change across all relevant government departments in regards to this complex and pervasive issue.}

There is an imbalance in this section with a failure to adequately address the issues of health faced by older people. The issues include, access to GPs, hospital services, referrals for specialist treatment etc. \textbf{Age NI recommends that the section on Care, properly reflects the totality of health and social care issues concerning older people, and sets out the context regarding health matters in addition to articulating matters relating to social care.}

Evidence has demonstrated widespread \textbf{ageism and age discrimination in health and social care.}

Examples include:

- Clinically based research in England has shown ageism in cancer services, coronary care units, prevention of vascular disease, mental health services, and the management of strokes\textsuperscript{60}


• Other research reveals more subtle ageist practices and negative attitudes towards older patients\(^{61}\)
• Older patients less likely to be referred for surgical intervention for cancer, heart disease and stroke\(^{62}\)
• Survival rates for British cancer patients over 75 are amongst worst in Europe\(^{63}\)
• Clinical trials often exclude older people based on chronological age rather than capacity to be entered to such trials\(^{64}\)
• Older people are under-referred to psychological treatments (talking therapies such as Cognitive Behaviour Therapy) that are available for younger people, or to specialist mental health units\(^{65}\)
• Up to 50% of older people in residential care have clinically severe depression, yet only between 10%-15% receive any active treatment\(^{66}\)
• Patients over 65 who complain of heart issues are less likely to be referred to a cardiologist, given an angiogram or a heart stress test\(^{67}\)

We are concerned that there is no discussion or commitment to tackle the issue of age discrimination in health and social care in the Active Ageing Strategy. Age NI has called for the Department of Health, Social Services and Public Safety (DHSSPS) to **undertake an Age Discrimination Review of all aspects of Health and Social Care in preparation for introduction of this legislation**, similar to the wide-ranging review carried out in GB in respect of the Equality Act 2010\(^{68}\).

**Age NI recommends that the final Strategy and Action Plan includes an express commitment to ‘extend age discrimination legislation to the provision of goods, facilities and services’, in line with the Programme for Government commitment**, and sets out information about the context of age discrimination in health and social care in terms of its impact on older people.


\(^{66}\) Ibid, p 46

\(^{67}\) Centre for Policy on Ageing, Ageism and age discrimination in primary and community health care in the UK (2009) page 28

\(^{68}\) Glennon, L. and Dickson, B. (2009) Making Older People Equal: Reforming the Law on Access to Services in Northern Ireland
Action Plan

We note that none of the proposed programmes in the Action Plan are programmes for which resources are currently available. Although there is comprehensive detail including 5 actions set over 12 pages of the Action plan on the proposed phase 2 schemes, none of these are currently funded. Age NI understands that there has been work conducted already on a number of the programmes under this part of the Action Plan. These appear to be TYC/re-ablement actions taken from elsewhere rather than funded Delivering Social Change Signature Programmes that would lead to full implementation of the Action Plan part of the Strategy.

Age NI requests further information on the status of the proposed Programmes in the Active Ageing Strategy’s Action Plan under the Care section in relation to TYC and other DHSSPS policies and action plans.

4.4 Self-fulfilment

<table>
<thead>
<tr>
<th>UN Principles for Older Persons: Self fulfilment</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Older people should be able to pursue opportunities for the full development of their potential</td>
</tr>
<tr>
<td>- Older persons should have access to the educational, cultural, spiritual and recreational resources of society</td>
</tr>
</tbody>
</table>

What Older People Tell Us:

- What makes me happy is using my creativity
- It would help if we had more health and education programmes and activities
- I still have useful skills and knowledge which go unused. Further education is unhelpful and confusing, for example, age related discount is available for QUB courses but not Belfast Met courses
- I love yoga
- I paint
- I love to dance, but there is nowhere for me to go
- I love gardening – I am not able to do as much as I used to but I still enjoy it
- I have a small dog which is my company. Where can I take her? There are not many places which are dog friendly, buses and trains, are only for guide dogs. Hotels also a problem. There are only four places in NI to take your dog when you want to eat.
- I do zumba
- Coming to groups, meeting up with friends, learning new things, having fun! I am a member of U3A.
- I don’t feel I am involved in my community, as I am not aware of what is going on, my involvement is poor due to my health and lack of transport
- Coming out to see friends in the drama project makes me feel happy. But it depends on funding, lots of projects for older people are time bound due to
funding from charities, there is no government funding for activities for older people.

- I'm involved in a walking group, Church, play bowls, and help with catering
- make soup for lunch club. Visit elderly who are younger than me
- I'm busier now than when I was working
- I volunteer in a charity shop
- I help look after my Grandchildren
- I am on the Board of Governors of a school
- I do not involve with local activities due to the language barrier as I am from the Chinese community

Age NI recommends that the Strategic Aim be changed to replace the word 'promote' with 'ensure' – this is a stronger and necessary commitment from the NI Executive to older people in Northern Ireland.

This section focuses almost entirely on employment, employability and training. Even the section on education and leisure makes no reference to any non-employment-related services or benefits to the individual older person or the community. Nor again, is there any connectivity between leisure and increases in health and well-being, resulting in reduced costs in these areas of public spending. We believe this needs to change to reflect the holistic definition of self-fulfilment set out in the UN Principles and experienced by older people in Northern Ireland.

**Action Plan**

The Action Plan does not flow from the narrative section of the strategy – there are proposals to develop a Signature Programme to increase employment prospects of economically inactive ‘older workers’ at paragraph 6.5 of the document; however, the Action Plan at Action 16 refers to economically inactive people ‘aged 50+ years old.’

There is a further proposed signature programme to explore how we may better promote the benefits of further education opportunities among older workers. We note that the action plan welcomes views on the proposal. This action is once again vague, with no targets. Age NI recommends a clear commitment be included to increase provision to further education, re-skilling, new training and learning for older people.

We further note that neither of these proposed signature programmes under the self-fulfilment category or employment and education and leisure have resources attached.

There is reference in the body of the strategy at page 44 to the Arts Council’s Arts and Older People’s Strategy and one Sport NI initiative – where older people are a priority group in the NI Sports Strategy 2009-2019 ‘Sports Matters’.
One group of older people that Age NI spoke to stated that this section ‘betrayed a frightening lack of understanding what self-fulfilment means to the individual.’ As set out above, the UN Principles state that ‘older persons should be able to pursue opportunities for the full development of their potential and older persons should have access to the education, cultural, spiritual and recreational resources of society.’ This is absent from the section on self-fulfilment in its current guise. Self-fulfilment is about so much more than employment and training. Particular measures and approaches are required to ensure that older people with additional barriers to self-fulfilment are supported, for example, members of the BME community, those living with a disability etc. **Age NI urges government to ensure that a more balanced and rounded definition and commitment to action be reflected in both the narrative of the Strategy and in the Action Plan, in order to fully reflect the spirit and letter of the UN Principles, and the wide range of areas in which older people in all their diversity engage in order to achieve self-fulfilment.**

4.5 – **Dignity**

### UN Principles for Older Persons: Dignity

- Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse
- Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic status

### What Older People Tell Us:

- **Dignity to me means being treated with respect. People don't have time for you. Some tend to talk over your head or assume you wouldn't understand. This can be hurtful**
- **Dignity means being treated with respect and understanding and to receive a service that providers would expect for their family and themselves.**
- **To be treated just the same as anyone else no matter what age**
- **Older people are seen to be a drain on society and government don’t want us to live longer**
- **I am treated differently now I am older. People ask you how you are today and when you are replying you can tell that they are not listening as before you have ended the question, they are already asking you another one – this makes me cross but it is ok as people mean well.**
- **I've no-one to talk to and so I'm not listened to**
- **Being talked to and not at**
- **I feel that my homosexuality is seen as an eccentricity rather than a respectable part of my nature**
- **Elderly gays have no voice in Northern Ireland**
Dignity means being liked and respected for all aspects of my character and personality
Homophobia makes me feel degraded and reinforces self-loathing, which is a tragic way to lead a life
There are many elderly gays in Northern Ireland who are degraded because of society's attitudes.
In healthcare, you get asked: ‘what do you expect at your age?’
Car hire companies have cut-off age of 75 in most countries, this is humiliating and restricting
Elderly have difficulty getting travel and health insurance, particularly to the USA
There is a hidden culture of ageism and without proper legal protection that will continue
I do not come from Northern Ireland and I am not involved in any groups though I would like to be – I would like someone to inform me about what, when and how to get involved.
I do not feel I am valued because I do not speak good English
Dignity means being able to participate in a society that is equal and does not see age as a problem but part of the reality of later life.

We welcome inclusion of the UN Principles for Older Persons in relation to dignity and recommend that all principles be included under each section of the strategy.

The Strategic Aim needs to include the commitment to fulfil the human rights of older people - it is not enough to promote and protect. The United Nations defines the ‘obligation to fulfil human rights as ‘States must take positive action to facilitate the enjoyment of basic human rights’ 69.

The Commission on Dignity in Care for Older People report, Delivering Dignity,70 highlighted the undignified care of older people in hospitals and care homes. They recognised that the undignified care of older people does not happen in a vacuum, “it is rooted in the discrimination and neglect evident towards older people in British society.” And that there needs to be a major cultural shift in the way the system thinks about dignity. They concluded that the care system must bar the way to prejudice, instead of absorbing the poor attitudes to ageing and older people. Care staff should become beacons for the rest of the community, demonstrating how we are all ‘richer when older people are respected, valued and cherished’71.

Report after report has detailed shocking examples of how older people and their families have been let down when hospitals and care homes and care at home fail to deliver decent care or treat them with dignity. As an organisation, we continue to

69 [http://www.ohchr.org/EN/Issues accessed 24/04/14](http://www.ohchr.org/EN/Issues accessed 24/04/14)
71 Ibid p7
see too many cases of neglectful and abusive care and it must be remembered that older people, particularly those with complex needs and cognitive impairments or with reduced mobility are exposed to higher risks of neglect, abuse and social exclusion and isolation.

For Age NI sadly many of the issues that were raised by the Mid Staffs inquiry — older patients not provided with adequate nutrition and hydration, their personal hygiene not attended to, and not being treated with dignity and respect — are still today experienced by older people in both health and social care settings.

Lastly, we cannot ignore evidence of ageism and negative attitudes towards caring for older people. Expressions such as ‘bed blocker’ that imply older people are a burden or a nuisance and patronising or dehumanising language are still sadly a feature of our health and social care system in Northern Ireland today.

We know what good quality care can look like no matter what the setting; at home; in a residential or nursing care; or supported housing. ‘My Home Life’; ‘The Commission on Dignity in Care for Older People’ and, JRF’s report on ‘Older People’s Vision for Long-Term Care’, clearly state that creating environments where positive relationships which promote personal identity and self-esteem needs to be recognised and put at the heart of care provision.

We are concerned at the weakness of the wording at both paragraph 7.6 and Action Plan, Action 18 with regards to legislation to end age discrimination in accessing goods, facilities and services. This legislation provides a major opportunity to enhance and improve the lives of older people, through prohibiting age discrimination in accessing goods, facilities and services, removing barriers to older people participating in society, and challenging negative stereotypes about older people. Age NI was delighted to note the Northern Ireland Executive’s pledge in the Programme for Government 2011-2015, to deliver legislation prohibiting discrimination on the grounds of age in accessing goods, facilities and services (GFS) during the lifetime of this administration, having worked on this issue for over ten years.

Age NI strongly recommends that the Ageing Strategy and the Action Plan include a categorical undertaking to introduce the legislation – ‘extend age discrimination legislation to the provision of goods, facilities and services’ as set out in the Programme for Government commitment. This is supported by all of the older people we have spoken to both during our participation work on this

---

73 http://myhomelife.org.uk/about-us/
74 http://www.nhsconfed.org/priorities/Quality/Partnership-on-dignity/Pages/Commission-on-dignity.aspx
75 http://www.jrf.org.uk/publications/older-people-vision-long-term-care
76 Programme for Government 2012-2015, p40
current consultation process, together with those many hundred we have engaged with over the course of the last 10 years. Put simply, older people expect the NI Executive to deliver for them and introduce legislation which prohibits discrimination on the grounds of age in accessing goods, facilities and services.

Age NI recommends that the **Active Ageing Strategy makes a commitment to protect the rights of all older people living in nursing or residential accommodation** – currently there is a significant gap in protection whereby people who are self-funding, and who do not come through the health Trust referral, are not protected by the Human Rights Act 1998.

We note that information on the Mental Capacity Bill is set out in both sections on Care and Dignity in this consultation document. We recommend that a more coherent approach would be to place content relating to the Mental Capacity Bill in this Dignity section, and cross-referenced briefly in the Care section, in part because the UN Principles set the issue of elder abuse in the context of Dignity. We welcome the fact that a new Mental Capacity Bill is being prepared jointly by DHSSPS and Department of Justice, and we note that this legislation is one of the Building Blocks in the Programme for Government[^77].

**Elder Abuse**

Although Northern Ireland is a safe place to live and grow old, it would appear that elder abuse is on the increase. A 2007 Study of Elder Abuse and Neglect[^78] in the UK found that around an estimated 340,000 (1 in 25) older people in the community are affected by abuse every year. Types of abuse include physical, psychological, sexual and financial abuse and neglect. Age NI recommends that this issue be included in the strategy and that actions are developed with support from older people, age organisations and other relevant NGOs. We are unaware of any data regarding the specific situation in Northern Ireland and we suggest that work is carried out to gather specific data on this important issue.

With over 820,000 people estimated to be suffering from late onset dementia in the UK, supporting people experiencing problems to make decisions for themselves is becoming ever more important. The question of financial abuse of people who have difficulties managing their own finances is of particular concern[^79].

Particular efforts must be taken to identify and address issues of elder abuse from a gender, race, sexual orientation perspective.

[^77]: Programme for Government 2012-2015, p 37 http://www.northernireland.gov.uk/pfg
[^79]: The economic burden of dementia and associated research funding in the United Kingdom. Alzheimer’s Research Trust, 2010
Action Plan

The Action 18 on age discrimination to ‘develop and consult on proposals … [and]…after analysis …we will develop and progress the legislation through the Assembly’ is very concerning and simply not strong enough. It falls far short of the commitment given in the Programme for Government to ‘extend age discrimination legislation’. Age NI strongly urges OFMDFM to amend this Action to align with the Programme for Government commitment to extend age discrimination legislation.

We also recommend that an action be inserted to state that the Department of Health, Social Services and Public Safety will undertake an Age Discrimination Review of all aspects of Health and Social Care in preparation for introduction of this legislation, similar to the wide-ranging review carried out in GB in respect of the Equality Act 2010.

5.0 Section 75
Consultation process

Many of the older people we have engaged with in relation to the Ageing Strategy consultation, have expressed concern over lack of information in public domain about such an important consultation impacting on older people. The older people we have spoken to have stated they would not otherwise have heard about the consultation process or the strategy if it had not been for Age NI contacting them. Also concern has been expressed that the public consultation events have been held late in the process, and information about these events was not widely available. Older people have recommended that both the consultation process and the ultimate strategy to ‘be widely and effectively communicated, including to people who may have difficulty accessing mainstream media.’ They have also stated the importance of disseminating information disseminated in ways which are accessible - TV was suggested, radio, libraries, as well as newspapers, community and voluntary organisations and churches etc. Older people also recommended that Government must take additional steps to raise awareness, share information and facilitate participation of hard to reach and hard to hear groups – and this is about accessing people and having necessary skills and expertise to communicate effectively in order to glean the views of older people.

All of these suggestions obviously fall within the obligations imposed by Section 75 of the Northern Ireland Act 1998.

Age NI wishes to request information on the consultation process undertaken by OFMDFM, including what steps were taken to reach out to a diverse range of older people across Northern Ireland, including those who are harder to reach or harder to hear. In particular, we wish to know what process was undertaken to engage with older people living in nursing and residential homes, sheltered accommodation, older
people living with disabilities, older LGBT people, people from BME communities etc. in line with the department's obligations under section 75 of the NI Act 1998.

Under its Equality Scheme, OFMDFM is required to consider the accessibility and format of every method of consultation it uses in order to remove barriers to the consultation process.

Annex B - Policy Screening Document and Section 75

Under Section 75 of the Northern Ireland Act 1998, public authorities are under a duty when delivering services, developing and implementing policy, and carrying out their public functions, to have due regard to the need to promote equality of opportunity between persons of different ages. Public authorities, in compliance with the obligations set out in their equality schemes, must therefore consider the impact of their policies on people of different ages.

Age NI is concerned that equality screening process which has been conducted appears flawed. We note that OFMDFM’s screening decision is not to conduct an equality impact assessment (EQIA). The information used to arrive at this decision is not included in the screening document, despite major and minor impacts being identified in the screening document. Age NI wishes to request from OFMDFM information about the data, both quantitative and qualitative, used by the department in arriving at its decision. In addition, in the absence of high-level outcomes and detailed information on the Action Plan it is difficult to comment authoritatively on the issue of screening.

We also refer to the fact the current draft strategy has been produced without necessary statistical information being available at the time of publication. We understand that statisticians are working on producing a statistical paper setting available data with regards to older people.

We note that the document state ‘this is an open-ended process and we could carry out one in the future should we become aware of evidence which would highlight the value of an EQIA on the Strategy.’

With reference to the current Guidelines for Public Authorities, the Equality Commission, states however, that;

“Screening...should be completed at the earliest opportunity in the policy development process. For more detailed strategies or policies that are to be put in place, through a series of stages, a public authority should then consider screening at various times during implementation.” 80

---

80 ECNI Guidance, p 52-53
It continues:

“To undertake screening after policy proposals have been developed may be inefficient in terms of time and may be ineffective if policy makers are reticent.”

In the Screening document section on ‘Multiple identity’, it is concerning to note that none of the proposed signature projects address issues faced by older people with multiple identities in the Action Plan, nor is there any commitment to address issues of multiple identities through the Action Planning process.

It is further concerning to Age NI that this section references ‘in previous consultation on older people’s issues and pre-consultation on the draft strategy and Early Actions Plan we have sought the views of those representing Section 75 groups.’ Age NI wishes to request information on what process was undertaken at the pre-consultation stage to consult directly with section 75 groups on the issue of multiple identities. Certainly Age NI is on record through our involvement with the Ageing Strategy Advisory Group as raising the need to address section 75 obligations and awareness of issues impacting older people with multiple identities in the Active Ageing Strategy. As expressed earlier in our response, we are disappointed with Government’s response to the issue of diversity and multiple identities in the current draft strategy.

**Age NI strongly urges OFMDFM to commit to re-screening of this policy** in light of this statistical information which they will receive from NISRA, together with information received as a result of this consultation process. We also believe that it falls within the department’s statutory obligations under section 75, to proactively approach representative groups from the nine named groups protected by the Northern Ireland Act 1998, in order to take all necessary measures to have relevant information in order to conduct a full and proper screening exercise. **We further recommend that should adverse impact be discovered that OFMDFM undertake a full EQIA to mitigate adverse impact.**

**6.0 Conclusion**

Age NI is grateful to have the opportunity to comment on OFMDFM’s consultation on the draft Active Ageing Strategy. We hope that our comments have been constructive and useful to OFMDFM. We would be very happy to meet with departmental staff to discuss anything in this response. We wish to be kept fully informed of progress in the development of the Active Ageing Strategy and look forward to the issues raised and recommendations made in our response being addressed and taken forward by OFMDFM. We also look forward to receiving as soon as possible your response to the questions we have asked in the response and receiving the additional information requested.

---

81 ECNI Guidance, p 52