
Agenda for Later Life 2015



Public policy for later life in Northern Ireland



We're Age NI

There are more people over the age of 60 than ever before, and we're the fastest growing group in society.

As we grow older we face new challenges, and maybe even illness, poverty or loneliness.

But that doesn't stop us from being ourselves. We still want to laugh, love and be needed. We want to stay independent and keep doing the things we love. We all want a fulfilling later life.

That's why we're here. We stand up and speak for all those who have reached later life, and also protect the long-term interests of future generations. We believe that living longer should be celebrated and everything we do is designed to change the way we age for the better and enable everyone to be part of the solution.

Together we can create a world where everyone can love later life.

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Foreword



Longer life is something to be celebrated. Indeed, many older people report that they lead vibrant, fulfilling, dignified, independent and engaged lives. That picture of later life however, is in stark contrast to the later life experienced by many others here, with four in ten telling us they struggle on their income, more than one in ten skipping meals to cut back on food costs, and the four in ten who report feeling lonely¹.

Eileen Mullan
Age NI Chair

The number and proportion of older people in Northern Ireland is steadily and consistently increasing. Between 2012 and 2013, the number adults aged 65 and over increased by 2.3% to 279,100. In the decade between 2003 and 2013, the population of this age group increased by 21.7%. The number of adults aged 65 and over is projected to increase by 12.1%, from 279,100 to 312,900, between 2013 and 2018, and by 63.3% (to 455,700) between 2013 and 2033².

In its report, *Ready for Ageing*, the House of Lords Committee on Public Service and Demographic Change warns that the Government and our society are woefully underprepared for ageing³. The Committee highlighted the collective failure to address the implications of ageing. Our devolved administration is no exception, and still lacks a coherent strategy on ageing. Longer lives represent many opportunities for society as a whole, but in order to capitalise on these we need to be prepared. Major challenges and opportunities lie ahead for employers and the economy, for our welfare system, housing, and our health and social care system. Radical changes to the way that health and social care is delivered need to take place.

These are challenging times in many respects. The ageing demographic is set against a backdrop of continuing austerity and welfare reform. Seventy-five per cent of older people are concerned that they will be affected by spending cuts⁴. The fragility of the Executive and Assembly are a further cause for concern, with opposing ideologies and stalemates delaying progress on key matters that affect older people. There are also major changes afoot in terms of the formation of super-councils through the Review of Public Administration.

There is a danger here however of presenting a discourse that perpetuates the portrayal of our ageing population as a 'ticking time bomb', and of older people as a burden or drain on resources. These assumptions are inaccurate and, in light of the significant contribution older people make to society, they are also unfair. Recent research from the Commissioner for Older People revealed that the over 60s in Northern Ireland will contribute almost £25 billion to the economy over the next 50 years through volunteering, caring, childcare, and working⁵.

There is also a danger of viewing older people as a homogenous group, when in fact, later life can be experienced very differently according to age, gender, health status, ethnicity, sexual orientation, community background, socio-economic status, and disability. We need to get better at understanding how older people with multiple identities may experience disadvantage and discrimination. Government has clear human rights and equality obligations to older people with multiple-identities, and it is imperative that these are understood and reflected at a strategic level. With a rapid increase in the numbers of people living well into their eighties, nineties and beyond, we also need to get a better grasp of how later life is experienced by those at the upper end of the age spectrum. A more nuanced approach to ageing policy is required across Government.

An approach which supports the promotion and protection of older people's human rights must also take cognisance of and be responsive to legacy issues and the fact that we are a society emerging from conflict.

1 Research carried out by Millward Brown on behalf of Age NI. August 2014.

2 A Profile of Older People in Northern Ireland - 2014 update. Office of First and Deputy First Minister. October 2014.

3 Ready for Ageing? House of Lords Select Committee on Public Service and Demographic Change. 2013

4 Research carried out by Millward Brown on behalf of Age NI. August 2014.

5 Appreciating Age: Valuing the positive contributions made by older people in Northern Ireland. Commissioner for Older People in Northern Ireland. 2014

Older people in this jurisdiction have lived through the conflict and an 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, for example, in terms of health, poverty, employment, housing, issues arising for those involved, injured or affected during the conflict.

While there is a significant programme of work ahead to address the issues noted and the changes that an ageing demographic brings, the current political and economic context presents an opportunity to put older people at the heart of government policy and to plan effectively for an ageing population. With great change comes great opportunity. Delivering long term sustainable change through a focus on removing the barriers and realizing the opportunities associated with population ageing can deliver transformational change in Northern Ireland.



THE OVER 60S IN NI **WILL
CONTRIBUTE ALMOST £25
BILLION TO THE ECONOMY**
OVER THE NEXT 50 YEARS



Introduction



We are delighted to introduce the 2015 edition of *Agenda for Later Life*, Age NI's analysis of how public policy is meeting the needs of older people in Northern Ireland. *Agenda for Later Life* provides an account of ageing in Northern Ireland in 2014. It considers how well the policies of our devolved administration have enabled older people to live a later life that is dignified and fulfilled. More specifically, *Agenda for Later Life* provides an account of the effectiveness of a range of policies relating to older people across our strategic priorities; **Staying Well, Feeling Good, Enough Money, and Equal and Engaged Citizens.**

Linda A Robinson

Linda Robinson
Age NI Chief Executive

Age NI promotes a rights based approach to ageing. Governments are encouraged by the United Nations to incorporate the UN Principles for Older Persons into their national programmes whenever possible. Our devolved government is no exception. Policies must be developed that promote the independence, participation, care, self-fulfilment and dignity of our older population. *Agenda for Later Life* considers if the United Nations' vision is the lived experience of older people in Northern Ireland, and if the policies of our devolved government support this vision of later life.

The chapters that follow recognise a number of policy developments that have the potential to positively impact on older people. The section on **Staying Well, Feeling Good**, welcomes the principles underlying reablement and the vision outlined in *Transforming Your Care*, where the home is the hub of care, and the value of low level prevention is recognised. The detail on how this vision will be realised however has yet to be addressed. This section also looks at issues of regulation and minimum standards. Standards of care can, on occasion, fall short of meeting human rights principles, as evidenced by events at Cherry Tree Nursing Home. Failure to protect older people from abuse and neglect is a cause for serious concern. Age NI would stress however, that neglect can occur on a number of levels. Our engagement with older residents across nursing homes in Northern Ireland has revealed that while basic needs are usually met, social, emotional and cultural needs are often neglected. Many feel they are left without adequate levels of stimulation and engagement.

Older people in these settings have a right to as fulfilling a life as possible. They tell us that they want to be more engaged. The new Minimum Standards for Nursing Care must be effectively enforced and monitored to ensure that older people in these settings are not only protected from overt abuse and neglect, but that they are also supported to maintain a decent quality of life. Age NI believes that a peer led model of engagement should be applied as part of the inspection process.

The section on **Enough Money** looks at the issue of poverty, and highlights the value of the work undertaken by the Department for Social Development through their benefit uptake campaign. The campaign plays an essential role in ensuring that older people claim the money they are entitled to and we commend the Department for their continued work in this area. However, the section argues that a more holistic approach is needed if pensioner poverty is to be tackled effectively. Official poverty levels for older people have declined, however incomes as a whole have also declined over the last number of years. This could be a factor in the reduction of relative poverty among older people, as four in ten older people tell us that they are struggling on their incomes⁶, while levels of fuel poverty remain highest in pensioner households with serious implications for health and well-being. **Enough Money** provides an analysis of why older people continue to struggle despite falling poverty levels, and how policy makers should respond.

Given the current ageing demographic, Age NI is concerned that, at the time of writing, the devolved administration has not yet delivered for older people in 2014 on a number of grounds.

⁶ Research carried out by Millward Brown on behalf of Age NI. August 2014.

The section on **Equal and Engaged Citizens** outlines Age NI's work as part of a sustained campaign over the past ten years, to secure age discrimination legislation in provision of goods, facilities and services. We welcome the announcement on 19 February 2015 when Junior Ministers Jennifer McCann and Jonathan Bell announced proposals to extend age discrimination legislation to provision of goods, facilities and services to people aged 16 and over in the lifetime of this Assembly. Age NI's attention now turns to ensuring that robust and comprehensive legislative protections for older people are delivered by the current administration. A key focus of our work going forward will be to ensure that there are no exceptions in the age discrimination legislation for health and social care – this is essential if the proposed legislation is going to secure strong and meaningful protections for older people.

Age NI also believes that the current draft of the new Ageing strategy requires considerable work, if it is to deliver for older people in a meaningful way. The strategy should provide the overarching framework through which Government can deliver for all older people, yet the absence of budget, targets, timelines and detail on cross-government implementation in the strategy is a cause for concern. This lack of commitment sends a message to older people, with 62% telling us that politicians in Northern Ireland see them as a low priority⁷.



**WE HAD
OVER 115,000
ENGAGEMENTS
WITH OLDER PEOPLE**

Age NI has the voice of older people at the heart of everything it does. We recently commissioned research with 550 older people across Northern Ireland to gather their views on a range of issues. Findings from this research are referred to throughout this document. The voice of older people is also included in the form of quotes and case studies. As an organisation we had over 115,000 engagements with older people last year through our advice and advocacy service, as a care provider and through our 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.

Age NI advocates for, and supports the participation and voice of older people in all aspects of life, including decision-making processes. Full and effective participation is a fundamental right of all older people in Northern Ireland. Not only is this a legislative requirement under Section 75 of the Northern Ireland Act 1998, but it also makes good sense, in that government will work best when it is responsive to those members of society directly affected by policy and practice, particularly when these individuals are marginalised.

Our Peer Facilitator programme has skilfully engaged with over 1,000 older people from across Northern Ireland. This has included more than 240 older people who have directly engaged in the debate on the future of adult social care. Peer Facilitators have also consulted with residents of nursing and residential homes across Northern Ireland, in order to ensure their views were considered in key policy decisions relating to home closures and minimum standards in nursing care. The outcomes of these engagements, and the case studies contained in this document, demonstrate the value of meaningful engagement with older people.

⁷ Research carried out by Millward Brown on behalf of Age NI. August 2014.

We would take this opportunity to commend the Department for Health, Social Services and Public Safety, and the Health and Social Care Board, on their engagement with nursing home and residential care home residents, using a peer led approach. This was a real and meaningful effort on the part of the Department and Board to hear and listen to the voices of older people affected by policy decisions.

Through Age NI's peer led approach, older people in these settings were able to voice their concerns about the decisions impacting on them. Older people who are typically considered 'hard to reach', such as those with dementia, and who would not normally engage in consultation processes, had their voices heard. Crucially, these voices had an impact on policy decisions relating to care home closures, and minimum standards in care. We would stress however that it is important these voices continue to be heard, and that older people are involved in the implementation, monitoring and evaluation of any policies and services that affect them.

However there is still much work to be done. Seventy seven per cent of people aged 65 plus tell us that government here does not make a sufficient effort to listen to the needs and experiences of older people⁸. All too often consultation processes do not engage with the hard to reach and are viewed as tokenistic. Age NI wants to see more meaningful engagement moving forward. Engagement with hard to reach older people will be a continued priority for Age NI. It is our hope that Government will also make this a priority in 2015.

Agenda for Later Life is a reflection of how effectively policies have delivered for older people during 2014. It is also forward looking.

⁸ Research carried out by Millward Brown on behalf of Age NI. August 2014.

Our priorities are clear; the elimination of pensioner poverty; a modern and responsive care system with a focus on prevention, rights, entitlements and fairness; the fair and equal treatment of older people; and the full and effective participation of older people in decisions that affect their lives.

Achieving these aims will require policy and legislative change and we are committed to working in partnership with Government to ensure that the necessary changes are implemented. With Westminster elections in 2015, Assembly elections in 2016, new political party manifestos, a new Programme for Government, and the formation of super-councils with enhanced powers through the Review of Public Administration, this coming year presents an ideal time to shape a new agenda for our ageing society. It is intended that this document will help those involved in these processes to shape policy and practice to improve the lives of older people for many years to come.



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Key Indicators

Age NI uses the following key indicators to track older people's quality of life

Trend Improved ✓, Worsened ✗

Staying Well, Feeling Good	Current results	Previous results	Trend
Percentage of older people who agree that their local health and social care services do not give enough priority to their practical and support needs	35%	32%	✗
Number of people in receipt of a domiciliary care package	25,330	23,553	✓
The average number of domiciliary care contract hours provided to clients	9.8	10.4	✗

Enough Money	Current results	Previous results	Trend
Proportion of pensioners living in poverty	14%	15%	✓
Proportion of older people who struggle on their incomes	40%	43%	✓
Proportion of pensioner households living in fuel poverty	57%	62%	✓
Unemployment rate for those aged 50 plus	3.9%	4.6%	✓

Equal and Engaged Citizens	Current results	Previous results	Trend
Percentage of older people who think that Government does not make a sufficient effort to listen to their needs and experiences	77%	71%	✗
Percentage of older people who agree that symptoms of poor health are often untreated and dismissed as the result of 'old age'	70%	61%	✓
Percentage of older people who believe that people make negative assumptions about them because of their age	50%	44%	✗

01 Staying Well, Feeling Good

Key Indicators

- **Percentage of older people who agree that their local health and social care services do not give enough priority to their practical and support needs: 35% (worsened)⁹**
- **Number of people in receipt of a domiciliary care package – 25,330 (improvement)¹⁰**
- **The average number of domiciliary care contract hours provided to clients has decreased by 6% (worsened)¹¹**

Key asks

- **The Department of Health, Social Services and Public Safety should develop a prevention strategy to deliver the vision of Transforming Your Care**
- **The Health and Social Care Board should develop and publish a financial model to make the ‘shift left’ proposed in Transforming Your Care a reality**
- **The Health and Social Care Board should undertake a review of the outcomes of reablement, informed by the voice of older service users**
- **The Regulation and Quality Improvement Authority should introduce more robust and responsive inspections to ensure that minimum care standards are maintained in care settings**
- **The Department of Health, Social Services and Public Safety should give strategic attention to workforce planning for health and social care**

Overview

Age NI has a vision of what social care should look like for older people now and in the future – ‘quality integrated social care that recognises the rights, aspirations and diversity of us all, and is based on the right to live with dignity, independence, security and choice’. At the heart of our vision is a system that enhances wellbeing and independence, so that older people can continue to engage socially and maintain self-esteem, dignity and purpose.

As noted earlier in this report, Northern Ireland, like the rest of the UK, is experiencing demographic shifts in terms of ageing and life expectancy. Increasing life expectancy is not being matched by parallel increases in healthy life expectancy. Northern Ireland fares worst of all regions in the UK in this regard. While women in the UK can expect to have 63.9 years of disability-free life, women from Northern Ireland can expect just 60.3 years¹². The number of older people needing care will increase, especially for those over 85 who are most likely to have care needs. By 2025, the number of persons aged 85 and over in Northern Ireland will increase by 25,000 or 83% and women at this age will significantly outnumber men at 62% of this population group¹³. We know that rates of disability and ill health increase with age. The rate of disability amongst those aged 85 and over is 67%, compared with only 5% among young adults.¹⁴ In addition the prevalence of the number of long term conditions, namely hypertension, coronary heart disease, stroke and diabetes among adults in Northern Ireland is predicted to increase by 30% by 2020.¹⁵ As such, older people’s reliance on a range of services, including health and social care services, to maintain their independence, will become paramount no matter where they live in the UK.

9 Research carried out by Millward Brown on behalf of Age NI. August 2014

10 Domiciliary Care Services for Adults in Northern Ireland. DHSSPSNI. 2013

11 Ibid- 10.4 hours in 2012, 9.8 hours in 2013.

12 A Profile of Older People in Northern Ireland. OFMDFM. 2009

13 Statistical Report, Population Projections 2010. NISRA. 2011

14 Transforming Your Care. DHSSPSNI. 2012

15 Making Chronic Conditions Count. Institute of Public Health in Ireland. 2010

Indeed, health and social care services are already considered the top concern for those aged 65 and over, with more than half (54%) stating that their health was a concern, followed by staying independent (40%)¹⁶.

The United Nations Principles for Older Persons, adopted by the General Assembly of the United Nations in 1991 stated that in order to promote care, governments should ensure that older persons:

- have access to health care to help them to maintain or regain the optimum level of physical, mental and emotional well-being and to prevent or delay the onset of illness
- should be able to utilize appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment
- and should be able to enjoy human rights and fundamental freedoms 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.

This section will explore how well policies relating to social care in Northern Ireland meet the standard of care as envisaged by the United Nations. Progress has been made in a number of areas. The vision outlined in *Transforming Your Care*, with a focus on prevention, and supporting people to remain at home, is a welcome step forward and aligns with the UN vision of care and prevention. Likewise, the move towards more meaningful engagement and consultation taken by the Health and Social Care Board, and the Department of Health, Social Services and Public Safety this year, has meant that the opinions of residents in nursing and residential care settings have been heard.

Their voices have had a significant impact on government policy in 2014 through the Review of Minimum Standards in Nursing Homes, and the Making Choices consultation on proposed care home closures.

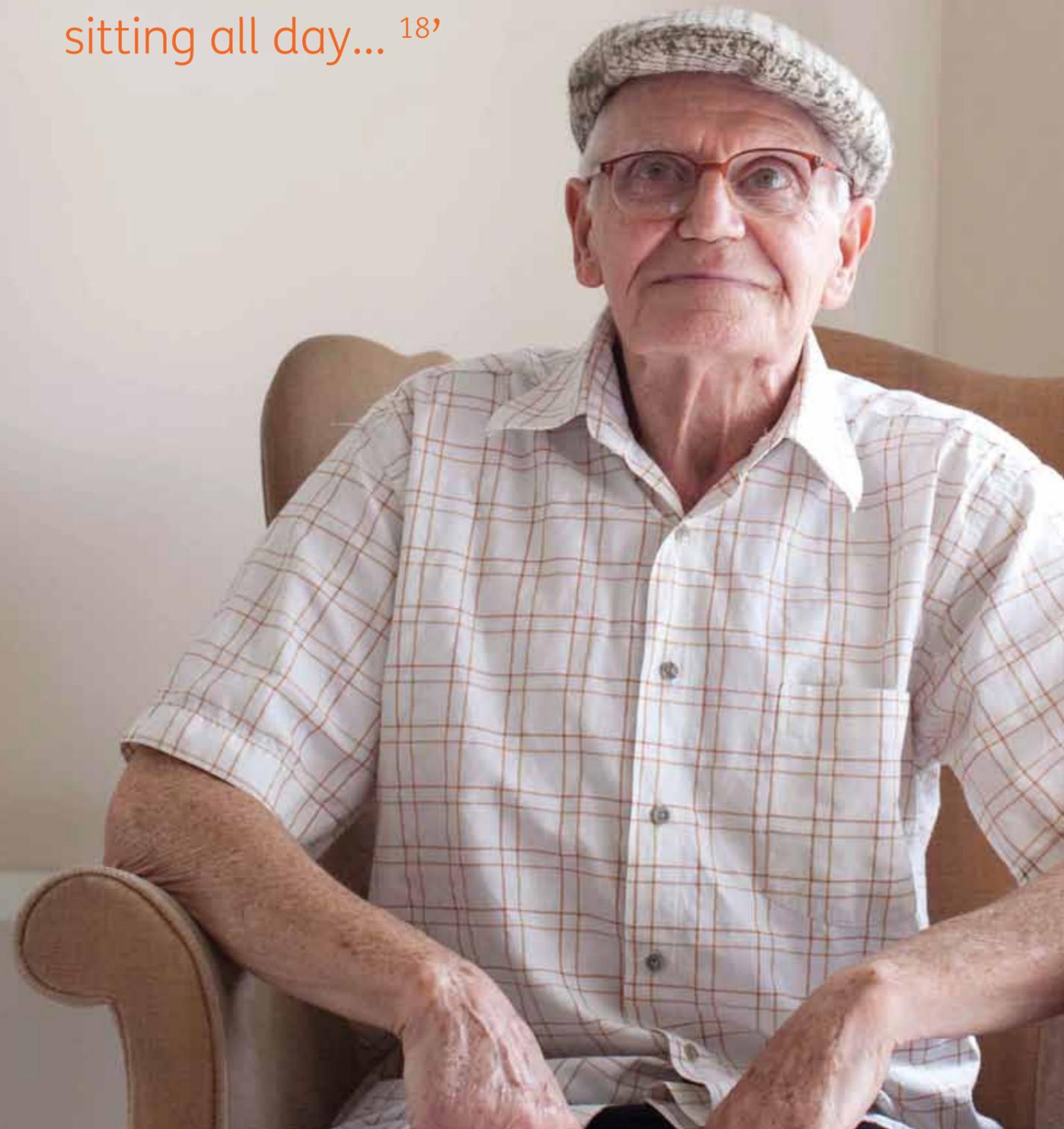
This approach aligns with the need to show full respect for the dignity, beliefs, and rights of older people to make decisions about their care and the quality of their lives.

While progress has been made in a number of areas, this section will demonstrate that there is still a considerable job of work ahead if the UN vision of care is to be achieved. Standards of care can still fall short of meeting the human rights principles. While institutional care should provide protection in a humane and secure environment, this does not always happen. Furthermore, older people who privately arrange and pay for their care are currently excluded from the protection of the Human Rights Act, despite the UN vision that all older people should be able to enjoy human rights and fundamental freedoms when residing in any shelter.

While the vision of social care, outlined in *Transforming Your Care*, fits with that of the United Nations, we have yet to see these principles being realised 'on the ground'. We have yet to see evidence of serious planning for the promised 'shift left', and a move towards greater investment in low level preventative services and care at home. Today people with fewer needs, who might once have received a few hours of 'home help' or a visit to a day centre, often get nothing. Meanwhile for those who are entitled to help, the level of support on offer is often inadequate.

The system remains baffling with little or no information available to older people and their families who often find now that 'you need to be really bullish to get the care and support you need'¹⁷.

'We should be treated as friends, not robots, to be fed and watered, medicated and left sitting all day...'¹⁸



16 Research carried out by Millward Brown on behalf of Age NI. August 2014

17 Age NI / Department of Health Social Services and Public Safety Joint Events

18 A Review of Minimum Standards in Nursing Homes. Report commissioned by the Department of Health, Social Services and Public Safety. Age NI. 2014.

The status of the social care workforce also remains low, with limited investment and pay. There is a need at this point therefore to move from rhetoric to action. Age NI wants to see more detailed plans as to how prevention will be prioritised, more strategic attention given to workforce planning, and more information as to how the vision of TYC will be achieved.



More than 54% of older people tell us their **HEALTH IS A CONCERN**

How older people view social care services

In our report, *'Would you Have Sandwiches for Your Tea Every Night? Older people's views of social care in Northern Ireland'*¹⁹, older people told us that they felt that their care needs were reduced to pounds and pence and that, in many instances, they felt that they were required to justify their need for the service as if they were in some way maximising what they could from the system. The United Kingdom Homecare Association,²⁰ in their survey in 2012 highlighted that the length of time of a visit from a care worker is increasingly being commissioned for thirty minutes or less. A staggering 87% of respondents from Northern Ireland reported that Trusts are commissioning very short visit times for frail older and disabled people (42% in Wales and Scotland; 73% in England).

The UKHCA survey also reported that the use of 15 minute calls are evident and as high as 28% in Northern Ireland.

These concerns have been echoed by older people in consultation with Age NI who constantly referred to care workers not having enough time to even, 'bid the time of day'²¹.

Problems in the system exist beyond domiciliary care. Age NI's peer led engagement with older residents across nursing homes in Northern Ireland revealed that while, for the most part, basic needs are being met in these settings, social, emotional, and spiritual needs are often not addressed. The *In Defence of Dignity* report from the Northern Ireland Human Rights Commission highlighted the importance of activities and events, both scheduled and unscheduled, to ensure a decent quality of life in these settings²². Standard 13 of the existing *Minimum Standards Framework for Nursing Homes*²³ states that homes should provide a programme of activities and events that 'provide positive outcomes for patients' and that are 'based on the identified needs and interests of patients'.

Our engagement with residents revealed a level of dissatisfaction, boredom, and frustration with remarks such as 'nothing to do but sit here', and 'I am not asked about my interests or what I would like' being the norm rather than the exception. This is likely, in part, due to staffing issues. While appraisals of staff were mainly positive, residents and families frequently stated that workers are badly stretched and do not have enough time to engage with residents beyond what is required to meet basic personal care needs.

'They (the staff) don't have time to listen to me, but it is not their fault...they are too busy'²⁴

All older people have the right to live fulfilling, dignified lives, that go beyond having their most basic needs met. This right applies equally in a care setting, and for people with dementia. Older people living in these locations express a desire to have a more engaging life, 'I would like more active things to do, such as art, more drama, or even to learn new things.. learn about computers... more music, exercise, that sort of thing'. In the interests of human rights, the new minimum standards must be monitored and enforced more effectively to ensure that homes are meeting these needs to a satisfactory level. It is imperative that the voices of older people are central to any inspection process.

Case Study²⁵

Susan, 84, has been in a care home for several years. Friends and relatives are worried about her, and have noticed that she is losing weight. They know that, due to her ill-fitting dentures, she needs her food to be cut into smaller pieces, to enable her to eat it. Susan says "...they just put down the plates and get out..." She wonders if people even take a note that she has not eaten her food. She is insistent on expressing her gratitude for all the care she receives, but she knows that things would be much better if staff were able to have the time to talk to her.

'A couple of weeks ago a lovely wee girl started – all smiles. Lovely smiles for 2 weeks, and then lips tight. When I asked her what was wrong, she said 'No time to talk' – people are left all day and nobody to talk to them – surely talking is part of the treatment?'

Dignity in Care and regulation

Across the UK, report after report has detailed shocking examples of how older people and their families have been let down when hospitals and care providers fail to deliver decent care. The Commission on Dignity in Care for Older People report, *Delivering Dignity*,²⁶ highlighted the undignified care of older people in hospitals and care homes, while events at Mid Staffordshire revealed how patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care²⁷. A recent report from the Commissioner for Older People highlighted that older people in Northern Ireland are not afforded 'adequate' legislative protection from potential abuse and consequently may not obtain justice if they are the victim of abuse²⁸. Age NI supports the Commissioner's call for the creation of a single Adult Safeguarding Bill for Northern Ireland.

In the report on the failings of Mid Staffordshire, Robert Francis, QC concluded that a renewed emphasis was required on 'what is truly important – adherence to common values, intolerance of non-compliance and a commitment to openness and candour at all times'²⁹.

19 Would you Have Sandwiches for Your Tea Every Night? Older people's views of social care in Northern Ireland. Age NI. 2011

20 UKHCA Commissioning Survey 2012: Care is Not a Commodity. UKHCA. 2012

21 Age NI / DHSSPS (2013) Joint Events on Who Cares? The Future of Adult Social Care and Support. Lisburn and Omagh

22 In Defence of Dignity. The Human Rights of Older People in Nursing Homes. Northern Ireland Human Rights Commission. March 2012.

23 Nursing Homes Minimum Standards. Department of Health Social Services and Public Safety. January 2008.

24 A Review of Minimum Standards in Nursing Homes. Report commissioned by the Department of Health, Social Services and Public Safety. Age NI. 2014.

25 Case study taken from A Review of Minimum Standards in Nursing Homes. Report commissioned by the Department of Health, Social Services and Public Safety. Age NI. 2014.

26 Delivering Dignity: Securing dignity in care for older people in hospitals and care homes. Dignity Commission 1999

27 The Mid Staffordshire NHS Foundation Trust Public Inquiry Chaired by Robert Francis QC. Feb 2013

28 Protecting our Older People: A call for adult safeguarding legislation in Northern Ireland. COPNI

29 Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Letter to Secretary of State, Robert Francis, QC. 5th February 2013

Northern Ireland is not immune to such occurrences. A recent review of the actions taken in relation to concerns about care delivered at Cherry Tree House, revealed the repeated failure of the Northern Ireland care home to fully comply with regulations, and to meet minimum standards of care³⁰.

The report also highlighted the inadequacy of regulation and inspection procedures adopted by the Regulation and Quality Improvement Authority (RQIA) to adequately ensure that improvements were made, and that residents were protected. Despite complaints from staff and relatives relating to cases of the abuse and neglect of residents, the report found that the necessary improvements and changes were not made or adequately sustained from inspection to inspection. While care providers are responsible for the well-being of their residents or service users, effective regulation and inspection is necessary to ensure that minimum standards are adhered to. Age NI is calling for regulation and inspection processes in Northern Ireland to be made more rigorous, and with more significant and timely enforcement action. Robust and responsive regulation and inspection processes are necessary to ensure that minimum care standards are maintained, and that residents are protected from abuse and neglect. Failures in care must be rectified immediately and decisively.

Age NI is of the firm belief that older people in all health and social care settings must be meaningfully engaged in all aspects of their care and support. However, the regulation and inspection regime all too often fails to ensure their participation.

The Northern Ireland Human Rights Commission also noted in their report, *In Defence of Dignity*, that in areas of participation and autonomy, ‘residents are not given adequate opportunity to be involved in making decisions that impact on them’³¹.

Age NI believes that the voice of older people should be at the heart of inspection processes, and that a peer led model of engagement would be most effective in this regard. The recent *Review of Minimum Care Standards for Nursing Homes* has clearly demonstrated the value of engaging with residents when setting standards for inspection by the Regulation and Quality Improvement Authority. Older residents have the right to have their voices heard and to be involved in decisions which will ultimately impact on the care they receive and the quality of their life. Age NI commends the Department for Health, Social Services and Public Safety for recognising the value of meaningful engagement with residents when developing policy in relation to standards and inspections. However we believe such an approach should also be applied when actually carrying out inspections. It is our experience that a peer led model of engagement creates a safe and respectful environment where residents feel comfortable sharing their insights and experiences, offering the opportunity to gather evidence which can in turn support inspectors to plan and carry out inspections. We believe this approach results in a more insightful reflection of how life inside a home is experienced by residents.

Human rights protections for older people in care settings

The Human Rights Act places a duty on public authorities and private bodies providing public functions to act in ways which are compatible with the European Convention on Human Rights³². The scope of the Human Rights Act for people receiving care has recently been extended through the passing of the Care Act 2014, which now protects all those receiving social care – both residential and domiciliary – which is publicly arranged or funded³³. While this is a very welcome development, unfortunately, people whose care is entirely privately arranged and funded are still excluded from the protection of the HRA. This remains a cause for concern, as two people living in the same care home could have different levels of protection under the law.

Transforming Your Care

Transforming Your Care sets out an overarching road map for change in the provision of health and social care services in Northern Ireland. It focuses on reshaping how services are to be structured and delivered in order to make best use of all resources available to us, and in so doing, ensure that our services are safe, resilient and sustainable into the future³⁴. Age NI welcomed the chapter on older people in the initial *Transforming Your Care (TYC)* report:³⁵ We were encouraged by the clear recognition that home should be the hub of care; that older people are often in hospital unnecessarily; that there is an over reliance on institutional care; that there is a need for an holistic assessment process using the Northern Ireland Single Assessment Tool;

and the acknowledgement that prevention is pivotal to maintaining the independence of older people. These developments gave a sense of confidence and hope that TYC could begin the process of delivering a health and social care system that addressed the needs and aspirations of older people. However, we believe that *The Strategic Implementation Plan, The Population Plans and Vision to Action*³⁶, did not translate the vision contained in the original TYC report.

We accepted and welcomed ‘falls prevention’, ‘individualised budgets’, ‘cataract and audiology services’; ‘reablement’, proposals to ‘increase the use of technology’; and ‘increased respite breaks for carers in *Vision to Action*. However we felt that this fell short of the sentiments outlined in the initial TYC report. We got a sense that these were not necessarily new initiatives but on-going work.

Given the policy driver of keeping older people in their own homes, and the increasing numbers of those aged 85 plus, coupled with increasing levels of disability and long-term conditions, we would have expected a significant increase in the provision of domiciliary care. However, as the following chart shows this has not happened. There has been a slight increase in the number of people in receipt of domiciliary care packages, but the average contact hours provided to clients has decreased. This unfortunately fits in with the survey from the UKHCA as noted earlier on fifteen minute calls. In essence, the Health and Social Care Trusts are delivering more care packages but with less time.

In addition, despite an emphasis on enabling older people to remain at home, residential and nursing care remains largely unchanged since 2009 as our indicators show.

30 Independent Review of the Actions Taken in Relation to Concerns Raised about the Care Delivered at Cherry Tree House, Carrickfergus. The Regulation and Quality Improvement Authority. July 2014

31 In Defence of Dignity: The Human Rights of Older People in Nursing Homes. Northern Ireland Human Rights Commission. page 70 Section 6, Human Rights Act 1998

32 Human Rights Act 1998

33 See Sections 73 and 128 of the Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/section/73/enacted>

34 <http://www.dhsspsni.gov.uk/tyc.htm>

35 Transforming Your Care: A review of health and social care in Northern Ireland. HSCB. 2011

36 <http://www.transformingyourcare.hscni.net/>

We also know that 2,687 older people have been waiting for their care package to be commenced from March 2014 to June 2014. Within these numbers:

- 1,106 have been waiting for a domiciliary care package
- 1,142 have been waiting for a nursing home care package
- 439 have been waiting for a residential care package.³⁷

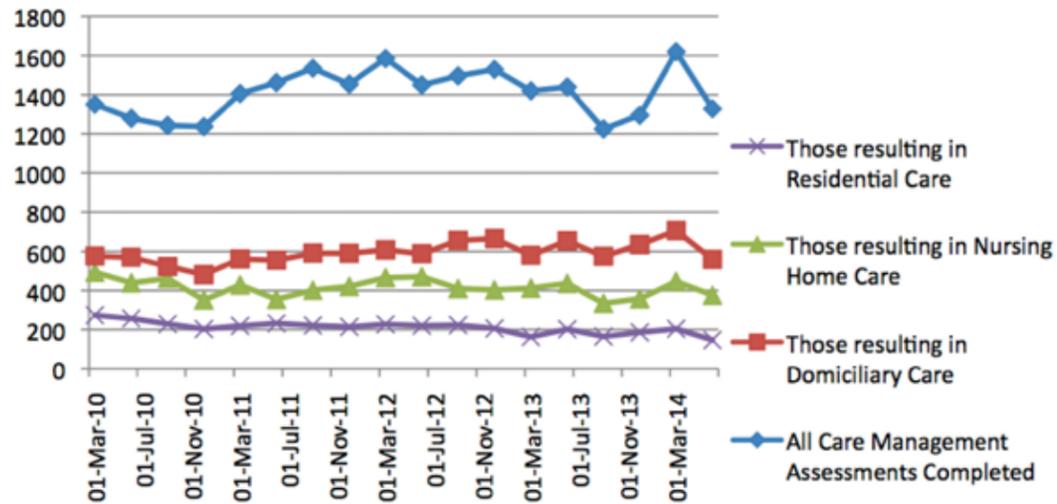
Age NI believes that a failure to provide adequate low-level services, will result in a greater reliance on high-level care and could result in the increased likelihood of entry into residential or nursing care.

Age NI fails to see how TYC can deliver if the Health and Social Care Trusts continue to fail to provide these services and are barely only meeting critical and substantial need.

On comparing the *Strategic Resources Framework 2011/12*³⁸ and the *Commissioning Plan 2013/14*³⁹ it is clear that the resources allocated to the Programme of Care 4: Elderly Care, shows a decrease, despite the need to 'shift left' and the demographic demand as indicated in TYC. For example under POC 4 in 2010/11 it was 21.28% of the budget; 20.99% in 2011/12⁴⁰ and 20.41% in 2013/14⁴¹.

With the exception of reablement, it appears that the response to older people remaining at home is largely aspirational. There is no evidence, as yet, of the move from funding directed at acute care to lower level domiciliary care provision, ie the promised 'shift left'. The percentage budget for acute care, albeit small has actually increased over this timeframe.

Care Managed Assessments and by Type of Care



Source: Community Information CC3 Return

37 CC5 Information Returns Time from end of assessment to delivery of care, according to the type of care package delivered, within the Elderly Programme of Care. DHSSPS.2014

38 Strategic Resources Framework: Health and Social Care Expenditure Plans for Northern Ireland by Programme of Care and Key Service. Health and Social Care Board. 2011

39 Commissioning Plan 2013/14. Health and Social Care Board/Public Health Agency. 2013

40 Op Cit 25, page 3

41 Op Cit 26, page 55

Age NI has long called for the need to invest to save in domiciliary care provision to enable the 'shift left' to happen and this is now paramount. Now is the time for action, not rhetoric. Age NI is calling for the development and publication of a financial model to plan for investment outside of acute care if the 'shift left' proposed in *Transforming Your Care* is to become a reality.

Enabling Older People to Remain at Home: A Regional Prevention Strategy

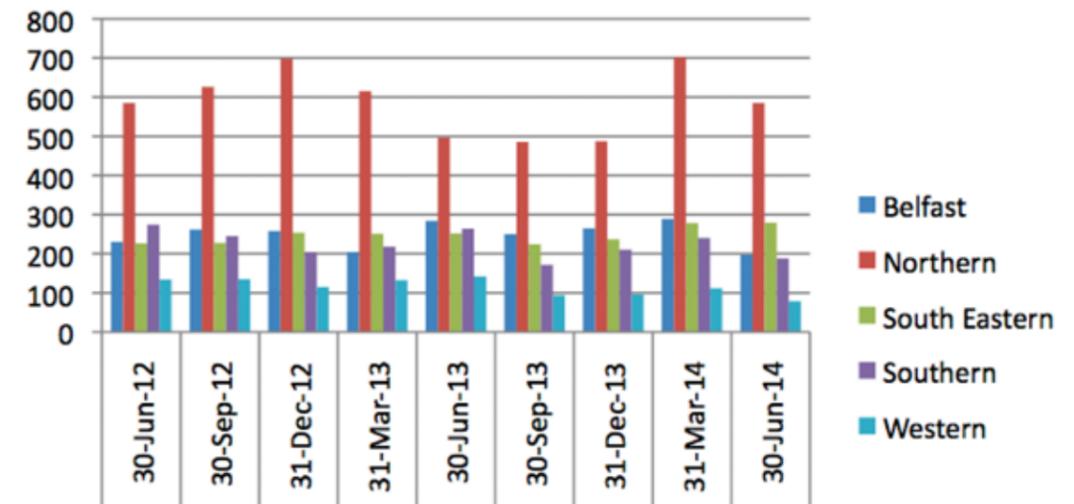
Age NI has consistently called for a regional prevention strategy as we believe that prevention in many instances is the key to the promotion of good health and a reduction in health inequalities. For older people investment in preventative social care services is cost effective, can increase their quality of life, can reduce the need for the

provision of social care both at home and in a care home setting, reduce attendances and admissions at emergency departments and enable older people to remain at home where they want to be. By staying well and feeling good, older people are more likely to play an active role in their communities, contribute to society and live independently.

Age NI welcomes the introduction of reablement by the Health and Social Care Trusts. Reablement is an intensive form of support for 6 to 8 weeks to get people 'back on their feet' usually after a period of illness or a fall. However this by itself will not deliver a reduction in the reliance on social care. Age NI welcomes the additional resources of £3.1million identified in the Commissioning Plan 2013/14⁴² for reablement but is deeply disappointed that no resources have been attached to broader prevention activity to meet TYC Reforms.

In addition there are significant regional variations in the number of care assessments across the HSC Trust areas as the chart below shows. It is hard to accept that these variations can be accounted for by the

Regional Variations in Care Management Assessments



Source: Community Information CC3 Return

42 Commissioning Plan 2013/14. HSCB/PHA. 2013

differences in the numbers of older people, levels of disabilities or inequalities in HSC Trust areas.

There is clear evidence that projects which promote early intervention and independence show how this approach, through a strategic shift to prevention and early intervention, can produce early outcomes and greater efficiency for health and social care. Care and Repair England has estimated that the costs to the NHS in England of poor housing is over £600 million per year. In their evidence they showed how avoiding falls through small adaptations and a handyman service cost in the region of £6,302, potentially preventing the costs of a hip fracture of £24,000 and the on-going costs of care and support. Added to this, is the potential annual costs of £28,000 for admission to residential care⁴³.

In our response to the TYC consultation process, we noted that the initial TYC report referred to 'that little bit of help,' and the Partnership for Older People's Projects. This move towards a preventative model was welcomed. However, with the exception of reablement, the focus on prevention has not followed through in subsequent documentation.

Age NI has welcomed the principles underlying reablement, particularly the focus on maintaining independence. However, we are concerned by the absence of a regional model to guide the implementation of reablement across the Trusts. If reablement is to be effective moving forward, it is essential at this point to understand how current reablement models have been implemented across the Health and Social Care Trusts, and the impact that these models have had in terms of outcomes for older people.

Age NI requests that the Health and Social Care Board should collate evidence to analyse the effectiveness of reablement to date and to inform the development of reablement moving forward, ensuring consistency of approach across the Trusts. We would stress that the voice of older people and their carers should form a significant component of any review of reablement.

Reablement however is just one component of a preventative agenda and on its own will not deliver the 'shift left' or the reductions in Emergency Department attendances and admissions.

Prevention is broadly defined to include a wide range of services that:

- Promote independence
- Prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability
- Delay the need for more costly and intensive services.

Preventative services represent a continuum of support ranging from the most intensive services, through to early intervention and finally promotion of wellbeing provided by a range of health and social care professionals. The emphasis is on maximising people's functioning and independence through approaches such as rehabilitation, intermediate care and reablement.

Older people themselves acknowledge that 'a little bit of help can go a long way to preventing further ill health if it is something the client themselves feels will help them'⁴⁴. Examples include the Ageing Well Reach in Northern Ireland,⁴⁵ First Connect Service⁴⁶ and the Partnerships for Older People Projects⁴⁷ in Great Britain.

The recent evaluation of the Partnerships for Older People's Projects (POPPS) demonstrated that these projects lead to cost reductions in secondary, primary and social care:⁴⁸

- For every £1 spent, hospitals save £1.20 in emergency beds
- 47% reduction in overnight hospital stays
- 29% reduction in A&E departments
- 11% reductions in outpatient appointments.

Overall, low-level practical support initiatives such as simple housing adaptations in relation to safety and security, or active lifestyle programmes, can have dramatic outcomes for older people and are of great importance to older people themselves. A regional prevention strategy should aim to ensure that older people have access to initiatives such as these.



35%

**OF OLDER PEOPLE THINK
THEIR LOCAL HEALTH AND
SOCIAL CARE SERVICES
DO NOT GIVE ENOUGH
PRIORITY TO THEIR
PRACTICAL AND
SUPPORT NEEDS**

43 Ready for Ageing? House of Lords Select Committee on Public Service and Demographic Change. 2013. Page 300

44 Age NI / DHSSPS Joint Events

45 Evaluation of Ageing Well Reach. CENI. 2009

46 Evaluation of First Connect Service: Age Concern Help the Aged NI. Blake Associates. 2009

47 The National Evaluation of Partnerships for Older People Projects. PSSRU

48 ibid

02 Enough Money

Key Indicators

- Proportion of pensioners living in poverty: **14%** (improvement)⁴⁹
- Proportion of older people who struggle on their incomes: **40%** (improvement)⁵⁰
- Proportion of pensioner households living in fuel poverty: **57%** (improvement)⁵¹
- Unemployment rate for those aged 50 plus down to **3.9%** (improvement)⁵²

Key Asks

- **The Northern Ireland Executive should introduce a comprehensive anti-poverty strategy for Northern Ireland**
- **The Department for Social Development, and other relevant departments should introduce financial ‘MOTs’ and benefit checks as people approach retirement, at the point of retirement and at key transition points**
- **The Department for Social Development should set statutory targets for older households under the new Affordable Warmth Scheme**
- **The Northern Ireland Executive should engage in discussions about the Warm Homes Discount in GB, with a view to extending the scheme to Northern Ireland**
- **The Department for Employment and Learning and the Department for Enterprise, Trade and Investment, should ensure that the forthcoming *Economic Inactivity Strategy* tackles age discrimination in employment, and increases opportunities for older workers**

Overview

All current and future pensioners should have enough money from state and private sources to live comfortably and to participate fully in society. Sufficient economic resources are essential to ensure dignity, independence and full participation in society⁵³.

The United Nations Principles for Older Persons were adopted by the General Assembly of the United Nations in 1991 to inform decisions on what needs to be achieved to ensure the continued and enhanced inclusion of older people in society. In order to promote independence, the United Nations states that older persons; should have access to adequate food, water, shelter, and clothing through the provision of income, family and community support and self-help; should have the opportunity to work or to have access to other income-generating opportunities; should be able to participate in determining when and at what pace withdrawal from the labour force takes place; and should have access to appropriate educational and training programmes.

Governments are encouraged to incorporate the UN Principles for Older Persons whenever possible. These principles should inform and guide the development of law, practice and policy. This section will ask if older people in Northern Ireland have enough money and resources to live dignified, independent lives. It will explore how well policies that relate to the areas of income, employment and housing promote independence amongst older people in Northern Ireland.

⁴⁹ Households Below Average Income Reports, 2012-2013 table 6.4

⁵⁰ Research carried out by Millward Brown on behalf of Age NI. August 2014.

⁵¹ House Conditions Survey, 2011. Northern Ireland Housing Executive.

⁵² For the period of January – March 2014, compared to in 5.4% in January – March 2013. Figures sourced Northern Ireland Statistics and Research Agency. June 2014.

⁵³ A Review of the Evidence Base on Older People in Northern Ireland. Wiggan., J. Prior., P. 2010

‘My independence means everything. I’m sorry to say I don’t have enough money and so I have to cut back on things like going out and meeting people. I can’t afford any activities and I’m not able to go on a day out.’⁵⁸



At first glance, official statistics for pensioner poverty tell a good news story, with poverty levels declining from 20% in 2003/04 to 14% in 2012/13⁵⁴. A deeper analysis however paints a different picture. Incomes of the poorest pensioners have barely increased, and inequalities across the income spectrum are deepening. The most recently available *Pensioner’s Income Series*, at the time of writing, showed that single pensioners in the lowest fifth of the income spectrum had median net incomes of £111 per week (After Housing Costs), significantly below the minimum Pension Credit guarantee level of £148 for single pensioners⁵⁵.

A recent research report by CARDI explored the reasons for deepening inequalities amongst the older age cohort and concluded that ‘*earnings from employment account for much of the difference in incomes*’ which highlights the importance of access to well-paid work⁵⁶.

In Northern Ireland, the top fifth of workers aged 60+ earned £8.44 more per hour than the bottom fifth in 2005 but by 2012 the gap was £10.91⁵⁷.

Finding suitable employment after the age of fifty can also be a challenge with implications for income in later years. It is imperative that the outcomes of back to work programmes for those aged 50 plus are closely monitored and that workplaces adopt more flexible working practices for those who have changing circumstance in later life, such as caring responsibilities.

While increasing the incomes of the poorest older people is an essential step, it is not a sufficient one. In order to address deepening inequalities and pensioner poverty in the long term, a life course approach is required. Advantage and disadvantage tend to accumulate across the life course so that inequalities will persist in later life.

A comprehensive anti-poverty and social inclusion strategy is urgently needed for Northern Ireland to break the cycle of poverty and social exclusion, and to address the inequalities that are so deeply ingrained in our society. Age NI is concerned by the Executive’s failure to produce such a strategy. Failure to take a strategic and holistic approach to issues such as area based deprivation, health inequalities, and educational outcomes will ensure that the poverty cycle continues here.

Income poverty

Official statistics reveal little about the lived experiences of older people in poverty. Older people on low incomes have to make difficult choices about how to stretch limited resources. Some forego items or opportunities that most people take for granted. Many fear for their ability to make ends meet in the future.

Age NI commissioned research with 550 older people across Northern Ireland to understand more about the impact of poverty in later life⁵⁹. We found some worrying trends. Of particular concern is that more than one in ten (11%) older people skip meals in order to save on food costs, while thirteen per cent have had to rely on credit in the form of loans or credit cards just to get by. Advice NI’s Debt Action project had almost 500 clients aged sixty or over last year, with average debts of almost 20k⁶⁰.

One of the major limitations of official poverty statistics is that they do not take the actual cost of living into account. A considerable number of older people are struggling to get by financially even though they are not considered ‘poor’ by government standards. One in four (23%) older people tell us that they are struggling to afford essential

items such as food, gas and electricity⁶¹. Fifty per cent tell us that while they can afford these essentials, they have no money left for extras⁶².

A recent report by the Joseph Rowntree Foundation explained the limitations of official poverty measures in terms of their failure to take into account the role of inflation⁶³. Standard measures assume that inflation affects all households equally, however those households with the lowest incomes tend to experience higher than average inflation rates as they spend a higher proportion of their incomes on essential goods that have soared in price, such as food and fuel. As such, rising costs have had a disproportionate impact on low income pensioner households who are struggling to make their incomes stretch.

The State Pension is the largest single source of income for the majority of pensioners. While the coalition government made a commitment to increase the basic State Pension by the ‘triple lock’ – that is, in line with increases in average earnings, prices or 2.5 per cent, whichever is highest, increases will not take into account higher than average inflation rates experienced by low income pensioners. Furthermore, for those older people with savings or private pensions, these income sources have also lost value in real terms over time. For those pensioners with savings, someone with £10,000 in an emergency fund could have lost £1,157 (after taking into account the gap between interest rates and inflation) over the last 4 years⁶⁴.

In terms of official statistics, headline figures for pensioner poverty in Northern Ireland tell a good news story with 14% of pensioners living in poverty in 2012/13, compared to 20% in 2003/04⁶⁵. However, as outlined above, these findings need to be interpreted with caution.

54 Households Below Average Income Reports, 2012-2012 and 2003-04, Department for Social Development table 6.4

55 Pensioners Income Series Bulletin 2011/12, Department for Social Development, Table 4.1

56 Understanding socio-economic inequalities affecting older people. Centre for Ageing Research and Development in Ireland. 2014

57 ibid

58 Quote from Age NI’s engagement with over 90 older people across Northern Ireland in relation to OFMdFM’s public consultation of the draft Active Ageing Strategy. May 2014

59 Research carried out by Millward Brown on behalf of Age NI. August 2014.

60 The project was accessed by 485 people aged sixty or over from January 2013- December 2013. The average amount of debt was £19,345.40. Figures provided by Advice NI, November 2014.

61 Research carried out by Millward Brown on behalf of Age NI, August 2014.

62 ibid

63 Measuring Poverty when Inflation Varies across Households. Joseph Rowntree Foundation. 2014

64 Age UK calculations based on £10,000 saved in a deposit account between March 2010 and March 2014 yielding 0.5% interest and using CPI figures. *Agenda for Later Life* 2014

65 Households Below Average Income Reports, 2011-2012 and 2003-04, Department for Social Development



ONE IN FOUR (23%) OLDER PEOPLE TELL US THAT THEY ARE **STRUGGLING TO AFFORD ESSENTIAL ITEMS**

A deeper analysis of pensioner incomes provides further evidence of the need to read between the lines when it comes to pensioner poverty. The most recently available data from the *Pensioner's Income Series (2011/12)* showed that average net weekly incomes after housing costs for all pensioner units in Northern Ireland was £316⁶⁶.

This represents a 2-3 per cent increase from the 2003/04 levels and an 8 percent decrease from 2010/11 levels, in real terms. In income terms therefore, there has been little improvement since 2003/04. As mentioned, it must also be kept in mind that those households with the lowest incomes will have experienced higher than average inflation rates and reduced spending power.

Using average incomes to monitor progress in terms of poverty can be misleading as the average tends to be skewed by those pensioner households at the top end of the income spectrum. If we look at incomes at the mid point of income distribution figures, we can see, with greater clarity, the state of affairs for those pensioners on the lowest incomes. The *Pensioners Income Series* shows that between 2003/06 and 2009/12, the mid point for net incomes (AHC) of pensioner couples in the highest fifth of the income

spectrum grew from £690 per week to £727 per week, a 5% increase in income⁶⁷. By contrast, the mid point incomes of pensioner couples in the lowest fifth of the income distribution barely changed, from £187 in 2003/06 to £188 in 2009/12. For single pensioners, mid point net incomes for those in the top fifth grew from £318 to £339, compared to the incomes of those in the bottom fifth who had mid point net incomes that grew from £105 to £111 per week. Net incomes appear to be increasing across the board, except for those pensioner households with the lowest incomes. For this group, incomes have remained virtually unchanged between 2003/06 and 2009/12. The poorest pensioners have seen no real improvement.

Policy response

Government has thus far focused on benefit uptake initiatives as a method of reducing pensioner income poverty in Northern Ireland. It is difficult to ascertain how successful these initiatives have been as the Department of Social Development ceased the *Income Related Benefits* publication with estimates of uptake in 2009. None the less, Age NI commends the Department for its continued commitment to raise awareness of benefit entitlement through their *Maximising Incomes and Outcomes Strategy* which is now in its second year⁶⁸. The Department's Benefit Uptake Programme in 2013/14 which saw over 4,000 people, many of them older people, gain £14.2million in new and additional benefits.⁶⁹ This clearly demonstrates the continued need for this campaign. However more innovative approaches are needed. While the use of data for targeting purposes has been an effective approach it has also been a limited one, as acknowledged by the Department itself with fewer than 6% of those targeted in 2011/12 making a successful claim to

benefit⁷⁰. As such, we are encouraged by the Department's stated strategic priority in the *Maximising Incomes and Outcomes Strategy* to 'respond at key life changes', such as 'leaving hospital or being diagnosed with a chronic or life limiting condition.' We would welcome more specific plans from the Department about how this strategic priority will be delivered.

Age NI believes that a more comprehensive approach towards finances in later life is needed and is calling for package of financial guidance and support at various life transitions. The Financial Services Commission has highlighted the increasing complexity of managing money in later life⁷¹. Older people can expect to face many significant events in later life which create new financial challenges which they will not necessarily have prepared for, such as bereavement; paying for care; and new needs due to changing health. Coping with reduced income on retirement is also a key challenge with 43% of older adults telling us that they underestimated the amount of money they would need for a comfortable retirement, while 13% tell us they have resorted to credit in the past twelve months just to get by⁷². People need appropriate guidance, information and advice (that includes, but is not limited to benefit entitlement checks) as they approach retirement, at the point of retirement and at key transition points. Later life is a time when individuals can experience significant changes in their circumstances with implications for finances. As such, Age NI is disappointed that the draft *Financial Capability Strategy* for Northern Ireland, which addresses issues such as debt advice, and managing finances, does not have a greater focus on older adults, and preparing for retirement.

It is important that any financial capability strategy recognises the different needs of older people, for example, different internet usage, or the increased likelihood of limited mobility when communicating/providing financial advice and information. We also need to be better prepared for future generations of older people. The *Ready for Ageing* report states that 'Government should help people be better informed about healthy life expectancies, pension projections, and how best to use their own assets, so that individuals and families can analyse their own situations and make their own informed choices'⁷³. With longer retirements, financial capability must be considered within the context of ageing.

Given the lack of progress made for the poorest pensioners in Northern Ireland over the last decade, Age NI wants to see Government take a more strategic and comprehensive approach to the issue of pensioner poverty and income inequality in later life. A comprehensive anti-poverty strategy and action plan that addresses poverty related issues such as benefit entitlement, financial capability, unemployment, debt, fuel poverty and housing is urgently needed for older people here. Following the 2006 St Andrews Agreement a legal duty was introduced on the NI Executive under s28E of the Northern Ireland Act 1998 that the Executive Committee shall adopt a strategy setting out how it proposes to tackle poverty, social exclusion and patterns of deprivation based on objective need. However there is no identifiable strategy to this end. The policy response currently is fragmented and piecemeal. A strategic, cross departmental approach is required to understand and tackle the issues effectively for today's pensioners and future generations.

66 Pensioners' Income Series, 2011-2012, Department for Social Development

67 Pensioners' Income Series, 2011-2012, Department for Social Development. Table 4.1

68 Maximising Incomes and Outcomes- a Plan for Improving the Uptake of Benefits. Department for Social Development.

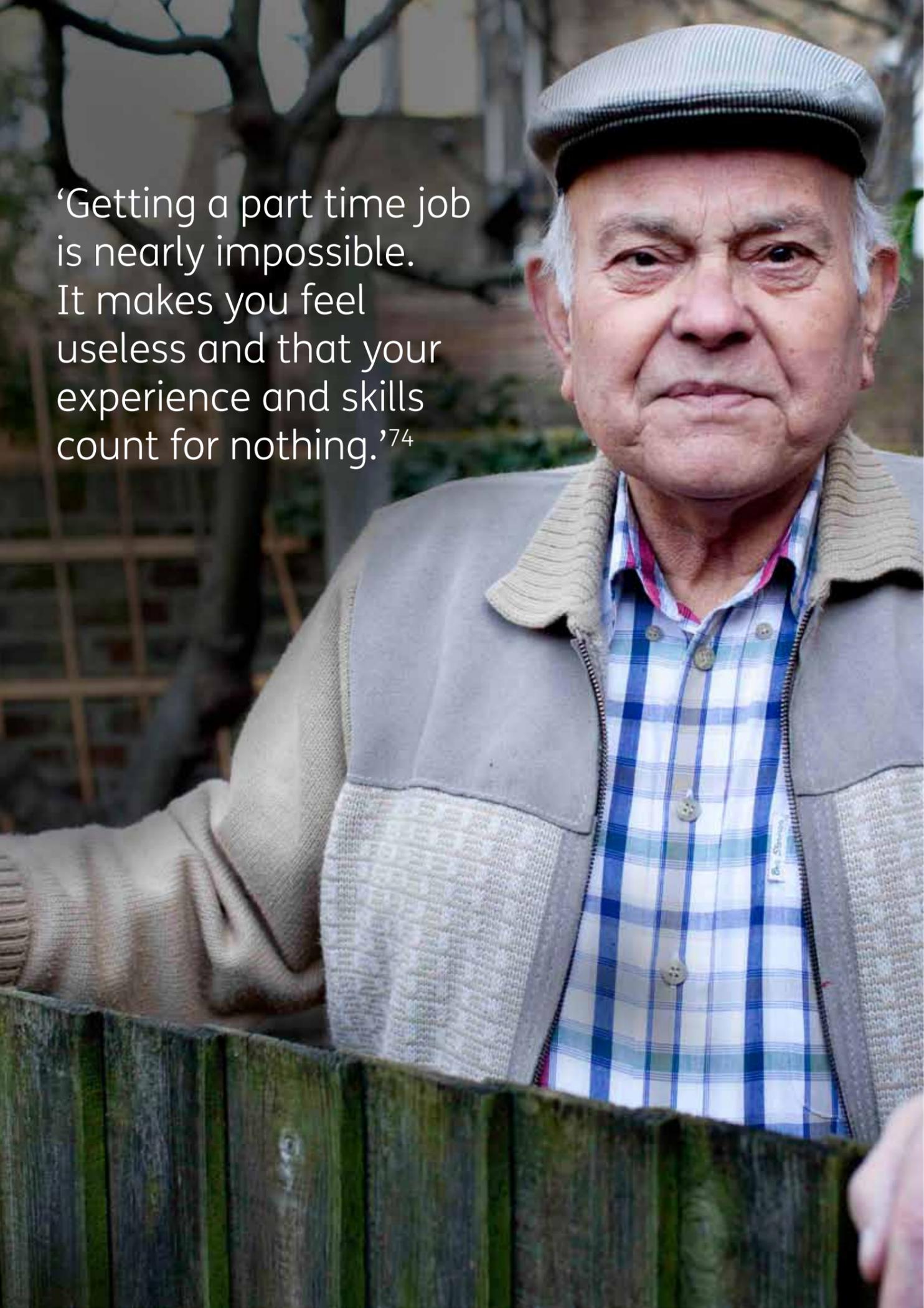
69 <http://www.northernireland.gov.uk/news-dsd-151214-extra-million-for>

70 Maximising Incomes and Outcomes- a Plan for Improving the Uptake of Benefits. Department for Social Development.

71 Financial Resilience in Later Life. Age UK. June 2014.

72 Research carried out by Millward Brown on behalf of Age NI. August 2014.

73 Ready for Ageing?, House of Lords Select Committee on Public Service and Demographic Change. 2013



‘Getting a part time job is nearly impossible. It makes you feel useless and that your experience and skills count for nothing.’⁷⁴

Employment

Over the past year the jobs market in Northern Ireland has started to show signs of recovery. Older workers have, overall, experienced a similar pattern, with the unemployment rate for those aged fifty plus standing at 3.9% this year compared to 5.4% last year⁷⁵. However, these positive headline statistics mask many of the difficulties that many older workers face, both in terms of the unemployed moving back into paid work and for those older workers who have had to leave the workplace due to changing life circumstances.

For those people who lose their job in their 50s or 60s, it can be extremely difficult to return to work. While small sample sizes mean it is not possible to comment on long term unemployment for the over fifties in Northern Ireland (defined as being out of work for 12 months or more), trends in GB show that once out of work, those aged 50 plus do indeed find it more challenging to regain employment. We believe this is the result of a number of factors, for example age discrimination and inadequate back-to-work support. Ageist attitudes continue to persist amongst employers in Northern Ireland, with 197 complaints made to Industrial Tribunals here on the grounds of age discrimination in 2012/13⁷⁶.

Long term unemployment has a huge impact on people’s lives. Being unable to return to work can force people onto benefits or into early retirement, and has an effect on income that lasts a lifetime, even where people do eventually find another job. Evidence would show that back to work programmes in Northern Ireland have tended to be less successful for those in the fifty plus category. Between September 2008 and September 2013, only 22% of those

aged fifty plus who availed of the Steps to Work programme moved into unsubsidised employment, sustained for 13 weeks or more. This compared to 33% of those in the 25 to 49 age category⁷⁷. Difficulties faced by older adults when seeking employment are often a result of false assumptions about their competencies. A *Strategy to Tackle Economic Inactivity: Baseline Study*⁷⁸ published in 2013, highlighted how older workers can be particularly disadvantaged in the labour market ‘due to wider attitudes about their circumstances or capability for work’. These factors may also contribute to the lower employment rates found in age groups over the age of 45 in NI than in comparable age groups in the UK⁷⁹.

Economic inactivity also needs to be addressed. Economic inactivity differs from unemployment in that it refers to individuals who are neither in work, nor actively seeking work. Whilst some individuals look forward to retirement, an Age NI survey recently found that a third of people aged 65 plus did not want to stop working when they retired, but were unable to continue working due to health issues (50%), or caring responsibilities (16%)⁸⁰. It is notable that older women were much more likely to report leaving work as a result of caring responsibilities than men (24% compared to 4%)⁸¹. Measures must be introduced to support those individuals who want to continue working, but find staying in the workplace more challenging due to personal circumstances. The availability of more flexible working arrangements would go some way to achieving this. At the time of writing, flexible working requests have been extended to all employees in Great Britain under the Flexible Working Regulations from June 2014. This gives everyone the right to ask their employer to alter their working

74 Quote from Age NI’s engagement with over 90 older people across Northern Ireland in relation to OFMdfM’s public consultation of the draft Active Ageing Strategy. May 2014

75 For the period of January – March 2014, and January – March 2013. Figures sourced Northern Ireland Statistics and Research Agency. June 2014.

76 Information sourced from the Equality Commission for Northern Ireland, November 2014

77 Steps to Work Statistical Bulletins, 2013-14. Department for Employment and Learning. June 2014

78 A Strategy to Tackle Economic Inactivity: Baseline Study. Department for Employment and Learning, 2013.

79 Older People and Employment in Northern Ireland. Labour Market Bulletin 24, Department of Employment and Learning, 2013.

80 Research carried out by Millward Brown on behalf of Age NI. August 2014.

81 *ibid*

pattern, and the employer a duty to give the request serious consideration. The right to request flexible working will likely be extended to Northern Ireland employees through the Work and Families Bill which has yet to be passed. Age NI believes that the right to request flexible working should be extended to all employees in Northern Ireland, and that these requests for flexible working should be dealt with using statutory procedures.

Age NI welcomes the focus on older adults in the framework for the forthcoming *Strategy for Economic Inactivity in Northern Ireland*. We welcome the recognition in this framework that there is a need to put in place measures that will help those older adults who are seeking work through tackling discrimination and increasing opportunities. We also welcome the commitment to focus on initiatives that promote flexible working that will support workers with health conditions or caring responsibilities. We look forward to more detailed plans from the Department of Enterprise, Trade and Investment, and the Department for Employment and Learning as to how these goals will be achieved, monitored and evaluated.

Fuel Poverty and Housing

We continue to hear how keeping warm and fuel affordability are common concerns for the older people we engage with. Fifty-nine per cent of older people tell us that they are concerned about the cost of utilities⁸². This is backed up by research findings which have highlighted that having a damp free home, and heating to keep the home adequately warm, are the top two things older people prioritise for a decent standard of living⁸³.

That fuel poverty is a source of anxiety for older people is due to the scale of the problem for this age cohort as well as the serious implications that living in a cold home can have on the health of those of an advanced age. Almost half of all households experiencing fuel poverty are older households (46%)⁸⁴. Evidence also shows that older people in Northern Ireland are more likely to occupy dwellings that fail to meet acceptable standards. The Decent Homes Standard incorporates four main criteria: the statutory minimum fitness standard for housing; state of repair; modern facilities and services; and thermal comfort. Any property that does not meet all four criteria is deemed to have failed the standard. In 2011, 62 per cent of the stock in Northern Ireland which failed the Decent Homes Standard did so on the thermal comfort criterion. Non-decent homes remain disproportionately clustered among older people, with more than 1 in 10 homes inhabited by people over 60 years old currently failing to meet the standard, compared to 1 in 20 for households inhabited by younger people. This translates into 26,000 older households in Northern Ireland who are living in homes that fail Decent Homes standards.

The implications of living in cold home can be life threatening with 500 excess winter deaths recorded for the 65 plus age cohort in Northern Ireland in 2013/14⁸⁵. Studies have established a link between inadequate home heating and excess winter mortality⁸⁶. Health implications of fuel poverty are also more serious for this age cohort. Older people are at greater risk of respiratory disease, coronary events and accidental hypothermia. One study found a strong correlation between the risk of fuel poverty and the likelihood of an emergency admission to hospital for respiratory problems among older people in London⁸⁷, while studies in England, the U.S.A and the Netherlands have shown that both self-reported and objectively measured housing dampness is strongly associated with respiratory symptoms⁸⁸. The effects are most marked for children and older people, with the latter being particularly vulnerable to low temperatures⁸⁹. Given the serious implications for the older population in terms of health impacts and excess winter deaths outlined, Age NI would make the case that older people deserve priority attention in this area of government policy.

Policy response

In terms of energy costs, Age NI continues to call for the introduction of social price support in Northern Ireland. Older people in Northern Ireland are currently not afforded the same level of energy pricing protection as their counterparts in GB and the Republic of Ireland, despite NI having higher levels of fuel poverty. Social price support is offered in the rest of the UK by law, but is not required in Northern Ireland. The Warm Homes Discount Scheme for instance, a £1.1 billion scheme funded by energy suppliers, is a 4-year initiative aimed at helping around 2 million

of the UK's most vulnerable customers with their electricity bills annually. We call on the Secretary of State and the NI Executive to ensure that Northern Ireland features in the discussions around extending this scheme for another year.

Energy efficiency measures have been the main vehicle used by Government to address fuel poverty here. The Department of Social Development has recently introduced the Affordable Warmth Scheme, with the scheme representing a significant departure from how measures have been delivered in the past. Age NI has a number of serious concerns about the new scheme which have been raised with the Department and former Minister.

Under the new scheme the move towards an area based approach may leave many of the older fuel poor without assistance. The targeting of geographic clusters of fuel poor areas means that households that fall outside of these areas will not be proactively targeted for assistance. Older householders that are asset rich but cash poor may be living in areas of relative affluence and yet experience fuel poverty. These older people households are unlikely to be identified in an area based approach and would likely miss out under the new scheme. Age NI believes this will have implications in terms of equality of opportunity. If older people who live outside of targeted areas are not proactively targeted for the scheme, it is reasonable to assume that they will be less likely to avail of the scheme. Age NI would seek assurance from the Department for Social Development that steps will be taken to actively promote the scheme to ALL older people, regardless of geographic location.

82 Research carried out by Millward Brown on behalf of Age NI. August 2014.

83 The Necessities of Life in Northern Ireland. London: ESRC Working Paper. 2012

84 Northern Ireland House Conditions Survey statistical annex 2011. NIHE. Page 28

85 Excess Winter Mortality in Northern Ireland. NISRA

86 Cold comfort. The social and environmental determinants of excess winter deaths in England, 1986-1996. The Policy Press. 2001

87 Rudge J, Gilchrist R (2007) Measuring the health impact of temperatures in dwellings: Investigating excess winter morbidity and cold homes in the London Borough of Newham. *Energy and Buildings* 39, 847-858.

88 Hunt, S. (1993) "Damp and mouldy housing: a holistic approach" in R. Burridge and D. Ormandy (eds.) *Unhealthy Housing: research remedies and reform*, E and FN Spon, London, p67-93.

89 Collins, K. J. (1986a) "The health of the elderly in low indoor temperatures" in *Unhealthy Housing - a diagnosis*, The Institution of Environmental Health Officers

We would also seek assurance that where an older person living outside a targeted area makes an application, that this application will be considered and any works completed within the same timeframes as those living within a targeted area.

Age NI is also concerned that the broadening of eligibility criteria for the scheme removes an emphasis on vulnerability. While fuel poverty is ubiquitous, we feel that the Department has a duty to prioritise the most vulnerable households, and that eligibility criteria should reflect this. For example, the impact of living in fuel poverty will generally be more serious for an older housebound individual with pre-existing health problems, than for a working age individual who is fuel poor. Under the current area based scheme, individuals living in a targeted area will be targeted for measures, regardless of their vulnerability, while a fuel poor older person living outside a targeted area will not. As stated by Professor Christine Liddell *‘It must be noted that an area-based approach inevitably leaves fuel-poor households that are located in low-risk areas with little hope of assistance in the medium term. This raises ethical and political difficulties for any regional government.’*⁹⁰ The Department urgently needs to reconsider this approach. All older people must have an equal opportunity to avail of the scheme. Statutory targets must also be put in place which require a minimum number of older people’s homes to be made free from cold and damp each year via the scheme.

CASE STUDY

A client contacted Age NI’s Advice line in August to see if she qualified for a grant to replace her boiler. The client was informed that she does not qualify for a grant under the current Boiler Replacement Scheme as her boiler is 12 years old⁹¹. Despite being serviced every year, the boiler cannot be repaired and needs to be replaced. The client, who lives alone, cannot afford to replace the boiler. Of particular concern is that the client has a number of health problems which are exacerbated by living in a cold home

The existing Boiler Replacement Scheme is coming to an end in March 2015 and boilers will now be replaced under the new Affordable Warmth Scheme. Age NI contacted building control at the client’s local Council and the Department for Social Development to see if she would qualify for a new boiler under the Affordable Warmth Scheme. The client’s details have been taken by building control at the Council, however at the time of writing it is unclear if the client is living in an area that is being targeted for assistance. In the meantime the client has been left without a boiler which is impacting on her wellbeing.

Age NI would seek assurance from the Department of Social Development that older people in these circumstances will not be disadvantaged under the new scheme.

‘In terms of energy costs, Age NI continues to call for the introduction of social price support in Northern Ireland.’

⁹⁰ Liddell, C. Tackling Fuel Poverty in Northern Ireland. An Area Based Approach to finding those most in need. University of Ulster. 2013.

⁹¹ Boiler Replacement Scheme introduced by the Department for Social Development and administered by the Northern Ireland Housing Executive. To qualify for the scheme, boilers must be 15 years or older. The scheme is coming to an end in March 2015



03 Equal and Engaged Citizens

Key Indicators

- Percentage of older people who think that Government does not make a sufficient effort to listen to the needs and experiences of older people - **77%** (worsened)⁹²
- Percentage of older people who agree that symptoms of poor health are often untreated and dismissed as the result of 'old age' – **70%** (worsened)⁹³
- Percentage of older people who believe that people make negative assumptions about them because of their age – **50%** (worsened)⁹⁴

Key Asks

- **The Northern Ireland Executive should ensure that age discrimination legislation is extended to the provision of goods, facilities and services before May 2016**
- **The Office of the First and Deputy First Minister should ensure that the new *Ageing Strategy* is funded, outcomes focused, and includes robust monitoring and accountability arrangements**
- **The Department of Health, Social Services and Public Safety should undertake an *Age Discrimination Review of all aspects of Health and Social Care***
- **The Office of the First and Deputy First Minister should oversee the development of a systematic approach to ensure that older people have a voice in regard to decision-making processes, through the new ageing strategy**
- **The Northern Ireland Executive should ensure the implementation of the UN Principles across government policy and a commitment to promote, protect and fulfil the rights of older people**

Overview

Older people have a right to live as equal and engaged citizens, and to have full enjoyment and protection of their human rights. They have protection of domestic laws, including the Human Rights Act 1998 which incorporates the European Convention on Human Rights, Section 75 of the Northern Ireland Act 1998, and a body of international human rights conventions and instruments.⁹⁵

The United Nations Principles for Older Persons, adopted by the General Assembly of the United Nations in 1991, further encourages governments to incorporate a number of principles into their national programmes whenever possible.

These principles include participation, self-fulfilment and dignity. In terms of participation, governments should adopt policies that encourage older people to remain integrated in society, and to participate actively in the formulation and implementation of policies that directly affect their well-being. In terms of self-fulfilment, older persons should be able to pursue opportunities for the full development of their potential and should have access to the educational, cultural, spiritual and recreational resources of society.

The principles also state that older people should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.

⁹² Research carried out by Millward Brown on behalf of Age NI. August 2014

⁹³ *ibid*

⁹⁴ Research carried out by Millward Brown on behalf of Age NI. August 2014

⁹⁵ Human Rights Act 1998 came into force in the UK in October 2000

Despite the existence of these principles and legal protections, older people in Northern Ireland regularly experience breaches of their human rights. These breaches include, but are not limited to:

- A lack of participation in decision-making processes
- Inequality of access to a range of services including health and social care services, financial services
- Ageism and discrimination in employment and training and in the provision of goods, facilities and services.
- Abuse and neglect.

As people live longer we see many older people working, volunteering and caring for friends and families, leading lives that are fulfilling. It is essential that we acknowledge and maximise the benefits of an ageing population, and the positive contribution that people in later life make to society.

Research commissioned by the Commissioner for Older People, *Appreciating Age*, found clear evidence that older people put a lot more economic value into society than they take out, when expected costs of health and welfare were set against the projected economic value of taxes paid, and time spent volunteering and providing informal care.⁹⁷

The research found that over the next 50 years, Northern Ireland will be almost £25 billion better off because of our ageing population.⁹⁸

‘Older people in NI I think are not as well valued as they could be. Decisions are taken without them being asked for their opinion.’⁹⁶



⁹⁶ Quote from Age NI's engagement with over 90 older people across Northern Ireland in relation to OFMdFM's public consultation of the draft Active Ageing Strategy. May 2014

⁹⁷ *Appreciating Age: Valuing the positive contributions made by older people in Northern Ireland*, Commissioner for Older People in Northern Ireland. 2014. P.2

⁹⁸ *Appreciating Age: Valuing the positive contributions made by older people in Northern Ireland*, Commissioner for Older People in Northern Ireland. 2014. P.2

The fact that people are living longer is something to celebrate, so long as it is accompanied by good health and well-being, opportunities to participate, support to remain independent, and respect for rights. Many older people do indeed live lives that are dignified, fulfilled, and engaged. Others do not. Ageism and negative attitudes to older people continue to pervade our society, causing harm and exclusion to individual older people. These prejudicial attitudes are at the root cause of inequality and disadvantage which range from abuse and neglect, to second-class services and restricted opportunities. Fifty per cent of older people who took part in a recent survey agreed that people make negative assumptions about them because of their age,⁹⁹ an increase since a previous survey conducted in 2010.

Age NI has campaigned for over ten years to secure the introduction of age discrimination in the provision of goods, facilities and services and was delighted that on 19 February 2015 Junior Ministers Jennifer McCann and Jonathan Bell announced proposals to extend age discrimination legislation to provision of goods, facilities and services to people aged 16 and over in the lifetime of this Assembly.¹⁰⁰

While we welcome this development, Age NI recognises that the hard work is really only starting now as there is a huge amount to be done if government is to deliver this legislation by the end of the current administration. Age NI will continue to provide the necessary leadership in the campaign to secure this new law which will protect older people from age discrimination in accessing goods, facilities and services. Older people also continue to experience discrimination in employment and training, despite the introduction of the Employment (Age) Regulations (2006) and Employment

Equality (Repeal of the Retirement Age Provisions) Regulations (NI) 2011.

There is currently a key opportunity for the NI government to begin to strategically plan for our ageing society in Northern Ireland. OFMDFM is currently working to develop a new *Active Ageing Strategy*, with final strategy expected in 2015. Evidence is clear that the first **ageing strategy for Northern Ireland, *Ageing in an Inclusive Society***, failed to deliver for older people, with a deterioration across a range of indicators measuring older people's well-being, in areas such as poverty, fuel poverty, winter deaths and social care.¹⁰¹ The new *Ageing Strategy* must learn from the mistakes of the last. It must be the high-level overarching policy which anchors all policy, planning, legislation, practice and service delivery that impacts on older people and ageing. It must be visionary and forward thinking, fully funded, outcomes-based, with SMART targets, indicators and baseline data.

Human rights and equality

Older people are rights holders. They have the protection of domestic laws, including the Human Rights Act 1998 which incorporates the European Convention on Human Rights and which came into force in the UK in October 2000, and a body of international human rights conventions and instruments. International obligations to older persons are implicit in most core human rights treaties, such as the UN Covenant on Economic, Social and Cultural Rights, the UN Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities, and the Council of Europe Committee of Ministers' Recommendation

on the Promotion of Human Rights of Older Persons

While there is currently no UN Convention of the Rights of Older People (although work is on-going in this area), there are UN Principles for Older Persons which set out 18 principles under the headings – Independence, Participation, Care, Self-fulfilment and Dignity. In the absence of a Convention, the UN 'encourages Governments to incorporate principles into their national programmes whenever possible'. Despite the existence of these Principles, and a broader human rights framework, many older people in Northern Ireland experience breaches of their rights on a daily basis.

For example, the Northern Ireland Human Rights Commission conducted an investigation into nursing homes in 2012 which found that '*there is a risk of multiple forms of human rights abuse*' in nursing homes here.

The report, *In Defence of Dignity* made recommendations around quality of life, personal care, eating and drinking, medication and healthcare and restraint, finding that there were '*significant structural barriers to the implementation of the human rights of older people in nursing homes*'.

The Commission's report also found that in areas of participation and autonomy, '*residents are not given adequate opportunity to be involved in making decisions that impact on them.*'¹⁰²

Ageism, inequality and discrimination blight the lives of older people in many ways. It is Age NI's view that a comprehensive rights based approach is currently missing in relation to policy development and ageing in Northern Ireland.

In order to address outdated and ageist perceptions of older age, a human rights approach needs to be mainstreamed in policies and services that relate to older people.

99 Research carried out by Millward Brown on behalf of Age NI. 2014

100 <http://www.northernireland.gov.uk/news-ofmdfm-190215-mccann-and-bell>

101 Positive Ageing – Is Government's Ageing Strategy Fit for Purpose? Age NI. 2009. p48 <http://www.ageuk.org.uk/Global/age-ni/documents/policy/archive/Age-NI-Positive-Ageing-report-2009.pdf>

102 <http://www.nihrc.org/documents/research-and-investigations/older-people/in-defence-of-dignity-investigation-report-March-2012.pdf>

Active Ageing Strategy

In February 2014, the Office of the First Minister and Deputy First Minister produced a draft *Active Ageing Strategy* to public consultation, which ended in May 2014. At the time of writing, the Department is developing a final draft strategy, which we have been informed will be launched in Spring 2015.

Evidence is clear that the first ageing strategy for Northern Ireland, *Ageing in an Inclusive Society*, failed to deliver for older people. Launched in 2005 under the last Direct Rule administration, *Ageing in an Inclusive Society* presided over the deterioration in a range of indicators associated with older people's well-being, including poverty, fuel poverty and health and social care.¹⁰³ Age NI produced a report in 2009, *Positive Ageing*, in which we identified shortcomings in content, implementation and monitoring¹⁰⁴. It is imperative that the new ageing strategy learns lessons from this previous experience.

Northern Ireland has, in the past, been described as having the 'most disjointed and limited approach to ageing issues' in the UK.¹⁰⁵ A comprehensive ageing strategy would address this issue. Given that Northern Ireland has the fastest growing population in the United Kingdom and it is an ageing population¹⁰⁶, it is concerning to have a gap of seven years during which no government strategy exists to deal with ageing-related issues.

Age NI's response to the draft *Active Ageing Strategy* consultation was compiled following a process of engagement with older people and organisations across NI. We engaged with our Consultative Forum, comprising over 40 members and supported the participation of over 90 older people from a range of backgrounds through a peer-led initiative.

Age NI has been involved in the Ageing Strategy Advisory Group for 7 years, and has consistently provided expertise and advice to OFMDFM.

Age NI alongside colleagues in the age sector raised significant concerns at the content of the draft *Active Ageing Strategy*, and in particular the lack of detail in a number of key areas. These include the absence of a budget, outcomes, targets, indicators, and baseline data. In order to address the disjoint in ageing policy, we believe that the *Active 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. We are concerned that the final strategy will not deliver this holistic and strategic approach across government to address the rights and needs of older people.

'My GP said that depression was 'just part of getting old' and didn't want to talk about the problem at all or help me in any way.'¹⁰⁷



103 Positive Ageing – Is Government's Ageing Strategy Fit for Purpose? Age NI. 2009. NI <http://www.ageuk.org.uk/Global/age-ni/documents/policy/archive/Age-NI-Positive-Ageing-report-2009.pdf>

104 *ibid*

105 All our futures: attitudes to age and ageing in the Northern Ireland, ARK Research Update No61. June 2009 quoting Trench and Jeffrey Older People and Public Policy: the impact of devolution. Age Concern. 2007.

106 There are approximately 366,300 older people over the age of 60 living in Northern Ireland today making up 20% of the population. Northern Ireland Statistics and Research Agency (NISRA) statistics revealed that in 2012, 15% of the population in NI was aged 65 and over (272,800), including 32,700 who are over 85. Between 2012 and 2017 the number of persons aged 85 and over in NI is projected to increase by 19.6%, from 32,700 to 39,100, and more than double between 2012 and 2032 to 75,800. (NISRA. 2012. Mid-Year Population Estimates [Online] [Accessed 27 February 2014] Available from www.nisra.gov.uk/demography/default.asp17.htm)

107 Older people speaking at Age NI GFS Listening Events, 9 sessions held with 130 older people across Northern Ireland between May-July 2013

The new Active Ageing Strategy must:

- Be fully funded. We recommend that resourcing needs to be clearly set out, to include not only resources for the Action Plan, but also resource allocation for older people across government departments.
- Be outcomes focused, with high level strategic outcomes and targets that measure progress against strategic aims.
- Co-ordinate work on ageing across government, setting out clearly the links between government departments and agencies, as well as the links to other strategies and the Delivering Social Change and Programme for Government frameworks.
- Include robust monitoring and accountability arrangements.
- Include a full Equality Impact Assessment (EQIA). Age NI believes that the screening exercise for the Strategy was flawed in its decision not to conduct a full EQIA.
- Include the participation of older people and the age sector in terms of the monitoring of the strategy. We are unclear as to how the current proposals ensure that older people and the age sector will have an effective and meaningful monitoring role. Full and effective participation is a fundamental right of all older people in Northern Ireland.
- The *Active Ageing Strategy* must set out the special measures which need to be taken to ensure that the voices of hard to reach, socially excluded older people are meaningfully included at all levels.
- Include an expressed commitment from the Northern Ireland Executive to ensure the implementation of the UN Principles across government and a commitment to promote, protect and fulfil the rights of older people. 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.
- Capture the richness, diversity and added value which the age sector provides to the lives of older people across Northern Ireland every day. By way of example, 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. These groups provide a range of essential services to older people including befriending, good morning calls, luncheon clubs, advice and support services, sport and activity clubs, arts projects.

Age Discrimination

Older people are subjected to ageism and age discrimination every day in Northern Ireland in areas such as accessing health services, financial services, facilities for transport or travel, or retail services. In Northern Ireland it is still legal to discriminate on the grounds of age in relation to goods, facilities and services.

In contrast, both Britain¹⁰⁸ and the Republic of Ireland¹⁰⁹ have legislation in place which protects older people from age discrimination in accessing Goods Facilities and Services (GFS). The phenomenon of ageism and discrimination challenges the dignity and rights of older people in Northern Ireland. The commitment to enact robust legislative protections against age discrimination in accessing goods, facilities and services provides a huge opportunity to redress this inequality.

Evidence of the age discrimination faced by older people when accessing goods, facilities and services is overwhelming:

- Older patients are less likely to be referred for surgical intervention for cancer, heart disease and stroke.¹¹⁰
- Survival rates for British cancer patients over 75 are amongst worst in Europe.¹¹¹
- Clinical trials often exclude older people based on chronological age rather than capacity to be entered to such trials.¹¹²
- More than 70% of deaths caused by prostate cancer occur in men aged over 75 years, but few older patients receive treatment for localised prostate cancer, and are denied access to chemotherapy for advanced disease.¹¹³
- 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.¹¹⁴
- Up to 50% of older people in residential care have clinically severe depression, yet only between 10%-15% receive any active treatment.¹¹⁵
- 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.¹¹⁶
- Older people often pay higher premiums or may not be able to access cover at all for car or travel insurance.¹¹⁷
- Vehicle rental companies may refuse to rent cars to older people.¹¹⁸

108 Equality Act 2010 which took effect in Britain in October 2012

109 Equal Status Act 2000.

110 Ageism and age discrimination in secondary health care in the United Kingdom. Centre for Policy on Ageing, 2009. p. 26

111 De Angelis R, Sant M, Coleman MP, et al Cancer survival in Europe 1999 – 2007 by country and age: results of EUROCARE-5 – a population-based study. *Lancet Oncol* 2013; published online Dec. 5 [http://dx.doi.org/10.1016/S1470-2045\(13\)70546-1](http://dx.doi.org/10.1016/S1470-2045(13)70546-1). Cited by Macmillan Cancer Support Charity [Accessed 22 January 2014]

112 Wildiers H, Mauer M, Pallis A, Hurria A, Mohile SG, Luciani A, et al. End points and trial design in geriatric oncology research: a joint European organisation for research and treatment of cancer – Alliance for Clinical Trials in Oncology – International Society of Geriatric Oncology position article. *J Clin Oncol* 2013; 31:3711-8. Cited by Lawler M, (February 2014) Ageism in Cancer Care: We need to change our mindset, *BMJ*2014, 348:g1614

113 Aapro MS, Management of advanced prostate cancer in senior adults: the new landscape. *Oncologist* 2012; 17 (suppl 1):16-22. Cited by Lawler M, (February 2014) Ageism in Cancer care: we need to change our mindset, *BMJ* 2014, 348:g1614

114 Ageism and age discrimination in mental health care in the United Kingdom. Centre for Policy on Ageing. 2009. p. 39 – 41

115 *Ibid.* p 46

116 Ageism and age discrimination in primary and community health care in the UK. Centre for Policy on Ageing. 2009. p. 28

117 *ibid.* p. 59-64;

118 Government Equalities Office, Equality Act 2010:Banning age discrimination in services, public functions and associations, Impact Assessment, p.26, quoting The Discrimination Law Review

Case Study

Patricia contacted Age NI to share her experience with her local health trust and hospital. Patricia, an 80 year old woman was assessed as needing hip replacement surgery. However, she was deemed by her Health Trust to be clinically unfit to be placed on a fast-track waiting list because she was over the age of 70. This meant that she went on to a 68 week waiting list, instead of a 30 week list.

'I had never smoked. I had never had any chest or heart problems or been overweight more than about a stone, and was really in general good health, so obviously - I assumed - I would be deemed clinically fit and placed on the shorter waiting list.'

Patricia's hip pain was increasing and impacting on her quality of life. She became very worried about what was behind the decision to deem her 'medically unfit' and in particular was concerned that she might have developed bone cancer. The Trust/hospital however did not provide her with any further explanation as to what 'medically unfit' meant. With the support of family members, she had the means to pay for the treatment privately and decided to do this. Following a pre-operation assessment, the private consultant confirmed that she was medically fit to have the surgery - *'there was nothing wrong with me'*. She underwent the operation, without any complications. This procedure cost her £9,000.

'I was fortunate, I had a pension and savings and a very supportive family, but there are a great many elderly people who are not in that situation.'

'I feel like I wasn't being looked at as an individual, nobody looked at Pat. What they looked at was a date of birth and made a decision on that date of birth because of 'generally' - and 'generally' to me is at the root of a lot of discrimination.'

According to the UN Principles for Older Persons, *'Older persons should have access to health care 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.'* The right to health has also been enshrined in the International Covenant on Economic, Social and Cultural Rights (ICESCR), and governments must generate conditions in which everyone can be as healthy as possible, ensuring the availability of health services. Ageist attitudes and practices deny older people their right to health. Age NI is calling on the Department of Health, Social Services and Public Safety to undertake an Age Discrimination Review of all aspects of Health and Social Care. Cases like Patricia's are not isolated. We need to better understand the implications of ageism and age discrimination for older people using health and social care services in Northern Ireland.

Case Study

Margaret, aged 59, contacted Age NI following her experience of trying to secure a mortgage with a local bank. She and her husband, who are both aged 59, in good health and working part-time, own their family home outright. They also receive occupational pensions which produce a good income. They wished to purchase a second smaller home as part of their retirement planning, to take advantage of the current market prices.

They planned to rent it for a few years before they would be ready to move in. They had a significant deposit of 48% total house cost. In discussion with the bank, they showed their ability to repay and passed the affordability tests.

However, when she told the bank representative their age, things changed, and the member of staff said with an incredulous tone:

'Do you mean to say you'll be continuing this [mortgage] into your retirement?' When Margaret answered 'yes' to this question, and reminded the bank representative that she had just set out how they had financially planned to afford the repayments, the member of staff responded, *'oh, we can't have this.'*

Margaret was very upset by the experience, both by the fact that she had been treated differently because of her age and because of the way she had been spoken to by the member of staff.

'I never felt older until I had that experience.'

'You would have thought I was something from Mars.'

Margaret and her husband have since successfully obtained a mortgage from another provider, who she praised as *'superb. I was treated like a normal human being.'*

Age NI has campaigned for over ten years to secure the introduction of age discrimination in the provision of goods, facilities and services. We have engaged with 1000s of older people who have told us about the urgent need for age discrimination legislation, and have worked with colleagues

in 11 Sub regional Networks and across the wider age sector to ensure the legal protections are introduced.

We were therefore delighted to welcome Junior Ministers Jennifer McCann and Jonathan Bell's announcement on 19 February 2015 that the NI Assembly will extend age discrimination legislation to provision of goods, facilities and services to people aged 16 and over in the lifetime of this Assembly.

This announcement is a huge achievement for Age NI and older people across the Sub Regional Networks who have worked with us over many years to deliver this legislation. It will be welcome news for the thousands of older people who need this legislation to protect them from ageism and age discrimination in accessing vital services e.g. health and social care and financial services.

While we welcome the development, we recognise that there is a huge amount to be done if government is to deliver legislation by the end of the current administration which will offer robust and comprehensive protections to older people.

A key focus of Age NI's work going forward will be to ensure that there are no exceptions in the age discrimination legislation for health and social care - this is essential if the proposed legislation is going to secure robust protections for older people, in order to address the ageism and age discrimination highlighted earlier in this report.

Age NI plans to continue to work with older people, colleagues in the Sub Regional Networks and the wider age sector in our campaign to secure this new law and to ensure that our politicians deliver on the promise they have made to extend age discrimination legislation to the provision of goods, facilities and services.

Evidence is clear that a legislative framework of clear enforceable rights can be a strong driver for wider societal change, helping to create a cultural shift away from entrenched age discriminatory attitudes and behaviours. A recent poll has shown that 50% of older people believe that people make negative assumptions about them because of their age¹¹⁹ while 60% stated that they are aware of instances where older people have been treated with less dignity and respect when accessing services because of their age. Moreover, evidence has found that seven in ten agree that symptoms of poor health are often untreated and dismissed as being a result of 'old age', while almost six in ten agree that when you reach a very old age, people tend to treat you like a child.¹²⁰

While this legislation will not be a panacea, extending this legislation to provision to goods, facilities and services will be an extremely important first step.



70% of older people think that **SYMPTOMS OF POOR HEALTH ARE OFTEN UNTREATED AND DISMISSED AS THE RESULT OF 'OLD AGE'**

Diversity among older people

Older people with multiple identities based on ethnicity, gender, community background, sexual orientation or disability may experience multiple disadvantage and discrimination. Government has clear human rights and equality obligations to older people with multiple identities.

Strategies that are developed across these areas must therefore take cognisance of our ageing population, and the particular challenges and opportunities older people with different identities face.

For example, UK-wide 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 outcomes¹²¹, with the greatest variation in poor health amongst the older ethnic minority groups. BME older people are more susceptible to certain forms of dementia, including vascular and early onset dementia. 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. Research has also indicated that travellers with dementia may be misunderstood and misdiagnosed as a form of mental illness rather than the result of physiological changes to the brain.¹²²

119 Research carried out by Millward Brown on behalf of Age NI, August 2014

120 Research carried out by Millward Brown on behalf of Age NI, August 2014

121 <http://www.rcpsych.ac.uk/pdf/Cross-cultural%20dementia%20diagnosis.pdf> (accessed 23 April 2014); http://www.kingsfund.org.uk/sites/files/kf/field/field_pdf/Library-reading-list-bme-mental-health-Apr2012-1.pdf (accessed 23 April 2014)

122 Moriarty & Others, Black and Minority Ethnic People with Dementia and their Access to Support and Services, SCIE, March 2011, referenced in the Annual Human Rights and Racial Equality Benchmarking Report 2013/14, NICE, June 2014, p.82

There are also issues around unmet housing and care needs of BME older people, with the EQIA for the HSCB *Transforming Your Care* consultation on provision of statutory residential care indicating that there are currently no ethnic minorities in state-run care homes in Northern Ireland.¹²³

The Northern Ireland Council for Ethnic Minorities has highlighted that while the Health and Social Care Trust Section 75 Action Plan identifies¹²⁴ increased vulnerability of BME older people to certain forms of dementia, the proposed action measure was the establishment of a regional strategy on the improvement of dementia services.

However the resultant strategy – the NI Dementia Services Strategy 2011 entirely overlooks the needs of BME older people.

There is an opportunity with the *Active Ageing Strategy* to update proposals in the *Dementia Services Strategy* to include targeted measures to improve uptake and awareness levels of dementia services amongst older BME older people.

It is also essential that the Racial Equality Strategy address issues concerning BME older people. At time of writing OFMDFM has consulted on a draft Racial Equality Strategy, *A Sense of Belonging*, which has been roundly criticised by a group of organisations working for and with people from BME backgrounds living and working in Northern Ireland, called Common Platform.¹²⁵

The group has come together to make positive suggestions as to what needs to be included in a final Racial Equality Strategy.

Some of these include the need for ambitious and coordinated across government and existing strategies; robust accountability; a strong evidence base informing actions and targets; adherence to human rights obligations and standards; addressing issues of multiple identities, hate crime; recognition and resourcing of the local work addressing community cohesion and prevention of racially motivated hate incidents/crime; proper resourcing; strong monitoring and data collection; and proper indicators. The paper also identifies a number of gaps in the current draft which need urgently addressed.¹²⁶

There is currently no *Gender Equality Strategy* in place in Northern Ireland, something which Age NI urges OFMDFM to remedy and ensure that the wide range of issues impacting older women are addressed. 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 39%, more than twice as high as the gender pay gap, which stands at 16%.¹²⁷ Hillyard et al note that one of the most pervasive gender inequalities is in pension provision and this is one of the major reasons why women in retirement, especially single women, are at greater risk of poverty.¹²⁸ Research also shows that older women from black and minority ethnic communities face particular hardships¹²⁹.

123 http://www.hscbpard.hscni.net/consult/Previous%20Consultations/2103-14%20Consultations-Statutory_Residential_Care_Homes/index.html#P-1_0 (referenced in the Annual Human Rights and Racial Equality Benchmarking Report 2013/14, NICE, June 2014, p.82)

124 The Annual Human Rights and Equality Benchmarking Report 2013-2014, NICE, June 2014, p. 80 <http://nicem.org.uk/wp-content/uploads/2014/06/Final-Benchmarking-Full-Report-NICE-web.pdf>

125 Common Platform http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&cad=rja&uact=8&ved=0CCcQFjAB&url=http%3A%2F%2Fwww.ictuni.org%2Fdownload%2Fpdf%2Fcommonplatform1.pdf&ei=fblXVKLzEZXiAS_5IGYQC&usq=AFQjCNE0la-utDx1JUzRdE-donGSS-f2g&bvm=bv.78677474,d.cWc

126 http://www.community-relations.org.uk/?attachment_id=16365

127 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

128 P Hillyard, F Lundström, D Patsios, S Machniewski, D Taylor, M Lyons, Inequalities in Old Age: the impact of the recession on older people in Ireland, North and South, Centre for Ageing Research and Development, Research Brief and Full Report, 2010 as referenced in The NI Economy: Women on the Edge?, Hinds, B., Women's Resource and Development Agency, 2011, p.99

129 <http://www.vawpreventionscotland.org.uk/sites/default/files/Older%20Women's%20Life%20Experience%20of%20Domestic%20Violence%20in%20Northern%20Ireland.pdf>

Domestic violence in the second half of life is a common experience for approximately 15% of women aged over 55 years.¹³⁰ A draft Strategy for Stopping Domestic and Sexual Violence and Abuse in Northern Ireland 2013 – 2020 was published by DHSSPS and Department of Justice in April 2014. While the draft strategy includes older people as possible victims of domestic and sexual violence and abuse it is necessary that this strategy considers any specific needs arising for older people and assures the needs of older people are met, both of which are absent from the current draft.

In terms of the LGBT community, it is estimated that there are 24,012 men and women who identify as something other than heterosexual living in Northern Ireland.¹³¹

Research has indicated that LGBT people have poorer health outcomes,¹³² and more than 20% of LGBT report having either a physical or mental disability. In addition, research has shown that LGBT people are more likely to live alone and LGBT people are twice as likely to be single¹³³. Currently there is no Sexual Orientation Strategy in Northern Ireland, and Age NI believes that this is much needed. OFMDFM published a consultation document *Developing a Sexual Orientation Strategy* in 2013, however, we await further progress. The Strategy must address issues pertaining to older LGBT people, and must also make connections to the *Active Ageing Strategy*.



130 NISRA, Mid-population estimates and populations projections. 2012

131 Making This Home my Home, Age NI and The Rainbow Project page 8

132 Ibid

133 Making This Home My Home, Age NI and The Rainbow Project

Cross Theme- General

Publication title	Author	Commissioned By	Date
A profile of older people in Northern Ireland – 2014 update	Northern Ireland Statistics and Research Agency	Office of the First and Deputy First Minister (OFMDFM)	October 2014
Ready for Ageing	Select Committee on Public Service and Demographic Change	Select Committee on Public Service and Demographic Change	March 2013
Isolation: The Emerging Crisis for Older Men	Brian Beach and Sally- Marie Bamforde	Independent Age and the International Longevity Centre UK (ILC-UK)	March 2013
Focus on Innovative Community Projects for Older People	Connor Breen	Centre For Ageing Research and Development in Ireland (CARDI)	February 2014
The Future of Loneliness	Future Foundation	Friends of the Elderly	July 2014
Associations Between Cognitively Stimulating Leisure Activities, Cognitive Function and Age-related Cognitive Decline	Ferreira, N. et al	International Journal of Geriatric Psychiatry	July 2014
Ensuring Communities Offer What Older People Want	Age UK and ILC- UK	Age UK and ILC- UK	April 2014
2030 Vision: The Best - and Worst - Futures for Older People in the UK	The International Longevity Centre - UK (ILC-UK)	The International Longevity Centre - UK (ILC-UK)	March 2014

Staying Well, Feeling Good

Publication title	Author	Commissioned By	Date
Cracks in the Pathway: People's experiences of dementia care as they move between care homes and hospitals	Care Quality Commission	Care Quality Commission	October 2014
Protecting our Older People in Northern Ireland: A call for adult safeguarding legislation	Commissioner for Older People for Northern Ireland (COPNI)	Commissioner for Older People for Northern Ireland (COPNI)	June 2014
The generation strain: Collective solutions to care in an ageing society	Clare McNeil and Jack Hunter	The Institute for Public Policy (IPPR)	April 2014
Changing the culture of care provision in Northern Ireland	Connor Breen	Centre For Ageing Research and Development in Ireland (CARDI)	November 2014
Adequate social protection for long-term care needs in an ageing society	Commissioner for Older People for Northern Ireland (COPNI)	Commissioner for Older People for Northern Ireland (COPNI)	June 2014
A New Settlement for Health and Social Care: Interim report of the Commission for the Future of Health and Social Care in England	The Social Protection Committee	Council of the European Union	2014
Dementia and Risk Reduction: An analysis of protective and modifiable factors	The King's Fund	The King's Fund	2014
Physical Activity, Ageing and Health	Murtagh, E. et al	Centre For Ageing Research and Development in Ireland (CARDI)	June 2014
Social support group interventions in people with dementia and mild cognitive impairment	Leung, P. et al	International Journal of Geriatric Psychiatry	July 2014
Effects of music therapy on behavioral and psychological symptoms of dementia	Ueda, T. et al	Ageing Research Reviews	March 2013

Enough Money

Publication title	Author	Commissioned By	Date
The financial resilience of the recently retired	Pensions Policy Institute	Age UK	February 2014
What level of pension contribution is needed to obtain an adequate retirement income?	Redwood, D. et al	Pensions Policy Institute	2013
Understanding socio-economic inequalities affecting older people	Centre For Ageing Research and Development in Ireland (CARDI)	The Office of the First Minister and Deputy First Minister (OFMDFM)	June 2014
An exploratory study of the wealth of older people in Ireland	Professor Paddy Hillyard	Centre For Ageing Research and Development in Ireland (CARDI)	June 2014
Tales of the Tallyman. Debt and problem debt among older people	Kneale, D. et al	The International Longevity Centre - UK (ILC-UK)	June 2013
Measuring Poverty when Inflation Varies across Households	Kneale	Th	June 2013
Tackling Fuel Poverty in Northern Ireland. An Area Based Approach to finding those most in need	Kneale	Th	June 2013
Understanding the relationship between pensioner poverty and material deprivation	Kneale	Th	June 2013
Working Longer in Northern Ireland: Valuing an ageing workforce	Kneale	Th	June 2013
Work preferences after 50	The European Foundation for the Improvement of Living and Working Conditions	The European Foundation for the Improvement of Living and Working Conditions	June 2014

***Agenda for Later Life* is Age NI's annual overview of how society is meeting the needs of people in later life. It sets out the steps that need to be taken to ensure that we can all love later life.**

Each year Age NI reaches thousands of older people through our information and advice, services and social enterprise products. We want to see a later life where:

- Everyone has enough money
- Everyone can feel well and enjoy life, as much as possible, for as long as possible
- Everyone can access high quality health and care services
- Everyone is comfortable, safe, and secure at home
- Everyone has the opportunity to learn, join in, volunteer or work.

